

8336 SAM FURR RD

00921116

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: 5319-A / 5320 DATE: 11/6/90

TC: 009-141-01 PO # L CRT

SERIAL (009 211 17) for PARCEL # № 13614

Name of Owner HUNTERSVILLE CONGREGATION of JEHOVAH'S WITNESSES Juris.:

Address of Property 8336 Sam Furr Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 540'

Number of Lines (6) 4-107' @ 2-55'

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected \

High Water Alarm Inspected \

PLOT

Design: 1500 ST, CON. 1605 SFT. 12" GRAV. CEC; LIKE CTR# 67

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- ☑ installed or constructed
- ☑ in accordance with the permit issued
- ☐ altered or repaired
- ☐ 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: for Church Approx. 189 SEATS.

Tim Whittaker, R.S.
Environmentalist

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

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

PROJECT INFORMATION

PROJECT NUMBER: 039-998867 **SUBMITTED DATE:** 09/26/90
PROJECT NAME: KINGDOM HALL **PHS:** **SEC:** **TIME:** 11:33 AM

CONTACT NAME: HAROLD CASPERSON **PHONE #:** 364-1858
TITLE: CONT **TYPE OF PERMIT:** FULL
CHURCH
COMMENTS: 8336 SAM FURR RD MECK NEW CHURCH

