

9115 NEWELL BAPTIST CHURCH RD

04927115

5/30/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7493 DATE: 6/16/95

TC: 049 271 15 ☐ L ☐ CRT

SERIAL № 16168

Name of Owner Newell Baptist Church Juris.: _____

Address of Property 9115 Newell Baptist Church Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 282'

Number of Lines 3 @ 70', 120', 92'

Cover Depth 10" – 18"

Water Supply Source CMUD

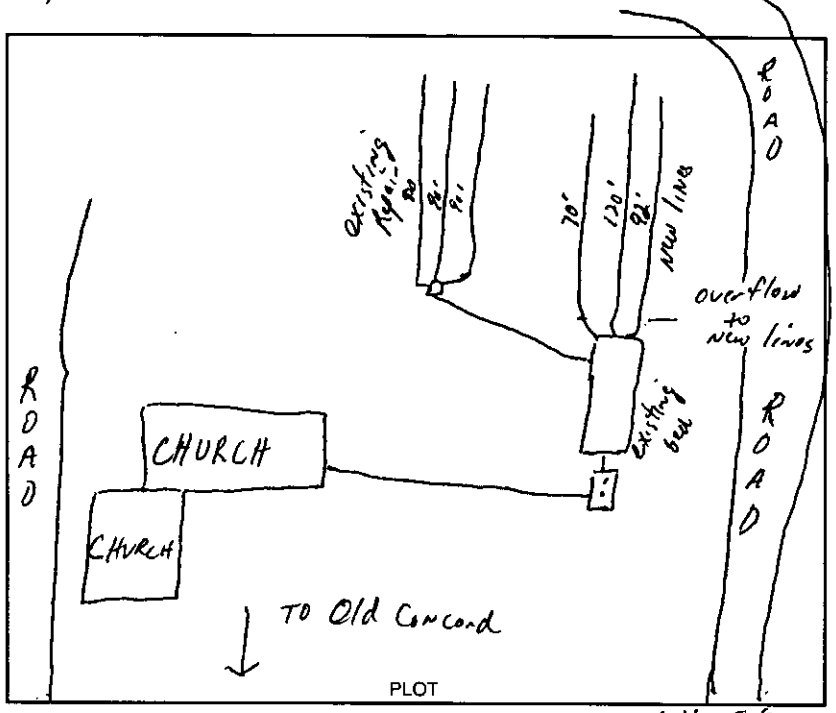
Distance to Water Source _____

Excavation Inspected 6/16/95

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –



A.H. Stewart

Design 1995, Repair 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 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: Repair, No installation permit drawn COC drawn on site same day as installation because of uncertainties in drainfield layout.

Thilo S. Walker R.S.
Environmental Health Specialist

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

Date Issued 7-26-84

Serial No. 07334

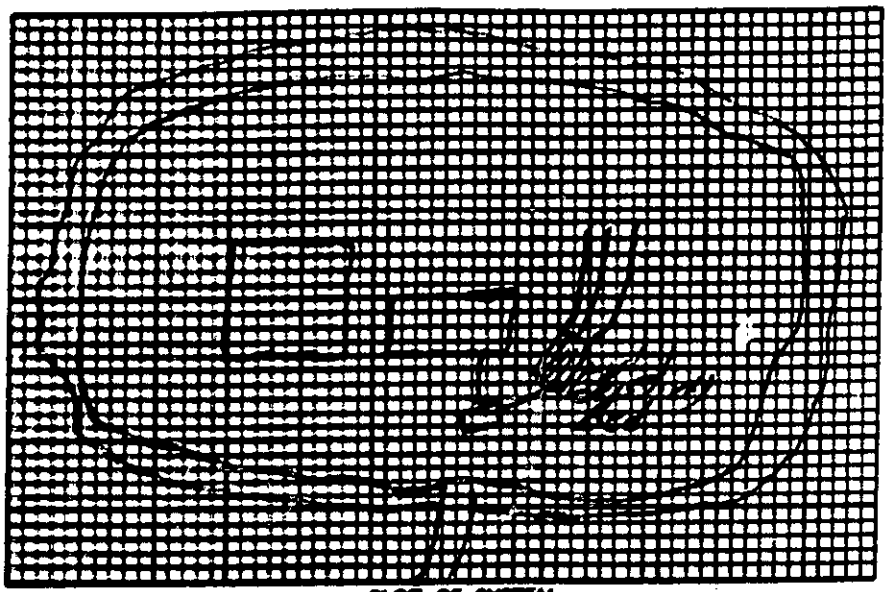
ICAR (S) Permit No. 7493

T. C. No. 04-271-15

Map Date L

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 7493 dated 7-12-84 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank Repair

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines Three

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Newell Baptist church

LOCATION OF PROPERTY Newell Baptist church 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.

Three Trenches 67'X 3'X 12" Stone; Tie into exist. line but not using

Comments: Use "Stepdown" Syphon for each Trench, 2' dam between Ex. 547-3 bad. Repair

Division or Section Head

Tom Gouseros
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-8-76

Environmental Health Department's Copy

Cert A (s) No. 7493

Date Issued 7-27-84 **Serial** 6808 T. C. No. OFF-271-15 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Newell Baptist Church (LAST / FIRST / MIDDLE)

Location of Property Newell Baptist Church Rd.

Application Number 7493 Permit Number 7493

Inspection Data:

Liquid Capacity of Tank 1000 gal. Tank Material —

Total Length of Drain Tile 200' Number of Lines Three

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 7-27-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7-27-84 (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: ____

Jim Ervin
Environmentalist

BID-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 10 Oct 74 Serial No. 5350 C of A Isl No. 7493

T. C. No. 049-371-15

Map Date 2-23-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Newell Baptist Church (LAST FIRST MIDDLE)

Location of Property Newell Baptist Ch. Rd

Application Number 7493 Permit Number 7493

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast Concrete

Total Length of Drain Tile 400' Number of Lines (5) 12½' x 80'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10 Oct 74 (DATE) Tank Inspected 10 Oct 74 (DATE)

Nitrification Field Inspected 10 Oct 74 (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 Board of Health 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: aeration pit O.K.

G. M. Reynolds
Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY

