

8310 SAM FURR RD

00921115

5/31/2007

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: 5318-A DATE: 7/23/90

TC: 009 141 01 PO L CRT

SERIAL Nº 13455

Name of Owner Land Acquisitions / Tim Plyler Juris.:

Address of Property 8310 Sam Furr Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 4 @ 70'

Cover Depth 12"

Water Supply Source CMUD

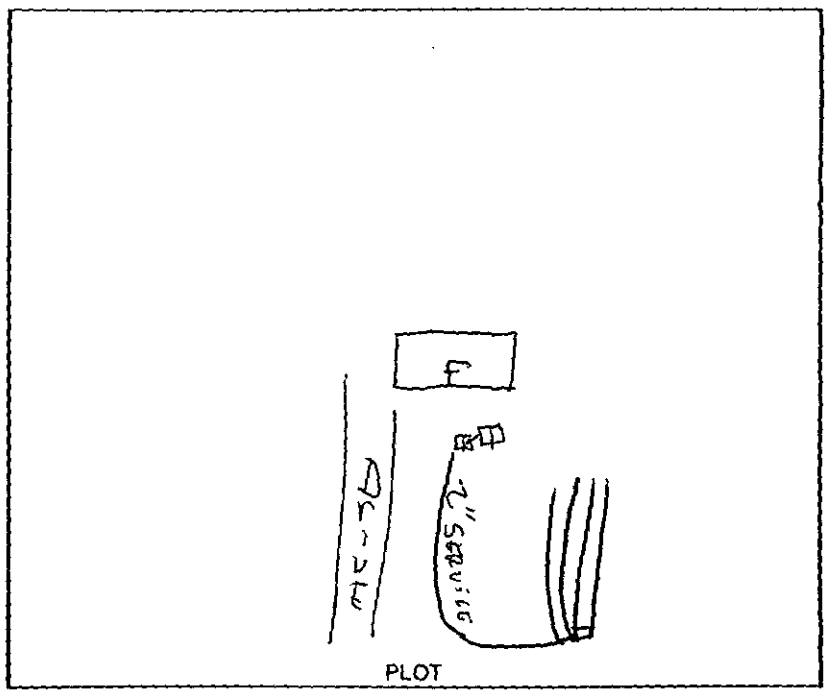
Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed



Design: ~~1,500 ST, 1000 PT~~ PI, CON 810 SFT, 12"G, CECIL like 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: (4) 3'x70'x12"G, Straw. Zoeller pump. 2" service line on Drive side of system.

Tim W Whitaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

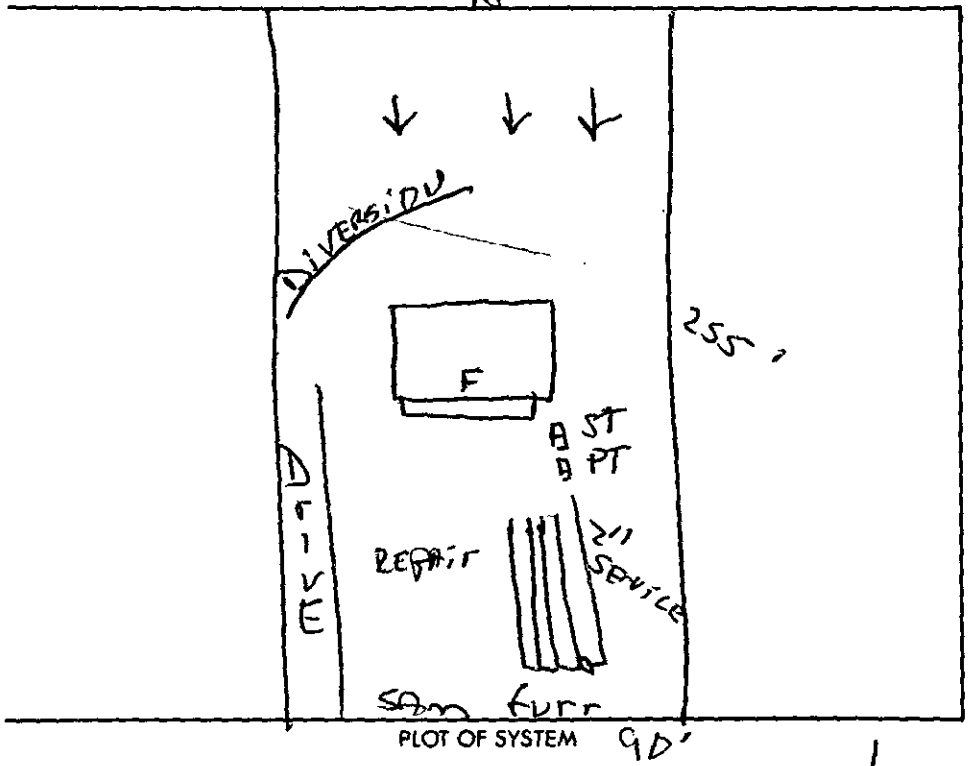
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5318 A DATE: 7/13/90

