

9925 PROVIDENCE RD W

22901102

1/7/2008

duponbj

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

① #300

② Agreement forms

③ Signatures + dates on
Conditions and Auth

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 47613 DATE: 08-12-02

TC: 229-011-82 ☐ CRT

SERIAL Nº 18961

Name of Owner Cornerstone ARP Church. Juris.: _____

Address of Property 9425 Providence Rd. West.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 650'

Number of Lines 10 @ 65'

Cover Depth 12"-24"

Water Supply Source Mun.

Distance to Water Source >100'

Excavation Inspected 08-12-02

Tank(s) Inspected 08-12-02

Wash Line Inspected N/A

High Water Alarm Inspected 08-12-02

See Plan on File.

PLOT

Design 2002 1500ST 1500DP PI 1950SFTINV P.S. CTR# Autry,

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: _____

Joshua R. Sellers R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 476113 DATE: 10-12-02

TC: 229-011-02

SERIAL 19141

Permission is hereby given 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 the application dated 10-02-01. All work shall be completed on or before 09-12-02, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to 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.

See Plan on File

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ~~1000~~ 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 650' feet

Number of Lines 10@65'

Depth of Stone N/A inches

Distance from House >50' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Cornerstone A.R.P Church

LOCATION OF PROPERTY 9925 Prov. Rd. - west

Comments: ~~Type III g(b) Systems~~ 35% Reduction

Joshua R. Allen R.S.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC5
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 09-30-02 PERMIT NO: 4761B
PARCEL NO: 229-011-02

JOB LOCATION ADDRESS: 9925 Providence Rd.
PROPERTY OWNER: Cornerstone ARP Church
BUILDING CONTRACTOR: Lubel
SUBDIVISION NAME: N/A.
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. DATE: 09-30-02.
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4761B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: ① Agreement forms to be on file
② Warranty Forms to be on file.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 229-011-62

Permit Number: 4761B

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	750 Max gallons/day wastewater flow	1950 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
N Serviced by private well	1500 Gallon septic tank	650' Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
N/A Bedrooms in residence 250 Seats No Kitchen	1500 Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Owarranty Forms to be on file before Release & Agreement forms to be on file.

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

~~2950~~ Absorption Area (Sq ft) 250 Total Trench Length (Ft)	N/A Depth of Stone Trench	9 Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in eff 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 Departme
- This Improvement permit is transferable.

Joshua R. Sellers R.S. 09-30-02

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

INFILTRATOR® SYSTEMS INC

Environmental Onsite Wastewater Solutions℠

North Carolina
Five Year Limited Warranty
Approved Effective April 24, 2002

Infiltrator Systems Inc. (hereinafter "the Company") hereby extends, for a period of FIVE (5) YEARS, the following Limited Warranty to the system owner who acquires through an authorized Infiltrator Systems installer a new infiltrator nitrification trench system including each chamber, endplate, wedge, and other accessories manufactured by Infiltrator (herein after collectively the Units) located in the State of North Carolina. The Units are warranted to be free from defective materials and workmanship and to perform in accordance with the state performance requirements (15A NCAC 18A Section.1900) in effect on the date of installation. This Limited Warranty applies only to those Units with a trench length modification greater than a 25% reduction as compared to the sizing standard for a conventional gravel trench as permitted by the State of North Carolina. This Limited Warranty is subject to the terms and conditions stated below.

I. WARRANTY ELIGIBILITY

The system owner is eligible for this Limited Warranty provided all of the terms and conditions of this Limited Warranty are strictly followed. The terms of this warranty shall transfer from the original system owner to subsequent system owners for the duration of this limited warranty. This Limited Warranty covers only the performance of the Units as manufactured and installed in accordance with the manufacturer's design specifications and current state regulatory approval.

II. CONDITIONS OF LIMITED WARRANTY

This Limited Warranty shall only apply if the Units are installed for use with domestic strength effluent and located in the State of North Carolina and all of the following terms and conditions are satisfied:

(i) The design and installation of the Units is according to all applicable plumbing and building codes, ordinances, requirements and regulations.
(ii) The design and installation of the Units is strictly according to the rules and regulations of the North Carolina state agency or state-authorized agency that is responsible for inspection and approval.
(iii) The design and installation of the Units is strictly according to all applicable permitting procedures for the Units adopted by the North Carolina state agency or state authorized agency that is responsible for inspection and approval.
(iv) The Units are subject to use permitted by the applicable North Carolina rules and regulations for on-site systems.
(v) Only an authorized Infiltrator installer shall perform the installation of the Units.

III. WHAT IS WARRANTED AND FOR HOW LONG

The Units are warranted for FIVE (5) YEARS from the date of issuance of the Certificate of Occupancy, or date of issuance of the Operation Permit, which ever is later.

If the Units fail within the five (5) year period of this Limited Warranty and all of the terms, conditions and requirements of this Limited Warranty have been met, the Company shall provide all materials and labor that may be necessary to provide a fully functional wastewater system at no cost to the Owner. This section shall not be construed to require that a manufacturer warrant an innovative wastewater system that is not properly sized to meet the design load required for a particular use, that is improperly installed, or that is improperly operated and maintained, in accordance with 15A NCAC 18A .1900 et. seq. Warranty repairs such as full replacement of the nitrification system , extension of the nitrification system or other repairs shall be completed pursuant to a repair Authorization to Construct to be issued by the local health department in accordance with Rule .1961(1).

A system failure is defined by North Carolina 15A NCAC 18A.1900 rules.

IV. WHAT IS NOT COVERED BY THIS LIMITED WARRANTY

1. The septic tank and all septic tank filters, unless required to make the system fully functional.
2. Effluent distribution box(es) and headers, unless required to make the system fully functional.
3. Improper installation.
4. Failure due to excessive use or improper use as defined by state rules for on-site wastewater systems, including, but not limited to, excessive water usage, improper grease disposal, or failure to remove septic tank solids (digested sludge).
5. Landscaping costs other than those specified by rule.
6. Failure due to improper sizing as defined by state rules.
7. Repair work performed prior to a claim or which is done without the Company's authorization.
8. This Limited Warranty does not extend to incidental, consequential, special, indirect or punitive damages.
9. Drain fields repaired or modified by an unauthorized Infiltrator installer.

V. THE COMPANY'S OBLIGATIONS:

No representative of the company has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty applies to any party other than the original system owner or subsequent system owner.

VI. OWNER'S OBLIGATION:

1. Must have signed and dated Operation Permit from the duly authorized representative of the North Carolina state agency or state authorized agency that is responsible for inspection and approval of the Units.
2. Must have a Warranty Certificate from an authorized Infiltrator installer.
3. The system owner must notify the company in writing at its corporate headquarters with 90 days of being notified by an authorized agent of the state that the system has failed. Notice shall be sent to Infiltrator Systems Inc., 6 Business Park Road, P.O. Box 768, Old Saybrook, CT 06475.
4. The system owner must have the septic tank solids (digested sludge) properly removed in accordance with state rules for on-site systems.

VII. DISCLAIMER AND LIMITATION ON IMPLIED WARRANTIES

ALL WARRANTIES AND REMEDIES CONTAINED HEREIN ARE EXCLUSIVE AND THERE ARE NO OTHER WARRANTIES. ANY IMPLIED WARRANTIES OF MECHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE, IMPOSED ON THE SALE OF THE UNITS TO THE NORTH CAROLINA SYSTEM OWNER, ARE, BY LAW, LIMITED TO FIVE (5) YEAR DURATION FOR THE UNITS AND THEIR CONSTITUENT PARTS, AND ARE SUBJECT TO THE TERMS AND CONDITIONS OF THIS LIMITED WARRANTY. THIS WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, DIRECT OR INDIRECT DAMAGES, WHETHER ARISING IN CONTRACT OR TORT. THE COMPANY SHALL NOT BE LIABLE FOR LOSS OR DAMAGE TO PERSONAL PROPERTY, PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFITS, OVEHEAD COSTS, OR OTHER LOSS OR EXPENSE. SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO WATER DAMAGE, ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLECT; THE UNITS BE SUBJECTED TO STRESSES OR VEHICULAR TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS; FAILURE TO MAINTAIN THE MINIMUM GROUND COVERS SET FORTH IN THE OPERATION INSTRUCTIONS; THE; SYSTEM FAILURES DETERMINED TO BE DUE TO NONCOMPLIANCE WITH THE ON-SITE WASTEWATER LAW OR RULES (130A-133, et.seq.; 15A NCAC 18A Section .1900) INCLUDING BUT NOT LIMITED TO IMPROPER SITING, EXCESSIVE WATER USAGE, IMPROPER GREASE DISPOSAL, PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM, IMPROPER OPERATION OR IMPROPER MAINTANENCE; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY. THIS PERMIT SHALL BE VOID IF THE SYSTEM OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SECTION II AND IV OF THIS WARRANTY.

