

11316 SAM FURR RD

01102132

5/2/08

marliwr

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

PHILLIP JOHNSON

704-391-5107

CMUD

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3038A Permit #: _____ Tax Parcel #: 011-021-32

Property Owner: ELECTRI-CITIES OF NC

Job Location Address: 11316 SAM FURR ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 5/23/06 Contractor Name: A-1

Permitted Design Flow: 500 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ 70, 70, 60 feet

Depth of Media: 12 inches (Type) CHAMBERS

Depth of Cover: 12 inches

Distribution Device: DROP BOXES

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >10' feet

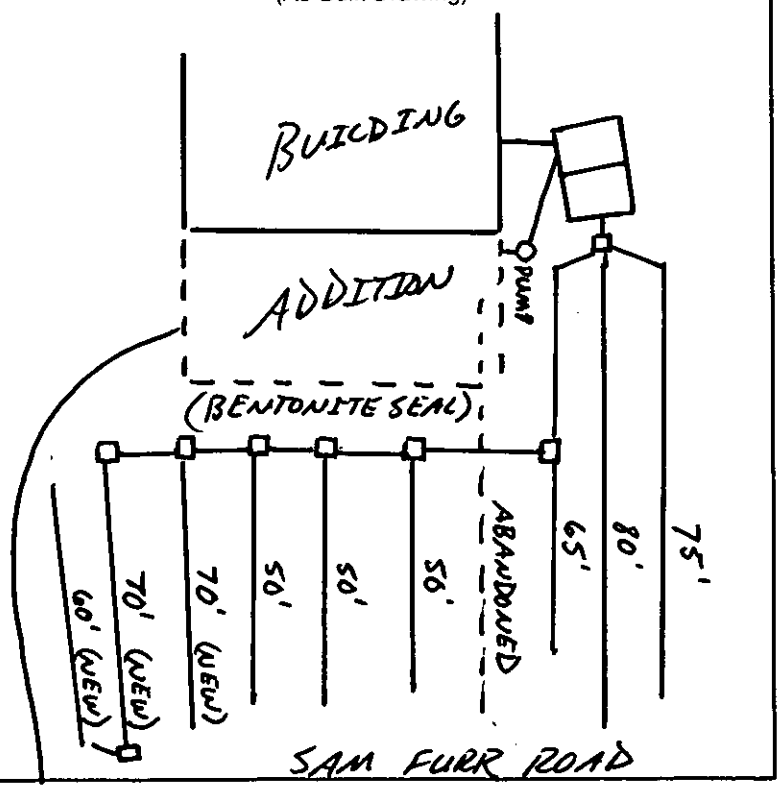
Inspection Dates

Tank(s) Inspected: EXISTING

Excavation Inspected: 5/23/06

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☒ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg INNOVATIVE SYSTEM ALTERATION
NEW GRINDER PUMP NOT YET INSTALLED

DENR Authorized Agent: Jeremy Micholone, R.S. Signature: Jeremy Micholone, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3038A Permit #: _____ Tax Parcel #: 011-021-32

Property Owner: ELECTRI-CITIES

Job Location Address: 11316 SAM FURR RD.

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 5-18-06

Permission is hereby given to ☐ install ☑ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 6-30-06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 500 GPD

Site LTAR: N/A GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: EXISTING gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ VARYING feet (2 @ 70', 1 @ 60')

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: DROP BOXES

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

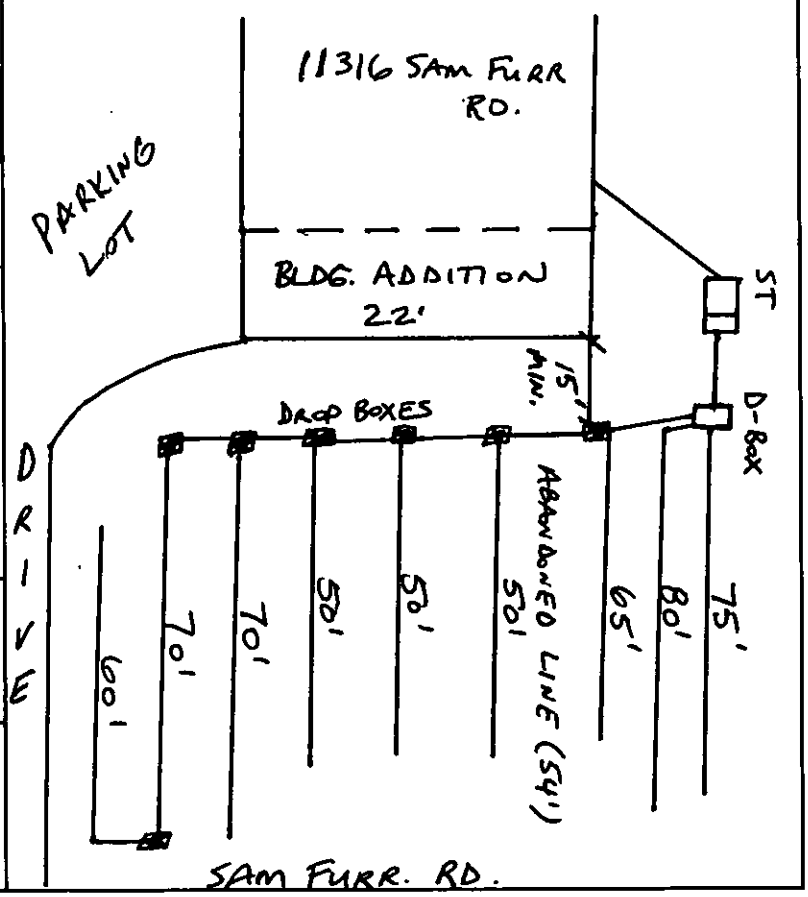
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg INNOVATIVE W/ GRAVITY DISTRIBUTION. GRINDER PUMP BEFORE SEPTIC TANK. INSTALL SYSTEM ALTERATION TO MEET ALL CONDITIONS OF THE IMPROVEMENT PERMIT.

DENR Authorized Agent: TREVOR THOMASON Signature: _____ R.S.

Wilber Associates

Architects • Planners

FAX

Date: 4/4/06

To: KELLY

Fax # 704-336-6894

Pages, including cover: 2

Project: ELECTRICITIES OF HUNTERSVILLE

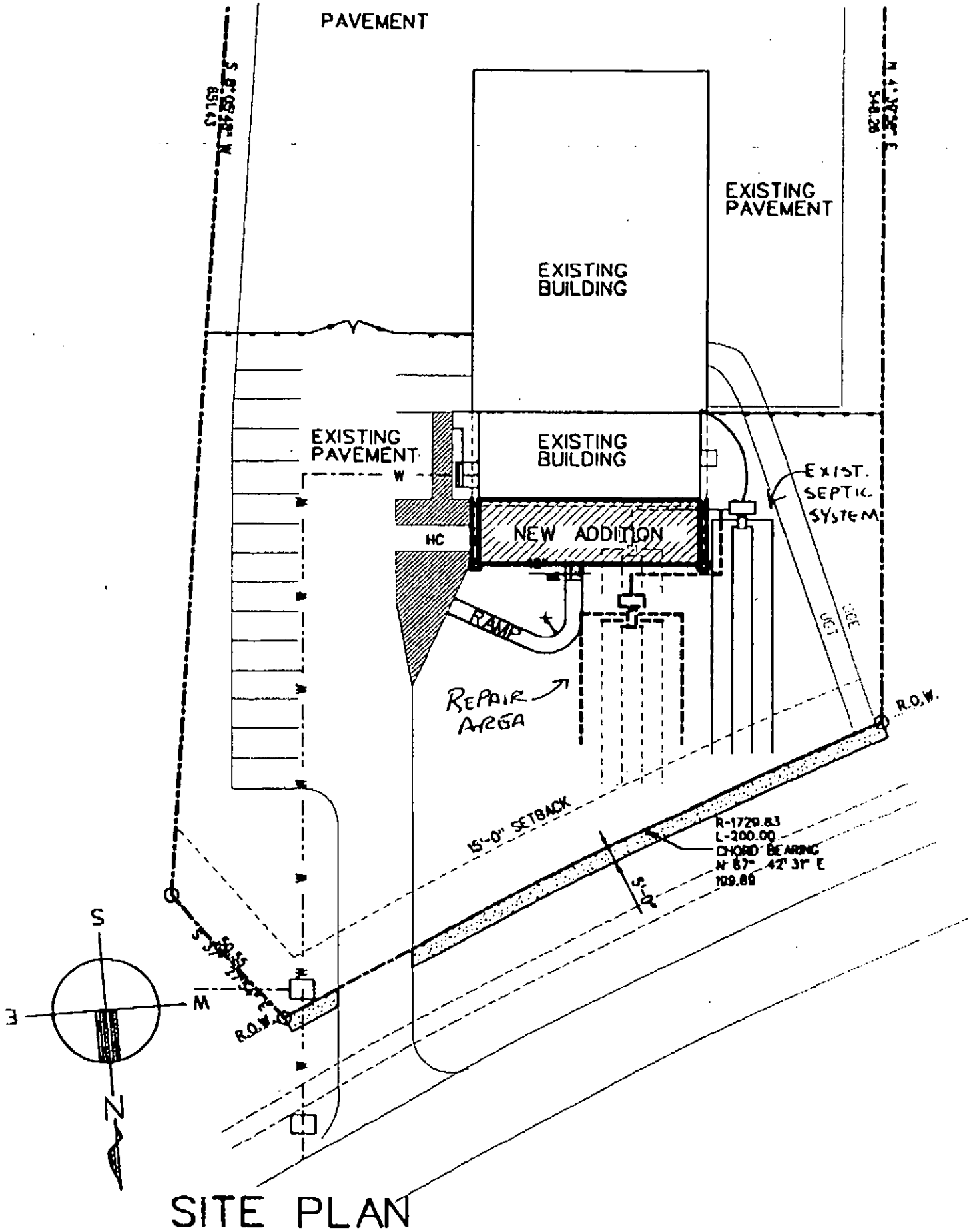
From: Jack Everett

Notes: **11316 SAM FURR ROAD**

Addition is for additional office
No new plumbing Fixtures.
Proposal is to add repair lines to replace amount lost to addition.

