

13501 DORMAN RD

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

$50.00 2-11-97 Map # 003-981743
Rec # 1282

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

414 1A402 CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: NEW LIFE CHurch (last) (first) (mi)

ADDRESS: 13501 DORMAN PHONE: (__) _____

CITY: ~~Charlotte~~ PINEVILLE STATE: NC ZIPCODE: 28134

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 221-111-10

STREET ADDRESS: 13501 DORMAN RD

ZONING: _____

PROPERTY OWNER:

NAME: NEW LIFE CHURCH INC (last) (first) (mi)

ADDRESS: 5521 LONDONDERRY Road PHONE: (__) _____

CITY: CHARLOTTE STATE: NC ZIPCODE: 28210

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE Bldg

[redacted]

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # 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)
[X] 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: 2/10/97

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

...Storage Bldg approved w/ no additional plumbing

[signature] Environmentalist 2/20/97 Date

WATER : 122791

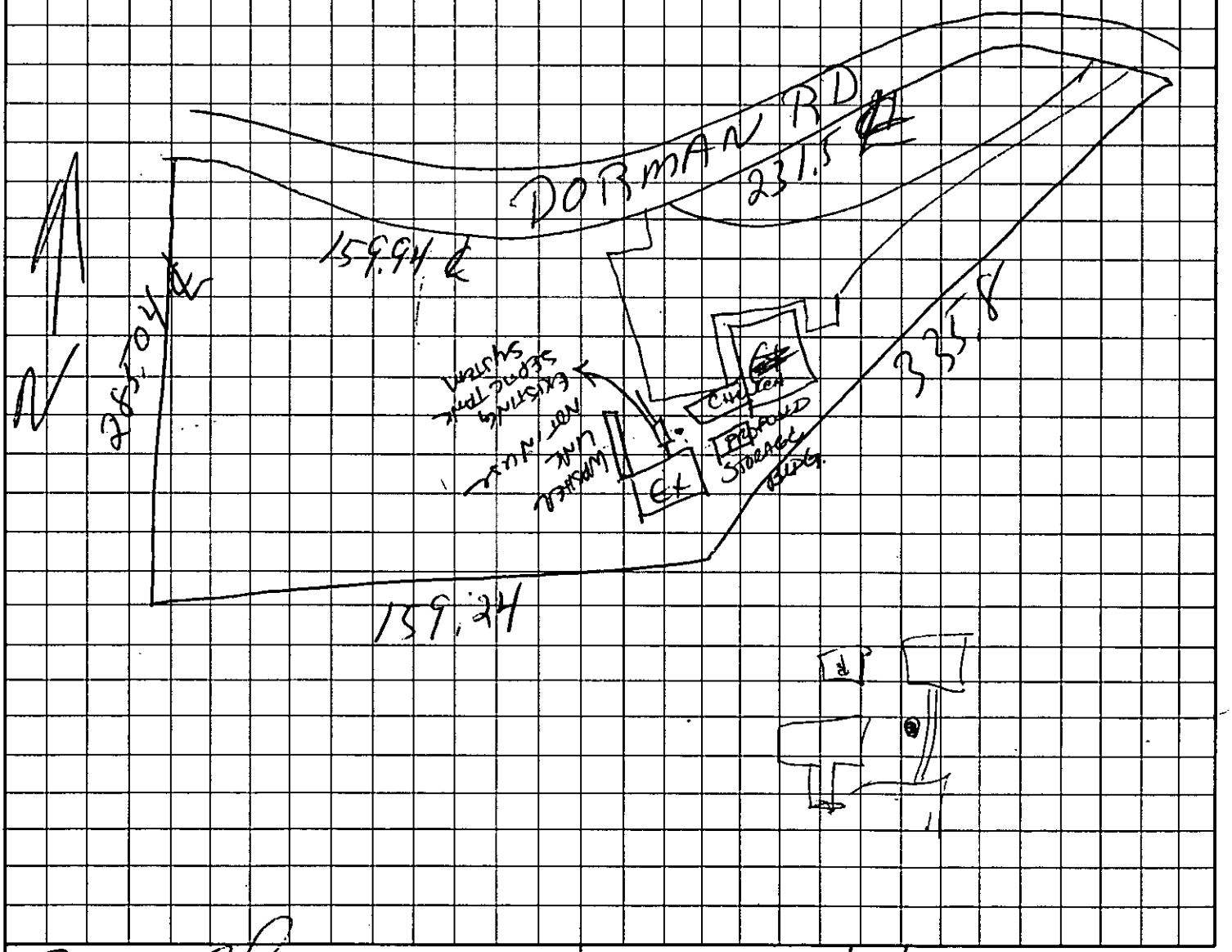
PROPOSED PLOT PLAN

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

FILE: 414

TC: 221-11-10

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.