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE ORIGINAL OR SUBSEQUENT SYSTEM OWNER(S), THE UNITS, OR ANY THIRD PARTY RESULTING FROM SHIPMENT OF THE UNITS, OR FROM ANY PRODUCT-LIABILITY CLAIMS OF THE ORIGINAL OR SUBSEQUENT SYSTEM OWNER(S) OR ANY THIRD PARTY.

THIS LIMITED WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS, NORTH CAROLINA LAW MAY GIVE YOU CERTAIN SPECIFIC OTHER RIGHTS WHICH ARE NOT MENTIONED HEREIN.

VIII. TRANSFER OF WARRANTY

This warranty extends to the original system owner and each subsequent owner of the system during the term of this limited warranty.

IX. INSTALLER CERTIFICATION

"I acknowledge to the company and the system owner that the wastewater system and the Infiltrator have been installed in accordance with the installation instructions of the company, state wastewater laws and rules, the innovative wastewater system approval, the improvement permit and authorization to construct, and any conditions on the permit or authorization to construct, and other applicable laws and rules."

Cornerstone PAP Lot #L 10-12
Physical Address of System Installation or Lot Number

9925 Providence Rd West
Charlotte NC

AUTRYS
Business Name of Installer

STEVE AUTRY
Name of Person Signing (Print)

Steve Autry
Signature

8-12-2002
Date

6 Business Park Road • P.O. Box 768 • Old Saybrook, CT 06475 • 800-221-4436 • 860-577-7000 • Fax 860-577-7001 • www.infiltratorsystems.com

White Copy: Department of Health **Yellow Copy: System Owner** **Pink Copy: Infiltrator Systems**

J210502AG

COPY

LIMITS OF CONSTRUCTION

S 57° - 39' - 07" W

515.12'

36' BUFFERYARD UNDISTURBED

45' REAR YARD SETBACK

HIGH ENCE

DETENTION POND REFER TO C5

65'

36' BUFFERYARD UNDISTURBED

5'x5" CONC. PAD

CONCRETE SIDEWALK

MONOLITHIC SIDEWALK

MONOLITHIC SIDEWALK REFER TO C5

HANDICAP SIGNS (TYP.) REFER TO STD. 50.10A,B & C

13

HANDICAP RAMP REFER TO STD. 10.34A & B

HANDICAP PARKING REFER TO STD. 50.10A

11

12

WHEEL STOPS (TYP.) REFER TO DETAIL

14

FUTURE POINT STRIPING

11

12

13

8" PLANTING STRIP

35' FRONT YARD SETBACK

PROPOSED CONCRETE SIDEWALK REFER TO STD. 10.22

8' PLANTING STRIP

COMMUNITY HOUSE RD. (S.R. #3630)

60' R/W

RIVEWAY
STD. 10.25 B
OACHMENT PERMIT

N 68° - 11' E 193.28'

PROVIDENCE RD. WEST
(S.R. #3626)

TYPE II DRIVEWAY

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 229-011-02
Lot #:
File #: 4761B
Code: 2

2nd site ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Cornerstone ARP Church
Applicant:
Address: Box 471781, Charlotte, N. C. 28246
Date Evaluated: 10/31/01
Proposed Facility: church
Design Flow (.1949): 750gpd
Property Size: .25a inv.
Location of Site: 9925 Providence Road West
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	5-12								
1	LS	0-12	GR/SL	FR/SEXP/NS/NP	>43" TO SOIL WETNESS	43'+	N/A	NONE	PS, IV .3G/DAY/FT^2
		12-21	WKSBK/SCL	FR/SEXP/SS/SP					
		21-43+	SBK/SC	FI/SEXP/S/P					
2	"	0-9	GR/SL	FR/SEXP/NS/NP	>42" TO SOIL WETNESS	42+	"	"	"
		9-17	WKSBK/SCL	FR/SEXP/SS/SP					
		17-42+	SBK/SC	FI/SEXP/S/P					
3	"	0-8	GR/SL	FR/SEXP/NS/NP	>45" TO SOIL WETNESS	45"+	"	"	"
		8-14	WK/SBK/SCL	FR/SEXP/SS/SP					
		14-45+	SBK/SC	FI/SEXP/S/P					
4	"	0-12	GR/SL	Fr/SEXP/NS/NP	>37" TO SOIL WETNESS	37"+	"	"	"
		12-37"	SBK/C	FI/SEXP/S/P					
5	"	0-13	GR/SL	FR/SEXP/NS/NP	>43" TO SOIL WETNESS	43"	"	"	"
		13-43	SBK/C	FI/SEXP/S/P					
	Note-sites	were	evaluated for	repair area					

Description	Initial System	Repair System
Available Space (.1945)		US, see comments
System Type(s)		
Site LTAR		.3G/DAY/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/01/01 W. R. Marlin
Others Present:

FILE # 4761B

COMMENTS Extent of grading to be established prior to final determination of suitability of repair areas

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

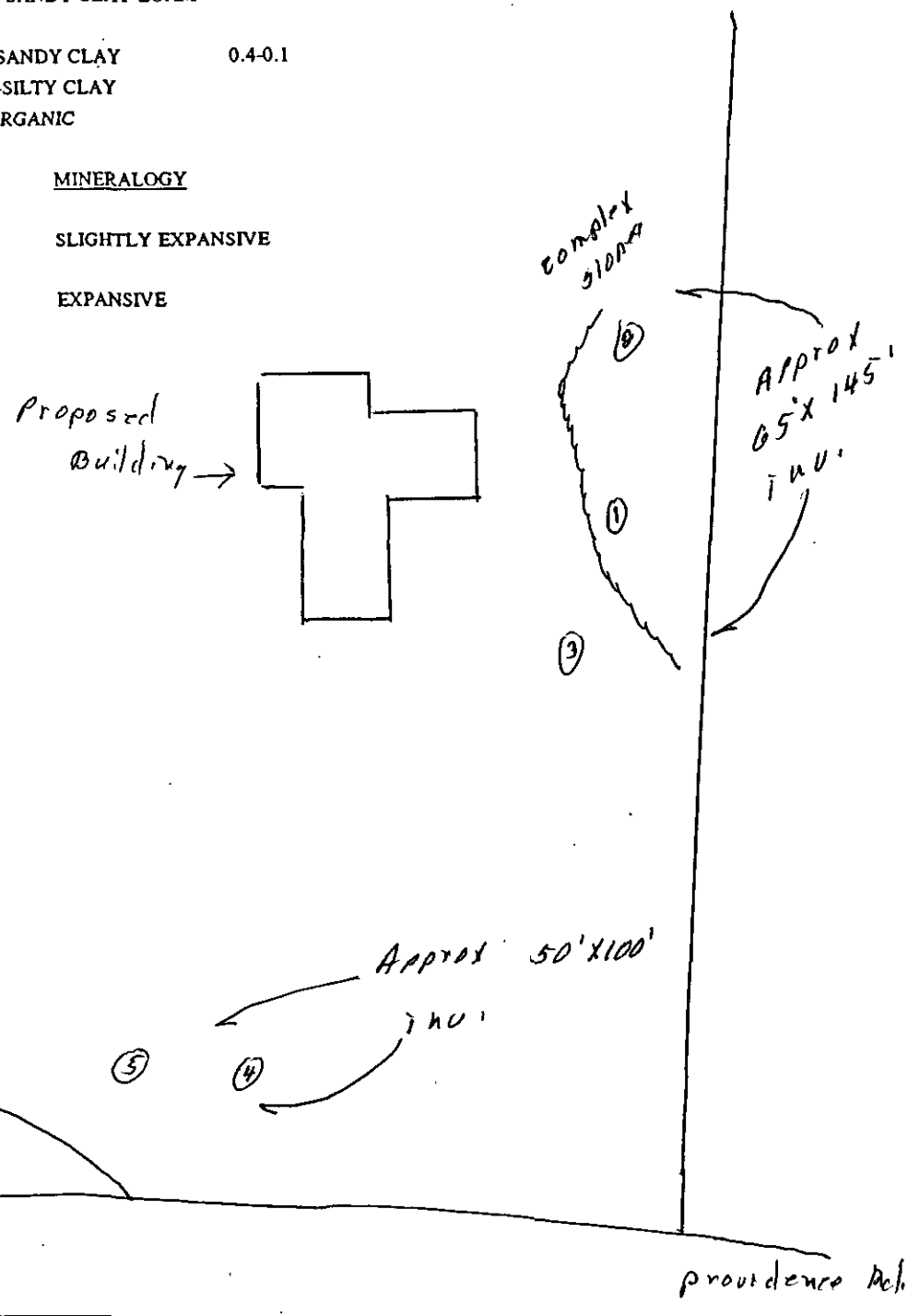
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 229-011-02
Lot #: N/A
File #: 4761B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Cornerstone A. R. P. Church
Applicant: Robert N. Stone
Address: P. O> Box 471781, Charlotte, N. C. 28247
Date Evaluated: 10/15/01
Proposed Facility: church
Design Flow (.1949): 750gpd
Property Size: .3a inv.
Location of Site: 9925 Providence Road West
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	5-12								
1	LS	0-4	GR/SCL	FR/SEX/SS/SP	>50" TO SOIL WETNESS	50	N/A	NONE	.PS, IV
		4-50	SBK/SC	FI/SEXP/S/P					.3G/FT^2/DAY
2	"	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		6-32	SBK/SC	FI/SEXP/S/P					.25G/FT^2/DAY
		32-48	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-4	GR/SCL	FR/SEXP/SS/SP	>36" TO SOIL WETNESS	36	"	"	US, IV
		4-29	SBK/SC	FI/SEXP/S/P					.2G/FT^2/DAY
		29-36	M/SC	FI/SEXP/S/P					
4	"	0-4	GR/SCL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	"	"	PS, IV
		4-29	SBK/SC	FI/SEXP/S/P					.25G/FT^2/DAY
		29-43	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25G/FT^2/DAY	.25G/FT^2/DAY

