

12018 SAM FURR RD

01104454

5/22/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

FINAL NOTICE!

Re: 12018 Sam Furr Road

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by February 29, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
4696A — Permit/Project No.
residence — Name of Establishment / Type of Establishment
240gpd — Design Flow
12018 Sam Furr Road — Location
Phillip & Vickie Kidd, 463 Sundown Road, Mooresville 28115 — Owner/Agent / Address / Phone
N/A — Operator / Address / Phone
Remarks: Type IVa system

	Yes	No	REMARKS
1. ESTABLISHMENT: Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM: No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): Tank risers accessible and surface water diverted?	☑	☐	Tanks need to be pumped out - 6" solids in pump tank.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☑	Leak in house? H2O running into pump tank during inspection.
4. RAW SEWAGE LIFT STATION (if present): Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS: Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☐	☑	Control panel is buried and cover is possibly broken — needs replacing. Should be mounted above grade.
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS: No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS: No evidence of effluent surfacing/reaching surface waters?	☐	☑	Effluent surfacing in the drain field area.
Minimal ponding in subsurface trenches?	☐	☑	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	Obvious that system is not flushed and regulated as needed.
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☐	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?			
LOW-PRESSURE PIPE DRAIN FIELDS: Turnups/cleanouts/valves intact and accessible?	☐	☑	
No effluent standing in lower laterals?	☐	☑	
Laterals free of excess solids, cleaned out as needed?	☐	☑	
Pressure head is properly adjusted?	☐	☑	

OVERALL CONDITION AND OPERATION OF SYSTEM: Needs Improvements. — Certified Operator highly recommended.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump septic and pump tanks	30
Repair/Replace Control Panel	30
Flush and Regulate Drain field	30

DATE: 2-8-00 SIGNED: J B Thompson Jr, EC AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Phillip Michael & wf Vicki d. Kidd
463 Sundown Road
Mooresville, NC 28115

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Phillip M. & Vickie D. Kidd	12018 Sam Furr Road	011-044-54	4696A	2	IVA

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

#Bedrooms _____

BILL INFORMATION

Current Date	Billing Date	Payment Due Date
11/16/99	10/12/99	11/15/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

2-7-00
- Pump Chamber enclosure broken
- H_2O running into pump tank
- leaks
- 6"SDR 35

Mecklenburg County
Health Department

October 12, 1999

Phillip Michael and Vickie D. Kidd
463 Sundown Road
Mooresville, NC 28115

Re: 12018 Sam Furr Road

Dear Mr. and Mrs. Kidd:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

L.B. Thompson, Jr. L.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

BK: 06654 PG: 0385/0385 #:0054 6.00

REGISTERED OCT/09/1991 10:30AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

4696A

FILE NO. [redacted]

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Philip M. Kidd,

owner of property located at 12018 San Fuco Rd.

("the site") and described in an instrument recorded in Book 6559 at Page 88, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This Oct day of 9th, 1991.

Philip M. Kidd (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Wise, a Notary Public for said County and State, do hereby certify that Philip M. Kidd personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of October, 1991.

Marlene Wise
Notary Public

My Commission Expires 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

My Commission Expires

Calculations Approved 10-4-91

LOT: 3

FILE: 4696-A

TC: 011-041-06

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
1	14	one	5/32	3	61'	.50	7.0
2	15	one	3/16	2	64'	.59	8.85
		one					
		one					
3		repair			57'		
4		repair			52'		
5		repair			43'		
		~~repair~~					
Totals					125'		15.85

CALCULATIONS FOR PUMPED SYSTEMS:

HEAD: Press. head = 2
Friction loss = 1.33
Total lift = 14

TDH = 17.33
20% margin = 17.33/.8 = 21.66 = 22ft.

Pump Size: ~~15.4/.9 = 20~~ 19.75 or (20) gallon per minute at (22) feet of head.

Pump cycle should be 6.1 min or ~~122~~ 97 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or group of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

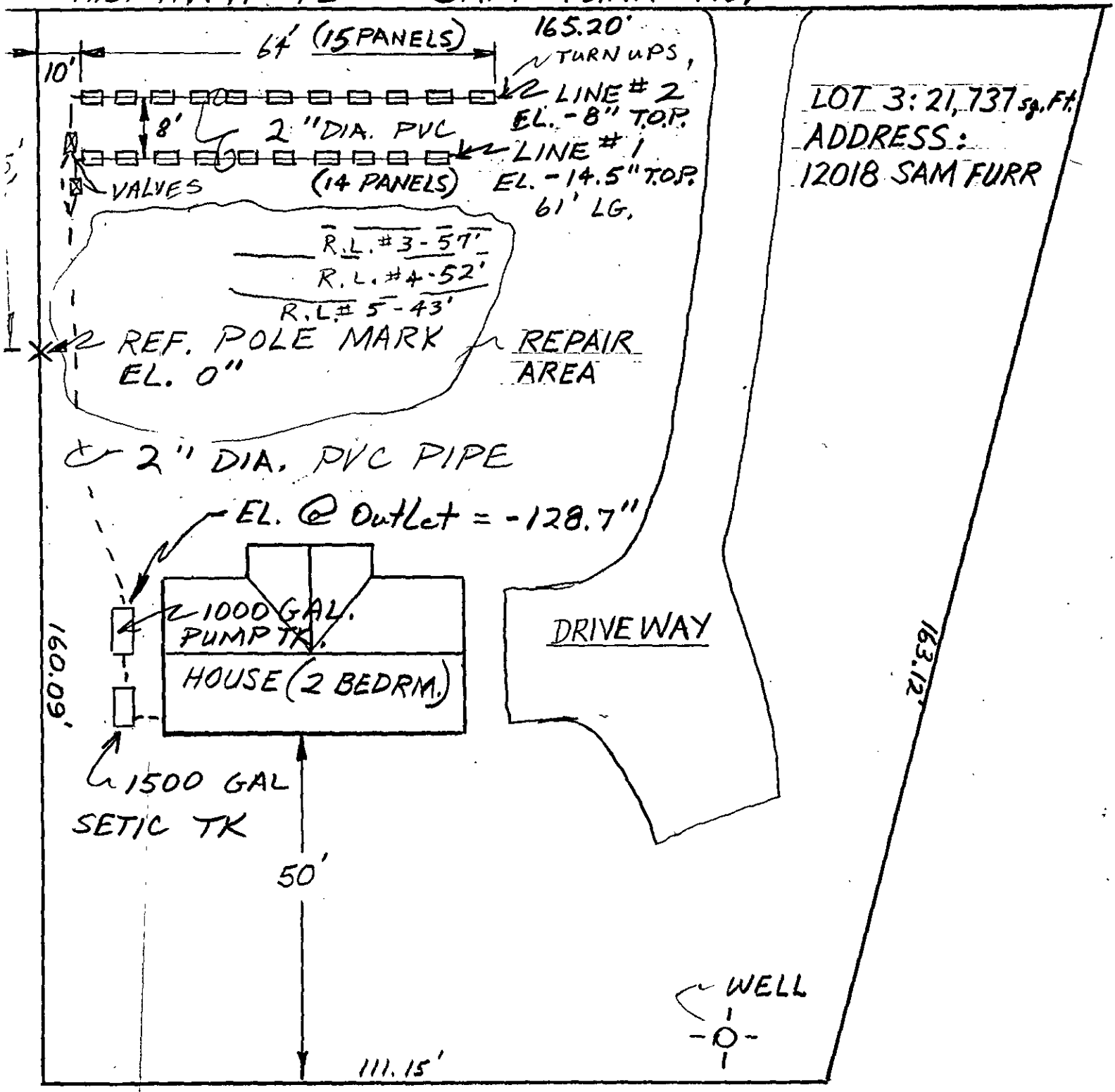
Friction loss:

supply line = 150/100 lf = (2') * .74 = 1.11

fittings = 1.11 * .2 = .22

total 1.33

PLOT PLAN: FILE: 4696A T.C. 011-041-06



REV. 9-10-91, 10-1-91

DRAWN BY: PMK

DATE: August 28, '91

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4696A DATE: 6/15/92

TC: 011-044-~~46~~ 54 ☒ L ☐ CRT

SERIAL № 15497

Name of Owner Phillip M. Kidd Juris.:

Address of Property 12018 Sam Furr Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 125' panel

Number of Lines 2 @ 61+64'

