

17609 OLD STATESVILLE RD

00502104

7/28/08

marliwr

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

Project 98

15792

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: ANDERSON (last) GARY (first) K. (mi)

ADDRESS: 17021 OLD STATESVILLE RD. PHONE: (704) 892-9356

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00502120

STREET ADDRESS: 17609 OLD Statesville Huntersville, NC 28078

ZONING: I-2

PROPERTY OWNER:

NAME: THOMPSON (last) DON (first) (mi)

ADDRESS: 301 S COLLEGE ST. PHONE: (704) 333-7151

CITY: CHARLOTTE STATE: NC ZIPCODE: 28202

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Use existing system for Church
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 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: Members 300
Type Business Church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

☐ Community (C) ☐ Shared Well (S)
☐ 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: [signature] Date: 9/26/95

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.

...Use existing system for church - No kitchen, No DayCare, ~~No School (Repair area on 005-021-23)~~

10/11/95 Phone consultation with Britt Setzer at DEM regarding well. Refused Associate Pastor Gary Anderson to Britt Setzer on 10/13/95 + 10/16/95

10/14/96 Gary Anderson in office - Needs release to occupy church Education portion of Existing bldg. No change in application. (No School.)

UXS
☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lisa B. Mialik, RS 10/16/95
Environmentalist Date

S. Intemann for S. Hamil 10-9-95
Director or Authorized Section Head Date

for 9/26/95

WATER : 22701

Russell Gibson
pager 525-6680

To the PRAISE OF HIS GLORY

Sounding the Trumpet of Peace To a Broken-Hearted World.

Barry E. Taylor
Pastor

Gary Anderson
Associate Pastor
892-9356

519-5537

20464 Chartwell Center Drive • Davidson, NC 28036
Phone: (704) 892-7282 / (704) ~~896-8883~~ 892-7830

Tim Ammons
663-7631
521-7962 Pgr.

Front + Back — Retain as part of file 15792

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM APPLICATION FOR SERVICES

15792

Pd 50.00 ck# 11726 9/26/95 DK. ☐ CAT.

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: ANDERSON (last) GARY (first) K. (mi)

ADDRESS: 17021 OLD STATESville RD PHONE: (704) 892-9356

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00502120

STREET ADDRESS: 17609 OLD Statesville Huntersville, NC 28078

ZONING: I-2

PROPERTY OWNER:

NAME: THOMPSON (last) DON (first) (mi)

ADDRESS: 301 S COLLEGE ST. PHONE: (704) 333-7151

CITY: CHARLOTTE STATE: NC ZIPCODE: 28202

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ 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 N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (N)
use existing system for Church
☐ 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: Members : 300
Type Business Church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ 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: Date: 9/26/95

NOTICE:

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 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
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...10/6 PC w/ T. Ammons - Sch appt 2:00 Mon
OSR. Russell Gibson present
walk-through of bldg -
survey of system

10/9 OSR. Tina Ammons & Gary Anderson present - to rebuild lid to pump access - lockable lid, check alarm for proper functioning, have electrician check/calk well with mastic & bldg (Vent cap damaged, no other) Recommended Use replace vent cap, obtaining well house, bact & chem. analysis

Environmentalist Date

10/10/95 PC to Brett Setzer - NC. LM regarding well.

