

2601 ROCKY RIVER RD

10503131

6/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Project # 9841958

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7226A DATE: 12/19/97

TC: 105 034 02 ☒ L ☐ CRT

SERIAL Nº 17399

Name of Owner United Wesleyan Church Juris.: _____

Address of Property 2601 Rocky River Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 1944

Number of Lines 13 @ 150

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source >10'

Excavation Inspected 11/18/97

Tank(s) Inspected 11/18/97

Wash Line Inspected NA

High Water Alarm Inspected 12/19/97

Installed
13 lines x 150' long

3,000 GAL septic tank Installed
3,000 GAL Pump tank "
1,000 Grease Trap "

PLOT

1997
Design 3000ST, 3000 DT, PI, CON, 5850SFT, 12" stone Cecil CTR# A A Stewart
1,000 Grease Trap

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 15A 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 15A 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: Septic system designed for 350 Seat church w/ Kitchen facilities / Grease Trap Installed Type III

Philo J. Walker 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: 7226A DATE: 10/15/97

TC: 105 034 02 ☒ L

SERIAL Nº 17302

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 10/9/96. All work shall be completed on or before 11/15/97, 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 comments:

PLOT OF SYSTEM

Grease Trap 1000 Gal

Liquid Capacity of Septic Tank 2500 gallons

Liquid Capacity of Dosing Tank 2500 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 1944 feet

Number of Lines 15 (130')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well — feet

Municipal water >10' from water line

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

NAME OF OWNER United Wesleyan Church

LOCATION OF PROPERTY 2601 Rocky River Rd

Comments: 2500 ST, 2500 DT, 1000 Grease Trap, PI, Pressure Manifold Design
15 lines x 130'/ong x 3'wd x 12" stone
Septic system to be installed in accordance W/ Approved plot plan

Philo A. Walker R.S.
Environmental Health Specialist

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

Pmt # 984958 $100

Paid Full

100.00 pd.

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/19/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/8/97 **PERMIT NO:** 7226A
PARCEL NO: 105 034 02

JOB LOCATION ADDRESS: 2601 Rocky River Rd
PROPERTY OWNER: United Wesleyan Church
BUILDING CONTRACTOR: Laxton Construction Company
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Philo A. Walker R.S. **DATE:** 5/8/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7226A, 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: Septic System designed for 350 seat church w/ Kitchen facilities

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.

W. Todd Laxton 5-8-97

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100.00 CK# 10[illegible]

DATE: 10/24/96 SC

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

[ ] CRT

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

100.00 CK# 2342
3/30/97
SC

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

FILE #: 7226A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-034-02

X COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 2601 Rocky River Road

DESCRIBE TYPE OF BUSINESS:

LOT NUMBER:

Square footage of facility: 350 Seats Projected MAX

TOWNSHIP (CHECK ONE):

NUMBER OF EMPLOYEES: 160 currently PER SHIFT: NA
Church Members

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

HOW WILL WATER BE USED IN THE FACILITY:

X TOLIETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE: Kitchen Facilities

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

TYPE OF WASTEWATER:

X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

NA

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
X MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES	X NO	WELL SPRINGS OR WATERLINES	___ YES	X NO
EXISTING WASTE WATER SYSTEMS	___ YES	X NO	DESIGNATED WETLANDS	___ YES	X NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES	X NO			

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: United Wesleyan Church (LAST) (FIRST) (MI)	NAME: Tyndall Dennis F. (LAST) (FIRST) (MI)
ADDRESS: 3126 Milton Road, Suite 120	DAYTIME PHONE: 704 336 - 5500
CITY: Charlotte STATE: NC ZIP: 28215	
DAYTIME PHONE: 704) 336 - 5454 / 536-0870	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: [signature] DATE: 10/9/96

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

Permit Number: 7226 A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 105 034 02

- 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	1750 Max gallons/day wastewater flow	~~1944~~ 5833 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	2500 Gallon septic tank	~~1944~~ Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
NA Bedrooms in residence 350 seat church	2500 Gallon pump tank 1000 Gal Grease Trap	12" Depth of stone	

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

Site modifications required:

Additional Conditions: Lift pump required, Septic system designed for 350 seat church w/ Kitchen facilities. Grease Trap 1000 Gal

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

5833 Absorption Area (Sq ft) 1944 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 the 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 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 Improvement permit is transferable.