20044 N. Zion St.
PO Box 428
Cornelius, NC 28031

Phone 704-892-3633
Fax 704-892-5298
cwilber303@aol.com


PAVEMENT
EXISTING PAVEMENT
EXISTING BUILDING
EXISTING PAVEMENT
EXISTING BUILDING
EXIST. SEPTIC SYSTEM
NEW ADDITION
HC
RAMP
REPAIR AREA
R.O.W.
15'-0" SETBACK
R-1729.83
L-200.00
CHORD BEARING
N 87° 42' 31" E
109.88
S
M
N

SITE PLAN

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: KARL KRUEGER Fax #: 704-892-5298

Phone #: _____

From: TREVOR THOMASON Date: 4/24/06

Number of pages transmitted: 5 (including coversheet)

Comments:

~~PLEASE~~ DRAFT ALTERATION PERMIT W/ CONDITIONS.

AWAITING FINAL APPROVAL TODAY.

FILE # 3038A

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

April 24, 2006

Charles Wilbur
P.O. Box 428
Cornelius, NC 28078

Re: Application for septic system alteration to accommodate office building expansion.
Property Location: Electricities
11316 Sam Furr Rd.
Huntersville, NC 28078
Tax Parcel #: 011-021-32
Health Department file number: **3038A**

Dear Property Owner or Owner's Agent:

On April 20, 2006 Mecklenburg County Groundwater & Wastewater Services evaluated the above-referenced property to determine if the existing on-site wastewater treatment & disposal system could be altered to accommodate your proposed building expansion project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the information you provided in the application, dated April 19, 2006, and the site evaluation conducted by our office, your application to alter the septic system has been approved with the following conditions:

1. The new building foundation should not extend off the front of the existing structure by more than 22 feet.
2. The permitted daily design flow of 500 GPD (20 employees) should not be exceeded.
3. The septic system alteration should be completed and inspected prior to beginning construction of the building expansion.
4. Prior to beginning work on the alteration our office requires a preconstruction meeting with the registered septic system contractor to review the design requirements and issue an Installation Approval.
5. All parts of the altered system must be located a minimum of five (5) feet from any part of the building foundation.
6. The shrubbery adjacent to the parking lot, at the front left corner of the building, should be removed to accommodate two additional septic system drain lines.
7. Install an approved commercial effluent filter on the septic tank outlet.
8. Install a new distribution box (10-hole box) near the existing septic tank and reconnect all drain lines to the new distribution box using Schedule 40 PVC.
9. Portions of all drain lines that extend under the new building foundation should be taken out of service. Each of these lines must be sealed with bentonite to prevent effluent from flowing under the foundation.
10. Install two (2) additional drain lines to replace the portions of the drain lines lost due to building expansion (see plan).

11. Place an additional eight (8) inches of soil cover over the end of the drain lines as noted on the plan.
12. Temporary construction fencing should be installed around the entire drain field area after the alteration is completed. This will prevent system damage due to construction operations and traffic.
13. Once the work is completed our office is required to conduct a final inspection to approve the alteration project.

State law requires that this system alteration be performed by a septic contractor registered with our office. I am including a list of registered contractors for your review. Once a contractor is selected they should contact me directly to schedule a preconstruction meeting at the site. Please contact me at (704) 336-5568 if you have any questions.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

Enclosures (2)

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **3038A** Tax Number: **011-021-32**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

0.30 Long-term acceptance rate (GPD/ft^2)	500 Max gallons/day wastewater flow	1632 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	544 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
NA Bedrooms in residence	NA Gallon pump tank	12 Depth of media (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **System alteration to accommodate building expansion. Proposed construction project extends building 21' 8" at front. See included letter for specific conditions required for this alteration approval.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

____ Absorption Area (ft^2) ____ Total trench length (ft)	__ Depth of media (in)	__ Trench spacing (min. on centers) (ft)	__ Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

R.S. 4/24/06
DENR Authorized Agent Date

5-9-06
Owner/Agent Signature Date

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

EXIST. PAVING

AREA: 2.75 ACRES

N 4° 39'58" E
548.26

S
E
W
N

LIGHT POLE

EXISTING BUILDING
8,337 SQ. FT.

EXIST. PAVING

LIGHT POLE

GATE

15

2

EXIST. FENCE

EXIST. RAMP & STAIR

4'-0" STRIPED WALK

EXISTING BUILDING
1,757 SQ. FT.
FIN. FLR. ELEVATION = 100'

98.96

98.63

8'-0"

8'-0"

HC

NEW 1,330 SQ. FT. ADDITION
FIN. FLR. ELEVATION = 100'

EXIST. SEPTIC TANK

98.21

99.15

99.50

18" DINT

NEW DISTRIBUTION BOX (10-HOLE)

H.C.SIGN IN ACCORDANCE W/ VOL. 1-C NORTH CAROLINA STATE ACCESSIBILITY CODE: 2002 EDITION

97.63

98.84

99.42

EXIST. PAVING

RAMP DOWN

NOTE: LOCATION OF UNDERGROUND ELEC. LINES & UNDERGROUND TEL. LINES IS APPROXIMATE

UGE

UGT

72' NEW

60' EXT.

60' EXT.

60' EXT.

54" ABANDONED

65' EXT.

80' EXT.

175' EXT.

EXIST. UTILITY POLE

R.O.W.

REPAIR AREA FOR SEPTIC

15'-0" SETBACK

EXIST. STREET TREES

8" ADDITIONAL SOIL COVER

ESTIC WATER
. TO EXIST.
ION.

R-1729.83
L-200.00
CHORD BEARING
N 67° 42' 31" E
199.89

SSEMBLY

EXIST. ASPHALT DRIVE

EXIST. SIGN

DOUBLE ROW OF SMALL MATURING STREET TREES @ 30'-0" O.C. MONEY TO BE ESCROWED BY TOWN OF HUNTERSVILLE.

EXIST. UTILITY POLE

54" E

.O.W.

5'-0"

5'-0" CONC. SIDEWALK. MONEY TO BE ESCROWED BY TOWN OF HUNTERSVILLE.

INED DITCH

METER

SAM FURR ROAD NC 73

4/24/06

P.E.