TC: 009 141 01 PP L

SERIAL Nº 13406

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 8/13/90, 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.



Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Land Acquisitions / Tim Plyler

LOCATION OF PROPERTY 8310 Sam Furr Rd. (Lot 4)

Comments: 2 bedrm. (4) 3'x70'x12" G.S.

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

Mecklenburg County
Health Department

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

November 20th, 1989

Land Acquisitions, Inc.
20721 Torrence Chapel Road, #102B
Davidson, NC 28036

RE: Property located at 8310 Sam Furr Road 4
FILE: 5318A
PARCEL: 00914101 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 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 15869) 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, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

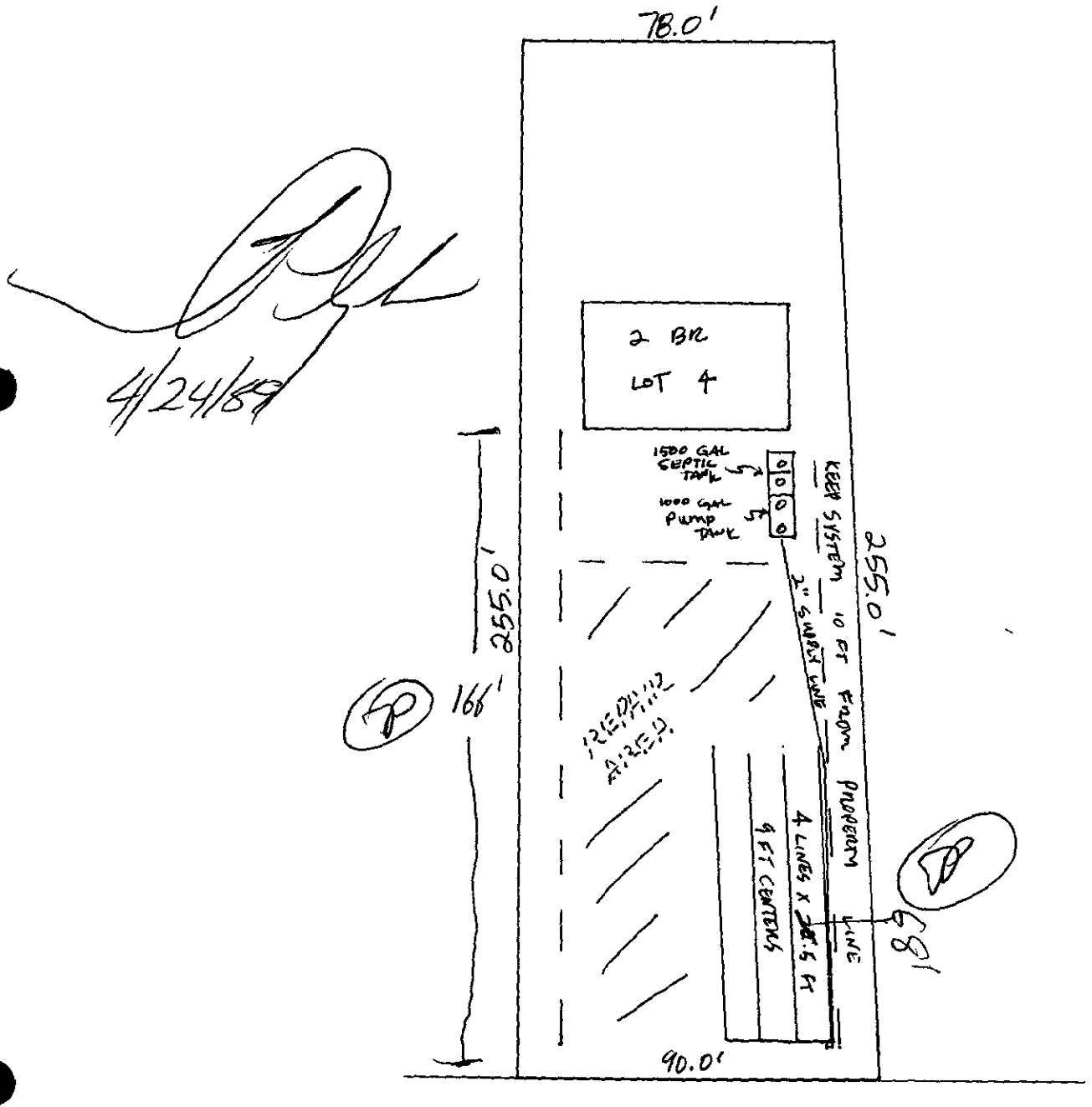
R.C. S., Inc.

