

11801 PLAZA RD EXT

10521115

1/2/2008

duponbj

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

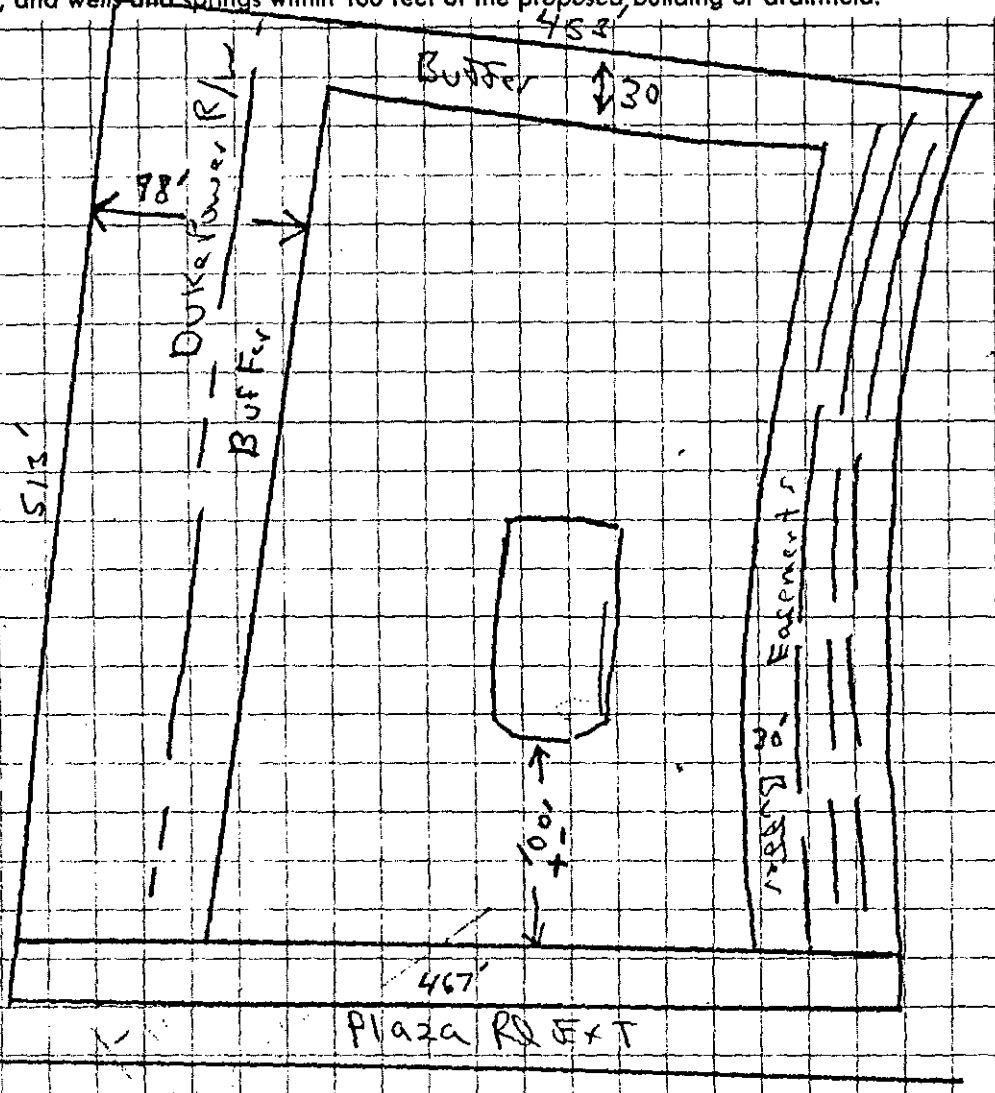
PROPOSED PLOT PLAN

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

FILE: 3201B

TC: 10-5-21-15

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.



No wells in area

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20379

File: 32-13 Action 1

Parcel: 115-211-15 ☐ PC

Location: 11[illegible] Plaza Road Ext.

Subdivision:

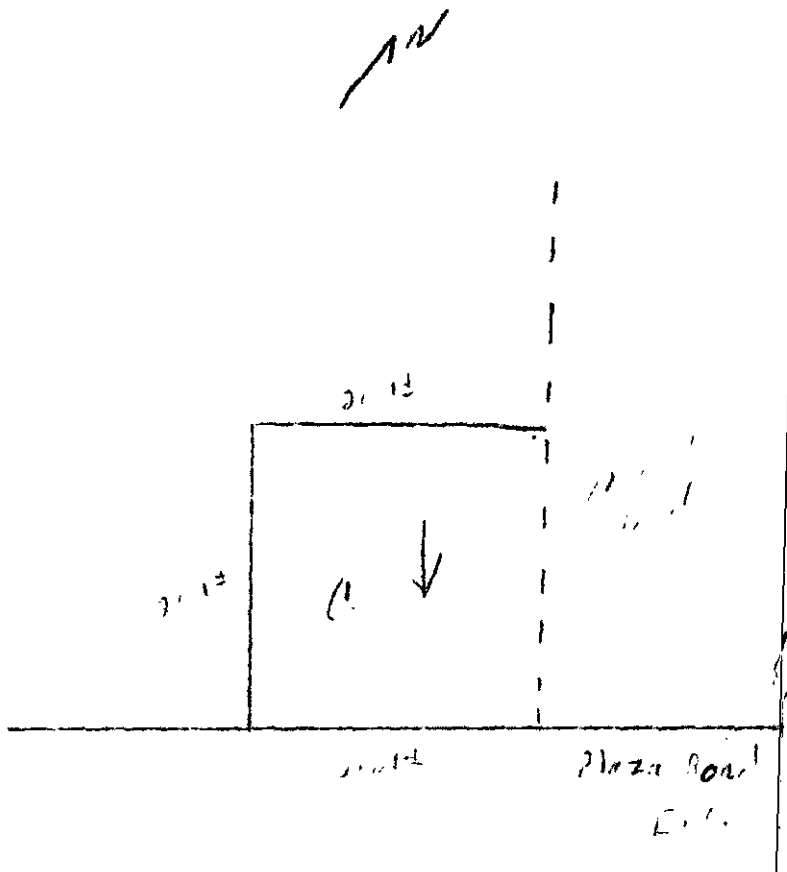
Lot: Block: Acres: 2 ± ac. 1.6

Owner: [illegible]
Address: [illegible]
[illegible]
[illegible]

Comments: [illegible] Rocks, Egg/Hill Adj LTAR - Additional area recommended should initial evaluation.