Director or Authorized Section Head Date

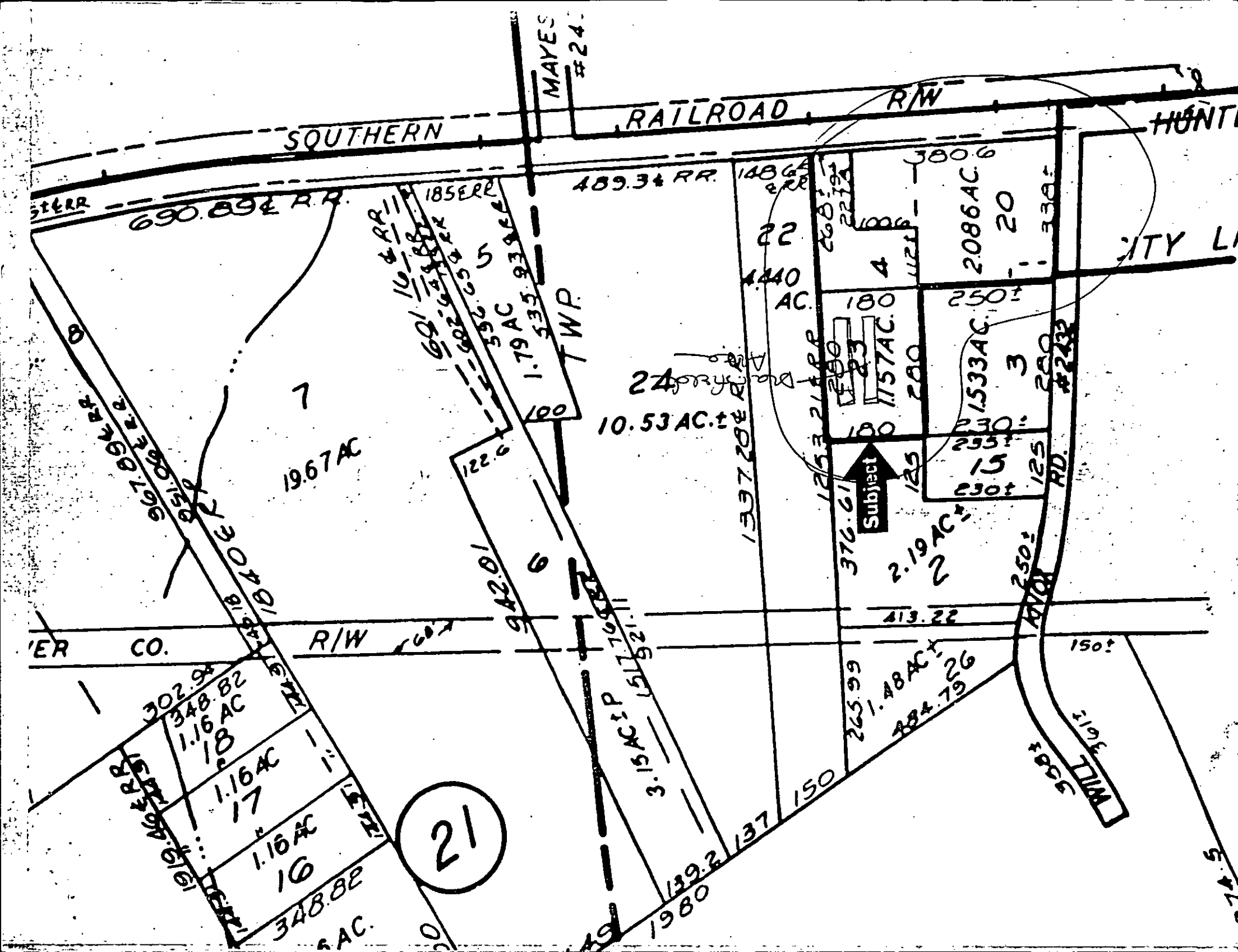
10/11/95 PC w/ Brett Setzer - non-community - Have owner/responsible party contact him @ 663-1699 WATER 2270

