28 MAR '17 PM 2:30

18242

8849

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ⊗ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Kurt Hahne
ADDRESS: P.O. Box 2412
CITY: Huntersville
STATE: NC ZIP: 28070
PHONE: 704 400 7528
ALTERNATE PHONE:
E-MAIL: khhconstruction@outlook.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Karen Norton
ADDRESS: 21037 Norman Shores Dr
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 330.618 7017
ALTERNATE PHONE:
E-MAIL: kcon1213@hotmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00143166
STREET ADDRESS: 21037 Norman Shores Dr
CITY: Cornelius
STATE: NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1

WATER SUPPLY:
○ MUNICIPAL ⊗ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
⊗ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4-5
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☒ BEDROOM ☒ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☒ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

3/23/17
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

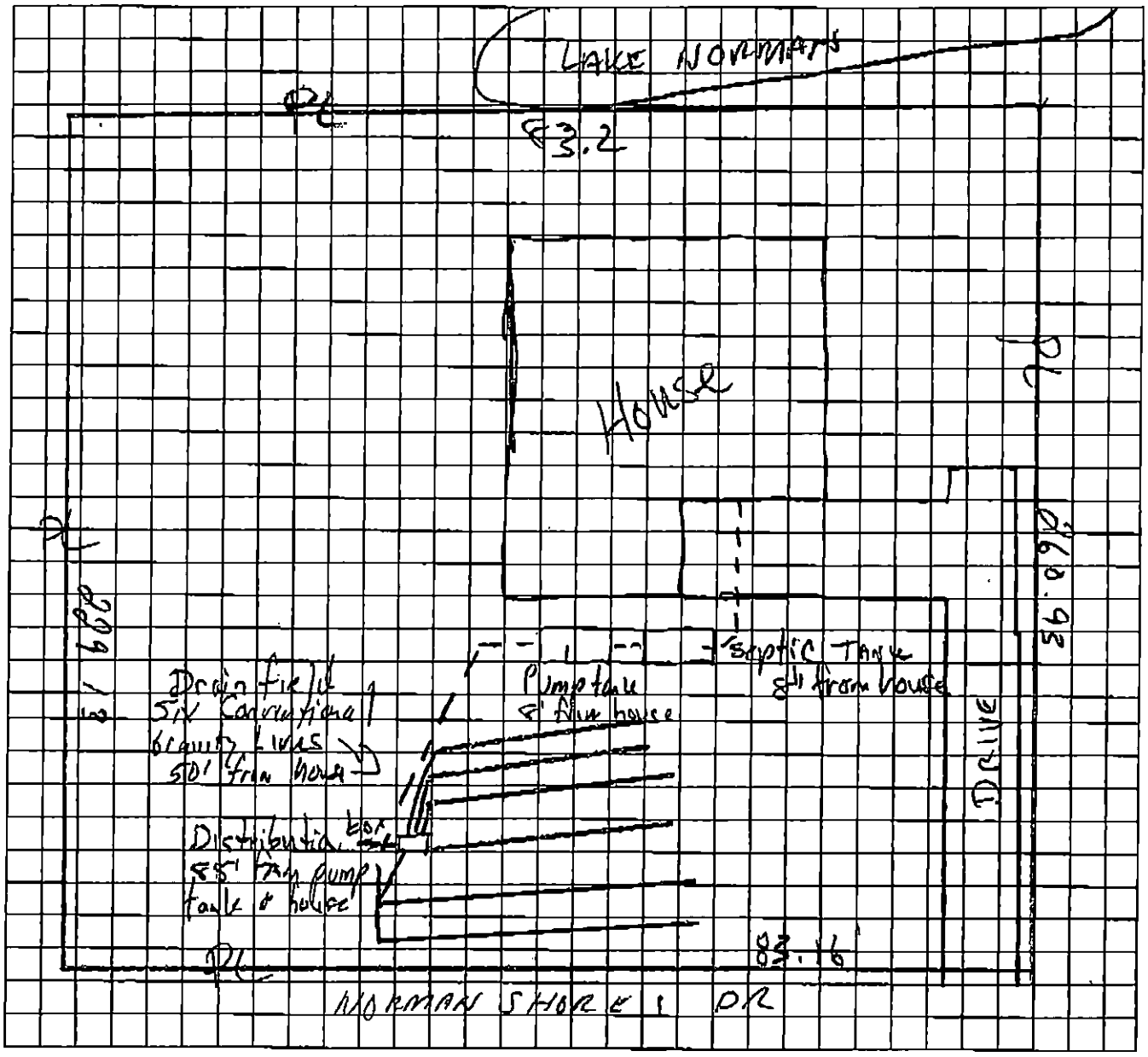
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 21037 Norman Shores DR Tax Parcel #: 00 143 166



