

12006 SAM FURR RD

01104453

5/22/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	NA **Name of Establishment**	4773A **Permit/Project No.**
12006 SAM FURR RD **Location**	RESIDENTIAL **Type of Establishment**	240 **Design Flow**
WILLIAM OEHLER **Owner/Agent**	12006 SAM FURR RD **Address**	**Phone**
	HUNTERSVILLE NC 28078	
Operator	**Address**	**Phone**
IIIb **System Type**	9/23/2009 **Date of Inspection**	9/23/2014 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
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?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
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?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
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:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 10/01/09

SIGNED: _____ AGENT
Division of Environmental Health

Printed Name: PHILO WALKER
Phone #: 704-201-7673

Mecklenburg County
Health Department

March 11, 2002

Willian C. and Denise W. Oehler
12006 Sam Furr Rd.
Huntersville, NC 28078

Dear Mr. and Mrs. Oehler:

A required inspection of the type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 12006 Sam Furr Rd., Huntersville, North Carolina, is past due.

A review of our files indicates that the required maintenance contract for this system has expired. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: "System management in accordance with Tables V (a) and V (b) of this rule shall be required for all systems installed or repaired after July 1, 1992."

Enclosed is a copy of the information that we have on file. Please submit a new contract with a certified operator to our office by April 10, 2002.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius R.S.I.

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Certified Operators List
Contract Notice of Cancellation

CALLED (704) 655-0107
- LEFT MESSAGE 4/22/02 3:50

App 3/06/14

100 % on CC
3/31/00 CC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] 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 4773A

Date:

PERSON FILING APPLICATION:
NAME: Oehler (last) William (first) C (mi)
ADDRESS: 12006 Sam Furr Rd PHONE: (704) 655-0107
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-644-53
STREET ADDRESS: 12006 Sam Furr Rd
ZONING:

PROPERTY OWNER:
NAME: Oehler (last) William (first) C (mi)
ADDRESS: 12006 Sam Furr Rd PHONE: (704) 655-0107
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1/2

[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) Storage Bldg
[redacted]

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: —

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/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: Billy Oehler Date: 3-31-00

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.

... Approval granted for a storage building

use existing system

[] 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

Phillip S. Walker RS 4/11/2000
Environmentalist Date

WATER : 122791

PW

TRI-COUNTY WASTEWATER

July 13, 2001

William Oehler
12006 Sam Furr Rd
Huntersville, NC 28078

NOTICE OF CANCELLATION

Per our notice on June 4, 2001, effective 07/05/01 your lpp septic system maintenance contract with Tri-County Wastewater Management cancelled due to lack of access to critical inspection components. This lack of accessibility makes it impossible to perform the required duties of inspections per state law. A copy of this cancellation will be sent to the Department of Environmental Health as required by law.

Tri-County Wastewater values your business and would like to continue to serve you as a customer, but we cannot under the current situation. Your immediate attention is needed to continue service.

Tim Bannister
Tri-County Wastewater Management

Cc: Mecklenburg County DEH

P.O. Box 1830
Indian Trail, NC 28079

704.821.8841
800.448.1298
Fax: 704.821.8892
E-Mail: wwm@interlink-cafe.com

TRI-COUNTY WASTEWATER

June 4, 2001

William Oehler
12006 Sam Furr Rd
Huntersville, NC 28078

NOTICE OF INTENT TO CANCEL

Effective 07/05/01 your lpp septic system maintenance contract with Tri-County Wastewater Management will cancel due to lack of access to critical inspection components. This lack of accessibility makes it impossible to perform the required duties of inspections per state law. A copy of this intent to cancel will be sent to the Department of Environmental Health as required by law.

Tri-County Wastewater values your business and would like to continue to serve you as a customer, but we cannot under the current situation. Your immediate attention is needed to continue service.

Tim Bannister
Tri-County Wastewater Management

vbd

Cc: Mecklenburg County D.E.H.

P.O. Box 1830
Indian Trail, NC 28079

704.821.8841
800.448.1298
Fax: 704.821.8892
E-Mail: wwm@interlink-cafe.com

INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

THIS AGREEMENT is made and entered into this 6th day ofApril, 2000, by and between William C. Oehler (hereinafter the "Owner") and Tri-County Wastewater Management,Inc. (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IV system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall have performed the following services on the Owner's system located at 12006 Sam Furr Road, Huntersville, NC 28078.

a. The Contractor shall have an inspection of the system performed twice a year in accordance with Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

b. The Contractor shall have performed the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [see attachments]

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

Final Bill

in

1999-2000

FY

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. If the Contract is terminated by the Contractor prior to both inspections being completed during a year the annual fee will be pro rated and refunded to the Owner. If any monies are owed to the Contractor by the Owner for any work performed to the system, the refund for cancellation will be deducted.

g. The Contractor shall employ or contract with a Certified Operator to perform the maintenance procedures if required by table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

h. If the Contractor makes a change in Certified Operators, the Contractor shall notify the local health department within 48 hours of the change and will have a replacement within thirty (30) days.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The initial annual fee is payable upon the execution of the contract. Annual billings will be made thereafter and payable within fifteen (15) days of billing. The annual fee may be amended upon sixty (60) days advance notice to the Owner. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. These fees are due and payable within fifteen (15) days of billing. Payments due to the Contractor and unpaid by the Owner after fifteen (15) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

b. Within thirty (30) days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Automatic Termination for Cause.
This agreement shall automatically terminate if the Owner fails to pay any fees or charges to the Contractor within the terms specified in paragraph 2.a.

c. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Owner.
The Owner may terminate this Agreement by giving written notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

e. Termination by the Contractor.
The Contractor may terminate this Agreement by giving written notice to the Owner and to the local health department thirty (30) days in advance of the date of termination.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type IV system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default of a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:
William C. Oehler
12006 Sam Furr Road, Huntersville, NC 28078

To the Contractor:
Tri-County Wastewater Management
8037 Fairview Road, Suite G, Charlotte, NC 28227

To the Local Health Department:
Mecklenburg County Environmental Health Department
700 N. Tryon St., Suite 211, Charlotte, NC 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

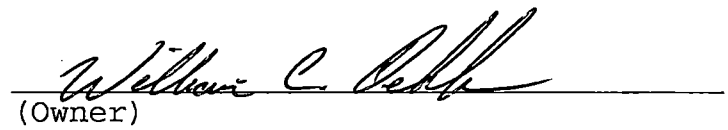
10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Effective Date / Unoccupied Property. If the property is unoccupied at the time of the execution of this agreement, the effective date of this agreement may be changed to the date of occupancy with the mutual consent between all parties. This change resets the annual billing structure and the calender for periodic inspections. Fees that are paid upon the execution of this agreement will be held by the Contractor and applied at the date of the change. An attachment showing proof of the occupancy date must be provided by the Owner to the Contractor and the local health department at the time the change is to be made.

12. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

13. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

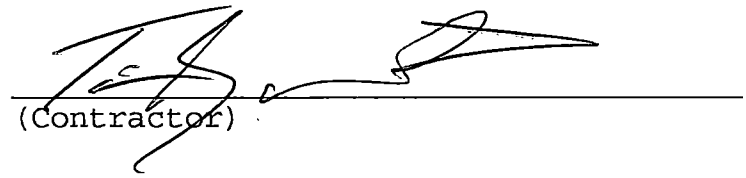
IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.



(Owner)

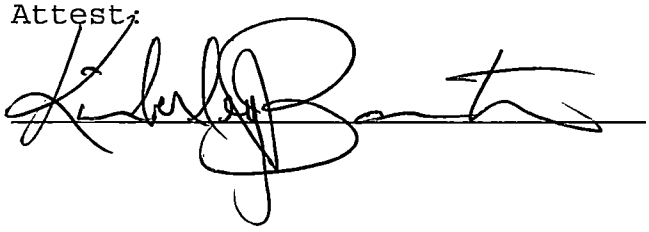
Attest:

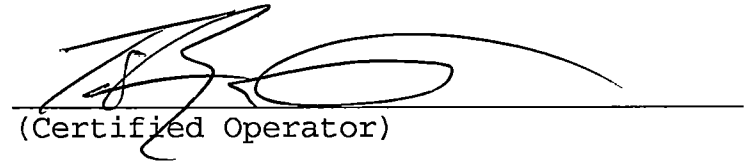




(Contractor)

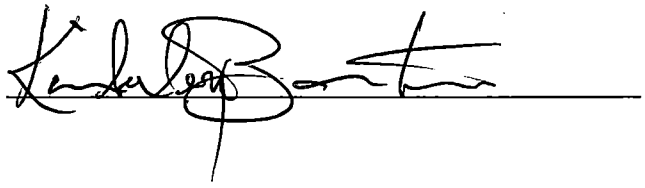
Attest:





(Certified Operator)

Attest:



(Office use only)

Change of effective date for unoccupied property:_____
(If applicable; refer to paragraph 11.)

(LPPCRNTC-05694)

MAINTENANCE PROCEDURES

1. Inspect ground cover and landscaping to insure proper water runoff over system.

2. SEPTIC TANK

a. Check sludge depths yearly (if applicable). Recommendation will be made to have tank pumped when sludge depth comes within 8 inches of the bottom of the outlet tee.

3. PUMP TANK

a. Inspect riser connection and conduit connections to make sure they are not allowing surface water into the pump tank.

b. Activate the pump to insure that it is functional.

c. Inspect and test all float switches to insure that they are functional.

d. Activate and test all components of the alarm system including high water alarm float, control box, audible and visible alarms.

e. Add water if necessary to test pumping controls, pump, piping, and all components of the pumping system. Measure and record draw down and calculate dosing volume and running time of the pump. Adjust float controls, if necessary, to achieve specified gallons/dose.

f. Inspect pump tank for sludge. Pump tank shall be pumped out if 6 inches of sludge are present.

4. DISTRIBUTION SYSTEM

a. Activate system and check for any breaks or cracks in supply manifold, distribution manifold, pipe connections, valves or valve connections, lateral piping, and turn-ups.

b. Check lines for correct pressure head.

c. Check caps on clean-out connections and stand pipes.

d. Inspect all valve boxes and protective sleeves of turn-ups.

e. Cut off and cap turn-ups after initial six weeks of use as prescribed in permit (if applicable).

5. Inspect all required curtain, interceptor, or french drains to insure that they are functioning as designed to insure proper water runoff around system.

