

10400 SAM FURR RD

00911115

6/22/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6913-A DATE: 2/4/91

TC: 009 111 15 PO ☒ L ☒ CRT

SERIAL Nº 13365

Name of Owner MARYLIA DIANE HAGER, Juris.:

Address of Property 10400 Sam Furr Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 460

Number of Lines 5 @ 92'

Cover Depth 12" +

Water Supply Source P/well

Distance to Water Source > 50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500ST, CON. 1380 SFT, 12"g, CECIL LIKE CTR# 156

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: 3bedrm. (5) 3'x92'x12"g, S. Owner added additional drainfield.

Tim Whitaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

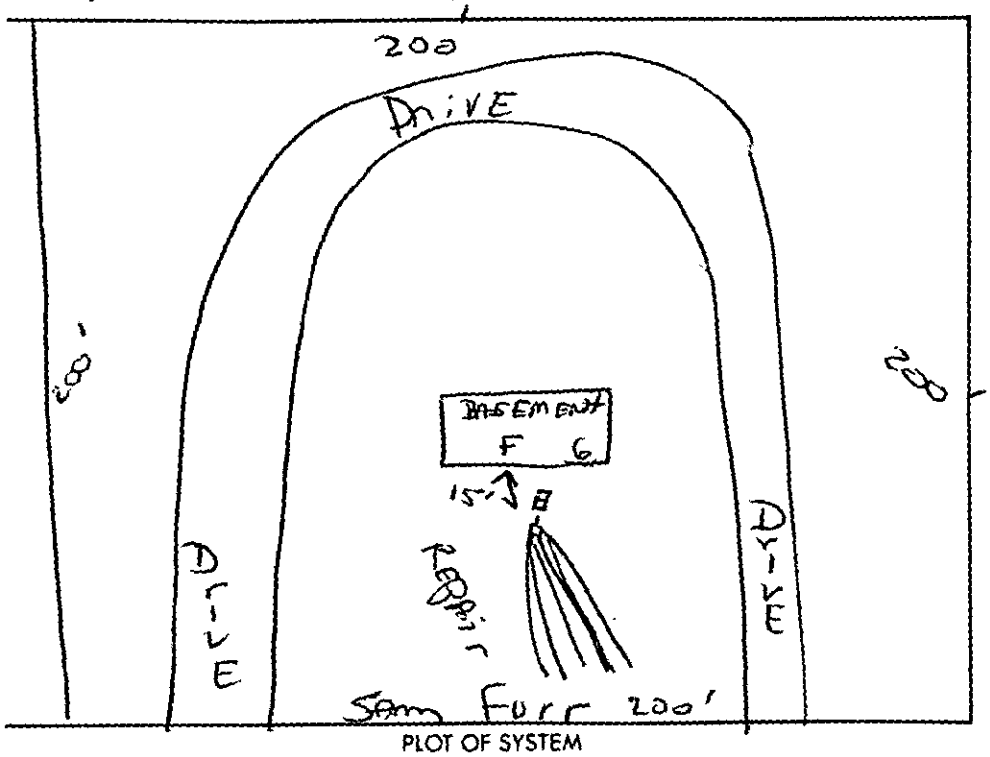
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6913-A DATE: 12/19/90

TC: 009 111 15 PO ☐ L

SERIAL Nº 14907

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 11/14/90. All work shall be completed on or before 11/19/90, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1,500 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 4 or 5

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER Marylin Diane Hager

LOCATION OF PROPERTY 10400 Sam Furr Rd.

Comments: 3bedrm. *(5) 3'x80'x12" o.c. straw. Contractor option to install 100' lines

Division or Section Head

Tim Whittaker, R.S.
Environmentalist

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

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

APPLICATIONS FOR IMPROVEMENT PERMITS
(NEW APPLICATIONS ONLY!)