*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 and Water Supply Wells 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 approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

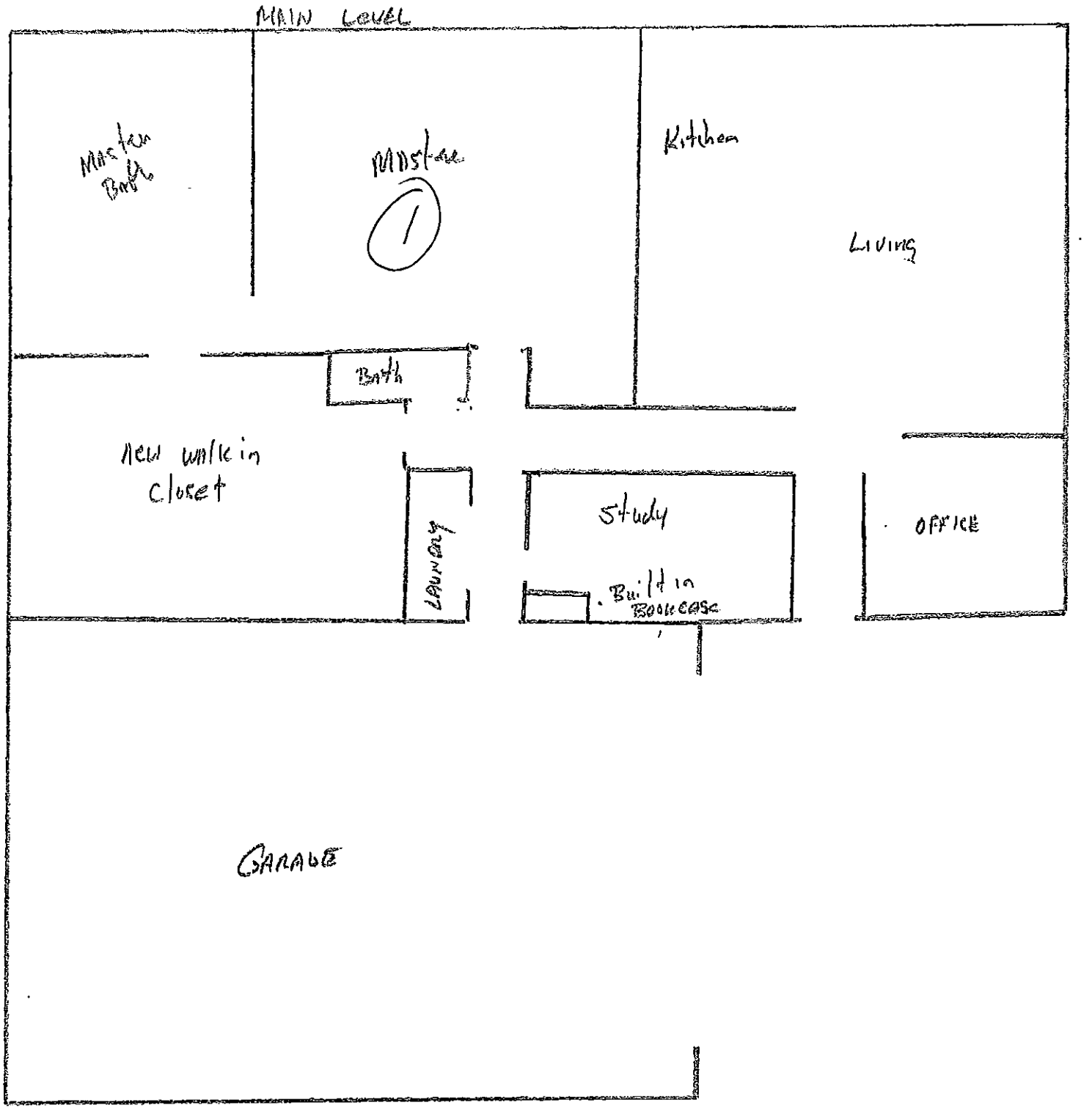
O.K. TO USE TO Renovate the upstairs bedroom and add 2 bedrooms & bathroom in the basement. Have will remain 3 bedrooms

