

11930 SAM FURR RD

5/23/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3/13/90

Name/Company: Kirk Hahn

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp - add
4805A

MECK.
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 13 1990

ck # 2083

Fee: $ 25.00 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 13 1990
ENVIRONMENTAL HEALTH
DIVISION

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: 4805 A
TC: _____
SERIAL: № 20342

☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11941 Sam Furr Road (STREET NO. / STREET) ② FILE: 4805A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 011-051-12 old # 011-051-01 PO

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

OWNER

⑧ NAME: Kirk (FIRST) H. (MIDDLE) Hahn (LAST)

⑨ MAILING ADDRESS: 23 ALBA ACRES

⑩ CITY: Stanley ⑪ STATE: N.C. ⑫ ZIP: 28164

⑬ PHONE: (WORK) 892-8872 Ext. 354 ⑭ (HOME) 704-263-4355

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) need to have location of barn approved

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? _____

㉕ Type? _____

㉓ Maximum occupancy? _____

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: Kirk H. Hahn

Date: March 11, 1990

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.

Use existing system

Philo S. Walker, 3/29/90
Environmentalist — Date

[signature], 3-30-90
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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4805 A DATE: 7/20/89

TC: 0/105/01 PO ☒ L ☐ CRT

SERIAL № 12057

Name of Owner Kirk Henry Hahn Juris.:

Address of Property 11941 Sam Furr Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 7/20/89

Tank(s) Inspected 7/20/89

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1989, 1500 ST, CON, T, 12"G, Cecil, 12006 CTR# 69
Cecil

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: System design for 3 bedroom house

Philo A Walker 7/24
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

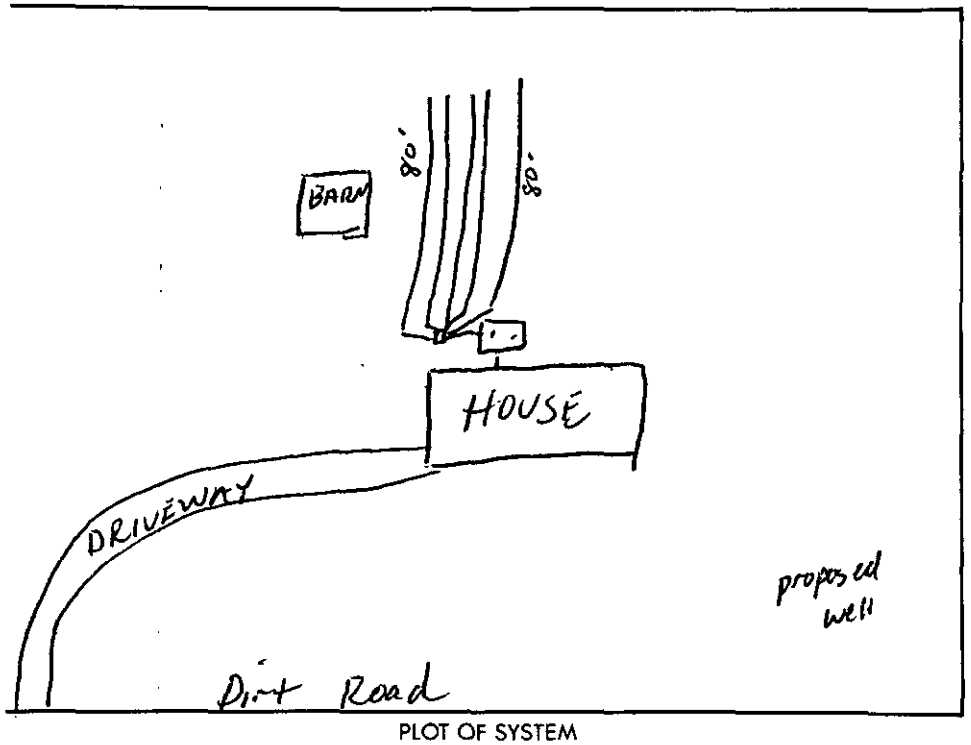
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4805A DATE: 7/17/89

TC: 01105101 PO ☐ L

SERIAL № 12835

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 6/28/89. All work shall be completed on or before 8/17/89, 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 400' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Kirk Henry Haker

LOCATION OF PROPERTY 11941 Sam Furr Road

Comments: Five trenches 80' x 3' x 12" stone
mobile home will be ~~temporarily~~ temporarily set up

Division or Section Head

Phil 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 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 HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 6/20/89

NAME/COMPANY: Kirk Hinkle

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Imp - addition
4805A

FEE: 20.00

Completed By

Susan Latimer
Collected By

Pd CK 1863

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 30 1989
ENVIRONMENTAL HEALTH
DIVISION

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: 4805A
TC: _____
SERIAL: No 18747 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11941 (STREET NO.) Sam Furr (STREET) Road ② FILE: 4805A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 011-051-01 PO
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Kirk (FIRST) H. (MIDDLE) Hahn (LAST)
⑨ MAILING ADDRESS: 23 ALBA Acres
⑩ CITY: Stanley ⑪ STATE: N.C. ⑫ ZIP: 28164
⑬ PHONE: (WORK) 892-8872 Ext. 354 ⑭ (HOME) 704-263-4355

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) to install septic tank for mobile home / House to be built later on

DESIGN CRITERIA

System will serve:

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

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: Kirk H. Hahn
Date: 6-28-89

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.

Phyllis A. Walker, Environmentalist, 7/17/89 (Date)
Director or Authorized Section Head, 7-17-89 (Date)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 6/5/89

Name/Company Kirk Hahn

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: UMP - new
4805A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 5 1989

CC# 1824
71-150.00

Fee: $ 150 cc

Completed by

Collected by

150 01

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4805A
TC: _____
SERIAL: № 17640 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: ~~S.R. No. 2145~~ 11942 (STREET NO.) SAM Furr ROAD (STREET) ② FILE: 4805A
③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 01105101 P.O.
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Kirk (FIRST) Henry (MIDDLE) Hahn (LAST)
⑨ MAILING ADDRESS: 23 ALBA ACRES
⑩ CITY: STANLEY ⑪ STATE: N.C. ⑫ ZIP: 28164
⑬ PHONE: (WORK) 892-8872 ext. 354 ⑭ (HOME) 263-4355

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
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 4
㉖ Maximum number of employees? _____
㉔ Basement? ☒ yes ☐ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: Kirk H. Hahn
Date: 2-15-89

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.

Phyllis S. Walker, 7/17/89
Environmentalist — Date

Jim Emmi, 7-17-89
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.

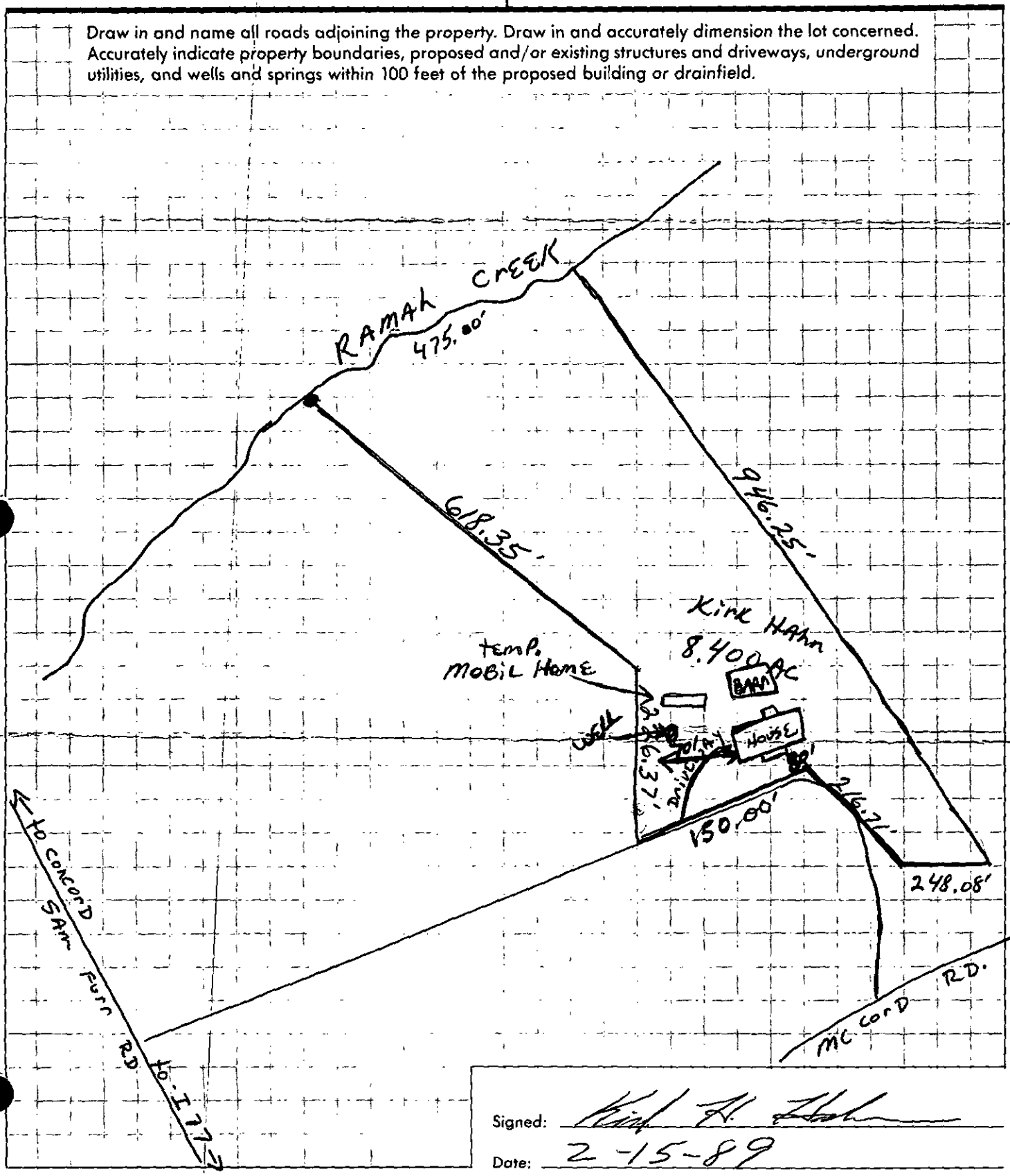
PROPOSED PLOT PLAN

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

FILE: 4805A

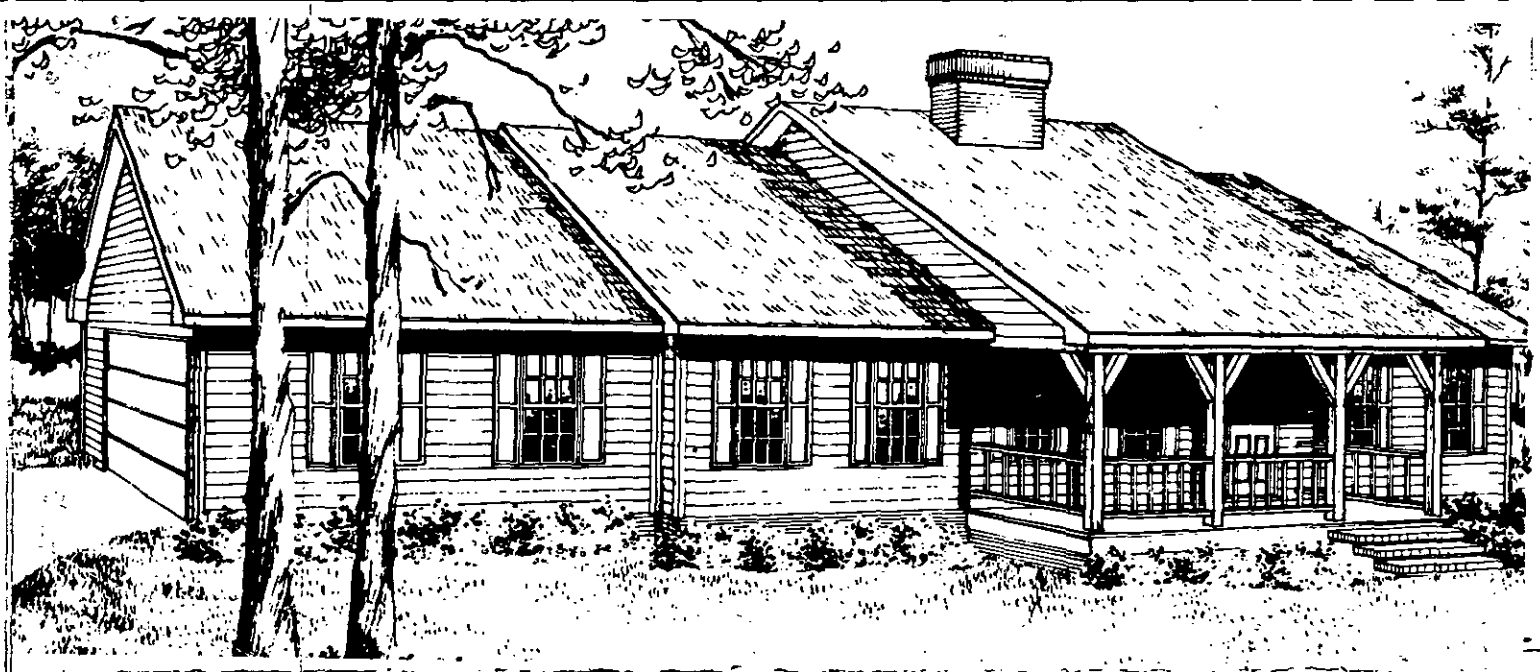
TC: _____

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.



Signed: Kirk A. Hahn

Date: 2-15-89

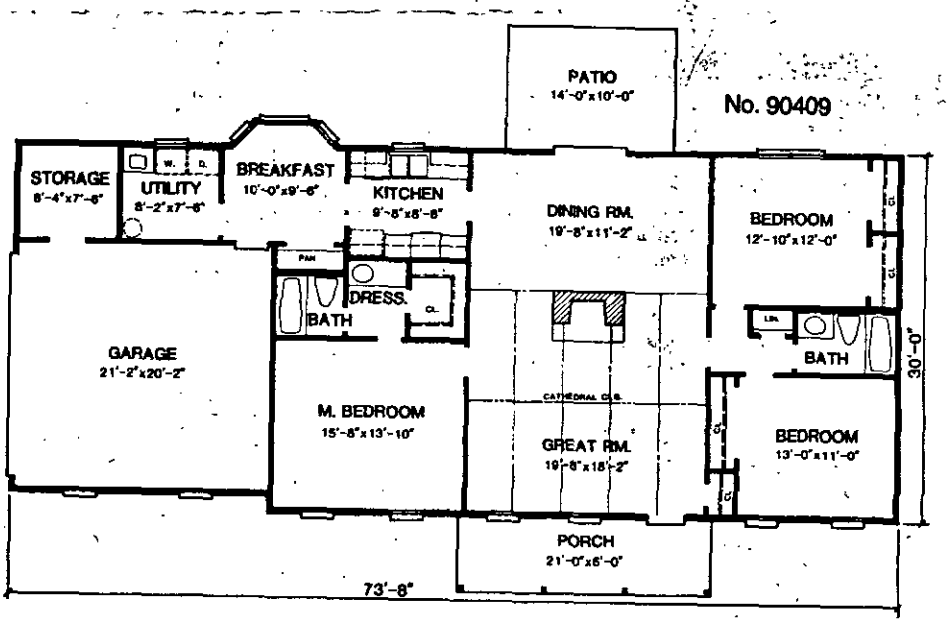


Fireplace Dominates Rustic Design

No. 90409

The ample porch of this charming home deserves a rocking chair, but there's room for two or three if you'd like. The front entry opens to an expansive great room with a soaring cathedral ceiling. Flanked by the master suite and two bedrooms with a full bath, the great room is separated from formal dining by a massive fireplace. The convenient galley kitchen adjoins a sunny breakfast nook, perfect for informal family dining.

Living area — 1,670 sq. ft.



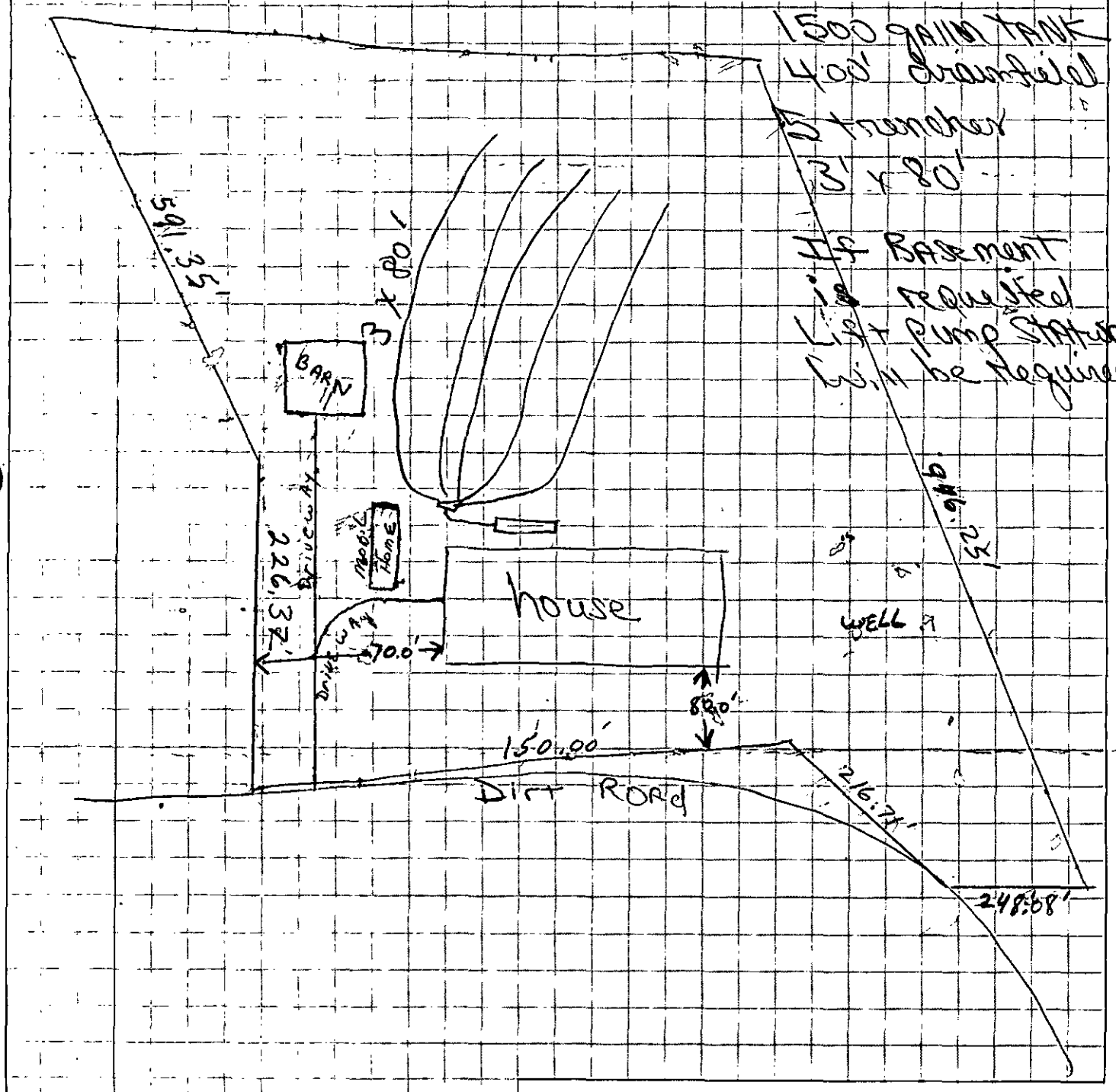
PROPOSED PLOT PLAN

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

FILE: 4805A

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.*



Signed: _____

Date: _____

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

November 02, 1988

Subject: Zoning Verification

Dear Sirs

The parcel of land located at 11941 Sam Furr Road
and further identified by tax parcel number 041-051-01
is zoned RU Pg. 17+18, (RURAL).

Use by right Mobil Home on individual lots,

If this office can be of any further assistance, please contact us.

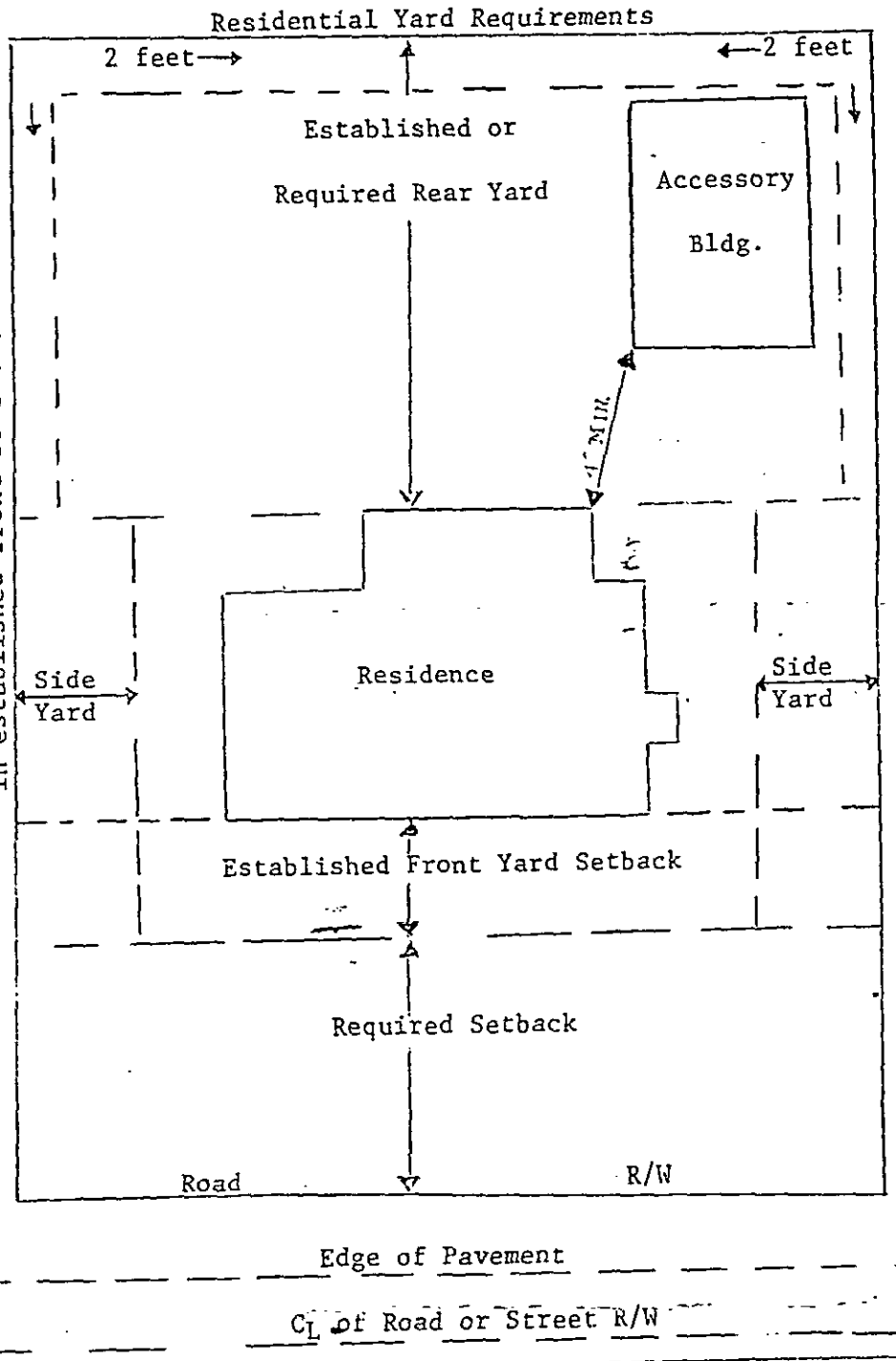
Sincerely,

Monteith L. Wamble/VG.B.
Zoning Inspector

Form B-150 NS
10/84 59/b

Nov. 12, 1985

SINGLE FAMILY DETACHED DWELLINGS ONLY



* ONLY IN CITY OF CHARLOTTE AND MECK. COUNTY
(NOT INSIDE SMALL TOWNS)

**Corner lots require 1/2 of the setback of the lot in the rear on side Streets if Rear to Side situation exists.

NOTE: Minium separation between buildings is four (4) feet. Side yards are-to-remain open and unoccupied by structures and/or appliances (heat pumps etc.) excluding fences.

1606. Accessory Structures. Accessory structures will not be permitted in any required setback or side yard or within two feet of any exterior property line.

* Exception: In County, accessory structures cannot be located in established front setback.

SINGLE FAMILY DETACHED DWELLINGS " O N L Y"

Zoning	Lot Area	Lot Width	Setback	**Side Yard	Rear Yard
R-6MF-H R-6 & R-6MF	6,000	50	20 City 25 County	8 - 6	35
R-R	9,000	60	30	8 - 6	45
R-MH R-9 & R-9MF	9,000	60	25	8 - 6	40
R-12 R-12MF	12,000	70	30	10	45
R-15 R-15MF	15,000	80	35	10	50
Rural	15,000	80	40	10	55

Mecklenburg County
Health Department

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

August 3rd, 1988

Glenn A. McConnell
12653 McCord Road
Huntersville, NC 28078

RE: Property located at McCord Road
FILE: 4805A
PARCEL: 01105101 PO

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 15458) 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.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15458

File: 4805A Action 1

Parcel: 01105101 PO ☐ PC

Location: McCord Road

Subdivision:

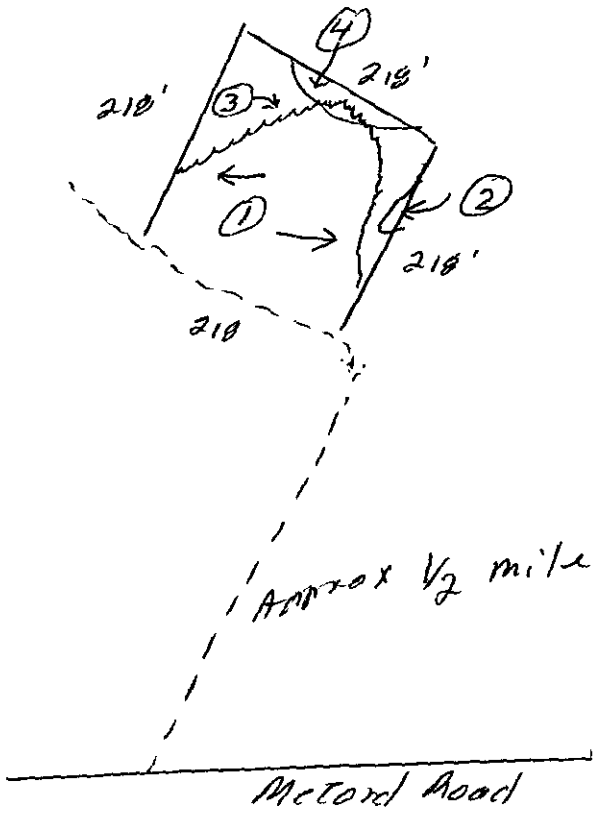
Lot: Block: Acres: 1.0

Owner: Glenn A. McConnell
Address: 12653 McCord Road
Hunterville, NC 28078

Comments: _____

Described by: William A. Marlin

Date: 8-3-98



***** 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 6-15%	S PS (U) Depression	S PS (U) Terraces	(S) PS U 2-8%	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S (PS) U Clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U —	S (PS) U >36" To water	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U —	S PS (U) 24-30"	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U —	S (PS) U >36"	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U —	S PS (U) Restricted	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 Cec: 1-1.Ke	Depression	Terrace	IVA Parole 1-2.Ko		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

7/26/88 Pd 30 — CK#2697 DR

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4805A

TC: 011-051-01 PD

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12653 McCord Rd. Huntersville, NC 28078

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 2359 PAGE NO.: 38

OWNER

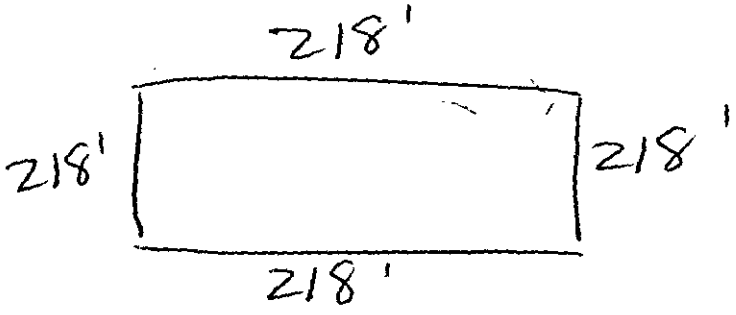
⑦ NAME: Glenn A. McConnell and Frances G. McConnell
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 12653 McCord Rd. Huntersville, NC 28078

⑨ CITY: Huntersville ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) Same As Home (HOME) (704) 875-1120

⑬ Accurately diagram and dimension lot.



Contact Olivia Watts
work 597-8600
home 892-7416

⑯ 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: Glenn A. + Frances G. McConnell

Date: July 25, 1988

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