

12200 SAM FURR RD

01104448

12/19/2007

duponbj

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: 6798/8550 DATE: _____

TC: 011-044-48 ☐ L ☐ CRT

SERIAL 19088

Name of Owner Tri-City Baptist Church Juris.: _____

Address of Property 12200 Sam Furr Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 750'

Number of Lines 5 @ 150'

Cover Depth 12"

Water Supply Source City

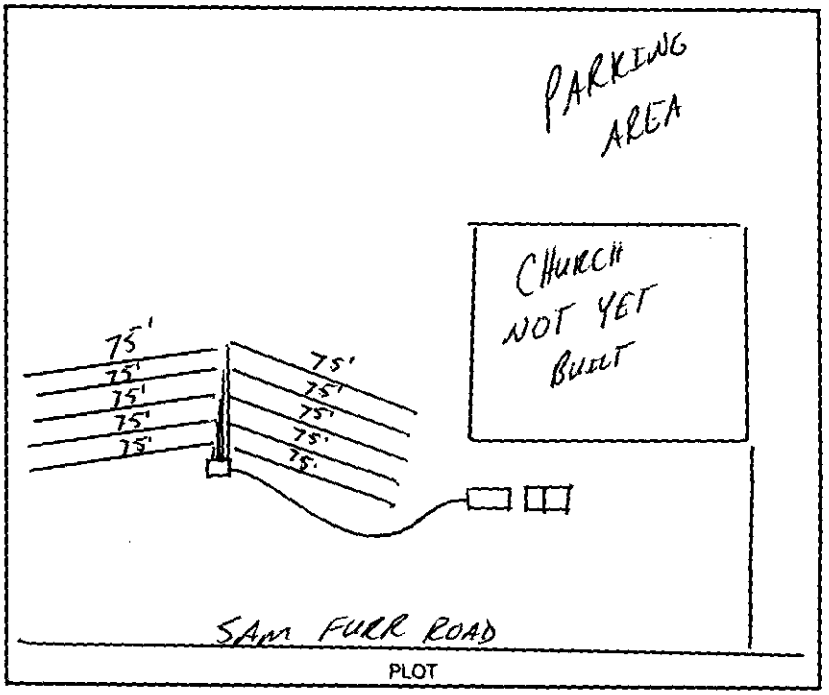
Distance to Water Source NA

Excavation Inspected 12/31/02

Tank(s) Inspected 12/31/02

Wash Line Inspected NA

High Water Alarm Inspected _____



Design 1500 ST, 1500 PT, PI, INV, 2250 SFT, Pressure Manifold CTR# Upright Septic

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: 200 Member Church

5 Lines x 150' x 3 w/ Flow dividers

Type III 5 Pump to innovative System

_____

Environmental Health Specialist

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

Waiting on

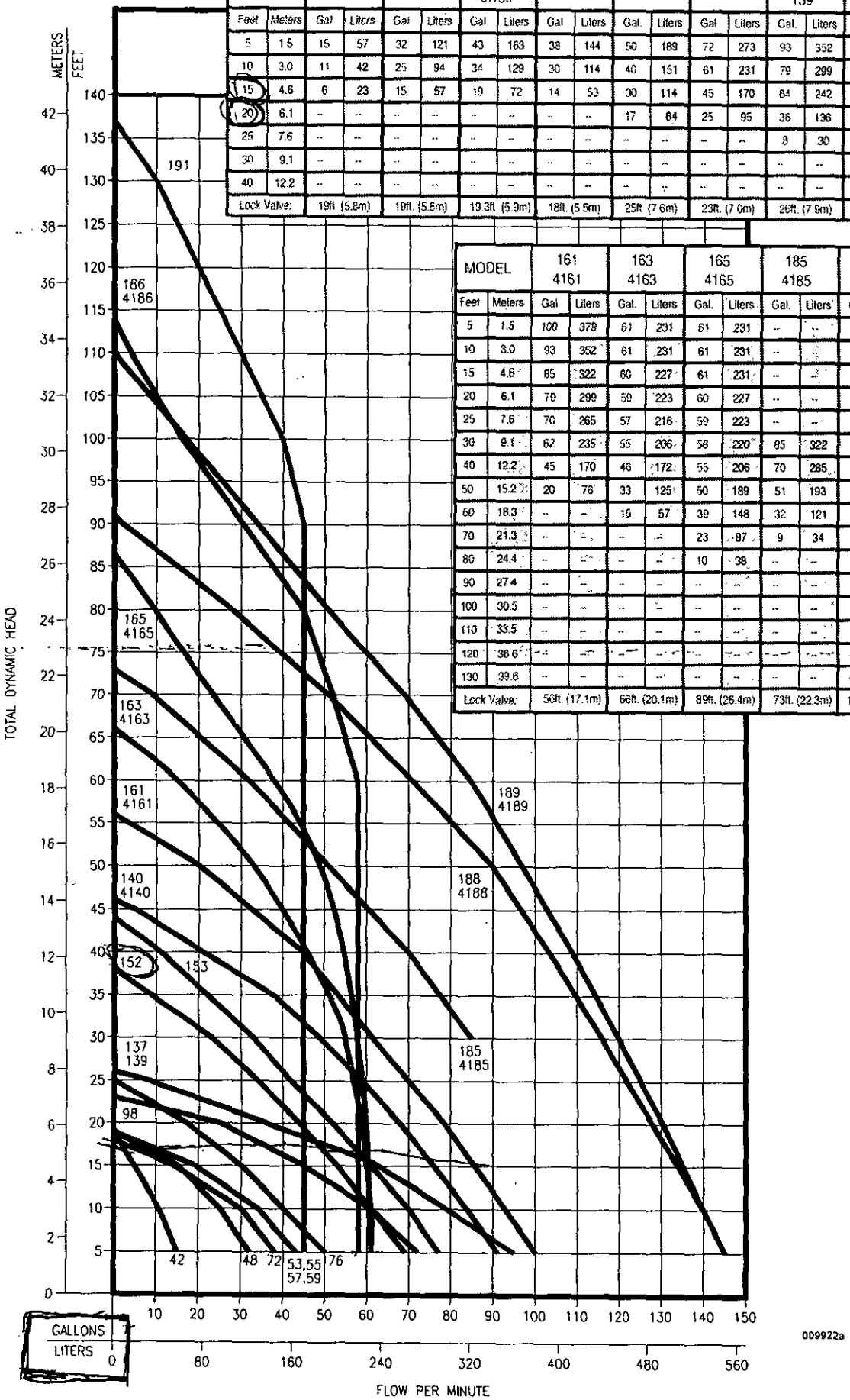
electrical inspection

HEAD/CAPACITY CURVE
EFFLUENT and DEWATERING

⚠ CAUTION **Model 185/4185 should not be subjected to less than 30 feet TDH.**

MODEL		42		48		53/55 57/59		72		76		98		137 139		140 4140		152		153	
Feet	Meters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters
5	1.5	15	57	32	121	43	163	38	144	50	189	72	273	93	352	91	344	69	261	77	291
10	3.0	11	42	25	94	34	129	30	114	40	151	61	231	79	299	84	316	61	231	70	265
15	4.6	6	23	15	57	19	72	14	53	30	114	45	170	64	242	76	288	53	201	61	231
20	6.1	--	--	--	--	--	--	--	--	17	64	25	95	36	136	68	257	44	167	52	197
25	7.6	--	--	--	--	--	--	--	--	--	--	--	--	8	30	59	223	34	129	42	159
30	9.1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	49	185	23	87	33	125
40	12.2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	21	45	--	--	11	42
Lock Valve:		19ft. (5.8m)		19ft. (5.8m)		19.3ft. (5.9m)		18ft. (5.5m)		25ft. (7.6m)		23ft. (7.0m)		26ft. (7.9m)		46ft. (14.0m)		38ft. (11.6m)		44ft. (13.4m)	

MODEL		161 4161		163 4163		165 4165		185 4185		186 4186		188 4188		189 4189		191	
Feet	Meters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters	Gal.	Liters
5	1.5	100	379	61	231	61	231	--	--	58	220	145	549	145	549	45	170
10	3.0	93	352	61	231	61	231	--	--	58	220	140	530	140	530	45	170
15	4.6	85	322	60	227	61	231	--	--	58	220	134	507	135	511	45	170
20	6.1	79	299	59	223	60	227	--	--	58	220	128	484	131	496	45	170
25	7.6	70	265	57	216	59	223	--	--	58	220	122	462	125	473	45	170
30	9.1	62	235	55	206	58	220	85	322	58	220	116	439	120	454	45	170
40	12.2	45	170	46	172	55	206	70	265	58	220	104	394	109	413	45	170
50	15.2	20	76	33	125	50	189	51	193	58	220	90	341	97	367	45	170
60	18.3	--	--	15	57	39	148	32	121	58	220	71	269	85	322	45	170
70	21.3	--	--	--	--	23	87	9	34	52	34	51	193	69	261	45	170
80	24.4	--	--	--	--	10	38	--	--	45	170	26	106	51	193	45	170
90	27.4	--	--	--	--	--	--	--	--	31	117	2	8	34	129	45	170
100	30.5	--	--	--	--	--	--	--	--	16	80	--	--	17	64	40	151
110	33.5	--	--	--	--	--	--	--	--	4	15	--	--	--	--	30	114
120	36.6	--	--	--	--	--	--	--	--	--	--	--	--	--	--	20	76
130	39.6	--	--	--	--	--	--	--	--	--	--	--	--	--	--	10	38
Lock Valve:		56ft. (17.1m)		66ft. (20.1m)		89ft. (26.4m)		73ft. (22.3m)		114ft. (34.7m)		91ft. (27.7m)		110ft. (33.5m)		137ft. (41.8m)	



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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: 679B/8550A DATE: 12/18/02

TC: 011-044-98 ☒ L

SERIAL 19188

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 _____. All work shall be completed on or before 1/18/03, 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.

Install according to engineered plans

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 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 750' feet

Number of Lines 5 X 150'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line 710' feet

Distance from Well >100' feet

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

NAME OF OWNER Tri-City Baptist Church

LOCATION OF PROPERTY 12200 Sam Furr Road

Comments: 200 Member Church
Install 5 lines x 150' x 3'
Type III b Pump to Innovative System
Vema 4X Alarm

Tony Michie R.S.
Environmental Health Specialist

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 OCT 25 12:08 PM
BOOK:14275 PAGE:108-111 FEE:$20.00
INSTRUMENT # 2002209728

Returned to customer

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 6798
PARCEL # 011-044-48

The undersigned, Tri-City Baptist Church, owner of property located at 12200 Sam Furr Road, (the "site") and described in an instrument recorded in Book 8527 at Page 324, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Roger N Powell
Mail after recording to: Tri-City Baptist Church
P.O. Box 2426, Huntersville, NC 28078

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 25th day of October, 2002.

Tri-City Baptist Church

_____ (Corporate Name)

By: Roger N Powell (SEAL)

Roger N Powell, pastor (SEAL)

By: _____ (SEAL)

_____ President

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Chris Bryant, a Notary Public for said County and State, do hereby certify that Roger N. Powell, Pastor Tri-City Baptist Church personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 25 day of Oct, 2022.

Chris Bryant
Notary Public

My Commission Expires:

7-10-05

CHRIS BRYANT NOTARY PUBLIC MECKLENBURG COUNTY, N. C.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that __he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** # 25
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 679B
PARCEL NO: 011-044-48

JOB LOCATION ADDRESS: 12200 Sam Furr Road
PROPERTY OWNER: Tri-City Baptist Church
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Jerry Mishler R.S. DATE: 10/24/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 679B, 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: Agreement forms on file before C.A. Release
Install according to plans on file

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.

Ronald Powell 10/25/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 679-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 011-044-48

- 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	✓ 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	
.2 Long-term acceptance rate	600 Max gallons/day wastewater flow	2250 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	750 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
✓ Bedrooms in residence	1500 Gallon pump tank	4/1 Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: —

Additional Conditions: Agreement forms on file before C.O. Release
No kitchen to Church
Install according to plan on file

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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 1200 Total Trench Length (Ft)	12" Depth of Stone Trench	5' Trench spacing (min. on centers)	12" 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 I 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 effe 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 Departme
- This Improvement permit is transferable.

Terry Hubbard R.S. 10/24/02
DEHNR Authorized Agent Date

Roger Powell 10/25/02
Owner/Agent Signature Date

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

FEE: 400 – Offsite site evaluation

DATE: 10/15/02 – Add to Cons

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

[ ] CRT

TYPE APPLICATION: X 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 #:

PROJECT TRACKING #: 679B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-044-48

X COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 12200 Sam Furr Rd

DESCRIBE TYPE OF BUSINESS: Church

LOT NUMBER: Deed book 6705 page 295 see attached "exhibit A"

Square Footage of Facility: 49005 sq ft

TOWNSHIP (CHECK ONE):

NUMBER OF EMPLOYEES: _____
PER SHIFT: _____

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

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
X FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:

X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
X 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 X NO	WELL SPRINGS OR WATERLINES	___ YES X NO
EXISTING WASTE WATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES X 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Tri-City Baptist Church (LAST) (FIRST) (MI)	NAME: Powell Roger N- (LAST) (FIRST) (MI)
ADDRESS: P.O Box 2426, 12200 Sam Furr Rd.	DAYTIME PHONE: 704 987 – 5060
CITY: Huntersville STATE: NC ZIP: 28078	
DAYTIME PHONE: 704 987 – 5060	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3 April 1996

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: Roger N Powell

DATE: 9/26/02

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

Permit Number 679-B/8550-A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 011-044-48

- 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	___ 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	
.2 Long-term acceptance rate	600 Max gallons/day wastewater flow	2250 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	750 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
✓ Bedrooms in residence	1500 Gallon pump tank	___ Depth of stone		
Any surface waters present: NO	Type:	Minimum separation distance:		
Site modifications required: NO				
Additional Conditions: Use innovative system No kitchen in church until CMUD sewer connection certified operator required if repaired				
Repair Area System Type Type (circle one): I II III (IV) V VI 1 LTAR	___ 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	
1200 Absorption Area (Sq ft) 4200 Total Trench Length (Ft)	12" Depth of Stone Trench	5 Trench spacing (min. on centers)	12" 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.

Kelly Rudd 8-28-96

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

File #679B
TC# 011.044.48

EXHIBIT A

LYING AND BEING in Huntersville Township, Mecklenburg County and being more particularly described as follows:

BEGINNING at a tack in the centerline of Sam Furr Road, said point lying 2060.60 feet as measured along the said centerline in a southwesterly direction from its intersection with the centerline of Westmoreland Road (S.R. #2430); thence S 03-04-22 W 695.88 feet to an iron in the line of the property conveyed to Philip M. Kidd by deed recorded in Book 6559 at page 88 in the Mecklenburg County Registry; thence, with said line, N 69-54-15 W 228.94 feet to an iron; thence N 73-26-48 W 341.05 feet to an iron; thence N 12-05-07 W 217.50 feet to a point in the centerline of Sam Furr Road; thence, with said centerline, the arc of a circular curve to the right having a radius of 5,629.58 feet, (Chord = N 63-07-08 E), an arc distance of 538.61 feet to a point; thence, continuing with said centerline, N 66-28-00 E 157.64 feet to the point and place of BEGINNING and containing 6.084 acres as shown on that certain survey by Tim E. Williams, NCRLS, dated April 2, 1996 to which reference is hereby made for a more particular description.