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'



4/24/89

8310 SAM FURR RD.

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: 5318 A
TC: _____
SERIAL: № 16155

see file for 5284A for change slip
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 8310 (STREET NO.) SAM FURR (STREET) RD. ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 009-141-01 PO
⑤ SUBDIVISION: _____ ⑥ LOT: 4 ⑦ BLOCK: _____

OWNER

⑧ NAME: LAND ACQUISITIONS / TIM PYLER (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 20721 TORRENCE CHAPEL RD.
⑩ CITY: CHARLOTTE 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
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: Tim Pyler (for)
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.

L.S. Station Required

Environmentalist 4-26-89 Date

Director or Authorized Section Head 4-26-89 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 File # 5318A
5319A
5320A
5321A
5301A
5306A

Date ~~1-5-89~~

Name/Company ~~RC & Inc.~~

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Investigation

8310 Sam Furr Rd

8324 " " "

8336 " " "

8332 " " "

5301A JP-8256 Sam Furr Rd

5306A - JP-8304 " " "

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 5 1989

Fee: $ 420.00

Completed by _____

Collected by _____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15869

File: 5318A Action 2

Parcel: 00914101 PO ☐ PC

Location: 8310 Sam Furr Road

Subdivision:

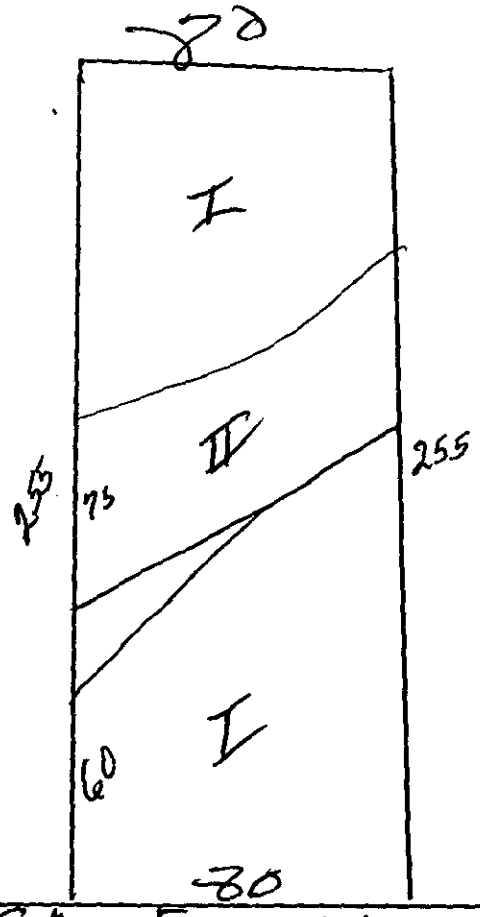
Lot: 4 Block: .57 Acres:

Owner: Land Acquisitions, Inc.
Address: 20721 Torrence Chapel Road, #102B
Davidson, NC 28036

Comments: * Area Appear To Be Inadequate

Described by: W. B. Ramsey

Date: 1-19-88



*** 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 2-6	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) valley - surfaced sub surface water movement	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 45-48	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	IVc Cecil	IVa 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

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

(OFFICE USE ONLY)

FILE: 5318 A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8310 SAM FURR ROAD

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

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

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

OWNER

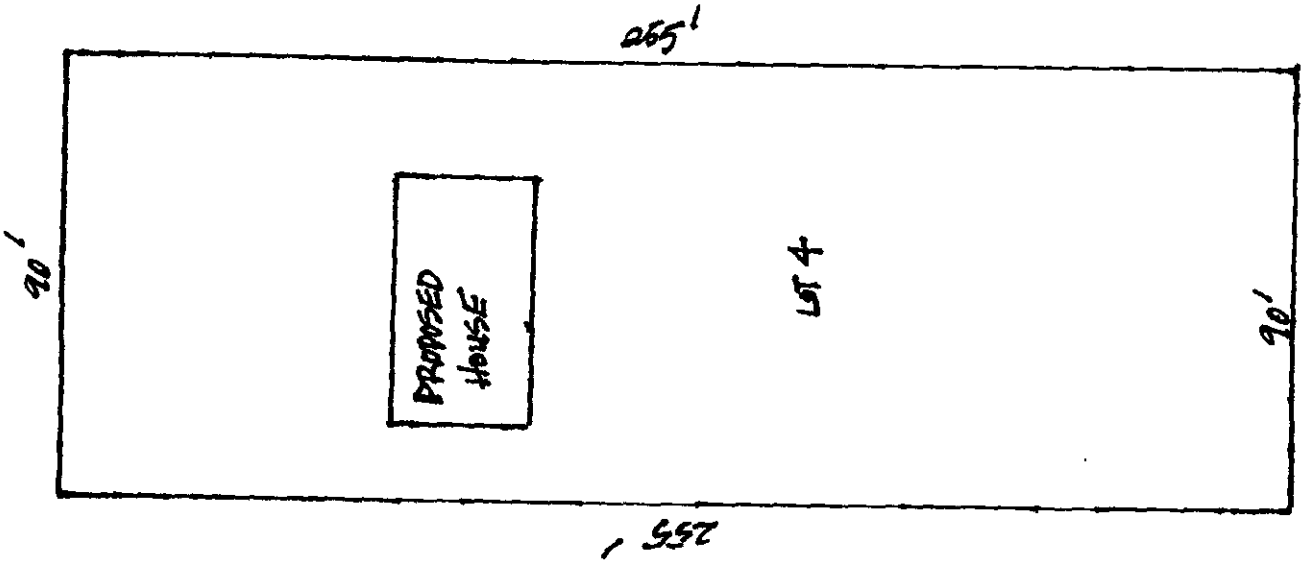
⑦ NAME: LAND ACQUISITIONS, INC / TIM PLYLER
(FIRST) (MIDDLE) (LAST)

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

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

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

⑬ Accurately diagram and dimension lot.