OWNER/AGENT SIGNATURE

DATE 2/10/97

APPROVAL DATE 2/25/97

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

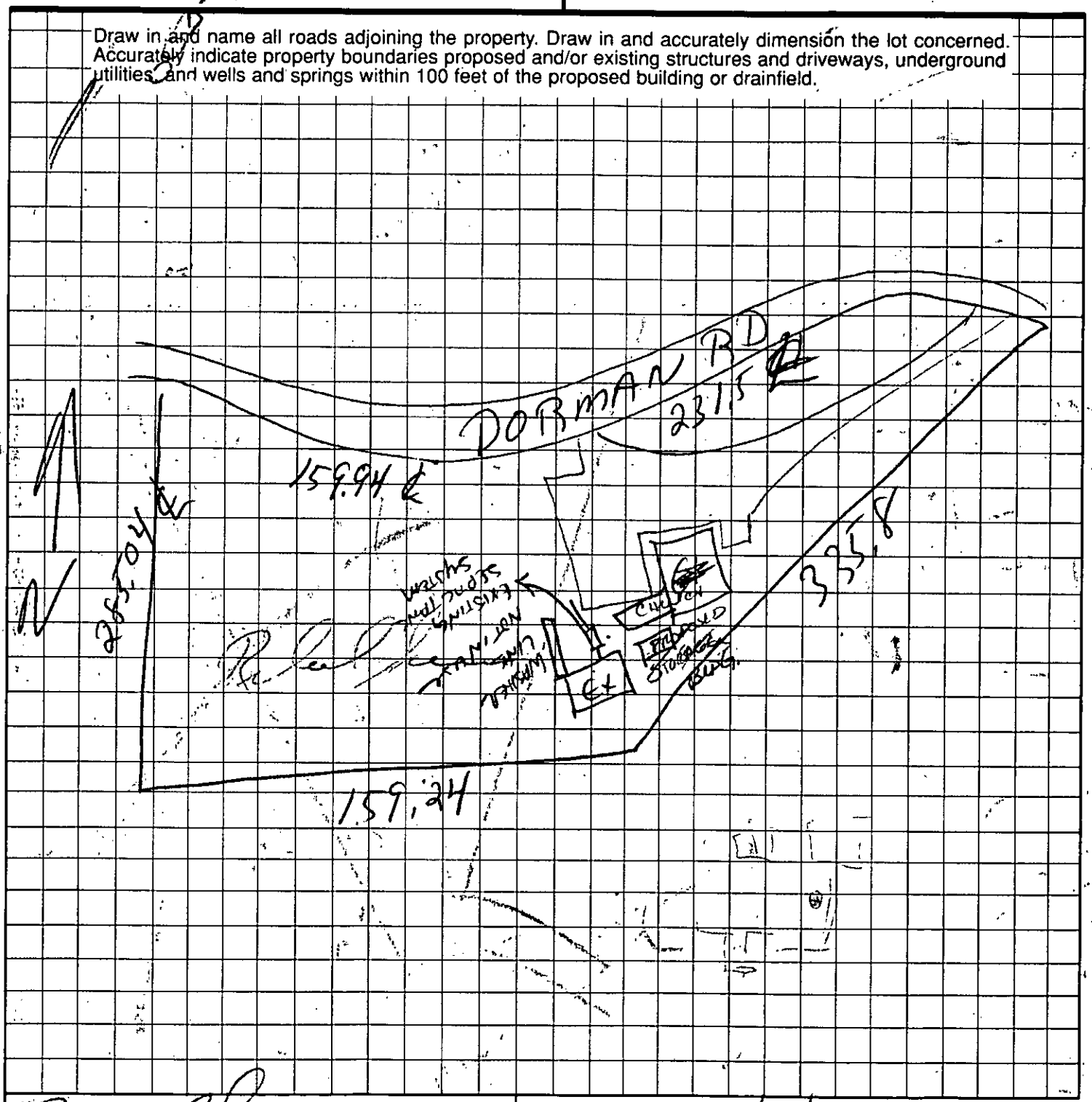
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700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 414