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 10/16/01, W. R. Marlin
Others Present:

FILE # 47643

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

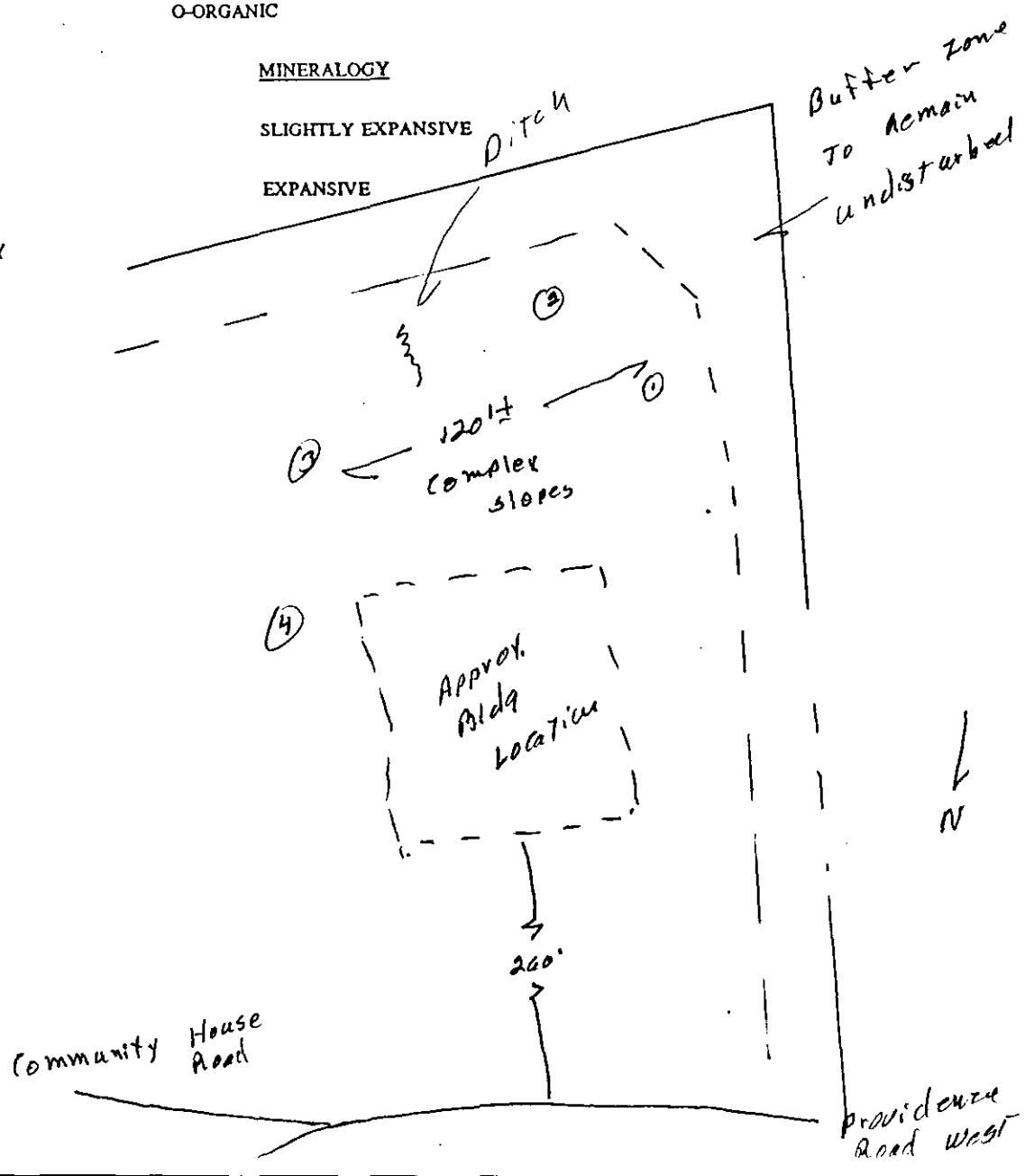
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/05/01
Receipt #: 2533
Check / Auth #: CHECK 3740
Received By: CRAIGGY

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 100000
Contractor: Trehel Corporation
Attn:
Address: P.O. Box 1707
Address:
City/State/Zip: Clemson, SC 29633

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 9925 Providence Rd. West		1	100.00	100.00

Outstanding Balances

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

Vendor: Mecklenburg Co. Health Department | Check: 37403 | Check date: 11/02/2001

Invoice #	Invoice Date		Gross Amount	Retn Amount	Net Amount
#4761B	11/02/2001	Mecklenburg Co. Heal	100.00	0.00	100.00

9925 Providence Road West
File 4761B
2nd site 0702

Re-Inspection fee per Bill Marlin

Cornerstone Presbyterian Church

Check Amount *****100.00

FEE: 400.00 Cash/Check DATE: 10/3/01 Ck # 036764

APPLICATION FOR IMPROVEMENT PERMIT
FOR ~~RESIDENTIAL~~ SITE Commercial
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

1 CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4761B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: City of Charlotte

TAX/PARCEL NUMBER: 229-011-02

STREET ADDRESS: 9925 Providence Road West

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: L 10 T2

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
X OTHER (O) Church 250 Seats Sanctuary

HEATED SQUARE FOOTAGE: 6746

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: New Church

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ SHARED WELL (S)
X MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Cornerstone A.R.P. Church
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 471781

CITY: Charlotte STATE: NC 28247 ZIP:

DAYTIME PHONE: (704 544-4999

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Stone, Robert N. (Ruling Elder/ Officer)
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 544-4999