Described by: William A. Marsh

Date: 6-21-91



*** 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 2-5%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" Fluctuation	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 35"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	S PS U	S PS U	S PS U	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	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Appling/Hiwassee					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

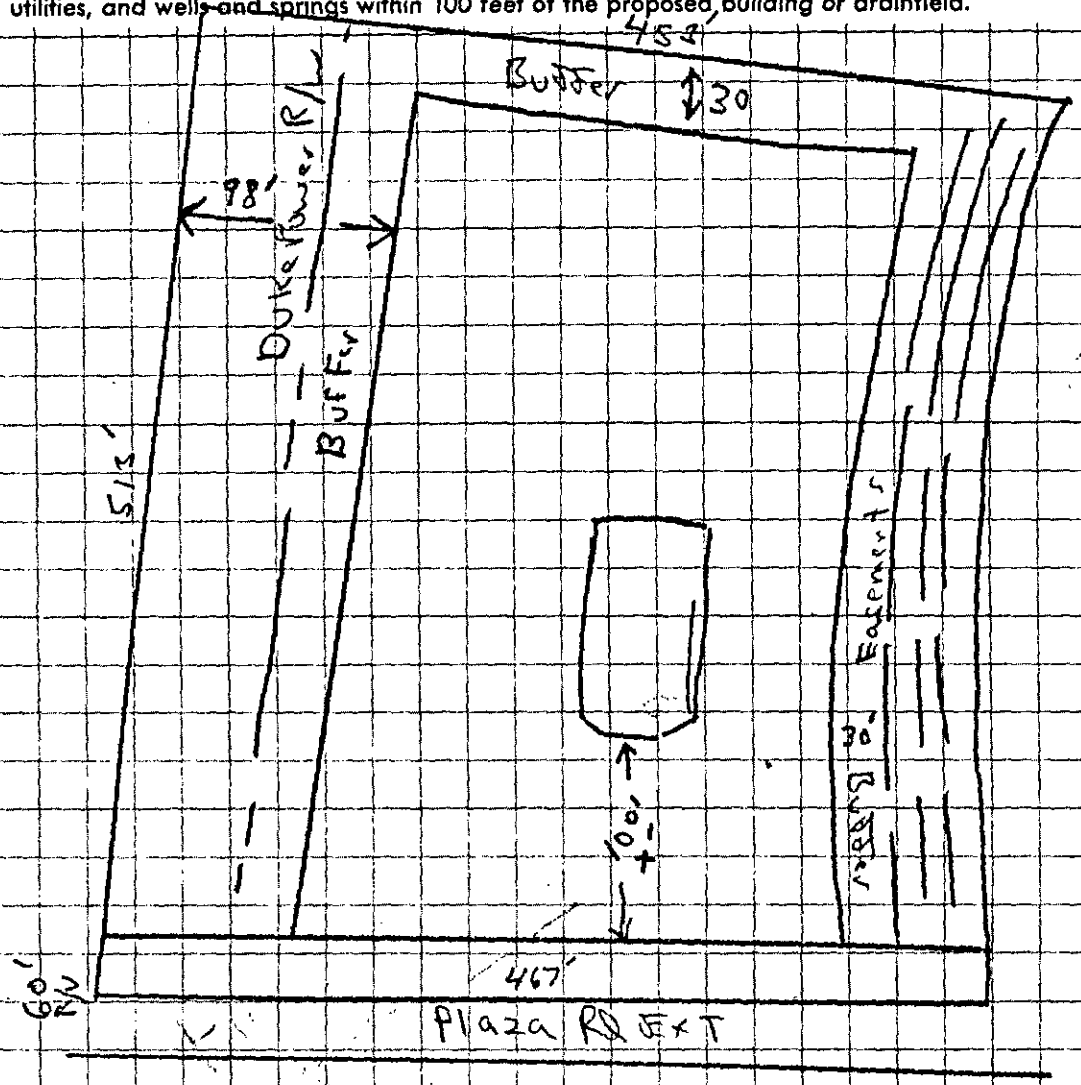
PROPOSED PLOT PLAN

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

FILE: 3201B

TC: 10-21-15

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

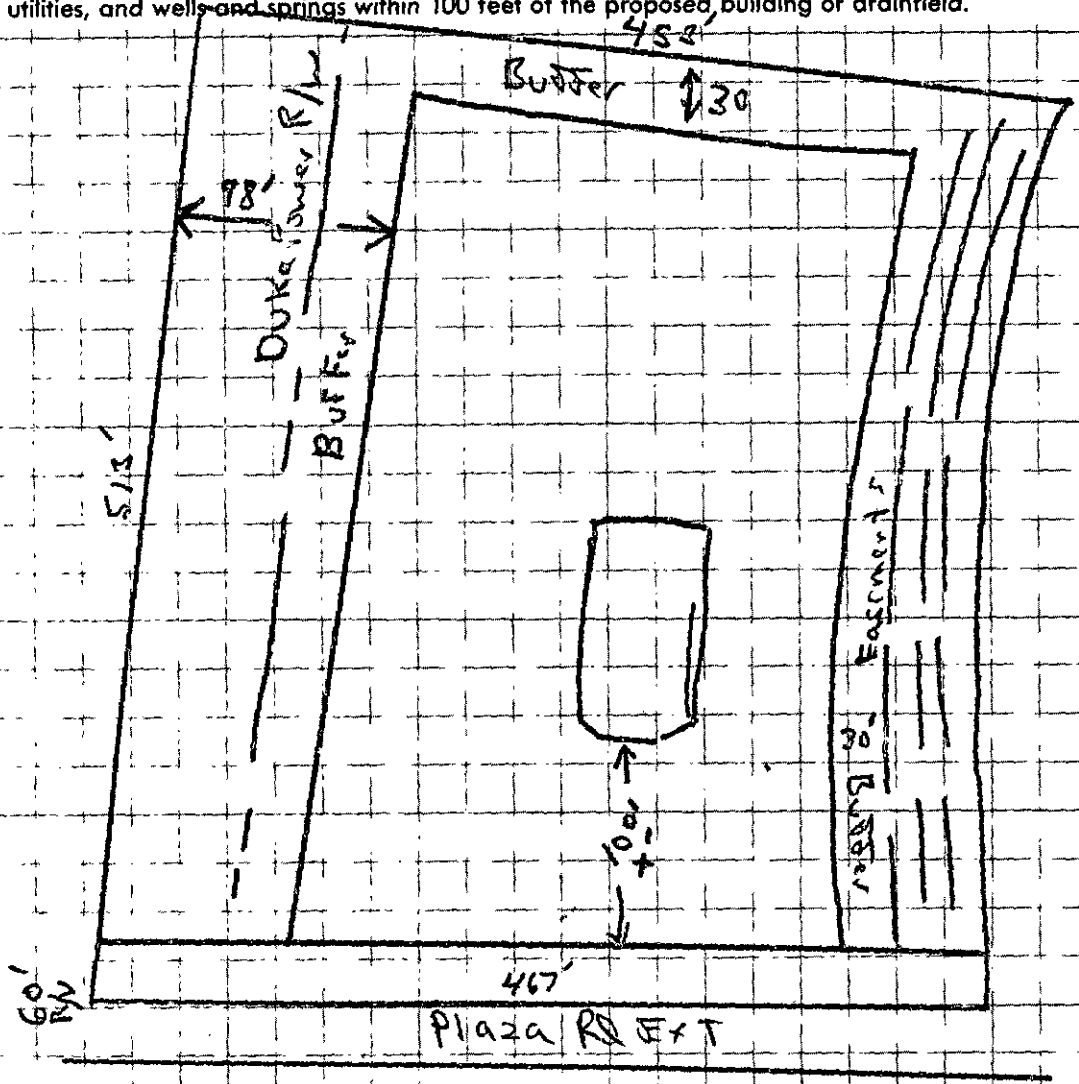
PROPOSED PLOT PLAN

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

FILE: 3201B

TC: 1105-22 11 47 55

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 6/6/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

105-211-15
PARCEL NUMBER

11801 Plaza Rd Ext
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	___ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	___ APPROVED	___ NOT APPROVED