Phillo A. Walker R.S. 5/8/97
DEHNR Authorized Agent Date

W. D. Rowe 5-8-97
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

Mecklenburg County
Health Department

November 24, 1997

United Wesleyan Church
3126 Milton Road, Suite 120
Charlotte, NC 28215

Re: 2601 Rocky River Road
File: 7226A
Parcel: 105-034-02

Dear Sirs:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Larry B. Thompson, J., R.S.
FOR

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gc

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

10400 Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 7226 A
105-034-0

OWNER: United Wesleyan Church Trustees APPLICANT:
ADDRESS: 3126 Dutton Road ST. 120 APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: Church PROPOSED DESIGN FLOW (.1949): 480-* PROPERTY SIZE: .41
LOCATION OF SITE: 2601 Rocky Branch Road PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

* may be subject to change

PROFILE #	Slope 5-10% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LT
1	LS	0-3"	gr/cl	Fr/sEAP/ss/sP	>46" to Chroma 2	46"	N/A	None	PS .391 IV
		3-46"	sBK/c	Fr-Fi/sEXP/SlP					
2	LS	0-4"	gr/cl	Fr/sEAP/ss/sP	>48" to Chroma 2	48"	N/A	None	PS .391 IV
		4-48"	sBK/c	Fr-Fi/sEAP/SlP					
3	LS	0-4	gr/cl	Fr/sEXP/ss/sP	>45" to Chroma 2	45"	N/A	None	PS .391 IV
		4-40"	sBK/c	Fr-Fi/sEXP/SlP					
		40-45"	sBK/c	Fr/sEAP/ss/sP					
4	LS	0-6"	gr/sc/	Fr/sEAP/ss/sP	>45" to Chroma 2	45"	N/A	None	PS .391 IV
		6-39"	sBK/c	Fr-Fi/sEXP/SlP					
		39-45"	sBK/cl	Fr/sEAP/ss/sP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. R. Marks 11-21-96

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 7 1991
$50.00

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

(OFFICE USE ONLY)

FILE: 7226A

TC: 105-034-02

☒ PC ☐ REPT

JOB LOCATION

(1) ADDRESS: [redacted] Rocky River Rd. & Grier Rd

(2) SUBDIVISION: _____ (3) LOT: _____ (4) BLOCK: _____

(5) PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

(6) DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

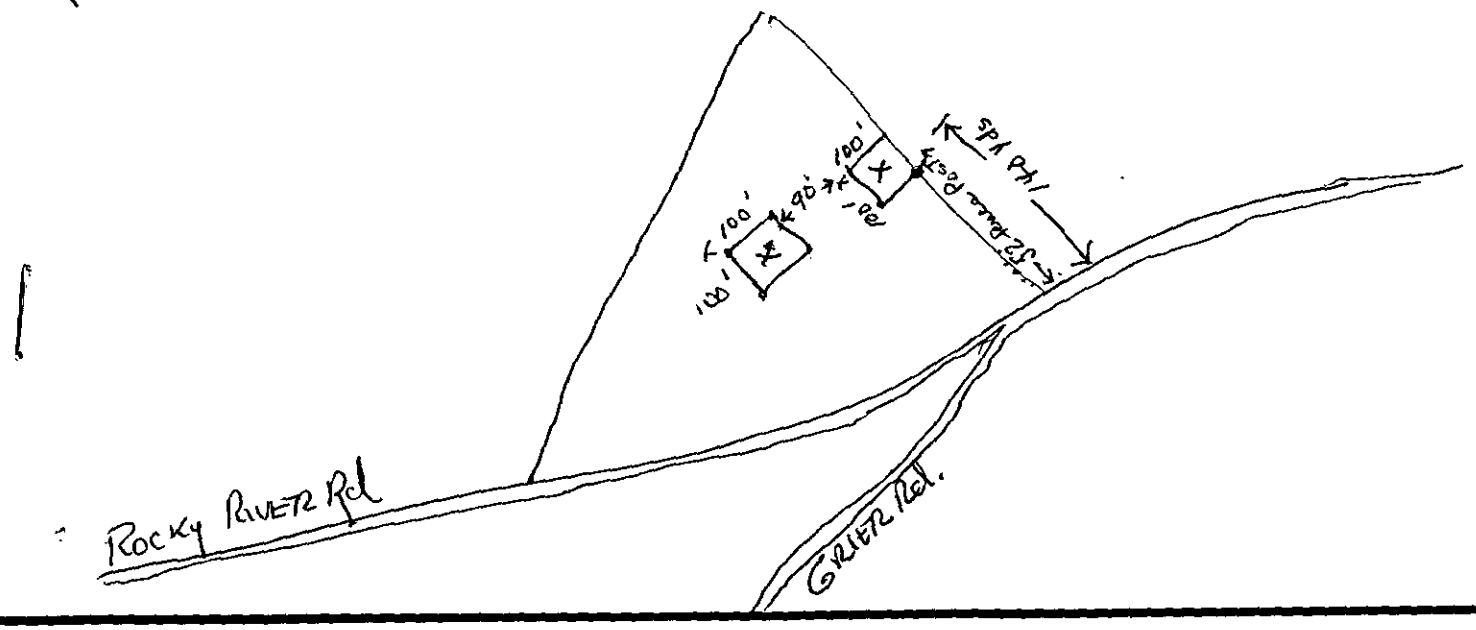
(7) NAME: Isaac (Ike) G. McLaughlin (FIRST) (MIDDLE) (LAST)