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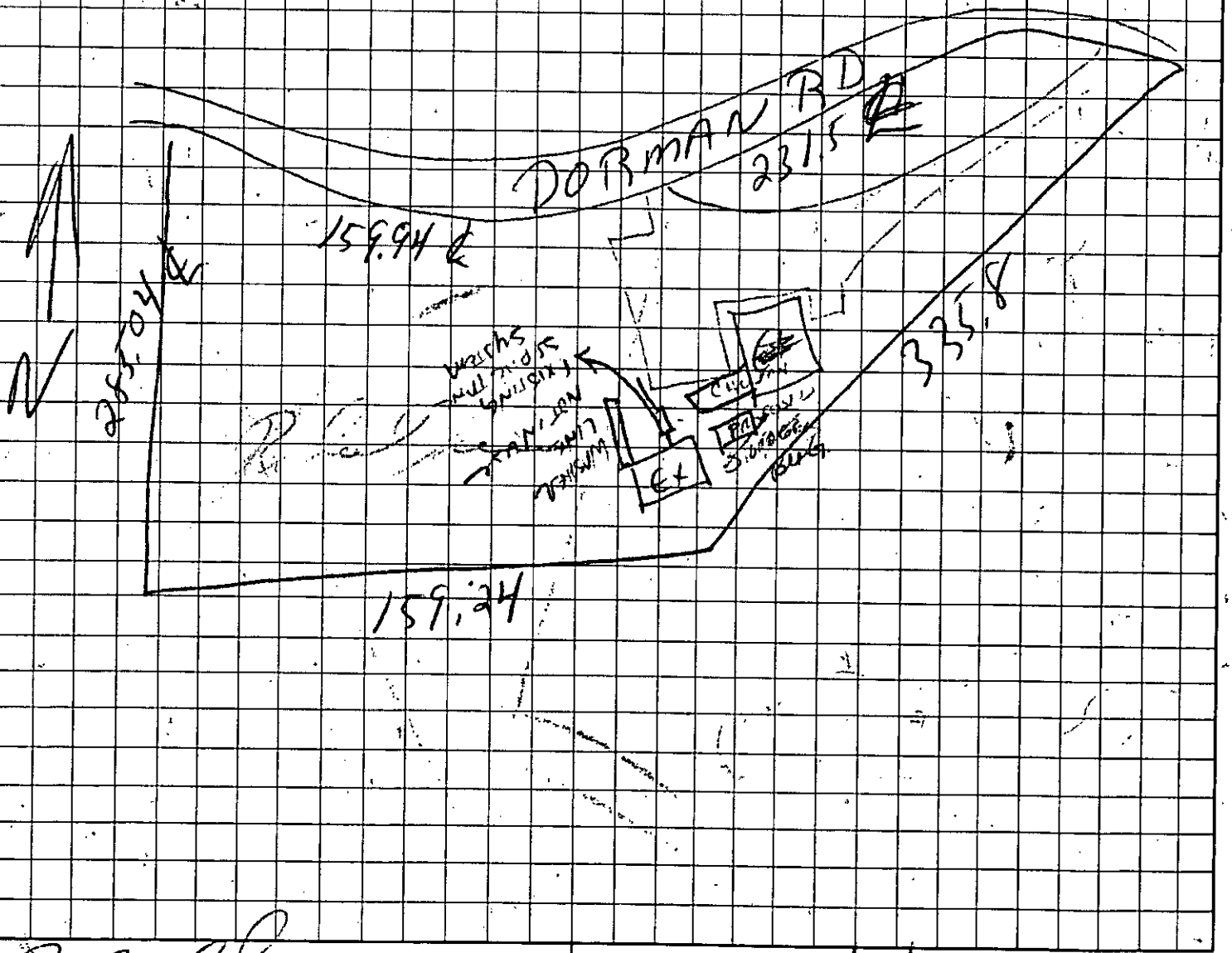
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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OWNER/AGENT SIGNATURE

DATE 2/10/97

APPROVAL DATE 2/25/97

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Date Issued 3 June 1971 **Serial No 850** ICAR(S) Permit No. 711