3. WATERSHED PROTECTION	___ APPROVED	___ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	___ APPROVED	___ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___ PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	✓ YES	___ NO
7. DRIVEWAY PERMIT REQUIRED	✓ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___ YES	✓ NO SFS

REMARKS: New Const

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3201B

100.00 CHK 5191 6/17/94 DS [] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Scott, Pastor Ron (last) (first) (mi)
ADDRESS: 6201 Elgywood Ln PHONE: (__) 598-0343
CITY: Charlotte STATE: NC ZIPCODE:

Date: June 18, 94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-211-15
STREET ADDRESS: 1801 Plaza Rd Ext
Charlotte
ZONING:

PROPERTY OWNER:
NAME: Laurel Grove Will Baptist (last) (first) (mi)
ADDRESS: 6301 Elgywood PHONE: (__) 598-0343
CITY: Charlotte STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Pastor Ron Scott Date: 6-17-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... See permit file for details

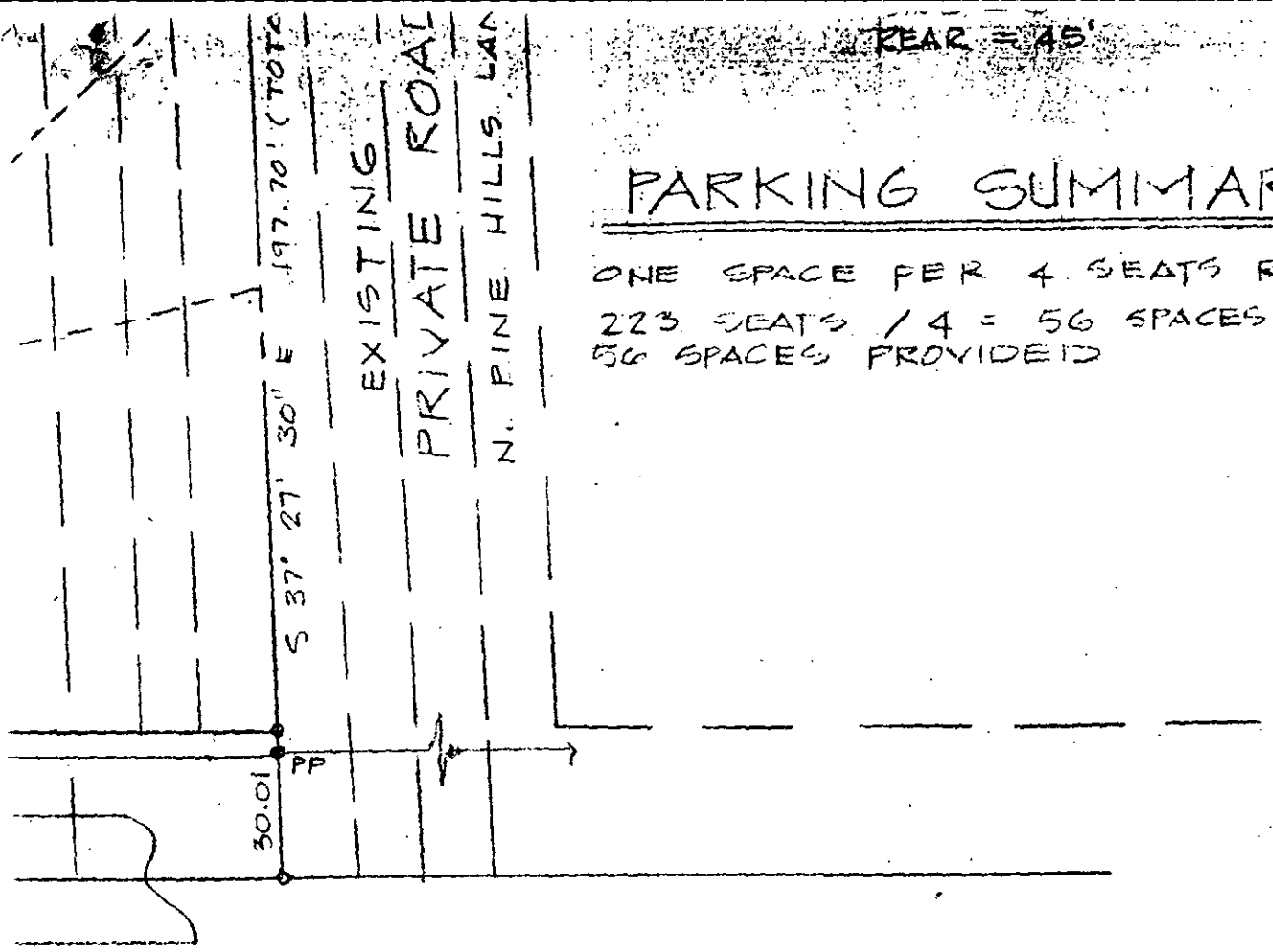
[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