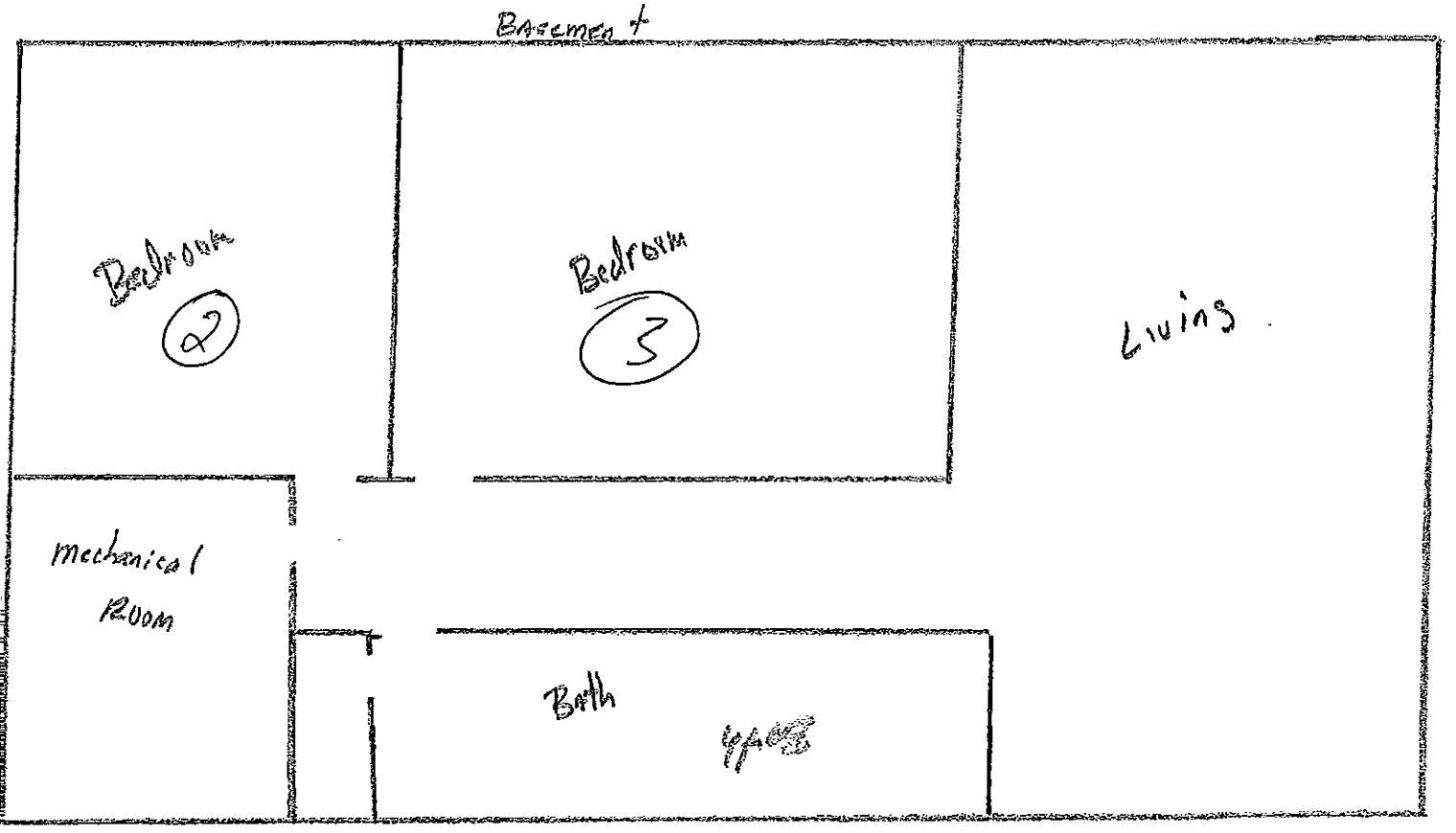
REHS Signature Date 3/29/17

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

21037 Norman Shores Dr. Cornelius NC 28031




Basement
Bedroom
2
Bedroom
3
Living
mechanical
Room
Bath

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Kurt L. Hahne is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