FILE NUMBER: 6913A DATE RECEIVED: 11-14-90

SANITARIAN: Tim Whittaker

INFORMATION TO COMPLETE FILE

Soil Report: Already in File ✓ Date Filed _____ Time_____

Charge Slip: Date Filed _____ Time_____

Applications (white only!): Date Filed _____ Time_____

Plot Plan: Date Filed _____ Time_____

Site Plan: Date Filed _____ Time_____

Address Form (Cty. Eng.): Date Filed _____ Time_____

Zoning Form: Date Filed _____ Time_____

Verification of Lot Division: Date Filed _____ Time _____

DataBase: Date Logged 11/15/90 Time 7:45

Lotus: Date Logged 11/15/90 Time 11:30

FILE AVAILABLE/COMPLETE FOR SANITARIAN: Date _____ Time_____

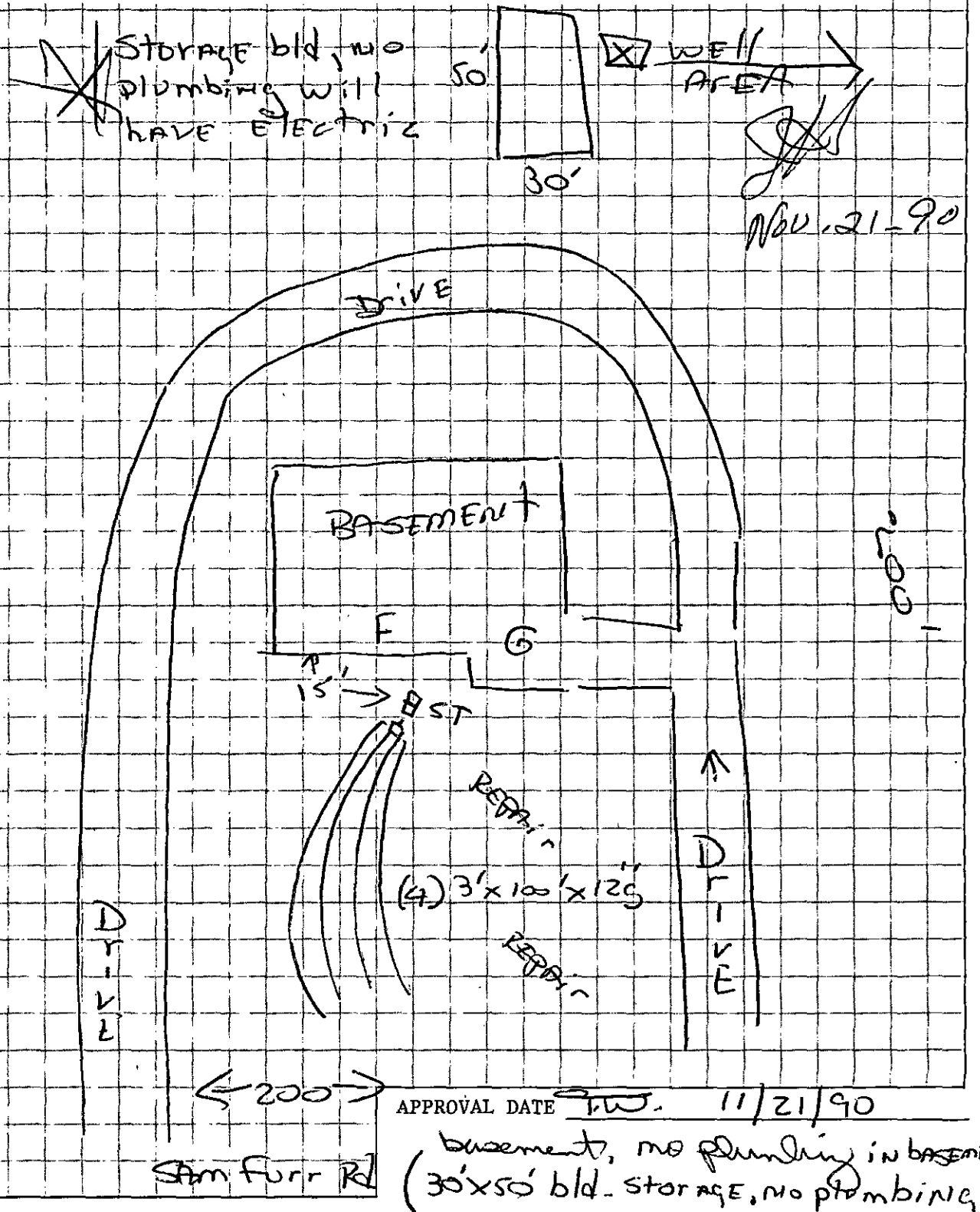
PROPOSED PLOT PLAN

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

FILE: 6913A

TC: 009 111 15 PO

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



APPROVAL DATE T.W. 11/21/90

(basement, no plumbing in basement, 30'x50' bld. storage, no plumbing.

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6913-A

TC: 09-111-0515 80

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Sam Funk Rd. Huntersville N.C.

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

⑤ PARCEL REFERENCE: BOOK NO.: 09 PAGE NO.: 11 PARCEL NO.: 15

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

OWNER

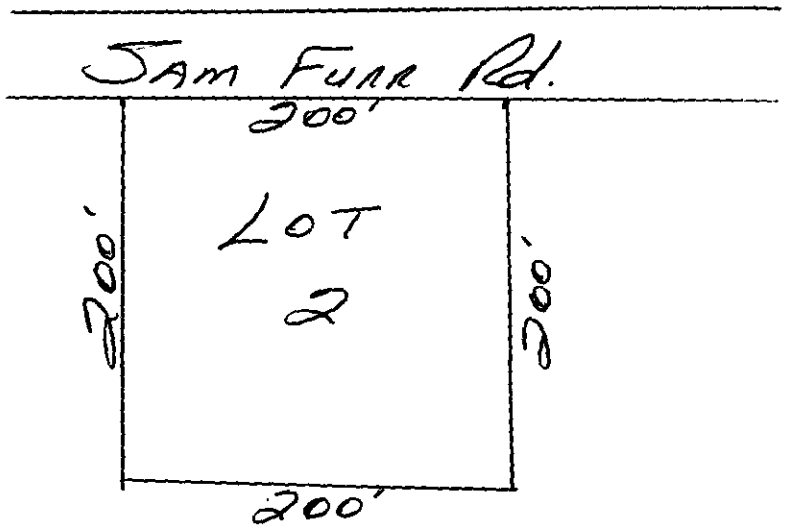
⑦ NAME: Peggy (FIRST) K. (MIDDLE) McConnell (LAST)

⑧ MAILING ADDRESS: 19301 Watson Rd.

⑨ CITY: Huntersville ⑩ STATE: N.C. ⑪ ZIP: 28078

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.



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

Signed: Peggy K. McConnell

Date: 10/4/95

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: July 12, 1990

Name/Company: Joyce L. Hager

Sanitation _____

Vector Control _____

O.P.W.D. X

MECKLENBURG CO.
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 12 1990

Service: Sam Furr Rd. Huntersville
6 acres
~~6898-A~~ Soil Test
6909A - 6914A

Chk #1065 $300.00 07-02-90 JB

Fee: $ 300.00

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

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: 6913A
TC: 009-111-15 PO
SERIAL: № 21482
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10400 (STREET NO.) SAM FURR (STREET) Road ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 009-111-15 Po
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: MARVIA (FIRST) Diane (MIDDLE) HAGER (LAST)
⑨ MAILING ADDRESS: 16008 Old STATESVILLE Road
⑩ CITY: HUNTERSVILLE ⑪ STATE: N. C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 704-875-0390 ⑭ (HOME) 704-875-0390

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? 3 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: Marvia Diane Hager
Nov. 14, 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 60 months from the date of issuance.

Tim Whitaker, 11/21/90
Environmentalist — Date

11/26/90
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Now New Owners are: Joyce + Diane Hager

Date: 11-14-90 Joyce & Diane Hager

Name/Company: ~~Old Rogers K. McConnell~~

16008 Old Statesville Rd 28078

Joyce + Dinne Hager Huntsville, NC.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Transfer of Septic Permit → Transfer from New Receipt # 1065 pd 7-2-90

10400 Sam Furr Rd.

Tax # 009-111-15 PO

File # 6913A

PAID

NOV 14 1990

Fee: $ 200.00

Transferred to Septic Permit → Overpayment on Soil Evaluation # 1065 on 7-2-90

NOTICE:

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

W M Harpoon E Davidson

Completed by Collected by

Transferred by [illegible]

Mecklenburg County
Health Department

August 1st, 1990

Peggy K. McConnell
19301 Jetton Rd.
Huntersville, NC 28278

RE: Property located at Sam Furr Rd.
FILE: 6913A
PARCEL: 00911015po

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 18060) 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,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18060

File:

Action 1

Parcel: 6913A

☐ PC

00911015po

Location:

Subdivision: Sam Furr Rd.

Lot: Block: Acres: .97

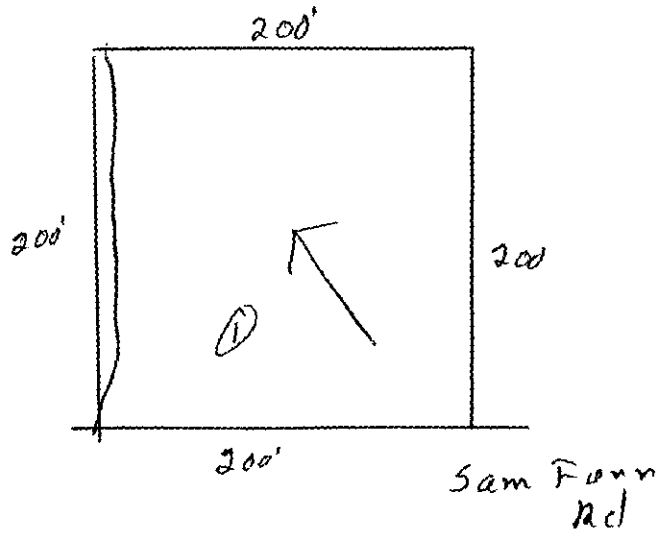
Owner:
Address:

Peggy K. McConnell
19301 Jetton Rd.
Huntersville, NC 28278

Comments: use Regan Mag-neal pump

Described by: William R. Mullis

Date: 7-31-90



***** 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 6-10%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cec-1-Like	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18060

File:

Action /

Parcel:

☐ PC

Location:

Subdivision:

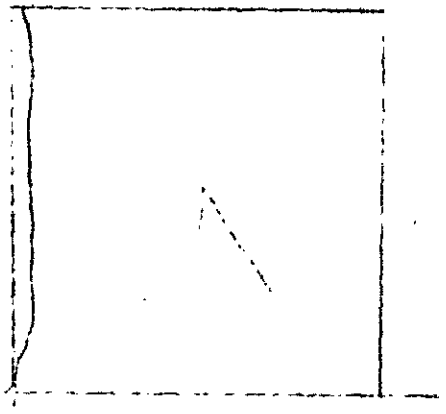
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date:



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U Poorly	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 24"	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	IV Gp. I-I-4					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6913-A

TC: 09-111-015 00

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Sam Funn Rd. / Huntersville N.C.

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

⑤ PARCEL REFERENCE: BOOK NO.: 09 PAGE NO.: 11 PARCEL NO.: 15

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

OWNER

⑦ NAME: Peggy (FIRST) K. (MIDDLE) McConnell (LAST)

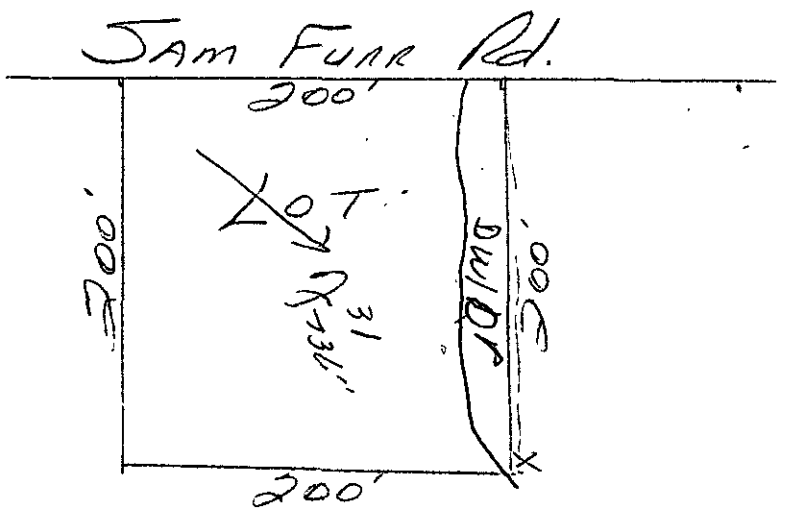
⑧ MAILING ADDRESS: 19301 Jetton Rd.

⑨ CITY: Huntersville ⑩ STATE: N.C ⑪ ZIP: 28078

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.

May need pump



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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Peggy K McConnell

Date: 10-6-15

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

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