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	376-4603	

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

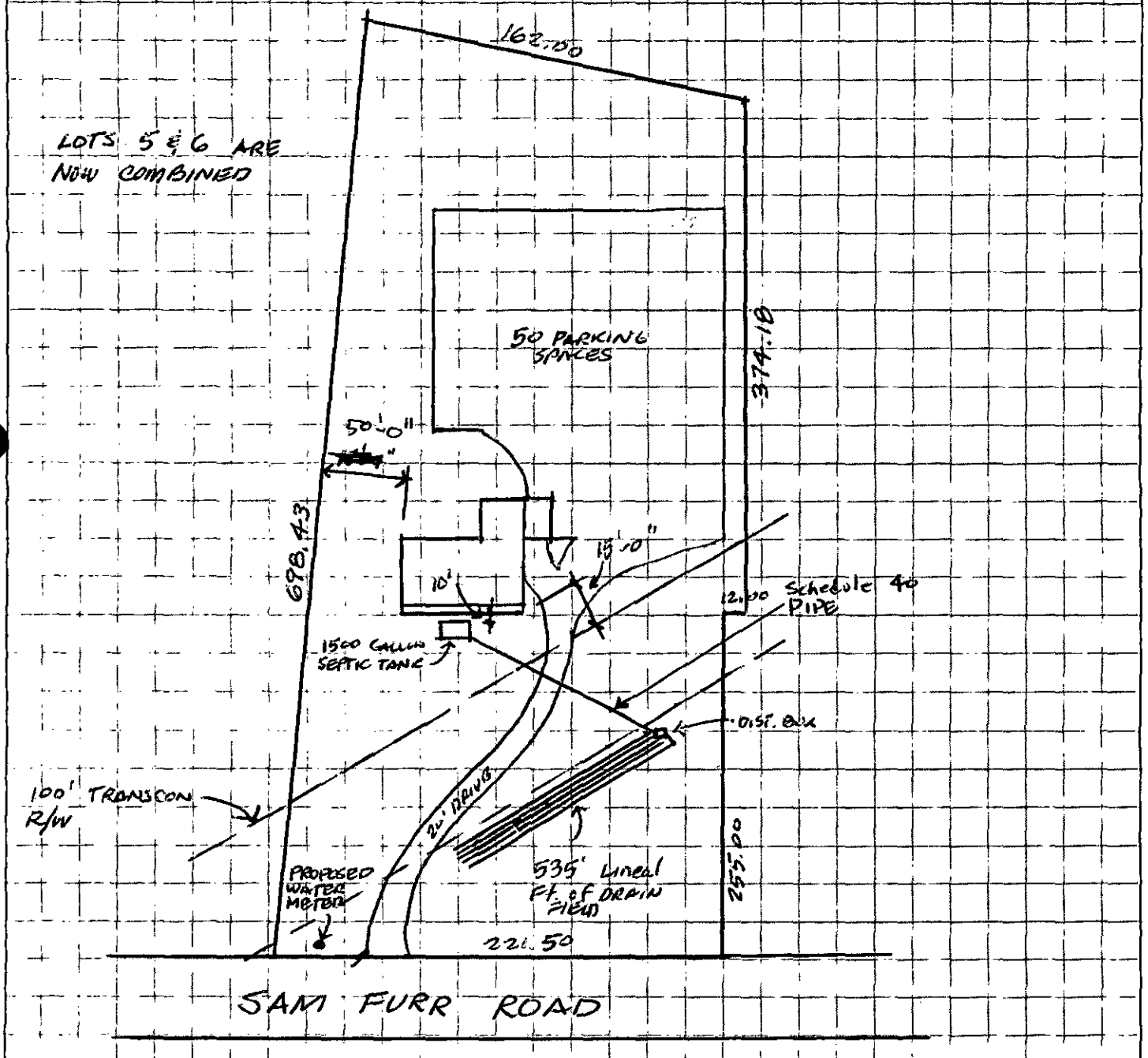
PROPOSED PLOT PLAN

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

FILE: 5320-A & 5319-A

TC: 009-211-17

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.



APPROVAL DATE T.W. 10/9/90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-26-90

Name/Company: Huntersville congregation of Jehovah's witnesses

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. - W/O W
8336 Sam Furr Rd.

_____

Tie A5 53&54
5319A

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 26 1990

Fee: $ 220.00 ✓ W/ 1120 1200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

Combination of Tract 2 & 3 Files Together 1573.

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: 5319A/5320A
TC: _____
SERIAL: № 21217 ☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 8336 (STREET NO.) SAM FURR ROAD (STREET) ② FILE: 5320A 5319-A
③ JURISDICTION: Mecklenburg County ④ TAX PARCEL NO.: 009-211-17
⑤ SUBDIVISION: _____ ⑥ LOT: 5 & 6 ⑦ BLOCK: _____

OWNER

⑧ NAME: Huntersville Congregation of Jehovah's Witness (CONTACT: MR. JOHN ROMANO) (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 5916 Cashen Road
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 394-5131 ⑭ (HOME) 875-3911

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? ~~N/A~~
㉕ Type? CHURCH
㉓ Maximum occupancy? ~~175~~ 175
㉖ Maximum number of employees? -0-
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? 175

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: John Romano
Date: 9/24/90

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.

Tim Whitaker, Environmentalist, 10/9/90 (Date)

Director or Authorized Section Head, 10-10-90 (Date)

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 9/19/96

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 009-211-17 (Lot C)

ASSIGNED ADDRESS 8336 Sharon Amity Rd

EXISTING ADDRESS _____

PROJECT NAME _____ NIA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rudy

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

Basil G. Delta, 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 8324 Sam Furr Road 5
FILE: 5319A
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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15870) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

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

Enclosure

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: 5319A

TC: _____

SERIAL: No 16156

see fee 5284A for charge slip

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 8324 (STREET NO.) SAM FURR RD. (STREET) ② FILE: _____

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

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

OWNER

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

⑨ MAILING ADDRESS: 20721 TORRENCE CHAPEL ROAD

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

㉓ Maximum occupancy? 4

㉔ Basement? ☐ yes ☑ no

㉕ Type? _____

㉖ Maximum number of employees? _____

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 (ltr)

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.

