

14750 STUMPTOWN RD

12/31/2007

duponbj

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

FEE: 100.00 CHK # 5430

DATE: 7/30/98 SC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

| | CRT

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 2617B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 009-091-10 & 13

X CHURCH ___ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: STUMPTOWN RD AT RANSON RD

DESCRIBE TYPE OF BUSINESS: FAMILY LIFE CENTER 23,000SF±

Square Footage of Facility:

LOT NUMBER: 10 & 13

NUMBER OF EMPLOYEES: SEATING 700± PER SHIFT: ___

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON X 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE: HOT WATER HTR

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

X SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

N A

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES X NO	WELL SPRINGS OR WATERLINES	___ YES X NO
EXISTING WASTE WATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES X NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: Curlin (LAST) William (FIRST) G. Bishop (MI)

ADDRESS: P.O. Box 36776

CITY: Charlotte STATE: N.C. ZIP: 28236

DAYTIME PHONE: 336 759-9525 (Contact Steve Nash)

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Charbonneau (LAST) Ron (FIRST) (MI)

DAYTIME PHONE: 704-895-4220

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ___

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: [signature] DATE: 7/28/98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

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

FILE: 2617B

TC: 009-091-10,13

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 SITE PLANS MAILED 7/22/98

Deed Book 6348 pg552

D Book 8629 P 647

Steve Nash

OWNER/AGENT SIGNATURE

DATE 7/27/98

APPROVAL DATE _____

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

JSC

TRANSMITTAL

Date: July 29, 1998
Job #: 25.4057

To: Mr. Kelly Randell
MECKLENBURG COUNTY HEALTH DEPT.
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

Re: **ST. MARK CATHOLIC CHURCH**
Huntersville, NC

WE ARE SENDING YOU __X__ ATTACHED ____ UNDER SEPARATE COVER VIA __UPS/ND__ THE FOLLOWING ITEMS:

_____ SHOP DRAWINGS _____ PRINTS _____ PLANS _____ SAMPLES

_____ COPY OF LETTER _____ CHANGE ORDER _____ SPECIFICATIONS __X__ OTHER

Copies	Date	No.	DESCRIPTION
1			Application for Improvement Permit
1			Plot Plan Information
1			Check for $100.00

THESE ARE TRANSMITTED as checked below:

_____ For approval
__X__ For your use
_____ As requested
_____ For review and comment
_____ FOR BIDS DUE_____

_____ Approved as submitted
_____ Approved as noted
_____ Returned for corrections

_____ Resubmit ____copies for approval
_____ Submit_____copies for distribution
_____ Return_____corrected prints
_____ For signature
_____ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please note full site plans sent previously. Thank you.

Copy To: File 25.4057

JOHN S. CLARK COMPANY, INC
4140 N. Cherry Street (27105)
P. O. Box 4369
Winston-Salem, North Carolina 27115-4369
Tel: 336/759-9525 Fax: 336/759-0734

Steven L. Nash/Vice-President/Church Division