T. C. No 321 [illegible]

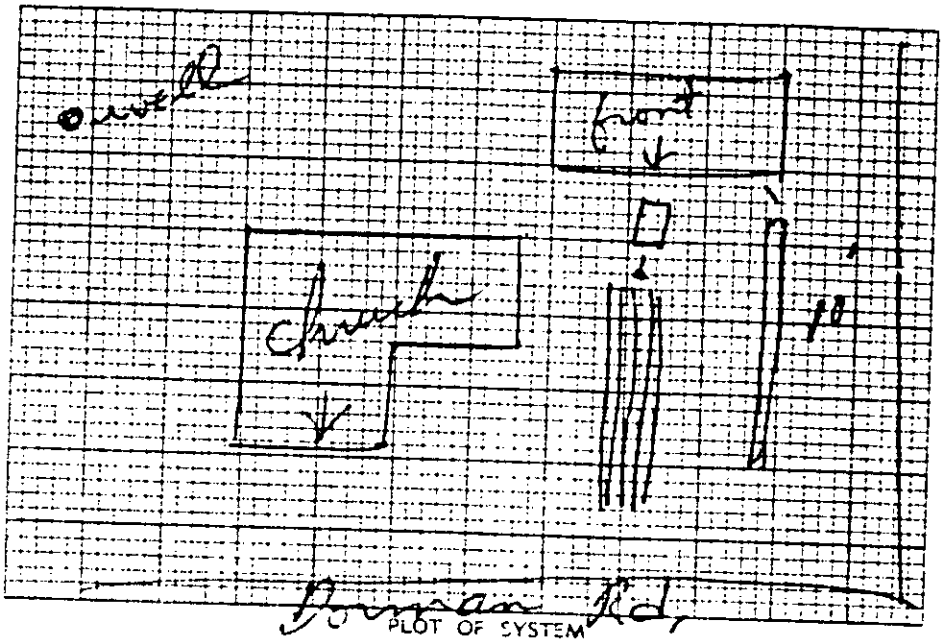
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application dated 9/70 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 25 June 71 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Lenght 400

Number of Lines 5

Distance from House 10

Distance from Property Line 10' T

Distrence from Well 100 T

NAME OF OWNER Temple Baptist Church

LOCATION OF PROPERTY Dorman Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Load to be 12½ x 80' main line to be 8½ x 33' with 2' stone

B/W McMillan Jr.
Division or Section Head

[signature]
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E S 7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-14-70

ICAR(S) Application No. 401

T. C. No. _____

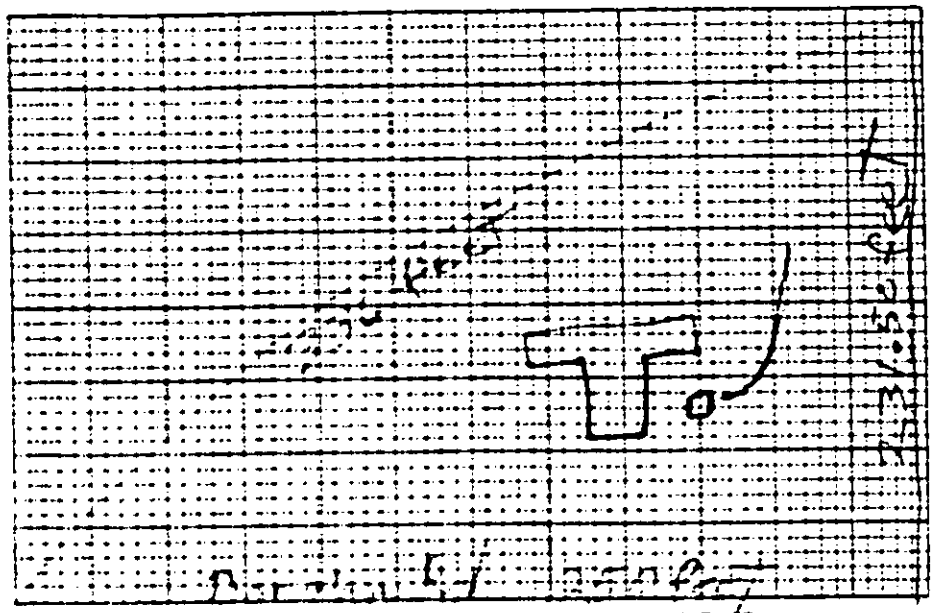
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms _____