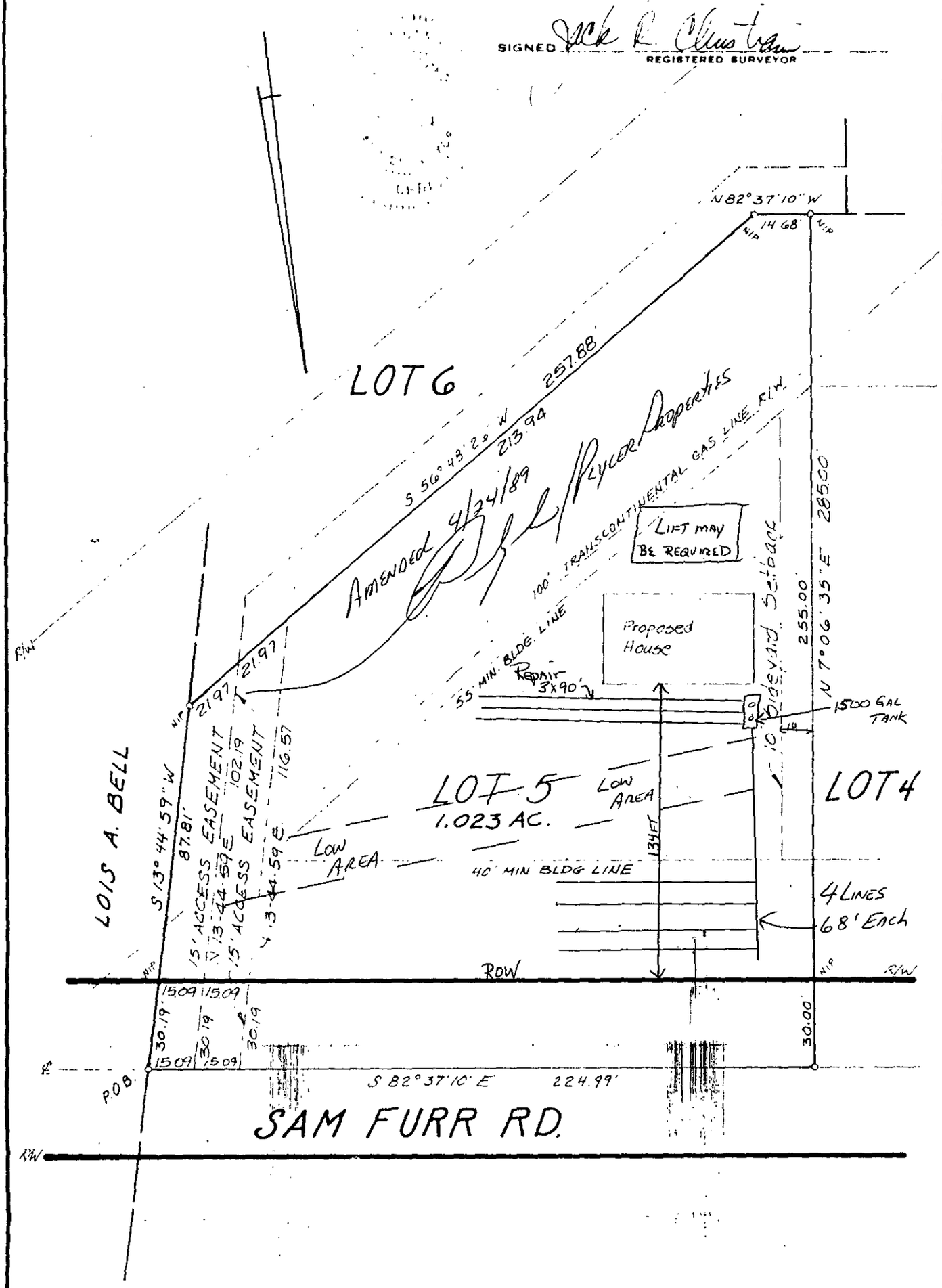
Jim Ennis, 4-26-89
Environmentalist Date

D. Daniel, RS, 4-26-89
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.

THIS IS TO CERTIFY THAT ON THE 13th DAY OF DECEMBER 19 88 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Jack R. Ellis Jr.
REGISTERED SURVEYOR



BOUNDARY SURVEY

OF

A PORTION OF DEED 435-232

LOT 5 PLYLER PROPERTIES

LEMLEY TWP MECKLENBURG COUNTY, N.C.

SCALE 1" = 40'

THE PROPERTY OF

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15870

File: 5319A Action 1

Parcel: 00914101 PO ☐ PC

Location: 8324 Sam Furr Road

Subdivision:

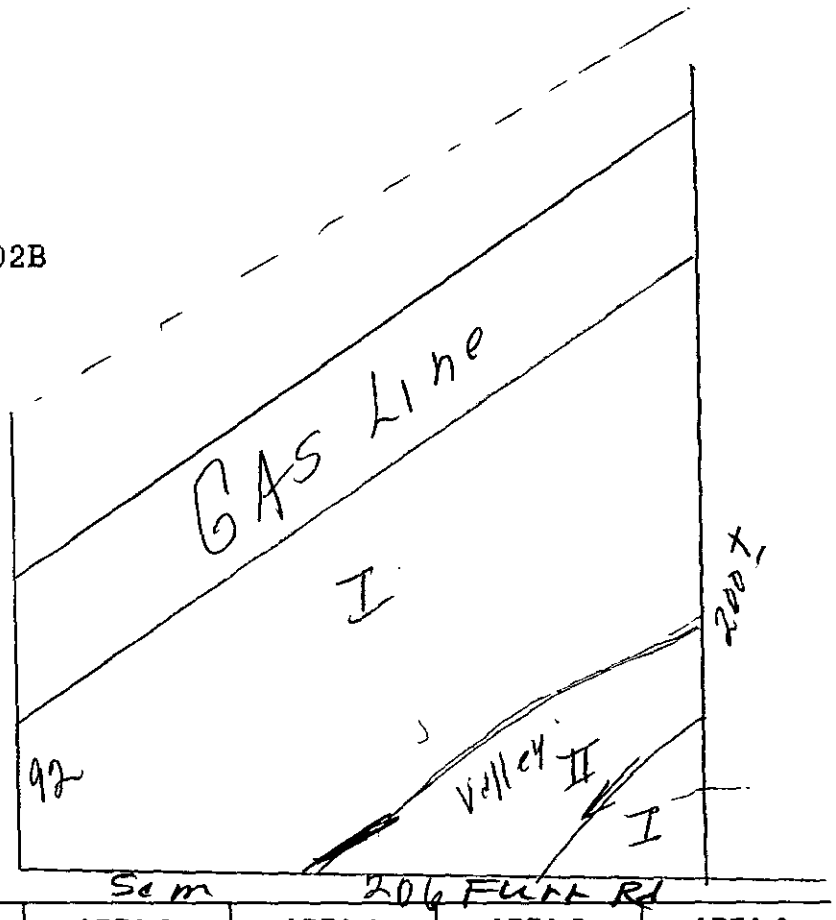
Lot: 5 Block: Acres: .99

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

Comments: ~~*~~ If A Well Is Involed, Maybe Inadequate room

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 2-8	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) Underground or Surface H2O	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 42-44	S (PS) U 40-42	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	IVe Vollcy/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: 5319A

TC:

☐ PC ☐ REPT

Surplus 5318A for Cherry Slip

JOB LOCATION

① ADDRESS: 8324 SAM FURR ROAD

② SUBDIVISION: ③ LOT: 5 ④ BLOCK:

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

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

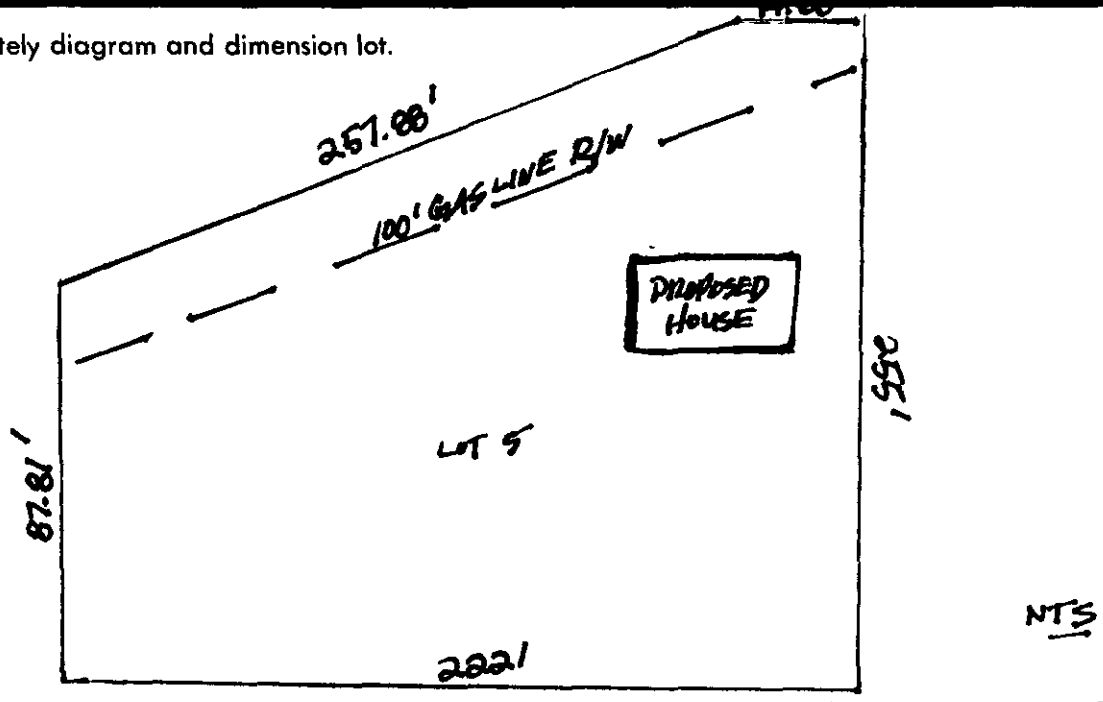
⑦ NAME: LAND ACQUISITIONS, INC / TIM PLYLER (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 20721 TORRENCE CHAPEL RD, SUITE 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.