PSW 2/21/95
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

REAR = 45'



PARKING SUMMARY:

ONE SPACE PER 4 SEATS REQ'D
223 SEATS / 4 = 56 SPACES REQ'D.
56 SPACES PROVIDED

APPROXIMATE LOCATION OF
RELOCATED N. PINE HILLS LN.
OWNER TO HAVE EXACT LOCATION
VERIFIED WITH SURVEYOR

1500 ST

1000 DT Lift pump required 669 GPD

Total lawier footage based on 3 gal per seat, Church (not including a Kitchen, Food Service Facility, Day Care or Camp)

6 lines x 124'long x 3'wd x 12" stone

744 TLF

Keep septic system 100' from proposed well

Keep lines on contour of land

3201B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

300° chk 5/9/94 6/17/94 DS [] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Scott, Pastor Ron (last) (first) (mi)

ADDRESS: 6201 Elgywood Ln PHONE: (__) 598-0343

CITY: Charlotte STATE: NC ZIPCODE:

Date: June 18, 94

PROPERTY OWNER:

NAME: Laurel Grove Will Baptist (last) (first) (mi)

ADDRESS: 6201 Elgywood PHONE: (__) 598-0343

CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-211-15

STREET ADDRESS: 11801 Plaza Rd Ext

Charlotte

ZONING:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: 223 Seats
Type Business Church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Pastor Ron Scott Date: 6-17-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...Lift pump required.

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Robert L. Walker 2/22/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

AN EQUIVALENT ORDINANCE SPECIES

HE REQUIREMENTS

15' PERMANENT ACCESS EASEMENT FOR CAMPBELL MOOREFIELD & WIFE

26' CLASS 'C' BUFFER

~ H. C. STAFFORD ~
ZONED: R-3

PROPOSED WELL

BUFFER

N 57° 35' 20" E

THIS DIMENSION TO BE FIELD VERIFIED BY SURVEYOR.

453.31'

22.5'

CLASS 'C' BUFFER

Proposed Well

18'

120'

GRAVEL PARKING

HOLD THIS DIMENSION

BKS' AREA TO BE LEVEL W/ GRAVEL PARKING

165'

FIELD VERIFY THIS DIMENSION W/ SURVEYOR

5'5'

70'

5'

24'

18'

10'

HCP SIGN (TYP OF 3)

HCP

HCP

11.5' 11' 11.5'

18'

62'

100'

FUTURE ADDITION

45'

PROPOSED 5,437 SF SANCTUARY

88'

TYP. SHRUB REQ'D FOR SCREENING

TOTAL

513.26'

17'

81'

~ VICENT CARDINAL ~
ZONED: R-3

EXISTING DUKE POWER TRANSMISSION TOWER (APPROX. LOCATION)

N 29° 56' 27" W

12'

CONCRETE WALKS TO HAVE A MAX. SLOPE OF 1:20 AND A 2" MAX. VERTICAL DROP BOTH SIDES.

11' x 5' AREA TO BE LEVEL W/ GRAVEL PARKING

18'

26'

DRIVE

18'

10'

GRAVEL PARKING

MAIN FIELD

SEPTIC TANK

Type 9 Area

TYPICAL SHRUB REQ'D. FOR SCREENING PLANT @ 5'-0" O.C. IN AREAS SHOWN.

