

8614 TRUELIGHT CHURCH RD

13710202

6/11/2007

duponbj

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

McGee Brothers Co., Inc.

1609 Poplar Drive Ext. Greer, SC 29651

Phone# (864) 849-0640 Fax# (864) 675-6330

Fax Transmittal Sheet

5 Light Twilight Church

To: Trever From: Mike McGee

Fax No: 704 336 6895 Date: 7-31-09

Total number of pages with cover: Re:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Notes/Comments:

Paid Receit for Sewer @ 8614 Twilight Ch. Rd.

Tryon 704 336 6874
JUL 13 2009

File Number: 6108A

Mecklenburg County
Groundwater & Wastewater Services
Septic System Inspection Notice

Dear Property Owner:
The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires Groundwater & Wastewater Services to conduct routine inspections for Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992.

Our records indicate that the septic system referenced below is due for inspection. Inspections will be completed from 8/1/09 to 9/30/09. There is no fee for this inspection. Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will provide an assessment of the system's operation and any maintenance recommendations required to ensure that your septic system functions properly. You are not required to be present for the inspection. However, the inspection provides an opportunity for you to become familiar with the layout of your system, obtain system use and operation information, and to ask any questions you may have about the system. If you choose to be present for the inspection please call (704) 336-5103 to schedule an appointment. The septic system inspection program is an important initiative intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact our office at (704) 336-5103 if you have any questions regarding this inspection.

336 5568

Sincerely,
Groundwater and Wastewater Services

Parcel ID	St Num	St Prefix	St Name	St Type	St Suffix
13710202	8614		TRUELIGHT CHURCH	RD	

City	Zip
CHARLOTTE	28227

System Type	Installation Date	Inspection Due Date
IIIb	27JUL99	25JUL09

Mecklenburg County - Groundwater & Wastewater Services
700 N. Tryon St., Suite 214

CHARLOTTE-MECKLENBURG UTILITIES 89368

DATE: 7-29-09

RECEIVED FROM: Shiloh True Light Church of Christ
FOR: 4"SS (379-09-520) 8614 Truelight Church Rd
Three thousand seven hundred sixty five $3765.00

CASH ☐
CHECK #2160

RECEIVED BY: Geneva Montgomery

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Shiloh Truelight Church	6108A
Health Department	**Name of Establishment**	**Permit/Project No.**
8614 Truelight Church Rd., 28227	Church Activity Bldg.	270 GPD
Location	**Type of Establishment**	**Design Flow**
Shiloh Truelight Church	Same as location address	(704) 534-0645
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	7/8/2005	July 2010
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. Recommend pumping both tanks.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good condition?	☒	☐	☐	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured 11" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Recommend upgrading electrical controls for pump.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☐	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☐	☒	☐	6.a.b. Evidence of saturation in
b. Minimal ponding in subsurface trenches?	☐	☒	☐	parts of drain field.
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	6.f. Keep vehicles out of
g. Distribution devices in good condition, working properly?	☒	☐	☐	drain field area.
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

Observed several areas in the drain field that were saturated.

Recommend servicing system and continuing to monitor drain field for signs of failure.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump out both tanks (spetic & dosing) to remove excess solids.
2. Inspect, clean, and level distribution box for drain field.
3. Protect electrical j-box with a weatherproof cover.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

1. Recommend upgrading electrical components for system by installing a new NEMA 4X control panel with an integrated alarm.
2. Leave the lid for the dosing tank uncovered to allow for service & inspection.

DATE: 7/11/2005

SIGNED: _____, R.S.I. AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/17/05
Receipt #: 35246
Check / Auth #: CHECK 8218
Received By: AIDOOJK

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SHILOH TRUE LIGHT CHURCH OF C
Attn:
Address: 4524 CARRIKER ROAD
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 6108A/704-534-0645		1	85.00	85.00

7/25/04

* MIKE McGEE

- CATHY YORK -

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ID 5709 $400 chk# 2076 10/20/03 [ ] CRT

Drew

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

(704)336-5102 6108A

PERSON FILING APPLICATION:
NAME: Little (last) Alan (first) D. (mi)
ADDRESS: 8118 Concord Hwy PHONE: (704) 363-2663
CITY: Monroe, N.C. STATE: ZIPCODE: 28110

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-102-02
STREET ADDRESS: 8614 Truelight Church Rd. Mint Hill, N.C. 28227
ZONING:

PROPERTY OWNER:
NAME: Shiloh Truelight Church of Christ (last) (first) (mi)
ADDRESS: 8614 Truelight Church Rd PHONE: (704) 573-3335
CITY: Mint Hill NC. STATE: 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

TYPE APPLICATION (check one):

LOT NUMBER: 02 LOT SIZE (in acres): 100+

[redacted]
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)

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 ONLY # Employees X Per Shift X
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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 [X] Other Activity Room

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: Alan D. Little Date: 10/20/03

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.

... 10/23/03 OK TO USE EXISTING 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

Environmentalist 10/28/03 Date

WWATER : 1227

COPY

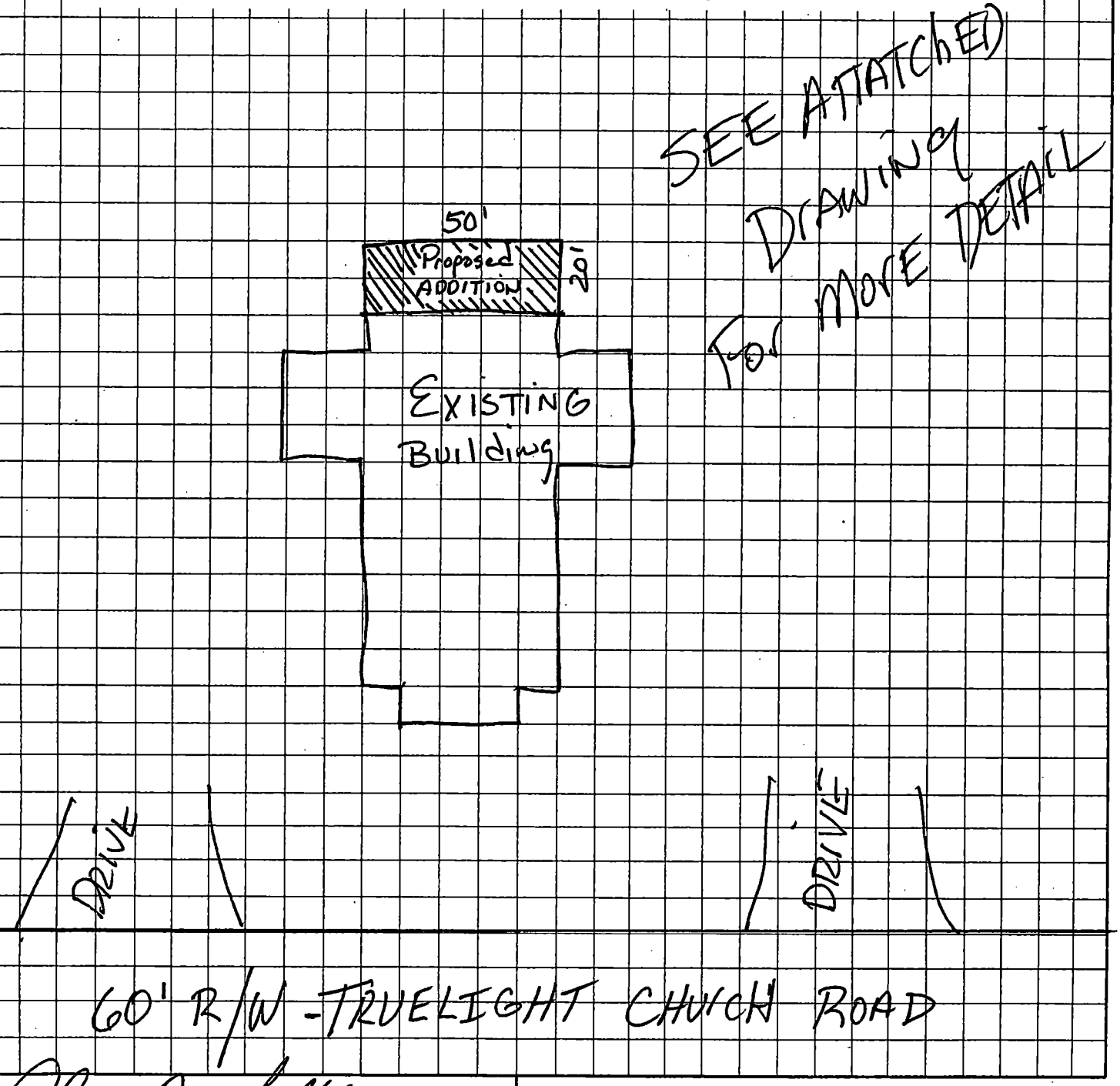
PROPOSED PLOT PLAN

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

FILE: 2108A

TC: 137-102-02

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.

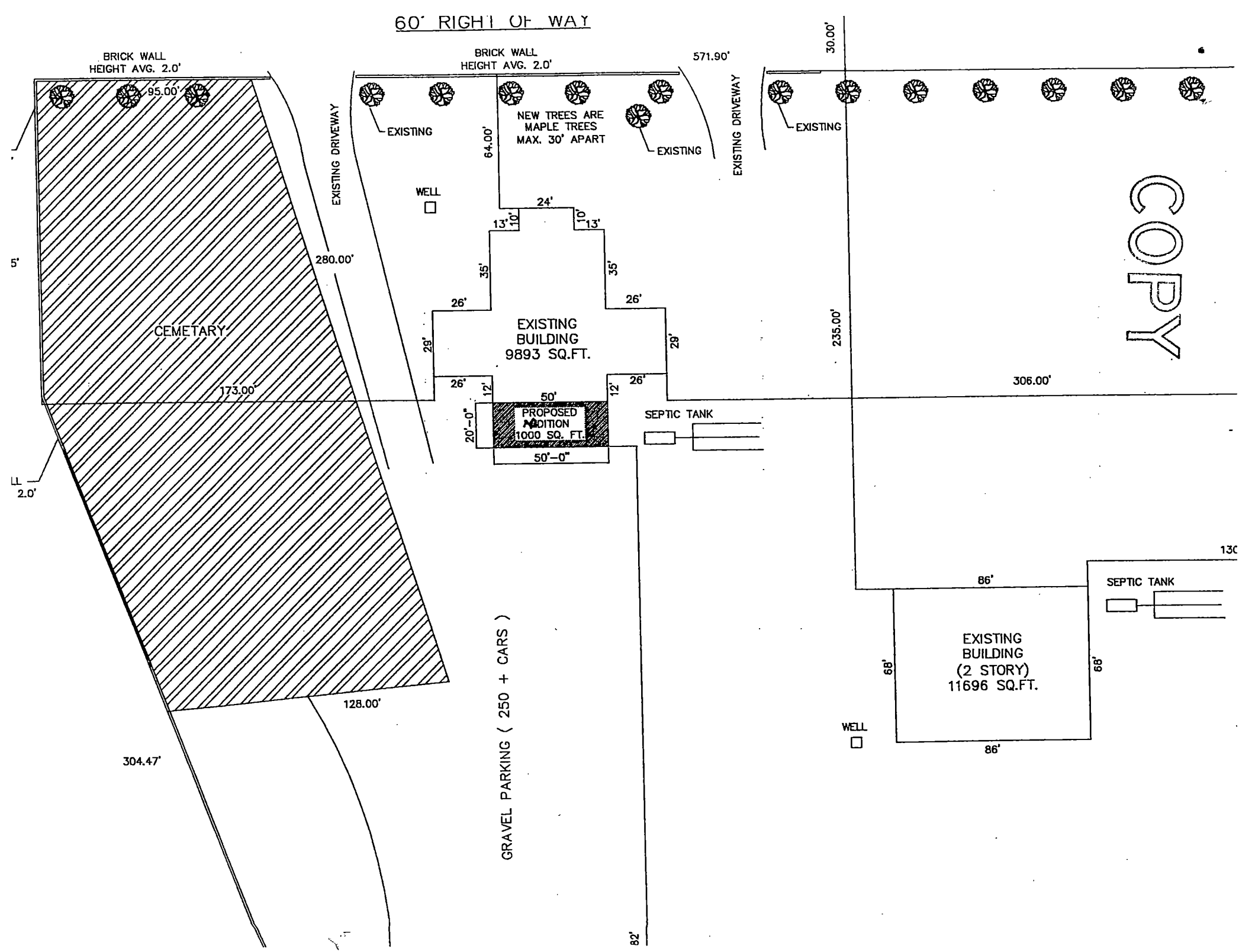


Allan D. Little
OWNER/AGENT SIGNATURE

DATE 10/20/03

APPROVAL DATE _____

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


60' RIGHT OF WAY
BRICK WALL
HEIGHT AVG. 2.0'
95.00'
BRICK WALL
HEIGHT AVG. 2.0'
571.90'
30.00'
EXISTING
NEW TREES ARE
MAPLE TREES
MAX. 30' APART
EXISTING
EXISTING
EXISTING DRIVEWAY
EXISTING DRIVEWAY
64.00'
WELL
24'
13'
10'
10'
13'
35'
35'
26'
26'
280.00'
CEMETARY
EXISTING
BUILDING
9893 SQ.FT.
29'
29'
235.00'
306.00'
COPY
26'
12'
50'
12'
26'
PROPOSED
ADDITION
1000 SQ. FT.
20'-0"
50'-0"
SEPTIC TANK
173.00'
2.0'
86'
SEPTIC TANK
EXISTING
BUILDING
(2 STORY)
11696 SQ.FT.
68'
68'
WELL
86'
128.00'
304.47'
GRAVEL PARKING (250 + CARS)
82'

Mecklenburg County
Health Department

August 3, 1999

Shiloh Truelight Church
9920 Mill Grove Road
Indian Trail, NC 28079

Re: 8614 Truelight Church Road

Dear Property Owner:

During a recent investigation of the property located at 8614 Truelight Church Road, Charlotte, North Carolina, a well water sample was collected. The laboratory analysis of the well water was reported to be positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

Additional well water samples were taken and sent in to the State lab. The results of these samples are not yet available; however, the lab sheets will be mailed to you as soon as we receive them.

If you have any questions concerning this report, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Shiloh Truelight Ch.
Address: 8614 Truelight Ch. Rd.
Charlotte, NC **Zip:** 28227

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Larry Thompson
(704) 336-5101

Source of Water: ground
Source of Sample: well tap
Type of Sample: raw
Type of Treatment: none
Type of Analysis Private

Collected By: L THOMPSON **Date:** 7/27/99 **Time:** 1:20:00 PM

Location of sampling point well

Remarks: IIIB

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	30	mg/l	7/28/99
Arsenic	<0.01	mg/l	7/28/99
Calcium	4.4	mg/l	7/28/99
Chloride	<5	mg/l	7/28/99
Copper	<0.05	mg/l	7/28/99
Fluoride	<0.10	mg/l	7/28/99
Iron	<0.05	mg/l	7/28/99
Hardness as CaCO3 (Ca,Mg)	20	mg/l	7/28/99
Magnesium	2.2	mg/l	7/28/99
Manganese	<0.03	mg/l	7/28/99
Lead	<0.005	mg/l	7/28/99
pH	6.9	Std. unit	7/28/99
Zinc	<0.05	mg/l	7/28/99

Date Received: 7/28/99
Today's Date: 8/3/99

Report Date: 8/3/99
Ref: 11038

Reported By:
Sample Number: AA19887

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Shiloh Truelight Ch.
Address: 8614 Truelight Ch. Rd.
Charlotte, NC **Zip:** 28227
County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: Larry Thompson
(704) 336-5101

Source of Water: ground
Source of Sample: well tap
Type of Sample: raw
Type of Treatment: none
Type of Analysis: Nitrate
Category: other

Collected By: L YHOMPSON **Date:** 7/27/99 **Time:** 1:20:00 PM
Location of sampling point: well
Remarks: IIIB

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	7/28/99
Nitrate as N	<1.0	mg/l	7/28/99

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/ml and Nitrate-N ≤ 10.0 mg/ml

Date Received: 7/28/99 **Report Date:** 8/2/99 **Reported By:**
Today's Date: 8/2/99 **Reference:** 11064 **Sample Number:** AA19913

5106 A

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Resample.

Microbiological Analyses

Owner, System or Establishment: Shiloh Truelight Church

Address: 8614 Shiloh Truelight Church Rd. Charlotte Zip: 28227

Collected By: Joshua R. Sellers R.S.

Date Collected: 09-13-99 Time: 12:15 AM (PM)

Sample Source: Well Head

Date Delvd. to Lab: 09-13-99 Time: 12:45 AM (PM)

Delivered By: J. Sellers ☑ Received on Ice Initials JRS.

Type of Sample

Potable Water

☑ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) NCD

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 9/13/99 Date Reported: 9/14/99

Received By: TAG Analyst: TAG Lab #: 295

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

Mecklenburg County
Health Department

August 13, 1999

Shiloh Truelight Church
9920 Mill Grove Road
Indian Trail, NC 28079

Dear Property Owner:

Enclosed you will find the lab sheets for the inorganic chemical analyses performed on the water samples collected from your water supply source on July 27, 1999.

If you have any questions concerning either report, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg Co. | Shiloh Truelight Church | 6108A
Health Department | Name of Establishment | Permit/Project No.

8614 Truelight Church Road | Church Multi-Purpose Building | 6 employees
Location | Type of Establishment | Design Flow

Shiloh Truelight Church, 9920 Mill Grove Road, Indian Trail, NC 28079 | Phone
Owner/Agent | Address

N/A | Phone
Operator | Address

Remarks: IIIb

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	? We recommend that you pump the septic tank when the solids level is at 25% of tank capacity. I can check this for you if the septic tank lid (inlet side) is uncovered. ~~We usually tell homeowners to~~ pump every 3-5 years.
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	No hand switch for pump. Operated pump by lifting float switch.
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Overall, system looks good. Keep check on septic tank to determine when it needs to be pumped.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7-27-99 SIGNED: Larry S. Thompson, J., E.S. AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

pd. 85
7-13-99
VLW
CK #345

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Shiloh Truelight Church
9920 Mill Grove Road
Indian Trail, NC 28079

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Employees	System Type
Shiloh Truelight Church	8614 Truelight Church Road	137-102-02	6108A	6 employees/mult. purpose bldg	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Employees _____

OSJ
7-27-99

BILL INFORMATION

Billing Date	Payment Due Date
6/3/99	7/5/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

116

Microbiological Analyses

Owner, System or Establishment: Shiloh Trueligt Church

Address: 8614 Shiloh Trueligt Church Rd

Charlotte, NC Zip:

Collected By: L. Thompson

Date Collected: 7-27-99 Time: 1:20 AM (PM)

Sample Source: well tap

Date Delvd. to Lab: 7-27-99 Time: 2:54 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify)

Analysis Requested:

- ☑ Total Coliform
- ☐ Fecal Coliform
- ☐ Fecal Strep
- ☐ Enterococcus
- ☐ Sulfate Reducing Bacteria
- ☐ Pseudomonas aeruginosa
- ☐ Other (specify)
- ☐ Food Analysis (specify)

Comments:

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform Present /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep ____ /100 ml.

Enterococcus ____ /100 ml.

Non-Coliform ____ /100 ml.

Plate Count ____ /gm. or ml.

Coliform Count ____ /gm. or ml.

Pseudomonas aeruginosa ____ /100 ml.

Laboratory Comments:

specimen labeled "8614 Trueligt Ch. Road"

Date Received: 7/27/99 Date Reported: 7/28/99

Received By: AG Analyst: AG Lab #: 869

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

Mecklenburg County
Health Department

June 1, 1999

Shiloh Truelight Church
9920 Mill Grove Road
Indian Trail, NC 28079

RE: 8614 Truelight Church Road

Dear Property Owner:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

Mecklenburg County
Health Department

April 13, 1999

Shiloh Truelight Church
8614 Truelight Church Road
Charlotte, NC 28227

Dear Property Owner:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

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Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6108 A DATE: 5/21/90

TC: 137-102-02 ☐ L ☐ CRT

SERIAL № 11849

Name of Owner Shiloh Truelight Church of Christ Juris.:

Address of Property 8614 Truelight Ch. Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 3 @ 100'

Cover Depth 10"

Water Supply Source well

Distance to Water Source 7100

Excavation Inspected 5/11/90

Tank(s) Inspected 5/11/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1900, 1500 ST, 1000 DT, PI, 1000 SFT, 12"G ceil CTR# 90

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:

Philo A. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

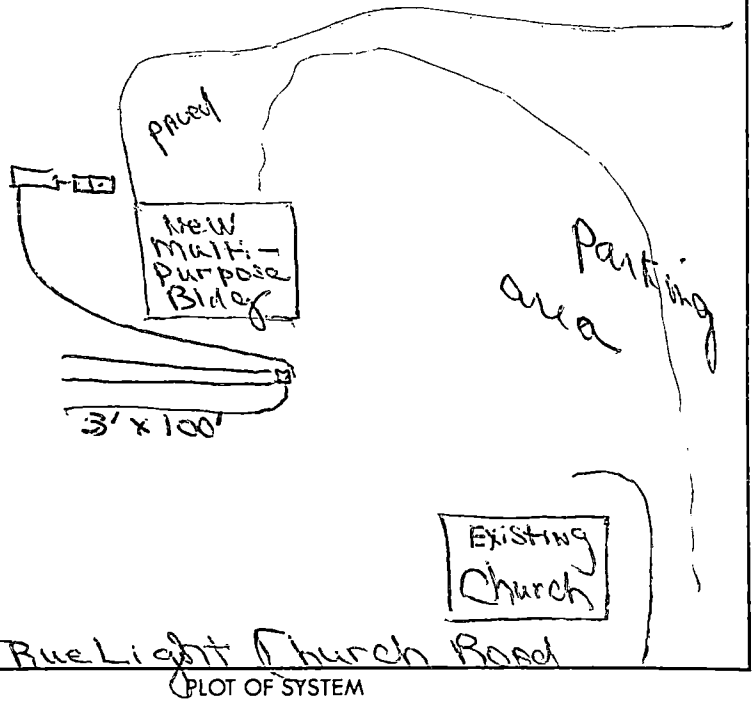
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6108A DATE: 5/10/90

TC: ☑ L

SERIAL Nº 13288

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 4/17/90. All work shall be completed on or before 6/10/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 200 feet

Number of Lines 300

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well ≥ 100' feet

NAME OF OWNER Shiloh Truelight Church of Christ

LOCATION OF PROPERTY 8614 Truelight Church Rd.

Comments: Install 3 trenches 3' x 100' x 12" Stone.

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

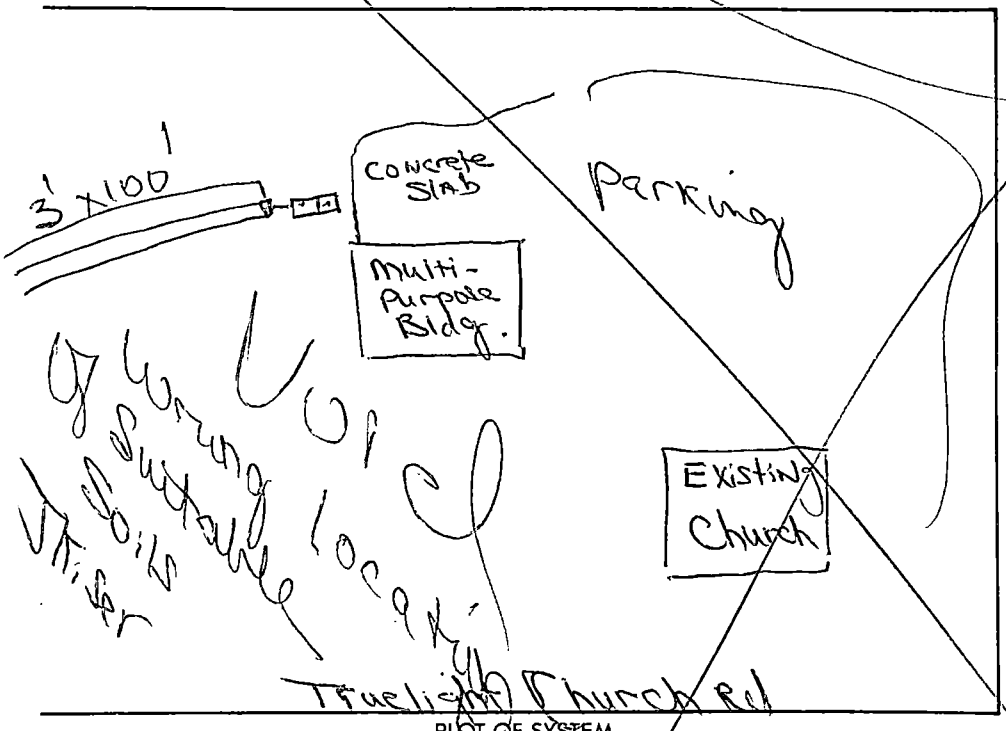
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6108-A DATE: 5/6/90

TC: 137-102-02 ☐ L

SERIAL № 13281

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 4/7/89. All work shall be completed on or before 5/6/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 300' feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ≥ 100' feet

NAME OF OWNER Shiloh True Light Church of Christ

LOCATION OF PROPERTY 8614 TRueLight Church Rd

Comments: INSTALL 3 TRENCHES 3' x 100', 12" Stone, STRAW Cover.

D. R. Daniel, RS
Division or Section Head

Judy J. Kiser R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6108-A
TC: 137-102-02
SERIAL: № 19165
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8614 (STREET NO.) TRUELIGHT CHURCH RD (STREET) ② FILE: 6108-A
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 137-102-02
⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: Shiloh (FIRST) True Light (MIDDLE) Church of Christ (LAST)
⑨ MAILING ADDRESS: Rt 1, Box 426
⑩ CITY: Indian Trail ⑪ STATE: NC ⑫ ZIP: 28079
⑬ PHONE: (WORK) 753-4180 ⑭ (HOME) 753-4180

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly Utility Building
㉒ Number of bedrooms? _____
㉕ Type? Church Multipurpose
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 6 employees
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? N/A

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

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

Signed: James P. Shiloh
Date: 9-7-1989

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Lift station may be required, depending on plumbing outlets.

B. R. Ferguson, Environmentalist — 9-12-89 (Date)

Director or Authorized Section Head — 9/13/89 (Date)

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

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

September 11th, 1989

Shiloh Truelight Church of Christ
Rt. 1, Box 426
Indian Trail, NC 28079

RE: Property located at 8614 Truelight Church Road
FILE: 6108A
PARCEL: 13710202 PO

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 12188) is enclosed for your information.

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

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12188

File: 6108A Action 1

Parcel: PO 137-102-02 ☐ PC

Location: True Light Church Rd.

Subdivision:

Lot: Block: Acres: .72

Owner: Shiloh Truelight Church of Christ
Address: Rt 1, Box 426
Indian Trail, NC 28079