MCHD FILE #: 3038A

011-021-32

11316 SAM FURR RD

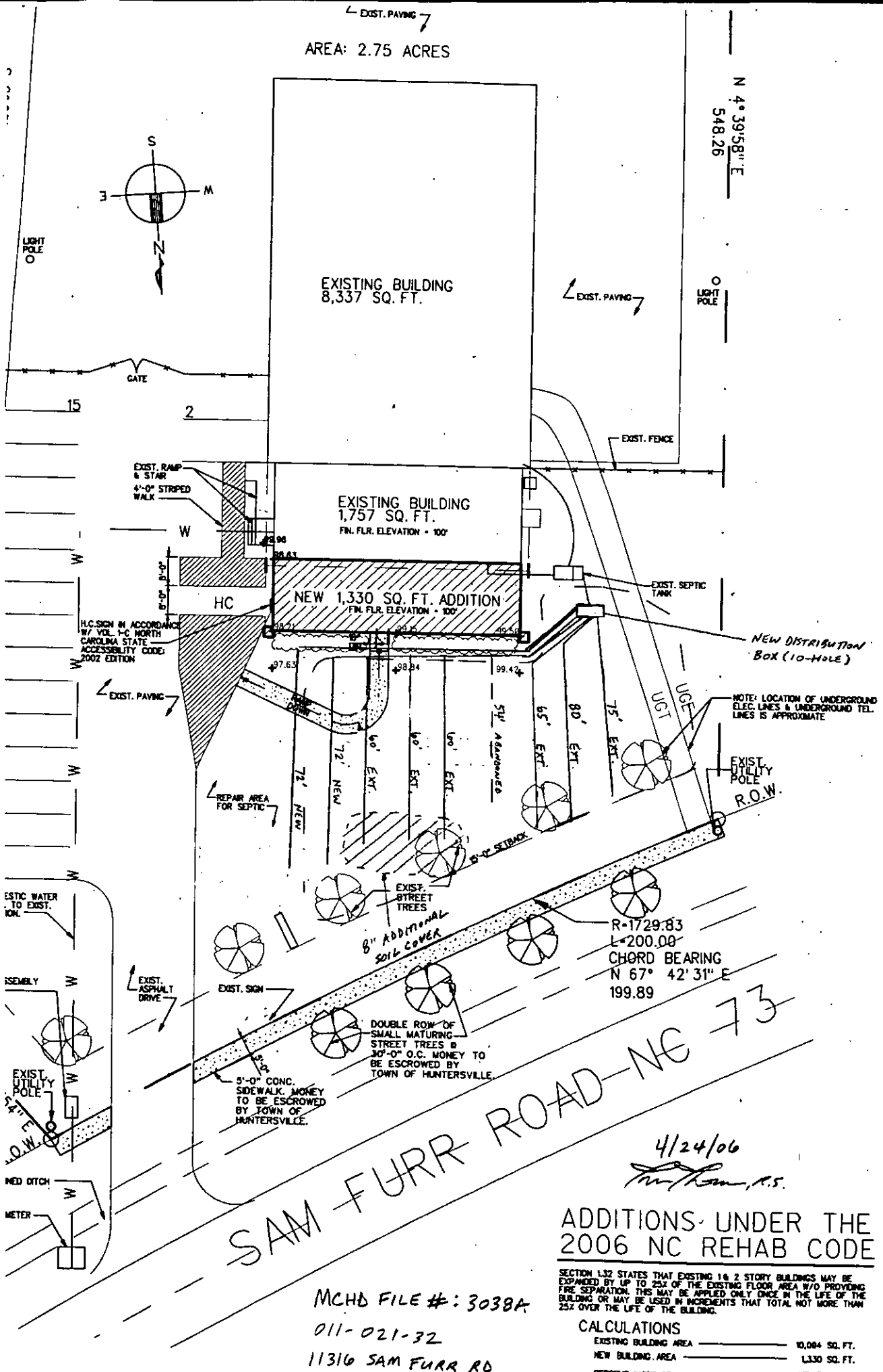
ADDITIONS UNDER THE 2006 NC REHAB CODE

SECTION 1.32 STATES THAT EXISTING 1 & 2 STORY BUILDINGS MAY BE EXPANDED BY UP TO 25% OF THE EXISTING FLOOR AREA W/O PROVIDING FIRE SEPARATION. THIS MAY BE APPLIED ONLY ONCE IN THE LIFE OF THE BUILDING OR MAY BE USED IN INCREMENTS THAT TOTAL NOT MORE THAN 25% OVER THE LIFE OF THE BUILDING.

CALCULATIONS

EXISTING BUILDING AREA	10,094 SQ. FT.
NEW BUILDING AREA	1,330 SQ. FT.
PERCENT INCREASE	13.2%

F PLAN



4/24/06

T. Thomas, P.E.

ADDITIONS UNDER THE 2006 NC REHAB CODE

SECTION 1.32 STATES THAT EXISTING 1 & 2 STORY BUILDINGS MAY BE EXPANDED BY UP TO 25% OF THE EXISTING FLOOR AREA W/O PROVIDING FIRE SEPARATION. THIS MAY BE APPLIED ONLY ONCE IN THE LIFE OF THE BUILDING OR MAY BE USED IN INCREMENTS THAT TOTAL NOT MORE THAN 25% OVER THE LIFE OF THE BUILDING.

CALCULATIONS

EXISTING BUILDING AREA	10,094 SQ. FT.
NEW BUILDING AREA	1,330 SQ. FT.
PERCENT INCREASE	13.2%

MCHD FILE #: 3038A

011-021-32

11316 SAM FURR RD

= PLAN

Wilber Associates
ARCHITECTS/PLANNERS
AIA and NCARB

Karl Krueger
Designer/
Project Manager

704-892-3633
Fax 704-892-5298
cwilber303@aol.com

20044 N. Zion St.
PO Box 428
Cornelius, NC 28031

#673

SEPTIC FEE: 300.00 CK 4/19/06
DATE: _____
CRT( )

PERMIT APPLICATION FOR A COMMERCIAL SITE
REPAIR VERSION / PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3038A

WELL FEE: _____
DATE: _____
CRT( )

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 011-021-32
STREET ADDRESS: 11316 SAM FURR RD.
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
LOT #: N/A
TOWNSHIP: 1987 & 1997

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☒ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: OFFICE

☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 19,079 ±
NUMBER OF EMPLOYEES PER SHIFT: 11
NUMBER OF SHIFTS: 1
TYPE OF WASTEWATER:
☒ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?
☒ TOILETS/URINALS ☒ HANDSINKS ☒ SHOWERS
☒ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED. ALTERATION TO REPAIR AREA FOR SEPTIC. SEPTIC TANK & PUMP TO REMAIN AS EXIST.

WATER SUPPLY:

☐ MUNICIPAL (M) ☒ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER SPRINGS (O)

PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES ☐ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☒ YES ☐ NO	DESIGNATED WETLANDS	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO

PROPERTY OWNER:

NAME: THE TOWN OF HUNTERSVILLE
ADDRESS: PO BOX 664
CITY: HUNTERSVILLE
STATE: NC ZIP: 28070
HOME PHONE: WORK PHONE: 704.659.7370
MOBILE PHONE: 704.560.5131 FAX: 704.948.0111

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CHARLES WILBER
ADDRESS: PO BOX 428; 20044 ZION ST.
CITY: CORNELIUS
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704.892.3633
MOBILE PHONE: FAX: 704.892.6298

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/16/1993
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 4-19-06 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

"A Well Permit is subject to suspension or revocation if site plans or the intended use changes or if information submitted in this application is falsified or changed. 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.

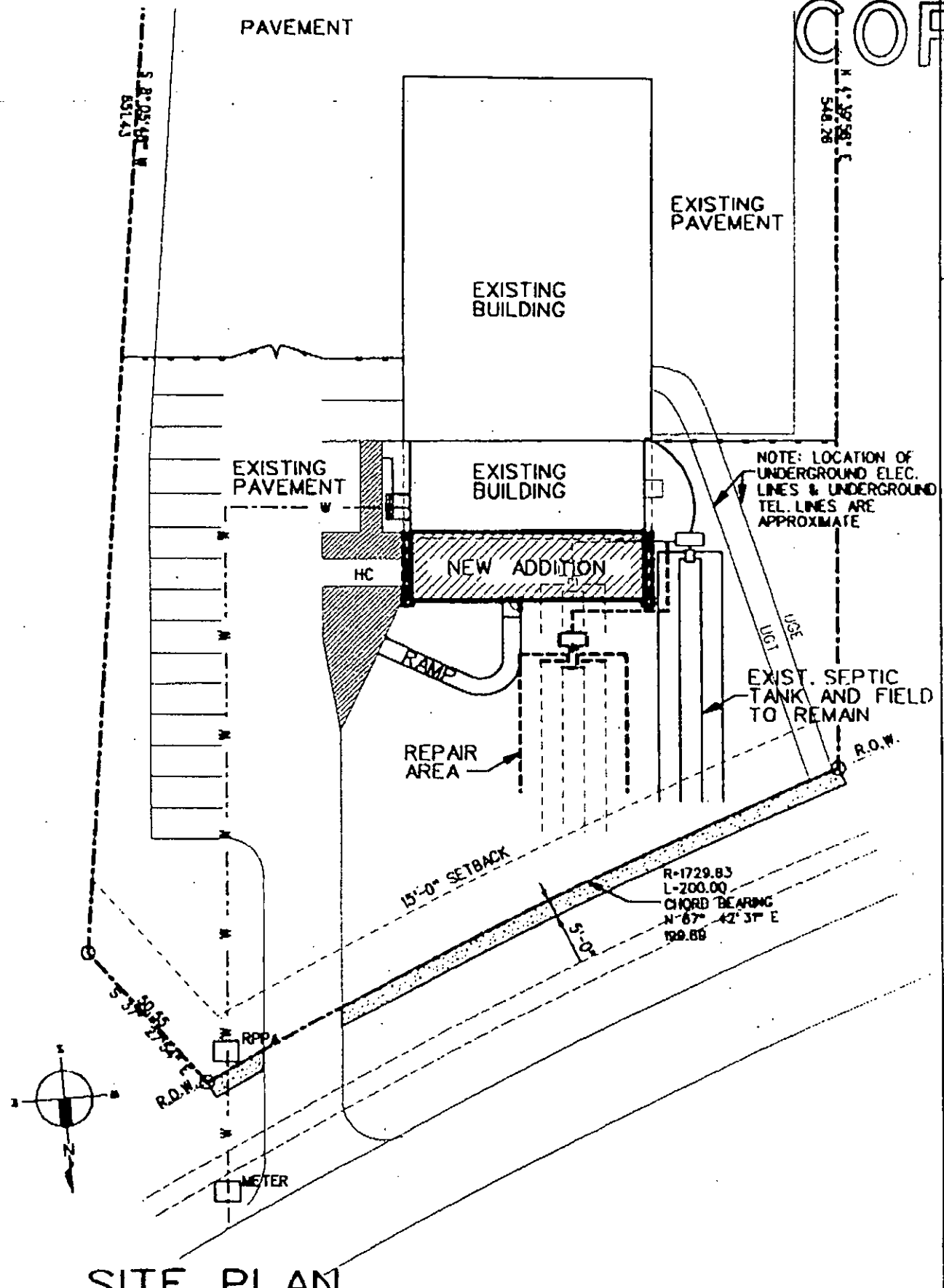
Owner's/Agent's Signature 4/19/06 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5100 / FAX: 704-336-5884

0706

3088A

COPY



SITE PLAN

wilber associates ARCHITECTS/PLANNERS

AN ADDITION TO AN EXISTING BUILDING FOR

ELECTRICITIES

11816 SAM FURR ROAD

HUNTERSVILLE, NORTH CAROLINA 28078

DRAWING NO. 05103

DATE 4/19/2006

SHEET B-1

3088A

Wilber Associates

Architects • Planners

FAX

Date: 4/19/06

To: GLEN CRAIG

Fax # 704.336.6894

Pages, including cover: 3

Project: ELECTRICITIES-

From: Karl Krueger

Notes: ALTERATION TO REPAIR AREA ONLY.
EXIST SEPTIC TANK + FIELD TO REMAIN.