30' SETBACK

DRIVE

EXISTING OVERHEAD

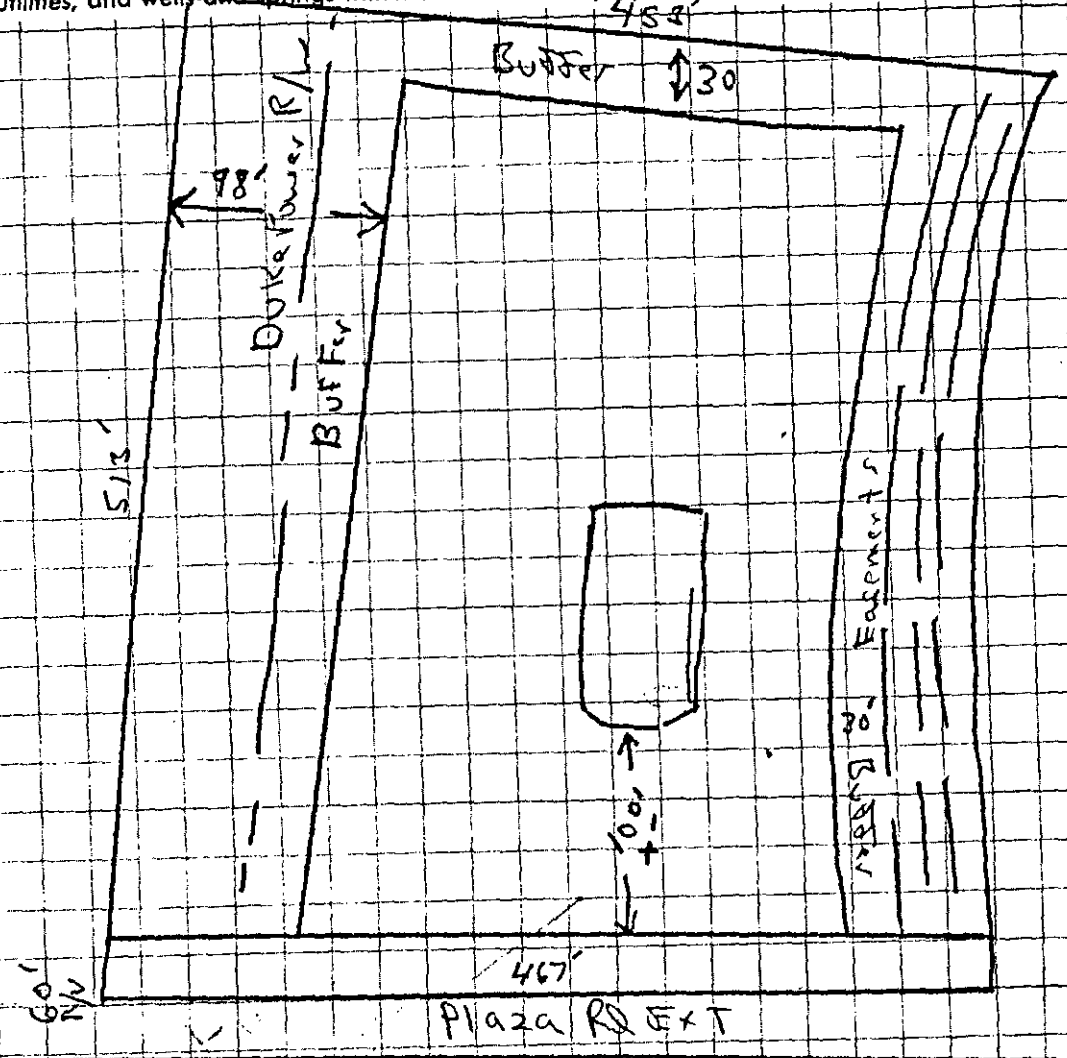
PROPOSED PLOT PLAN

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

FILE: 3201B

TC: 10-5-21-15

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20379

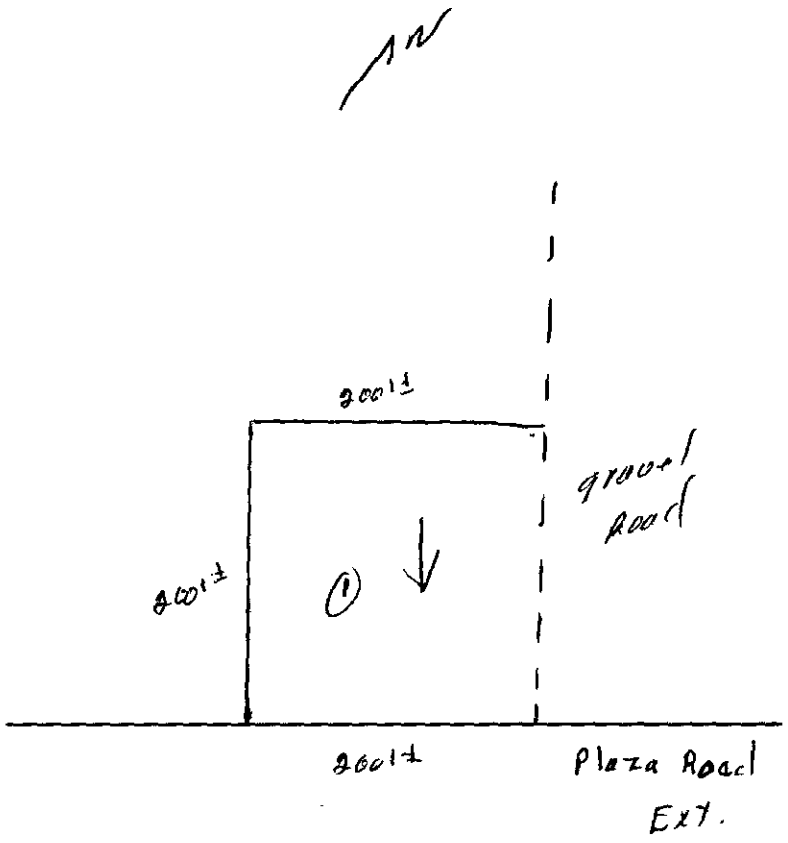
File: 3201 B Action 1
Parcel: PO 105-211-15 ☐ PC

Location: 11601 Plaza Road Ext.
Subdivision:
Lot: Block: Acres: Approx. 1.0

Owner: Jarrel Free Will Baptist Ch.
Address: 6201 Elgynwood Lane
Charlotte, N.C. 28213

Comments: 100% Repair, 3 gal/ft/day LTAR - additional area for drainfield potentially available.

