#12318

MECKLENBURG COUNTY
HEALTH DEPARTMENT 16197

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☑ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Kristen Cairnes
ADDRESS: 17025 Lancaster Hwy
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 704-541-6226
ALTERNATE PHONE: 803-283-7367
E-MAIL: greaterlifekids@aol.com

JOB LOCATION INFORMATION
TAX PARCEL #: 22505201
STREET ADDRESS: 17025 Lancaster Hwy
CITY: Charlotte
STATE: NC ZIP: 28277

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ☑ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ☑ N/A
○ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
TYPE OF BUSINESS: Church/School
EMPLOYEES PER SHIFT: 5
OF SHIFTS: 1
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kristen Cairnes — Owner's/Agent's Signature
7/2/21 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-8894

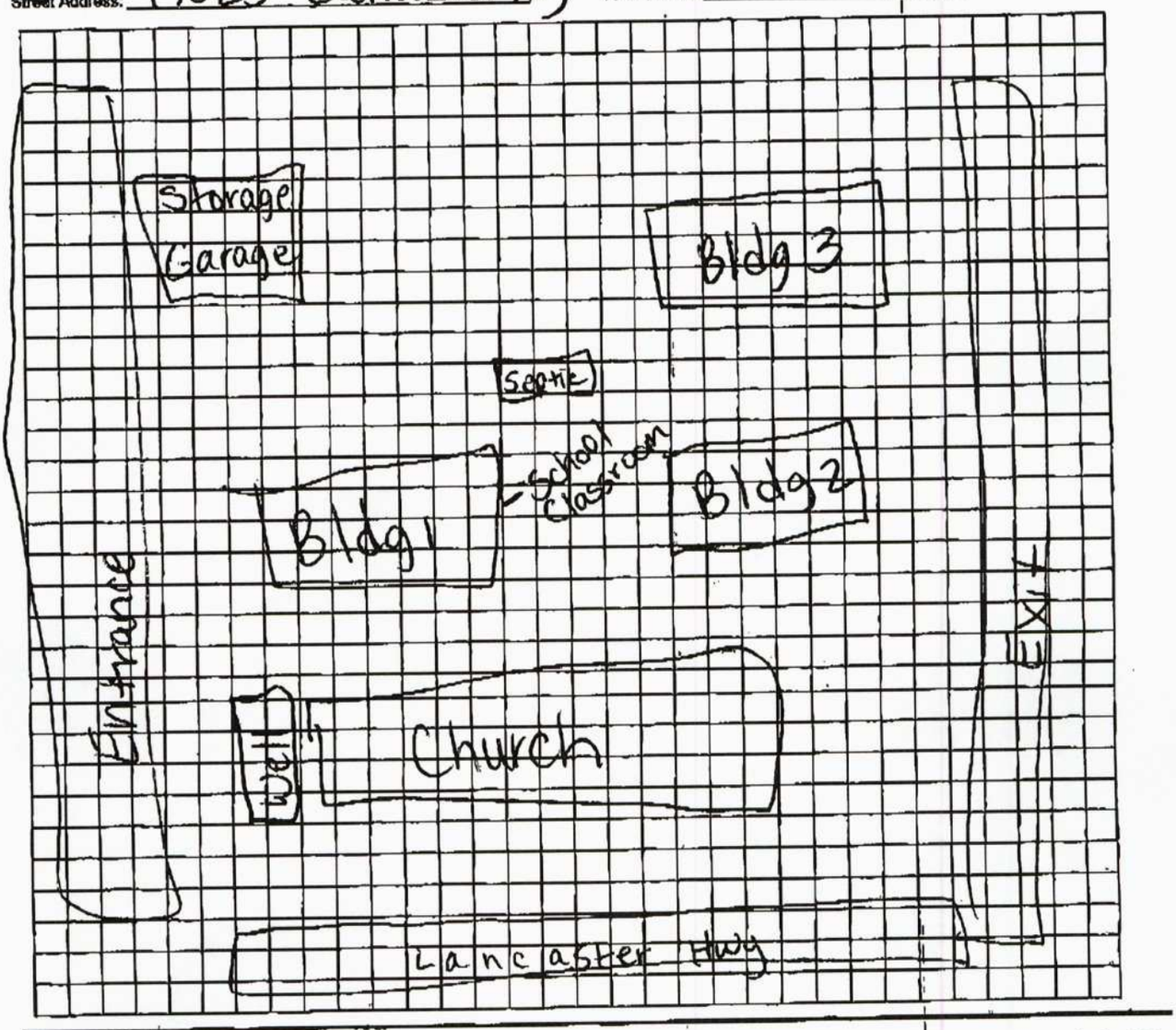
Revised on: 03/27/19

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 17025 Lancaster Hwy Tax Parcel #: _____



"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 and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