Thanks Jon!
Karl Krueger

20044 N. Zion St.
PO Box 428
Cornelius, NC 28031

Phone 704-892-3633
Fax 704-892-5298
cwilber303@aol.com

CUSTOMERS ACCOUNT NO.

ELECTRICITES OF N.C., INC.

▼ No. 008957

REFERENCE NUMBER	INVOICE DATE	PURCHASE ORDER NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT	CODE
01102132	04/13/2006	PCL#01102	300.00	.00	300.00	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/19/06	**Amount:**	300.00
Receipt #:	43382	**Tendered:**	300.00
Check / Auth #:	CHECK 8957	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: ELECTRICITIES OF N.C., INC.
Attn:
Address: P O BOX 2819
Address:
City/State/Zip: HUNTERSVILLE, NC 28070

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 11316 SAM FURR ROAD		1	300.00	300.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
20.00					

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	ElectriCities/Public Works	3038A
Health Department	**Name of Establishment**	**Permit/Project No.**
11316 Sam Furr Rd., Huntersville	Industrial/Commercial Warehouse	
Location	**Type of Establishment**	**Design Flow**
The Town of Huntersville	Same as location	704-875-7007
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	January 2005	
System Type	**Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☐	☒	☐	1.a. Observed saturated drain lines in drain field area.
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	3. c. d. Septic tank not uncovered for
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	inspection. Sanitary tee not observed
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☒	and solids level not measured.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	4.c Valve box at right of grinder pump
c. Floats/pipe/valves/disconnects in good condition?	☐	☒	☐	is missing a cover.
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☒	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☒	
d. Control panel enclosure/components in good condition?	☐	☐	☒	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	6.b. Several drain lines are saturated.
b. Minimal ponding in subsurface trenches?	☐	☒	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

There was no evidence of sewage on the ground at the time of inspection. However, several drain lines are saturated. The ends of the drain lines closest to the road near the center of the property contained the most effluent. The drain lines in this area have approximately 8" of soil cover. The septic system will be reinspected within 14 days. If the same observations are made, additional drain lines may be required to adequately handle the volume of wastewater being generated in the facility.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

Repair valve box adjacent to grinder pump basin.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

There is an oil/water separator system at the site. The access cover was opened for a visual inspection. Liquid was observed inside the tank and a chemical odor was detected. Information contained in our files indicates that a drain field was installed for the oil/water separator system. The drain field has been paved over and the area is currently being used to store electrical equipment at the left side of the property.

DATE: 12/23/2004

SIGNED: _____ AGENT
Division of Environmental Health

3/18/98

Per Conversation with
Larry Thompson

Not really a repair,
an adjustment to
eliminate problem

Paper work for our
records and information
only

Dave Craig

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3038-A DATE: 3-2-98

TC: 001-021-32 ☐ L ☐ CRT

SERIAL Nº 17471

Name of Owner Town of Huntersville Juris.: _____

Address of Property 11316 Sam Furr Road

Inspection Data:

Tank Material existing

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

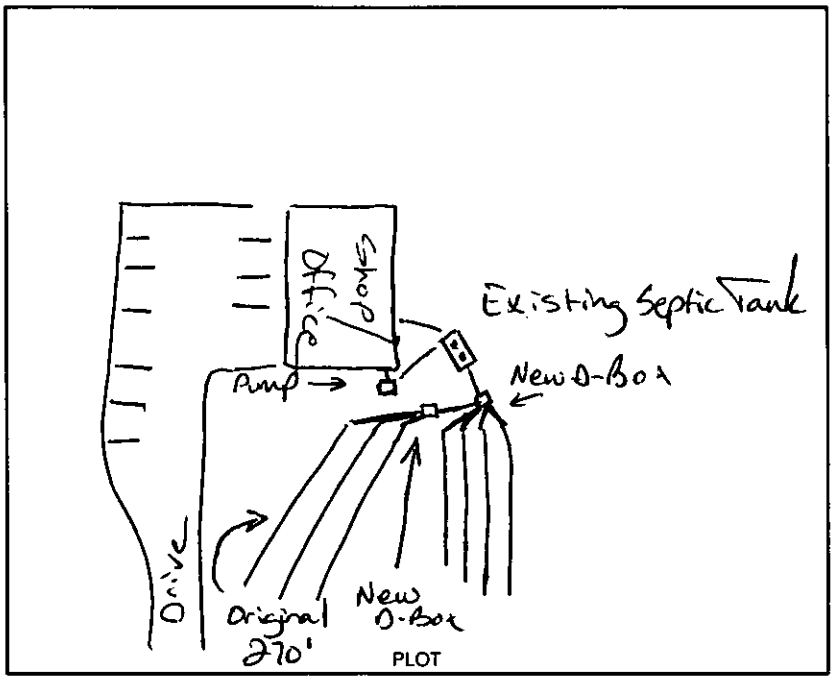
Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected _____



Design 1998 – no materials beside (2) D-Boxes & stone CTR# 80

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: * Original 270' of drainline was not receiving effluent – Effluent was backing up into building – re connected all lines as shown.

Built 1997

Ronny B. Thompson Jr. R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

990236

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3038A DATE: 7/24/96

TO: DH-0830 ☐ L ☐ CRT

SERIAL № 16779

Name of Owner Town Of Huntersville Juris.: _____

Address of Property 11316 Sam Furr Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 276'

Number of Lines 4 @ VARIOUS

Cover Depth 24"

Water Supply Source Well

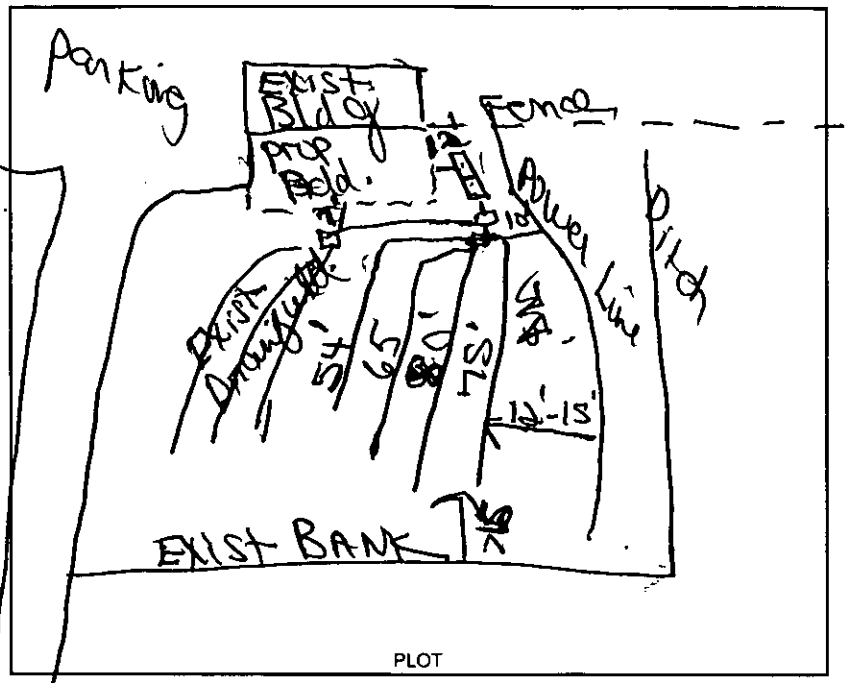
Distance to Water Source >100'

Excavation Inspected 7/24/96

Tank(s) Inspected 7/24/96

Wash Line Inspected _____

High Water Alarm Inspected _____



Design 1996 1500 ST, CAP. 825FT, 12"G Recir CTR# Gary Bradley

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Different Lengths of Lines due to Available Land Space All PVC Schedule 40 From D-Boxes. Speed-levelers Installed in New D-Box to distribute Flow