21037 Norman Shores Cornelius.
Number Street Town
(Or Parcel Number)

Karen Norton
Property Owner (print name)

Property Owner (signature)

3/23/17
Date

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: KURT HAHNE

Bill To:

KURT HAHNE
PO BOX 2412

Huntersville, NC 28070

Single Payment

Transaction Date: 03/28/2017 12:34 PM Pacific Time
Pay Method: **********0347
Approval #: 008017
Trace Number: d09ed497-ccd9-473d-b1ee-998c09dff7d8
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/28/17	**Amount:**	100.00
Receipt #:	105076	**Tendered:**	100.00
Check / Auth #:	MC 008017	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: HAHNE,KURT
Attn:
Address: PO BOX 2412
Address:
City/State/Zip: HUNTERSVILLE, NC 28070

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 21037 NORMAN SHORES DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	90.00				

C of A [redacted]

Date Issued 5-27-86 Serial 8636 T. C. No. [redacted]-171-93 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT [redacted] OPERATION PERMIT

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner ALBERTY (LAST) NATHAN (FIRST) (MIDDLE)

Location of Property 21037 Norman Shores Dr.

Application Number 18242 Permit Number 18242

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Pump Station Tank Material Concrete

Total Length of Drain Tile 420 Number of Lines 7

Depth of Filter Material 12 Cover Depth 12

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 5-27-86 (DATE) Tank Inspected 5-27-86 (DATE)

Nitrification Field Inspected 5-27-86 (DATE)

Washing Machine Line Inspected, If Applicable NA (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: LINES And TANK Inspected & Covered-
The D Box And The pump is To Be Checked
When Water & power is Available

W. B Ramsey 5-27-86

(Environmentalist)

EHD-5-76

Environmental Health Department's Copy

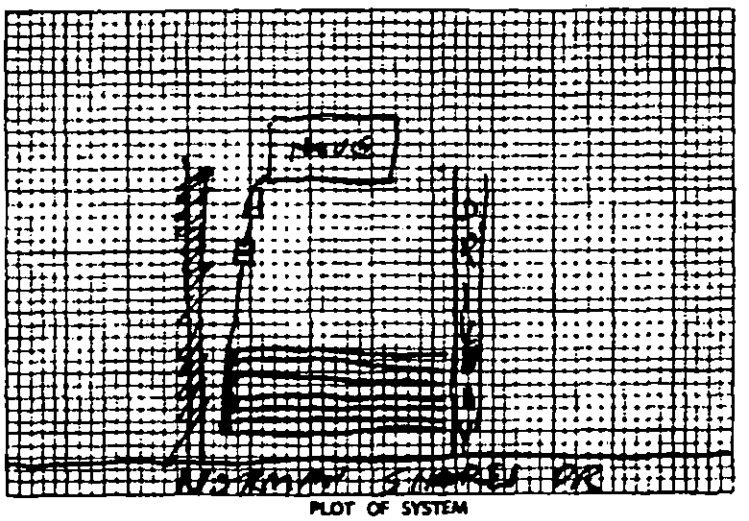
Date Issued 12-9-95 Serial No. 08706 ICAR (S) Permit No. 18242

T C No 00011171-03

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 18242, dated 11-19-95 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 1-9-96, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank ST 1500 + PT 1000

Tank Construction P C C

Absorption and or Nitrification Lines

Total Line Length 420'

Number of Lines 7 x 60'

Distance from House 15 ft

Distance from Property Line 10 ft

Distance from Well 50 ft

NAME OF OWNER ALBERTY, NATHAN

LOCATION OF PROPERTY 21037 NORMAN SHOALS DR

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

7 lines x 60' long x 3' wide x 12" stone

Comments: _____

Division or Section Head _____ 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Serial No. 9129

SIR No. 18242

Date Issued 12-3-85

T. C. No. PO 001-171-03

Map Date L, CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Alberty, (LAST) Nathan (FIRST) E. (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 148, Davidson, NC ZIP 28036

LOCATION OF LOT 21037 Norman Shores ~~Road~~ DRIVE (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 18242. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*** LIFT STATION WILL BE REQUIRED ***

Kelly Randall
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERM[illegible] COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

(OFFICE USE ONLY)