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

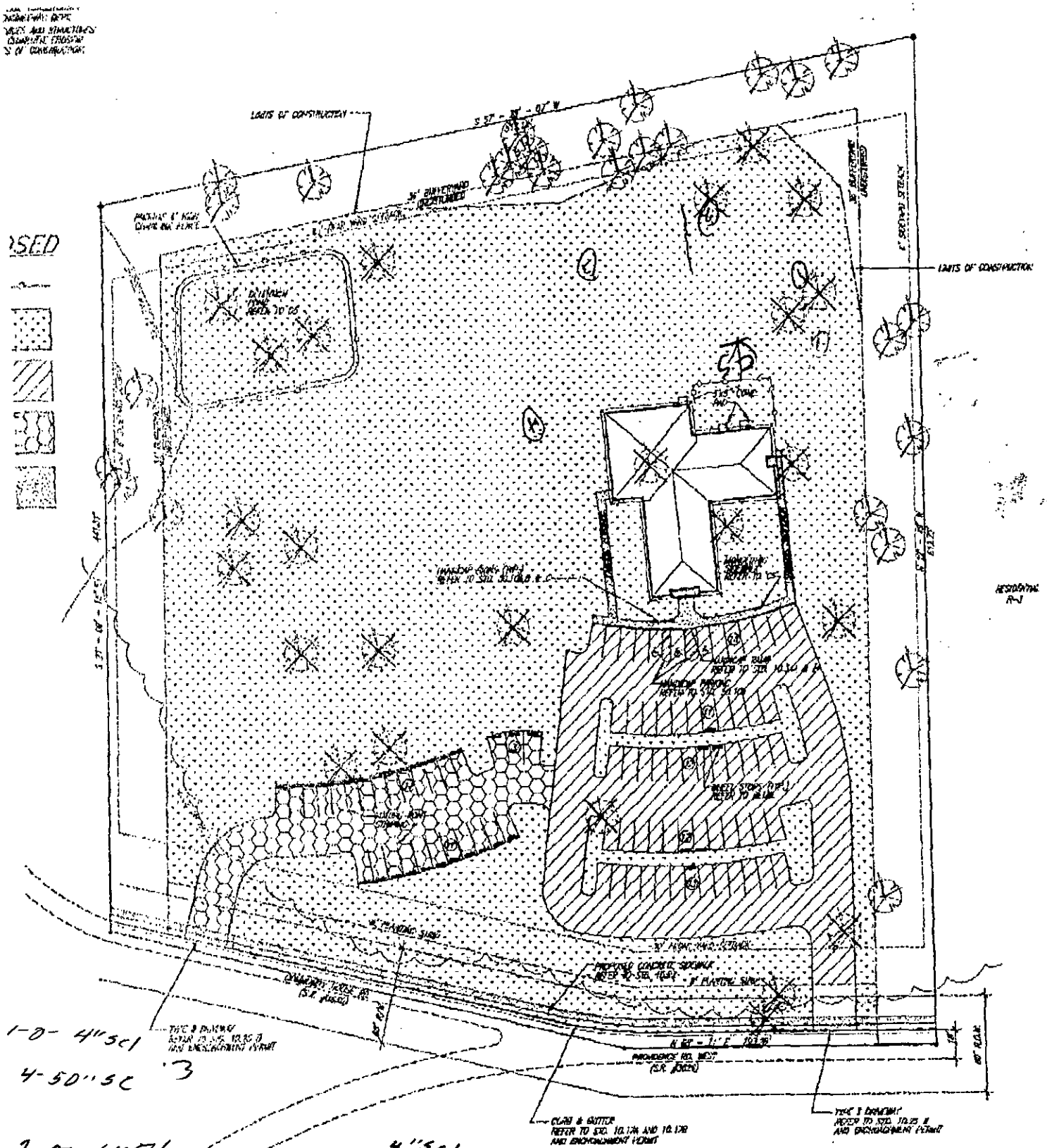
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: Will Wilson - VP Treasurer Robert N Stone DATE: 10/2/01

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

Blcl 260± From Road

4761B



1-0- 4"SC1

4-50"SC 3

2-0- 6"ST1

6- 32'SC .25

32- 52'