CURVE TABLE					
CURVE	DELTA	RADIUS	LENGTH	CHORD	BEARING
C1	5°28'13"	5629.58'	537.49'	537.29'	S63°23'34"W
C2	90°00'00"	32.00'	50.27'	45.25'	S70°20'21"E
C3	22°24'04"	232.74'	91.00'	90.42'	N53°27'37"E
C4	64°38'36"	83.21'	93.89'	88.98'	N83°01'02"W

SAM FURR ROAD

Utility lines

Approx Loc of 36" RCP

100' R/W (PUBLIC)

17.50' TOTAL

Concrete Ditch

Approx location of drainage easement N.C.D.O.T. D.B. 3927, PG. 312

Inv = 708.3'

INV.= 722.00' FLARED END SECTION

187.2 L.F.- 18" RCP @ 6.04%

CONCRETE DITCH (TO BE REMOVED)

CATCH BASIN TOP-737.30 INV. OUT-733.30

C1 Total

PROPOSED STOP SIGN

WATER METER

2" DOUBLE BACKFLOW PREVENTER IN UNDERGROUND VAULT

TEMPORARY WATER SERVICE LINE

6' CONC. SIDEWALK

PROP. 5' CONC. SIDEWALK

6' CONC. SIDEWALK

PROPOSED TEMP. BUILDING F.F.E.=745.5±

60.0'

28.0'

TEMP. BLDG.

RAMP

5' CONC. SIDEWALK

PROPOSED SEPTIC DRAIN FIELD

PROP. SIGN

PROPOSED CANOPY

70.0'

PROPOSED BUILDING 4,900 Sq. Ft. F.F.E.=739.00

TRASH RECEPTACLE STORAGE

HVAC

HVAC

5' CONC. SIDEWALK

WATER SERVICE LINE

PROPOSED ASPHALT DRIVE

PROP. CANOPY

31.0'

FUTURE ADDITION

OVERFLOW PARKING AREA

N66°24'08"E 157.64'

56.04'

Edge of pavement

10' SIDE YARD

S03°00'30"W

639.84'

695.88' TOTAL

TAX #011-044-47
JOHN M. RAYMER &
wf. JEAN M. RAYMER
D.B. 3697, PG. 76
ZONED:

TMS# 011-044-48
6.14 Acres
ZONING: OPS
8 PARKING SPACES PROVIDED

INSTALL ORANGE FABRIC FENCE ALONG S.W.I.M. BUFFER

35' S.W.I.M. BUFFER UPLAND ZONE

UNDISTURBED STREAMSIDE ZONE

APPROX. TOP OF BANK

N12°03'49"W 182.64'

35'

50' REAR YARD

℄ Creek

N73°02'53"W 342.81'

N6[illegible] 228.85'

TAX #011-044-49
PHILIP MICHAEL KIDD &
wf. VICKIE D. KIDD
D.B. 6559, PG.88
M.B. 24, PG. 428
ZONED:

FEE: 300.00 CK # 2520
DATE: 6/25/96 gc

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

[redacted]

[ ] CRT

TYPE APPLICATION: X 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 #: 679B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-044-48

STREET ADDRESS: 12200 SAM FURR Rd.

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
CHURCH
Service footage of facilities:

NUMBER OF EMPLOYEES: _____
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

X TOLIETS/URINALS
X 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:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
X 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 X NO	WELL SPRINGS OR WATERLINES	___ YES X NO
EXISTING WASTE WATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	X 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: TRI CITY BAPTIST CHURCH
(LAST) (FIRST) (MI)

ADDRESS: P.O. BOX 1270

CITY: CORNELIUS STATE: NC ZIP: 28031

DAYTIME PHONE: 704 948 - 0161

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Vinton L. Fry, Pastor DATE: 6-25-96

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: 6798

TC: 011-044-48

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.

See attached plan

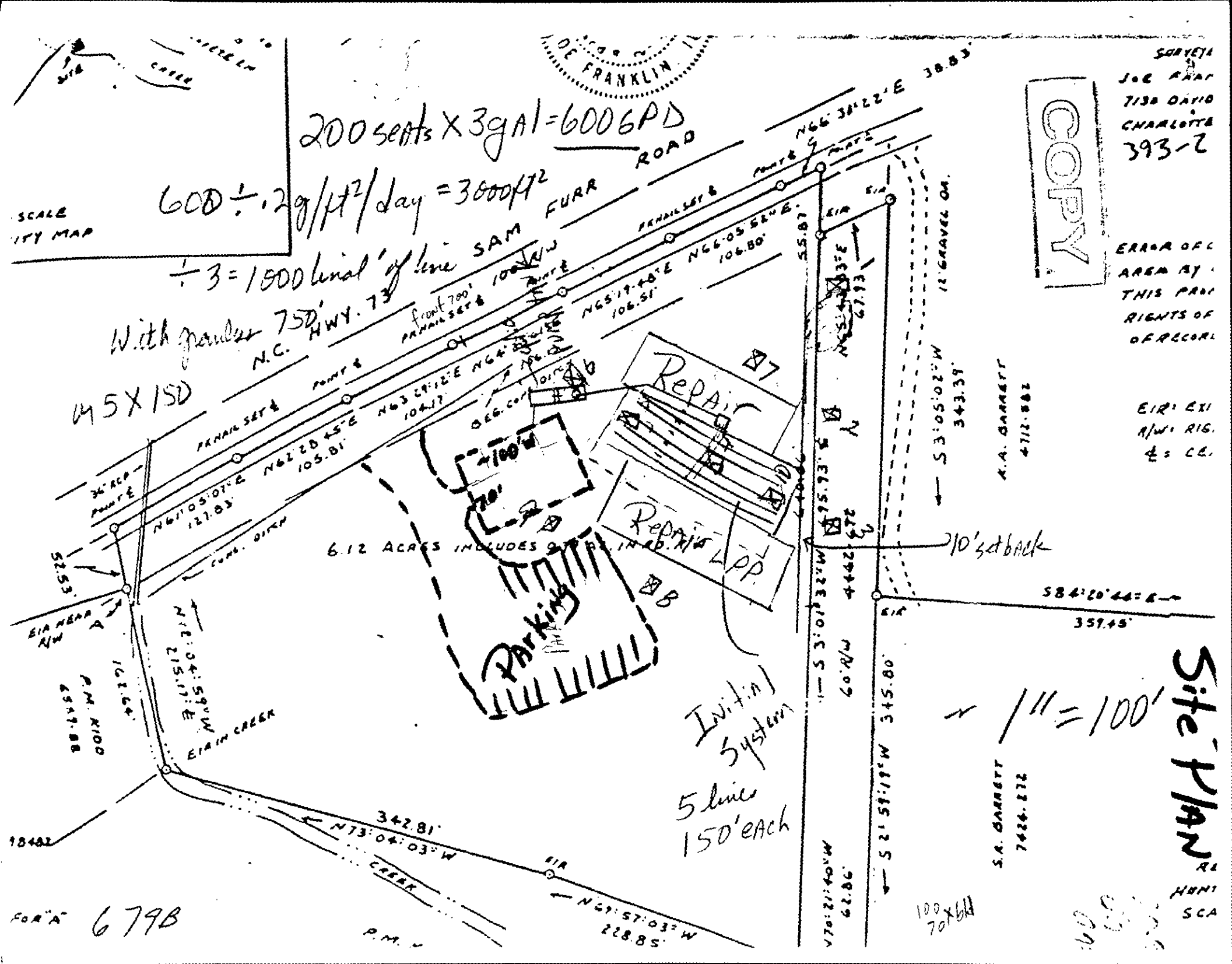
SAM FUR ROAD

Visitor L. Fry Poole
OWNER/AGENT SIGNATURE

DATE 6-25-96

APPROVAL DATE _____

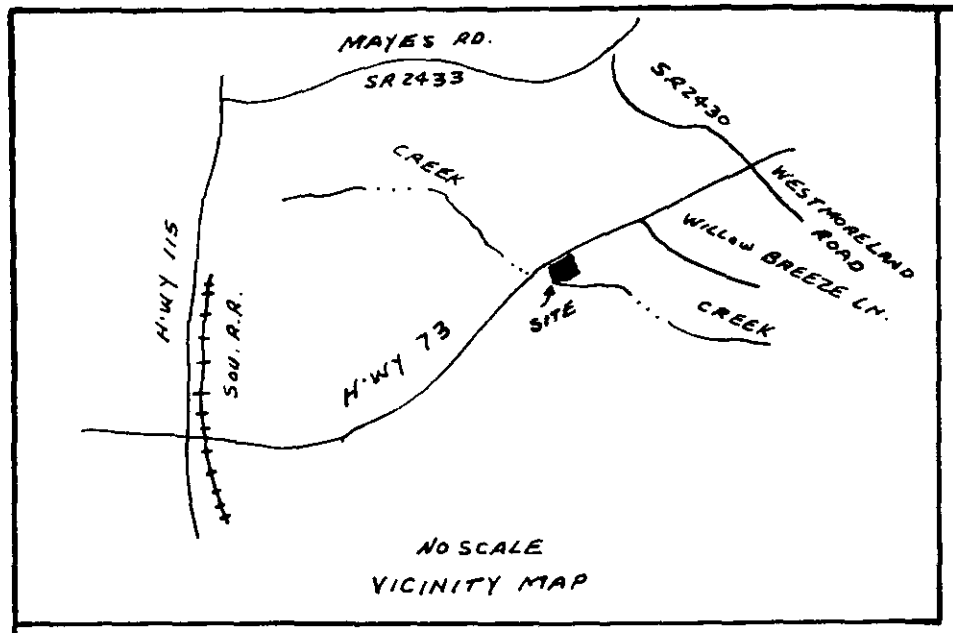
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy


200 seats X 3gal = 600GPD
600 ÷ .2 gl/ft²/day = 3000ft²
÷ 3 = 1000 linear ft of line
With grader 75' N.C. HWY. 73
45 X 150
ROAD
SAM FURR
SCALE
ITY MAP
COPY
SURVEYE
JOE FRAN
7138 DAVID
CHARLOTTE
393-2
ERROR OF C
AREA AT
THIS PRO
RIGHTS OF
OF RECORD
EIR: EXI
R/W: RIG
℄ = CE
Repair
Repair Lot
Parking
6.12 ACRES INCLUDES
10' setback
Initial
System
5 lines
150' each
Site Plan
1" = 100'
FRANKLIN
CREEK
EIA IN CREEK
EIA
P.M.
S.A. BARRETT
7426.222
A.A. BARRETT
4712.882
342.81'
N73°04'03"W
N62°28'45"E
105.81'
N63°12'12"E
104.17'
N65°19'40"E
106.51'
N66°05'52"E
106.80'
N66°38'22"E
38.83'
S3°05'02"W
343.39'
S84°20'44"E
359.45'
S3°01'32"W
442.42'
S21°59'19"W
345.80'
N73°04'03"W
228.85'
N65°57'03"W
215.17'
N61°05'07"E
121.03'
52.53'
162.64'
60' R/W
55.82'
67.93'
12' GRAVEL DR.
100 x 70 x 61
FOR "A" 679B

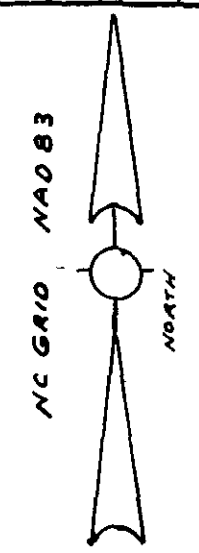
Tri City Baptist Church

File 679-B

File 679B



NORTH CAROLINA Registered SEAL L-2181 Land Surveyor JOE FRANKLIN, III



N.C. HWY. 73

SAM FURR ROAD

N66°31'22"E 38.83'

PK NAIL SET ℄ POINT ℄ PK NAIL SET ℄ 100' R/W POINT ℄ PK NAIL SET ℄ POINT ℄ POINT ℄

N62°28'45"E 105.81'

N63°29'12"E 104.17'

N64°23'41"E 106.13'

N65°19'48"E 106.51'

N66°05'52"E 106.80'

55.87'

EIR

N65°43'33"E 67.93'

36" RCP

POINT ℄

N61°05'07"E 127.83'

52.53'

CONC. DITCH

BEG. CONC. DITCH

6.12 ACRES INCLUDES 0.79 AC. IN RD. R/W

640.06'

℄ 3

S3°05'02"W 343.39'

12' GRAVEL DR.

K.A. BARRETT 4712-582

S3°01'32"W 695.93' ℄

S3°01'32"W 442.672

60' R/W

S84°20'44"E 359.45'

EIR

EIR

EIR

EIR NEAR R/W

A

N73°41'06"E

GROUND: 327.30'

GRID : 327.25'

NCGS STATION NEW ROAD

NC GRID COORDINATES

NAD 83

N: 622,680.9757'

E: 1,455,346.600'

COMBINED GRID FACTOR 0.9998482

NC GRID COORDINATES FOR "A"

N: 622,772.9061'

E: 1,455,660.672'

N12°40'55"W 215.11' ℄

162.64'

P.M. KIOD 6557.88

EIR IN CREEK

342.81'

N73°04'03"W

CREEK

P.M. KIOD 6559-88

EIR

N69°57'03"W 228.85'

EIR

EIR

N70°21'40"W 62.86'

S2°59'19"W 345.80'

S.R. BARRETT 7424-272

NOTES

ERROR OF CLOSURE WAS 1'/10,000+

AREA BY COORDINATE COMPUTATION.

THIS PROPERTY IS SUBJECT TO ANY RIGHTS OF WAY, EASEMENT OR AGREEMENTS OF RECORD PRIOR TO DATE OF SURVEY.

LEGEND

EIR: EXISTING IRON ROD (FOUND)

R/W: RIGHT OF WAY

℄: CENTER LINE

SURVEY FOR

RHONDA A. HATHCOCK

RECORDED IN DEED BK 6705 PG 245

HUNTERSVILLE TOWNSHIP MECKLENBURG CO. N.C.