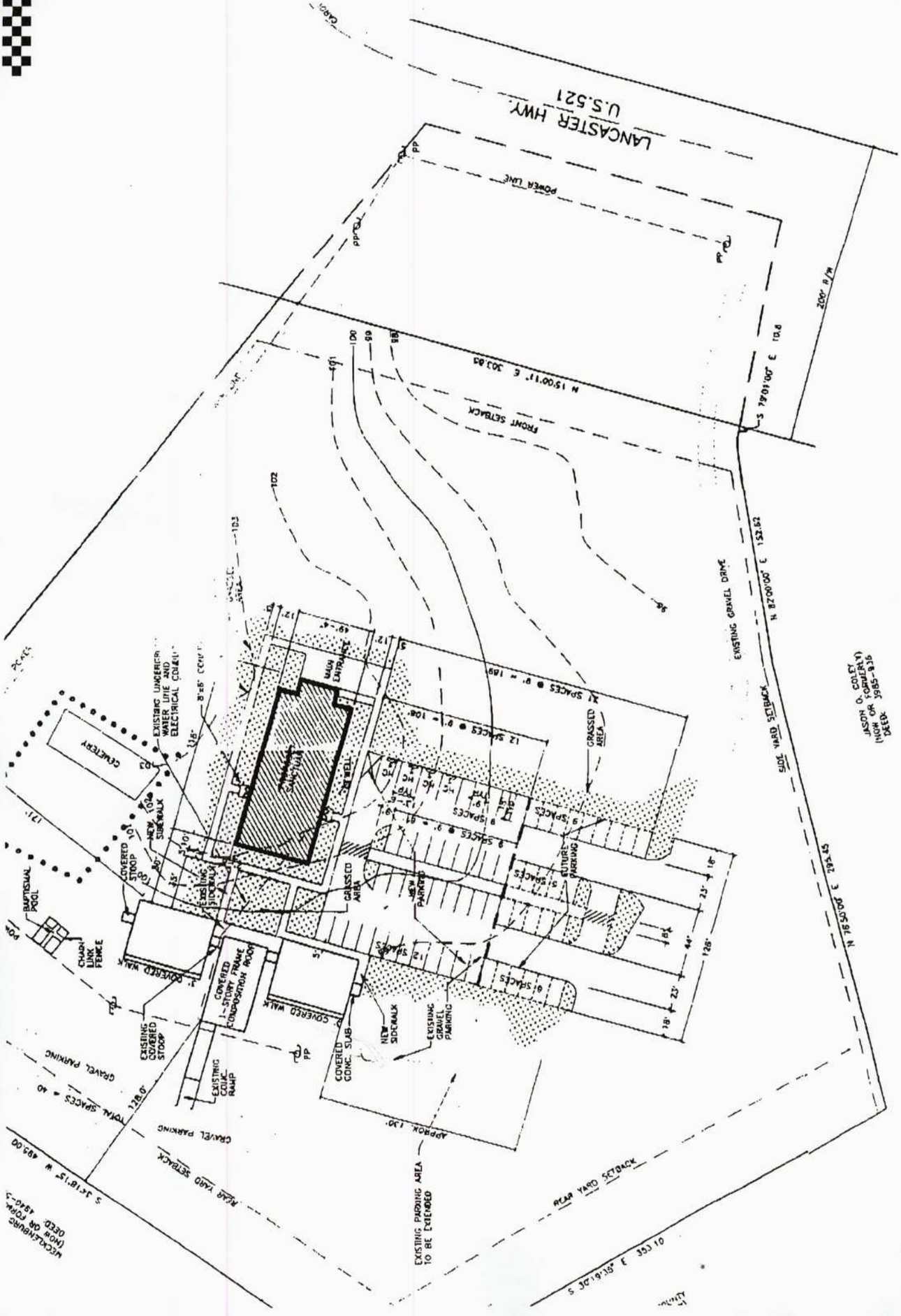
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Denied Must either hire a Consultan
or connect to City Sewer.
April Bumgardner 7-21-21

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19


LANCASTER HWY.
U.S.521
POWER LINE
FRONT SETBACK
N 15°00'11" E 303.83
S 79°01'00" E 10.0
200' R/W
NOTE: SOIL POSSESSING W/N .35" OF EXISTING WE SHALL BE PERFORMED IN ACCORDANCE W/ E.P.A. GUIDELINES AND MANUFACTURERS RECOMMENDATIONS.
EXISTING GRAVEL DRIVE
SIDE YARD SETBACK
N 82°00'00" E 152.62
JASON O. COLEY
(NOW OR FORMERLY)
DEED: 1985-936
N 78°30'00" E 292.45
EXISTING UNDERGROUND WATER LITE AND ELECTRICAL CONDUIT
CEMETERY
NEW SIDEWALK
COVERED STOOP
EXISTING SIDEWALK
BAPTISMAL POOL
CHAIN LINK FENCE
COVERED WALK
COVERED 1-STORY FRAME CONDOMINIUM ROOF
EXISTING COVERED STOOP
EXISTING CONC. RAMP
GRAVEL PARKING
TOTAL SPACES = 40
128.0'
S 16°18'15" W 495.00
REAR YARD SETBACK
MCCKLENBURG (NOW OR FORMERLY) DEED: 432-3
EXISTING PARKING AREA TO BE EXTENDED
APPROX. 130'
COVERED CONC. SLAB
NEW SIDEWALK
EXISTING GRAVEL PARKING
GRASSED AREA
NEW PARKING
FUTURE PARKING
MAIN ENTRANCE
TRUCK DOOR
GRASSED AREA
12 SPACES @ 9' = 108'
37 SPACES @ 9' = 189'
9 SPACES
81 SPACES
S 15°18'15" W 495.00

