

6619 SARDIS RD

18915112

7/9/2007

duponbj

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

Mecklenburg County
Health Department

MEMORANDUM

TO: Pam Alexander
FROM: Sylvia D. Daniel, R.S.
Program Chief
DATE: September 27, 2000
REF: 6619 Sarids Road/File #7655A
SUBJECT: Refund

(Mr./Mrs./Co.) Lubavitch of NC paid $100.00 for an inspection fee to use the existing septic system on August 25, 2000.

A refund should be issued for $100.00 because the applicant cancelled the request prior to any work being performed by this department.

Please make check payable to: Lubavitch of NC

6619 Sardis Road

Charlotte, NC 28270

FEE: 100 See Judy Kiser

DATE: 8/25/00 Bill + Chris

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

1 | 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM (TO USE) TOUR ___ REPAIR OF EXISTING SYSTEM

Josh

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

EXISTING CABANA APPROVED FOR UPFIT IN '91. WOULD LIKE TO USE AS ART CENTER FOR CHILDREN

FILE #: 7655A

PROJECT TRACKING #: 996991

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 189 151 12

STREET ADDRESS: 6619 Sardis Rd

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

Spoke with Mike Smith to provide this information

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Square Footage of Facility:

NUMBER OF EMPLOYEES: 3
18 children PER SHIFT: _____

HOW WILL WATER BE USED IN THE FACILITY:

		OTHER, PLEASE DESCRIBE:
1	TOILETS/URINALS	
✓	HANDSINK	1 Bathroom sink
	SHOWERS	
	FLOOR DRAINS	

TYPE OF WASTEWATER:
✓ SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

NONE

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ 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 ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ 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: L.U. Bavitch of NC

NAME: (LAST) L.U. BAVITCH (FIRST) & NC (MI)

ADDRESS: 6619 Sardis Rd

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: (704 -366-3984

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) GRONER (FIRST) Yossef (MI)

DAYTIME PHONE: ( ) 704-366-3984

Cell Phone 704 906-4140

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: 8/25/00

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): LUTHERAN CH OF N.C.	Phone #:	Date Requested: 8.25	Date Filled:
Account Name:	Cash Charge	Account No.:	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by: [signature]		Date: 8/22/00	Total:	100

6619 SARDIS Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

FEE: 100 See Judy Heath
DATE: 8/25/00 Rec'd

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

COPY

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

J03L

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

EXISTING COBANA APPROVED FOR USE IN '91 WOULD LIKE TO USE AS ART CENTER FOR CHILDREN

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Square Footage of facility:

NUMBER OF EMPLOYEES: 3
18 children PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

1	TOILETS/URINALS	OTHER, PLEASE DESCRIBE:
1	HANDSINK	1 Bathroom sink
	SHOWERS	
	FLOOR DRAINS	

TYPE OF WASTEWATER:
X SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

FILE #: 7655A

PROJECT TRACKING #: 99.6991

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 189 15112

STREET ADDRESS: 6619 Sardis RD

LOT NUMBER: 1951

TOWNSHIP (CHECK ONE):

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

Cancelled

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

NONE

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: Lubavitch of NC

NAME: (LAST) LUBAVITCH (FIRST) OF (MI) NC

ADDRESS: 6619 Sardis RD

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: (704 -366 3984

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) GRONER (FIRST) YOSSEF (MI)

DAYTIME PHONE: ( ) 704-366-3984

Cell Phone 704 906-4140

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: 8/25/00

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

WAS # 047
996790

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 76-55A DATE: 8/22/91

TC: 189-151-12 ☐ L ☑ CRT

SERIAL Nº 13760

Name of Owner LUBAVITCH of NC Juris.:

Address of Property 16619 SADDLE RD.

Inspection Data:

Tank Material PCC.

Total Length of Drainfield 0700'

Number of Lines 07 @ 100'

Cover Depth 12"

Water Supply Source PUBLIC WELL

Distance to Water Source > 50'

Excavation Inspected 8/22

Tank(s) Inspected 8/22

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design: 1991, 1500 GT, Conv Sys, 600 SQ FT, Gravity CTR#

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:

Environmentalist

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

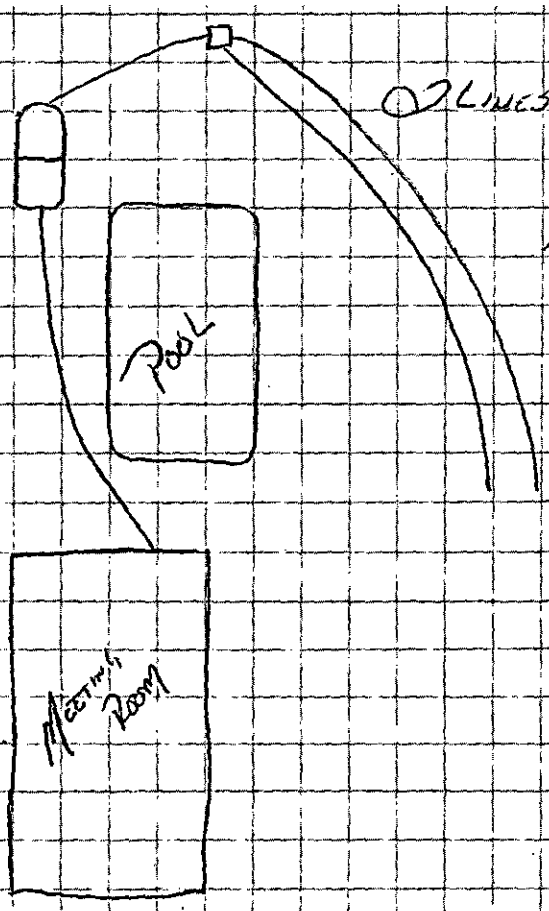
PROPOSED PLOT PLAN

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

FILE: 76055A

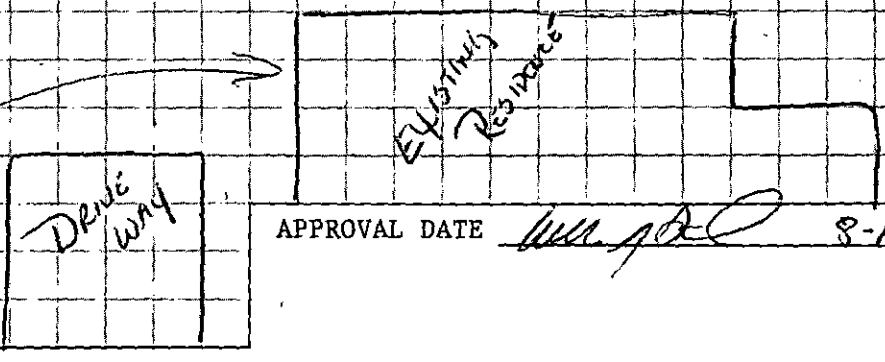
TC: 189-151-12

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.



INSTALL 1500g ST, CONV. SYS. 2 LINES @ 3'x25', KEEP SYS 15' FROM POOL, 5' FROM FOUNDATION.
SS

* LIMIT CHILD SCHOOL/DAY CARE TO UNDER 4 HRS. PER DAY & KEEP MEMBERSHIP UNDER 15 OR PERMIT WILL BECOME VOID.
SS



APPROVAL DATE 8-14-91

HOUSE PT #
000 996790

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

#25.00 FEE

APPLICATION FOR AN IMPROVEMENT PERMIT

Rec'd 8/2/91 Ck. #1210 Amt 25.00

Jerry Stahl 336-5572

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7655 A PC
TC: 189-151-12 ADDITIONAL 100.00 CXP 1001 AMT 100.00 8-14-91 P
SERIAL: №0019651 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 6619 CARDIS ROAD (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 189-151-12
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: LUBAVITCH OF N.C. (RABBI YOSEF GRONER) (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 5007 PROVIDENCE ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28270
⑬ PHONE: (WORK) 366-3984 ⑭ (HOME)

REQUEST

This request is for a(n):

Needs to complete plot plan

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) USE EXISTING SYSTEM (CHURCH)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 15

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: Lawrence J. Segal (Agent)
Date: 7/30/91

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 60 months from the date of issuance. LIMIT CHILD SCHOOL / DAY CARE TO UNDER 4 HRS. PER DAY. NO MORE THAN 15 CHILDREN AND MEMBERSHIP NOT TO EXCEED 15 OR PERMIT VOID.

Environmentalist 8-14-91 Date

Director or Authorized Section Head 8-14-91 Date

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

File #7655A

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

PROJECT INFORMATION

PROJECT NUMBER: 043-996991 **SUBMITTED DATE:** 08/05/91
PROJECT NAME: LUBAVITCH OF NC **PHS:** **SEC:** **TIME:** 10:33 AM

CONTACT NAME: DAVE HOLLIFIELD **PHONE #:** 377-4051
TITLE: **TYPE OF PERMIT:** UPFITTING
CHG OF USE

COMMENTS: 6619 SARDIS RD CHAR

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	
	CITY-FIRE	MIKE BURKHARD	336-3836	
CITY ENGINEERING	CITY ENGINEERING	PAULINE HARPER	336-4257	
	Septic Tanks	Sivilo Daniels	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