5) Business Use — Max No Employees Church

6) Washing Machine ____Yes ____No

7) Garbage Disposal ____Yes ____No

8) Dishwasher ____Yes ____No

9) Water Supply:
   A) Individual Well ✓
   B) Governmental System ____
   C) Community System:
      1. Well source ____
      2. Governmental source ____

10) Sewage System:
   House located within 200 feet of public sewer ____Yes ____No
   House located within 200 feet of community sewer ____Yes ____No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER Mancel Temple Baptist
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Emily J. Dr. Rice Rt #1 Matthews, N.C. 2810

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM Duncan Road - Pineville, N.C.
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2295 AT PAGE 132

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

The undersigned person hereby agrees that he has read the foregoing application and that the content of same are true. It is understood that any permit applied for herein shall be void and of no effect if any o the above facts are not true.

DATE OF APPLICATION _____

OWNER Temple Baptist Church
Rev. J. Marshall Lindsey
Trustee

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Received 2/22/71

ICAR(S) Application No. [illegible]

T. C. No. [illegible]

Map Date Sept. [illegible]

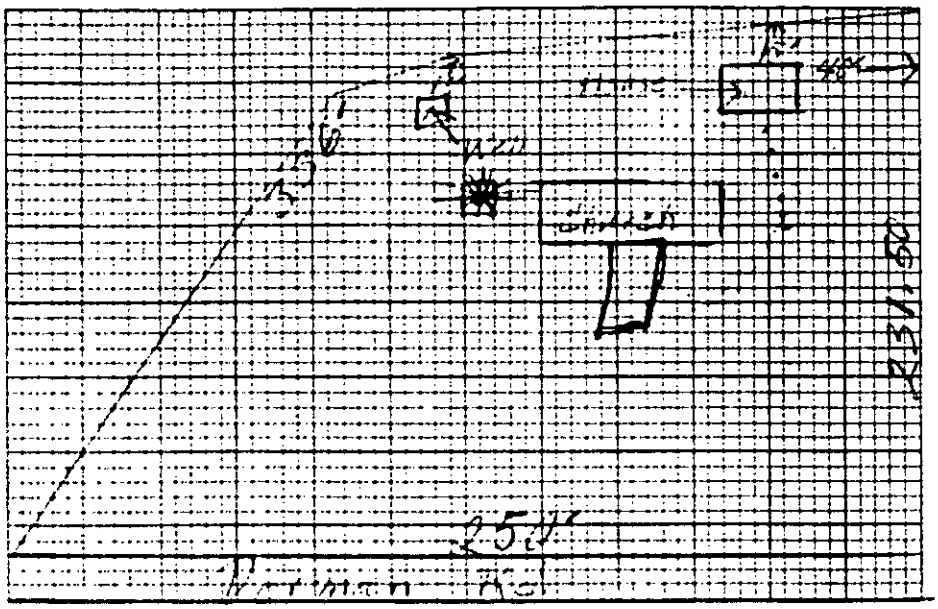
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ____Yes ✓No

7) Garbage Disposal ____Yes ✓No

8) Dishwasher ____Yes ✓No

9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Temple Baptist Church
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible] Rt 1 [illegible] Pineville S.C.

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM [illegible] Rd — Pineville, N.C.
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 132

