

11416 ALBEMARLE RD

13714205

1/3/2008

duponbj

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

FEE: 400.00
DATE: 1-03-01
C. Fee Call

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

[ ] CRT

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

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

FILE #: 36680

PROJECT TRACKING #: 158-966023

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-142-05

STREET ADDRESS: 11416 ALBEMARLE ROAD
CHARLOTTE, N.C. 28227

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: DAYCARE & FAMILY LIFE CENTER FOR CHURCH,

Square Footage of Facility: 13,200

NUMBER OF EMPLOYEES: 8
PER SHIFT: 15

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 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:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ✓ 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 ___ NO
EXISTING WASTE WATER SYSTEMS ✓ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ✓ 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: FELLOWSHIP BAPTIST CHURCH

NAME: (LAST) (FIRST) (MI)

ADDRESS: 11416 ALBEMARLE ROAD

CITY: CHARLOTTE STATE: N.C. ZIP: 28227

DAYTIME PHONE: (704) 545-9668 OR 545-3645

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: TRIPLETT, STEVE L. (LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 545-3645

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Nov., 1995

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: Steve Triplett DATE: 01-02-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

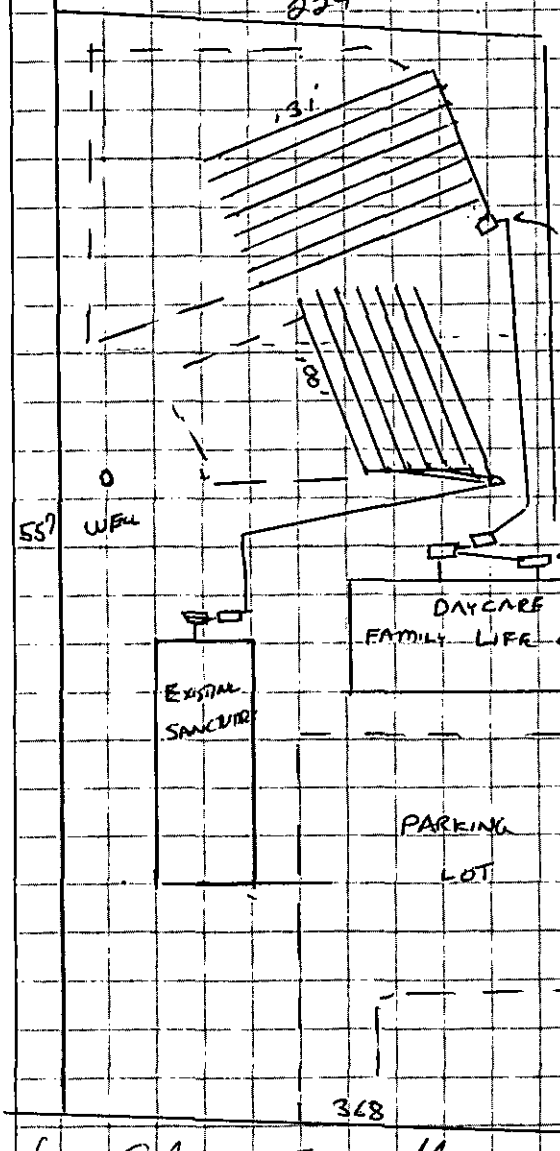
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3668 B

TC: 137-142-05

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.

SCALE 1" = 100'



(1) PERMIT IS FOR A DAYCARE AND FAMILY LIFE CENTER W/ 8 EMPLOYEES AND 55 CHILDREN.

(2) INSTALL AT LEAST A 2000 GAL SEPTIC TANK AND 2000 PUMP TANK.

(3) INSTALL A PRESSURE MANIFOLD AS A DISTRIBUTION DEVICE.

(4) REPAIR AREA MUST BE A TYPE IV-G INNOVATIVE

(5) THIS IS A TYPE III-B SYSTEM THAT IS REQUIRED BY STATE LAW TO BE INSPECTED AT LEAST ONCE EVERY 5 YEARS, WITH THE PROPERTY OWNER RESPONSIBLE FOR ANY FEES.

(6) WELL IS NOT USED FOR DRINKING - LOCATED ALL PARTS OF SEPTIC TANK SYSTEM 100' FROM WELL -

310'

Fax: (704) 573-8568

APPROVAL DATE 2/2/01

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3668 B

Tax Number: 137-14035

- 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	X 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	945 Max gallons/day wastewater flow	3150 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
MUNICIPAL Serviced by private well	2000 Gallon septic tank	1050 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence 8 EMPLOYEES/55 CHILDREN	2000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: SEE PLOT PLAN				
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3150 Absorption Area (Sq ft) 1050 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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.

DEHNR Authorized Agent — Date 2/12/01

X Steve Trivett — Owner/Agent Signature — Date 03-05-01

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

IWWS-100195

o Apply $100 for fee 6/1/00 to date Paid in Full

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACJ
DATE: 3/15/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2-12-01 3522 Project # 158 PERMIT NO: 3668 B
PARCEL NO: 137-142-05

JOB LOCATION ADDRESS: 11416 ALBEMARLE ROAD
PROPERTY OWNER: FELLOWSHIP BAPTIST CHURCH
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ DATE: 2-12-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3668B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: (1) SEE PLOT PLAN

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.