SCALE: 1" = 100' DATE: JAN. 7, 1995

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12880 (1040)

File: 6793/8550A Action 3

Parcel: 00 011- 044- 48 ☐ PC

Location: .. Sam Furr Road

Subdivision:

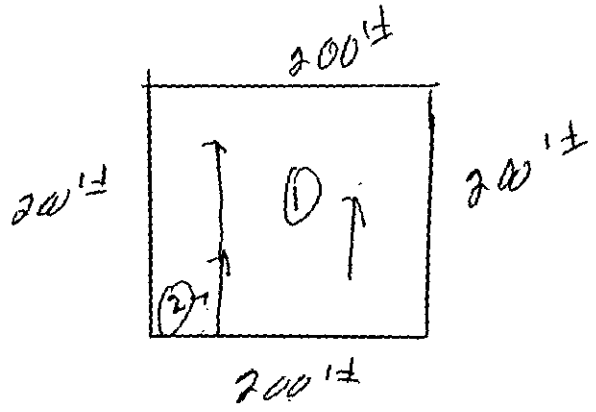
Lot: Block: Acres: 1.0

Owner: Rhonda A. Neely
Address: 60 Douglas ave., N.W.
Concord, N.C. 28205

Comments: not sure if Lot Repair needed

Described by: William R. Marlin

Date: 10-20-92



Sam Furr Rd

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Shallow Drain	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subangularly	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) Some perched water 15-24"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 20-34"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	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	Mecklenburg/ Helena	Shallow Drain				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12880

File: [illegible] Action _____

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

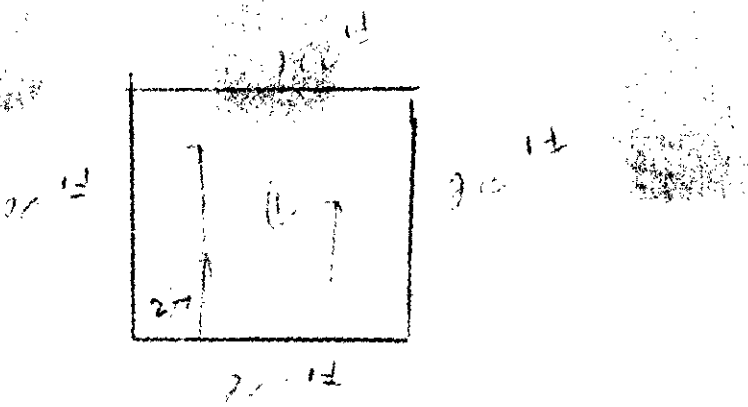
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____



Sandy Run Rd

***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

PD 50.00 10/1/92 CHK 07

679B/855A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Neely (last), Rhonda (first) A. (mi)
ADDRESS: 60 Douglas Ave NW PHONE: (704) 788-1257
CITY: Concord STATE: NC ZIPCODE: 28025

Date: 10/01/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011 44448 011-044-48
STREET ADDRESS: Sam Furr Rd.
ZONING:

PROPERTY OWNER:
NAME: Neely (last), Rhonda (first) A. (mi)
ADDRESS: 60 Douglas Ave NW PHONE: (704) 788-1257
CITY: Concord STATE: NC ZIPCODE: 28025

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER:

LOT SIZE (in acres): 1 acre

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[X] Garage [X] Storage Building [X] 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: Rhonda A. Neely Date: 10/01/92

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

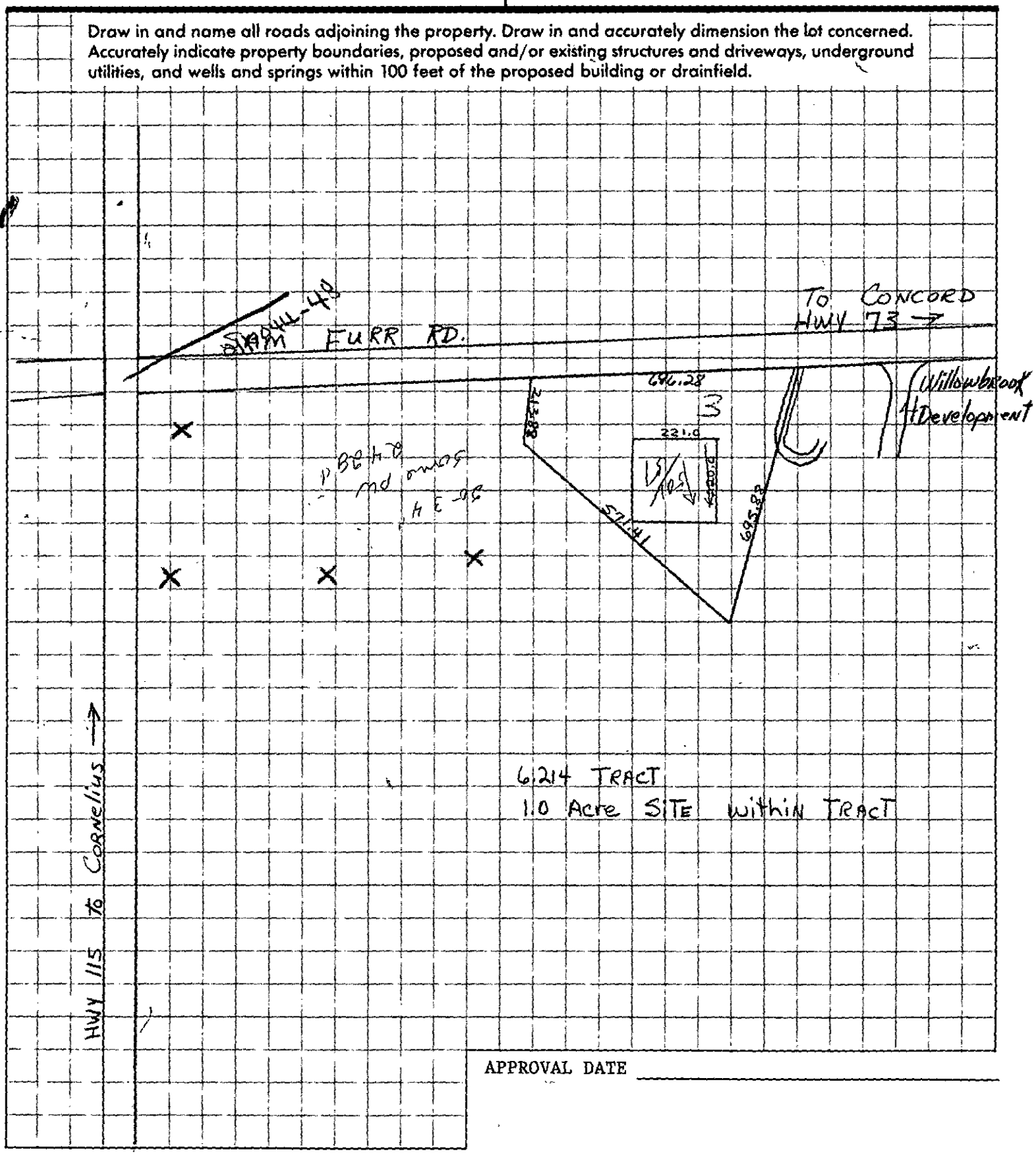
PROPOSED PLOT PLAN

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

FILE: 69B/1855OA

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.



APPROVAL DATE _____

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

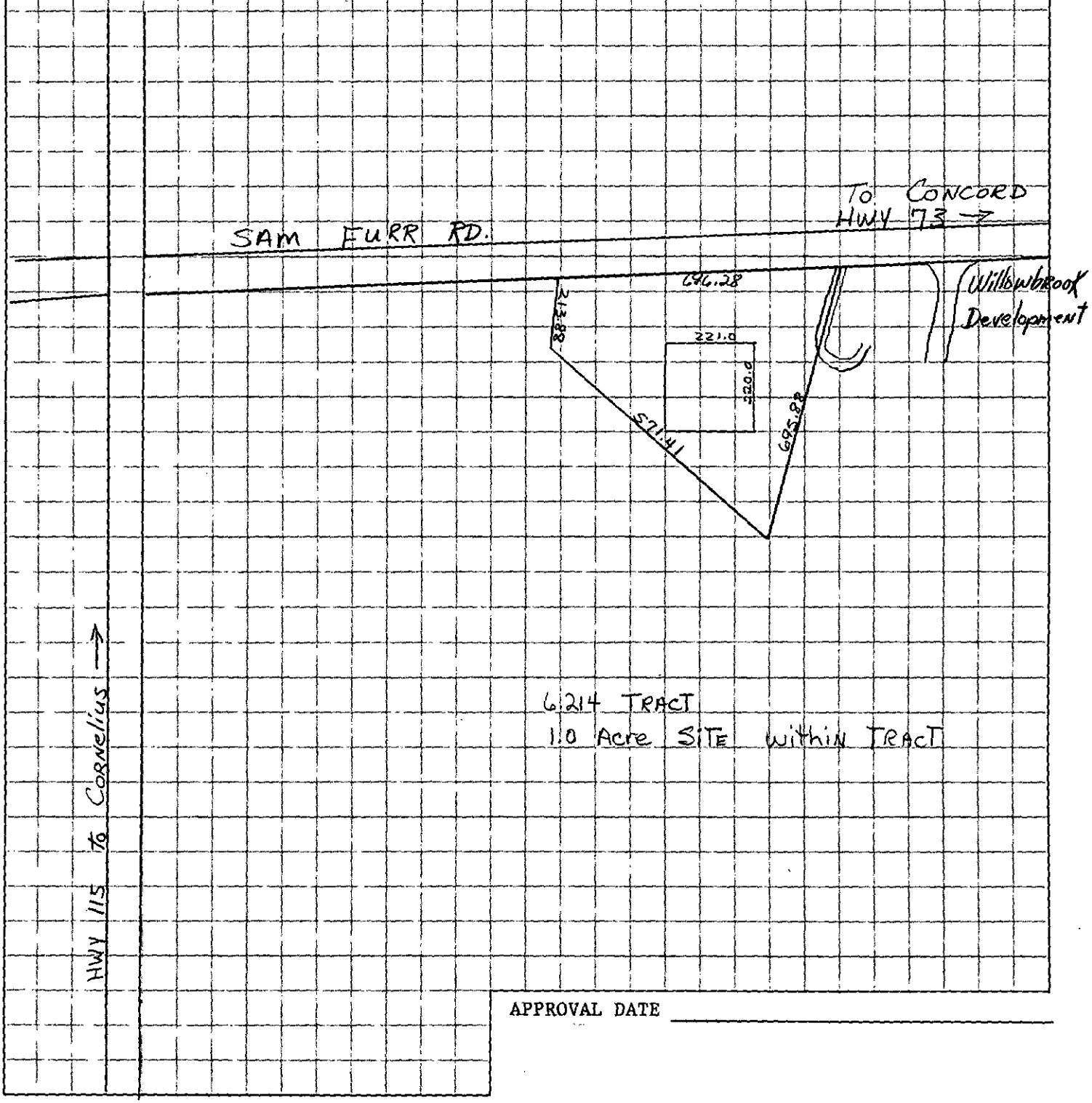
PROPOSED PLOT PLAN

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

FILE: 67981855OA

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.



6.214 TRACT
1.0 Acre SITE within TRACT

APPROVAL DATE _____

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

CONSULTATION

679B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Ck# 537 $85.00 3/31/95 ☐ 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

PERSON FILING APPLICATION:
NAME: ROBERTS (last) Rusty (first) (mi)
ADDRESS: 8309 Norcroft Dr PHONE: (704) 548-0059
CITY: CLT NC 28269 STATE: NC ZIPCODE: 28269

Date:

PROPERTY OWNER:
NAME: RONDA & DALE Hathcock (last) (first) (mi)
ADDRESS: 13625 Asbury Chapel Rd PHONE: (__) _____
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-044-48-~~001~~
STREET ADDRESS: 12200 Sam Furr Rd
ZONING: R-2

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ 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: 4 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ 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: Rusty Roberts Date: 3-31-95

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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 12/'91

PROPOSED PLOT PLAN

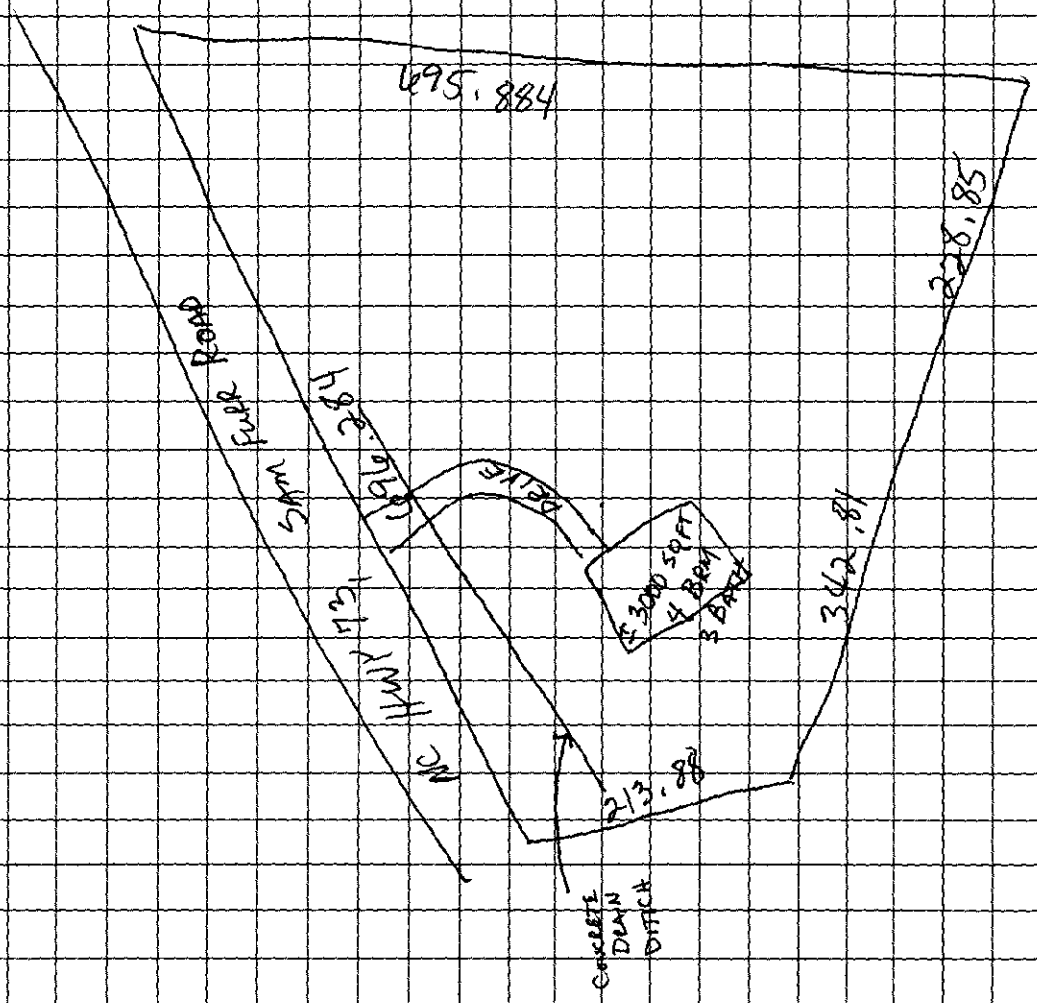
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

6798

FILE: ~~3K13B~~

TC: 011-044-48

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

679B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD #35 3/3/95 OP. #2135

[ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Hathcock (last) Rhonda (first) A. (mi)
ADDRESS: P.O. Box 2053 PHONE: (704) 948-0192
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 2-27-95

PROPERTY OWNER:
NAME: Hathcock (Neely) (last) Rhonda (first) A. (mi)
ADDRESS: P.O. Box 2053 PHONE: (704) 948-0192
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-044-48
STREET ADDRESS: 12200 Sam Furr Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 6.2

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: Rhonda A. Hathcock Date: 2/28/95

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:

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

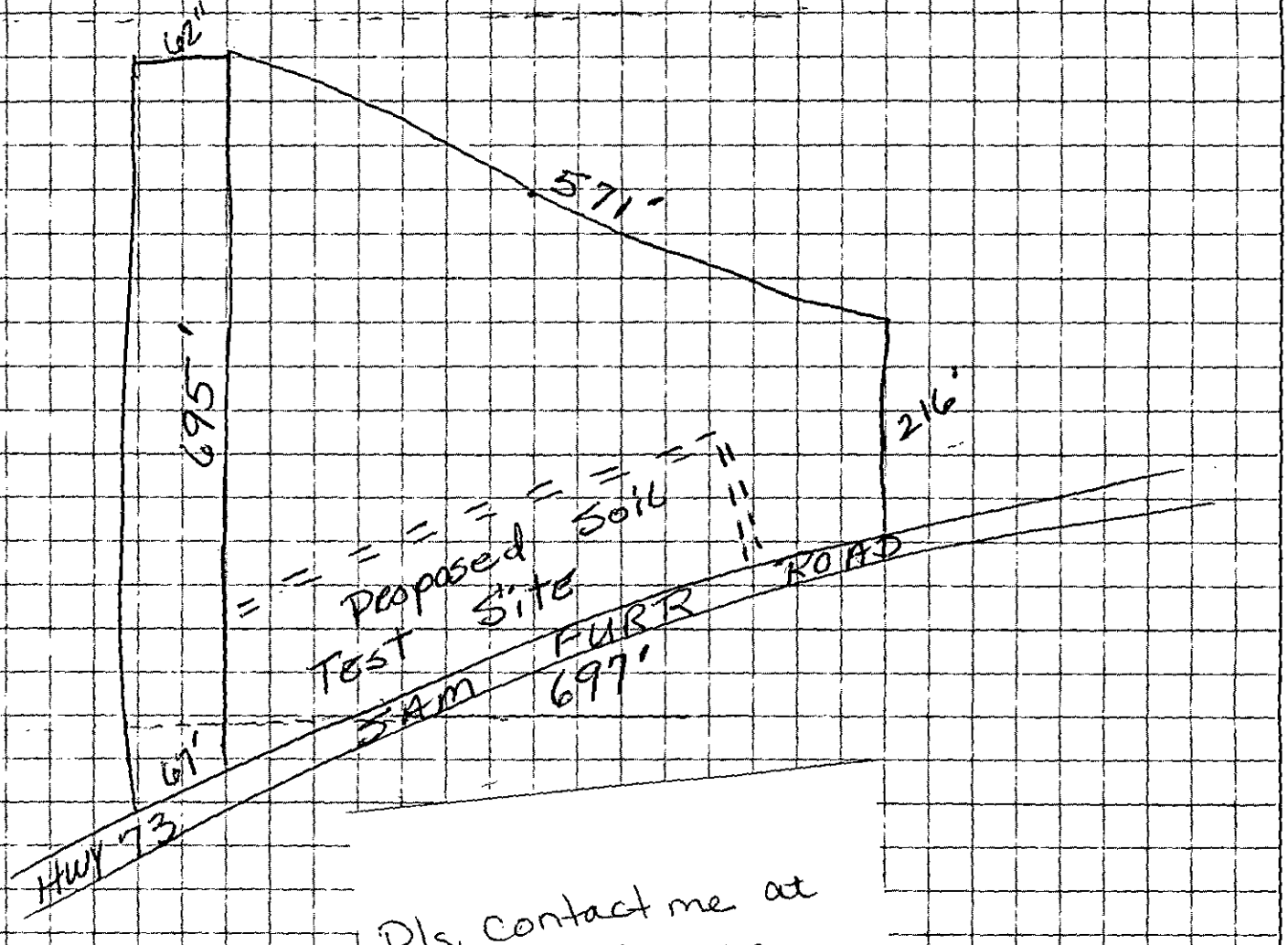
PROPOSED PLOT PLAN

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

FILE: 6798

TC: 011-044-48

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.



Pls. contact me at Least 24 Hours in advance as to the Appropriate time Scheduled to meet with you - Thankyou -
Dale Hathcock
7:30 Am - 3:30 pm
Mon-Fri
704-788-1186

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

Mecklenburg County

Health Department

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

December 04, 1992

Mr. Rhonda A. Neely
60 Douglas Avenue, NW
Concord, NC 28035

Re: Property located at Sam Furr Road
File: 679B/8550A
Parcel: 011-044-48

Dear Mr. Neely:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12918) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR/wpg
Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12918

File: 6798/8550A Action 2

Parcel: PO 011-044-48 ☐ PC

Location: Sam Furr Road

Subdivision:

Lot: Block: Acres: 1.0

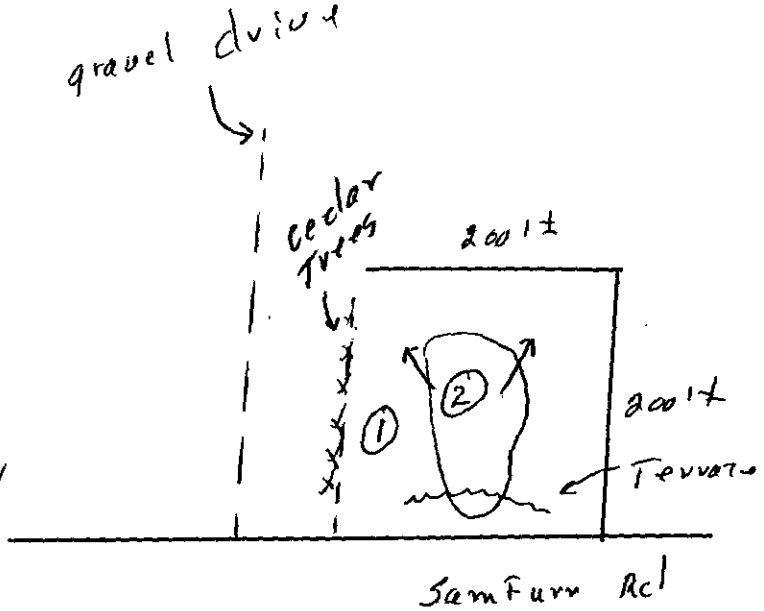
Owner: Rhonda A. Neely
Address: 60 Douglas Ave NW
Concord, N.C. 28025

Comments: Not sure if soil repair is required. 3 gal/ FT2/ LTAR (conventional system rate)

Described by: William A. Merlin

Date: 12-4-92

Back Hoe pits dug 36" + soil depths found PS for Depth (PS)



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S (PS) U Sub-Blky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" To water	S (PS) U 736" To water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-20"	S PS (U) 12-22"	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) Restricted	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	Mecklenburg L-Hr	TU Potolet-hills				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12918

File: [illegible] Action 2

Parcel: [illegible] ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

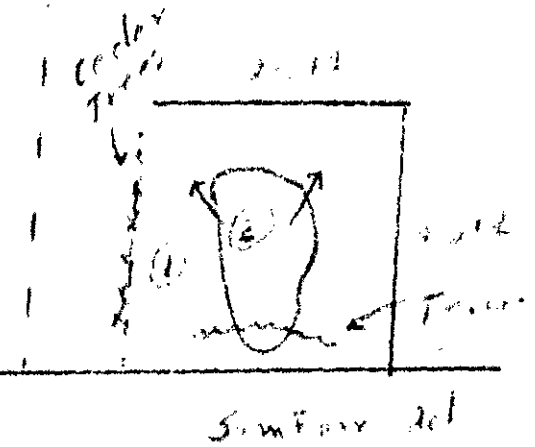
Owner:
Address:

Comments:

Described by:

Date:

Back hoe pits dug 36" [illegible] depths found [illegible]



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

2nd Site request

679.B|85.550A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&L 50.00 11/20/92
Chk#7038 OT [] 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

COPY

Date:

PERSON FILING APPLICATION:
NAME: Neely (last) Rhonda (first) A. (mi)
ADDRESS: 60 Douglas Ave NW PHONE: 704 788-1257
CITY: Concord STATE: NC ZIPCODE: 28025

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-044-48
STREET ADDRESS: OFF Sam Furr Rd
ZONING:

PROPERTY OWNER:
NAME: Neely (last) Rhonda (first) A. (mi)
ADDRESS: 60 Douglas Ave NW PHONE: 704 788-1257
CITY: Concord STATE: NC ZIPCODE: 28025

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: LOT SIZE (in acres):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (M)
[] 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) [X] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[X] Garage [X] 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: Rhonda A. Neely Date: 11/24/92

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

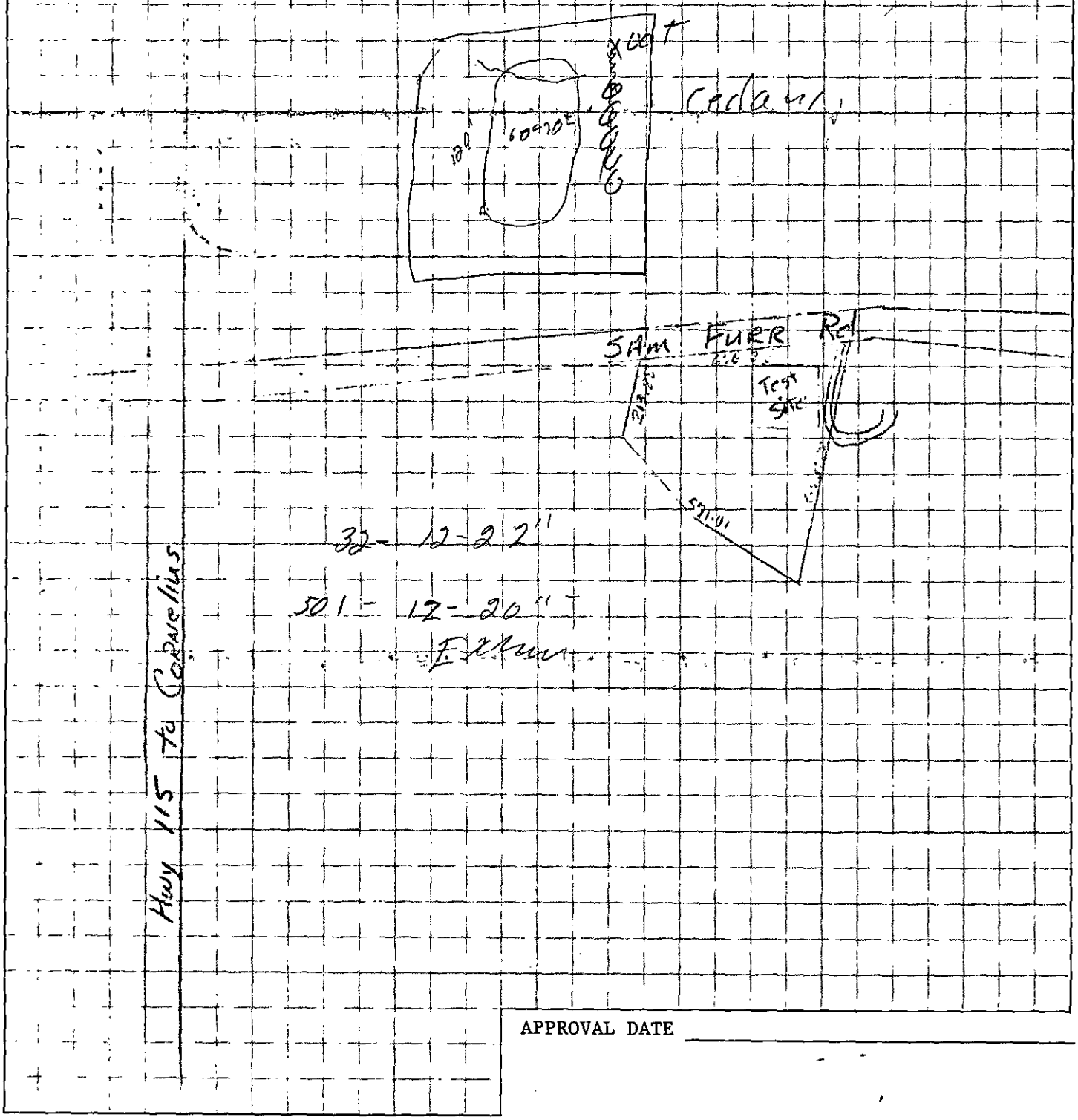
2nd site request

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

FILE: 6198195504

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.



32 - 12 - 22''

501 - 12 - 20''

Flow

APPROVAL DATE _____

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

PD 50.00 10/1/92 CHK 17.

679B/855A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Neely (last), Rhonda (first) A. (mi)
ADDRESS: 60 Douglas Ave NW PHONE: (704) 788-1257
CITY: Concord STATE: NC ZIPCODE: 28025

Date: 10/01/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-044-48
STREET ADDRESS: Sam Furr Rd. 011-044-48
ZONING: _____

PROPERTY OWNER:
NAME: Neely (last), Rhonda (first) A. (mi)
ADDRESS: 60 Douglas Ave NW PHONE: (704) 788-1257
CITY: Concord STATE: NC ZIPCODE: 28025

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: LOT SIZE (in acres): 1 acre

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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Signed: Rhonda A. Neely Date: 10/01/92

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

2nd Site request

649B/8550A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50.00 11/30/92
Chk#1038 UT [] 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:

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ZONING:

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CITY: Concord STATE: NC ZIPCODE: 28025

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RESIDENTIAL PROPERTY (Type Building, check one):
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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

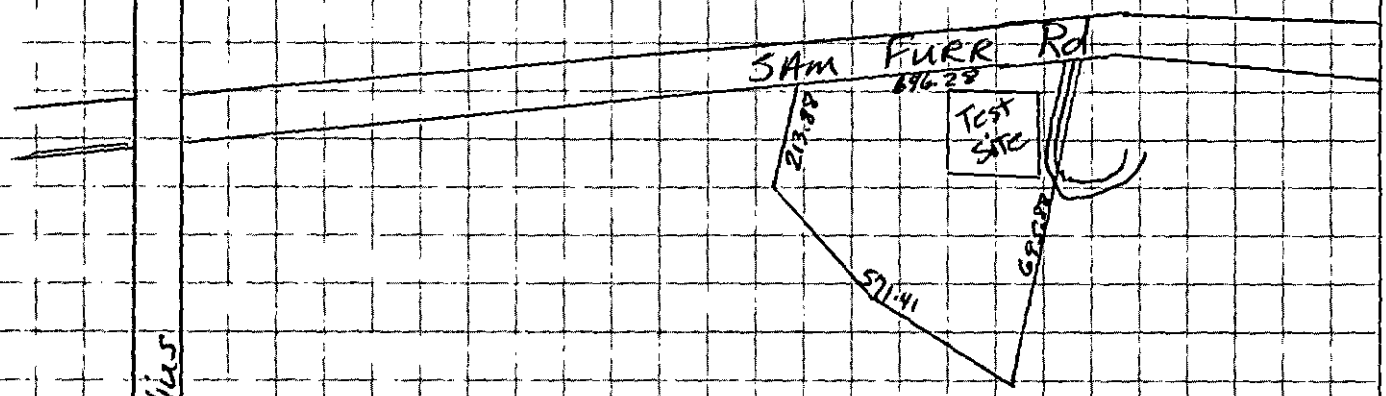
2nd Site request

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

FILE: 119B/8550A

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.



Hwy 115 to Cornelius

APPROVAL DATE _____

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

TRI-CITY BAPTIST CHURCH

12200 SAM FURR ROAD

MECKLENBURG COUNTY-NORTH CAROLINA

MCHD FILE #679B/8550A

by

Toney C. Jacobs
Consulting Soil Scientist
168 Broadbill Drive
Mooresville, N. C. 28115

June 15, 1996



To: Mr. Kelly Randall, R.S.
Mecklenburg County Health Dept. - IWWS
Charlotte, N. C.

Pastor Vinton Fry
Tri-City Baptist Church
9119 Twin Trail Drive
Huntersville, N. C. 28078



Toney C. Jacobs, CPSS

Tri-City Baptist Church - 12200 Sam Furr Rd. - Charlotte, N. C.

Pressure Manifold Distribution Chambered Septic System (Infiltrator)

Design Considerations

This system is proposed for a small (100' x 70') church building on 6.12 acres in a suburban to rural community of single family homes in northern Mecklenburg County. Based on recent past area development, the area will develop rapidly. There is speculation that the area will be served by sewer in the near future; however, CMUD has not set dates as this is more a developer function. The system is designed for a 200 seat capacity; however, attendance has been 38-40 people on Sunday morning. Because the property was platted after 1984, the proposed drainfield does require a 100% repair area. The requirement to preserve this repair area along with the possible consequences of failure have been discussed with the church leaders. The soil on most of the tract is of an unsuitable quality for ground absorption. The church currently has, and plans to continue, services on Sunday morning, Sunday evening, and Wednesday night with no staff in attendance during the day. A small area for a kitchen will be set aside in the building, but not be installed. Only after public sewer facilities are available will a kitchen be installed. No daycare or meal programs will be initiated with this permit. Overall, the control soil has a clay over clay loam texture.

Even with limited available space associated with the unsuitable soil an area of sufficient size was identified for a system and repair at design flow of 600 GPD. The chambered system with pressure manifold distribution is considered best suited and permittable. A thorough soil investigation was made on March 14, 1996. Bill Marlin, CPSS with MCHD, helped with pit descriptions and recommendations (soil sheets enclosed). A caution to the installer includes no cutting or leveling, except by fill to the surface. There are no indications for need of a French drain.

Location

The approximately 6 acre tract is on the right of Hwy. 73, three miles east of I-77.

Reference Material

(1) *Laws and Rules for Ground Absorption Sewage Disposal Systems 15A NCAC 18A. 1900,* NCDEHNR-DEH.

(2) *Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System for Sanitarians and Septic Tank Installers,* 1988.

(3) Infiltrator product literature

Recommendation

Seven hundred and fifty (750) lineal feet of pressure dosed lines with either modified or LPP repair.

Ownership Responsibility for a Pressure Manifold Distribution Modified System

Conservation measures should be undertaken in plumbing fixture specifications to minimize the volume of wastewater entering the disposal system, including, but not limited to the following precautions:

(a) Provide water conserving plumbing fixtures within the facility. Waterclosets must be 1.6 gal. flush (per code). Handwash sink valves should also have restrictions or be of low volume design. Be conservative in plumbing fixtures and there design.

(b) Develop conservative water use habits. If Sundays are the time of significantly more water use and week days are less, system should be reworked with timer rather than floats for flow equalization. This can be easily retrofitted if maintenance monitoring indicates such a need.

(c) Monitor and maintain the system as necessary for proper operation. An Operation permit will not require a maintenance contract to be filed with the Mecklenburg County Health Department. It is recommended that the owner utilize this service because of its importance to system longevity.

System must be properly installed by a *qualified* and *competent* contractor following the requirements of the Mecklenburg County Department of Environmental Health, DEH, the N.C. Building Code, Plumbing Code, and the Electrical Code. This plan, as any, is a guide to a minimum standard, but cannot take the place of experience and common sense. County inspector should allow additional inspection time because of complexity of system and need for exacting levels.

Components of System

1. Two compartment septic tank - 1500 gal. $V = 1.17Q + 500 = 1202$ gal.
2. Pumping tank - 1500 gal.
3. Submersible effluent pump and level controls - SSOMA certified
4. High water alarm signals which are UL approved
5. Supply pipe
6. Manifold and box
7. Distribution pipes and 5 Tyson Flow Dividers

8. Laterals with chambers in ground absorption trenches, 3feet wide, level end to end, and placed to the relative level specifications in plan. Installer should be certified on Infiltrator and know of sand or equivalent backfill requirement.

Construction Sequence

1. Lines have been flagged as noted on drawing and in specifications.
2. Clear and remove necessary trees with minimum soil disturbance (do not grade).
3. Install trenches per cited reference material and this plan.
4. All joints in lateral manifold piping shall be watertight connections to insure that the only source of water seepage from the system is through the pipes as designed. Carefully install manifold
5. Carefully backfill distribution pipe trenches to grade with clean clay or clay loam soil fill material which is carefully placed and compacted.
6. The installation contractor shall stabilize the area of construction by planting with Kentucky 31 tall Fescue and mulching. Area to be limed and fertilized with 0.5 tons lime, 75 units of N, 150 units P, and 100 units of K per disturbed acre. This is approximately one tenth acre.
7. The septic tank shall consist of an approved 1500 gallon capacity reinforced, precast watertight, concrete tank with full baffle and shall have easy access to each chamber from ground level for inspection. The first chamber of the septic tank shall consist of 2/3 to 3/4 of the volume of the total tank and the baffle shall contain a horizontal opening across the tank at about midway . Locate the septic tank at such height as to provide approximately 8" of cover soil over top of the tank.
8. The dosing tank shall consist of an approved 1500 gallon capacity, reinforced, precast, watertight concrete tank without baffle and shall have a concrete mounting pad (concrete blocks) for accommodating the pump. Test for leakage per regulations. Provide access for entry into the tank directly over the pump location, and extending 6" above final grade. Use a 30" diameter concrete well casing or equivalent and concrete well cap or other approved type cover. There must be a seal (masonry or seal rope) between well tile and top of tank.
9. All piping and fitting shall be SCH 40 PVC. Glue for all PVC pipe joints shall be as recommended by the pipe manufacturer.
10. Pump: The submerged pump by Myers ME40 or equal, 115 or 230 v/1 phase; capable of pumping 35.5 gallons per minute at 16.8' of head.

11. Pump controls and alarm to meet specifications of .1952, all being compatible.

12. A "Warning Sign" shall be located within the house to inform the occupants of action to take in case the "High Water Alarm" is activated. This sign shall contain the name, address, telephone number, and emergency telephone number of the person to contact upon malfunction of the system. This should be "management entity".

13. Pump and Controls: Details of pump installation are shown in the plan. The pump must be placed on concrete blocks on the bottom of the tank. This prevents the pumping of any solid particles which can clog the pipe system. A piece of nylon rope or other non-corrodible material should be attached to the pump and the outlet pipe for lifting the pump in and out of the chamber. Controls should be fastened to a "tree" or the outlet pipe with clamps or brackets supplied by the manufacturer. The lower level control or "pump-off" must be positioned above the pump, so that the pump remains submerged at all times. The level control "pump-on" is positioned to pump a specified volume of effluent. The high water control float is then mounted about 3" above the upper pump-on control. [Note: Care must be taken to insure that floats do not become fouled by other components in the tank, such as the electric power cord or the lifting rope. It is highly recommended that a telescoping "tree" be used for floats to facilitate adjustments.] The pump outlet pipe should be connected to the supply manifold with a threaded PVC union [or dresser coupling] to allow quick removal.

14. Electrical Connections: The pump and high water alarm must be placed on separate electrical circuits. [If the pump circuit fails, the alarm must still be able to operate]. Follow the manufacturers recommendations for the proper fuses or circuit breakers. All electrical connections must be made outside the pumping chamber. Power cords from the pumps and controls should be plugged into a NEMA 4X approved outdoor receptacle. This must not be located inside the pumping chamber due to the corrosive and explosive gasses that may form from the sewage. This box must be a minimum of 1' above finished grade. Some level control switches have a box built into the housing, but are more expensive than the plug-in devices. Wiring between the pumping chamber and the station should meet State and local code requirements. A lightning arrester is recommended to protect the pump and controls from electrical surges.

15. Proper Operation Check: After all components have been installed and connected, the system should be checked for proper operation. With electrical power

turned off, fill the pumping chamber with water from garden hose until the liquid rises to the level of the high-water alarm float. Turn on the electrical power. The alarm light should go on in the house, and the pump should start operating. The alarm light should go off when the liquid reaches the lowest float control. Be sure the pump is still completely submerged.

16. Pressure Head Adjustment: The pressure head at the manifold must be adjusted to match that specified in the design. The pressure head is measured as the height liquid will rise above the manifold when the pump is running and all lines are being dosed. To adjust the head:

Screw in "test tube". This may also be done with a 2' pipe or a weep hole in a longer piece of solid pipe.

17. Final Landscaping: After the system is installed, the absorption field should be reshaped to shed rainwater and be free of low areas to insure that the system will not be overloaded with excess rainwater and run-on.

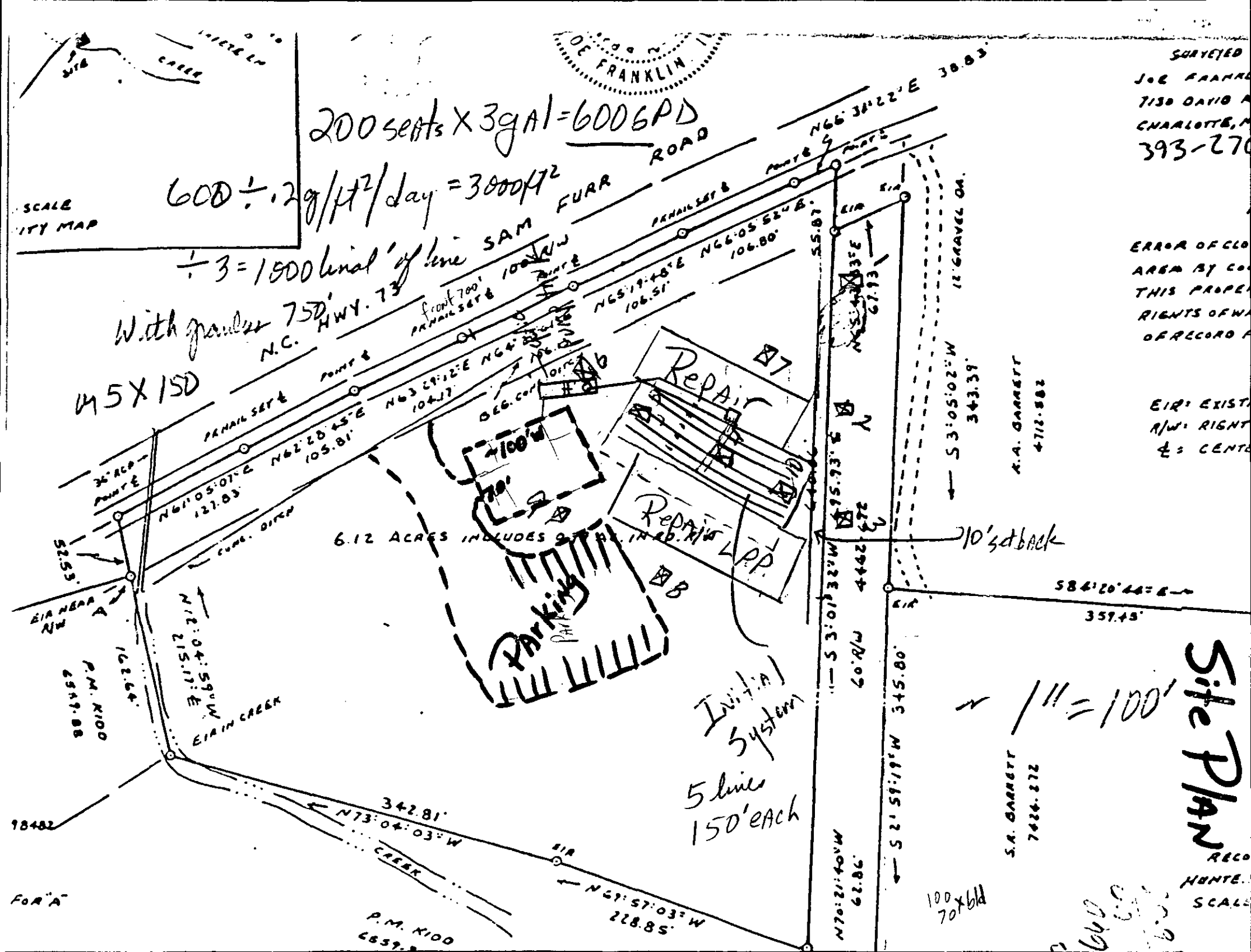
Concluding Note:

This plan was done to facilitate permitting by the Mecklenburg County Health Department by an agent of the church. Any County requests pertaining to design agreements and stated in this plan will be supplied by church leaders. Any additions, or additional requirement(s), or deletions to enhance design or workability which will facilitate a permit are welcomed and may be made by note on this plan without returning entire design. The designer realizes that a plan with as many details as this can be changed and/or improved upon. The installer must realize that this is an exact plan and must be installed with exacting measurements. Should the installer desire a change, it must be approved by the health department in writing. Final inspection will also require more time and detail than a conventional system. If there are questions, please give me a call.