(8) MAILING ADDRESS: 1323 Queens Rd. #419

(9) CITY: Charlotte (10) STATE: N.C. (11) ZIP: 28207

(12) PHONE: (WORK) _____ (HOME) 333-1935

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

Signed: [redacted]

Date: 1/7/91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-7-91

Name/Company: Isaac D. McLaughlin

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test - Lot
Rocky River Road
Tax # 105-034-02
Site #

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 7 1991

Fee: $ 50.00 CR # 464 $50.00

NOTICE:

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

Completed by

Collected by

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

12400 Sheet 1
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 7226 A
105-034-03

OWNER: United Wesleyan Church Pastor APPLICANT:
ADDRESS: 3126 Nelton Road ST. 120 APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: Church PROPOSED DESIGN FLOW (.1949): 480-* PROPERTY SIZE: 41
LOCATION OF SITE: 2601 Rocky River Road PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

* may be subject to change

PROFILE #	Slope 5-10% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>46" To Chroma 2	46"	N/A	None	PS .39/F2 IV
		3-46"	SBK/C	Fr-F:/SEXP/SS/P					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2	48"	N/A	None	PS .39/F2 IV
		4-48"	SBK/C	Fr-F:/SEXP/SP					
3	LS	0-4	gr/cl	Fr/SEXP/SS/SP	>45" To Chroma 2	45"	N/A	None	PS .39/F2 IV
		4-40"	SBK/C	Fr-F:/SEXP/SP					
		40-45"	SBK/Cl	Fr/SEXP/SS/SP					
4	LS	0-8"	gr/scl	Fr/SEXP/SS/SP	>45" To Chroma 2	45"	N/A	None	PS .39/F2 IV
		8-39"	SBK/C	Fr-F:/SEXP/SP					
		39-45"	SBK/Cl	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): provisionally suitable
EVALUATED BY: W. A. Marlin 11-27-96

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

Sheet
PROPERTY ID #: 7226 A
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____ DATE EVALUATED: _____
ADDRESS: _____ APPLICATION DATE: _____ PROPERTY SIZE: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY RECORDED: _____
LOCATION OF SITE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLAS & LTA
5	LS	0-4"	gr/sc/	Fv/SEXP/SS/SP	> 48" To Chroma 2	48"	N/A	None	PS .3g/F2 LE
		4-33"	SBM/ C	Fr-F/ SEXP/SS/P					
		33-48"	SBM/CL	Fv/SEXP SS/SP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Block
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