X _____ 03-15-01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

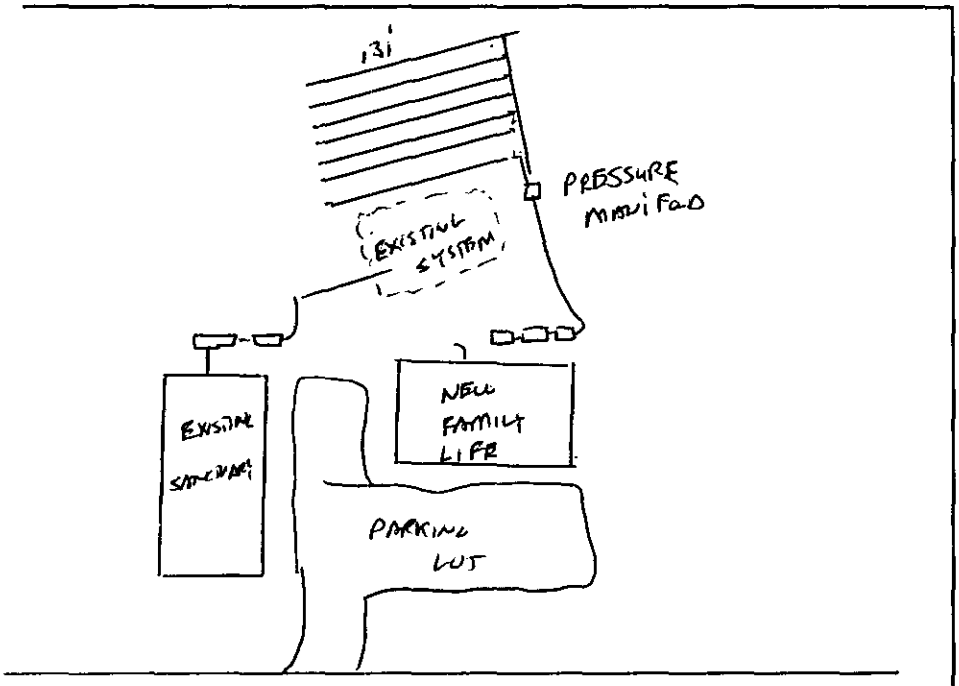
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3668B DATE: 5-28-02

TC: 137-142-05 ☐ L

SERIAL 19065

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 1-2-01. All work shall be completed on or before _____, 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 2000 ~~1500~~ gallons

Liquid Capacity of Dosing Tank 2000 gallons

Tank Construction PC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 1068 feet

Number of Lines 7

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 FRIENDSHIP BAPTIST CHURCH.

LOCATION OF PROPERTY 11416 ALBEMARLE ROAD

Comments: INSTALL PRESSURE MANIFOLD

Environmental Health Specialist

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

Permit #6023

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3668R DATE: 5-24-02

TC: 137-142-05 ☒ L ☒ CRT

SERIAL Nº 18921

Name of Owner FRIENDSHIP BAPTIST CHURCH Juris.: _____

Address of Property 11416 ALBEMARLE ROAD

Inspection Data:

Tank Material PCC 3000 ST 3000 DT

Total Length of Drainfield 1048

Number of Lines 7 @ 131

Cover Depth 12"

Water Supply Source _____

Distance to Water Source >50

Excavation Inspected _____

Tank(s) Inspected 5-24-02

Wash Line Inspected _____

High Water Alarm Inspected _____

PLOT

BOB McCARVER

Design 1500ST 1500 DT 3,145FT CON 126 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 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: TYPE II - B

5-24-02 3000 GAL SEPTIC TANK, 3000 GAL PUMP TANK, 1000 GAL GREASE TRAP INSTALLED, HOLD APPROVAL FOR PUMP TANK FOR 24 HR DRAW-DOWN [2 PIECE]

Environmental Health Specialist

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

FEE: 300.00
DATE: 9/10/03
Check 4490 JKA

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

| | CRT

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

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

FILE #: 3668

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-142-05

STREET ADDRESS: 11416 ALBEMARLE ROAD

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
CHURCH DAYCARE

Square Footage of Facility: 13,200

NUMBER OF EMPLOYEES: 8 PER SHIFT: 1ST

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
✓ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION: TO INCREASE ENROLLMENT LIMIT OF DAYCARE FROM 55 TO 85.

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
✓ 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 ___ NO
EXISTING WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ 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:
NAME: FELLOWSHIP BAPTIST CHURCH
(LAST) (FIRST) (MI)
ADDRESS: 11416 ALBEMARLE ROAD
CITY: CHARLOTTE STATE: N.C. ZIP: 28227
DAYTIME PHONE: (704) 545-9668

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: TRIPLETT, STEVE L.
(LAST) (FIRST) (MI)
DAYTIME PHONE: 704 301-0349

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1995

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: Steve Triplett / Fellowship Baptist Church DATE: 09-10-03

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

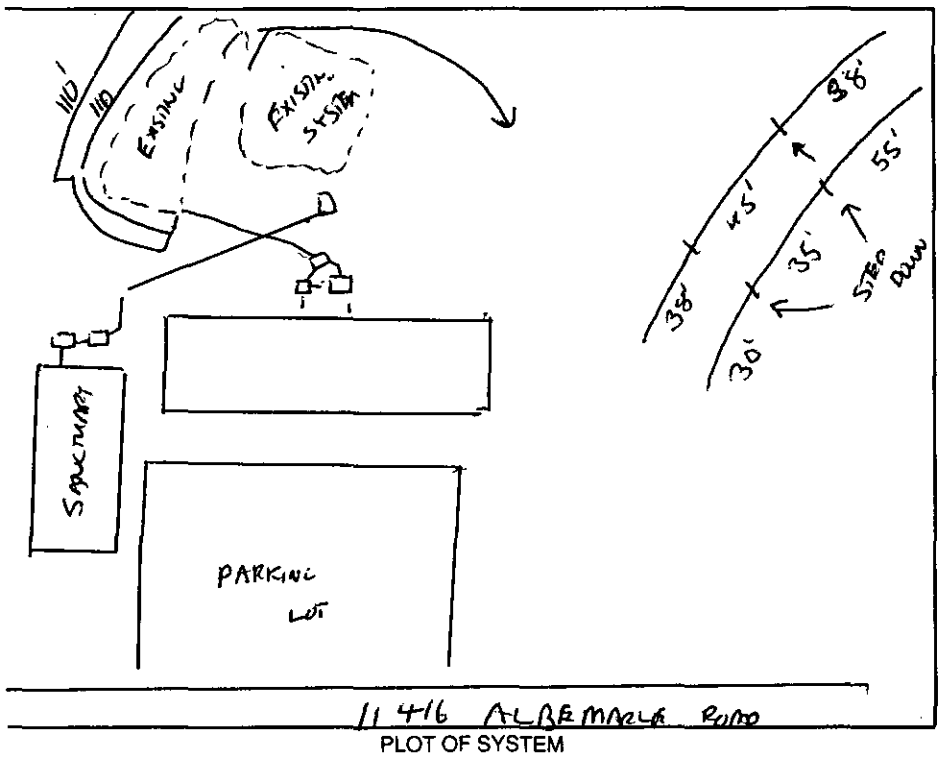
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3668B DATE: 9-17-03

TC: 137-140-05 ☒L

SERIAL 19534

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 5-10-03. All work shall be completed on or before 12-5-03, 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 EXISTING gallons

Liquid Capacity of Dosing Tank EXISTING gallons

Tank Construction _____

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 220' feet

Number of Lines 2

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

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

NAME OF OWNER FELLOWSHIP BAPTIST CHURCH

LOCATION OF PROPERTY 11416 ALBEMARLE ROAD

Comments: (1) ALTERATION TO INCREASE ENROLLMENT OF DAYCARE TO 95 CHILDREN. (2) INSTALL 2 LINES OF 6 TYPE III-G INNOVATIVE

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3668B DATE: 9-25-03

TC: 137-142-05 ☒ CRT

SERIAL 19287

Name of Owner FELLOWSHIP BAPTIST CHURCH Juris.:

Address of Property 1416 ALBEMARLE ROAD.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 220'

Number of Lines 2 @ 110

Cover Depth 12"

Water Supply Source ~~WELL~~ MUNICIPAL

Distance to Water Source >50

Excavation Inspected 9-25-03

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected

SEE
INSTALLATION /
ALTERATION.

WILL ALLOW FOR UP TO 95
CHILDREN - IN DAY CARE.

PLOT

Design 2 LINES INFILTRATOR, 110 FEET EACH, 220 TOTAL CTR# SIERRA LANDSCAPING
DANNY GRIFFIN

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: TYPE III-B, C INSTALLATION

Environmental Health Specialist

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

COPY

LESTER H. ROSS
& BETTY B. ROSS
DEED-3825-354

82,982 sq. ft.
1.905 Acres

LOT 1

550.57'(Total)
547.63'
S 43°59'19" E

DEED 2197-012

EXISTING AREA OF BRICK ON EXISTING BUILDING: 9' X 67' = 603 SQFT. MINUS 4 WINDOWS AT 32"X 52" = 46 SQFT SUB-TRACTED FROM 603 SQFT = 557 SQFT MINUS DOOR AT 6'10" X 6'4" = 43 SQFT SUB-TRACTED FROM 557 SQFT = 514 SQFT OF BRICK VENEER WHICH IS 85% OF TOTAL AREA OF WALL

RR LINE
217.03'
S 25.53'(Tie)
50' PUBLIC R/W
5.24
60.08'
PIPE

REPAIR AREA
PROPOSED SEPTIC DRAINFIELD DITEXT
CURRENT SEPTIC DRAINFIELD
RIDGE LINE
225.07'
N 44°22'25" W
DIST BOX
DIST BOX
SEPTIC TANK & PUMP
SEPTIC TANK & PUMP
36" POPLAR
10" PINE
10" OAK
12" OAK
20" OAK
14" OAK
15" OAK
18" OAK

JAP G. SIDES
& wf CAROLYN
DB 5914-344

16 EXISTING LAGUSTRUMS ON 5' CENTERS
DEBRA A. SIDES
DB 5914-346
1 EXISTING JEFF'S RED TREE
22 EXISTING LAGUSTRUMS 5' ON CENTER
S 42°00'26" W 108.88'
E.I.P.

5' HIGH CHAINLINK FENCE
30'
80'
5519 SQFT PLAY AREA
34'
110'
50'
60'
PARKING LOT LEVEL WITH ENTRANCE TO BUILDING
FUTURE EXPANSION
PROPOSED BUILDING
790
160'
45'
95'
12'
39/5
24'
22.5
THIS PROPOSED BUILDING IS INCLUDED IN SIZING OF THE DETENTION BASIN

EXISTING BUILDING IS BRICK VENEER CONSTRUCTION, TYPE 6
EXIST. BLDG.
67.00'
126.00' TOTAL
40.00'
EXISTING 1" WATER LINE
EXISTING 3/4" ABOVE GROUND, 1" REDUCED PRESSURE BACKFLOW PREVENTER
EXISTING WATER METER
5" APPLE
40'
70'

EXISTING PARKING
EXISTING PARKING
135.84'
309.19'
N 47°37'18" W
MB 9-507
LOT 2
PROPOSED ASPHALT CURB 6" X 6"
49 EXISTING LAGUSTRUMS 5' ON CENTER
10 EXISTING JEFF'S RED TREES 25' ON CENTER

R/W
PUBLIC R/W VARIES
E.I.P. ON LINE
2.94'
150.45'
POWER LINE
N 51°14'21" E
N.I.P.
C. BASIN RIM=789.65
INV=781.2
15" RCP
368.11'
EXISTING ISLAND
EDGE OF EXISTING PAVEMENT
EDGE OF EXISTING PAVEMENT
R/W
INV=777.4'
INV=776.6 18" RCP
EXIST. C. BASIN RIM=783.47
INV=772.0'
CONC CURB & GUTTER
EXISTING 780 DETENTION POND 2% 0.16 AC.
EXISTING 57 LF 15" RCP @ 1.57%
EXISTING DROP INLET GRATE 777.03 OUT 774.40 NEW IN 774.6
NCDOT PUBLIC DRAINAGE EASEMENT