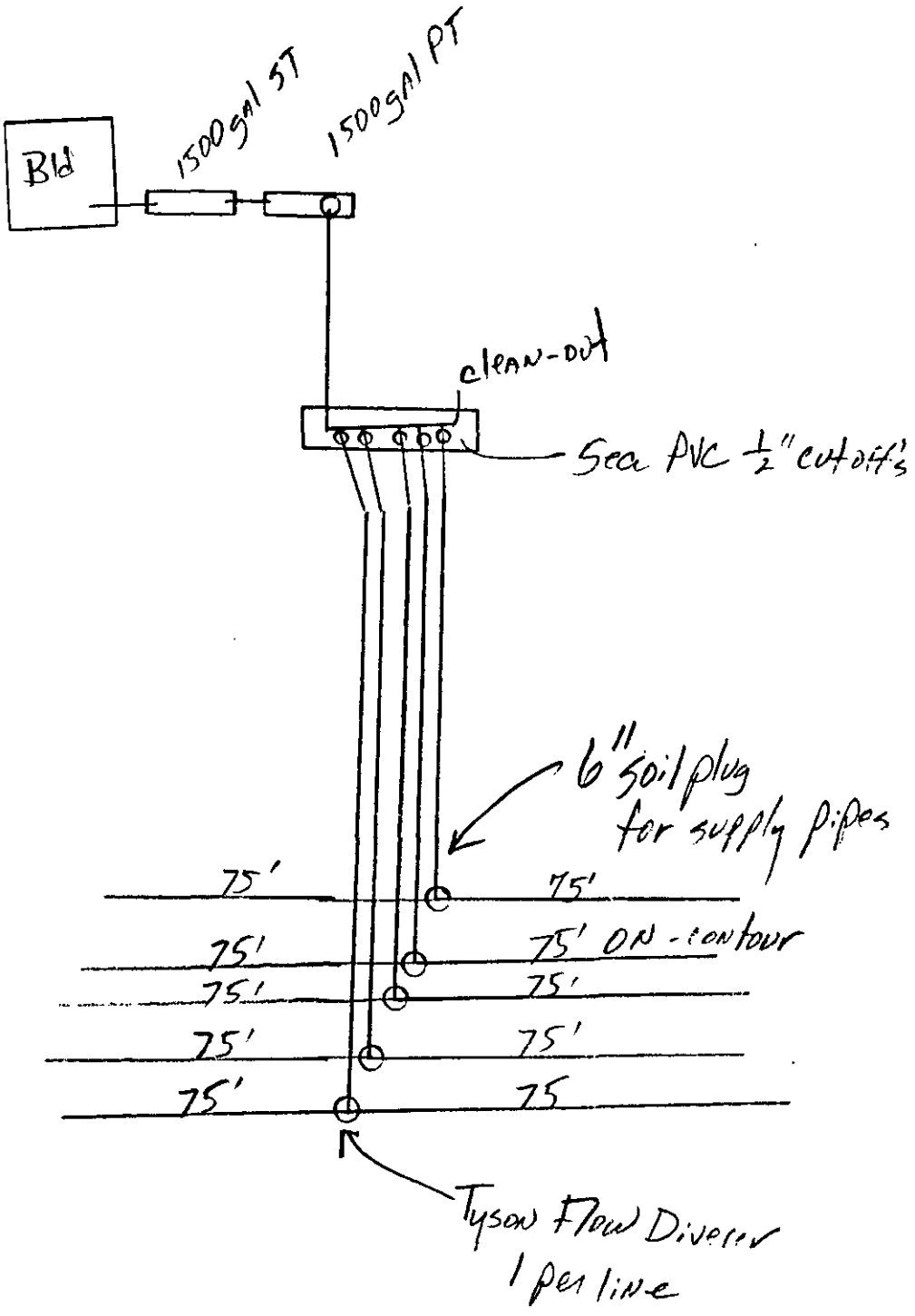
Design Specifications

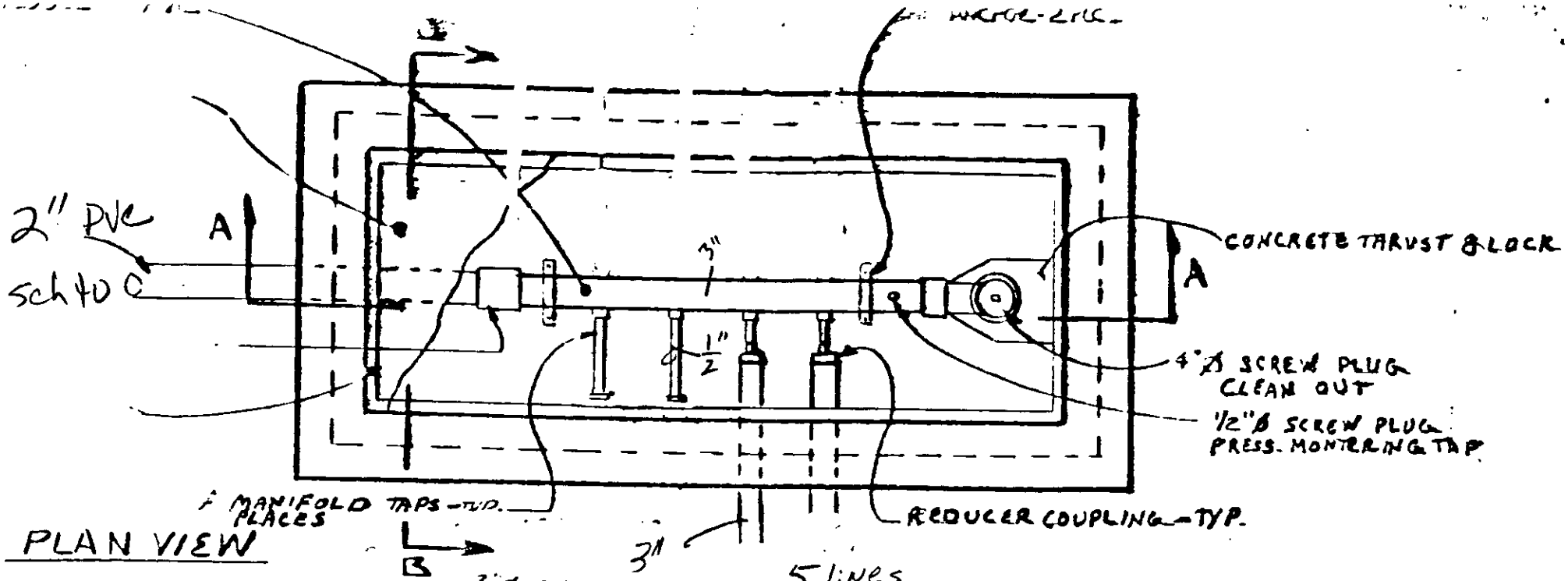
12200 Sam Furr Road - Tri-City Baptist Church

Daily design flow:	600 gpd. - 200 seats at 3 gal/seat
Septic tank size:	1500 gal. (2 compartments)
Pumping tank size:	1500 gal.
Effluent loading rate:	0.2 gpd/sf conventional for system same for modified repair of 0.1 for LPP
Total length and diameter of supply manifold:	app. 140 lf-2" sch 40 PVC
Number and length of laterals:	5lines totaling 750', center fed
Manifold hole size:	½"
Hole spacing:	6"
Total number of holes:	5
Flow rate through the system:	35.5 gpm
Elevation head:	10'
Pressure head:	2.0'
Friction head:	2.0'
20% contingency	2.8'
Total head:	16.8'
Pump requirements:	35.5 gpm at 16.8' of head; use Myers "ME 40" pump or equivalent with compatible electrical
Dosing volume:	300 gal. - 2.0 doses/day at design flow
Depth of water pumped per dose:	calculated to specific tank by measure or dealer engineering specifications(1 cubic ft. of water equals 7.48 gals.)
Pump run per dose:	approx. 8.5 min.
Check valve:	No
Siphon break hole:	No

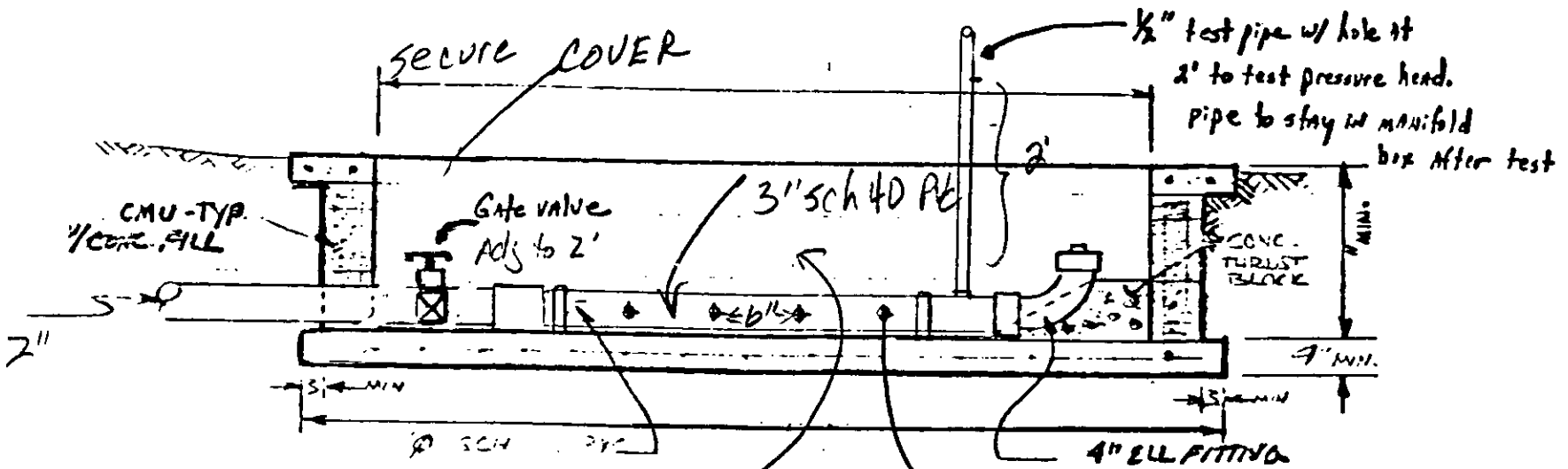

200 seats X 3gal = 600GPD
600 ÷ .2 gl/ft²/day = 3000ft²
÷ 3 = 1000 lineal ft of line
With garden 75'
45 X 150
HWY. 73
N.C.
ROAD
FURR
SAM
FRANKLIN
SCALE
ITY MAP
CREEK
Repair
Repair
Parking
6.12 ACRES INCLUDES
Initial
System
5 lines
150' each
10' setback
Site Plan
1" = 100'
EIA IN CREEK
EIA NEAR N/W
CREEK
FOR "A"
SURVEYED
ERROR OF CLO
AREA BY CO
THIS PROPE
RIGHTS OF WA
OF RECORD
EIR: EXIST
R/W: RIGHT
℄: CENT

Shematic

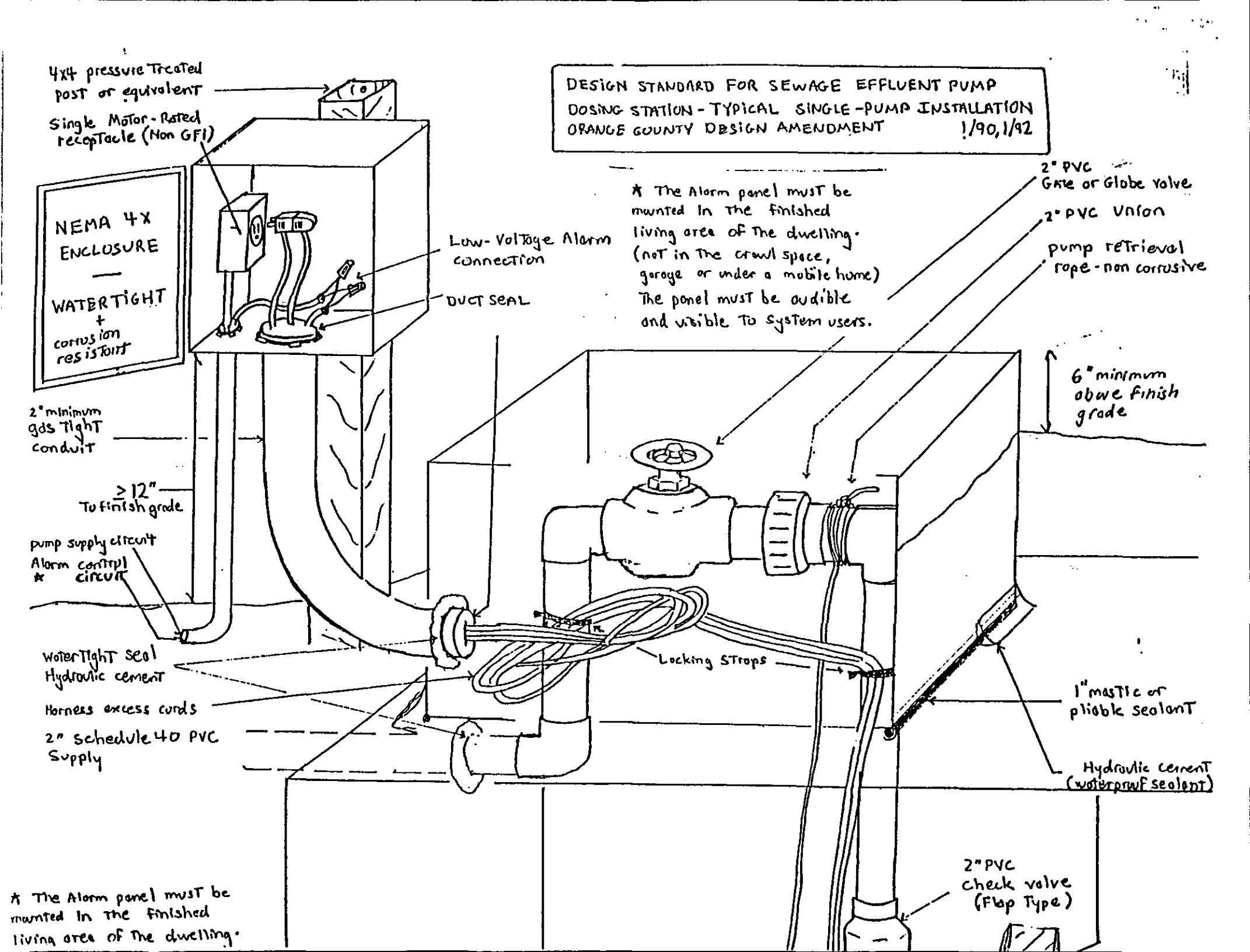

Bld
1500gal ST
1500gal PT
clean-out
Sea PVC ½" cutoff's
6" soil plug
for supply pipes
75'
75'
75'
75' ON-contour
75'
75'
75'
75'
75
Tyson Flow Diverter
1 per line



PLAN VIEW

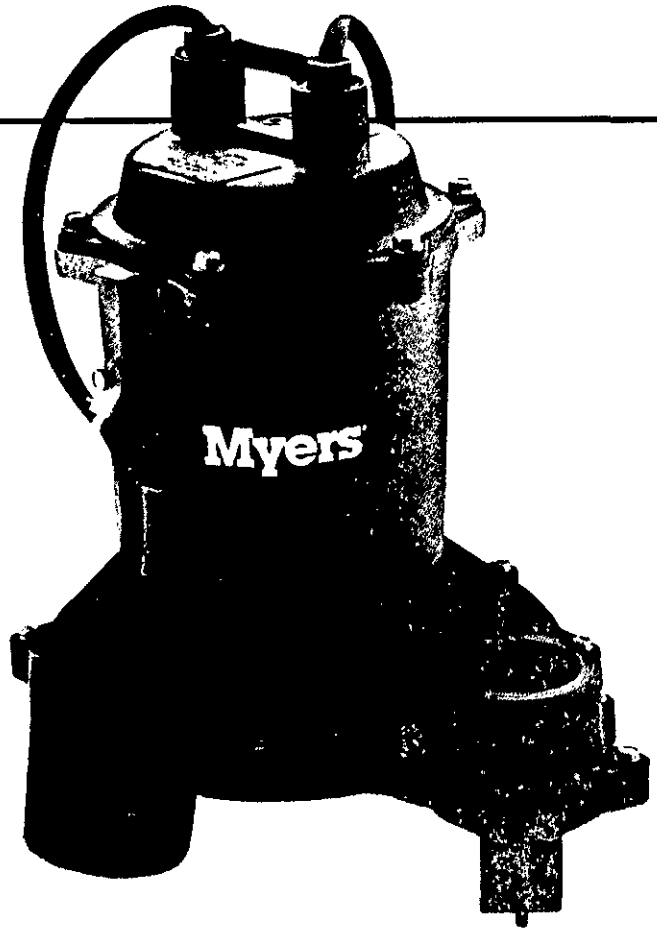


DISTRIBUTION MANIFOLD


DESIGN STANDARD FOR SEWAGE EFFLUENT PUMP
DOSING STATION - TYPICAL SINGLE-PUMP INSTALLATION
ORANGE COUNTY DESIGN AMENDMENT 1/90, 1/92
4x4 pressure Treated post or equivalent
Single Motor-Rated receptacle (Non GFI)
NEMA 4X ENCLOSURE — WATERTIGHT + corrosion resistant
Low-Voltage Alarm connection
DUCT SEAL
* The Alarm panel must be mounted in the finished living area of the dwelling. (not in the crawl space, garage or under a mobile home) The panel must be audible and visible to system users.
2" PVC Gate or Globe valve
2" PVC Union
pump retrieval rope - non corrosive
6" minimum above finish grade
2" minimum gas Tight conduit
≥ 12" To finish grade
pump supply circuit
Alarm control * circuit
WaterTight seal Hydraulic cement
Harness excess cords
2" schedule 40 PVC Supply
Locking Straps
1" mastic or pliable sealant
Hydraulic cement (waterproof sealent)
2" PVC check valve (Flap Type)
* The Alarm panel must be mounted in the finished living area of the dwelling.