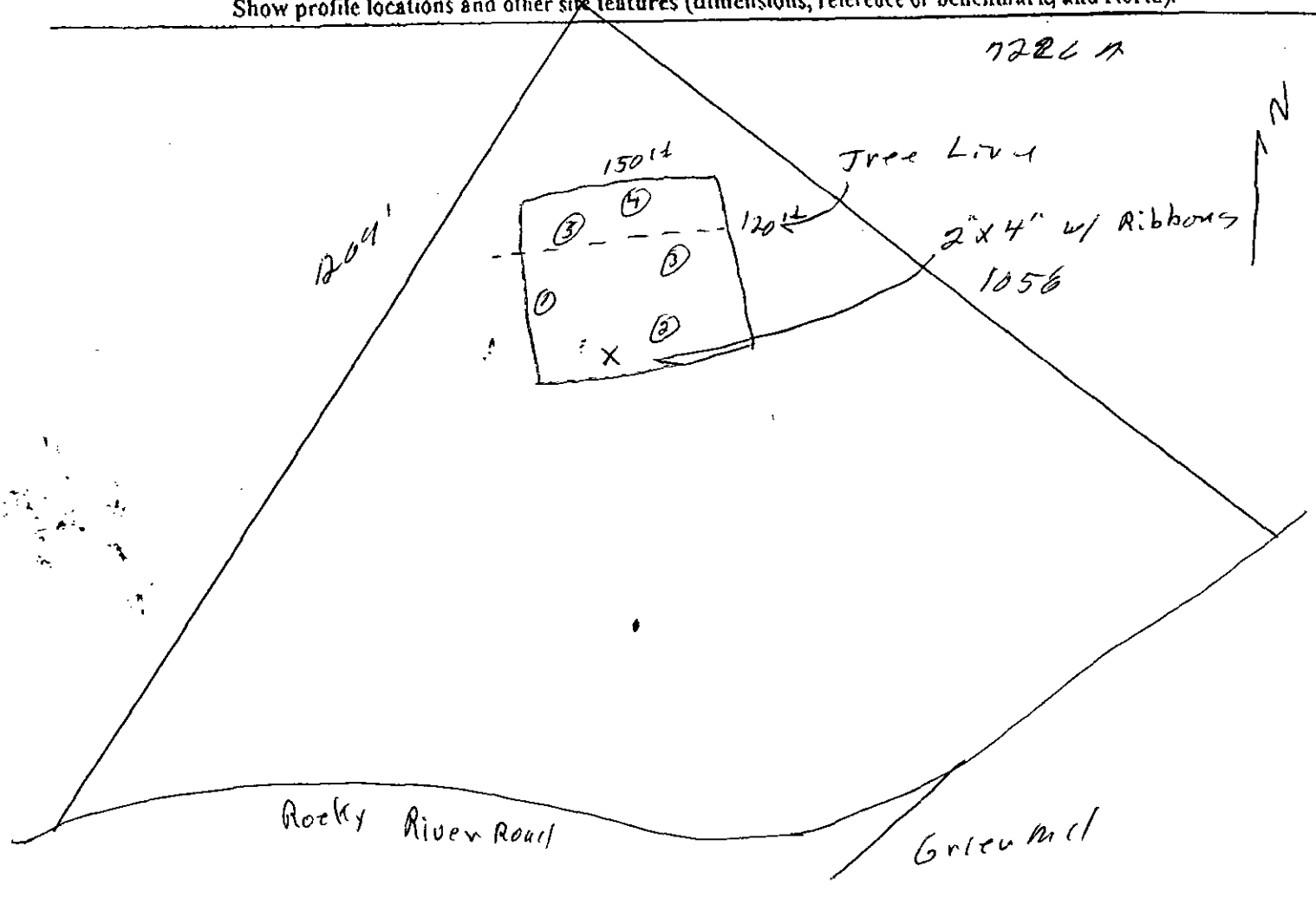
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designati
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 12/9/97

Name/Company: _____

Sanitation _____

Vector Control _____

IWWS X

Service: Certificate of Operation
File 3226 A
2601 Rocky River Rd
_____

Fee: $ 100.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

Mecklenburg County
Health Department

January 19th, 1991

Issac (Ike) G. McLaughlin
1323 Queens Road #419
Charl;otte, NC 28207

RE: Property located at Rocky River Road & Grier Road
FILE: 7226A
PARCEL: 105-034-02

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 16933) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan sr