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/09/21	**Amount:**	100.00
Receipt #:	129623	**Tendered:**	100.00
Check / Auth #:	VISA 02291G	**Returned:**	0.00
Received By:	CABANLA		

Account Information

Account #: 200000
Contractor: CAIRNES, KRISTEN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 17025 LANCASTER HY		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
KRISTEN CAIRNES

Bill To:

KRISTEN CAIRNES

Single Payment

Transaction Date:	07/09/2021 6:30 AM Pacific Time
Pay Method:	VISA **********1598
Approval #:	02291G
Trace Number:	3d12aa08-e3d2-44a0-beed-77d4316bbcdc
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.

Date Received 9/22/79

MECK COUNTY DEPARTMENT OF
RECEIVED
SEP 27 1979
ENVIRONMENTAL HEALTH

APT No 16197
T. C No 223-051-01
Map Date 5/23/78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Independent Bible Baptist Church
LAST FIRST MIDDLE

2) ADDRESS OF OWNER Box 55 Davidson Rd. Pineville ZIP 28134

3) PHONE NO Home 542-3831 Office

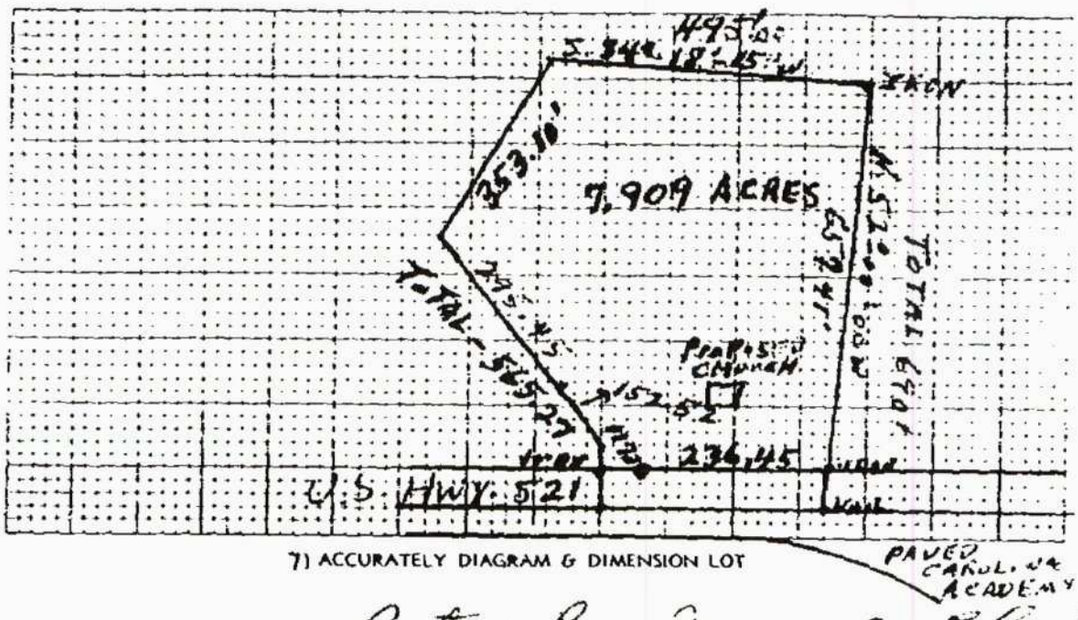
4) LOCATION OF PROPERTY Old #1 Hwy 521 Pineville, N.C. 28134
STREET OR COUNTY ROAD

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 4190 PAGE NO 339

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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



7) ACCURATELY DIAGRAM & DIMENSION LOT

Pastor; Rev Jason A. Coty
OWNER

EHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX II
SITE EVALUATION

S. I. R. NO. 16197
T. C. # 223-051-01

(Ground Absorption Sewage Disposal)

OWNER Rev. Jason O. Coly
ADDRESS R-1 Hwy 521 Pineville
COUNTY MECKLENBURG
LOCATION OF SITE: Hwy 521

DATE REQUESTED 9-22-79
PLAT NO.:
LOT SIZE 2.9

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-10	S (PS) U 0-5	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1 Clay)	S (PS) U Sandy Clay	S (PS) U Sandy Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) U 48>	S (PS) U 48>	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S (PS) U NONE	S PS (U) Clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & internal)	S (PS) U Adequate	S PS (U) Very Slow	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS U Moderate	S PS (U) Slow	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	P. Suitable	Unsuitable		
SOIL SERIES	APPLING VANCE			

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc.