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

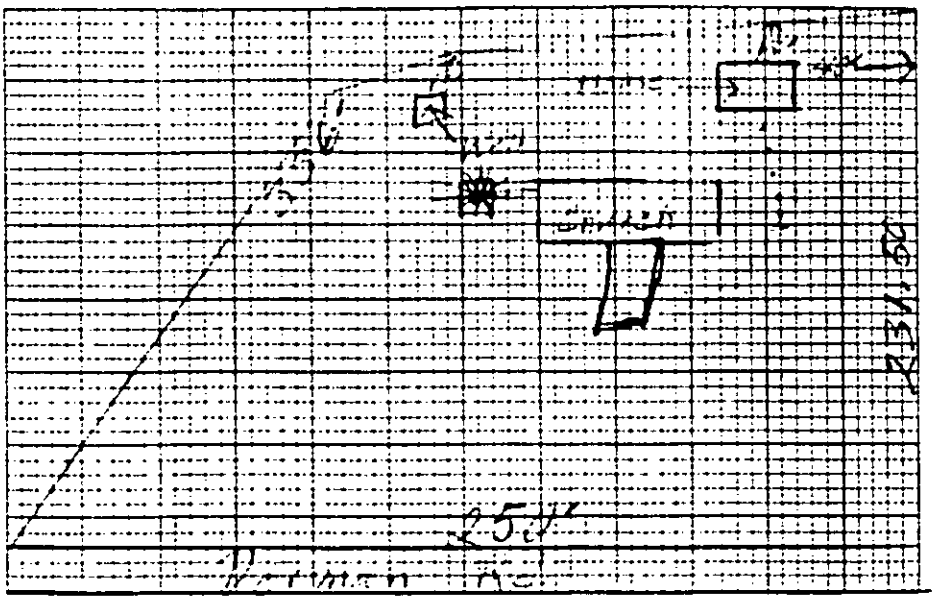
2/22/71
DATE OF APPLICATION

Temple Baptist Church
OWNER

HEALTH DEPARTMENT'S COPY [illegible]

[redacted]

1) ✓ Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees ____

6) Washing Machine ____Yes ✓ No

7) Garbage Disposal ____Yes ✓ No

8) Dishwasher ____Yes ✓ No

9) Water Supply:
A) Individual Well ✓
B) Governmental System ____
C) Community System:
1. Well source ____
2. Governmental source ____

10) Sewage System:
House located within 200 feet of public sewer ____Yes ✓ No
House located within 200 feet of community sewer ____Yes ✓ No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER Temple Baptist Church [redacted]
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [redacted] Rt 1 [redacted] S/C
Pineville

15) PHONE NO. Home ____ Office ____

16) LOCATION OF SYSTEM Lexington Rd — Pineville, Ky.
STREET OR COUNTY ROAD

17) SUBDIVISION [redacted] Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 245 AT PAGE 132

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

2/22/71
DATE OF APPLICATION

Temple Baptist Church
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY Rev. W. M. Ramey (Pastor)

[redacted]

Date Received 2/22/71

APT No. 417

T. C. No. 221-111-16

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Temple Baptist Church
(LAST FIRST MIDDLE)

ADDRESS OF OWNER Rev. J. D. Rice Rt 1 Pineville, N.C. 28134

PHONE NO. Home _____ Office _____

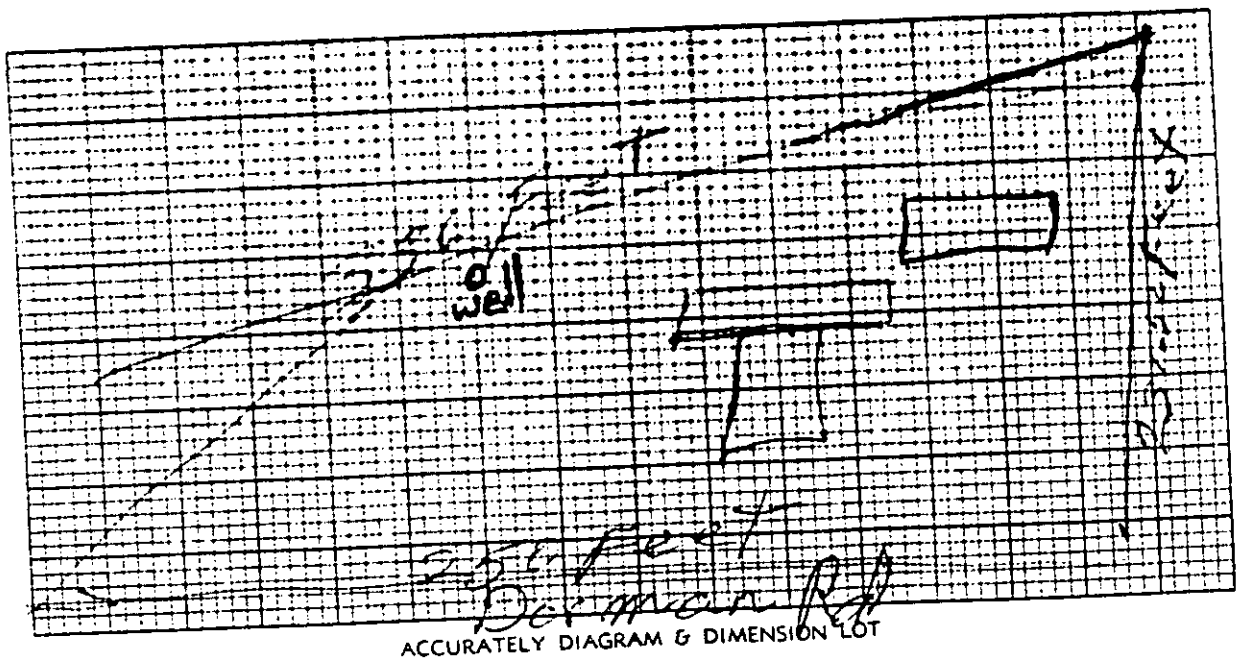
LOCATION OF PROPERTY Lancaster Rd - Pineville, N.C.
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK 2895 PAGE NO 132