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16933

File: 7226A Action 2

Parcel: 10 105-034-02 PC

Location: Grier Rd

Subdivision:

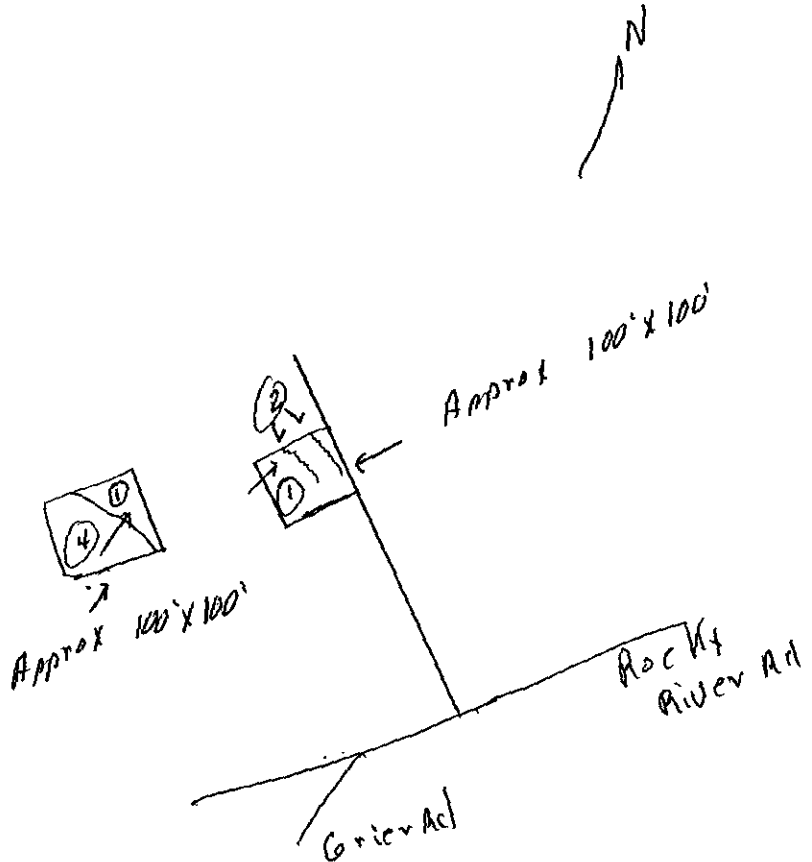
Lot: Block: Acres: Approx .5 ac

Owner:
Address:

Comments: No building or system site designated - additional area available - area for drainfields to be designated & soil checked prior to permit approval

Described by: William A. Mullis

Date: 1-15-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) old Terraces	(S) PS U 2-6%	S PS (U) Slight Depression	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
Drainage	(S) PS U >48" To water	S PS U —	S (PS) U >36" To water	S (PS) U >36" To water	S PS U	S PS U
Depth	(S) PS U >48"	S PS U —	S (PS) U 36"+	S (PS) U 36"	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U —	S PS U	S (PS) U >36"	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S (PS) U	S PS U	S PS U
Other (specify)	S PS U see Note	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Like	Old Terraces		Appling-Like Depression		
Area Classification	S (PS) U	S PS (U)	S PS U	S PS (U)	S PS U	S PS U

FEE: $100.00 CK# 10?
DATE: 10/24/96 SC

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

[redacted]

[ ] CRT

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

$100.00 CK# 23428
3/30/97
SC

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

FILE #: 7226A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-034-02

X COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 2601 Rocky River Road

DESCRIBE TYPE OF BUSINESS:

LOT NUMBER:

Square footage of facility: 350 Projected MAX Seats

TOWNSHIP (CHECK ONE):

NUMBER OF EMPLOYEES: 160 currently PER SHIFT: NA
Church Members

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

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE: Kitchen Facilities

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

TYPE OF WASTEWATER:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

NA

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES X NO	WELL SPRINGS OR WATERLINES	___ YES X NO
EXISTING WASTE WATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES X NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: United Wesleyan Church (LAST) (FIRST) (MI)	NAME: Tyndall Dennis F. (LAST) (FIRST) (MI)
ADDRESS: 3126 Milton Road, Suite 120	DAYTIME PHONE: 704 336-5500
CITY: Charlotte STATE: NC ZIP: 28215	
DAYTIME PHONE: 704 336-5454/536-0870	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: [signature] DATE: 10/9/96