ALBEMARLE

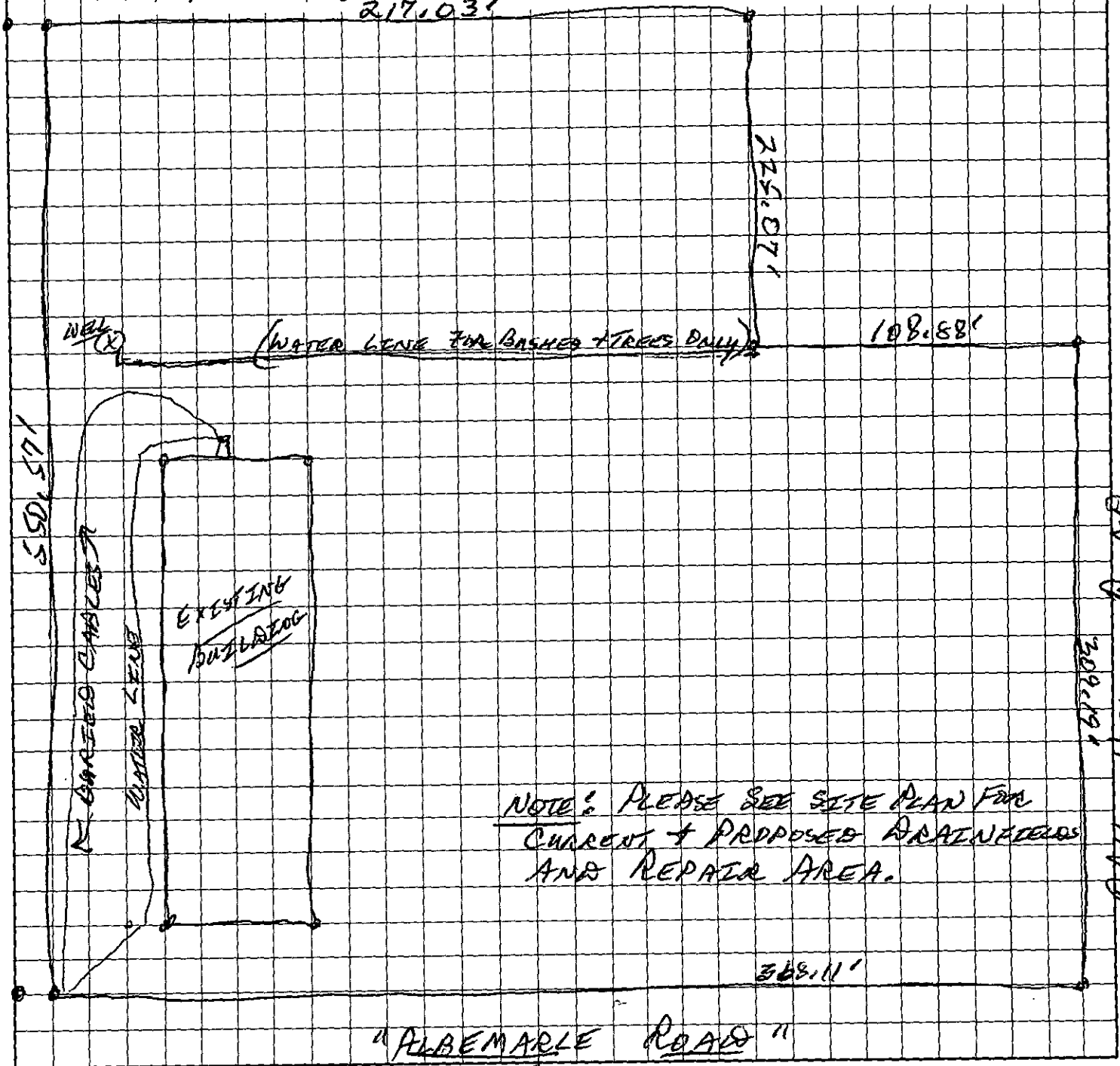
PROPOSED PLOT PLAN

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

FILE: 3668B

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.



FELLOWSHIP BAPTIST CHURCH / STEVE Triplett 545-3645
OWNER/AGENT SIGNATURE

DATE 01-02-01

APPROVAL DATE _____

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

[redacted]ENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
OF ENVIRONMENTAL HEALTH
WASTEWATER SECTION

#1 Acs DPM

Sheet: _____
Property ID: 137-142-05
Lot #: _____
File #: 3668B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Fellowship Baptist Church APPLICANT: _____
ADDRESS: 11416 Albemarle Road, Charlotte DATE EVALUATED: 1-11-01
PROPOSED FACILITY: Daycare & Family Life Center PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: 1.0 ac.
LOCATION OF SITE: 11416 Albemarle Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

Not determined as of 1-12-01

PROFILE #	.1940 Landscape Position/ Slope % (3 10 PCS 6 40%)	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 &LTAR
1	LS	0-5"	gr/cl	Fr/SExPl SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39gpf2 IV
		5-46"	SBKl c	Fi/SExPl S/P					
		46-48"	SBKl cl	Fr/SExPl SS/SP					
2	LS	0-6"	gr/scl	Fr/SExPl SS/SP	>35" TO soil wetness	35"*	N/A	None	US .39gpf2 III
		6-35"	SBKl c	Fi/SExPl S/P					
		*	Floater Rock @	35"					
3	LS	0-2"	gr/scl	Fr/SExPl SS/SP	>50" TO soil wetness	50"	N/A	None	PS .39gpf2 III
		2-33"	SBKl c	Fi/SExPl S/P					
		33-50"	SBKl cl	Fr/SExPl SS/SP					
4	LS	0-2"	gr/scl	Fr/SExPl SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39gpf2 IV
		2-6"	SBK/scl	Fr/SExPl SS/SP					
		6-48"	SB K/c	Fi/SExPl S/P					
5	LS	0-4"	gr/scl	Fr/SExPl SS/SP	>36" TO soil wetness	36"	N/A	None	PS .39gpf2 IV
		4-31"	SBKlc	Fi/SExPl S/P					
6	LS	0-6"	gr/scl	Fr/SExPl SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39gpf2 IV
		6-48"	SBKlc	Fi/SExPl S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.39gpf2	.39gpf2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Marlin LSS 1-12-00
OTHER(S) PRESENT: T. Layton

FILE # 3669B

COMMENTS 106 Repair, pump needed

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

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

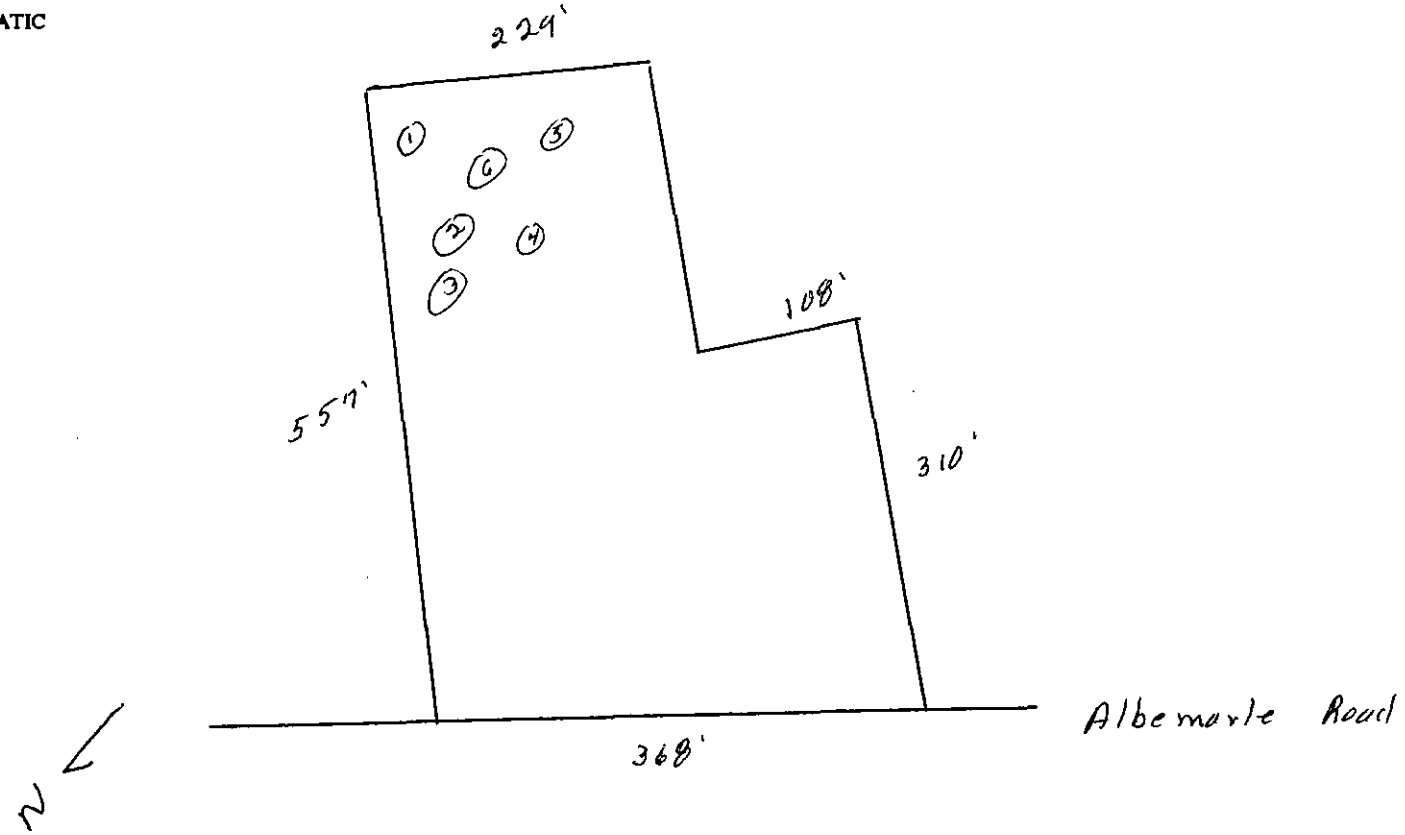
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



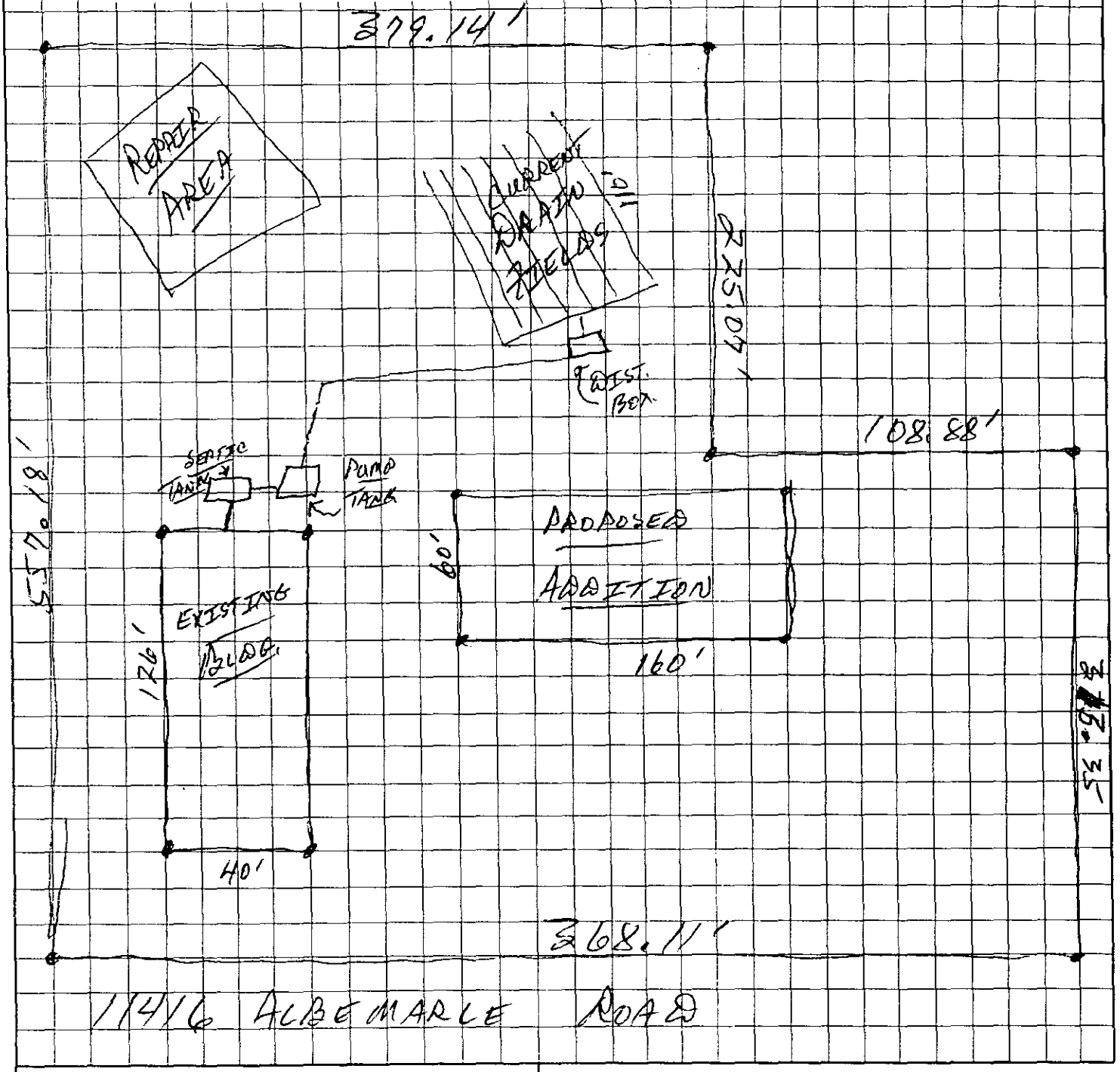
PROPOSED PLOT PLAN

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

FILE: 36688

TC: 137-142-05

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.



Steve Triplett
OWNER/AGENT SIGNATURE

DATE 06-08-2000

APPROVAL DATE _____

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

FEE: 100.00 CK#4

DATE: 6/8/00 3236

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

[ ] CRT

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

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

Drew Check for wxs first

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: CHURCH

Square Footage of Facility: 5,040 PRESENT 13,200 PROPOSED

NUMBER OF EMPLOYEES: 6 Approximately PER SHIFT: ___ ___ ___
50-55 Children

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

FILE #: 36685

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-142-05

STREET ADDRESS: 11416 ALBEMARLE ROAD

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION: We Plan To Add An Additional 13,200 SQ. FT. Family Life Center With A Child Development Center. (Ages 1-4)

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ✓ MUNICIPAL (M) (City Water) ___ 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 ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ 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:

NAME: FELLOWSHIP BAPTIST CHURCH
(LAST) (FIRST) (MI)

ADDRESS: 11416 ALBEMARLE ROAD

CITY: CHARLOTTE STATE: N. C. ZIP: 28227

DAYTIME PHONE: (704) 545-9668

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: TRIPLETT STEVE L.
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 545-3645

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? NOV. 1995

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: Steve Triplett DATE: 06-08-2000

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

6/20/00 0SO @ Chmd w/ Mr. Triplett.
I advised he would have to expand
drainfield to allow for 15/g.p.d. for
each child in day care. Permit
is denied @ present time unless
alteration take place.

A. Ash

Pd. #150.00 8/9/96 JL #871

CERTIFICATE OF COMPLETION/OPERATION PERMIT 4000

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

FILE: 3668B DATE: 7/19/96

TC: 137 142 05P0 ☐ L ☒ CRT

SERIAL Nº 16752

Name of Owner Fellowship Baptist Church Juris.: _____

Address of Property 11416 Albemarle Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 700'

Number of Lines 7 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 6/19/96

Tank(s) Inspected 6/19/96

Wash Line Inspected NA

High Water Alarm Inspected 6/19/96

PLOT

Design 1996, 1500ST, 1000DT, PI, CON, 2100SFT, 12" stone cecil CTR# D. Griffith

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: Septic system designed for 144 seat church with Kitchen Type III Original plan altered to accomondate Kitchen

Phila S. Walker

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

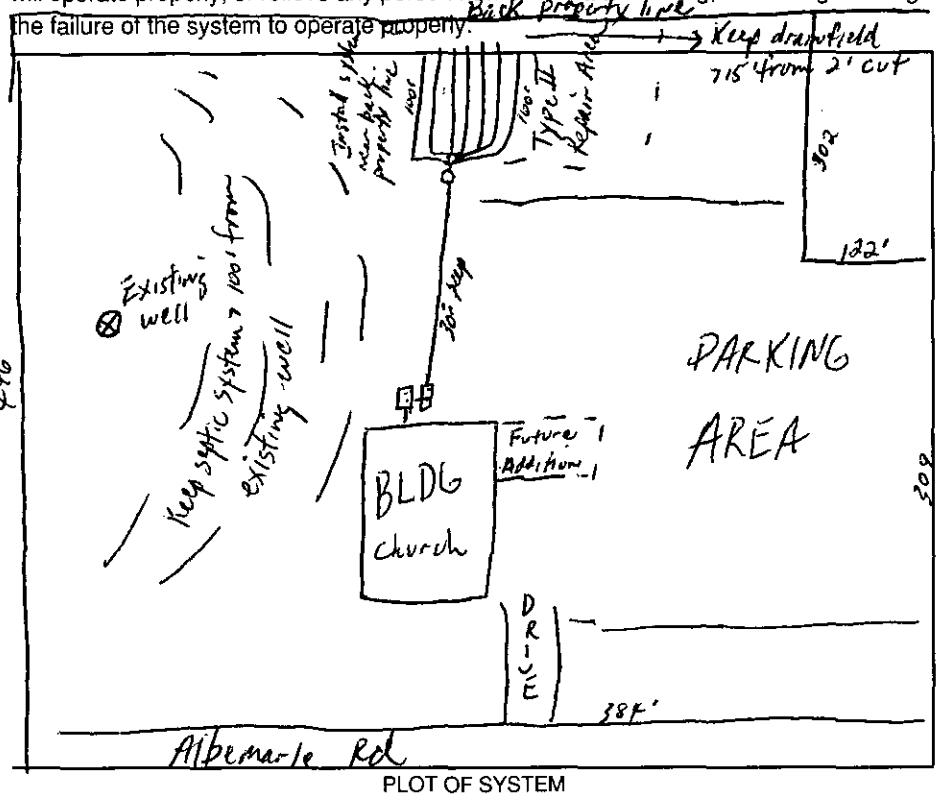
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3668-B DATE: 5/30/96

TC: 137 142 05 P0 ☐ L

SERIAL Nº 16722

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 8/11/95. All work shall be completed on or before 7/1/96, 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 PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 700' feet

Number of Lines 7 (100')

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 Fellowship Baptist Church

LOCATION OF PROPERTY 11416 Albemarle Rd

Comments: 1500 ST, 1000 DT, PI, Square footage altered from original plot plan to allow for future Kitchen addition (grease trap to be installed at time of addition) Keep septic system > 100' from existing well | supply line to be installed >30" deep under any parking area
well installed CCMUD not available for 4 to 9 months

Philo A. Walker R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

July 16, 1996

Fellowship Baptist Church
6939 Kuck Road
Charlotte, North Carolina 28227

Dear Sirs:

Re: 11416 Albemarle Road
File: 3668B/(Tax Parcel No. 137-142-05PO)

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

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3668B

150' ck 12/8 8/2/95 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:

PERSON FILING APPLICATION:
NAME: TRIPLETT (last) STEVE (first) L. (mi)
ADDRESS: 6939 KUCK ROAD PHONE: (704) 545-3645
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-142-05 PD
STREET ADDRESS: 11416 ALBEMARLE ROAD
CHARLOTTE, N.C. 28227
ZONING:

PROPERTY OWNER:
NAME: FELLOWSHIP BAPTIST CHURCH (last) (first) (mi)
ADDRESS: 6939 KUCK ROAD PHONE: (704) 545-3645
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

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):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☑ NEW CONSTRUCTION ON VACANT LOT [redacted] (N) CHURCH
☐ 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 140 seats 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)
☐ 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: Steve Triplett Date: 08-02-95

NOTICE:

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.

... Approval for 144 seat church (NO Kitchen)

Keep proposed well > 100' from Septic system

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

Philip S. Walker R.S. 8/11/95
Environmentalist Date

Director of Authorized Section/Head 8-14-95
Date

WATER 22791

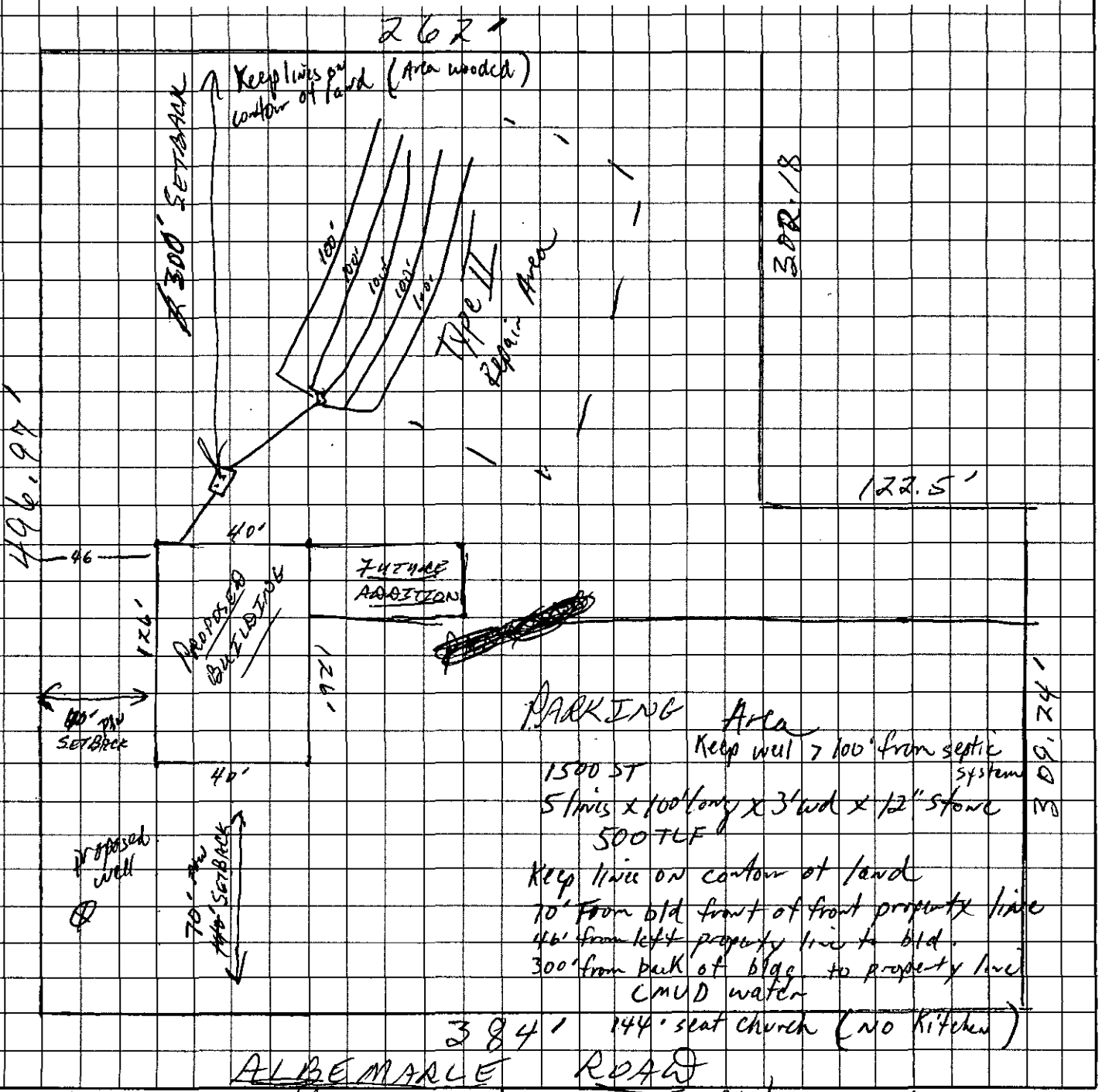
PROPOSED PLOT PLAN

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

FILE: 3668B

TC: 137-142-05PC

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.



Steve Trisletti
OWNER/AGENT SIGNATURE

DATE 08-02-95

APPROVAL DATE PSW appr 8/11/95

Steve Trisletti 08-11-95

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028656

File: 3668B (DX10) Action 1

Parcel: 90 137-142-05 ☐ PC

Location: 1146 Albemarle Road

Subdivision:

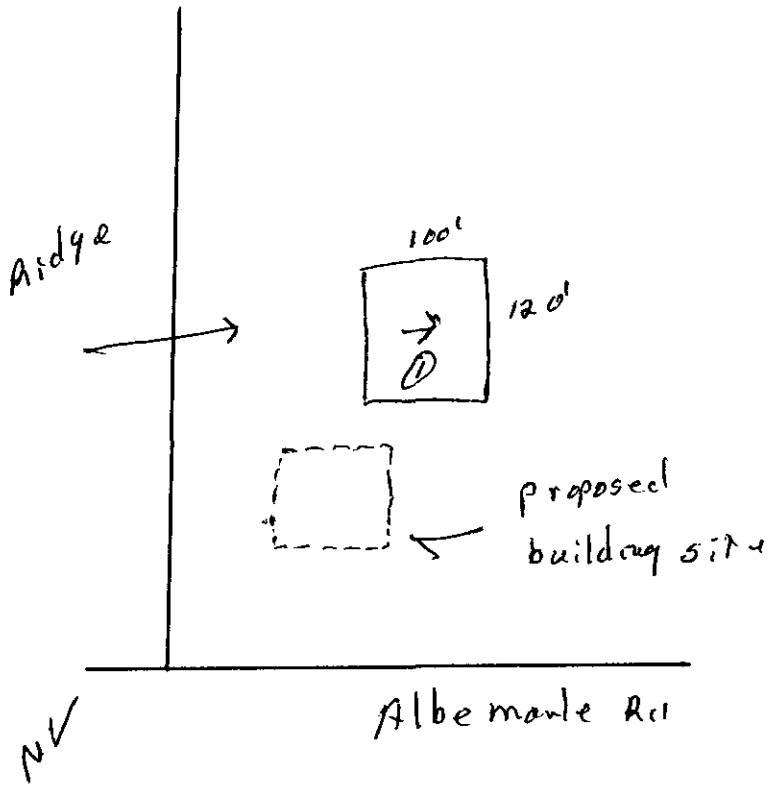
Lot: Block: Acres: .27

Owner: Fellowship Baptist Ch.
Address: 6939 Rush Road
Charlotte, NC. 28227

Comments: 100% Repair, .3 gal/ft/day LTAR - May need pump - additional area available