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



ACCURATELY DIAGRAM & DIMENSION LOT

Temple Baptist Church
OWNER

Rev. J.M. Mann (Pastor)

FORM NO E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 6/15/71 Serial N: 728 C of A (s) No. 414

T. C. No. 221-111-1

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Temple Baptist Ch. (LAST FIRST MIDDLE)

Location of Property Dorman Rd.

Application Number 414 Permit Number 414

Inspection Data:

Liquid Capacity of Tank 1000 gal. Tank Material pre cast con.

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 6/15/71 (DATE) Tank Inspected 6/15/71 (DATE)

Nitrification Field Inspected 6/15/71 (DATE)

Washing Machine Line Inspected, If Applicable 6/15/71 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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. Installed by Clark Septic Tank Service

J R Atkinson

Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

Serial N° 199 PTR No. 414

Date Issued 10-23-70 T C. No 221-111-10

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

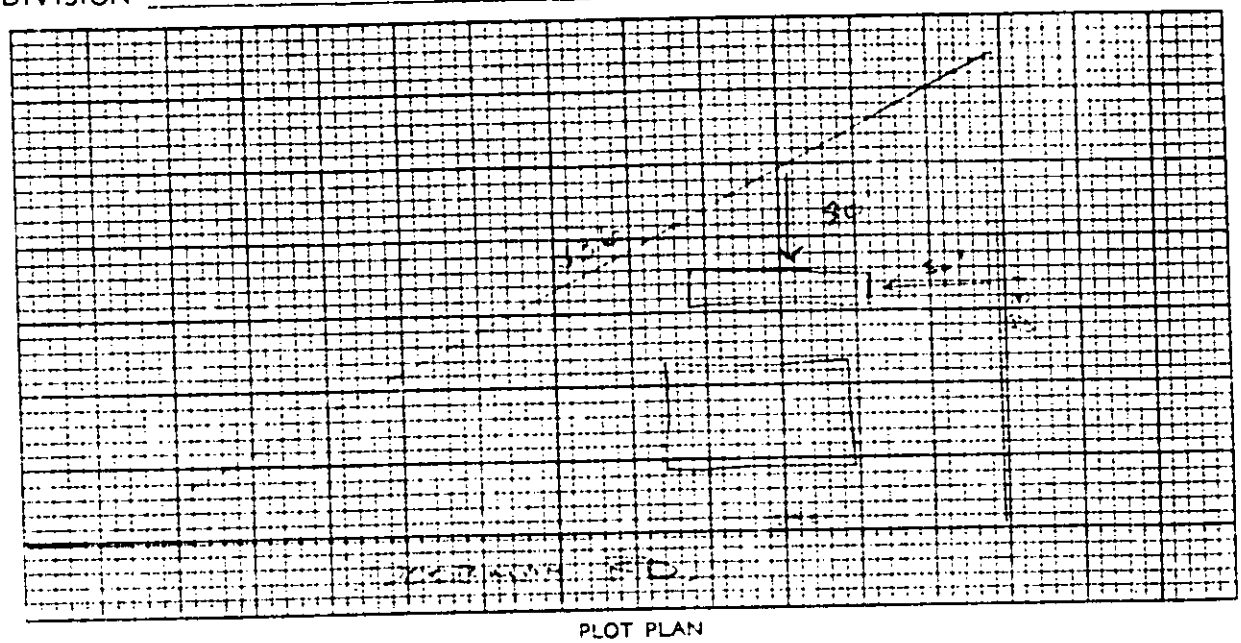
PERCOLATION TEST REPORT

NAME OF OWNER Temple Baptist Church
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER c/o Mrs. J. D. Rice , Rt. 1, Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY Dorman Road-Pineville, N. C.
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 58 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

_____
Director, Environmental Health Division or
Authorized Section Head

FORM NO. 3 2-7 1-70

HEALTH DEPARTMENT'S COPY