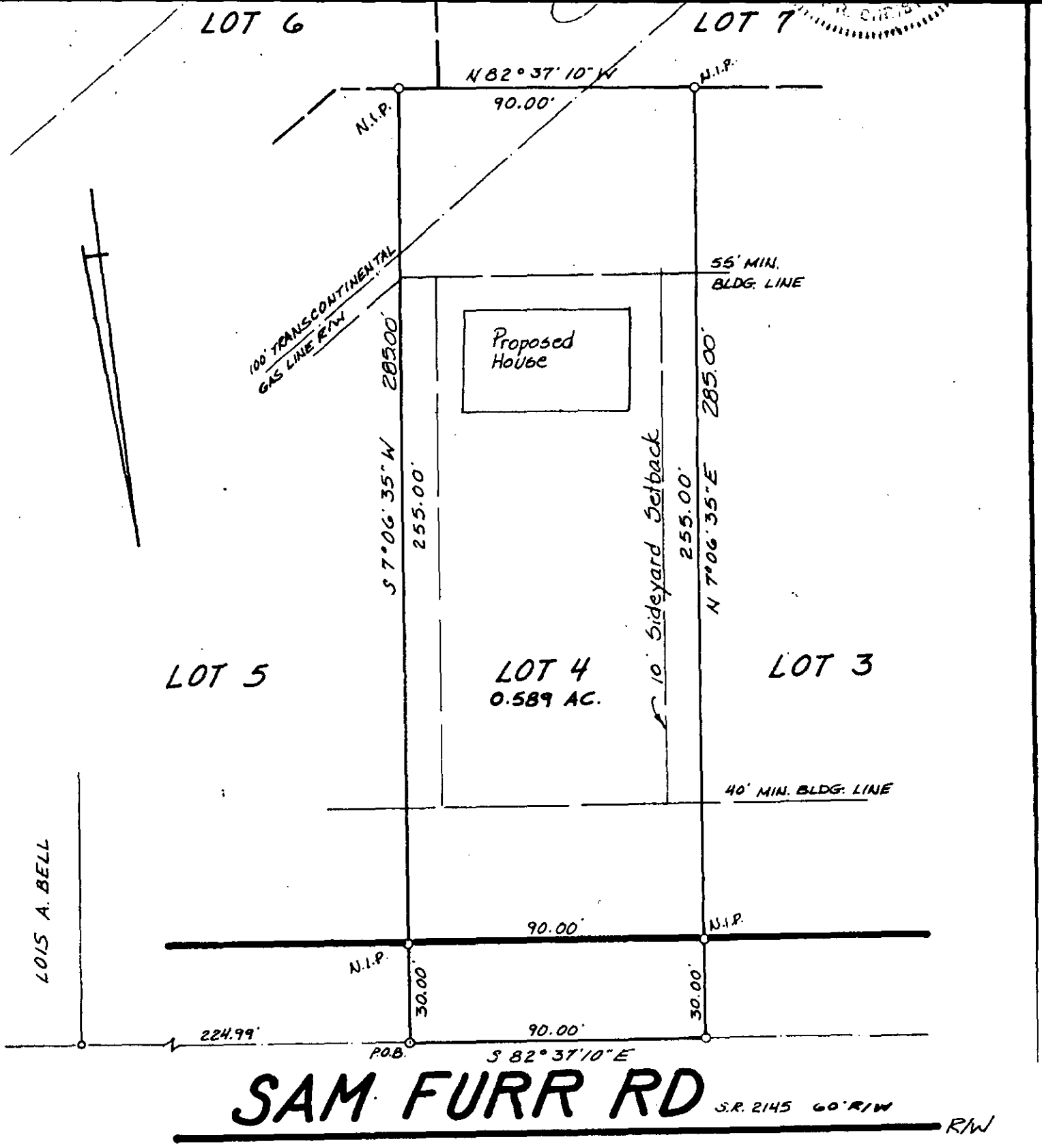
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing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

Signed: _____

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Date: 12/30/88

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



BOUNDARY SURVEY

OF

A PORTION OF DEED 435-232

LOT 4 DIXLER PROPERTIES

R. C. S., Inc.

Septic Tank Installation & Service

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