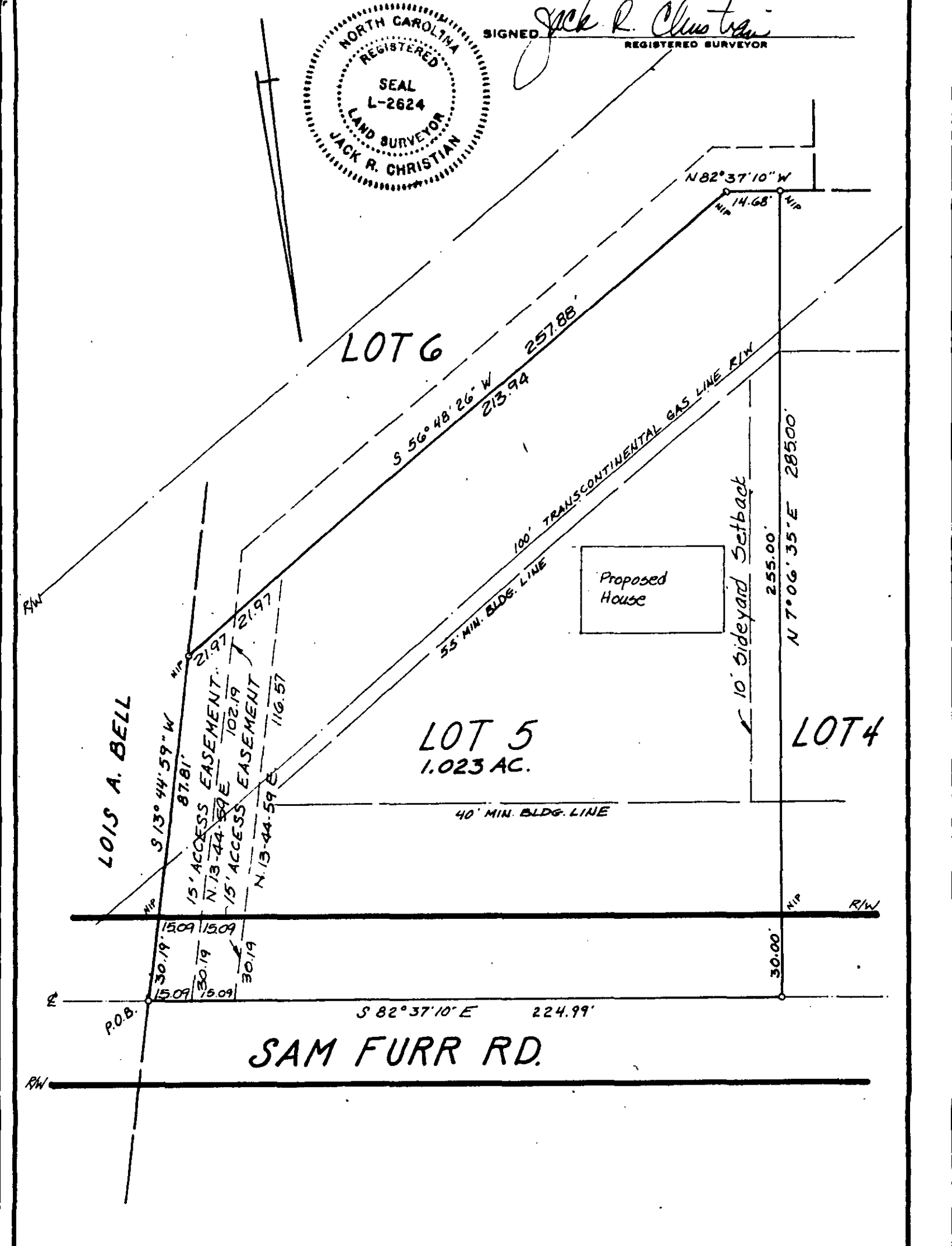
Signed:

Date: 12/30/88

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

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

Proposed
House


NORTH CAROLINA
REGISTERED
SEAL
L-2624
LAND SURVEYOR
JACK R. CHRISTIAN
SIGNED Jack R. Christian
REGISTERED SURVEYOR
N 82° 37' 10" W
14.68'
N.I.P.
N.I.P.
LOT 6
S 56° 48' 26" W
257.88'
213.94
100' TRANSCONTINENTAL GAS LINE R/W
55' MIN. BLDG. LINE
Proposed House
10' Sideyard Setback
255.00'
N 7° 06' 35" E
285.00'
R/W
21.97
21.97
N.I.P.
LOIS A. BELL
S 13° 44' 59" W
87.81'
15' ACCESS EASEMENT
N 13-44-59 E
102.19
15' ACCESS EASEMENT
N 13-44-59 E
116.57
LOT 5
1.023 AC.
LOT 4
40' MIN. BLDG. LINE
N.I.P.
R/W
15.09
15.09
30.19'
30.19
30.19
30.00'
15.09
15.09
℄
P.O.B.
S 82° 37' 10" E
224.99'
SAM FURR RD.
R/W

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