ME40 SERIES

4/10 HP Effluent
and Drain Water Pumps



THE MYERS ME40 SERIES EFFLUENT PUMPS ARE ONE OF THE MOST EFFICIENT 4/10 HP EFFLUENT PUMPS ON THE MARKET TODAY. The enclosed two vane impeller provides the flow and head required for today's dosing systems and the many tough drainage applications. The ME40 is constructed of only the highest quality corrosion resistant materials — like cast iron, stainless steel and thermoplastics — for many years of service in the harsh effluent environment. The ME40 is available in automatic models with built-in mechanical float switch or manual models for use with external controls for precise dosing. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144.

ADVANTAGES BY DESIGN

TWO VANE IMPELLER DESIGN PROVIDES MAXIMUM DOSING EFFICIENCY

- Enclosed design for high efficiency pumping.
- Eliminates possibility of jamming between impeller and volute.
- Passes a full ¾ inch solid.
- Original performance can be restored if wear occurs by replacing volute seal ring.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and continuous bearing lubrication.
- Overload protected, shaded pole motor eliminates starting switches and relays which are prone to fail.

THE ME40 IS DESIGNED FOR MANY YEARS OF MAINTENANCE FREE OPERATION

- Positive sealing, quick connect float and switch cords make replacement simple if service is ever necessary.
- Field tested, wide angle, mercury-free mechanical float switch provides maximum draw down. (Automatic models only.)

PRODUCT CAPABILITIES

Capacities To	60 GPM	227 LPM
Heads To	32 ft.	9.75 m
Max. Spherical Solids	¾ in.	19 mm
Liquids Handling	domestic effluent & drain water	
Intermittent Liquid Temp.	up to 140° F	up to 60° C
Motor Electrical Data	4/10 hp, 1600 rpm shaded pole, oil-filled 115 volts, 11.5 amps, 1 ph, 60 Hz 230 volts, 5.8 amps, 1 ph, 60 Hz	
Third Party Approvals	Pending	
Acceptable pH Range	6-9	
Specific Gravity	.9-1.1	
Viscosity	28-35 SSU	
Discharge, NPT	1½ in.	38.1 mm
Min. Sump Dia. Simplex Duplex	24 in. 36 in.	61 cm 91.4 cm

Construction Materials	
Motor Housing	cast iron, Class 30, ASTM A48-76
Impeller	enclosed, engineered thermoplastic
Impeller Wear Ring	304 SST
Volute	thermoplastic
Volute Sealing Ring	Buna-N
Power Cord	10 or 20 ft. 16/3 SJOW/SJOW-A
Mechanical Shaft Seals	carbon & ceramic
Fasteners	300 Series SST

WHERE INNOVATION MEETS TRADITION

Myers®

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB: Tri City By TCJ + WRM PHONE: DATE: 3/14/96

LOCATION: PIN: COUNTY: Meck PROPERTY SIZE: LAC

PROPOSED FACILITY: church WATER SUPPLY: On-Site Well Community Public EVALUATION: Auger Boring Pit Cut

WEATHER: Misty ANTECEDENT MOISTURE: Moist SURFACE WATER: NA

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
LANDSCAPE POSITION-S				
HORIZON I DEPTH	0-5	0-5	fill	0-5
Color - Munsell	yr br	br		br
Texture	l	l a c l		l
Structure	gr	gr		gr f sub c-mabk
Consistence	f fri	f friabl	d/dense 9'	
	m cem mica	m micab		
Boundary	clear	clear		
HORIZON DEPTH II	5-24	5-23		5-19
Color - Munsell	dk yel br	red		yel red
Texture	c l 1:1	c l 1:1		c l clay
Mottles	vcbl	NA		NA
Structure	m	m f sab		sc sab clear lmn to rootmass
Consistence	f sm sp	f sm sp to ss sp		f sm sp to ss sp
		m-c cr micas		m c m f
Boundary				
HORIZON III DEPTH	24-46	23-48		19-40 BC
Color - Munsell	olive yel	red		yel red
Texture	c-l sap	c l m h l		l h cbl
Mottles	dark fine vcbl	vcbl		few vcbl
Structure		w f sab		w f sab
Consistence		f sm ss sp		
Boundary				
HORIZON IV DEPTH				40-60
Color - Munsell				yel red
Texture				f c l sap l
Mottles				vcbl
Structure				v w sub m
Consistence				fri ss sp
Boundary				
SOIL WETNESS	NA	NA		
RESTRICTIVE HORIZON	5			
SAPROLITE	24	B/C 23 > 48		
LTAR	0	.3		.2
CLASSIFICATION	M	SG	M	SG

LEGEND

LANDSCAPE POSITI
R - Ridge
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular bloc
ab - angular blocky
pl - platy
pr - prismatic

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB:_____ PHONE:_____ DATE:_____

LOCATION:_____ PIN:_____ COUNTY:_____ PROPERTY SIZE:_____

PROPOSED FACILITY:_____ WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut_____

WEATHER:_____ ANTECEDENT MOISTURE:_____ SURFACE WATER:_____

Back 150 in 46

FACTORS	PROFILE_ 9	PROFILE_ 10	PROFILE_	PROFILE_
LANDSCAPE POSITION-R				
HORIZON I DEPTH	Mapped Area	0-5		
Color - Munsell		bsi		
Texture		l		
Structure		g		
Consistence		lc wet		
Boundary		about wavy		
HORIZON DEPTH II		5-20		
Color - Munsell		yel brn B		
Texture		C		
Mottles		Non		
Structure		m f SAB		
Consistence		mod plas		
Boundary		gradual		
HORIZON III DEPTH		20-42 RC		
Color - Munsell		yel brn		
Texture		hCl		
Mottles		Abd few/sl		
Structure				
Consistence				
Boundary				
HORIZON IV DEPTH		42-60 C		
Color - Munsell		red brn		
Texture		lCl		
Mottles		red/gr		
Structure		V VF SAB w/ mod plas		
Consistence		firm		
Boundary				
SOIL WETNESS		Non		
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	12	.2		
CLASSIFICATION	W	PS		

LEGEND

LANDSCAPE POSITION
R - Ridge Interfl
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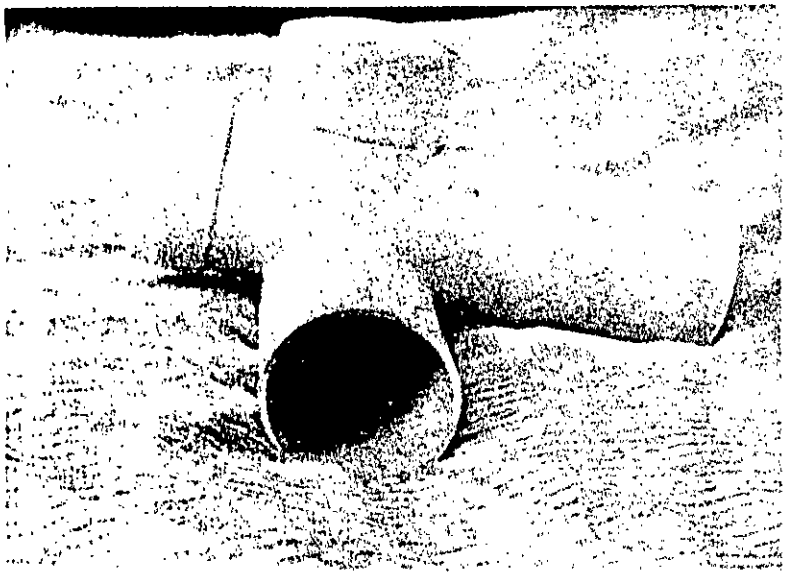
TEXTURE
s - sand
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c - clay

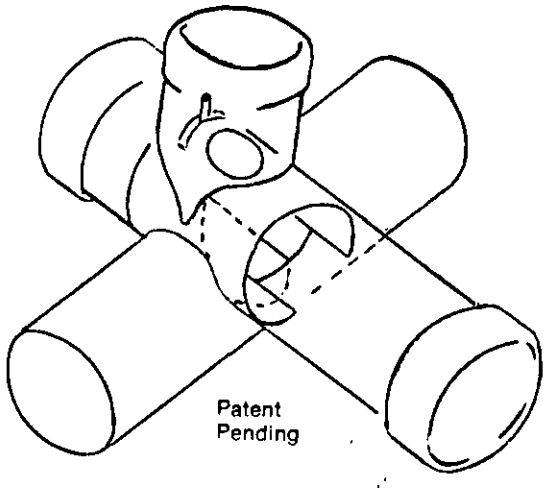
CONSISTENCE
MOIST / WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sabk - subangular block
ab - angular blocky
pl - platy
pr - prismatic





Use only FLOW DIVIDER

with out ~~FLOW DIRECTOR~~

The Flow Divider Tee consist of two four-inch plastic pipes cut with a hole saw and put together so one-half of the bottom pipe is below the top pipe and one-half of the top pipe is above the top of the lower pipe. A dividing partition is placed in the lower pipe under the waterfall. This partition split the water in halves.

By the use of a sleeve inside the Flow Divider the water may be directed to go into a single line on either side of the divider. The Flow Divider with a Flow Director provides a simple solution to giving rest to an over-worked septic tank field. Also the sleeve may be adjusted to give equal distribution into two lines.

When water is directed into a single line and becomes excessive for the field, the water will back up and flow into the field not being used. This permits water to go into both lines before backing up into the plumbing.

The Flow Divider with a Flow Director has a four-inch cap just over the divider. The Flow Director may be adjusted by a small knob under this cap.

The base of the cap may be extended so the cap can be at the top of the ground. This will permit adjusting the Flow Director by lifting the cap and reaching into the pipe that extends to the top of the ground. Observing the operation inside the Flow Director may be made at any time by lifting the cap.

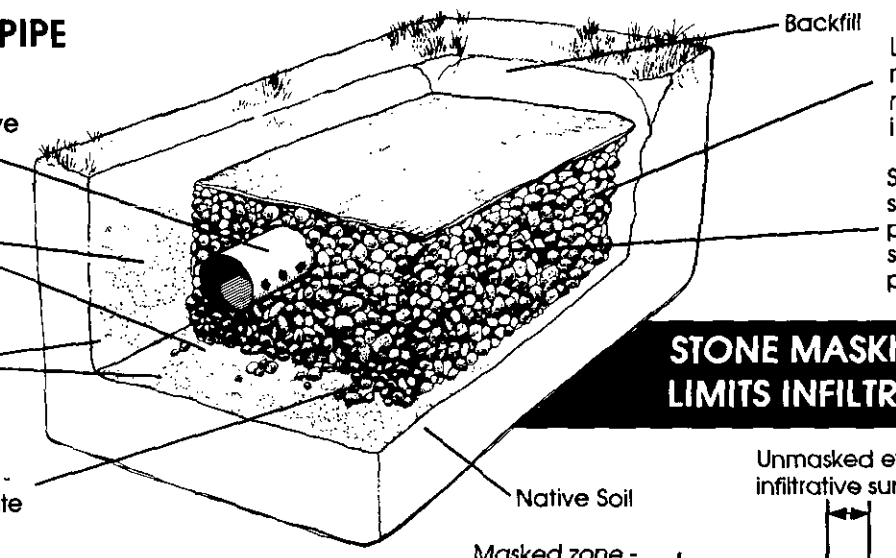
USE SERVICE WEIGHT PIPE
TO TOP OF GROUND

FLOW DIVIDER COMPANY

10621 Six Forks Rd. **Phone (919) 847-5481** **Raleigh, N.C. 27614**

COMPARE THE ADVANTAGES - CHOOSE THE INFILTRATOR®

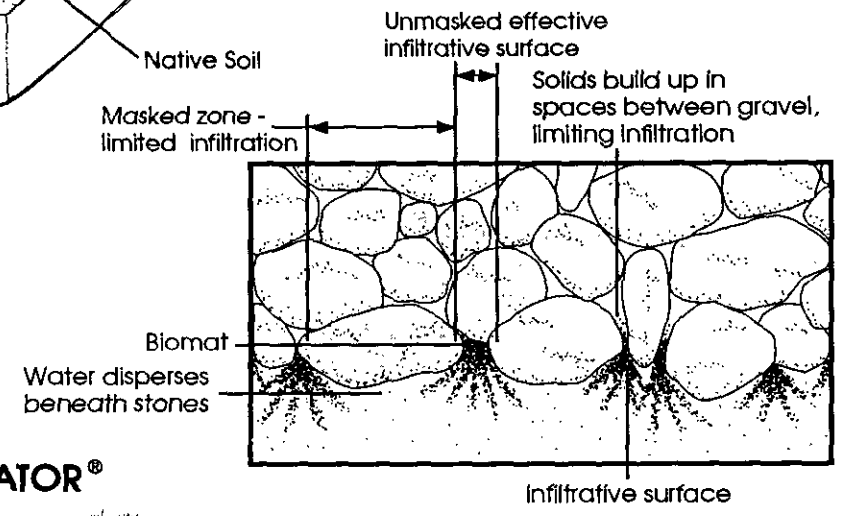
GRAVEL AND PIPE



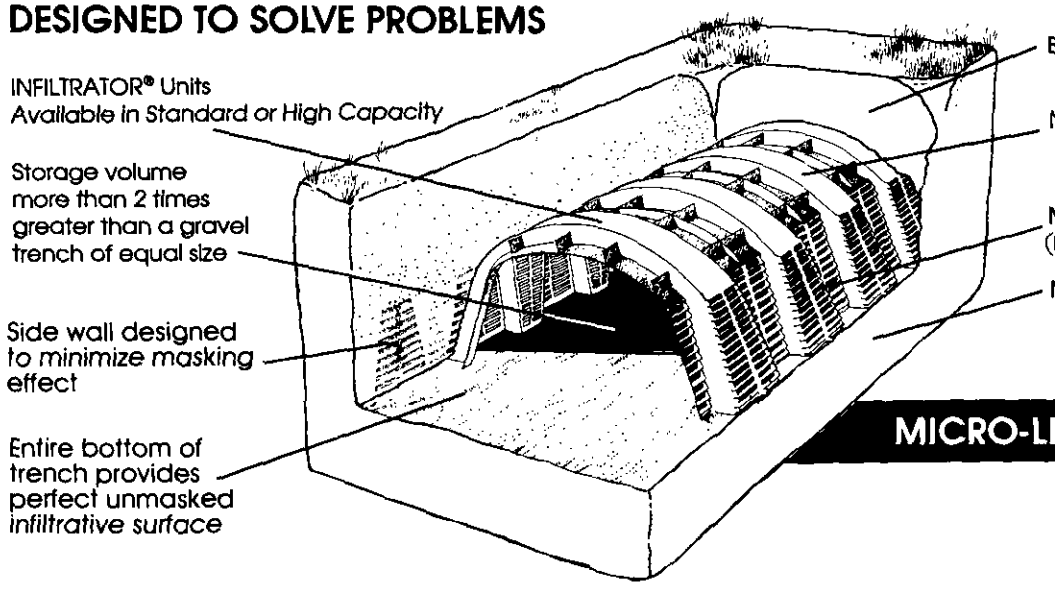
PROBLEMS WITH GRAVEL:

- Reduces infiltration rate 50% to 60% according to experts
- Handling and waste
- Site damage
- Cost

STONE MASKING- LIMITS INFILTRATIVE CAPACITY

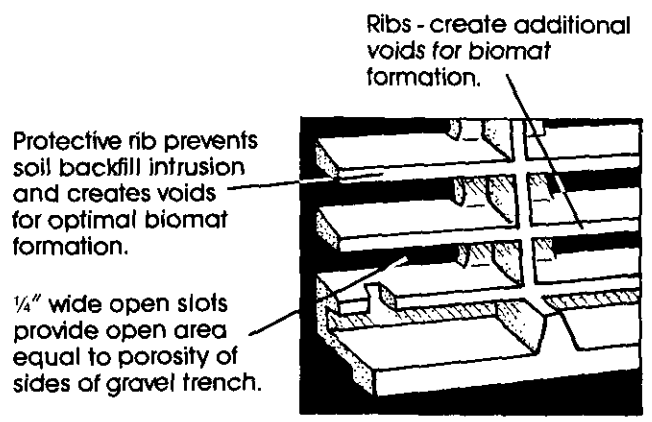


THERE IS A BETTER WAY ... THE INFILTRATOR® DESIGNED TO SOLVE PROBLEMS

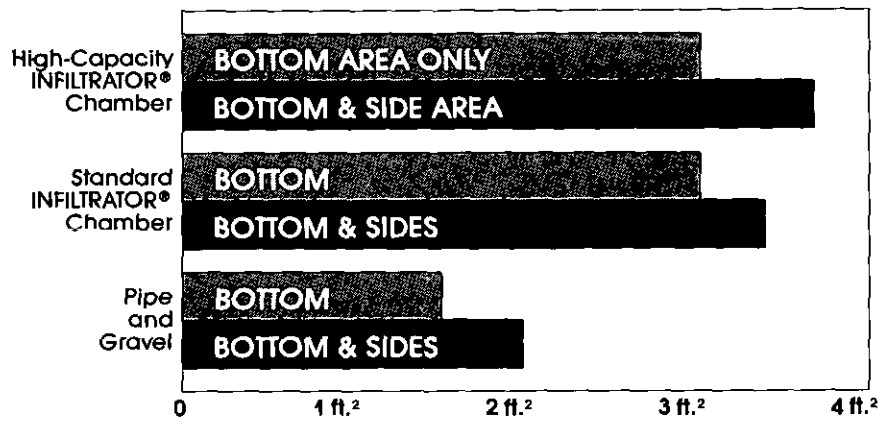


SPECIFICATIONS	STANDARD INFILTRATOR®	HIGH CAPACITY INFILTRATOR®
SIZE	3' x 6.25' x 1'	3' x 6.25' x 1.33'
WEIGHT	25 lbs.	30 lbs.
STORAGE	10.3ft.³ (77 gal.)	16.3 ft.³ (122 gal.)

