Date Received 5-27-83

RECEIVED
MAY 27 1983
ENVIRONMENTAL HEALTH

SIR No. 19724 1
T. Rec. 055-382-03
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER LAINE, ROBERT B.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 36 FAIRWAY RIDGE, Clover SC ZIP 29710

3) PHONE NO Home 831-2584 Office 831-1770

4) LOCATION OF PROPERTY Sam Wilson Rd
(STREET OR COUNTY ROAD)

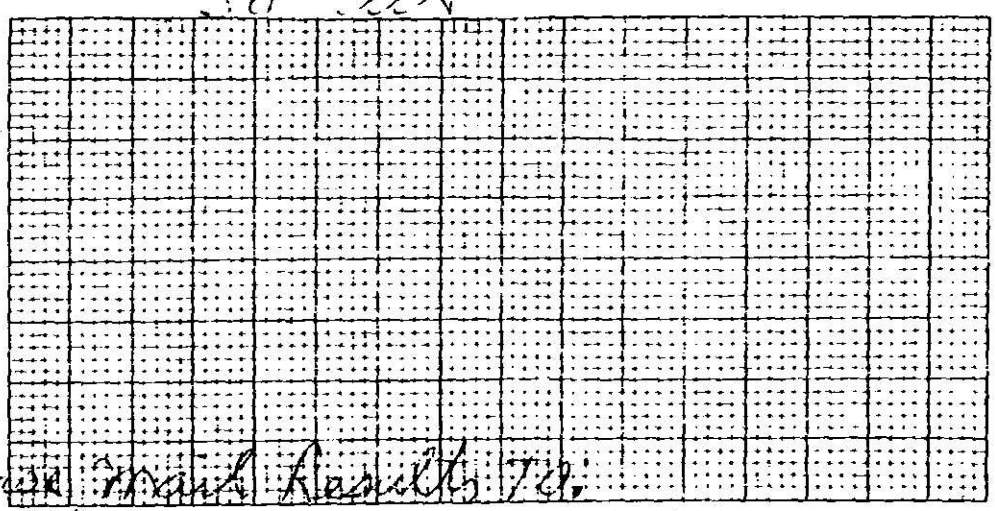
5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. Lil atl PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

Lil atl



Please mail Results To:
TRUSTEES
GREENLAND Ave. BAPTIST CHURCH
PO BOX 669044
CHARLOTTE, NC 28208

7) ACCURATELY DIAGRAM & DIMENSION LOT

Robert B Laine
OWNER

Environmental Health Department's Copy

Serial No. 5049

SIR No. 19724

T C. No. P0 055-252-03

Date Issued 6-8-83

Map Date

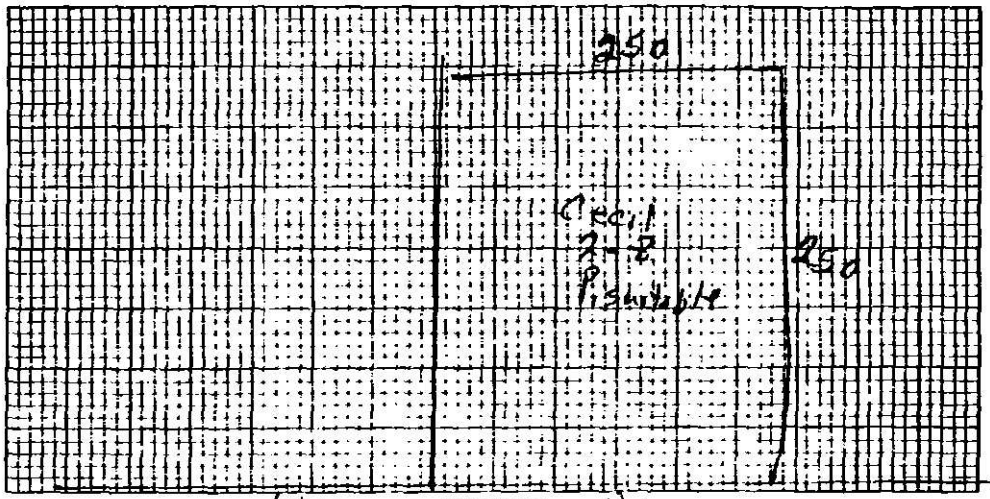
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Laine, (LAST) Robert (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 36 Fairway Ridge, Clover, SC ZIP 29710

LOCATION OF PROPERTY Sam Wilson Road (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. **Provisionally Suitable**
The permeability rate determined by the investigation was . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

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

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina 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.