Recommendations/Comments:

Described By: W. B. Ramsey
Title: Soil Scientist Date: 10-9-79 ✓

DHS Form 2601
Sanitation
EHD 539 (3/79)

Highway 521 South → 238
295
353
495
Variance
0 – 5
Appling
2 – 10
Variance
2 – 10
120
200
65
Access Easement Rd

Serial No. 3149

PTR No. 16197

T C No 223-051-01

Map Date

Date Issued October 11, 1979

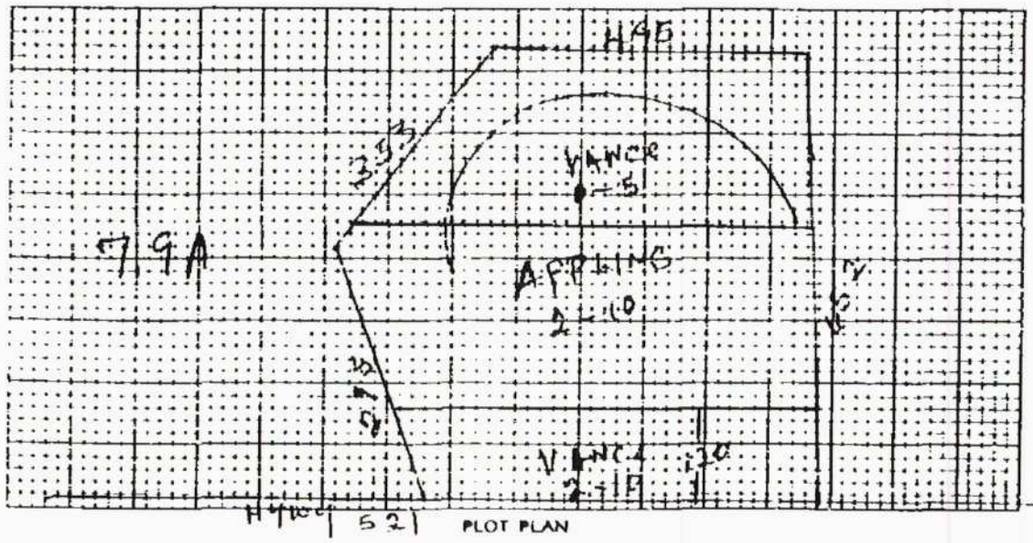
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER (LAST) Rev. Jason O. Coly (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 1, Highway 521, Pineville ZIP 28134

LOCATION OF PROPERTY Highway 521 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot.

The permeability rate determined by the investigation was **Provisionally Suitable**. 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. [illegible] from the Mecklenburg County Department of Environmental Health prior to the construction of the wastewater treatment system.
2. The [illegible] wastewater treatment [illegible] determined by the Mecklenburg County Department of Environmental Health [illegible] the permit, the rate obtained above and the [illegible].
3. The [illegible] system [illegible] this approved area and stated as acceptable for system installation on the above plot.
4. This approval [illegible] prior to the [illegible] is performed on the lot which the Mecklenburg County Department of Environmental Health considers the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, 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 Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the newer revised laws, rules, and regulations been in effect on the issue date.

Willard B. Ramsey
Soil Scientist

John R. Atkisson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 10-26-81

ICAR(S) Application No. 16197

T C No. 223-051-01

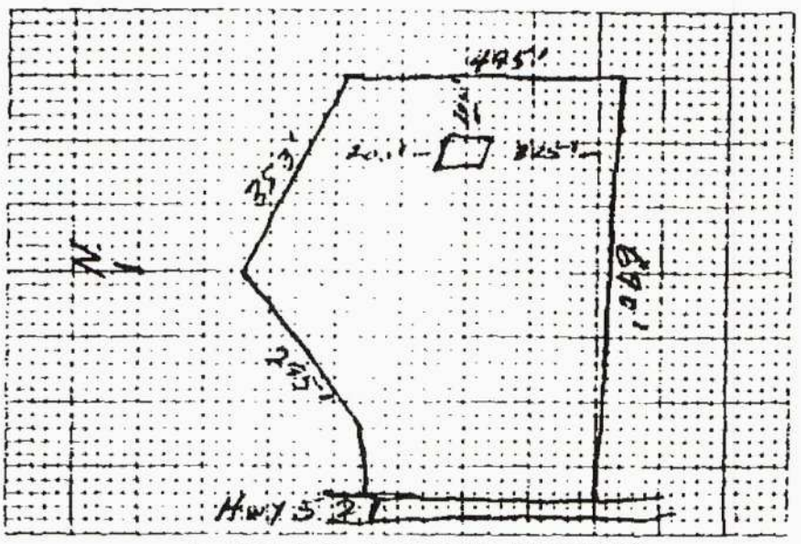
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to:

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ✓ No
Residence ___ Yes ✓ No

4) No of Bedrooms ____

5) Business Use — Max No CHURCH
~~Employees~~ 100 member

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 ___

INDEPENDENT BIBLE BAPTIST CHURCH

13) NAME OF OWNER REV. COLEY (LAST) JASON (FIRST) O. (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Hwy 521 Pineville NC 28134

15) PHONE NO Home 542-0031 Office SAME

16) LOCATION OF SYSTEM HWY 521 (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 10-11-79

20) PTR NUMBER (See Instructions) 16197

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.