Cover Depth 6"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 6/11/92

Tank(s) Inspected 6/15/92

Wash Line Inspected NA

High Water Alarm Inspected 6/15/92

PLOT

Design: 1992, 1500 ST, 1000 DT, MOD, 125' panel system CTR# Kidd Construction

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Panel system designed for 2 bedroom system

Philip S. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

L4450

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4696A DATE: 6/9/92

TC: 011 041 06 ☐ L

SERIAL Nº 13742

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7/22/91. All work shall be completed on or before 7/9/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

System to be installed in accord with approved plott plan.
PSW

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 125' panel feet

Number of Lines 2

Depth of Stone - inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

PLOT OF SYSTEM

NAME OF OWNER Phillip M. Kidd

LOCATION OF PROPERTY 12018 Sam Furr Rd

Comments: System to be installed in accord with approved plott plan. Keep septic system >50' away from well.

Division or Section Head

Philo S Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4696A DATE: 10/22/91

TC: 011-041-06 ☐ L

SERIAL Nº 13629

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7/22/91. All work shall be completed on or before 11/22/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

System to be installed in accordance with approved platt plan.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 125' Panel Block feet

Number of Lines 2

Depth of Stone – inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >10 feet

PLOT OF SYSTEM

NAME OF OWNER Philip M. Kidd

LOCATION OF PROPERTY 12018 Sam Furr Rd

Comments: System to be installed in accordance with approved platt plan. 125' panel block. Keep septic system >50' from septic system

Division or Section Head

Philip S. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Mecklenburg County
Health Department

October 7, 1991

Mr. Philip Michael Kidd
15400 Ranson Road
Huntersville, North Carolina 28078

Re: Property located at 12018 Sam Furr Road
File: 4696A
Parcel: 011-041-06

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GV:lw

Enclosures - 3 Septic Tank Agreement Forms

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

date
September 11, 1991

Phillip Michael Kidd
15400 Ranson Rd
Huntersville, NC 28078

Dear Sir.

Subject: ~~12048~~ 12018 San Furr Rd
File ~~46964~~ 46964

Receipt of the plans and specifications for a modified system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10NCAC 10A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1 - Need Design Calculations for all System Components
2 - Elevational Readings to be supplied from some permanent point of reference, Each Line noted and individually indicated with flags etc
3 - House placement to be established and indicated ~~on drawing plan~~.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

cc: N/A

Received Revised
9-12-91

Date: 9-11-91

TO: Gene Vaughan

From: Mike Kidd

File # 4773A & ~~4996A~~ 4696A

Gene,

Attached, please find the Low Pressure Panel Systems you requested. I urgently need you to look ~~and~~ at these and advise me of needed changes or your approval.

I have Reference poles up on each Lots dividing property line as indicated on Revised Plot Plan with all ~~needed~~ necessary Elevations marked.

I eagerly await your analysis. Please call me at 875-1917 as soon as you've had a chance to review.

Thanks.

Mike Kidd

LP PANEL SYSTEM DESIGN CALCULATIONS

LOT# 3
FILE #~~4996~~A 46964
TC-011-041-06

PUMP SPECIFICATIONS: MODEL# 25A1 MYERS
110 VOLTS AC
1/4 HP

PUMP HEAD REQUIRED 14'
PUMP HEAD FIGURED FROM BOTTOM OF 1000 GAL. PUMP TANK TO ELEVATION OF PANELS IN LINE #3. TANK OUTLET EL. = -128.7".

FLOW RATE @ 14' OF HEAD= 19.5gpm.

DIA. OF MANIFOLD PIPE= 1-1/4"

AREA OF MANIFOLD PIPE= 1.227sq. in.