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

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

1 of 2 Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION #1 9226A
for ON-SITE WASTEWATER SYSTEM 105-0340 *

OWNER: United Wesleyan Church of Salem APPLICANT: _____ DATE EVALUATED: _____
ADDRESS: 3126 Nelton Road ST. 120 APPLICATION DATE: _____ PROPERTY SIZE: .41
PROPOSED FACILITY: Church PROPOSED DESIGN FLOW (.1949): 480 - * PROPERTY RECORDED: _____
LOCATION OF SITE: 2601 Rocky Rivers Road
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

* maybe subject to change

PROFILE #	Slope % 5-10% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLAS & LT
1	LS	0-3"	gr/cl	Fr/SEAP/SS/SP	>46" to chroma 2	46"	N/A	None	PS .391 IV
		3-46"	SBK/C	Fr-Fi/SEXP/SS/P					
2	LS	0-4"	gr/cl	Fr/SEAP/SS/SP	>48" to chroma 2	48"	N/A	None	PS .391 IV
		4-48"	SBK/c	Fr-Fi/SEXP/SS/P					
3	LS	0-4	gr/cl	Fr/SEXP/SS/SP	>45" to chroma 2	45"	N/A	None	PS .391 IV
		4-40"	SBK/c	Fr-Fi/SEXP/SS/P					
		40-45"	SBK/C	Fr/SEAP/SS/SP					
4	LS	0-8"	gr/scl	Fr/SEAP/SS/SP	>45" to chroma 2	45"	N/A	None	PS .391 IV
		8-39"	SBK/c	Fr-Fi/SEXP/SS/P					
		39-45"	SBK/cl	Fr/SEAP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marlin 11-27-96

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: 7226 A

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLAS & LT/
1	LS	0-4"	gr/sc/	Fv/SEAM/SS/SP	> 40"	40"	N/A	None	PS .3g/F
		4-33"	SBM/C	Fr-F/SEAM/SS/P	To chroma 2				
		33-40"	SBM/CL	Fv/SEAM/SS/SP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

OMMENTS:

LEGEND

use the following standard abbreviations

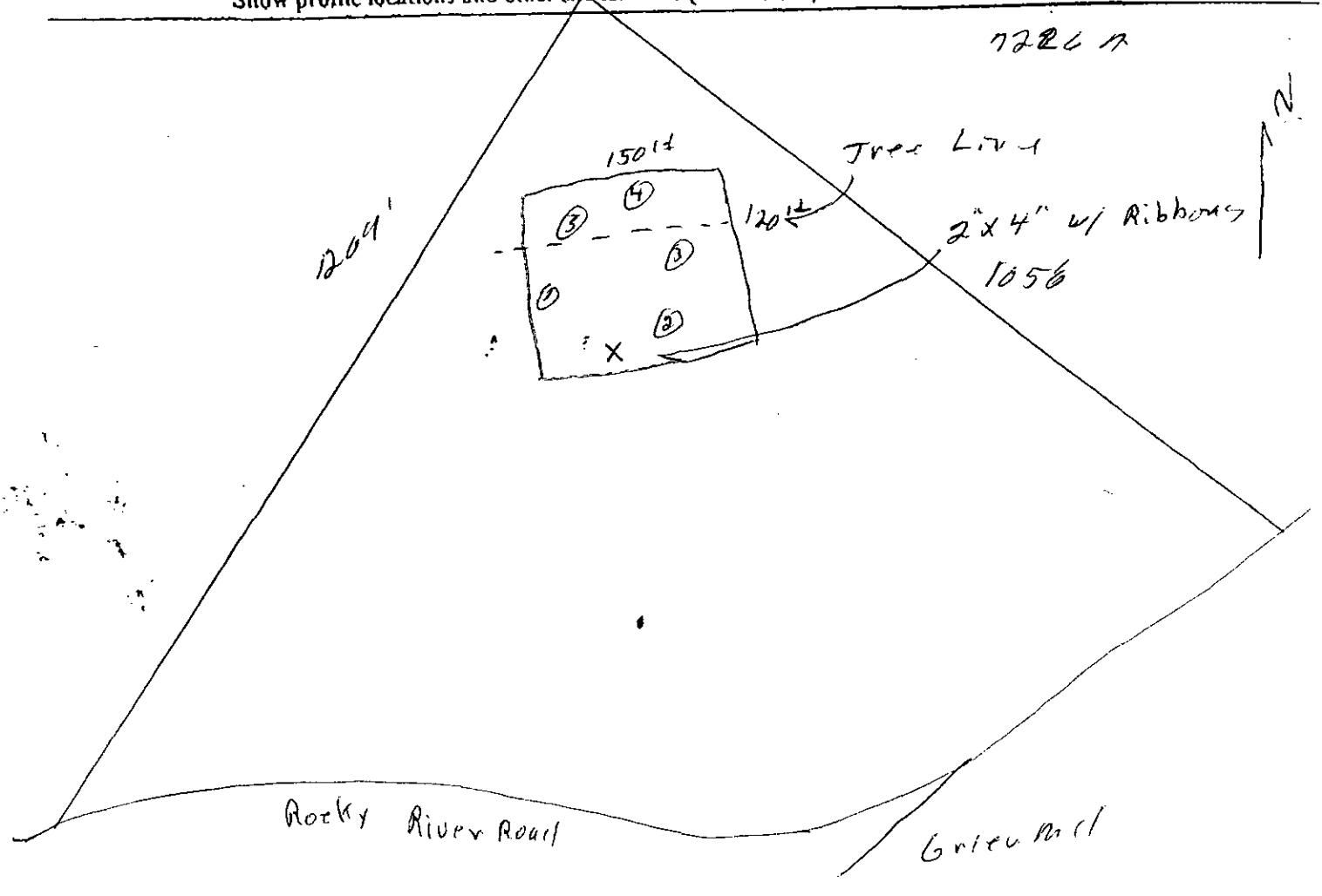
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Bloc
S (Foot Slope)						ABK (Angular Blocky
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic
						P (Plastic)
						VP (Very Plastic)

OTES	
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
IGH WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designa
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



NEW SEPTIC SYSTEM, AS PER REQUIRE
OF C. MECK. HEALTH DEPARTMENT. PERM
BE SEPERATE TO THIS PERMIT. THIS SYST
BE IN PLACE PRIOR TO CERTIF. OF OC

100' NAT. BUFFER, TREES

BLDG. PAD SITE.

EXIST'G. "DRIVE" THRU TREES.

WATER LINE SEE P-1

BACK FLOW PREVENT. VALVE

NEW 2" W. METER

SITE CONTRAC
REMOVE. ALL
FROM SITE, DO
NO ON SITE B
NO GRADING
ALL GRADED
MULCHED WITH
OF GRADING.
ADDITIONAL M
MAY BE REQ

REMOVE TREE
BLDG. VISIBILI

CLEAR SITE LINE TO CURVE FOR D.O.T. VISIBILITY, AS DIRECTED

ROCKY RIVER RD.

G.C. TO REQUEST PRE-CONST. CONFERENCE WITH MCED INSPECTOR. INSTALL STONE ENTRANCE DEVICES, RECEIVE GRADING PERMIT.

PROPOSED PLOT PLAN

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

FILE: 7226A

TC: _____

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.

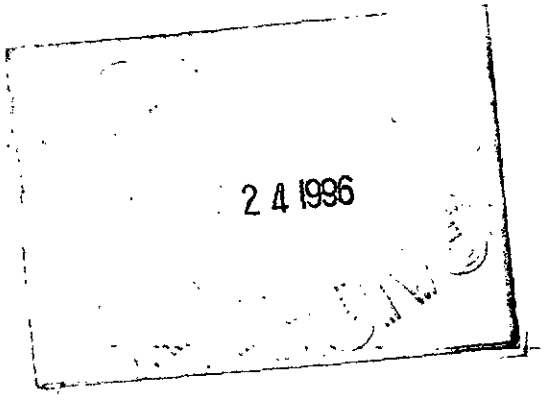
See Attached

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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


2 4 1996