10-26-81
DATE OF APPLICATION

Rev. Jason Coley
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 10-26-71

Serial No. 5345

LA No. 16197

T C No 223-051-01

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Independent Bible Baptist Church (Rev. Coley, Jason O.)
LAST FIRST MIDDLE

ADDRESS OF OWNER Rt. 1, Hwy.521, Pineville, NC ZIP 28134

LOCATION OF LOT Hwy. 521
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 16197. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

ENCLOSING EXISTING SHELTER - INSTALLING TWO BATHROOMS - NO KITCHEN.

_____
Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-5-74

Environmental Health Department's Copy

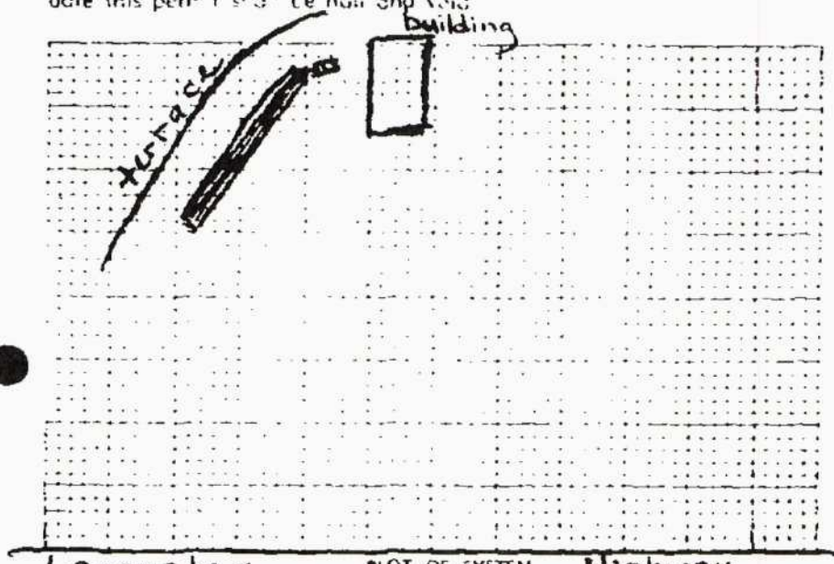
Date Issued Nov. 4, 1981 Serial No. 5111 ICAR(S) Permit No 16197

T C No 223-058-01

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted ✓ to Install or Construct ___ Alter or Repair the individual septic tank wastewater 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 16197, dated 10-26-81 and this permit shall be void and of no effect if the information provided in the application is not true as represented. All work shall be completed on or before Dec. 4, 1981, after which date this permit shall be null and void.



Lancaster PLOT OF SYSTEM Highway

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Tank Construction concrete block or precast concrete

Absorption and or Nitrification Line

Trench Length 300'

Number of Lines 4

Distance from House > 10'

Distance from Property Line > 10'

Distance from Well > 100' (not in yet)

NAME OF OWNER Independent Bible Baptist Church

LOCATION OF PROPERTY 17024 Lancaster Highway

The system shall meet all the construction requirements as set forth in the Regulations of the Mecklenburg County Health Department which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered unserviceable. It can be used. The issuance of this permit does not in any way guarantee that the system anticipated will be constructed 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.

drainfield 12'wide x 75'long x 17" of stone

tank inside dimensions - 10'5" long + 4'wide + 5'liquid depth + 5'10" tall

Comments

Division or Section Head

Mike Sexton
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 16197

Date Issued 11-30-81 **Serial** 4886 T C No 223-051-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Independent Bible Baptist Church
(LAST) (FIRST) (MIDDLE)

Location of Property 17024 Lancaster Highway

Application Number 16197 Permit Number 16197

Inspection Data:

Liquid Capacity of Tank 1500 gallons Tank Material precast concrete

Total Length of Drain Tile >300' Number of Lines 4

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source well Distance from Water Source >100'

Excavation Inspected — (DATE) Tank Inspected 11-24-81 (DATE)

Nitrification Field Inspected 11-24-81 + 11-30-81 (DATE)

Washing Machine Line Inspected, If Applicable — (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 Health Commission 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

Mike Sexton
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 9-X-14

ICAR(S) Application No. 16197

T C No. 223-051-01

Map Date L

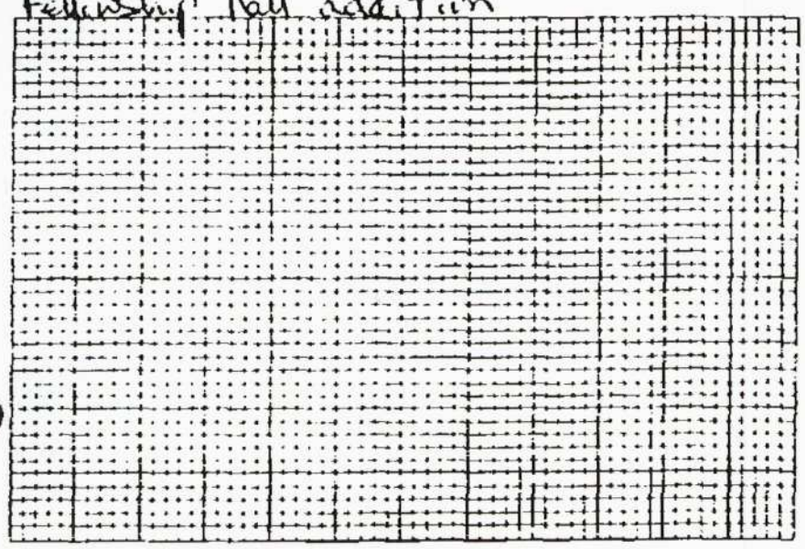
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to use existing system on

