

2324 SAM WILSON RD

05314401

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Project #092 987024 2460

T.M. 3514B

3/30/94 #50.00 CK #5394 X CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Stewart (last) J. (first) Acton (mi)
ADDRESS: 105 W. Morehead St PHONE: (704) 333-1553
CITY: Charlotte STATE: NC ZIPCODE: 28202

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-143-01
STREET ADDRESS: 2324 Sam Wilson Rd
ZONING:

PROPERTY OWNER:
NAME: Garden Memorial Presby Church (last) (first) (mi)
ADDRESS: 2324 Sam Wilson Rd PHONE: (__) 392-7108
CITY: Charlotte, STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N) Church
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Adding Classroom/Restroom
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] 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: J. Stewart Acton Date: March 30, 1995

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

[ ] 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

*ADDING new rec/classroom bldg. No existing records. Found ~~tank and drainbed. There are~~ no changes in the no. of members. No widence of malfunction at time of inspection. Rec/classroom used by church members only. Must maintain 5' off building foundation WE ARE REQUESTING TO USE THE EXISTING SYSTEM, AS IS OR IS from veihcal Cut. NO ADDITIONAL ENRICHMENT AT THIS TIME. WE PLAN TO TIE ON TO THE SAN. SEWER WHEN AVAILABLE (APPROX ONE YEAR)

Environmentalist Date

Director or Authorized Section Head Joni Higgs-Bunny RS. 4-5-95 Date

WATER : 122'91

3514B

3/30/94 $50.00

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☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☒ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Additional Square Footage
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

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Type Business CHURCH # Employees ___ Per Shift __ __ __
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☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

WE ARE REQUESTING TO USE THE EXISTING SYSTEM, AS IS. NO ADDITIONAL ENRICHMENT AT THIS TIME. WE PLAN TO TIE ON TO THE SAN SEWER WHEN AVAILABLE (APPROX ONE YEAR)

3514B

03/31/1995 CHAR-MECK TAX DEPARTMENT PUBLIC ACCESS SYSTEM TDPA030 C
12:33 PM CURRENT REAL ESTATE DETAIL SUMMARY TP03
053-143-01 FIRE: 1 TWP: 12 SITUS: MECK SD:

OWNER/MAILING ADDRESS
MEMORIAL PRESBYTERIAN
CHURCH TRUSTEES
RFD 5 BOX 942-B
CHARLOTTE NC 28208

TYPE : EXEMPT
DEED : 3511 0233
DATE : 03/08/1973

TOT ACRE: 15.190 AC
SITUS: 2324 SAM WILSON RD MECK

LEGAL: 2324 SAM WILSON RD

CARD 1 OF 2 1995 APPRAISAL DATA

		CARD VALUE	TOTAL VALUE
	LAND	133,670	133,670
BUILT 1966 NET COND % : .93	BLDG	115,350	575,250
SQFT: 1,896 AUX SQ. FT : 60	OBXF	1,130	1,200
ZONE: R3 NEIGHBORHOOD: 05301	TAXABLE	250,150	710,120
ACRE: 15.190			
USE/MODEL: CHURCHES /OFFICE			

<-TYPE CHOICE, F5:MORE INFO F7:UP CLEAR:RESET
PRESS ENTER. F1:HELP F2:OPTIONS F3:RETURN F6:PREV INFO F8:DOWN F12:EXIT
23-02 SA MW KS IM II S1 S1037498 KB

Tax Information
on Date of Construction
"No record found"

PROPOSED PLOT PLAN

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

FILE: 3514B

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.

"SEE ATTACHED PLANS"

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

File 3514B

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE:** 1
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

053-143-01

PROJECT NUMBER: 092-987024 **SUBMITTED DATE:** 03/14/95
PROJECT NAME: GARDEN MEMORIAL LIFE **PHS:** CTR **SEC:** **TIME:** 08:54 AM

CONTACT NAME: ALTON STEWART **PHONE #:** 333-1553
TITLE: **TYPE OF PERMIT:** FULL
GYM/CLASSRMS

COMMENTS: 2324 SAM WILSON RD MECK

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MICHAEL BURKHARD	336-3836	
	ELECTRICAL	MICHAEL BURKHARD	336-3836	
	MECHANICAL	MICHAEL BURKHARD	336-3836	
	PLUMBING	MICHAEL BURKHARD	336-3836	
	ZONING	MICHAEL BURKHARD	336-3836	
	COUNTY-FIRE	MICHAEL BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	~~FOOD SERVICE~~	~~RUSSELL STEPP~~	~~336-5505~~	
	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOT

: APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION,
TION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED
EERING DEPARTMENT FOR ADDITIONAL INFORMATION.

ILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS.
U MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR
VAL STATUS OF THE PROJECT NUMBER ABOVE

NDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY.
E CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND
ER INFORMATION.

TACT	DATE	COMMENTS	INITIALS

PROPOSED PLOT PLAN

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

FILE: 3514B

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.

"SEE ATTACHED PLANS"

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

* * * Communication Result Report (May. 12. 2011 11:24AM) * * *

1)
2)

Date/Time: May. 12. 2011 11:23AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2777	Memory TX	97043706507	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

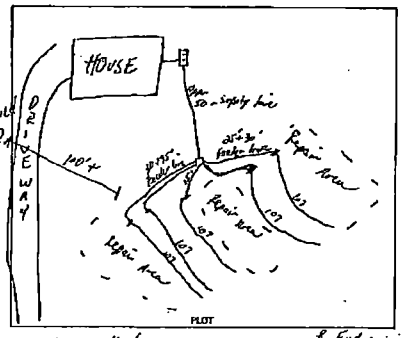
CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3314B DATE: 6/28/95
TC: 139 061 23 ☐ L ☒ CRT
SERIAL № 16296

Name of Owner: Mark + Linda Harris Juris.:
Address of Property: 8537 Bartlet Rd

Inspection Data:
Tank Material: PCC
Total Length of Drainfield: 535
Number of Lines: 5 @ 107
Cover Depth: 12" - 16"
Water Supply Source: well
Distance to Water Source: 108'+
Excavation Inspected: 6/28/95
Tank(s) Inspected: 6/28/95
Wash Line Inspected: —
High Water Alarm Inspected: —



Design: 1995, 1500ST, CON, 1610SFT, 12" Stone CTR#: R. Eudy

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 15A NCAC 18A .1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A .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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for 4 bedroom residence. Repair designed as noted on COC. Contour of land complex. System installed "Tanfoam?" Type II

Authorization for Plan Approval Signature 7395 Phila A. Walter R.I.
Environmental Health Specialist