1-0- 3"ST1 .25

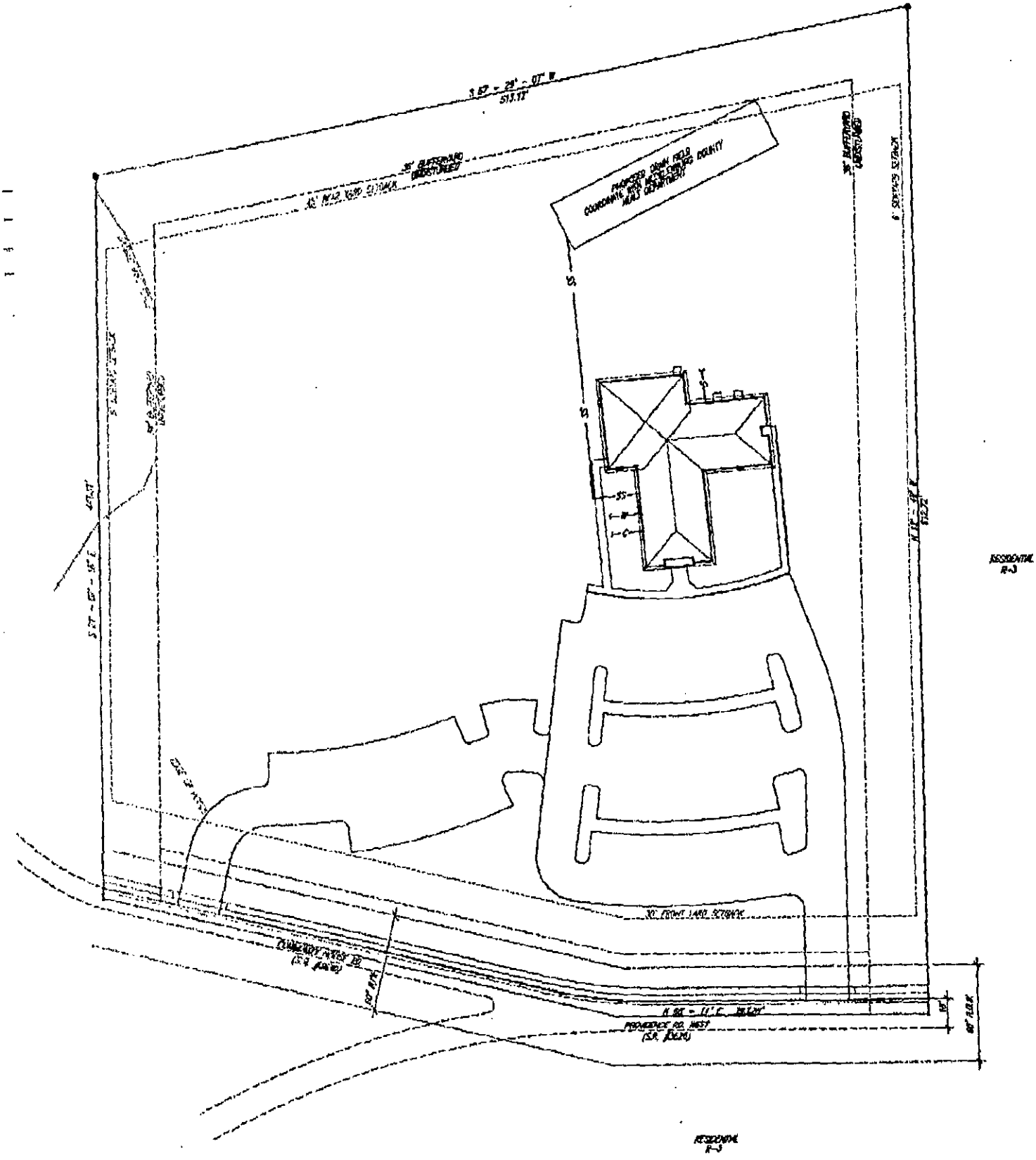
5- 30"SC

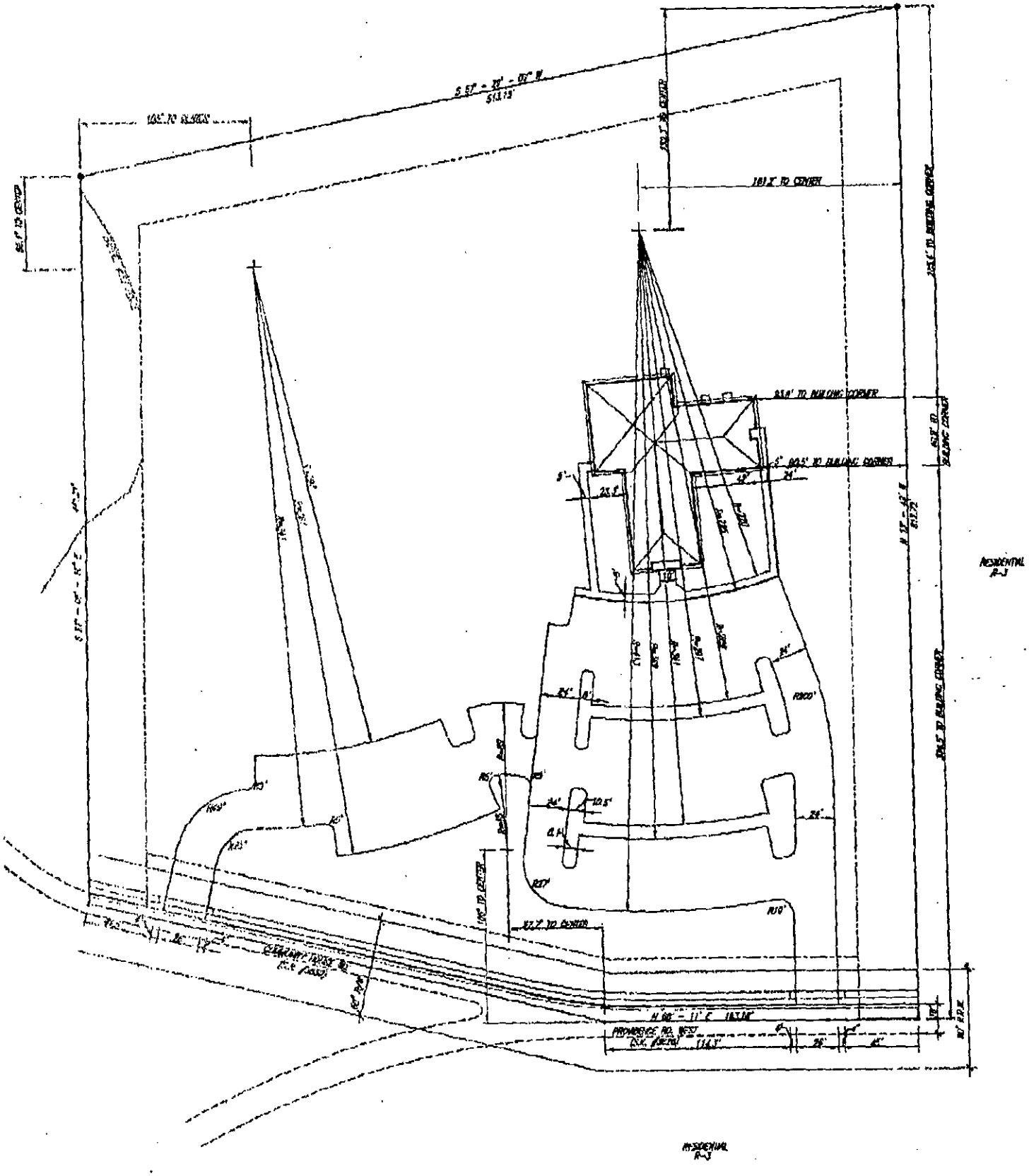
30 4 3SC1

3-0- 4"SC1

4- 24'SC SB1-1 .25

24-36"SC


PROPOSED DRIVE FIELD
COORDINATE WITH MECKLENBURG COUNTY
PARK DEPARTMENT
30' BUFFERYARD
UNDISTURBED
30' FRONT YARD SETBACK
6' SERVICE SETBACK
55
RESIDENTIAL
R-3
RESIDENTIAL
R-3


RESIDENTIAL
R-3
RESIDENTIAL
R-3

Trehel

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Mr. Bill Martin	Will Huss
COMPANY:	DATE:
Mecklenburg County	10/11/01
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
704.336.6894	3
PHONE NUMBER:	SENDER'S EMAIL ADDRESS:
704.336.5574	whuss@trehel.com
RE:	TREHEL JOB NUMBER:
Cornerstone Presbyterian	200131

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

PLEASE CALL TREHEL CORPORATION IF YOU DO NOT RECEIVE THE FULL TRANSMISSION.

NOTES/COMMENTS:

Mr. Martin,

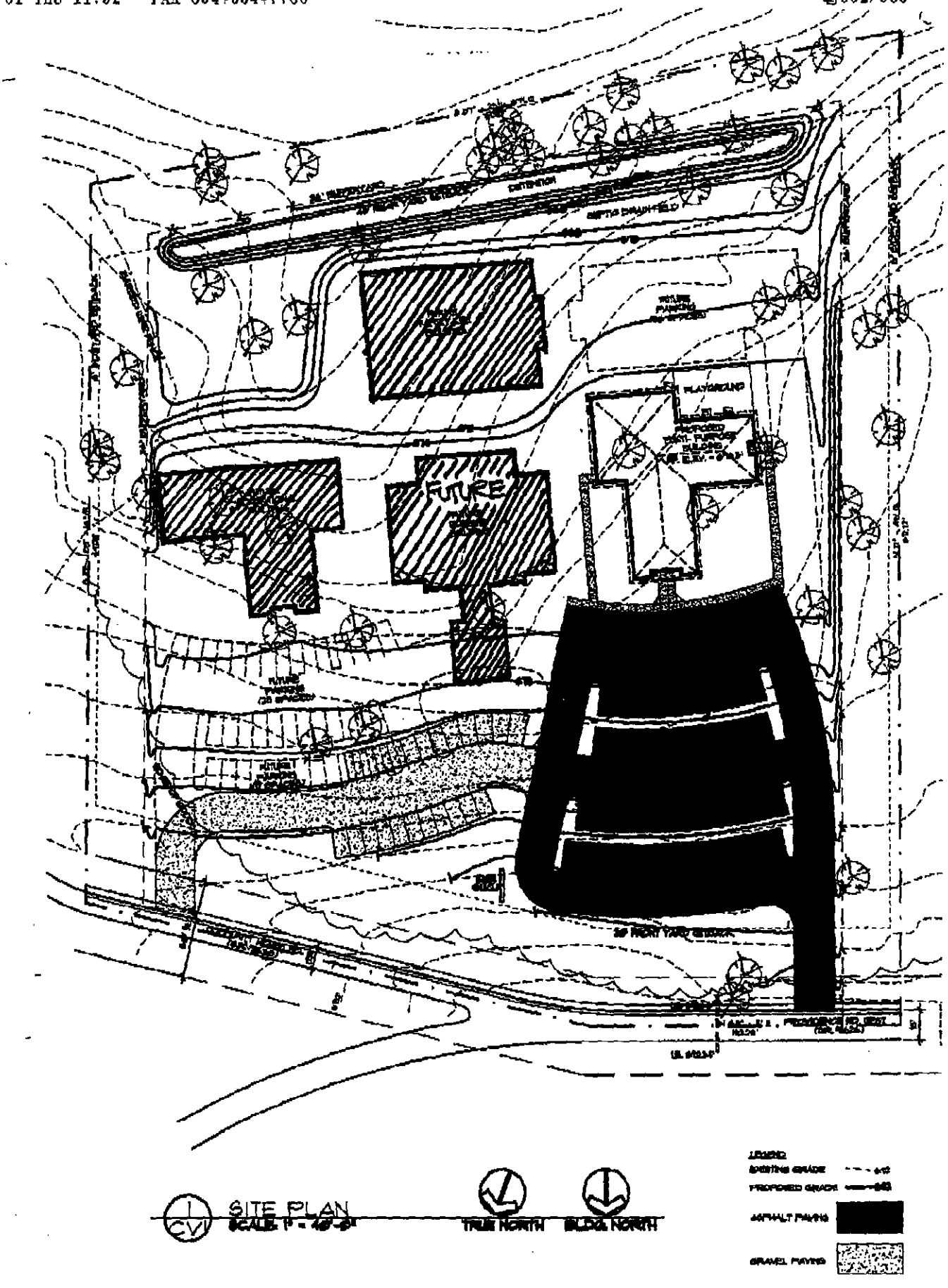
Following is the master plan for the site we have been discussing. I have shaded in the areas where future buildings may be located. I have also included a site plan with none of the future buildings on it. The drainfield could go between the proposed buildings immediately to the left of the one in permitting.

One of our objectives for the site was to grade the entire site within the bufferyards. It allows us to not have any soil hauled in or out (site balanced). You mentioned to me that the drainfield had to be in virgin soil – can that be in a cut area?