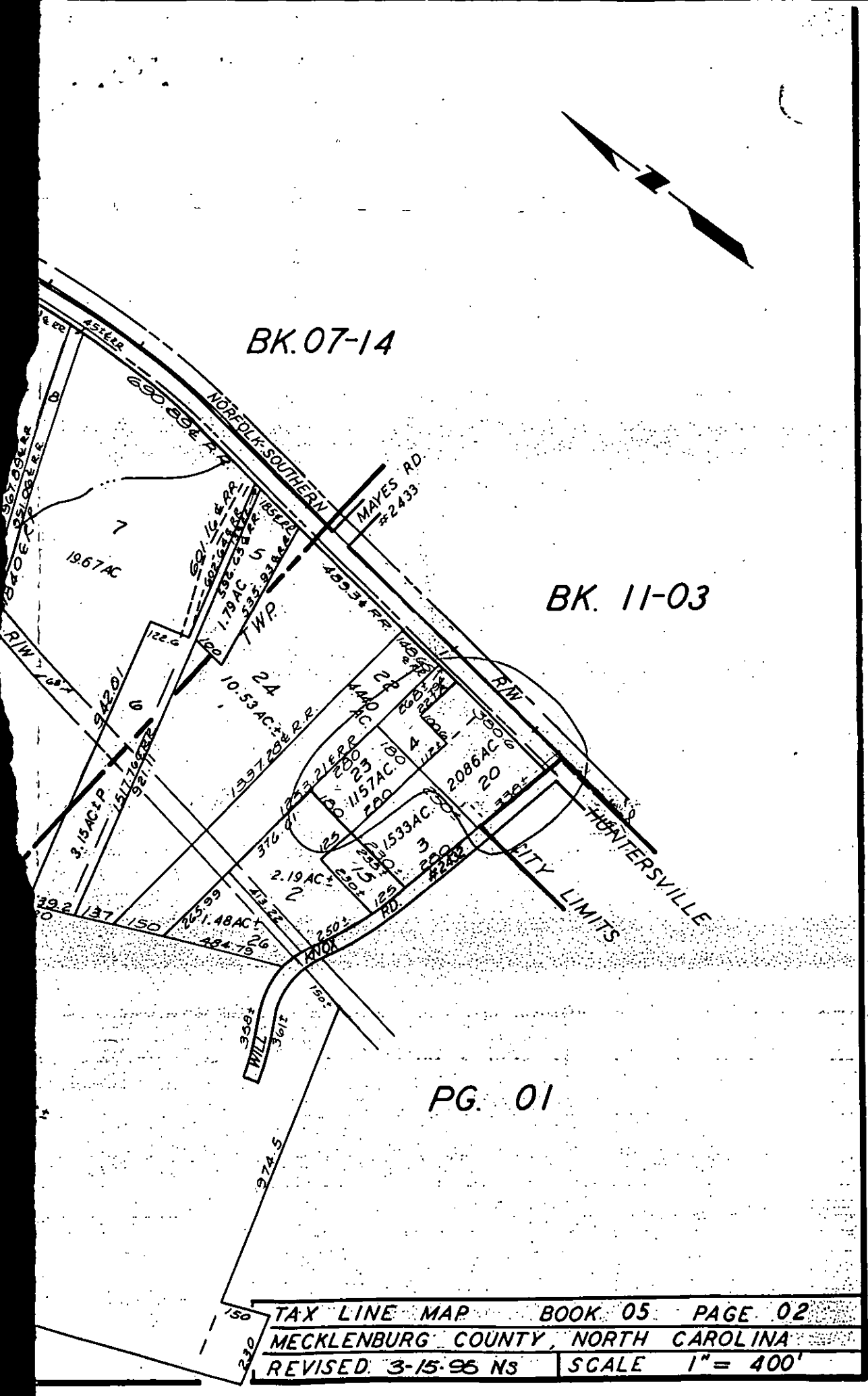
OVER →

10/13/95 PC w/ Gary Anderson. Advised to contact Brett Setzer @ DEM this p.n. regarding well.

10/16/95 OSV. Gary Anderson present. Alarm working; cover over pump portion of tank repaired - lockable door for access. Advised Mr Anderson not to disturb, grade septic system area or its repair area established on OOS-021-23.

10/17/95 PC w/ Michael Burkhardt - Bldg Stds. advised of release - Per Michael Burkhardt will have elec in tank - alarm checked w/ other elec. inspection. Project # 98


SOUTHERN RAILROAD R/W
MAYES
#24
690.83± R.R.
489.3± R.R.
185 ERR
148.6
380.6
2086 AC.
20
339±
CITY LI
22
4.440 AC.
4
180
250±
1.157 AC.
23
1.533 AC.
3
#233
Subject
2.19 AC±
2
376.61
413.22
RD.
150±
7
19.67 AC
1.79 AC
535.93
TWP.
24
10.53 AC.±
100
122.6
6
942.01
1337.20±
R/W
CO.
302.94
348.82
1.16 AC
18
17
16
348.82
6 AC.
21
3.15 AC±
1517.92
243.99
1.48 AC±
484.79
139.2
137
150
1980
WILL



TAX LINE MAP BOOK 05 PAGE 02	
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 3-15-96 NS	SCALE 1" = 400'

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

✓ Large-format Drawings

Original File Number: 15792/17609 Old Statesville Rd.

Box Number: 13

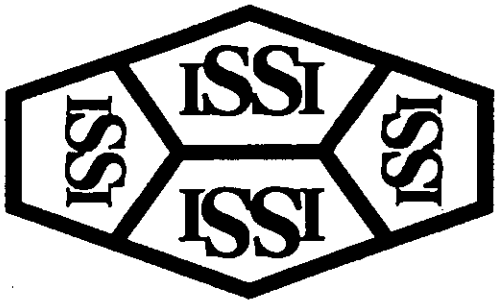
Number of pages associated with file: 2

General Comments: _____

_____

_____

_____



Imaging Solutions and Services, Inc.

The following is a

Poor Original

The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.). Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up parameters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

Copyright 2004 Imaging Solutions and Services, Inc.

15792

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 098-985500 **SUBMITTED DATE:** 10/[illegible]
PROJECT NAME: PRAISE OF HIS GLORY **PHS:** CHU **SEC:** RC **TIME:** 02 [illegible]

CONTACT NAME: GARY ANDERSON **PHONE #:** (704) 495-3075
TITLE: **TYPE OF PERMIT:** UPFITTING
CHG USE TO CH

COMMENTS: 17609 OLD STATESVILLE RD HUNT

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	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

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

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

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

005-021-20

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

☑ **Large-format Drawings**

Original File Number: 15792-17609 Old Statesville Rd

Box Number: 13

Number of pages associated with file: 1

General Comments: Last of file

Imaging Solutions and Services, Inc.