LINE# 1;

ELEVATION=	-17.5 TO TOP OF PANELS
NUMBER OF PANELS=	10
NUMBER OF HOLES=	20
SIZE OF HOLES=	5/32"
AREA PER HOLE=	.0192sq. in.
AREA OF 20 HOLES=	.3835sq. in.
SIZE OF PIPE=	1-1/4"

LINE# 2;

ELVATION=	-14.5" TO TOP OF PANELS
NUMBER OF PANELS=	10
NUMBER OF HOLES=	20
SIZE OF HOLES=	3/16"
AREA PER HOLE=	.0276sq. in.
AREA OF 20 HOLES=	.5522sq. in.
SIZE OF PIPE=	1-1/4"

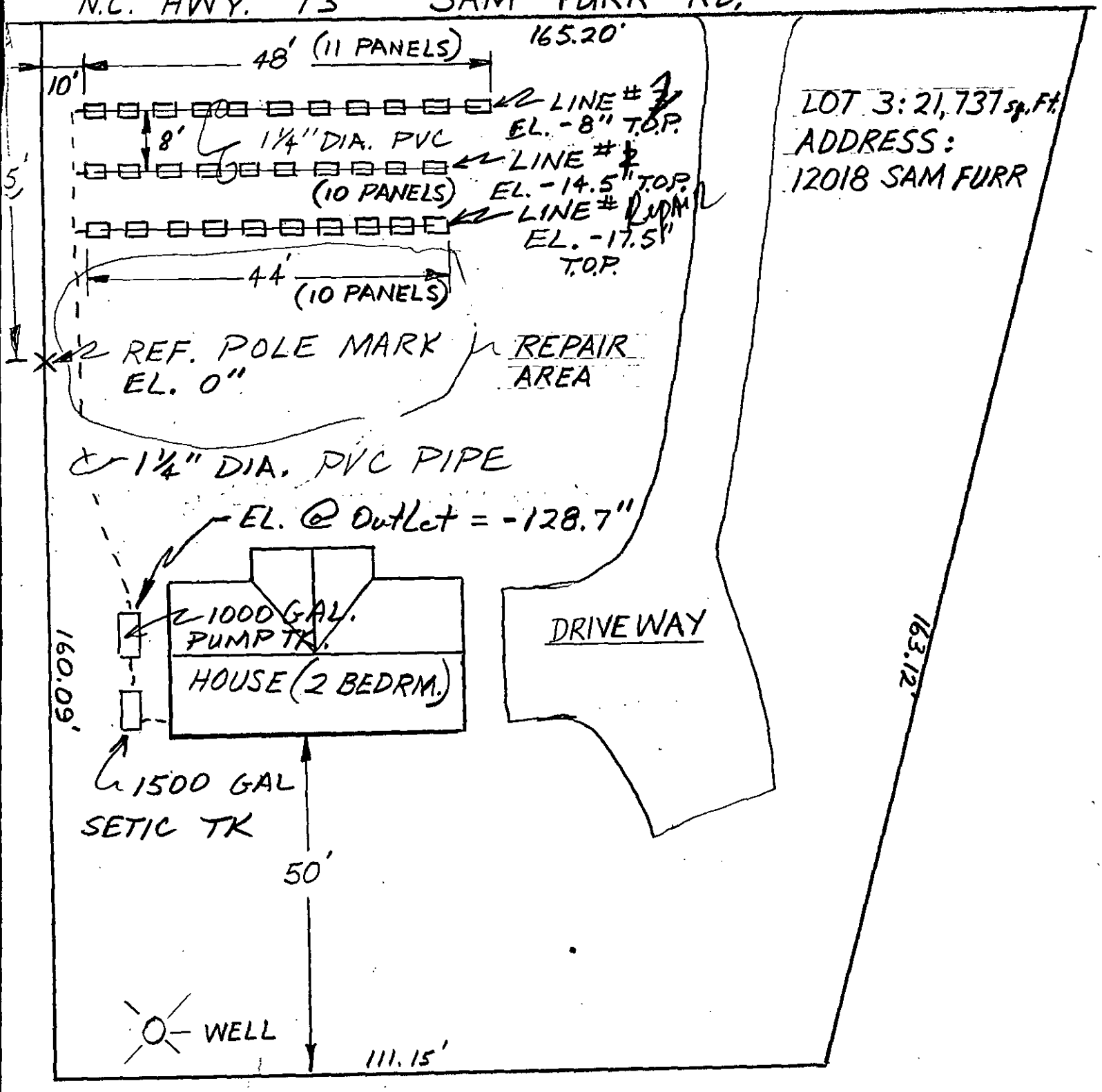
LINE# 3;

ELEVATION=	-8" TO TOP OF PANELS
NUMBER OF PANELS=	11
NUMBER OF HOLES	22
SIZE OF HOLES	7/32"
AREA PER HOLE=	.0376sq. in.
AREA OF 22 HOLES=	.8272sq. in.
SIZE OF PIPE=	1-1/4"

TOTAL AREA OF ALL 62 HOLES= 1.7629sq. in.