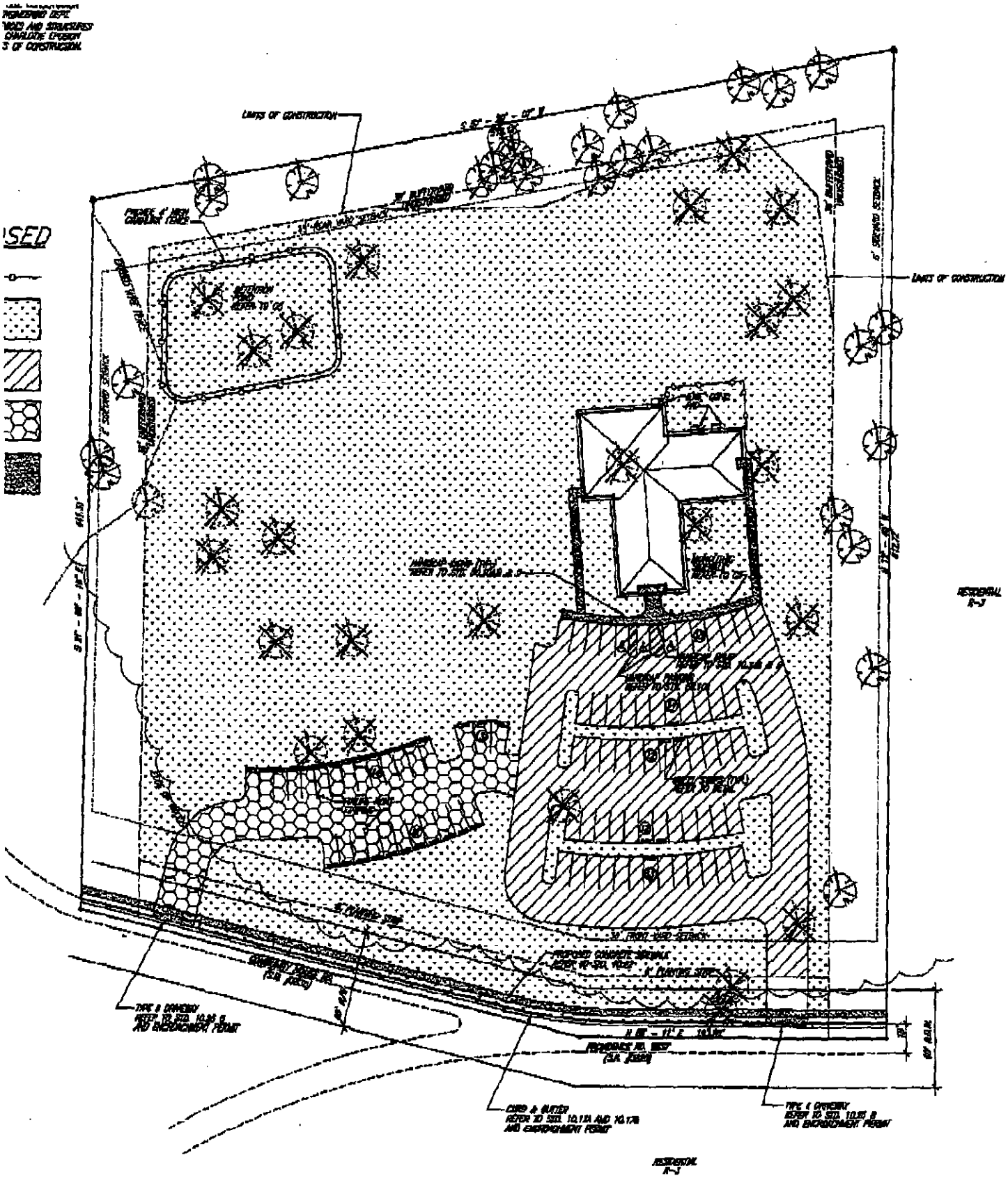
Please contact me with any questions. I will be glad to come meet with you on site if needed. Thank you for quick response to this application.

Will Huss

WILL W HUSS, JR - VICE PRESIDENT
1376 TIGER BLVD. SUITE 104 CLEMSON, SC 29631
PO BOX 1707 CLEMSON, SC 29633-1707
PHONE:864.654.6582 FAX:864.654.7788 DIGITAL PAGER:864.880.9299



SITE PLAN
SCALE: 1" = 40'-0"


LIMITS OF CONSTRUCTION
LIMITS OF CONSTRUCTION
RESIDENTIAL R-3
RESIDENTIAL R-3
30' FRONT YARD SETBACK
PROPOSED CONCRETE SIDEWALK
8' PLANTING STRIP
TYPE A DRIVEWAY
CURB & GUTTER
TYPE A DRIVEWAY

6/25
5/150

750 gal/day
.25 app rate

3 | 3000

750
5
$150

25 | 75000
3000
75
0

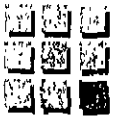
19
9
9
18
V9

$
750
1331
665
125
6 | 750

6 V 25
1350
750

45
6
51

151 X 125 =



Trehel

FACSIMILE TRANSMITTAL SHEET

TO: Bill Marlin	FROM: Will Huss
COMPANY: Mecklenburg Co.	DATE: 2 Nov 01
FAX NUMBER: 704 336 6894	TOTAL NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER: 704 336 5574	SENDER'S EMAIL ADDRESS: whuss@trehel.com
RE: Cornerstone	TREHEL JOB NUMBER: 2001-31

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

PLEASE CALL TREHEL CORPORATION IF YOU DO NOT RECEIVE THE FULL TRANSMISSION.

NOTES/COMMENTS:

Bill,

Thanks for everything. Please call w/ any questions.

Will

WILL W HUSS, JR - VICE PRESIDENT
1376 TIGER BLVD. SUITE 104 CLEMSON, SC 29631
PO BOX 1707 CLEMSON, SC 29633-1707
PHONE:864.654.6582 FAX:864.654.7788 DIGITAL PAGER:864.880.9299

Vendor: Mecklenburg Co. Health Department Check: 37403 Check date: 11/02/2001

Invoice #	Invoice Date		Gross Amount	Retn Amount	Net Amount
#4761B	11/02/2001	Mecklenburg Co. Heal	100.00	0.00	100.00

Re-Inspection fee per Bill Marlin

Cornerstone Presbyterian Church

Check Amount *****100.00

Trehel Corporation
P.O. Box 1707
Clemson, SC 29633-1707
864 654 9582

First Citizens Bank
and Trust Company of South Carolina
Check Number: 37403
Check Date: 11/02/2001
Check Amount *****100.00

Permit #4761 B

Pay the sum of:

One Hundred Dollars *

Mecklenburg Co. Health Department
Environmental Health Division
C/O HG1 Marshall Center, Suite 211
Charlotte, NC 28202

Signature

"037403" :053201148?: 160000 113?20L"

Trehel

FACSIMILE TRANSMITTAL SHEET

TO: Josh Sellers	FROM: Will Huss
COMPANY: Mecklenburg Co.	DATE: 2 Nov 01
FAX NUMBER: 704 336 6094	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 704 336 5569	SENDER'S EMAIL ADDRESS: whuss@trehel.com
RE: Cornerstone	TREHEL JOB NUMBER: 2001-31

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

PLEASE CALL TREHEL CORPORATION IF YOU DO NOT RECEIVE THE FULL TRANSMISSION.

NOTES/COMMENTS:

Josh,

Bill Marlin asked me to send this information to you.