MICRO-LEACHING CHAMBERS®

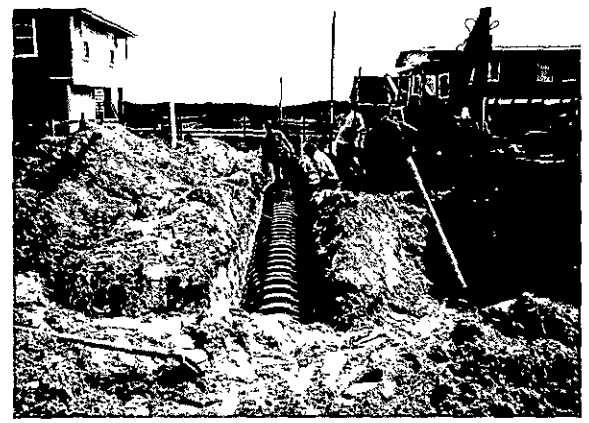


COMPARE THE UNMASKED INFILTRATIVE AREA



Documented research has clearly demonstrated that the INFILTRATOR® chamber provides an optimum infiltrative surface for leaching systems. Many states have already recognized this and granted system size reductions accordingly.

The graph shows that INFILTRATOR® chambers have twice the effective infiltrative surface area per linear foot. This is based on a 36" wide trench with 6" of gravel below the pipe assuming 50% gravel masking, compared to Standard and High Capacity INFILTRATOR® chambers with 50% masking for INFILTRATOR® sidewall, and no bottom masking.



INSTALLATION WAS NEVER EASIER!

1. Excavate 3' wide trenches and prepare infiltrative surface.
2. Screw the end plates in place and slip INFILTRATOR® units together to form desired trench length.
3. Run inlet pipe thru inlet end plate (pipe does not extend the entire length of the system), and backfill with native material (18" depth for H-20 and 12" for H-10).

(Detailed instructions available.)

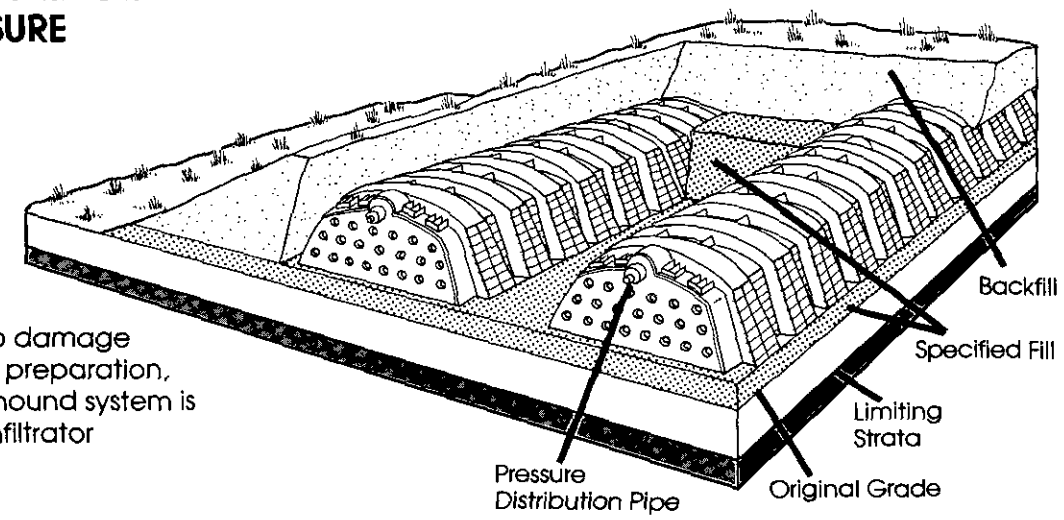
ALTERNATIVE INSTALLATIONS

INFILTRATOR® CHAMBERS ARE GREAT FOR MOUNDS AND PRESSURE DISTRIBUTION TOO!

MOUNDS

INFILTRATORS® can easily replace the gravel in mound or fill systems, in either a trench or bed configuration.

Installation is much easier with no damage to the infiltrative surface. The site preparation, design and construction of the mound system is prescribed by state code, and Infiltrator Systems' installation instructions.



PRESSURE DISTRIBUTION

INFILTRATOR® chambers are easily adapted to pressure distribution. Simply suspend a predrilled pressure pipe in the top of the units with simple, foolproof plastic pipe hangers. Supplemental installation instructions are available for complete details.

INFILTRATORS® ARE ENGINEERED AND TESTED FOR INCREDIBLE STRENGTH

INFILTRATOR® chambers are molded from a high density polyethelene and are impervious to all components of wastewater. They have been structurally tested by a Registered Professional Engineer and are available with an AASHTO rating of H-10 (16,000 lbs./axle with 12" of compacted cover) or H-20 (32,000 lbs./axle with 18" of cover).

THE INFILTRATOR® SYSTEM HAS ADVANTAGES FOR EVERYONE

- A high performance, state-of-the-art system.
- Double the unmasked soil interface area compared to gravel systems.
- Complete system delivered in one pickup truck.
- Fast & easy installation.
- Reduced labor & machine costs.
- Eliminates compaction, shadow effect and mess caused from gravel.
- Easy inspection.
- Structurally strong, H-10 and H-20 load ratings.
- Approved by U.S. Department of Housing and Urban Development — Federal Housing Authority.
- Complete technical back-up information is available.

STORMWATER MANAGEMENT- THE INFILTRATOR® ADVANTAGE

The INFILTRATOR® is a complete systems approach to stormwater management that gives the engineer tremendous design freedom to meet the needs of the individual site. The engineer can use units combined with stone for shallow or deep systems that meet any requirement for storage and treatment, require no heavy equipment except a backhoe for installation, and are highly cost effective. A detailed stormwater brochure is available upon request. **For more information, call INFILTRATOR Systems or your local distributor.**

INFILTRATOR® SYSTEMS INC

Leading the way in septic and stormwater chamber systems



LIMITED WARRANTY

(a) The structural integrity of each INFILTRATOR® unit, when installed in accordance with manufacturer's instructions, is warranted to the original purchaser against defective materials and workmanship for one year from date of manufacture. Should a defect appear within the warranty period, purchaser must inform Infiltrator Systems Inc. of the defect within fifteen (15) days. Infiltrator Systems will supply a replacement unit. Infiltrator Systems' liability specifically excludes the cost of removal and/or installation of the units.

(b) THE WARRANTY IN SUBPARAGRAPH (a) IS EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO WARRANTIES OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE. THE WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL OR INDIRECT DAMAGES. THE COMPANY SHALL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, INCLUDING LOSS OF PRODUCTION AND PROFITS, LABOR AND MATERIALS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE INCURRED BY BUYER. SPECIFICALLY EXCLUDED FROM WARRANTY COVERAGE ARE: DAMAGE TO THE UNITS DUE TO ORDINARY WEAR AND TEAR; ALTERATION, ACCIDENT, MISUSE, ABUSE OR NEGLECT OF THE UNITS; THE UNITS BEING SUBJECTED TO STRESSES GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS; THE PLACEMENT BY BUYER OF IMPROPER MATERIALS INTO BUYER'S SYSTEM; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY.

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE BUYER, THE UNITS OR ANY THIRD PARTY RESULTING FROM ITS INSTALLATION OR SHIPMENT. BUYER SHALL BE SOLELY RESPONSIBLE FOR ENSURING THAT INSTALLATION OF THE SYSTEM IS COMPLETED IN ACCORDANCE WITH ALL APPLICABLE LAWS, CODES, RULES AND REGULATIONS.

(c) NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO CHANGE THIS WARRANTY IN ANY MANNER WHATSOEVER, OR TO EXTEND THIS WARRANTY. NO WARRANTY APPLIES TO ANY PARTY OTHER THAN TO THE ORIGINAL BUYER.

Distributed by

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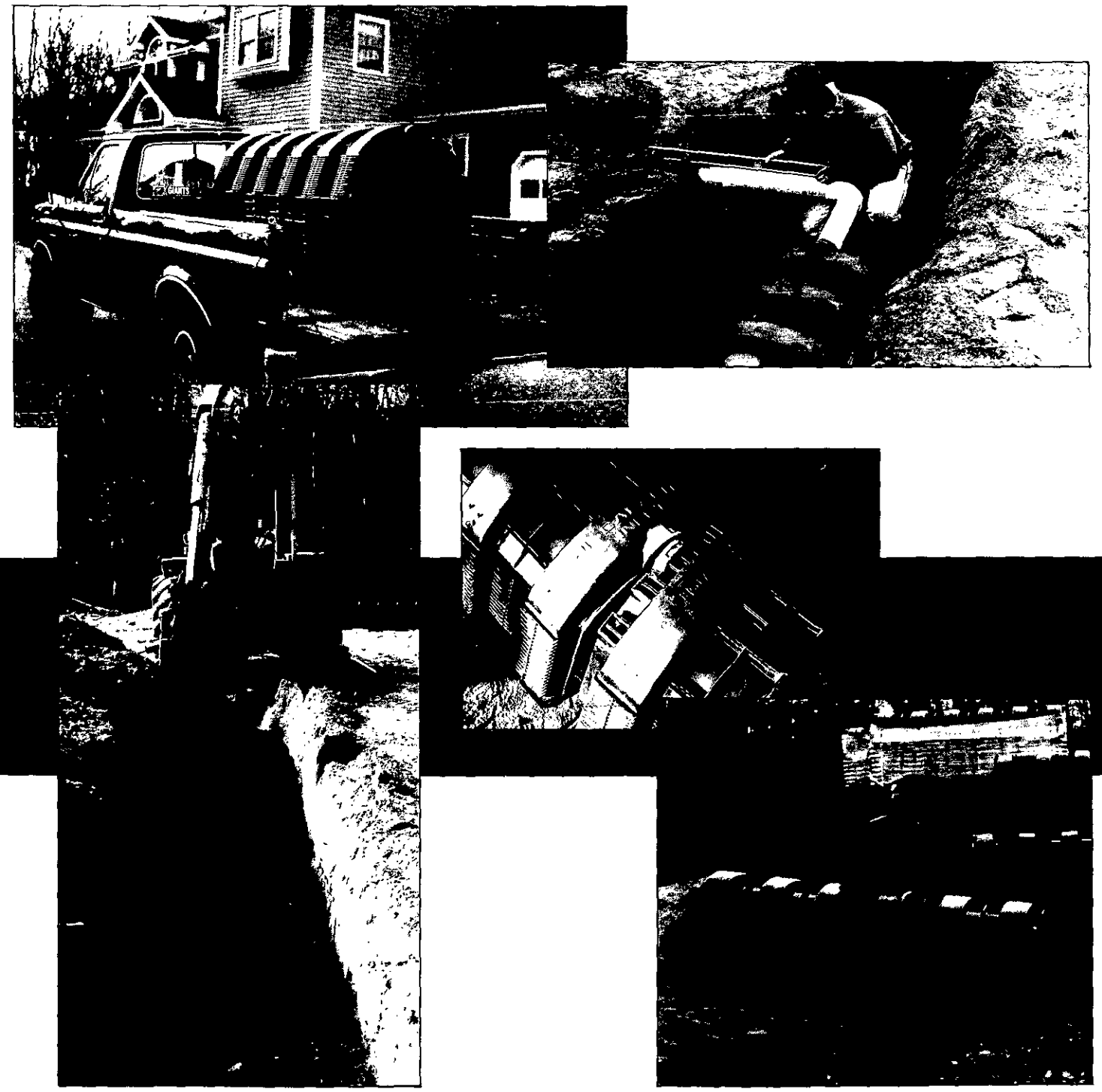
PAT. NOS. 4759661, 5017041 and 5156488 Canadian and other patents pending. ©1994 Infiltrator Systems, Inc. A01/1294

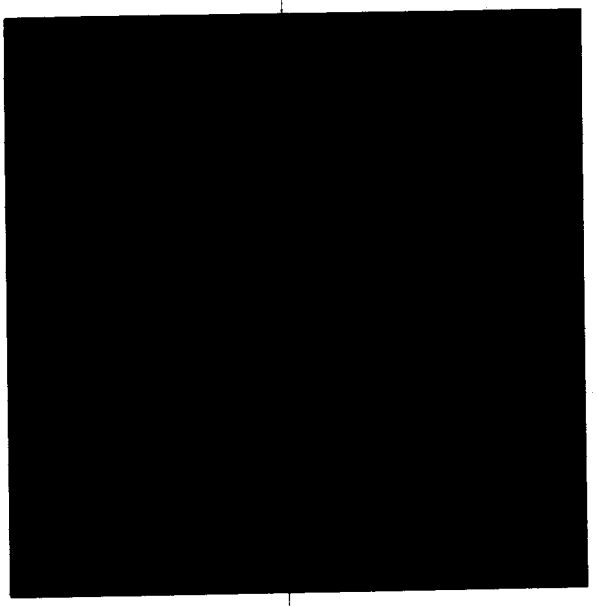
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INFILTRATOR® SYSTEMS INC

THE INFILTRATOR® Chamber Leach Field System

Engineered for Excellence





Wait to hear from Jeremy for release to start

10/8/12

O.K. to Release to start 1/2/03