FILE: 18242

TC: PO 001 171 03
L

RECEIVED
NOV [illegible] 1985
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 21037 (STREET NO) NORMAN SHORES (STREET) Rd ③ FILE: 18242

② CITY: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: NATHAN + Betty (FIRST) E (MIDDLE) ALBERTY (LAST)

⑨ MAILING ADDRESS: Rt 2 Box 148

⑩ CITY: DAVIDSON ⑪ STATE: N C. ⑫ ZIP: 28036

⑬ PHONE: (WORK) 332-4118 (WIFE) ⑭ (HOME) 892-3623

REQUEST

This request is for a(n):

⑮ [X] New installation permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ [X] Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉓ Maximum occupancy? 2

㉔ Type? _____

㉕ Maximum number of employees? _____

㉖ Basement? [X] yes ☐ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A [X] 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date: 11-19-85

㉚ Accurately dimensioned plot

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

Serial No. 4321

PTR No. 18242

T C No. PO 001-171-03

Date Issued 9-25-81

Map Date

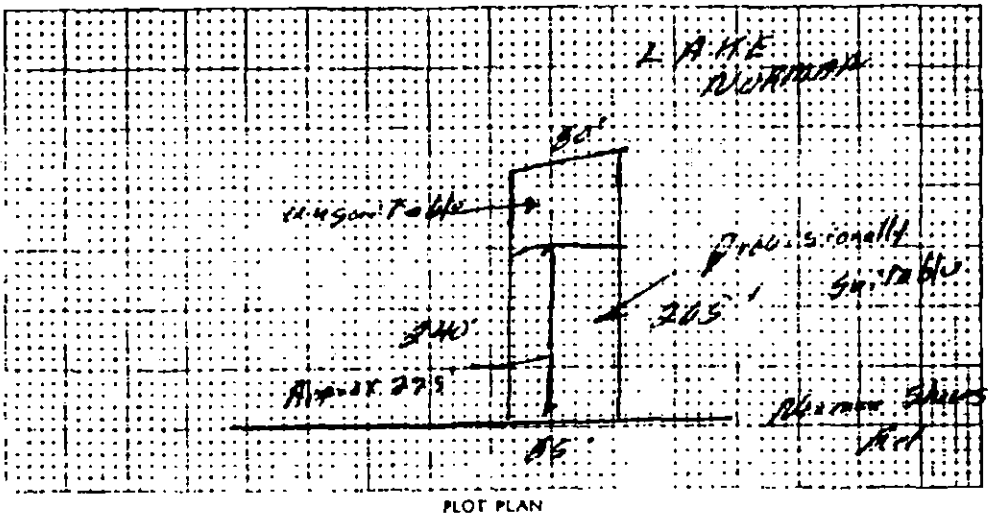
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER B. H. Properties, LTD
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 415 Addison Bldg., 222 S. Church St., Charlotte ZIP 28202

LOCATION OF PROPERTY Norman Shores Road
(STREET OR COUNTY ROAD)

SUBDIVISION Lake Point Shores LOT NO 1 BLOCK NO 1



PLOT PLAN

The [illegible] Soil Investigation made by the Mecklenburg County Department of Environmental Health on the [illegible] Soil Investigation was conducted on the [illegible] and on the above plot plan **Provisionally Suitable**

The recommendation determined by the investigation was [illegible] The said lot is approved for the installation of a [illegible] with absorption, soil absorption fields and [illegible] the following items and conditions:

[illegible]

This approval is based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules and regulations been in effect on the issue date.

William A. Marlin
Soil Scientist

John A. Coleman
Environmental Health Director or Authorized Section Head

END 5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. No. 9242
T.C. No. 81-CH-1163

(Ground Absorption Sewage Disposal)

OWNER: C. H. Engerlis, Jr. DATE REQUESTED:
ADDRESS: 415 Hilton Blvd 777 Church, PLAT NO: Lot 81
COUNTY: Charleston, S.C. LOT SIZE: 20,564
LOCATION OF SITE: Norman Shores Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	(S) PS 2-10% U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	(S) clay U	S PS 2-1 (S) clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (S) Blocky U	S (S) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS 48" U	S PS 21-40" (S)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	(S) PS None U	(S) PS None U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS 72-10 ground water U	(S) PS 72-10 ground water U	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) Moderate U	S PS Slow (U) Very slow	S PS U	S PS U
8. OTHER (specify)	* (S) PS Site Visit U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cec /	Enon		