6. SPECIAL CONDITIONS:

_____

_____

_____

_____

_____

_____

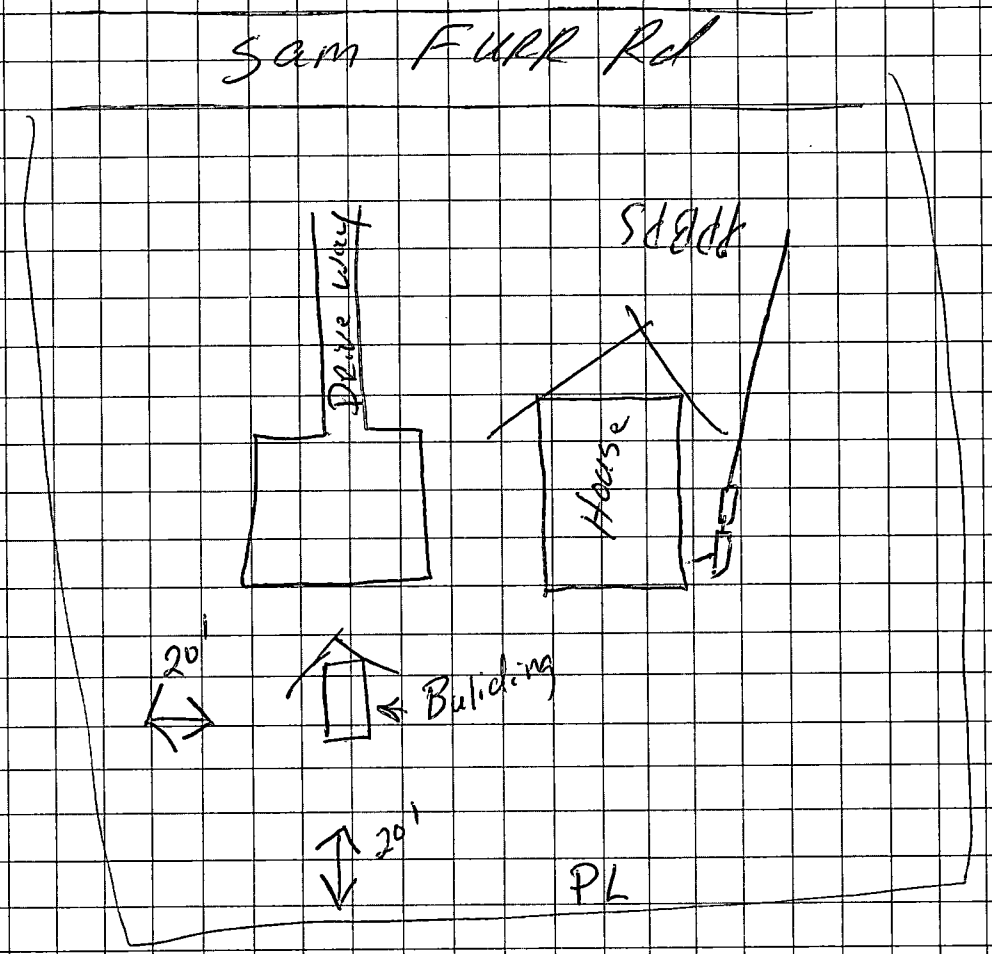
PROPOSED PLOT PLAN

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

FILE: 4773A

TC: 011-044-53

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.



OWNER/AGENT SIGNATURE

DATE 3/31/00

APPROVAL DATE _____

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

Mecklenburg County
Health Department

October 7, 1991

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

Re: Property located at 12006 Sam Furr Road
File: 4773A
Parcel: 011-044-49

Gentlemen:

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

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

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

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

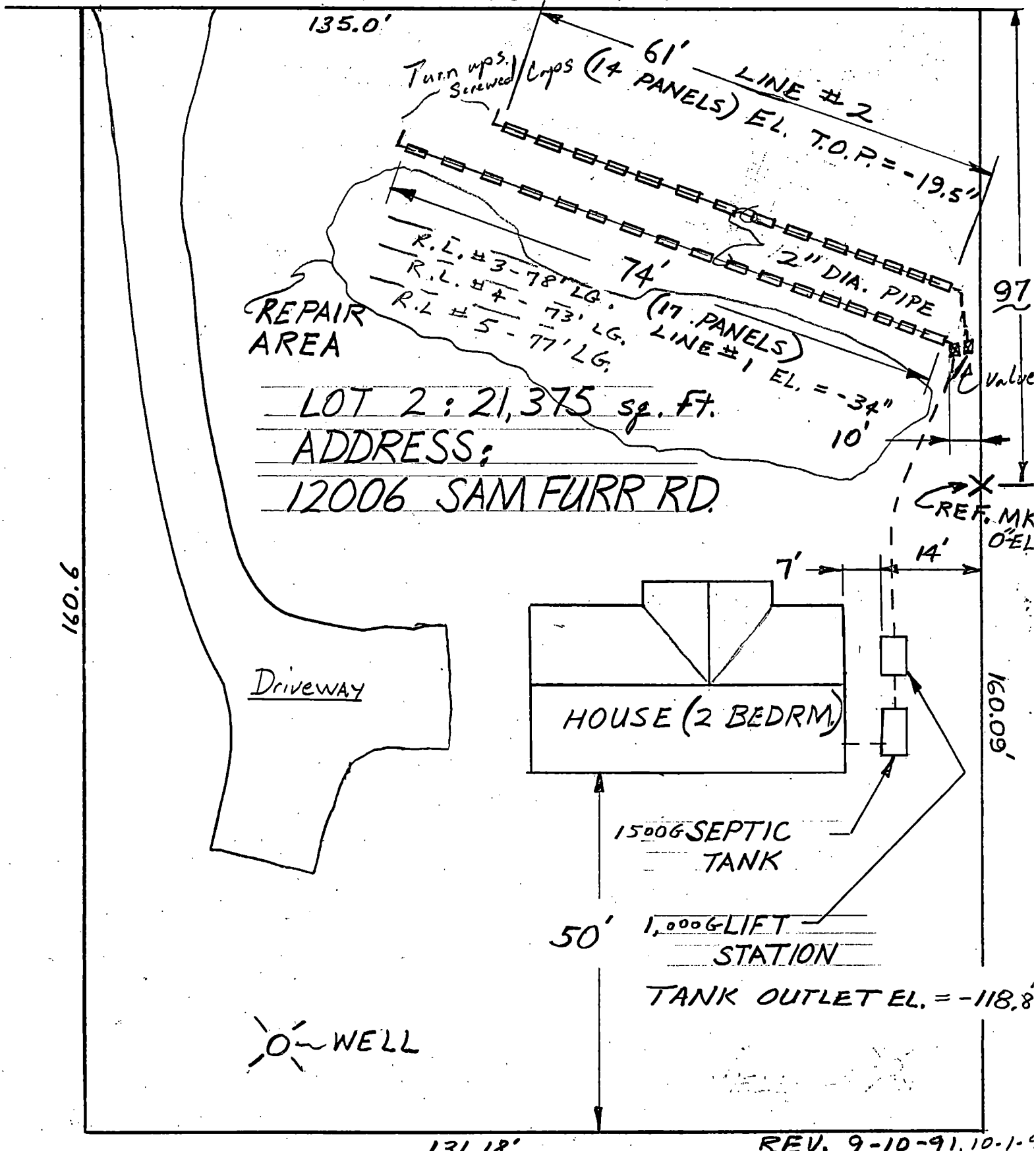
Sincerely,

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

GV:lw

Enclosures - 3 Septic Tank Agreement Forms

PLOT PLAN: FILE: 4773A T.C.-011-044-49



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

DRN. BY: PMK

DATE: August 28, 91

SYSTEM CALCULATIONS

FILE NUMBER	4773-A
PARCEL NUMBER	011-041-06
OWNER	PHILIP M. KIDD
ADDRESS OF PROPERTY	12006 SAM FURR RD. HUNTERSVILLE, NC
TYPE SYSTEM PROPOSED	T & J PANEL SYSTEM
SYSTEM REQUIREMENTS	RESIDENCE; TWO BEDROOM
APPLICATION REQUIRED PER DAY	120 PER BEDROOM X 2 = 240gpd
APPLICATION RATE	.3
CONVENTIONAL SYS. SQ. FT. REQUIRED	240 FLOW RATE/0.3 APP. RATE = 800 SQ. FT. OF TRENCH
CONVENTIONAL SYS. TOTAL LENGTH OF TRENCH	800 SQ. FT. /3 FT. WD. = 267 LINEAL FEET
CONVERSION TO T & J PANEL LENGTH OF TRENCH REQUIRED	267 X 0.5 = 134 LINEAL FT.
NUMBER OF 16" HIGH PANELS REQ'D.	134 X 12" = 1608" 1608"/52" = 30.92 31 T & J PANELS REQUIRED

12006 Sam Furr

Calculations Approved 10-4-91

LOT: 2

FILE: 4773A

TC: 011-044-49

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
1	17	one	5/32"	3	74'	.50	8.5
2	14	one	3/16"	2	61'	.59	8.26
		one					
		one					
3		repair			78'		
4		repair			73'		
5		repair			77'		
		repair					
Totals					135'		16.76

CALCULATIONS FOR PUMPED SYSTEMS:

HEAD:
Press. head = 2
Friction loss = 1.33
Total lift = 13
TDH = 16.33
20% margin = 16.33/.8 = 21ft.

Pump Size: 21 gallon per minute at 21 feet of head.

Pump cycle should be 6.1 min or 102.3 gallons.

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

Friction loss:

supply line = 150/1f = (2") * .74 = 1.11

fittings = 1.11 * .2 = .22

total 1.33

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 4773 A DATE: 10/22/91

TC: 011 044 49 ☐ L

SERIAL № 13628

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

System to be installed in accordance with approved plott plan

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 135' Panel Block feet

Number of Lines 2

Depth of Stone – inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

PLOT OF SYSTEM

NAME OF OWNER Philip M. Kidd

LOCATION OF PROPERTY 12006 Sam Furr Rd

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

Division or Section Head

Philip S. Walker
Environmentalist

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4773A DATE: 8/3/94

TC: 011 04449 ☐ L ☐ CRT

SERIAL № 14225

Name of Owner Phillip M. Kidd Juris.:

Address of Property 12606 Sam Furr Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 135' PPBPS

Number of Lines 2 @ 74'+61'

Cover Depth 8"

Water Supply Source well

Distance to Water Source 65'

Excavation Inspected 7/14/94

Tank(s) Inspected 7/14/94

Wash Line Inspected —

High Water Alarm Inspected

PLOT

Design: 1994, 1500ST, 1000DT, PI, 135' PPBPS Cecil CTR# Phillip Kidd

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: Septic system designed for 2 bedroom residence
Maintenance contractor on file. Type IV

Phillip S. Walker R.S.
Environmentalist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19621

File: 4113-M Action: ←

Parcel: PO 011-044-49 ☐ PC

Location: 12006 SAM FURR RD

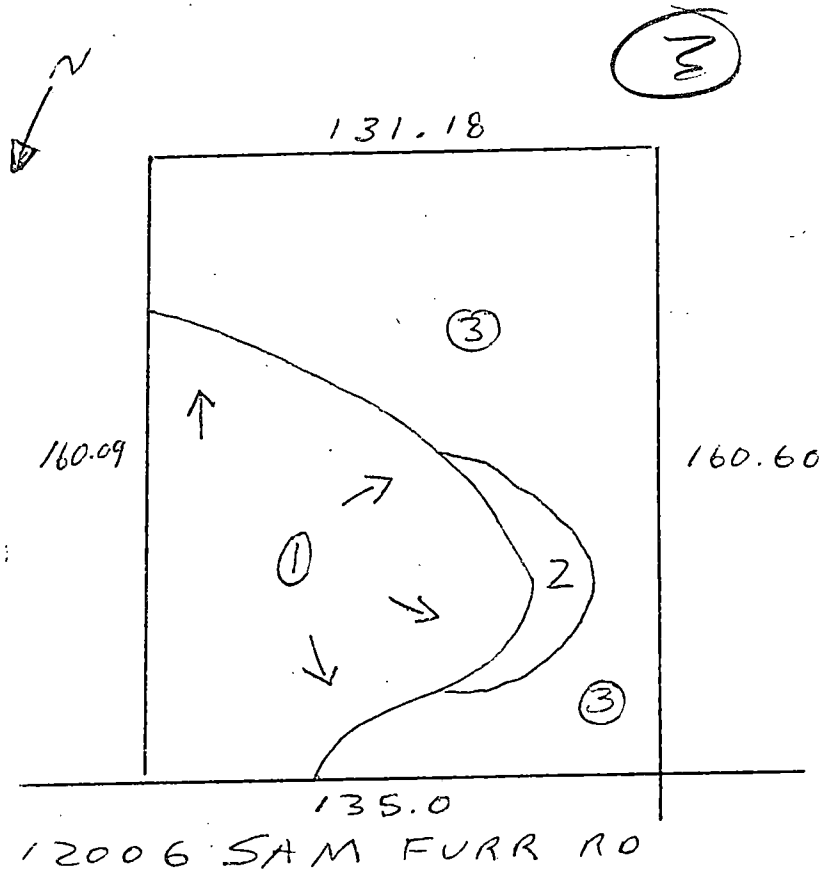
Subdivision:

Lot: 2 Block: Acres: .48

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

Comments: 100% REPAIR
Lot lines changed / resurvey 7-13-91

Described by: Kelly Randall
Date: 2-26-91



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	(S) PS U 2-4	S PS (U) FLOOD PLAIN	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY ~~SUB ANG BLOCK~~	S PS (U) 2-1 clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANG BLOCK	S (PS) U BLOCKY	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS (U) 21"	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 37-41"	S PS (U) 21"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U none	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) RESTRICTED	S PS (U)	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U —	S PS U —	S PS U	S PS U	S PS U
Soil Group/Series	CECIL	WILKES LIKE	FLOOD PLAIN.			
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Received 8-29-91
Preliminary Review 9-3-91
* DS Approval 9-3-91
No DSS/GA Calculations

VP

9-6-91 Layout Disapproved No House placement
9-20-91 LO No Revised
9-24-91 Layout Approved

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

AUGUST 28, 1991

RE: PROPERTY LOCATED AT 12006 SAM FURR RD.
FILE: 4773A
PARCEL: 011-044-49

DEAR SIR,

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

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

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

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

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

Sincerely,
Philip M. Kidd
PHILIP M. KIDD (MIKE)

9-10-91

LP PANEL SYSTEM DESIGN CALCULATIONS

LOT# 2
FILE #4773A
TC-011-044-49

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

PUMP HEAD REQUIRED= 12.6'
PUMP HEAD FIGURED FROM BOTTOM OF 1000GAL. PUMP TANK TO ELEVATION OF PANELS IN LINE# 2. TANK OUTLET EL. = -118.8"
FLOW @ 12.6' OF HEAD= 22gpm.

DIAMETER OF MANIFOLD PIPE= 1-1/4"

AREA OF MANIFOLD PIPE= 1.227sq. in.

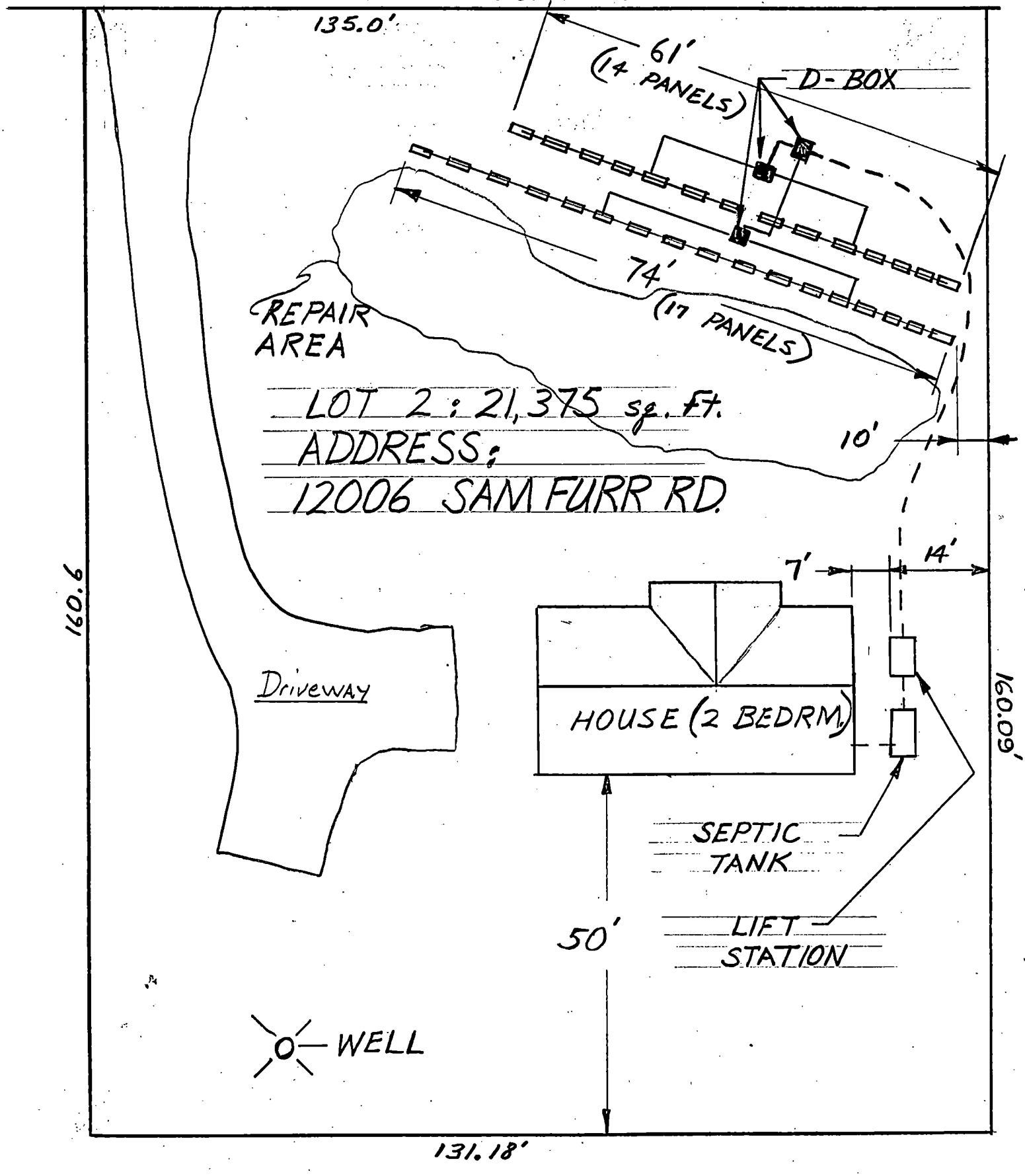
LINE # 1
ELEVATION= -34" TO TOP OF PANELS
NUMBER OF PANELS= 17
NUMBER OF HOLES= ~~34~~ 17
SIZE OF HOLES= 5/32"
AREA PER HOLE= .0192sq. in.
AREA OF 34 HOLES= .6528sq. in.
SIZE OF PIPE= 1-1/4"

LINE # 2
ELEVATION= -19.5" TO TOP OF PANELS
NUMBER OF PANELS= 14
NUMBER OF HOLES ~~28~~ 14
SIZE OF HOLES= 3/16"
AREA PER HOLE= .0276sq. in.
AREA OF 28 HOLES= .7728sq. in.
SIZE OF PIPE= 1-1/4"

TOTAL AREA OF ALL 62 HOLES= 1.4256sq. in.

NOTE: PANEL LINE ELEVATIONS SHOT ON SITE ARE FIGURED AND LABELED TO TOP OF PANELS WITH 4" TO 6" GROUND COVER. ON SITE ELEVATION LABELED FOR PUMP TANK IS TO TANK OUTLET, AN ADDITIONAL 52" IS BOTTOM OF TANK. PUMP TANK OULET ELEVATION IS -118.8". THIS WILL ALLOW FOR 1'-0" OF GROUND COVER OVER SEPTIC TANK IF GRADE IS NOT CHANGED.

PLOT PLAN: FILE: 4773A T.C.-011-044-49



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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Michael Eugene & Tracie Louise Kidd Barron

Mailing Address 12006 Sam Furr Road Huntersville, NC 28078

Occupant _____

Location Same

☒ Residence ☐ Business ☒ Other Tax Parcel #011-044-53

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance (*specify*) Obtain a valid maintenance contract with a certified operator in accordanc with 15A NCAC 18A .1961(b)

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by January 19, 2000, appropriate legal action will be taken.

Notice Issued 12-20-99 (Date) Signed Larry B. Thompson, Jr., R.S. L.B. Thompson, Jr. R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DENR 1108 (Revised 3/98)
On-Site Wastewater Section (Review 10/98)

"FINAL NOTICE"

1-05-00 (mailing date) CAT (initials)

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Michael Eugene & Tracie Louise Kidd Barron

Mailing Address 12006 Sam Furr Road Huntersville, NC 28078

Occupant _____

Location Same

☒ Residence ☐ Business ☒ Other Tax Parcel #011-044-53

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☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☒ Perform Maintenance (*specify*) Obtain a valid maintenance contract with a certified operator in accordance with 15A NCAC 18A .1961(b)

If the wastewater violation is not brought into compliance by January 19, 2000, appropriate legal action will be taken.

Notice Issued 12-20-99 (Date) Signed Larry B. Thompson, Jr., R.S. L.B. Thompson, Jr. L.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DENR 1108 (Revised 3/98)
On-Site Wastewater Section (Review 10/98)

4773 A
011 044 49

STATE OF NORTH CAROLINA

INSPECTION AND MAINTENANCE SAMPLE AGREEMENT (rev. 3/91)

COUNTY OF Mecklenburg

THIS AGREEMENT is made and entered into this 1st day of August 1994 by and between Philip M. Kidd (hereinafter the "Owner") and Bobby L. Mayhew (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type ___ system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type ___ system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 12006 Sam Furr, Huntersville

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type ___ System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit] check pump run time, switches, alarm, etc.
(2) check pressure settings
(3) flush lines
(4) check overall site conditions

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type ___ System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type ___ System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 10 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1½ percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination. after first year.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

CL76198

___ system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:

_____

_____

To the Contractor: Bobby L Mayhew

Box 219 Cornelius NC 28031

To the Local Health Department:

_____

_____

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

(Owner)

Attest:

_____

(Contractor)

Attest:

_____

(hr:mecontract.gm)

CL76198

Mecklenburg County
Health Department

July 19, 1994

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

Re: 12006 Sam Furr Road
File: 4773A (Tax Parcel No. 011-044-49)

Dear Mr. Kidd:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the "Laws and Rules for Sanitary Sewage Collection, Treatment, Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design and .1961 Maintenance of Sewage Systems. "Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (**NEMA 4X** or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (**NEMA 4X** or equivalent).

3) (1) After July 1, 1992, no Improvement Permit shall be issued for Type IV, Type V or Type VI systems, unless a management entity of the type specified in Table V (b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

Mecklenburg County
Health Department

4) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit required to be maintained by a public or private management entity. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as system is in use, and other requirements for the continued proper subsequent owners of the system execute such a contract.

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is **required** for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter. ,

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R. S.
Individual Water and Wastewater Systems

PW:lw

BK: 06654 PG: 0386/0386 #:0055 6.00

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

FILE NO. 4773A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

The undersigned, Philip M. Kidd,

owner of property located at 12006 Sam Furr Rd.

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

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

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

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

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

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

This Oct. day of 9, 1991.

Philip M. Kidd (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

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

Marlene Weis
Notary Public

My Commission Expires: 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____
Notary Public

COPY

My Commission Expires:

MECKLENBURG COUNTY REGISTER OF DEEDS
ANNE A. POWERS - REGISTER

CUSTOMER RECEIPT: 10/09/91

Date	Time	Inst #	Type	Book	Page	Trx	Amount
10/09/91	10:30	54	PERMIT	6654	385	FEE	6.00
10/09/91	10:30	55	PERMIT	6654	386	FEE	6.00
10/09/91	10:30					TOT	12.00
10/09/91	10:30					PAID	20.00
10/09/91	10:30					CHNG	8.00

Mecklenburg County
Health Department

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

date

Phillip Michael Kidd
15400 Ranson Rd
Huntersville, NC 28078

Dear Sir:

Subject: 12006 San Furr Rd
File 4773A

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

1 - Need Design Calculations for all System Components
2 - Elevational Readings to be supplied from some permanent point of reference; Each one noted and individually indicated with flags etc
3 - House placement to be established and indicated

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

Sincerely,

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

Enclosure

cc: N/A

Mecklenburg County
Health Department

July 30th, 1991

Phillip M. Kidd
15400 Ranson Road
Huntersville, N 28078

RE: Property located at 12006 Sam Furr Road
FILE: 4773A
PARCEL: 011-044-49

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 19621) is enclosed.