Described by: William A. Marsh
Date: 6-21-94



***** 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	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub & Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7+0" Towards	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 38-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7+0"	S PS U	S PS U	S PS U	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	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil Hills					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

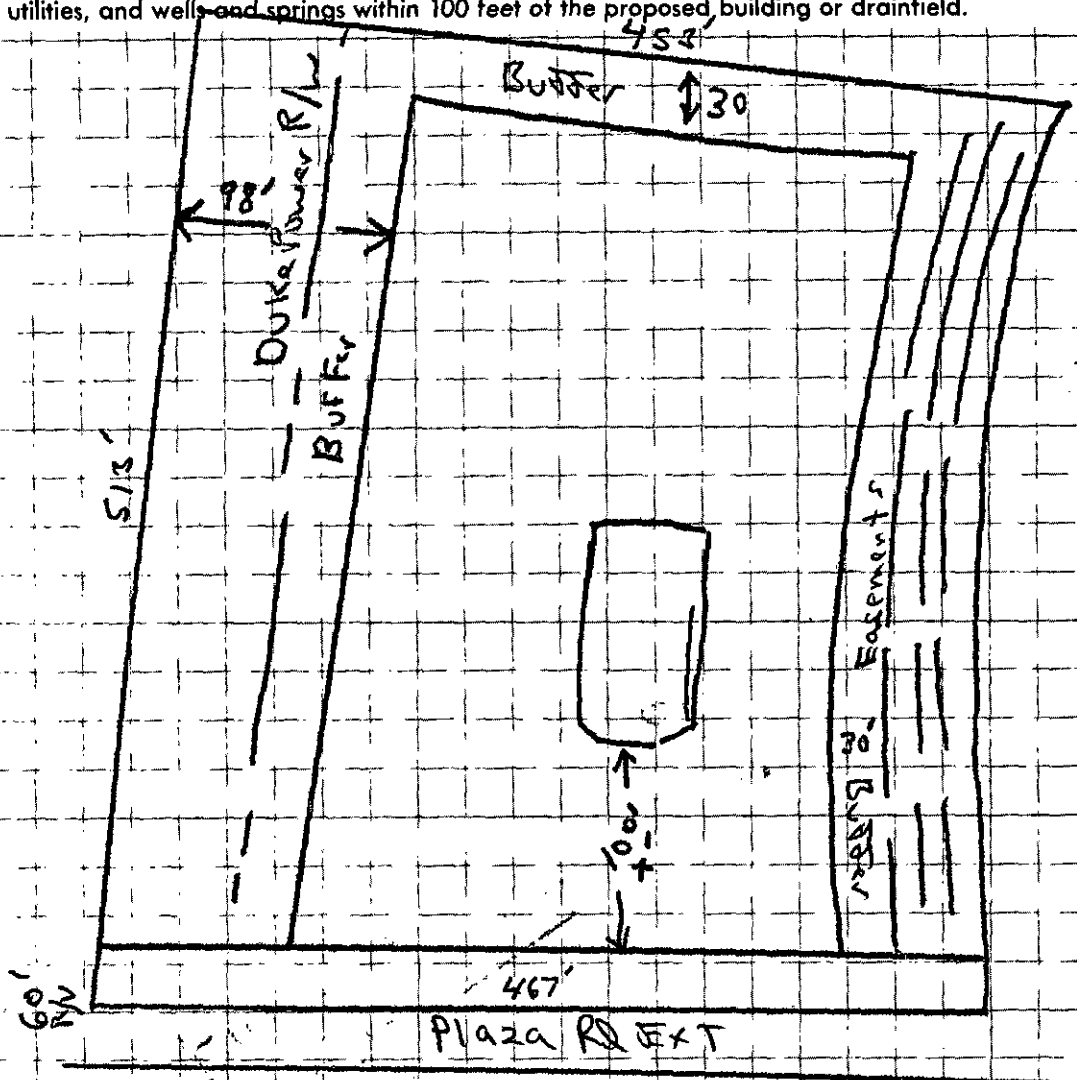
PROPOSED PLOT PLAN

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

FILE: 3201B

TC: 105-211-15

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

June 22, 1994

Laurel Free Will Baptist Church
6201 Elgywood Lane
Charlotte, NC 28213

RE: Property located on 11801 Plaza Road Extention
FILE: 3201B
PARCEL: 105-211-15PO

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 20379) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3201B

PD 50.00 Ck #6 6/9/98 CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Smith (last) Alton (first) L. (mi)
ADDRESS: 7212 Scarlet Runner dr PHONE: (704) 563-6379
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date:

PROPERTY OWNER:
NAME: Laurel FWB Church (last) (first) (mi)
ADDRESS: 11801 Plaza Rd Ext PHONE: (704) 566 0323
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-211-15
STREET ADDRESS: 11801 Plaza Rd EXT
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] Use Existing System [redacted] [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) for Daycare Facility [redacted]
[] COMMERCIAL OR INDUSTRIAL (M)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: 29 Children
Type Business Daycare # Employees 6 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Alton L. Smith Date: 9 June 98

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WWATER : 122791

File 32013 107 400 LF #150.00 all'd 2nd 10/19/95 ck.# 6045

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Ph #150.00 2/20/95 ck #0882 CRT

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

(704)336-5102

Date: 2/20/95

PERSON FILING APPLICATION:

NAME: Whittaker (last) Tim (first) (mi)

ADDRESS: 512 S. South St. PHONE: (704) 866-9540

CITY: Gastonia, STATE: NC ZIPCODE: 28052

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-211-15

STREET ADDRESS: 11801 Plaza Rd. Ext.

ZONING:

PROPERTY OWNER:

NAME: Laurel Free Will Baptist Church + (last) (first) (mi)

ADDRESS: 6201 Elgywood Ln. PHONE: (704) 532-0962 598-0343

CITY: Charlotte STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
- [X] 0 Mecklenburg County
- [ ] 1 Charlotte
- [ ] 2 Davidson
- [ ] 3 Cornelius
- [ ] 4 Pineville
- [ ] 5 Matthews
- [ ] 6 Huntersville
- [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 5 Ac. ±

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
- [X] COMMERCIAL OR INDUSTRIAL (N) Church
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS: 223

SYSTEM CLASSIFICATION: TYPE III

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Church SEATS # Employees ___ Per Shift 223
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
- [ ] Community (C)
- [ ] Municipal (M)
- [X] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [X] Other

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

Signed: Tim Whittaker Date: 2/20/95

NOTICE: for L.F.W.B. Church +

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

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

...This permit is not transferable.