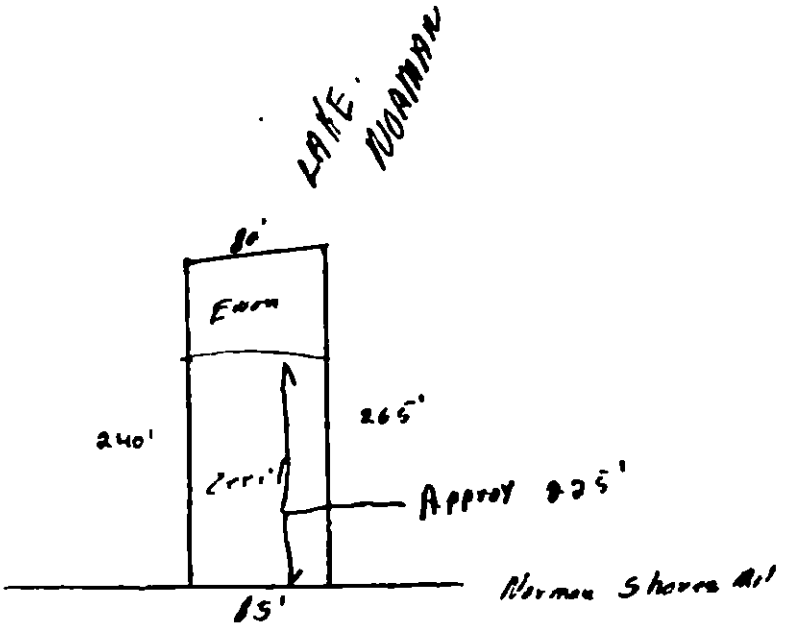
S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments: * System may require lift station

Described By: William R. Marlin
Title: Soil Scientist
Date: 9-24-81

DHS Form 2601
Sanitation
EHD 539 (2/80)


LATE: NORMAN
80'
Farm
240'
265'
Approx 225'
Norman Shores Rd
85'

Date Received 9-11-81

SIR No. 18242

T. C. No. PO-001-171-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER B. H. PROPERTIES, LTD.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 415 Addison Bldg., 222 S. Church St. ZIP 28202

3) PHONE NO Home _____ Office 332-8134

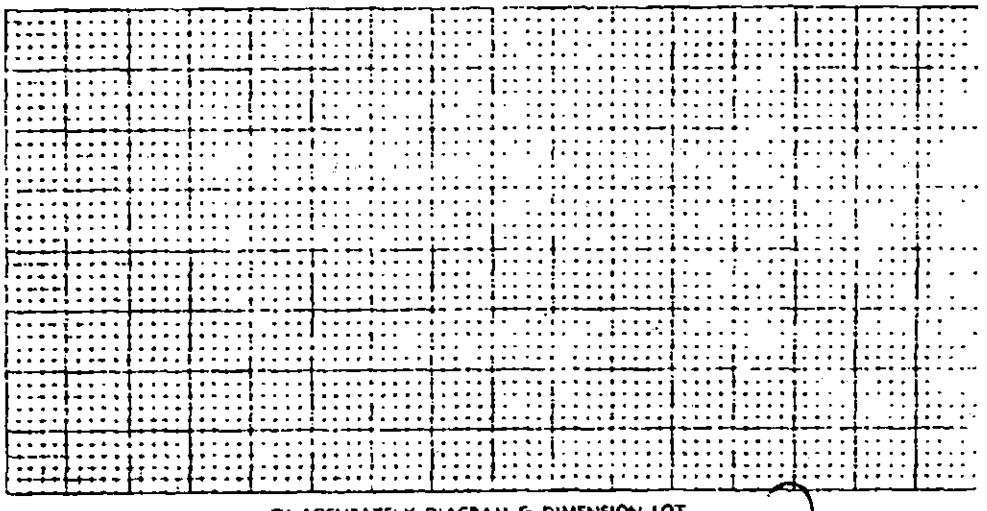
4) LOCATION OF PROPERTY Norman Shores Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION Lake Point Shores LOT NO 1 BLOCK NO 1

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4465 PAGE NO 0746

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

B. H. Properties, Inc.
OWNER

EHD-5-76

Environmental Health Department's Copy