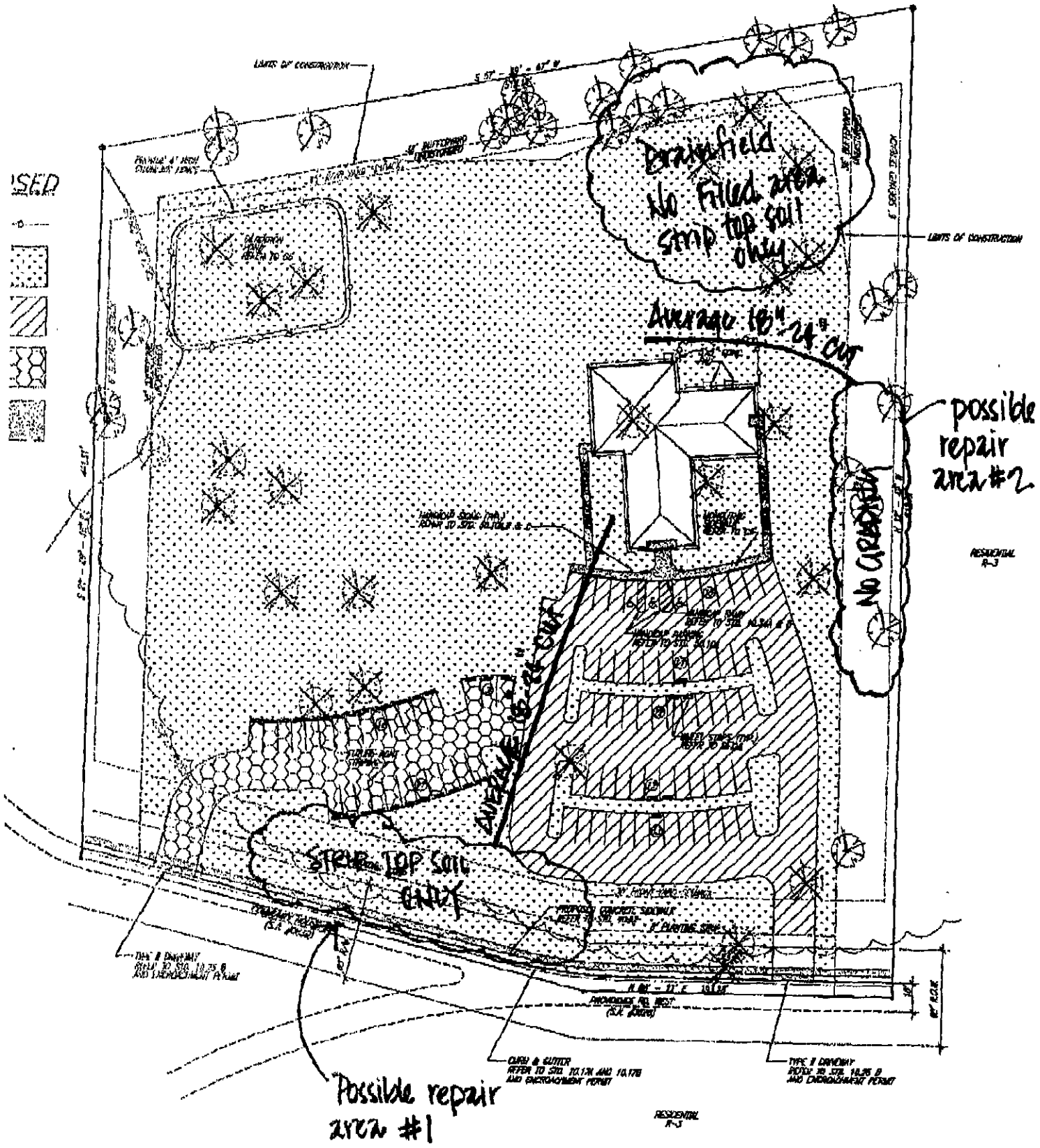
Area from building to repair #1 on plan = All cut w/ average of 18" (deepest cut approx. 24").

Area from building to repair #2 on plan = cut & fill w/ average of 18" (deepest cut 24"; deepest fill 24")

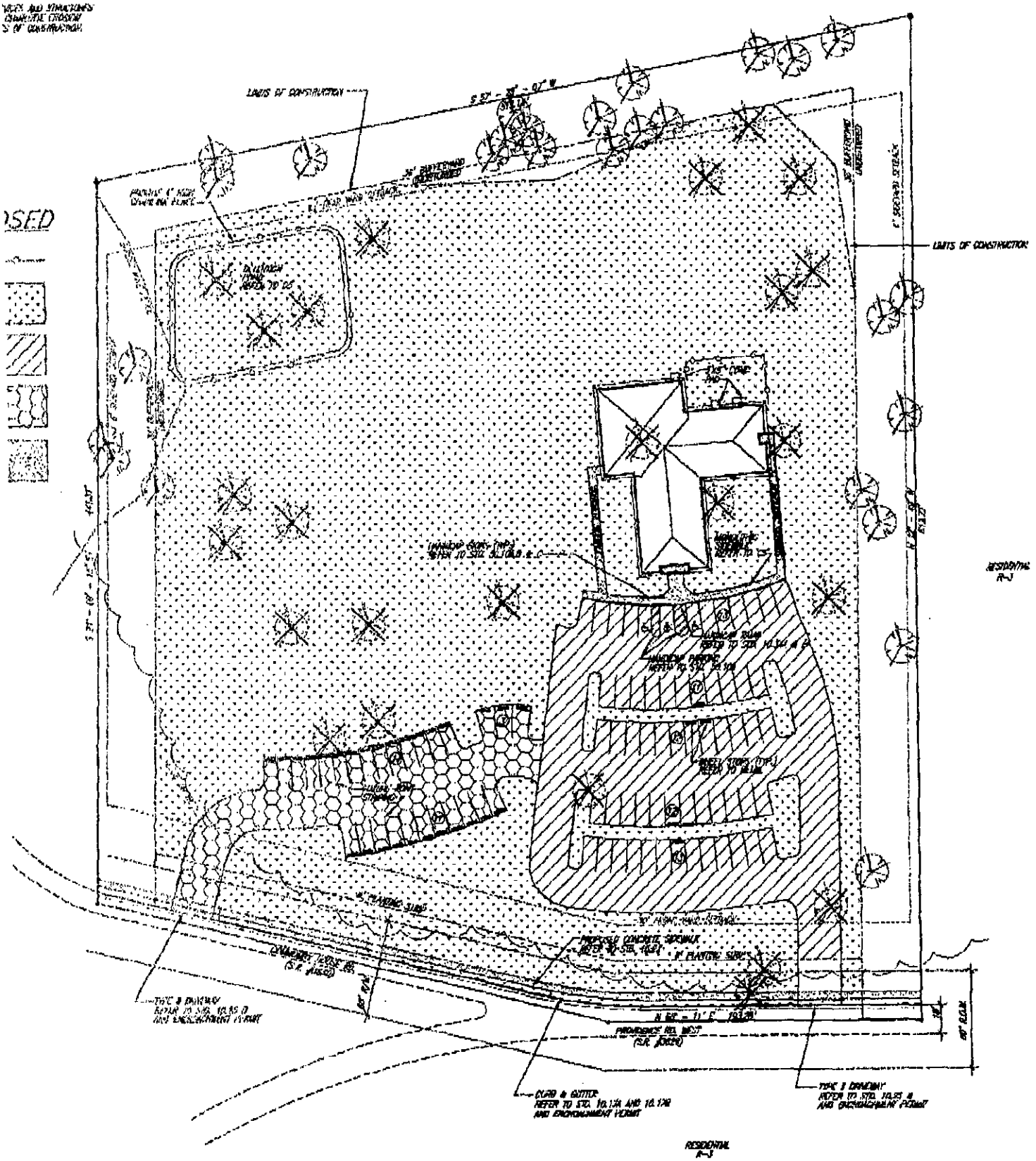
Please call with any questions. Thanks for your help.