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

Fellowship Hall addition



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No

4) No of Bedrooms N/A
5) Business Use - Max No Employees 145 MEMBERS
6) Washing Machine ___ Yes ___ No
7) Garbage Disposal ___ Yes ___ No
8) Dishwasher ___ Yes ___ No
9) Water Supply
A) Individual Well YES
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. ___

REV. JASON COLEY PASTOR

13) NAME OF OWNER Coley Independent Bible Baptist
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 1700 E LANCASTER HWY FINEVIEW

15) PHONE NO Home [illegible] Office 548-0031

16) LOCATION OF SYSTEM 1700 E LANCASTER HWY (US 521 HWY), FINEVIEW
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2230 AT PAGE 223

19) HAS A SOIL INVESTIGATION 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.

9-10-14
DATE OF APPLICATION

Rev. Jason C. Coley
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 7843

SIR No. 16197

Date Issued 9-13-84

T. C No. 223-051-01

Map Date L-CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Church Independent Bible Baptist
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 17025 Lancaster Hwy., Pineville, NC ZIP 28134

LOCATION OF LOT 17025 Lancaster Highway
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 16197. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*** USE EXISTING SYSTEM ***

B. R. Ferguson
Environmentalist

Bill D. Hardister Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-7

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: ~~2444A~~ 16197
TC: 223-052-01
SERIAL: № 11600

MECK COUNTY DEPARTMENT OF
RECEIVED
SEP 30 1986
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 17025 (STREET NO) LANCASTER (STREET) HWY. PINEVILLE, NC ② FILE: 2444A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 223-052-01

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

OWNER

⑧ NAME: INDEPENDENT (FIRST) BIBLE (MIDDLE) BAPTIST (LAST) CHURCH

⑨ MAILING ADDRESS: 17025 LANCASTER HWY.

⑩ CITY: PINEVILLE, ⑪ STATE: N.C. ⑫ ZIP: 28134

⑬ PHONE: (WORK) 541-6226 ⑭ (HOME) 542-0031

REQUEST

This request is for a(n): ADDITION TO EDUCATIONAL BLDG.

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve. members 150

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? _____ ㉕ Type? CHURCH

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 140

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Rev. Jason Coley

Date: 9-30-86

IMPROVEMENT PERMIT

The undersigned an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Environmental Health Specialist _____ Date _____

Director or Authorized Section Head [signature] Date 9/30/86

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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)
FILE: 16297
TC:
1 PC 1 REPT

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 07 1987

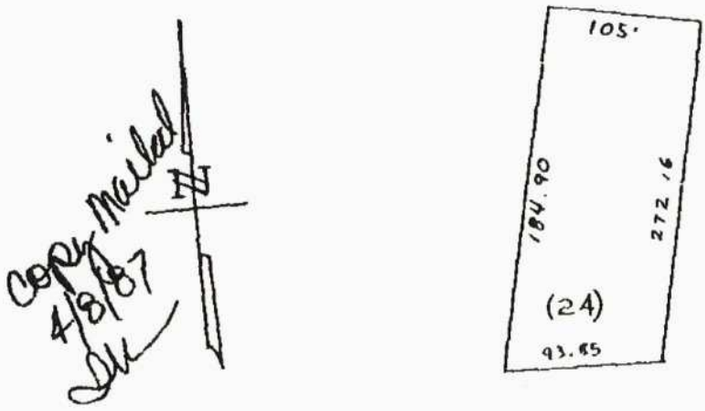
JOB LOCATION

① ADDRESS: Mine wood AVE. CHARLOTTE, N.C 28212
② SUBDIVISION: ③ LOT: ④ BLOCK:
⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 053 PARCEL NO.: 13
⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Roy (FIRST) Lee (MIDDLE) GODWIN (LAST)
⑧ MAILING ADDRESS: 5337 Minewood AVE.
⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28212
⑫ PHONE: (WORK) 596-7588 (HOME) 545-5576

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: Roy L. Godwin
Date: 4-1-87

Mecklenburg County services are available without regard to race, religion, sex, or disability

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

#12318

MECKLENBURG COUNTY
HEALTH DEPARTMENT 16197

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☑ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Kristen Cairnes
ADDRESS: 17025 Lancaster Hwy
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 704-541-6226
ALTERNATE PHONE: 803-283-7367
E-MAIL: greaterlifekids@aol.com

JOB LOCATION INFORMATION
TAX PARCEL #: 22506201
STREET ADDRESS: 17025 Lancaster Hwy
CITY: Charlotte
STATE: NC ZIP: 28277

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ☑ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ☑ N/A
○ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
TYPE OF BUSINESS: Church/School
EMPLOYEES PER SHIFT: 5
OF SHIFTS: 1

INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kristen Cairnes — Owner's/Agent's Signature
7/2/21 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-8804