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

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

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

Very truly yours,

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

Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19621

File: 4773-A Action 2

Parcel: PO 011-044-49 ☐ PC

Location: 12006 SAM FURR RD

Subdivision:

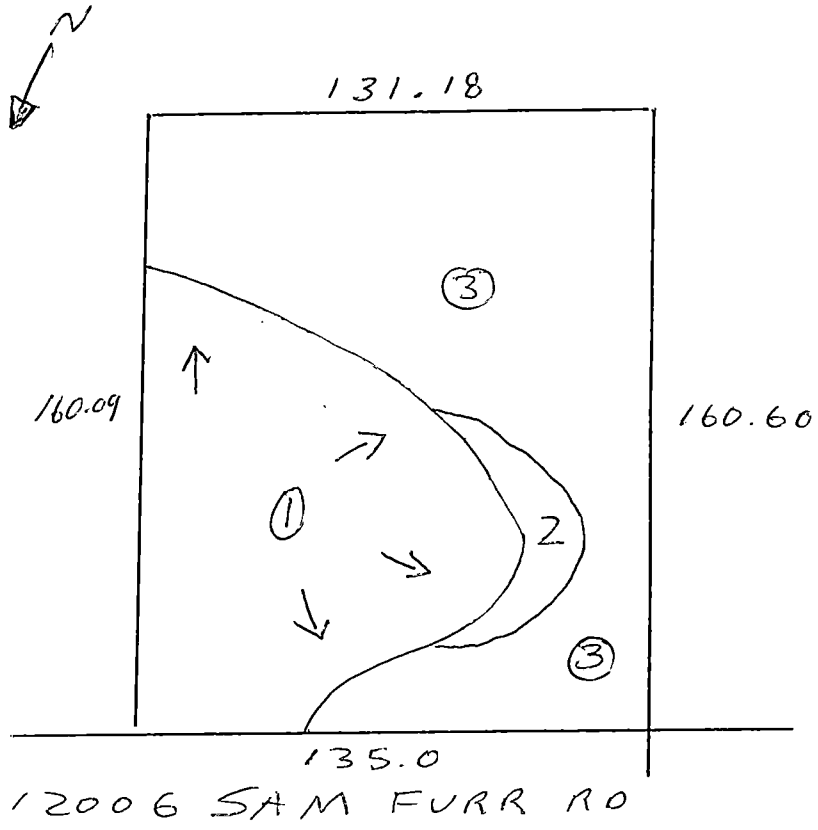
Lot: 2 Block: Acres: .48

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

Comments: 100% REPAIR
Lot lines changed / resurvey 7-13-91

Described by: Kelly Randall

Date: 2-26-91



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	(S) PS U 2-4	S PS (U) FLOOD PLAIN	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY ~~SUB ANG BLOCK~~	S PS (U) 2-1 clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANG BLOCK	S (PS) U BLOCKY	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS (U) 21"	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 37-41"	S PS (U) 21"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U NONE	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) RESTRICTED	S PS (U)	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U —	S PS U —	S PS U	S PS U	S PS U
Soil Group/Series	CECIL	WILKES LIKE	FLOOD PLAIN			
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Pd 2/15 #100.00 816191 EXEC

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 7/22/91
Ck. #2130
Amt. 400.00
#200.00 ea.
2 permits
4773A

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

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

(OFFICE USE ONLY)
FILE: 4773-A
TC: 011-044-49
SERIAL: № 21749
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 12006 (STREET NO.) Sam Furr Rd. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 011-044-49
⑤ SUBDIVISION: ⑥ LOT: 2 ⑦ BLOCK:

OWNER

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

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 2 bedroom ㉕ Type?
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

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

IMPROVEMENT PERMIT

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

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

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

3) PPBPS system
1) Approval for 2 bedroom house
2) certified operator contractor on file

Philo A. Walker, 8/2/94
Environmentalist Date

Director or Authorized Section Head Date

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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 18 1988

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 4773A
011-041-06
TC: 011-041-27
CK#2784
$30.00

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12000 & 12008 SAM FURR Rd, Huntersville N.C.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 011 PAGE NO.: 041 PARCEL NO.: 27 & 06

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

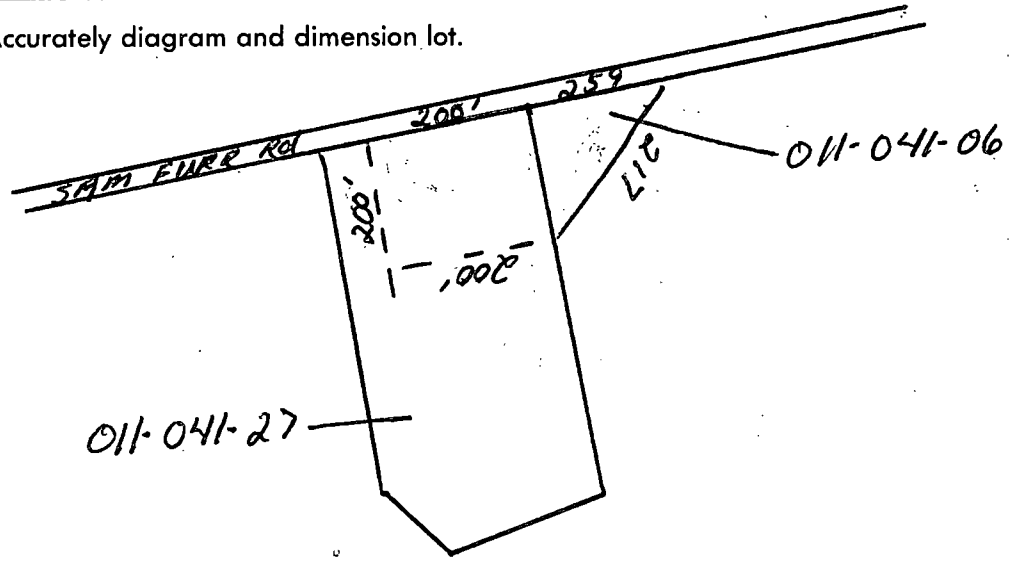
⑦ NAME: Patrick (FIRST) E. (MIDDLE) Hillman (LAST)

⑧ MAILING ADDRESS: 7308 Winery Ln.

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

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

⑬ Accurately diagram and dimension lot.



Note: Approx. 1 acre

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

Signed: Patrick E. Hillman

Date: 7-18-88

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

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

Mecklenburg County
Health Department

July 10th, 1991

Phillip M. Kidd
15400 Ranson Road
Huntersville, NC 28078

RE: Property located at 12000 Sam Furr Road
FILE: 4773A
PARCEL: 011-044-49

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19593) is enclosed for your information.

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

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

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

Enclosure

Mecklenburg County
Health Department

July 10th, 1991

Phillip M. Kidd
15400 Ranson Road
Huntersville, NC 28078

RE: Property located at 12000 Sam Furr Road
FILE: 4778A
PARCEL: 011-044-49

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19593) is enclosed for your information.

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

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19593

File: 4"WSH ~~7532-A~~ Action 1

Parcel: PO 011-044-49 ☐ PC

Location: 12000 BLOCK OF SAM FURR RD

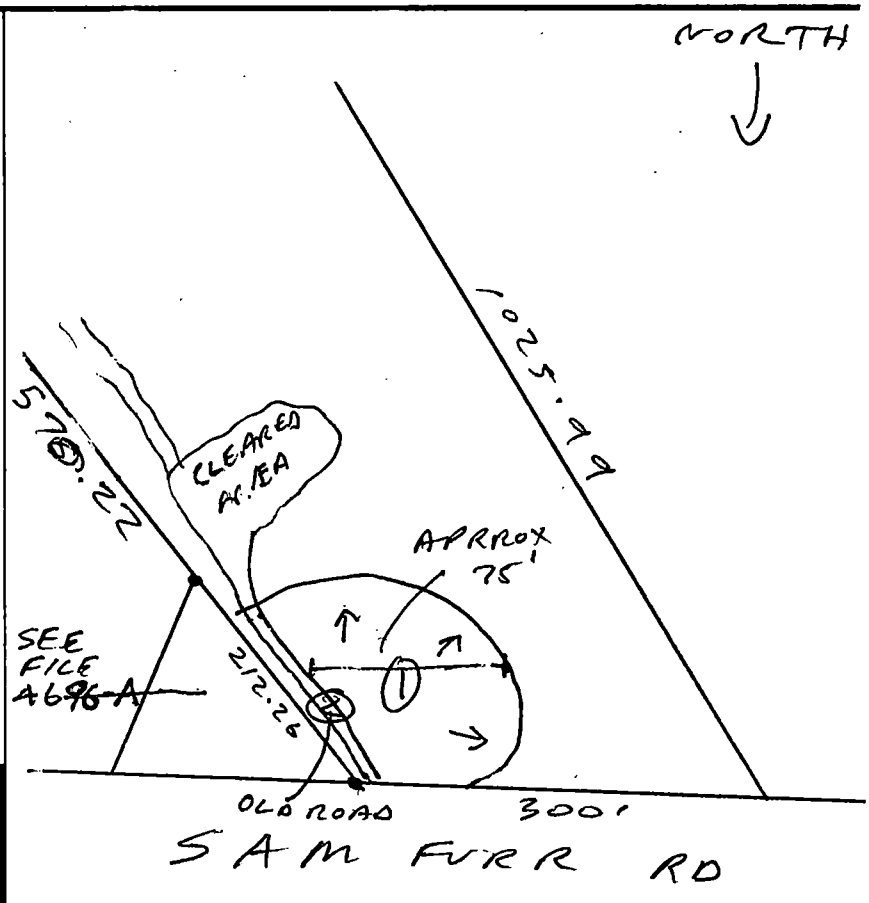
Subdivision:

Lot: Block: Acres: ≈ 1.0

Owner: Philip Michael Kidd
Address: 15400 RAWSON RD
HUNTERSVILLE NC 28078

Comments: 100% REPAIR

Described by: Wally Randall
Date: 7-2-91



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-8%	S PS (U) OLD ROAD	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 SUB ANG BLOCK	S PS U ✓	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736"	S PS U ✓	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U ✓	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U ✓	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIMITED	S PS U ✓	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U ✓	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL LIKE	OLD ROAD				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

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

July 19th, 1988

Patrick E. Hillman
7308 Winery Lane
Charlotte, NC 28212

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

Dear Sir:

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

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

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

Sincerely,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15376

File: 4773A Action 1

Parcel: 011-041-27,06 ☐ PC

Location: Sam Furr Road

Subdivision:

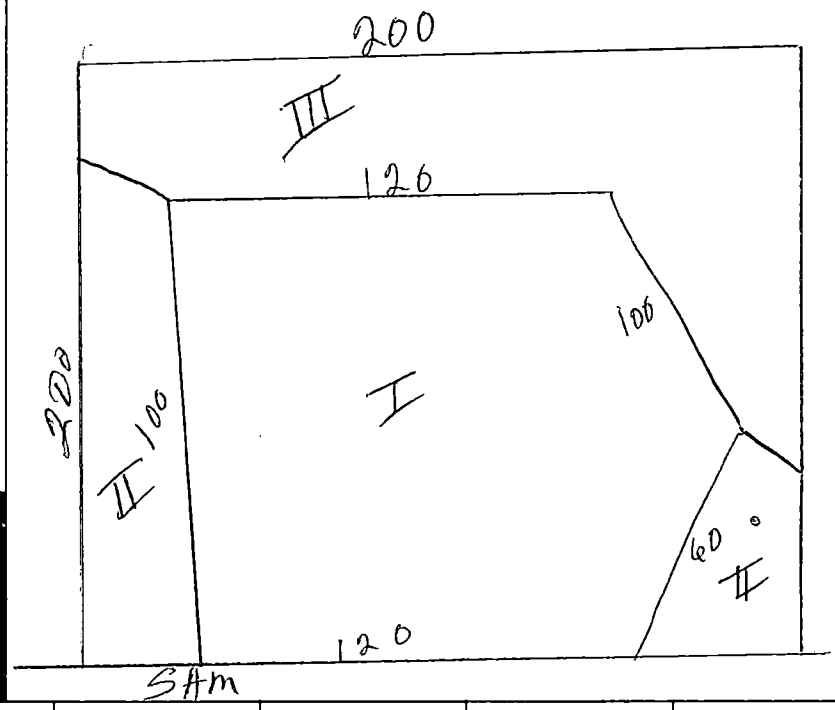
Lot: Block: Acres: 1

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

Comments:

Described by: W. B. Ramsey

Date: 7-19-88



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U (2-8)	S PS (U) Ditched	S (PS) U (2-4)	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) (H2O - 24")	S PS U	S PS U	S PS U
Depth	S (PS) U (38 - 42)	S PS (U) Various	S (PS) U (36 - 40)	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil	IVa Eroded	IIIb Alluvium Deposit			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U