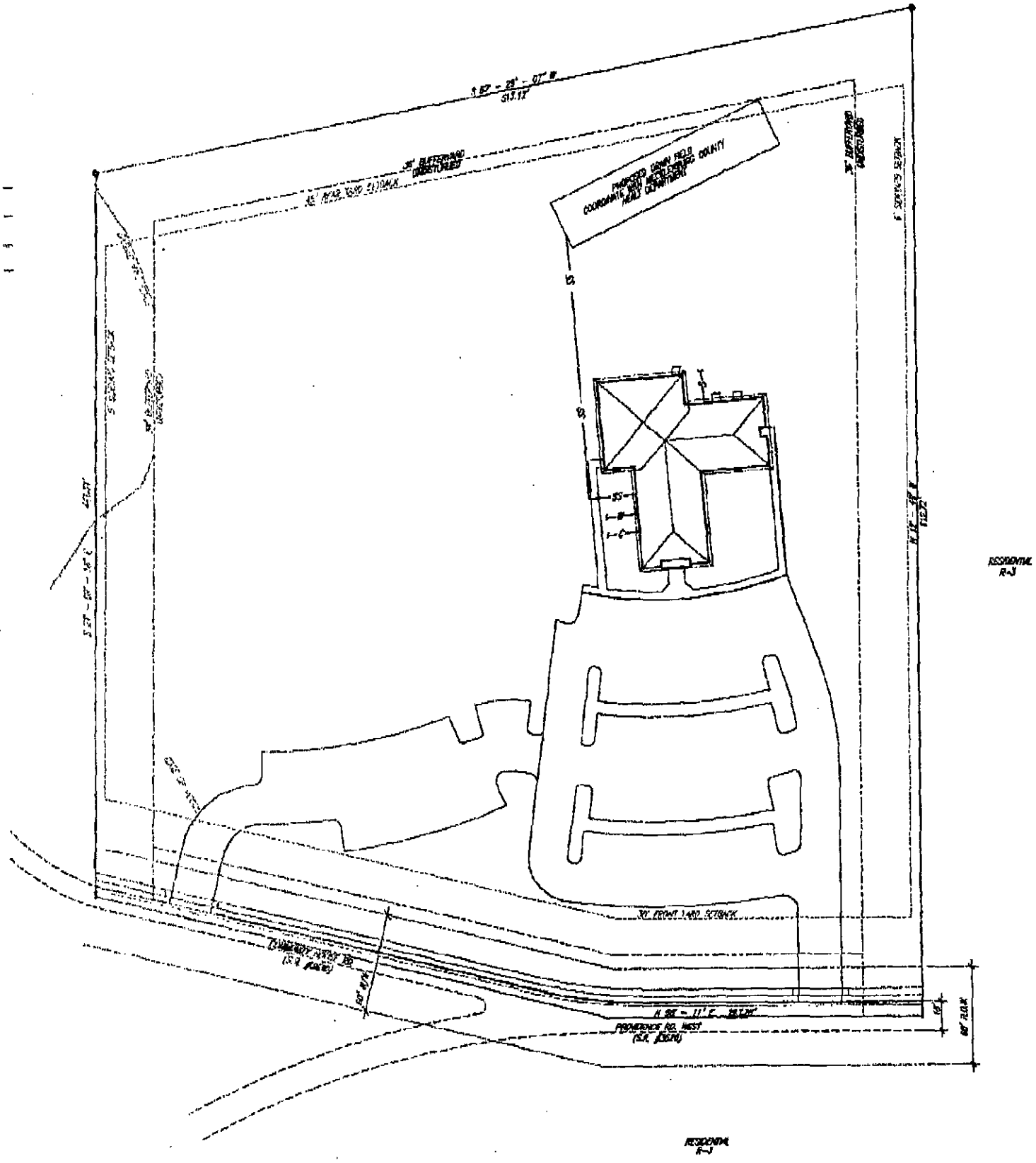
Will Huss

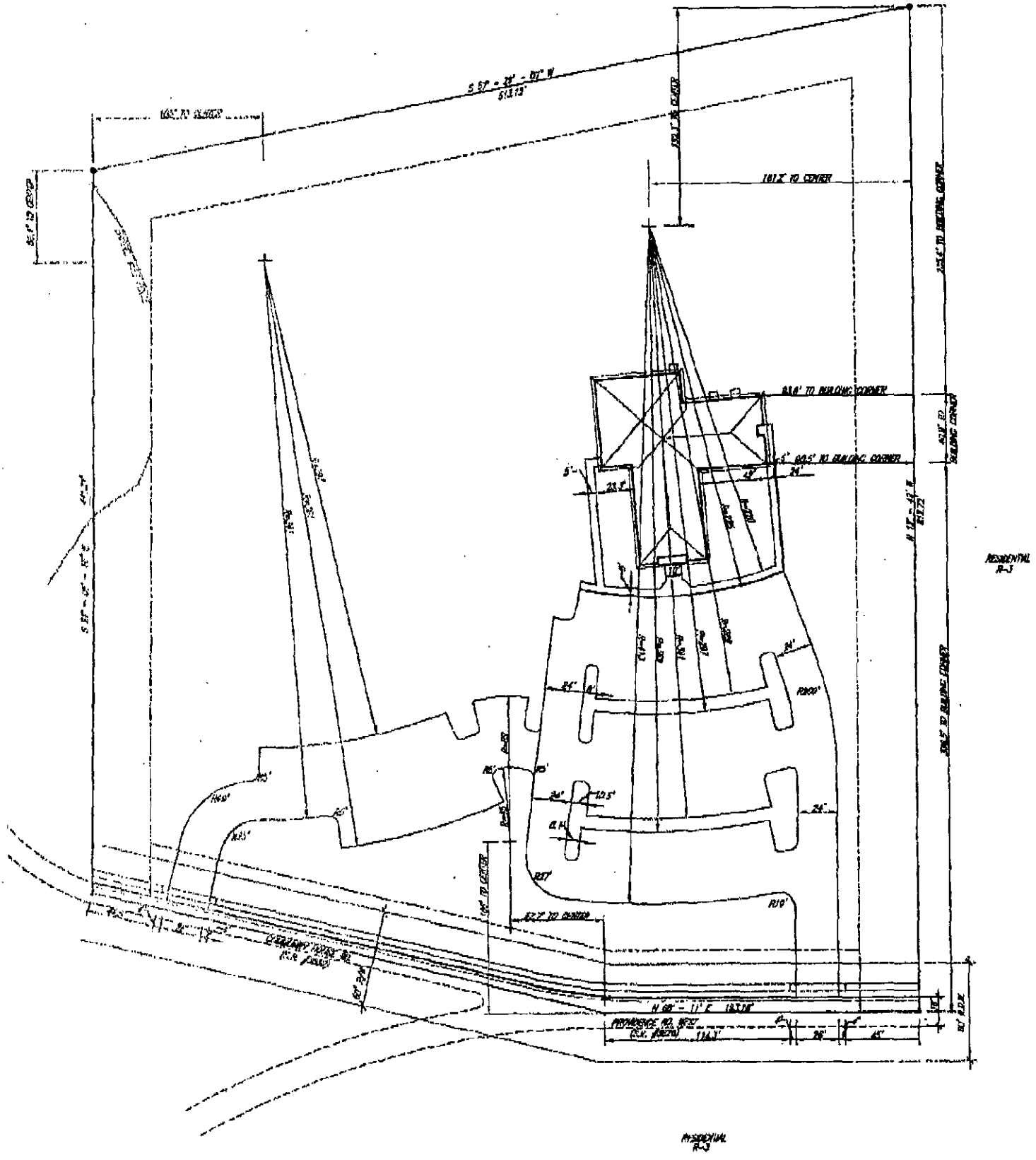
WILL W HUSS, JR - VICE PRESIDENT
1376 TIGER BLVD. SUITE 104 CLEMSON, SC 29631
PO BOX 1707 CLEMSON, SC 29633-1707
PHONE:864.654.6582 FAX:864.654.7788 DIGITAL PAGER:864.880.9209


LIMITS OF CONSTRUCTION
Brazy field
No Filled area
Strip top soil
only
Average 18"-24" cut
possible
repair
area #2
No Grading
STRIP TOP SOIL ONLY
Possible repair
area #1
RESIDENTIAL
R-3

4761B


LIMITS OF CONSTRUCTION
LIMITS OF CONSTRUCTION
RESIDENTIAL R-1
RESIDENTIAL R-1
PROVIDENCE RD. WEST (S.R. 2020)
CURB & GUTTER REFER TO STD. 10.12A AND 10.12B AND ENCROACHMENT PERMIT
TYPE 3 DRIVEWAY REFER TO STD. 10.25 B AND ENCROACHMENT PERMIT


PROPOSED GRAIN FIELD
COORDINATE WITH RICHLAND COUNTY
HEALTH DEPARTMENT
30' EASEMENT
(UNDISTURBED)
30' REAR YARD SETBACK
5' SIDE YARD SETBACK
30' EASEMENT
(UNDISTURBED)
5' SIDE YARD SETBACK
55'
55'
RESIDENTIAL
R-3
30' FRONT YARD SETBACK
PROVIDENCE RD. WEST
(S.R. 2539)
RESIDENTIAL
R-3


181.2' TO CENTER
83.6' TO BUILDING CORNER
RESIDENTIAL
R-3