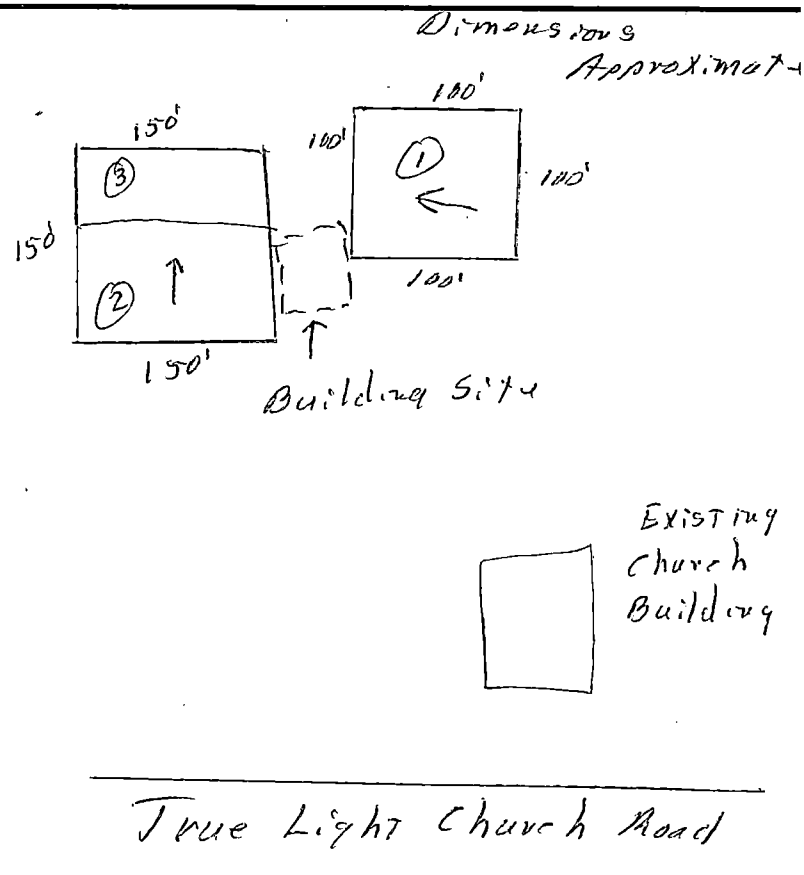
Comments: _____

Described by: William R. Marlin

Date: 9-9-99

***** 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 6-12%	(S) PS U 6-12%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to water	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS (U) 24-28"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	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	IVA Cecil-1.4%	IVA Pacolet-1.4%	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

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

DATE 9-7-89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE 6108-A JURISDICTION CODE Mint

PARCEL NUMBER 137-102-02

ASSIGNED ADDRESS 8614 TRUELIGHT CHURCH 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: 55X60 multi purpose bldg

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 DRIVEWAY(S).

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/7/89

Name/Company: Shiloh Pentecostal Church

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Drip Drill
#61089

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 7 1989

ck# 952

Fee: $200.00 $200.00

NOTICE:

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

Completed by

Collected by

BILLING — WHITE

[redacted]

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6108A

TC: 137-102-02 PO

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: True Light Church Rd.

② SUBDIVISION: Not Applicable ③ LOT: N/A ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 137-102-0-

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

OWNER

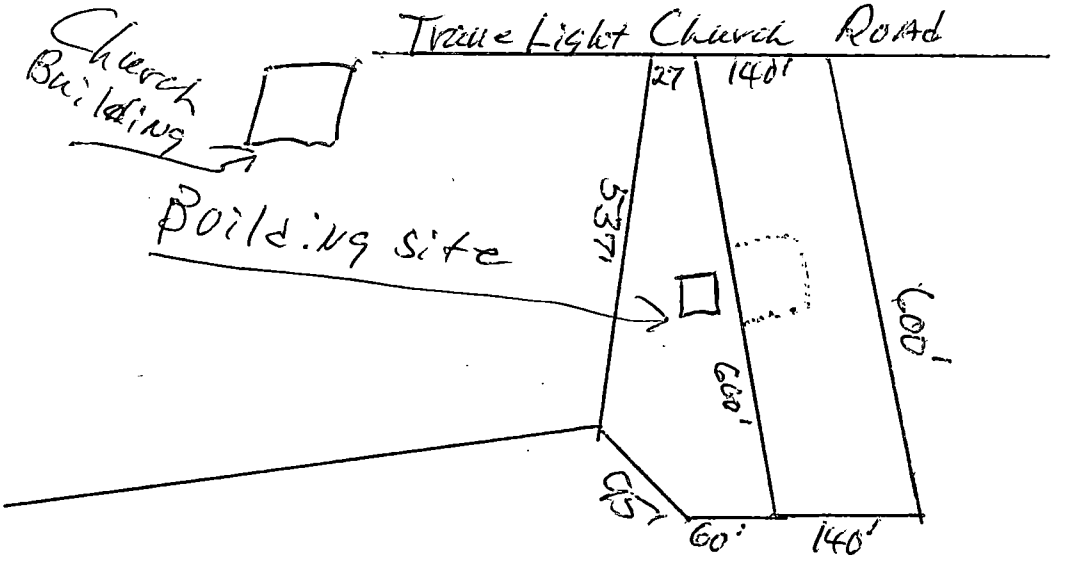
⑦ NAME: Shiloh (FIRST) True Light (MIDDLE) Church of Christ (LAST)

⑧ MAILING ADDRESS: Rt 1, Box 426

⑨ CITY: Indian Trail ⑩ STATE: N.C. ⑪ ZIP: 28079

⑫ PHONE: (WORK) 753-4180 (HOME) 753-4180

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: James R. Purser Elder & Minister

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

Date: 9-7-89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/7/89

Name/Company: Pilot Truelight Church

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: Well Test

10108A

MECKLENB
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 7 1989

Fee: $ 40 - Cash #40.00

NOTICE:

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

Completed by

Collected by

BILLING — WHITE [redacted]