Dellinger Tank Dated 6/13/96

Judy S. Kiser
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

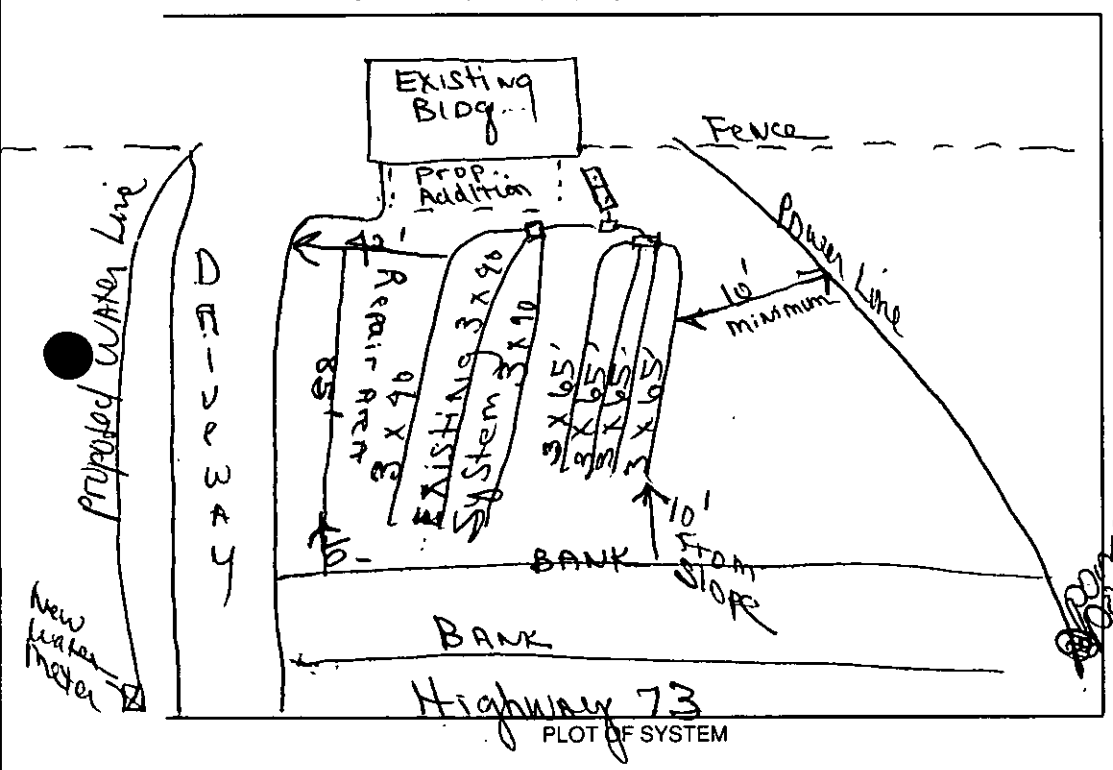
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3038A DATE: 6/19/96

TC: 011-02.32 5 L

SERIAL Nº 16871

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 5/20/96. All work shall be completed on or before 7/19/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Pcc

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 260' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ≥100 feet

Keep 10' from ANY water Lines

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Town of Huntersville

LOCATION OF PROPERTY 11316 Sam Furr Rd.

Comments: INSTALL NEW 1500 GAL. TANK NEW D-BOX - RUN NEW Schedule 40 line to OLD EXISTING D-BOX and System (Replace This D-BOX IF NECESSARY to MAINTAIN 5' from Proposed NEW Bldg. Addition) RUN 2nd Schedule 40 PVC - NEW line to A NEW D-BOX INSTALL 4 NEW TRENCHES 3'x65'x12" Stone. ABANDON OLD TANK PER PROCEDURE REQUIRED

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/19/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6/19/96 **PERMIT NO:** _____
PARCEL NO: _____

JOB LOCATION ADDRESS: 11316 Sam Furr Rd
PROPERTY OWNER: Town of Huntersville
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Judy J. Riser R.S. **DATE:** 6/19/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3038A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Alteration of Existing Conventional Sewage System to Allow Building Addition & Increase in Employees from 10 - 20 A Total Of 20.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Mo Alterations 6/19/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 11316 Sam Furr Road

File Number: 3038A

Parcel Number: 011-021-32

Owner/Agent Name: TOWN OF HUNTERSVILLE
(Please print)

Date: 7-12-96 Number of Bedrooms: N/A

Receipt of the plan and specifications for a conventional 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 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c), or .1969, you the** property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Judy S. Kuss RS — 7/17/96

Environmental Health Specialist — Date

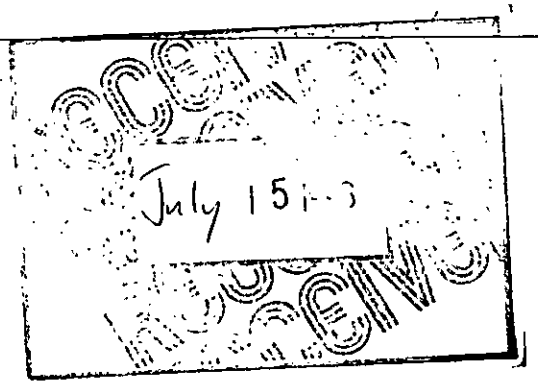
I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Town of Huntersville — 7-12-96

Property Owner Signature — Date

By J. Humphries, Manager

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102


RECEIVED
July 15 [illegible]

3038A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 3038A
PARCEL # 011-021-32

The undersigned, TOWN OF HUNTERSVILLE, owner of property located at 11316 SAM FURR ROAD, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Mecklenburg County
Mail after recording to: MECK Co HEALTH DEPT • 700 N TRYON ST CHARLOTTE N.C. ~~28234~~ 28202
ATTN: Judy Kiser

RBCWM:24751_1/8-30-95

BK: 08668 PG: 0422/0425 $:0443 14:00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/23/96 16:30

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 15th day of July, 1996.

TOWN OF HUNTERSVILLE
(Corporate Name)

By: [signature]
Town Manager ~~President~~

ATTEST:
[signature]
~~Secretary~~ Clerk

(Corporate Seal)

_____ (SEAL)
_____ (SEAL)
_____ (SEAL)
_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Janet W. Pierson, a Notary Public for said County and State, do hereby certify that Ed Humphries personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 15th day of July, 1996.

[signature]
Notary Public

My Commission Expires:
8-1-2000

RBCWM:24751_1/8-30-95

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Janet W. Pierson, a Notary Public for said County and State, do hereby certify that Gennine B. Davis personally came before me this day and acknowledged that she is Clerk ~~Secretary~~ of Town of Huntersville, a North Carolina corporation, 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 Town Manager ~~President~~, sealed with its corporate seal and attested by Gennine B. Davis as its Clerk ~~Secretary~~.

WITNESS my hand and notarial seal, this 15th day of July, 1996.

Janet W. Pierson
Notary Public

My Commission Expires:
8-1-2000

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Janet W. Pierson
Notary(ies) Public is/are certified to be correct. This 23rd day of July 1996.
JUDITH A. GIBSON, REGISTER OF DEEDS By: Rosalie B Deese Deputy Register of Deeds

RBCWM:24751_1/8-30-95

5038A

PARHAM, HELMS, HARRIS, BLYTHE & MORTON
Attorneys at Law

1329 E. Morehead Street
Charlotte, North Carolina 28204
(704) 333-1105
FAX: 704-332-3287

MEMORANDUM

TO: Mecklenburg County Health Department
Attn: Judy Kizer
FROM: Robert B. Blythe

RE: Town of Huntersville

At the request of Ed Humphries, enclosed is recorded copy of disposal agreement.

3038A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 3038A
PARCEL # 011-021-32

The undersigned, TOWN OF HUNTERSVILLE, owner of property located at 11316 SAM FURR ROAD, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Mark Gordon, Coord.
Mail after recording to: Mecklenburg Health Dept. 700 N. Tryon St. Charlotte, N.C. 28202
Attn: Judy Kay

RBCWM:24751_1/8-30-95

BK: 08668 PG: 0422/0425 #:8443 14:80
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/23/96 16:30

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 15th day of July, 1996.

TOWN OF HUNTERSVILLE
(Corporate Name)

By: _____
Town Manager/President

ATTEST:
_____
Secretary/Clerk

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

(Corporate Seal)
TOWN OF HUNTERSVILLE NORTH CAROLINA SEAL

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Janet W. Pierson, a Notary Public for said County and State, do hereby certify that Ed Hagaman personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 15th day of July, 1996.

Janet W. Pierson
Notary Public

My Commission Expires:
3-1-2000

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Janet W. Pierson, a Notary Public for said County and State, do hereby certify that Geanine B. Davis personally came before me this day and acknowledged that she is Clerk Secretary of Town of Huntersville, a North Carolina corporation, 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 Town Manager President, sealed with its corporate seal and attested by Geanine B. Davis as its Clerk Secretary.

WITNESS my hand and notarial seal, this 15th day of July, 1996.