... Lift pump required

Approval for 223 seat church (not including a kitchen, Food Service Facility, Day Care)

- [X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phil A. Walker 2/22/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

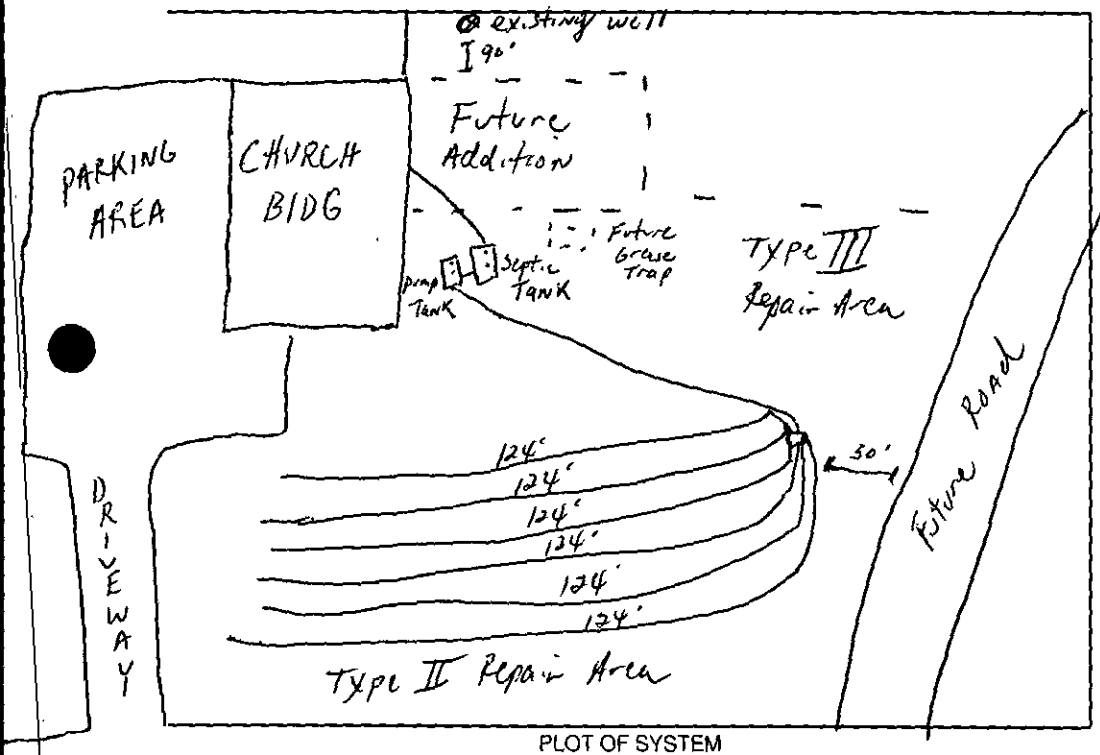
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3201 B DATE: 4/10/95

TC: 105 211 15 ☐ L

SERIAL Nº 16412

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 2/21/95. All work shall be completed on or before 5/10/95, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PLC

Trench Depth 3'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 744' feet

Number of Lines 6 (124')

Depth of Stone 12 inches

Distance from House 5 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 Laurel Freewill Baptist Church

LOCATION OF PROPERTY 11801 Plaza Rd Ext.

Comments: 1500ST, 1000DT No pump installed, 6 lines x 124' long x 3' wd x 12" stone
Keep septic system >100' from existing well | Keep tanks >5' from existing and future bldg foundation | Keep lines on contour of land | Pump tank to be installed, but no pump under 750 gal requirement for lift pump

Joni Huggins Bunney, RS for Sylvia Daniel, R.S.

Phillip S. Walker R.S.
Environmental Health Specialist

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D460

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

FILE: 3201B DATE: 4/26/95

TC: 105 211 15 ☐ L ~~☐ CRT~~

SERIAL Nº 15446

Name of Owner Laurel Freewill Baptist Church Juris.:

Address of Property 11801 Plaza Rd Ext.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 744'

Number of Lines 6 @ 124

Cover Depth 8" - 14"

Water Supply Source well

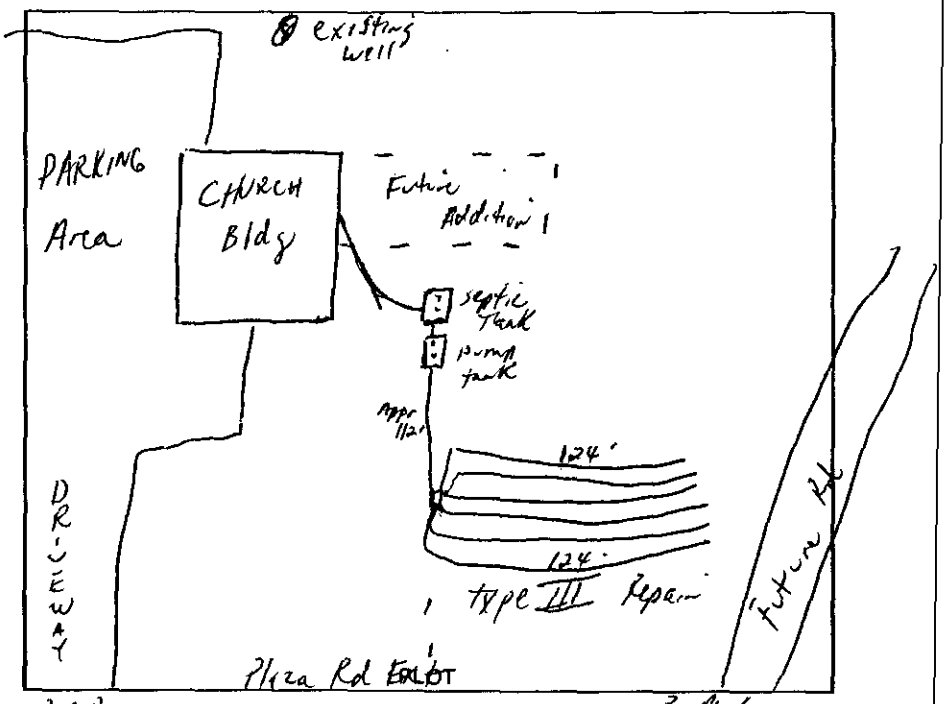
Distance to Water Source >100'

Excavation Inspected 4/26/95

Tank(s) Inspected 4/26/95

Wash Line Inspected -

High Water Alarm Inspected -



Design: 1995, 1500ST, 1000DT, no pump installed, 2232SFT, 12" stone cecil CTR#

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Septic system designed for 223 seats capacity church. (No Kitchen facilities) Pump tank installed for future building projects Type II

Phila S. Walker R.S.
Environmentalist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3201B DATE: 2/23/96

TC: 105 211 15 ☐ L ☐ CRT

SERIAL Nº 16549

Name of Owner Laurel Freewill Baptist Church Juris.: _____

Address of Property 11801 Plaza Rd Ext.

Inspection Data:

Tank Material PCC

Total Length of Drainfield –

Number of Lines – @ –

Cover Depth –

Water Supply Source –

Distance to Water Source >100'

Excavation Inspected –

Tank(s) Inspected 2/23/96

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design 1996, Grease Trap Addition CTR# B. McLarnon

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: Grease Trap Addition, see previous installation approval for grease trap layout.

Philo A. Walker R.S.

Environmental Health Specialist

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

Preston Metheny
my phone # is
532-0962w Home 376-2627

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE: 1**
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 029-987164 **SUBMITTED DATE:** 02/22/95
PROJECT NAME: LAUREL FREE WILL BAP **PHS:** CH **SEC:** **TIME:** 08:25 AM

CONTACT NAME: PRESTON **PHONE #:** 532-0962
TITLE: **TYPE OF PERMIT:** FULL

COMMENTS: 11801 PLAZA RD EXT MECK

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MICHAEL BURKHARD	336-3836	
	ELECTRICAL	MICHAEL BURKHARD	336-3836	
	MECHANICAL	MICHAEL BURKHARD	336-3836	
	PLUMBING	MICHAEL BURKHARD	336-3836	
	ZONING	MICHAEL BURKHARD	336-3836	
	COUNTY-FIRE	MICHAEL BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

THIS IS TO CERTIFY THAT ON THE 11TH DAY OF JULY 19 91 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON. I FURTHER CERTIFY THAT THIS PROPERTY IS NOT LOCATED WITHIN THE LIMITS OF ANY SPECIAL FLOOD HAZARD AREA.

SIGNED James W. Bogan 7/11/91
REGISTERED SURVEYOR

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE OR MECKLENBURG COUNTY SUBDIVISION ORDINANCES AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION. HOWEVER, ANY FURTHER SUBDIVISION OF THIS PROPERTY MAY BE SUBJECT TO THESE PROVISIONS.
CHARLOTTE-MECKLENBURG PLANNING COMMISSION
PLANNING COMMISSION STAFF 8/6/91 DATE

NORTH CAROLINA REGISTERED SEAL L-2542 LAND SURVEYOR JAMES W. BOGAN

SEE DEED 4696-0668

H.C. STAFFORD
DEED REF. 4040-538
(±20 ACRES REMAINING IN PARCEL)

VINCENT CARDINAL 2237-513

IRON N59°35'20"E 453.31' IRON

30' ↕ 30

68' DUKE POWER R/W

DUKE POWER R/W

BUFFER 70'

513.28' TOT.

N29°56'27"W

15' PERMANENT ACCESS ESMT. FOR CAMPBELL MOORFIELD J WIFE D.B. 5237 Pg. 164

68'

Septic Tank Field ?

Privet shrubs

Privet shrubs

5.000 ACRES

Parking

Church

200'

Septic

100'± ?

30'

15' PERMANENT ACCESS EASEMENTS

H.C. STAFFORD

S. JEREY & VIRGINIA WILLIAMS

740.00' S 25°12'E

DENNIS & SHEILA ZINK

DENNIS & SHEILA ZINK

WARREN & MARJORIE SHINN

JOHN M. & CYNTHIA PARKER

H.C. STAFFORD

269.98' S 25°26'32"E

15' ROAD PRIVATE

IRON

IRON

IRON

IRON

S 25°27'30"E 1117.10'

S53°45'14"W 467.90'

30.18'

30.01'

60' R/W

OLD NAIL

NEW NAIL

PLAZA ROAD EXTENSION
(S.R. 2803)

Please test area around church site
2 acres parking can be moved, No well in area

Dear Bill,
Please test
ASAP. The
Church has
sold their property
on Elgywood Dr. &
have to relocate.

Thanks

Preston
Metheney
My phone # is
532-0962w Home 376-2627

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3201B DATE: 2/23/96

TC: 105 211 15 ☐ L ☐ CRT

SERIAL Nº 16549

Name of Owner Laurel Freewill Baptist Church Juris.: _____

Address of Property 11801 Plaza Rd Ext.

Inspection Data:

Tank Material PCC

Total Length of Drainfield –

Number of Lines – @ –

Cover Depth –

Water Supply Source –

Distance to Water Source > 100'

Excavation Inspected –

Tank(s) Inspected 2/23/96

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design 1996, Grease Trap Addition CTR# B. Melanson

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: Grease Trap Addition, see previous installation approval for grease trap layout.

Philo A. Walker R.S.

Environmental Health Specialist

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