William B. Kennedy
Soil Scientist

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

EHD-S-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19724

T.C. NO. P0055-352-3

(Ground Absorption Sewage Disposal)

OWNER: Robert B. Laine
ADDRESS: 36 Fairway Ridge
Mooresville, N.C. 28115
PLAT NO:
LOT SIZE: 1.5A out of 7.6
LOCATION OF SITE: SAM Wilson & Laine Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-8 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 40-48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	P Suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

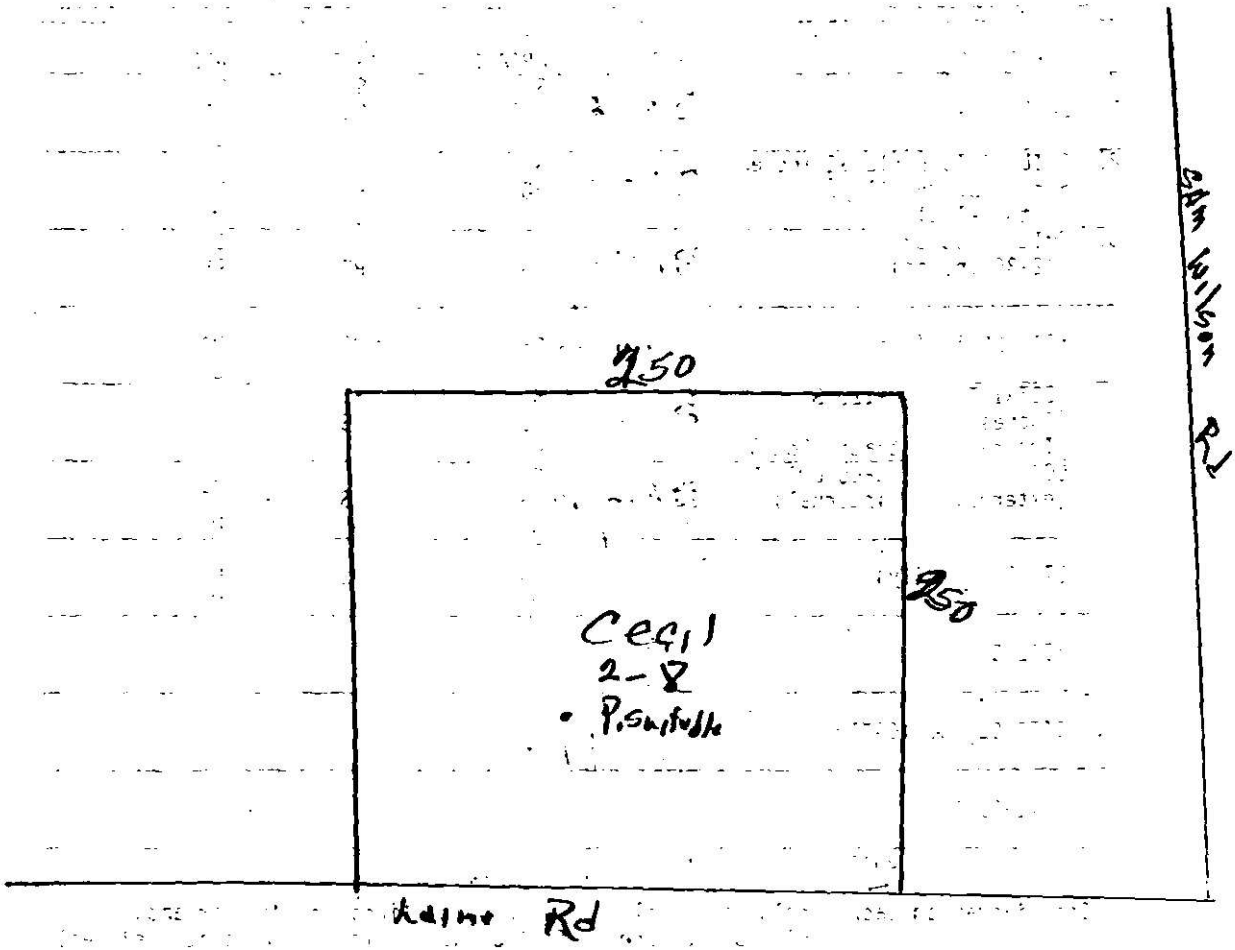
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 6-6-83

EHD 539 (Revised: 6/82)


250
250
Cecil
2-8
Pisa fine
Kaine Rd
San Wilson Rd

MECK COUNTY DEPARTMENT OF
OCT 2 : 1983

SEE INSTRUCTIONS ON BACK

Date Received 10-24-83

ICAR(S) Application No. 19724

T. C. No. PO 055-391-03

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

3) PLOT PLAN (ACCURATELY DIMENSIONED)

See Attached

Mobile Home ____Yes ✓No
Residence ____Yes ✓No

4) No. of Bedrooms N/A
5) Business Use — Max No Employees 350
6) Washing Machine ____Yes ✓No
7) Garbage Disposal ____Yes ✓No
8) Dishwasher ____Yes ✓No
9) Water Supply:
A) Individual Well ____
B) Governmental System ✓
C) Community System
1 Well source ____
2 Governmental source ____
10) Sewage System.
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No
11) FHA Case No ____
12) VA Case No. ____

13) NAME OF OWNER Westmoreland (LAST) Baptist (FIRST) Church (MIDDLE)

14) ADDRESS OF OWNER 8415 Laine Rd 28208

15) PHONE NO. Home _____ Office 597-9695

16) LOCATION OF SYSTEM 8415 Laine Rd. (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____ See Attached

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 6-8-83

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.

10-24-83
DATE OF APPLICATION

Billy K. Linker, Chm. Bldg. Comm.
OWNER
2352 Orton St.
Charlotte, N.C. 28208
399-5328 HOME
554-2165 WORK

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BE-11-1-83

SIR No. 19724

Serial No. 6890

Date Issued 10-26-83

T. C. No. PO 055-392-03

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 Westmoreland Baptist Church
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 8415 Laine Road, Charlotte, NC ZIP 28208

LOCATION OF LOT 8415 Laine Road
(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 19724 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.

Randy P. Fiske RS
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 7-10-84

RECEIVED
JUL 10 1984
ENVIRONMENTAL HEALTH

LCAR(S) Application No. 19724

T. C. No. 00 055-392-03

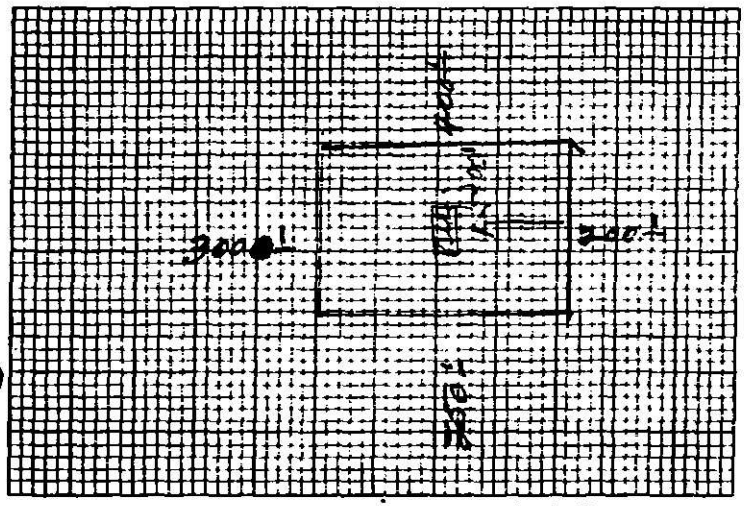
Map Date

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 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4) No. of Bedrooms ___

5) Business Use — Max No Employees 320

6) Washing Machine ___ Yes ✓ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ✓ Yes ___ No

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

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

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Westmoreland (LAST) Baptist (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER 8415 Laine Road P.O. Box 669044 (08)

15) PHONE NO. Home ___ Office 392-1624 Jim Collins Pastor

*16) LOCATION OF SYSTEM 8415 Laine Rd. (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 ___

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.

7-10-84
DATE OF APPLICATION

Jamie E. Collins Pastor
OWNER
Deacon for Building Committee

EHD-S-76

Environmental Health Department's Copy

Date Issued 2-18-85

Serial No. 07884

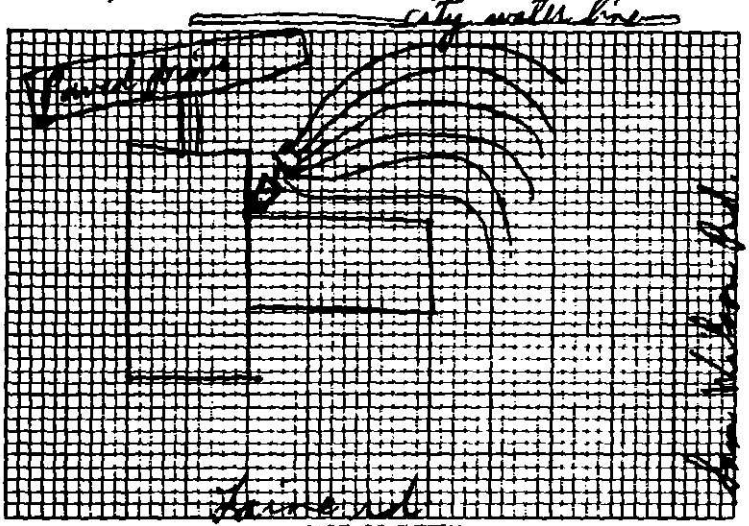
ICAR(S) Permit No. 19724

T. C. No. 055-392-03

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 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 application 19724, dated 7-10-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 3-18-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 702'

Number of Lines 6

Distance from House 5'

Distance from Property Line 10'

Distance from Well city

NAME OF OWNER Westmoreland Baptist Church

LOCATION OF PROPERTY 8415 Laine Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission 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 uninspectable or can be used. 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.

6 lines 3'X117'X12" stone

Comments:

John R Adkisson

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a 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. 19724

Date Issued 2-21-85 Serial 7317 P.O. T. C. No. 055-392-03 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner Westmoreland Baptist Church
(LAST) (FIRST) (MIDDLE)

Location of Property 8415 Laine Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 702 Number of Lines 6

Depth of Filter Material 12" Cover Depth 12" - 18"

Water Supply Source City Distance from Water Source —

Excavation Inspected 2-21-85 (DATE) Tank Inspected 2-21-85 (DATE)

Nitrification Field Inspected 2-21-85 (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: Installed as permitted

D. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 12 1988
Ck# 20999 $20.00
☐ L ☑ CRT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 19724
TC: 055-392-03
SERIAL: № 16536

JOB LOCATION

① ADDRESS: 3205 (STREET NO) SAM WILSON RD. (STREET) ② FILE: -

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

OWNER

⑧ NAME: WESTMORELAND BAPTIST Church (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 3205 SAM WILSON RD

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28205

⑬ PHONE: (WORK) 399-3033 (Church) ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) FELLOWSHIP HALL 10 Class rooms, 2 Baths, Kitchen, Vestibule

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? _____ ㉕ Type? Religious

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

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? 150 Girls

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: J. Bruce Ellen Jr (Bldg Comm Chairman)

Date: July 11, 1988

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

use existing system -- no increase in flow

Environmentalist: Karla W. Johnson, RS 8/5/88 Date

Director or Authorized Section Head: S. D. Davis, RS 8/5/88 Date

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

Westmoreland Baptist Church
3205 Sam Wilson Road
Charlotte, N.C. 28214-9016

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 4 1988
ENVIRONMENTAL HEALTH
DIVISION

Dear Sylvia:

About a week ago I talked with you about our septic tank as relating to a proposed addition to our building. I understand the tank was built for 320 people and we only have about 150 or less attending on Sunday morning.

Our water usage beginning with the bill for July 31, 1987 and going through July 1, 1988, which is 13 bills, was 58,347.90 gallons. A great deal of this in July and August of '87 was used outside.

You asked to be reminded to contact Karla Johnson about this.

Sincerely,
Fred C. Crisp, pastor