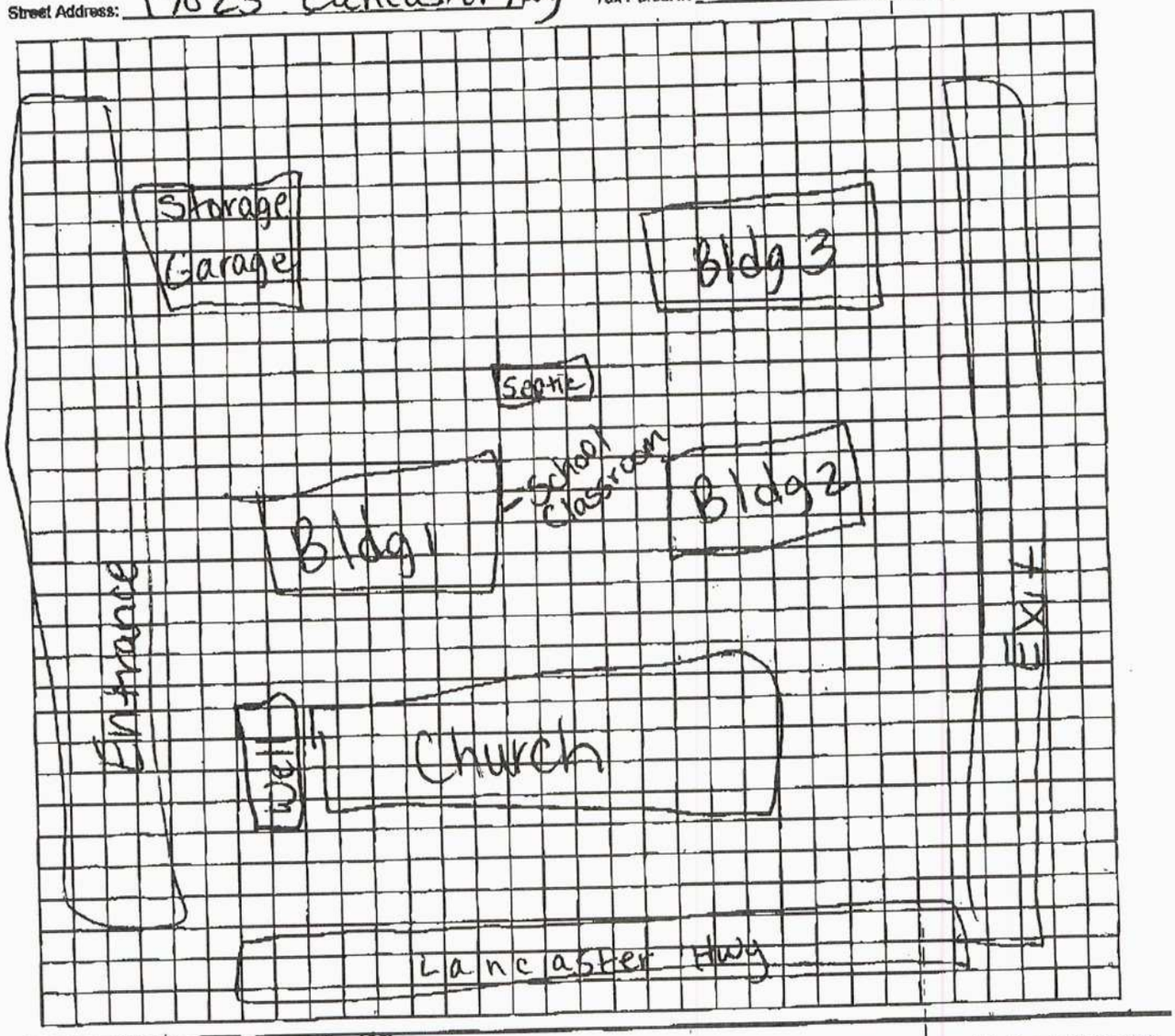
Revised on: 03/27/19

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 17025 Lancaster Hwy Tax Parcel #: _____



"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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