Janet W. Pierson
Notary Public

My Commission Expires:
8-1-2000

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Janet W. Pierson
Notary(ies) Public is/are certified to be correct. This 23rd day of July 1996
JUDITH A. GIBSON, REGISTER OF DEEDS By: Rhonda B Wood Deputy Register of Deeds

RBCWM:24751_1/8-30-95

5/30/96

Met on Site W/ Gary Bradley, Tim Church, M. Humphreys & 1 other employee. After discussion they have decided:

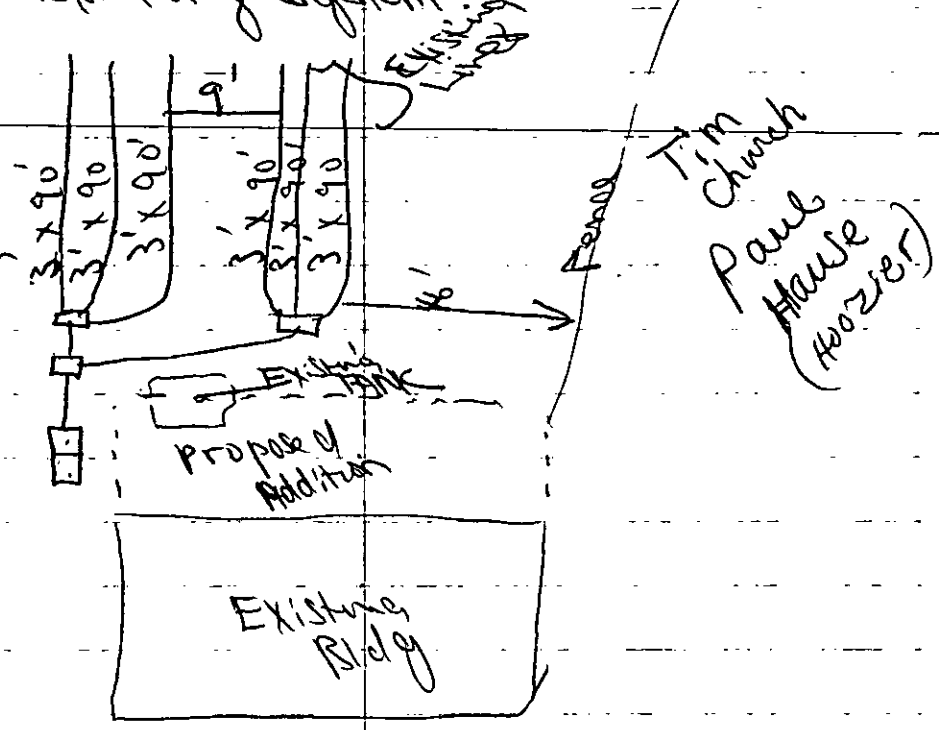
1. MAXimum of 20 Employees
2. They will probably WANT TO extend building Foundation 25'
3. They are going to have City WATER run to the building -

I Told them we need:

1. A new PLAN
2. WATER Line LOCATED on Opposite Side of DRIVEWAY.
3. STAKE The building Foundation
4. MARK The Power line and CALL me.

They may have to: (1) Relocate Septic TANK & (2) have AN innovative System designated for repair - over. (3) Old TANK Pumped & filled IN

Basic Concept for upgrade to Existing System



8/12 Rec'd Agreement form
Spoke w/ Tim Church - He will
make Blue Print.

FEE: 11-50.00 Ck#2212 96

DATE: 5/20/96 gd

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

1 of 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 303 SA

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-021-32

STREET ADDRESS: 11316 Sam Furr Rd. Huntersville, NC 28078

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG	___ 4 PINEVILLE
___ 1 CHARLOTTE	___ 5 MATTHEWS
___ 2 DAVIDSON	X 6 HUNTERSVILLE
___ 3 CORNELIUS	___ 7 MINT HILL

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Public works, Utility, Maintenance, Garage

7,500
Square Footage of Facility:

NUMBER OF EMPLOYEES: 14 projected; 8 at present
20 Employee-projected - 5/30/96 PER SUPT.

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS
OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

Henry Wallace

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

adding one bathroom

D Distribution
15' R/D under drop

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES X NO	WELL SPRINGS OR WATERLINES	___ YES X NO
EXISTING WASTE WATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES X NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: Town of Huntersville

NAME: (LAST) (FIRST) (MI)

ADDRESS: PO Box 664

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 875-6541

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) ---

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1987

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" H READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF TH MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST

SIGNED L. Humphries Town Manager DATE 5/20/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

4) Commercial

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#8857 $50.00 5/14/96 3038A [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Ed Humphries (last) (first) Town Manager
ADDRESS: PO Box 664 PHONE: 704 875-6534
CITY: Huntersville STATE: NC ZIPCODE: 28070

Date: 5-14-96

PROPERTY OWNER:
NAME: Town of Huntersville (last) (first) (mi)
ADDRESS: PO Box 664 PHONE: 704 875-6541
CITY: Huntersville STATE: NC ZIPCODE: 28070

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-021-32
STREET ADDRESS: 11316 Sam Furr Rd Huntersville NC 28078
ZONING: I-2

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [X] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Bath
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: Currently 6, adding 4
Type Business Public Works # Employees 7 Per Shift 0
Industrial Wastes (Y/N) ___ currently 7 increase 15
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: 5.13.96 Date: Ed Humphries Town Manager

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...currently 7 field & stationary total
increase to 14-15 out to 14-15 -
about 4 stationary
9/17 OSR w/ Tim Church -
to check Road R/W
have ST met OS
File all the applicable

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Bathroom w/ existing System

Judy J. Kyzis RS 8/15/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PG. 03

PG. 05

PG. 19

PG. 01

FOR TAX PURPOSES ONLY

TAX LINE MAP BOOK 11 PAGE 02
MECKLENBURG COUNTY NORTH CAROLINA
REVISED 11-21-94 BK SCALE 1"= 400'

23
21
15
49.95 AC.
41.53 AC.
17
SOUTHERN RY.
SAM FURR RD.
HUNTERSVILLE CITY LIMITS
PARR DR.
McCORD
HUNTERSVILLE RD.
#2427
#2438
RW 680.68
1733.74
1767.21
1286.89
775.21
920±
730±
840±
465±
888.47
390.29
653.02
1052.31
1123.19
1303.97
1207.3
1331.88
373.35
381.35
337.4
303.9
614.3
283.51
432.3
366.6
3254
2236
1733.74
1052.31
680.68
1303.97
1123.19

CERTIFICATE OF COMPLETION/OPERATION PERMIT

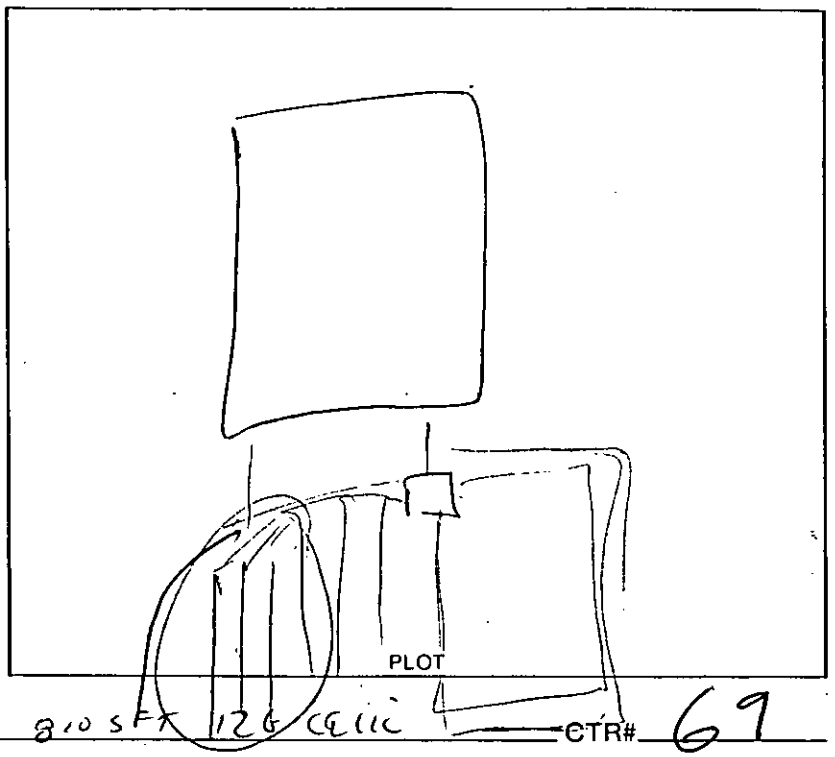
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3038-A DATE: 7-31-87
TC: 001-021-25 ☐ L ☑ CRT
SERIAL № 10428

Name of Owner MCCONNELL, JAMES Juris.:
Address of Property 11316 SAM FURR RD

Inspection Data:

Tank Material PCC
Total Length of Drainfield ~~300~~ 270
Number of Lines 3 @ 90'
Cover Depth 1'
Water Supply Source well
Distance to Water Source 50'+
Excavation Inspected 7-31
Tank(s) Inspected 7-31
Wash Line Inspected —
High Water Alarm Inspected —



Design: 1437 1500 ST CON 810 SFT 12G CELLC CTR# 69

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:

Environmentalist

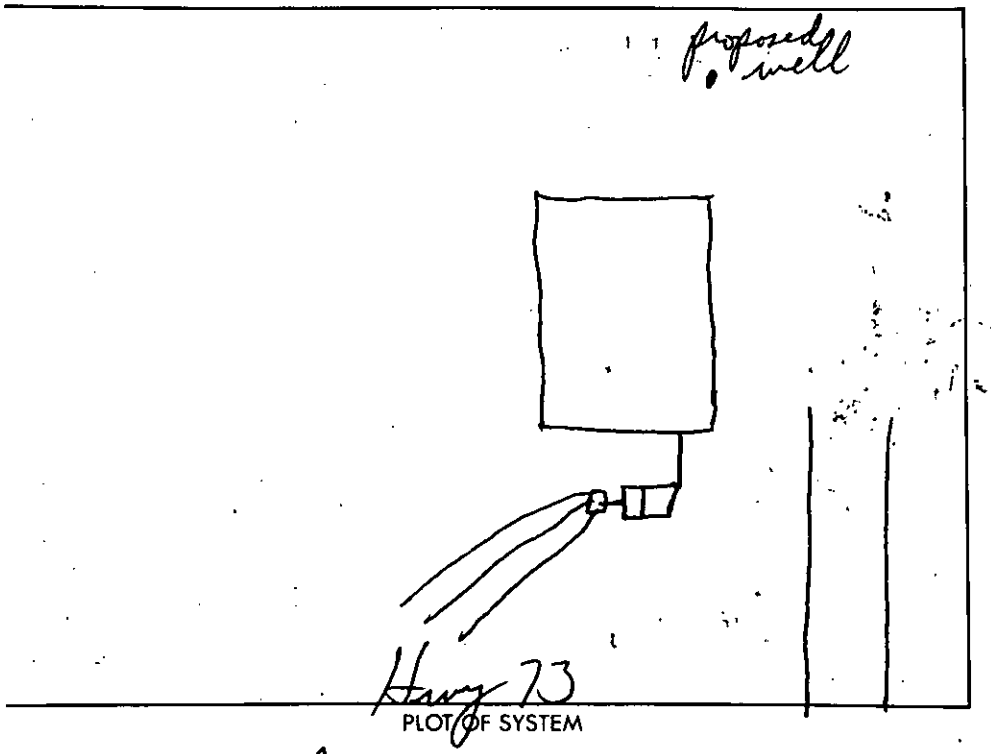
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 3038-A DATE: 5-13-87
PO
TC: 001-021-25 ☐ L
SERIAL № 10920

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 5-7-87. All work shall be completed on or before 6-13-87, 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 Department of Environmental Health 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction PCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 270 feet
Number of Lines 3
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well > 100 feet

NAME OF OWNER James McConnell
LOCATION OF PROPERTY 11316 Dam Ferry Rd.
Comments: 3 lines 3'X90'X12" stone

S. R. Davis
Division or Section Head

B. R. Ferguson
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.

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13753

File: 3038A Action: 1

Parcel: 01102125 PO ☐ PC

Location: Hwy 73, East

Subdivision:

Lot: Block: Acres: .35

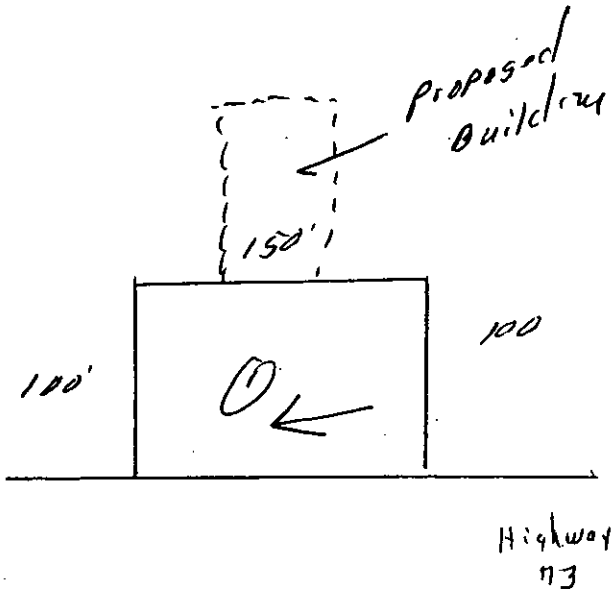
Owner: James Otis McConnell
Address: 14525 Black Belt Road
Huntersville, NC 28073

Comments: Property has additional land that could be investigated if additional area is needed

Described by: William A. Marlin

Date: 3-27-97

Dimensions Approximate



*** 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 6-12%	S PS U	S PS U	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 Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	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 See Note	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IuA Cecil-Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

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

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED APR 21 1987

(OFFICE USE ONLY)
FILE: 3038A
TC:
SERIAL: № 12914
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11316 (STREET NO) Sam Furr Rd. (STREET) ② FILE:
③ JURISDICTION: Huntersville ④ TAX PARCEL NO.: 021-021-25PO
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: James (FIRST) O. (MIDDLE) McConnell (LAST)
⑨ MAILING ADDRESS: 14525 Black Bell Road
⑩ CITY: Huntersville ⑪ STATE: N.C ⑫ ZIP: 28078
⑬ PHONE: (WORK) 875-2696 ⑭ (HOME)

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no

㉑ ☒ Business or place of public assembly
㉕ Type? Garage
㉖ Maximum number of employees? 10
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: X James O McConnell
Date: 4-14-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

D. R. Ferguson (Environmentalist) 5-13-87 (Date)
S. D. Gaines (Director or Authorized Section Head) 5-14-87 (Date)

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

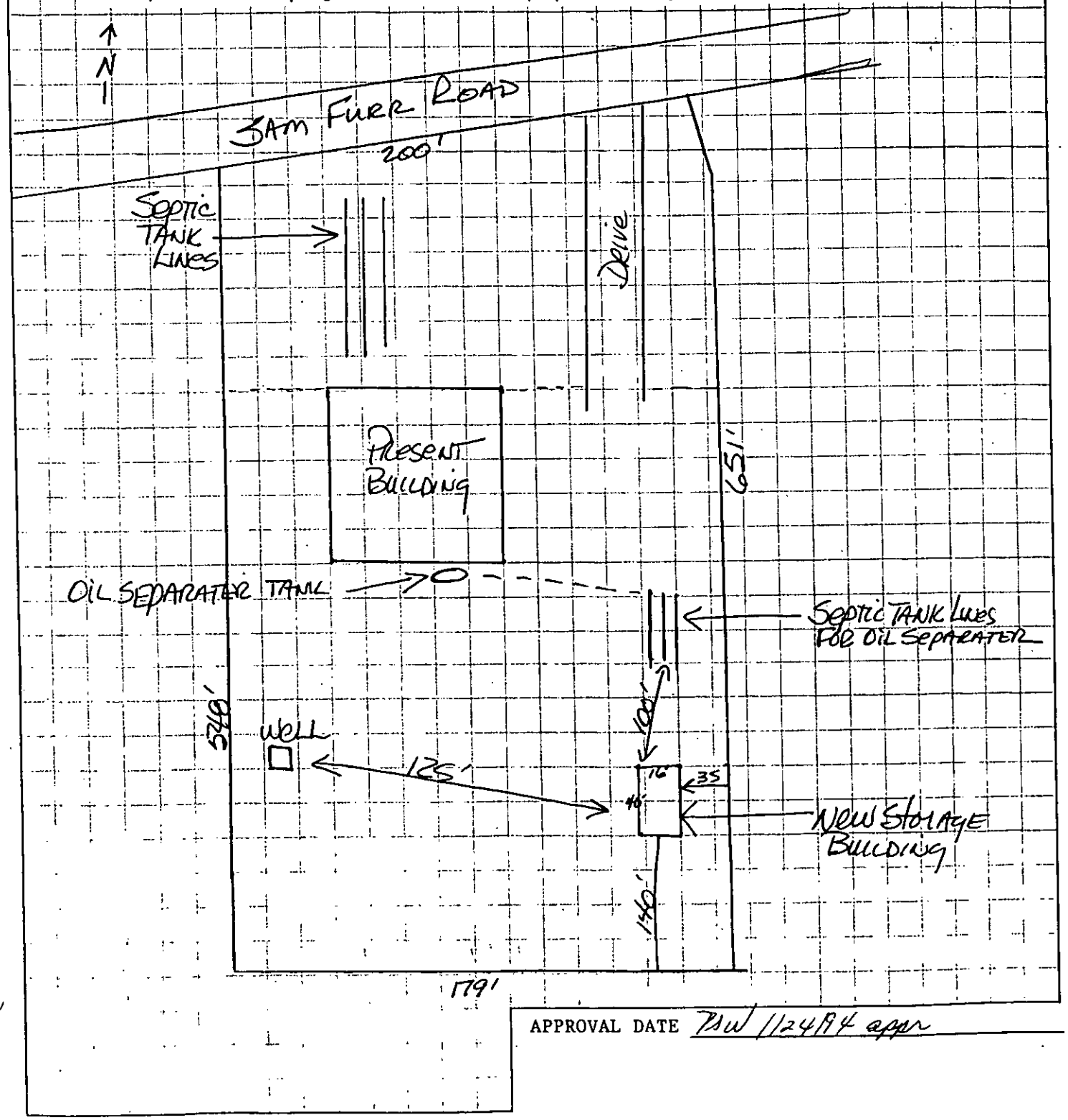
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3038A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE TSW 11/24/94 appr