NOTE: PANEL LINE ELEVATIONS SHOT ON SITE ARE FIGURED TO TOP OF PANELS WITH 4" to 6" GROUND COVER. ON SITE ELEVATION OF PUMP TANK IS TO TANK OUTLET, AN ADDITIONAL 52" IS BOTTOM OF TANK.

PLOT PLAN: FILE: 4696A T.C: 011-041-06



REV. 9-10-91
DRAWN BY: PMK
DATE: August 28, '91

Mecklenburg County
Health Department

July 30th, 1991

Phillip Michael Kidd
15400 Ranson Road
Huntersville, NC 28078

RE: Property located at 12018 Sam Furr Road #3/
FILE: 4696A
PARCEL: 01104106

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 19622) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Pd 8/6/91 #100.00

Pd. 7/22/91
Ck # 2130
Amt. ~~40.00~~ 200.00

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: ~~4773-A~~ 4696A
TC: P.O. 011 ~~044~~ 041 06
SERIAL: № 21748

Ck # 2159

+ 2 permits ☐ CRT

JOB LOCATION

① ADDRESS: 12018 (STREET NO.) Sam Furr Rd. (STREET) Huntersville ② FILE: 4773A
③ JURISDICTION: ____ ④ TAX PARCEL NO.: 011-044-49
⑤ SUBDIVISION: ____ ⑥ LOT: 3 ⑦ BLOCK: ____

OWNER

⑧ NAME: Philip (FIRST) M. (MIDDLE) Kidd (LAST)
⑨ MAILING ADDRESS: 15400 RANSON Rd.
⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 875-1917 ⑭ (HOME) 875-1719

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Moving House

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? ____
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? ____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? ____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Philip M. Kidd
Date: 7-22-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19622

File: 4696-A Action 2

Parcel: 011-041-06 ☐ PC

Location: 12018 SAM FURR RD

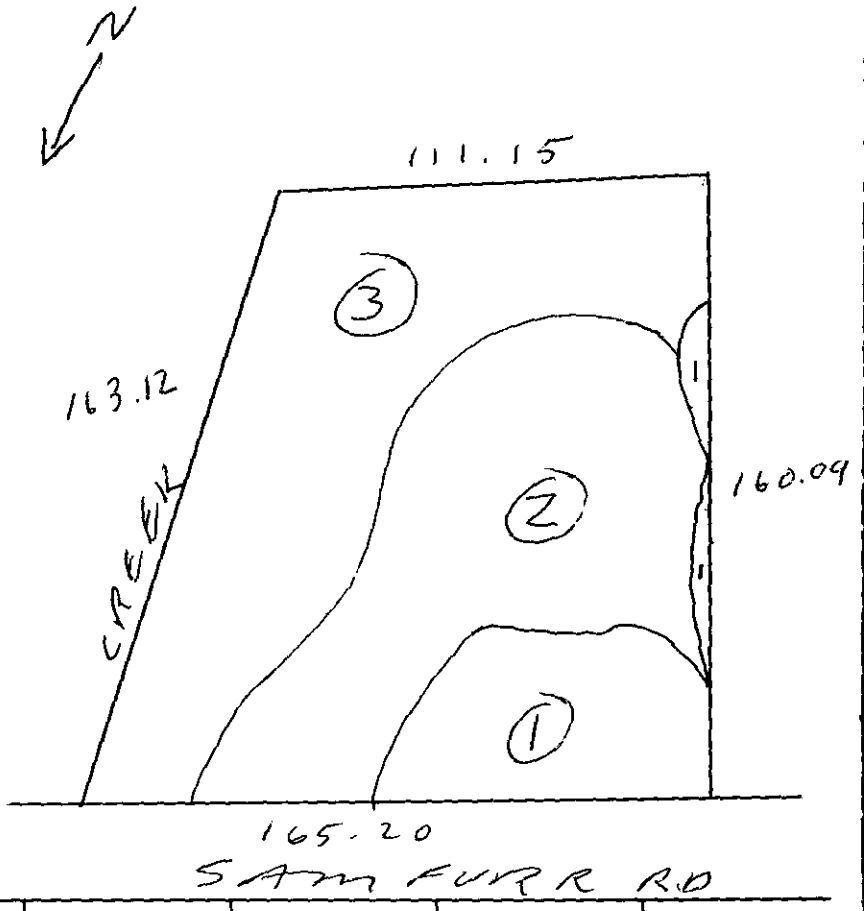
Subdivision:

Lot: 3 Block: Acres: ± 50

Owner: PHILLIP MICHAEL KIDD
Address: 15400 RANSON RD
HUNTERSVILLE NC 28078

Comments: 100% REPAIR
LOT LINES RE SURVEYED
2-31-91

Described by: Kelly Randall
Date: 1-25-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS (U) SLOPE COMPLEX	S PS (U) FLOOD PLAIN	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANG BLOCK	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 37-42"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) RESTRICTED	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U —	S PS U —	S PS U	S PS U	S PS U
Soil Group/Series	CECIL LIKE	COMPLEX SLOPE	FLOOD PLAIN			
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

(3)

Revised 6-29-91

Parking Revised 9-3-91
* Disapproved 9-5-91
No Design Calculations
Layout disapproved as
9-6-91 per Phone Report
9-20-91 LO/NO
9-24-91 Revised
Layout Approved

GENE VAUGHAN, R. S., SUPERVISOR
INDIVIDUAL WATER AND WASTEWATER SYSTEMS
MECKLENBURG COUNTY HEALTH DEPARTMENT

RE: PROPERTY LOCATED AT 12018 SAM FURR RD.
FILE: 4696A
PARCEL: 011-041-06

DEAR SIR,

Please see enclosed plot plan and system calculations for above referenced property. I am submitting this information to you as a proposal of an alternate system due to the restrictive area of suitable soil on this lot.

I have staked lot as indicated on plot plan. I have level strings up on stakes indicating proposed configuration of T & J Panel lines. Also, there are strings up indicating area available for future repair should it be needed.

This will be a single family two bedroom house as reflected by the calculations of the system. Due to the grade of the lot a lift station will be installed to pump waste water to the panel lines.

Upon your approval of the design and layout of this system, I plan to install system myself. Installation will be in accordance with T & J PANEL WASTEWATER TREATMENT SYSTEM MANUAL.

I await your analysis of my proposal. I can be reached by phone at 875-1917. I thank you for your help in this system design.

Sincerely,

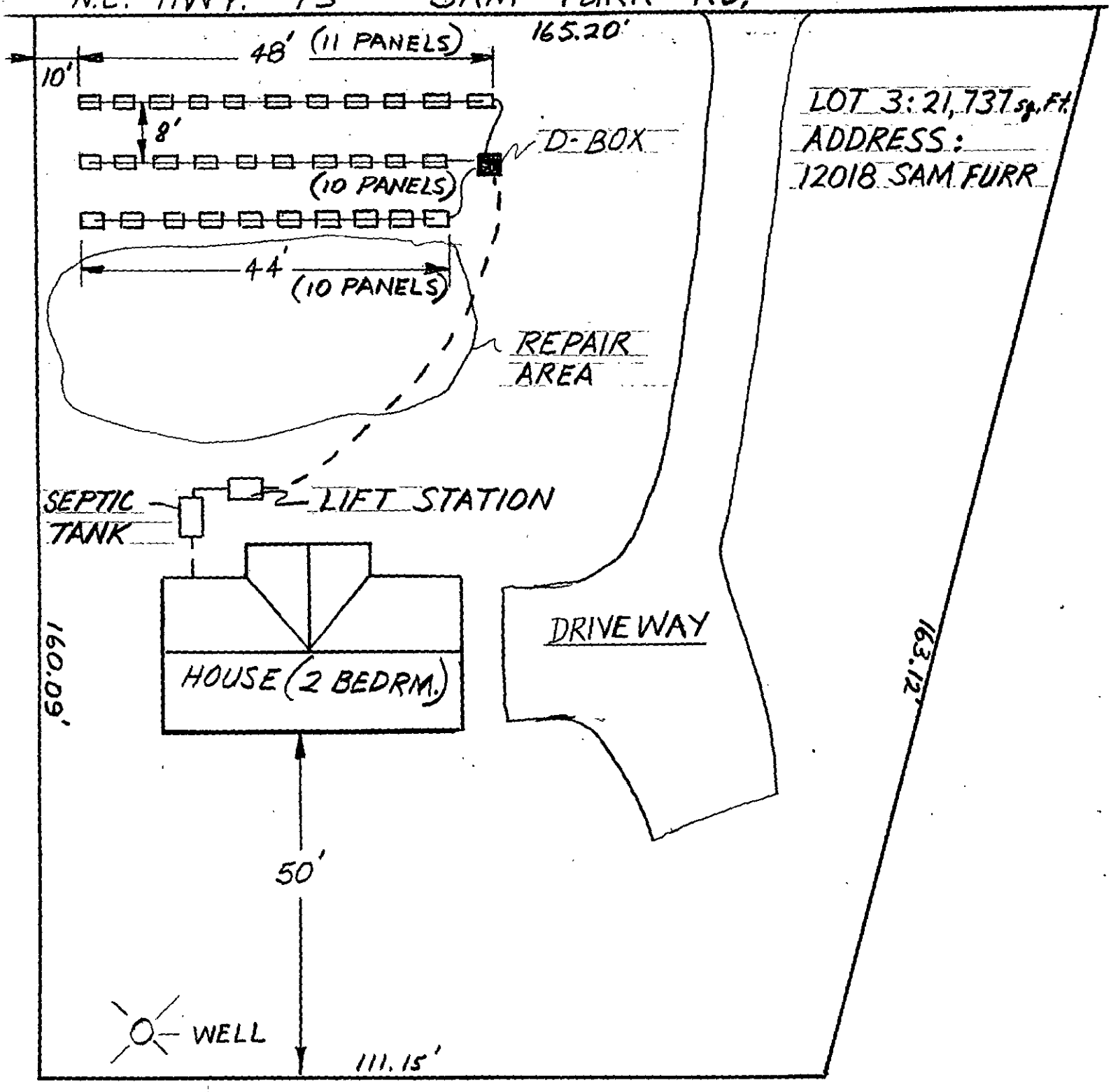
Philip M. Kidd

PHILIP M. KIDD (MIKE)

SYSTEM CALCULATIONS

FILE NUMBER	4696-A
PARCEL NUMBER	011-041-06
OWNER	PHILIP M. KIDD
ADDRESS OF PROPERTY	12018 SAM FURR RD. HUNTERSVILLE, NC
TYPE SYSTEM PROPOSED	T & J PANEL SYSTEM
SYSTEM REQUIREMENTS	RESIDENCE; TWO BEDROOM
APPLICATION REQUIRED PER DAY	120 X 2 = 240gpd
APPLICATION RATE	.3
CONVENTIONAL SYS. SQ. FT. REQUIRED	240 FLOW RATE/0.3 APP. RATE = 800 SQ. FT. OF TRENCH
CONVENTIONAL SYS. TOTAL LENGTH OF TRENCH	800 SQ. FT. /3 FT. WD. = 267 LINEAL FEET
CONVERSION TO T & J PANEL LENGTH OF TRENCH REQUIRED	267 X 0.5 = 134 LINEAL FT.
NUMBER OF 16" HIGH PANELS REQUIRED	134 X 12" = 1608" 1608"/52" = 30.92 31 PANELS REQUIRED

PLOT PLAN: FILE: 4696A T.C.-011-041-06



DRAWN BY: PMK

DATE: August 28, '91

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 19th, 1988

Patrick E. Hillman
7308 Winery Lane
Charlotte, NC 28212

RE: Property located at Sam Furr Road
FILE: ~~4773A~~ 4696A
PARCEL: 011041027,06

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15376) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15341

File: 4696A Action 1

Parcel: 01104106 ☐ PC

Location: Sam Furr Road

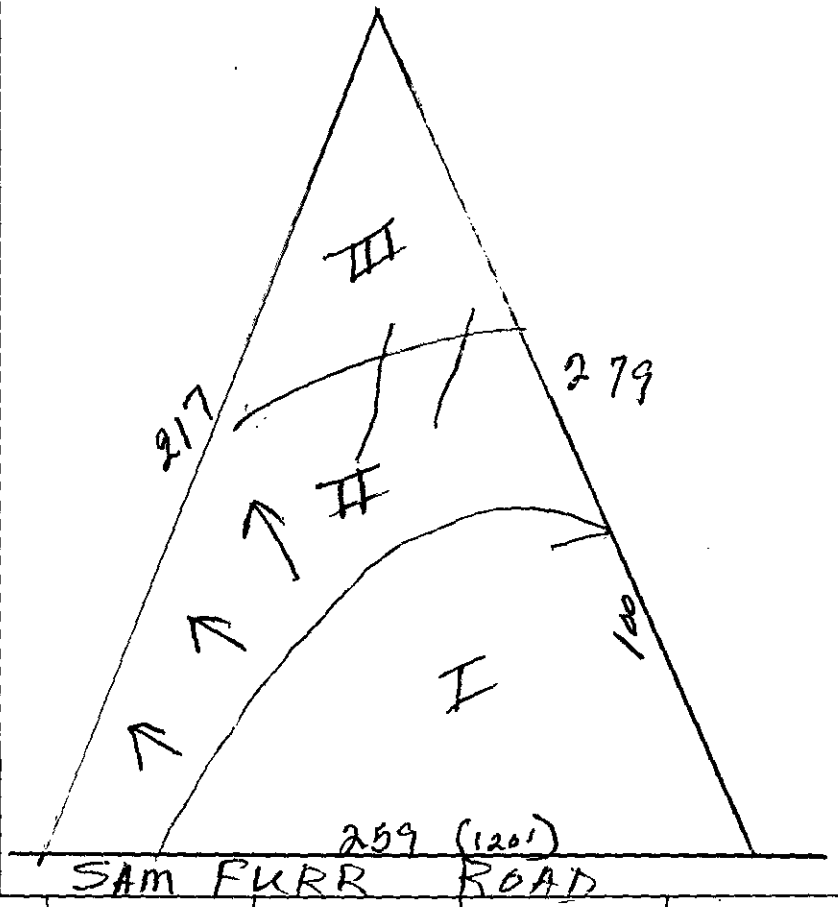
Subdivision:

Lot: Block: Acres: 1 A

Owner: Patrick E. Hillman
Address: 7308 Winery Lane
Charlotte, NC 28212

Comments: * Might Be Adequate For 2BR

Described by: W. B. Ramsey
Date: 7-17-88



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U H-12	S PS (U) Bst Ditche	S (PS) U 2-6e	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) H20 At 20"	S PS U	S PS U	S PS U
Depth	S (PS) U 36-42	S PS (U) 10-15	S (PS) U 36-40	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Available Space	S (PS) U *	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIa Cec1	IIa Enoland	IIL MONACAN (Old Flood Plain)			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/23/88
PD $30.00
cert 150 fee

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4696A

TC: 011-041-06

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12008 Sam Furr Rd., Huntersville N.C.

② SUBDIVISION: none ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 011 PAGE NO.: 041 PARCEL NO.: 06

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

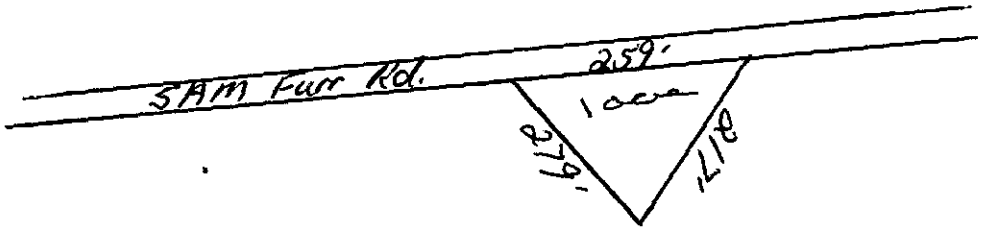
⑦ NAME: Patrick (FIRST) E. (MIDDLE) Hillman (LAST)

⑧ MAILING ADDRESS: 7308 Winery Lane

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-5537 (HOME) 537-2575

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Jeanine B. Hillman

Date: 6-19-88

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY