

8304 SAM FURR RD

00921114

5/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

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

November 20th, 1989

Tim Plyler
Land Acquisitions
20721 Torrence Chapel Road
Davidson, NC 28036

RE: Property located at 8304 Sam Furr Road 3
FILE: 5306A
PARCEL: 009-141-01PO

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 15861) 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,

Sylvia D. Daniel

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

Enclosure (2)

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: 5306A
TC: _____
SERIAL: № 16152

Sewer 53/87 for Change Loop

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8304 (STREET NO.) SAM FURR RD. (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 009-141-01-P0

⑤ SUBDIVISION: _____ ⑥ LOT: 3 ⑦ BLOCK: _____

OWNER

⑧ NAME: LAND ACQUISITIONS / TIM PLYLER (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 20721 TORRENCE CHAPEL RD., SUITE 102B

⑩ CITY: DAVIDSON ⑪ STATE: NC ⑫ ZIP: 28036

⑬ PHONE: (WORK) 892-4600 ⑭ (HOME) 892-9585

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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: Tim Plyler (ct)

Date: _____

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.

_____ / _____
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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5306-A DATE: 4-27-89
TC: 009-141-01 ☐ L ☐ CRT
SERIAL № 11818

Name of Owner Land acquisitions Juris.:
Address of Property 6304 Sam Furr Rd

Inspection Data:

Tank Material PCC
Total Length of Drainfield 290
Number of Lines 5 @ 58'
Cover Depth 12"
Water Supply Source City
Distance to Water Source —
Excavation Inspected 4-27-89
Tank(s) Inspected 4-27-89
Wash Line Inspected —
High Water Alarm Inspected 4-27-89

PLOT

Design: 1989, 1500ST, 1000DT, PI, Con, 870SFT, 12", (Lec.) CTR# 90

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 designed for a Two bedroom House

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Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

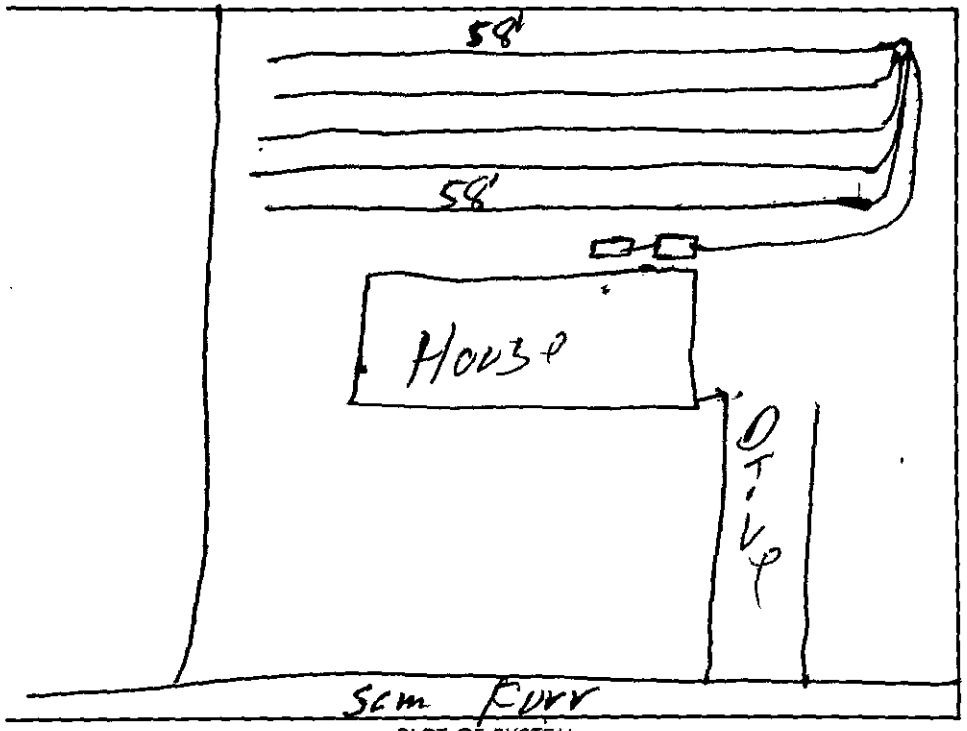
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5306-A DATE: 3-16-89

TC: 09-141-01 ☐ L

SERIAL № 12465

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 2-9-89. All work shall be completed on or before 4-16-89, 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 1000 gallons

Tank Construction Pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 290 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well o.t.y feet

NAME OF OWNER Land Acquisitions

LOCATION OF PROPERTY 207 8304 Scm Furr Rd, (1013)

Comments: 5 Trenches 58'X3'X12" stone

System designed for Two bed room House

S. D. Daniel RS — Division or Section Head

Jan Emmons — 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

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: 5306A
TC: _____
SERIAL: No 16154

See file for 5284A Marty Kolp
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8304 (STREET NO.) SAM FURR RD. (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 009-141-01 PO
⑤ SUBDIVISION: _____ ⑥ LOT: 3 ⑦ BLOCK: _____

OWNER

⑧ NAME: LAND ACQUISITIONS / RTO / TIM PLYLER (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 20721 TORRENCE CHAPEL RD., SUITE 102B
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-4600 ⑭ (HOME) 892-9685

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? 2
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: Jim Plyler (cm)
Date: 2/9/89

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.

Left stitch required

Environmentalist / Date

Director or Authorized Section Head 2-16-89 Date

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

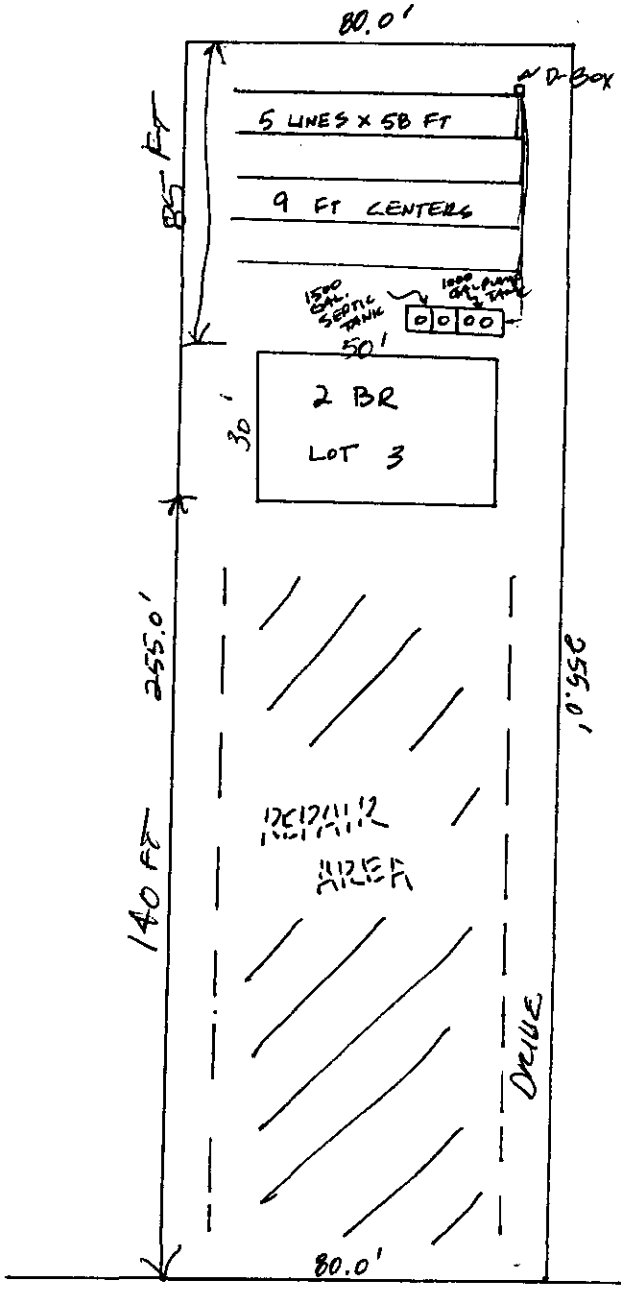
R. C. S., Inc.

Septic Tank Installation & Service

LAND ACQUISITIONS / TIM PLYLER

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

1" = 40'



8304 SAM FURR RD.

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15861

File: 5306A Action 2

Parcel: 009-141-01PO ☐ PC

Location: Sam Furr Road

Subdivision:

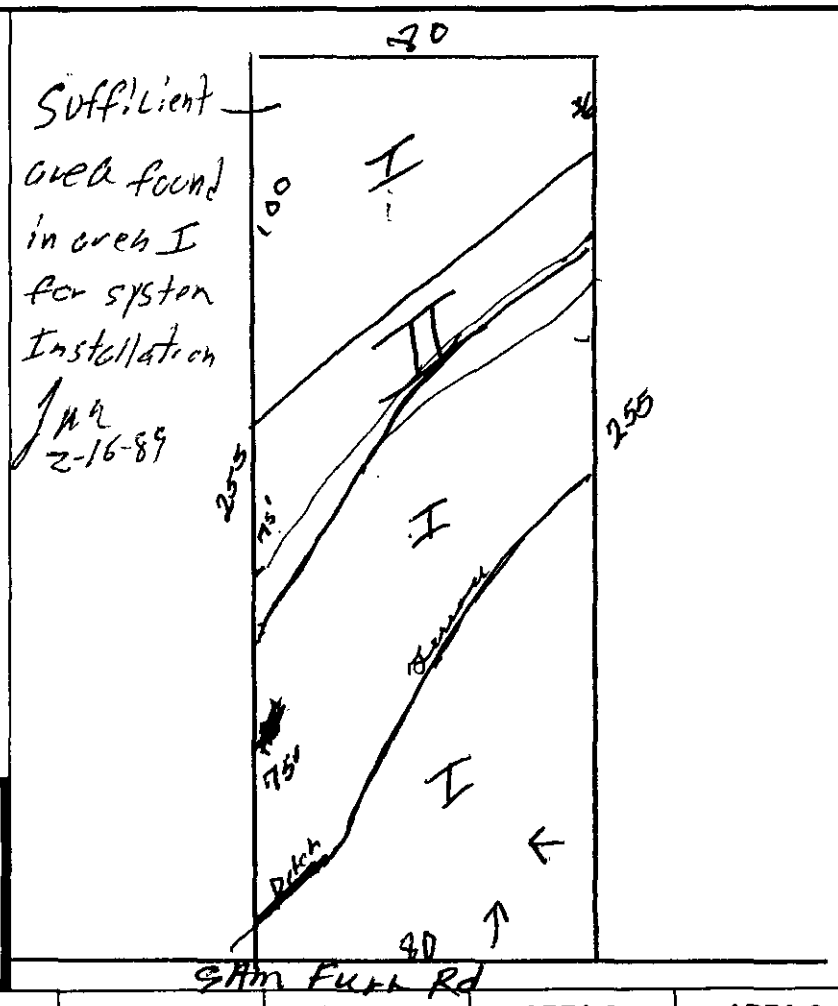
Lot: 3 Block: Acres: .52

Owner: Land Acquisitions
Address: 20721 Torrence Chapel Road
Davidson, NC 28036

Comments:

Described by: W. B. Ramsey

Date: 1-19-89



***** 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	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) surface & subsurface Movement of H2O	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 42-47	S (PS) U 45-48	S PS U	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 Valley (N) Cecil				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 5306A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SAM FURR RD.

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 009-141-01A

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

OWNER

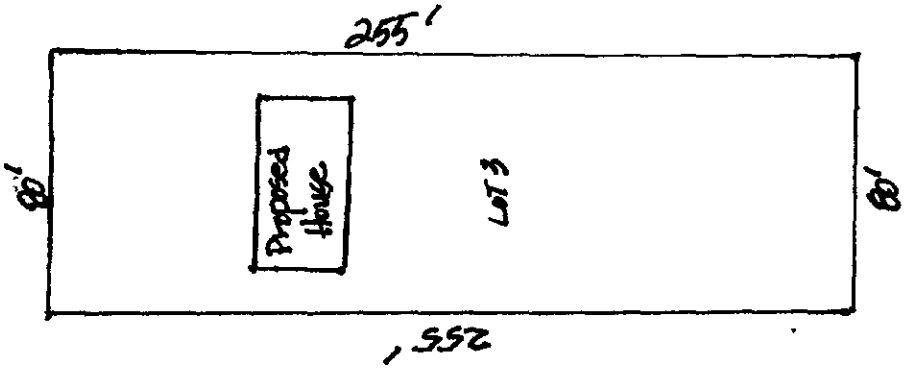
⑦ NAME: LAND ACQUISITIONS / TIM PLYLER
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 20721 TORRENCE CHAPEL RD., SUITE 102B