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

3038A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P.I.# 9902336 1/20/94 Ck.# 003407 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: HUMPHRIES Ed (last) (first) (mi)
ADDRESS: P.O. Box 664 PHONE: 704 875-6541
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date: JAN 19, 1994

PROPERTY OWNER:
NAME: TOWN OF HUNTERSVILLE (last) (first) (mi)
ADDRESS: P.O. Box 664 PHONE: 704 875-6541
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-021-32
STREET ADDRESS: 11316 SAM FURR ROAD
HUNTERSVILLE NC 28078
ZONING: I-2

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [✓] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[✓] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[✓] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Bldg
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business PUBLIC Works Facility # Employees 7 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[✓] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: J. Humphries Date: Jan 19, 1994

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

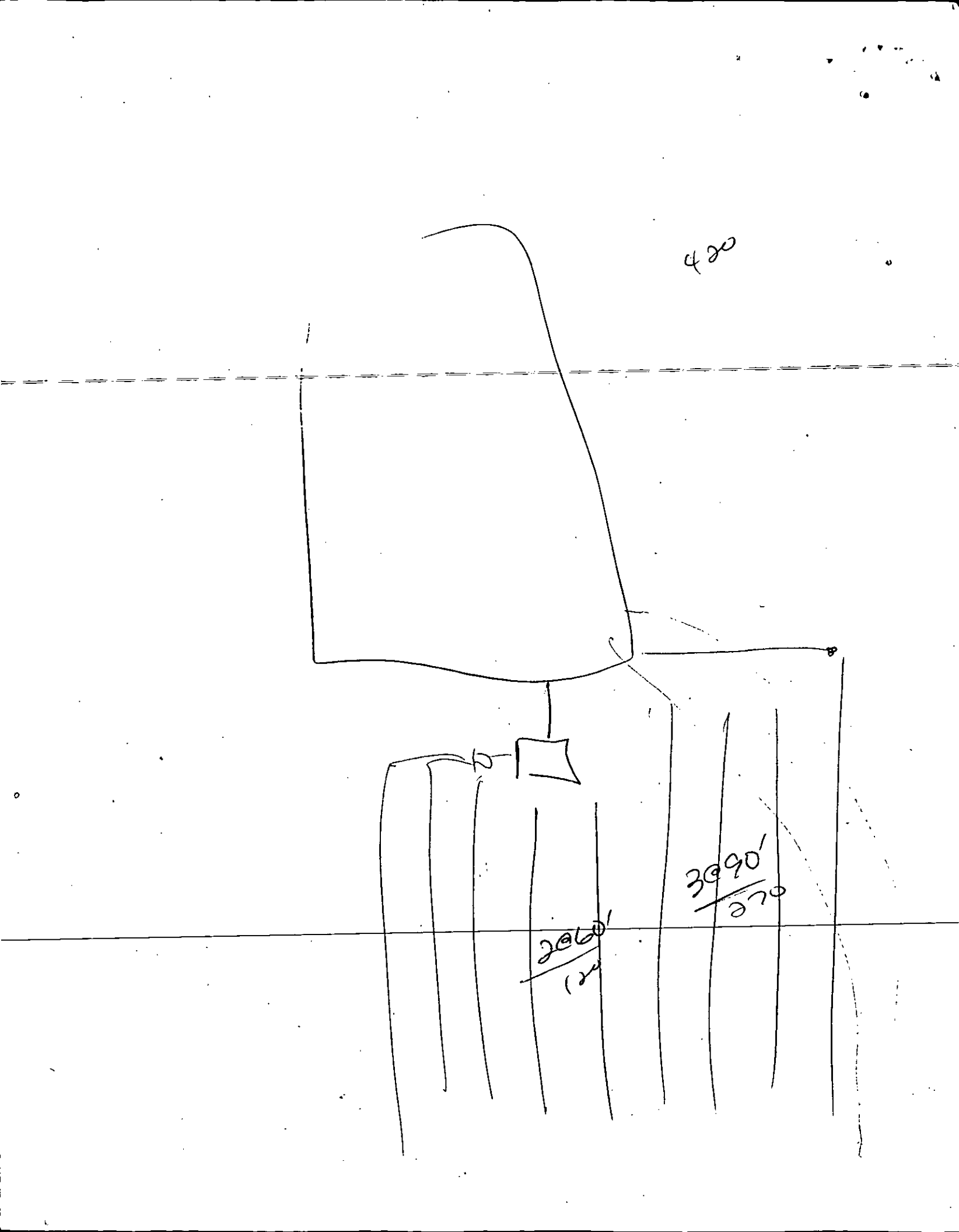
... Use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phil A. Walker 1/24/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


400
3990'
270
2060'



Town of Huntersville

Ed Humphries
Manager

102 Gilead Rd.
Post Office Box 664
Huntersville, N.C. 28078

(704) 875-6541
Fax: (704) 875-6546

(1 Commercial)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#8857 $50.00 5/14/96 3038A [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Ed Humphries (last) (first) (mi)
ADDRESS: PO. Box 664 PHONE: 704 875-6544
CITY: Huntersville STATE: NC ZIPCODE: 28070

Date: 5.14.96

PROPERTY OWNER:
NAME: Town of Huntersville (last) (first) (mi)
ADDRESS: PO Box 664 PHONE: 704 875-6541
CITY: Huntersville STATE: NC ZIPCODE: 28070

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011.021.32
STREET ADDRESS: 11316 Sam Furr Rd Huntersville NC 28078
ZONING: I-2

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [✓] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one): COPY

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Birch Building Addition

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: 20 Employee - TOTAL
Type Business Public Works # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: ✓ 5.13.96 Date: ✓ Ed Humphries Town Manager

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...May use existing System To Add building Addition

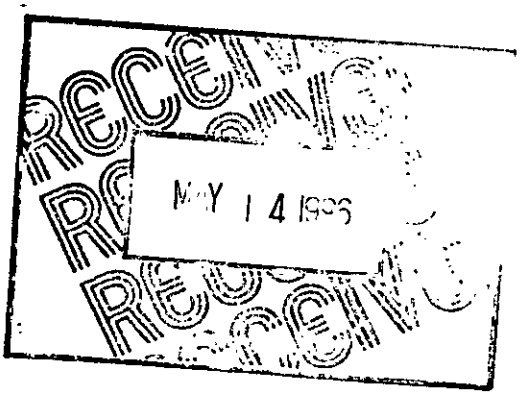
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Judy J Kerr R.S. 8/16/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

Plans in file


MAY 14 1996

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3038A

TC: 011-021-32

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

(See Attached Plans)

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Chk #8960

FEE: $150.00 ($75.00 + $75.00) DATE: 5/20/96

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted] | 1 | CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 3038A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-021-32

STREET ADDRESS: 11316 Sam Furr Rd. Huntersville, NC 28078

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
X 6 HUNTERSVILLE
___ 7 MINT HILL

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Public works, Utility, Maintenance, Garage

7,500
Square footage of facility:

NUMBER OF EMPLOYEES: 14 projected; 8 at present
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

adding one bathroom

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTE WATER SYSTEMS X YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: Town of Huntersville

NAME: (LAST) (FIRST) (MI)

ADDRESS: PO Box 664

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 875-6541

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

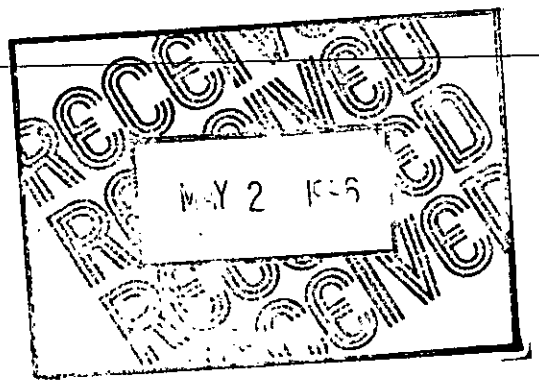
DAYTIME PHONE: ( ) ---

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1987

I, THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" H READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF TH MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST

SIGNED: E. Glenn Lewis Town Manager DATE: 5/20/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION


RECEIVED
MAY 2

U Commercial U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#8857 $50.00 5/14/96 3038A [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Ed Humphries (last) (first) (mi)
ADDRESS: PO. Box 664 PHONE: 704 875-6534
CITY: Huntersville STATE: NC ZIPCODE: 28070

Date: 5.14.96

PROPERTY OWNER:
NAME: Town of Huntersville (last) (first) (mi)
ADDRESS: PO Box 664 PHONE: 704 875-6541
CITY: Huntersville STATE: NC ZIPCODE: 28070

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[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 1 Bath

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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Signed: ✓ 5.13.96 Date: [signature] Town Manager

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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


RECEIVED
MAY 14 1996

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

- **Large-format Drawings**

Original File Number: 3038A / 11316

Box Number: 2

Number of pages associated with file: 3

General Comments: _____

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