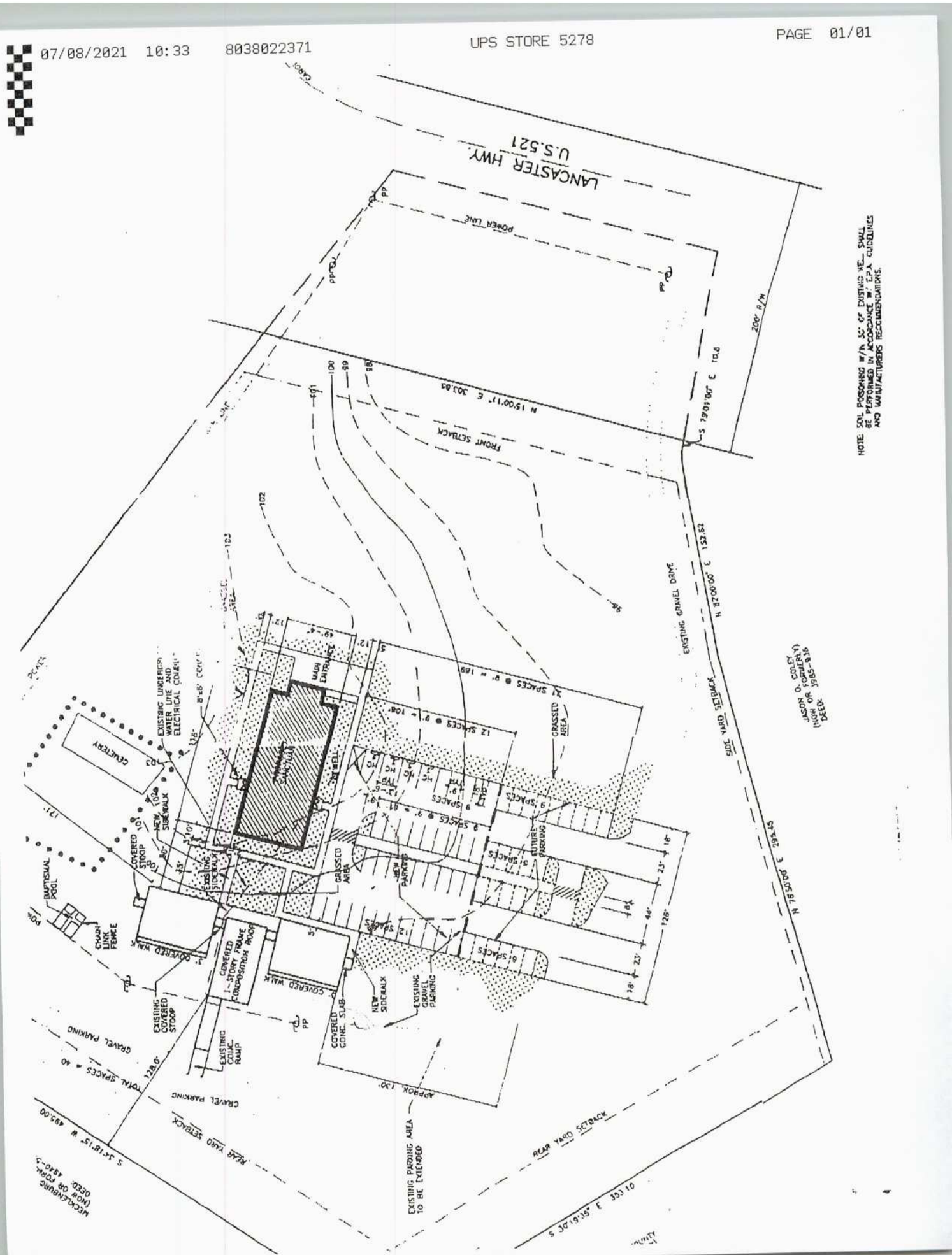
Denied Must either hire a Consultant or connect to City Sewer.

April Bumgarner 7-21-21

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19


LANCASTER HWY.
U.S.521
POWER LINE
FRONT SETBACK
N 15°00'11" E 303.83
S 79°01'00" E 10.8
200' R/W
NOTE: SOIL POSSIBLE W/IN 30' OF EXISTING WELL SHALL BE PERFORMED IN ACCORDANCE W/ S.C.D.H.E. GUIDELINES AND MANUFACTURERS RECOMMENDATIONS.
EXISTING GRAVEL DRIVE
N 82°00'00" E 132.62
SIDE YARD SETBACK
JASON O. COLEY (NOW OR FORMERLY) DEED 395-836
N 76°50'00" E 192.45
EXISTING LUMBER, WATER LINE AND ELECTRICAL COVER
CEMETERY
MAIN ENTRANCE
TENT
GRASSED AREA
NEW SIDEWALK
EXISTING SIDEWALK
COVERED STOOP
BAPTISMAL POOL
CHAIN LINK FENCE
COVERED WALK
COVERED 1-STORY FRAME CONGREGATION ROOM
EXISTING COVERED STOOP
EXISTING CONC. RAMP
NEW SIDEWALK
COVERED CONC. SLAB
EXISTING GRAVEL PARKING
NEW PARKING
FUTURE PARKING
12 SPACES @ 9' = 108'
9 SPACES @ 9' = 81'
9 SPACES @ 9' = 81'
9 SPACES @ 9' = 81'
61 SPACES
GRAVEL PARKING
TOTAL SPACES = 40
128.0'
REAR YARD SETBACK
S 35°18'15" W 493.00
APPROX. 130'
EXISTING PARKING AREA TO BE EXTENDED
REAR YARD SETBACK
S 35°18'38" E 351.10'
MCCLELLANVILLE (NOW OR FORMERLY) DEED 490-3

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/09/21
Receipt #: 129623
Check / Auth #: VISA 02291G
Received By: CABANLA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CAIRNES, KRISTEN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 17025 LANCASTER HY		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
KRISTEN CAIRNES

Bill To:

KRISTEN CAIRNES

Single Payment

Transaction Date:	07/09/2021 6:30 AM Pacific Time
Pay Method:	VISA **********1598
Approval #:	02291G
Trace Number:	3d12aa08-e3d2-44a0-beed-77d4316bbcdc
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.