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 892-4600 (HOME) 892-9585

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

Signed: _____

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

Date: 12/29/88

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 12/29/88

Name/Company RCS, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil investigation
#5306A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

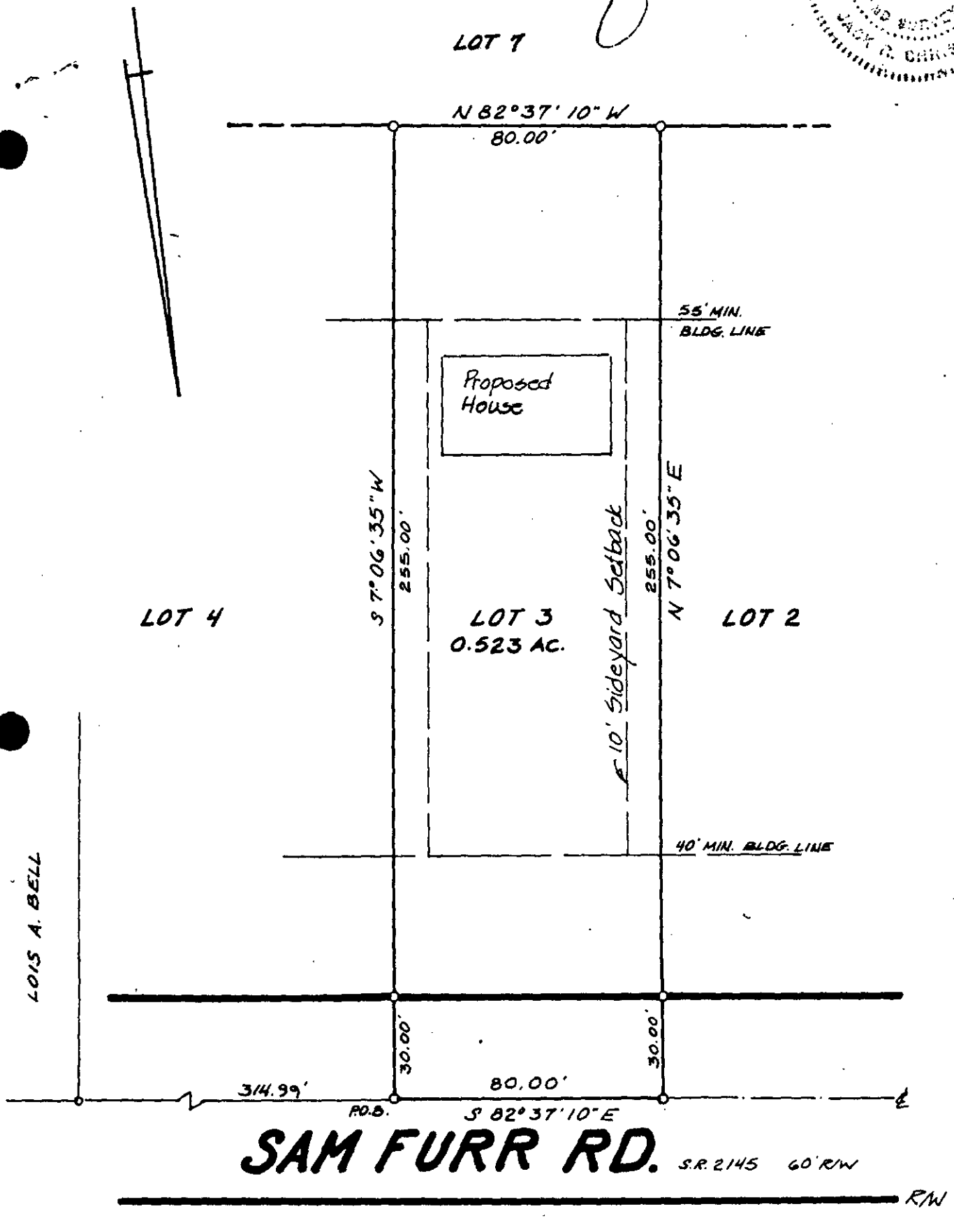
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Fee: $ 30.00

Cheryl A. Noble
Completed by

Collected by

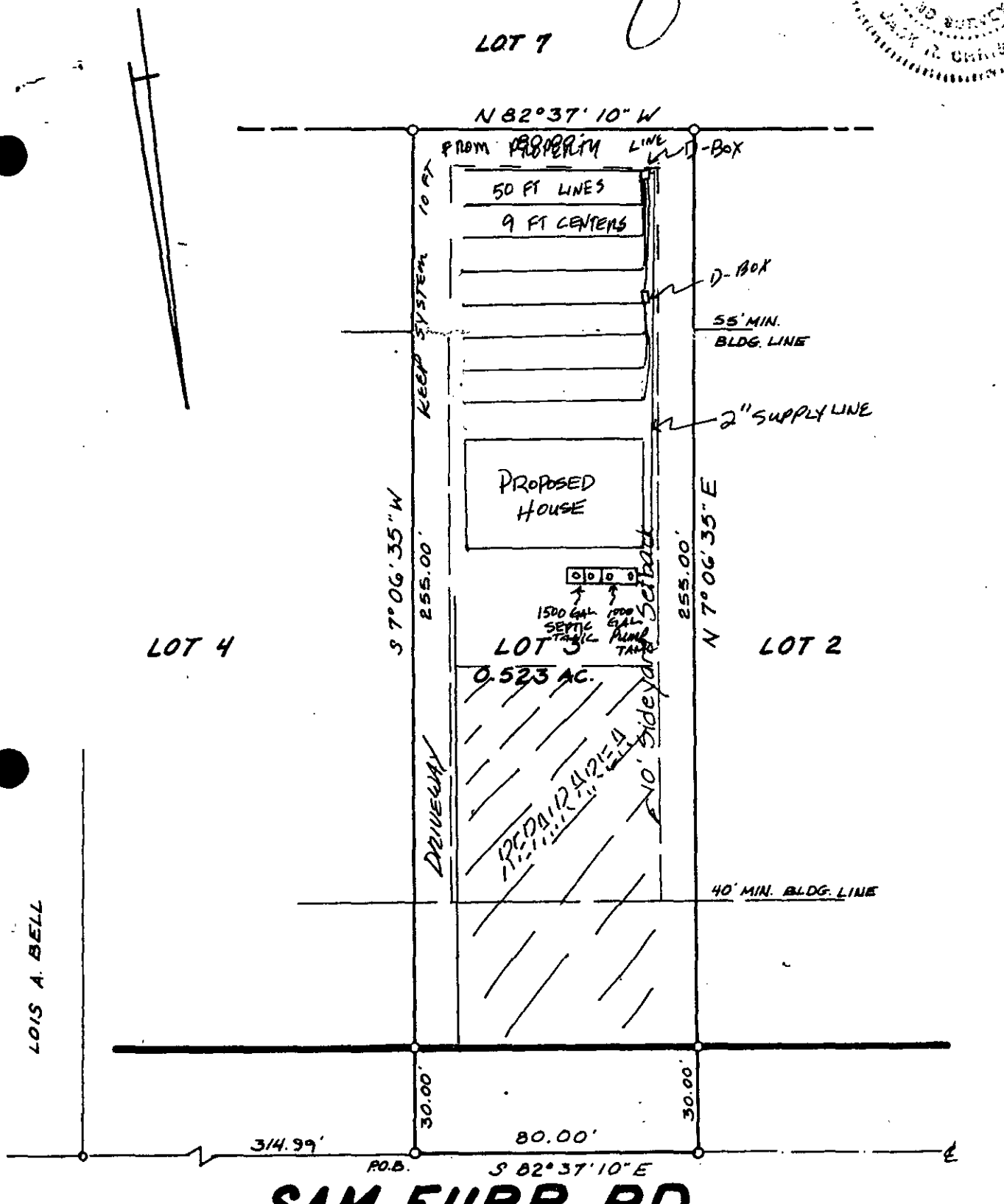
REGISTERED SURVEYOR



BOUNDARY SURVEY

OF

REGISTERED SURVEYOR



BOUNDARY SURVEY
OF