Described by: William R. Marks

Date: 8-10-95



***** 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 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture slightly Exp.	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage 74B "To Soil wetness	(S) PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 74B"	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	TIC Cecil-Lilly					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

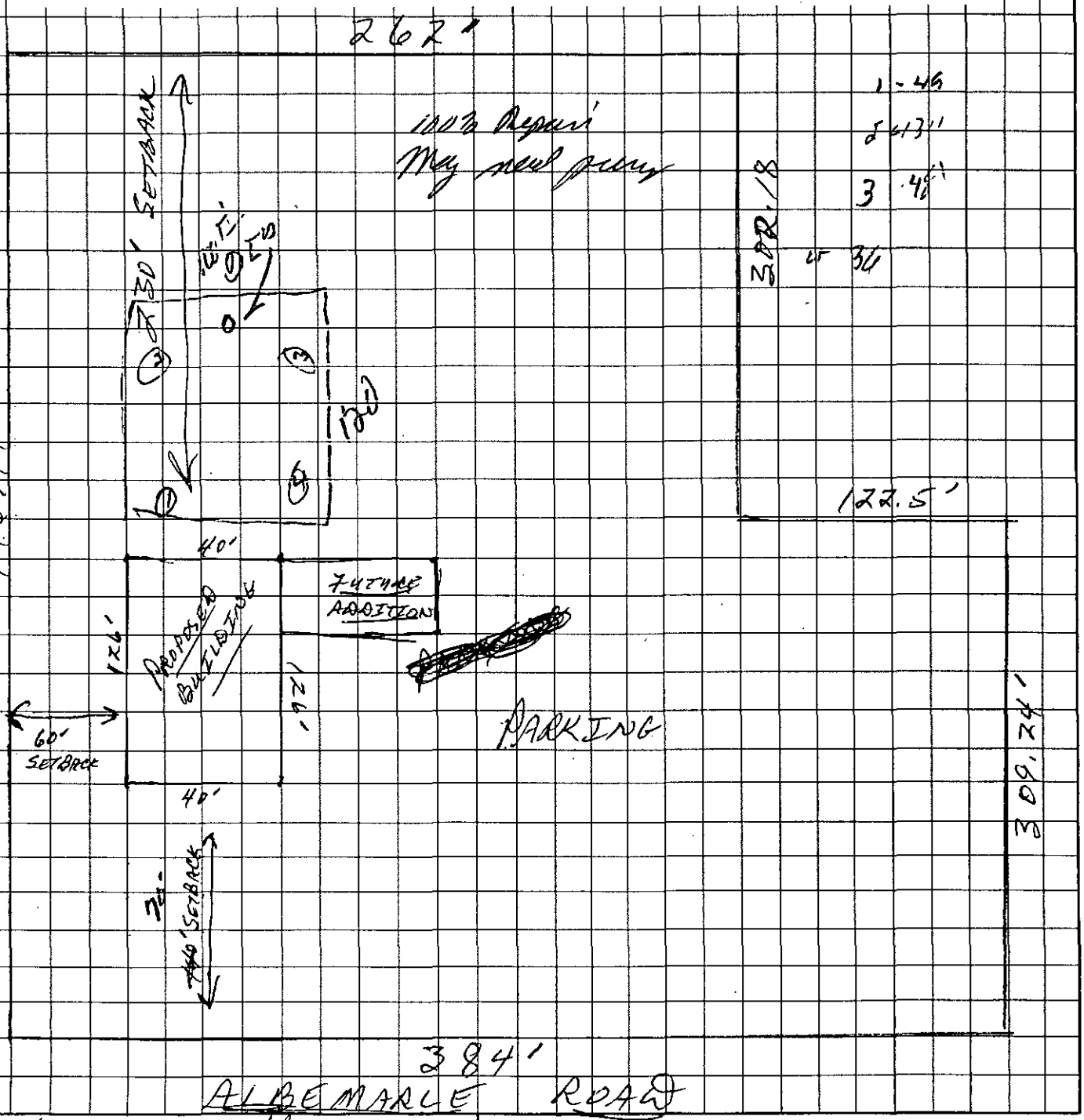
PROPOSED PLOT PLAN

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

FILE: 3668B

TC: 137-142-05PQ

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.



Steve Trivett
OWNER/AGENT SIGNATURE

DATE 08-02-95

APPROVAL DATE _____

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

2ND

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 8-2-95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MINT

PARCEL NUMBER #137-142-05 PO

ASSIGNED ADDRESS 11416 ALBEMARLE RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	✓ *	
6. PROPERTY FRONTS ON THOROUGHFARE	✓ *	
7. DRIVEWAY PERMIT REQUIRED	✓ *	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: SEPTIC TANK

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Betty J. McCanless

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

FEE: 400.00
DATE: 1-03-01
P. Ewell

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



1 | CRT

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

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

FILE #: 36688

PROJECT TRACKING #: 158-966023

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-142-05

STREET ADDRESS: 11416 ALBEMARLE ROAD CHARLOTTE, N.C. 28227

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: DAYCARE & FAMILY LIFE CENTER FOR CHURCH,

Square Footage of Facility: 13,200

NUMBER OF EMPLOYEES: 8 PER SHIFT: 15

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ✓ 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 ___ NO	WELL SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ 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: FELLOWSHIP BAPTIST CHURCH

NAME: (LAST) (FIRST) (MI)

ADDRESS: 11416 ALBEMARLE ROAD

CITY: CHARLOTTE STATE: N.C. ZIP: 28227

DAYTIME PHONE: (704) 545-9668 OR 545-3645

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: TRIPLETT, STEVE L. (LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 545-3645

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Nov., 1995

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: Steve Triplett DATE: 01-02-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102