COPY

4059A
#8009

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

# APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

**APPLICATION TYPE:** ○ SEPTIC ONLY ○ WELL ONLY ◉ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
◉ COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION:**
NAME: Melody M. White
ADDRESS: 1401 Burnley Rd
CITY: Charlotte
STATE: NC ZIP: 28210
PHONE: 704-499-9620
ALTERNATE PHONE: 704-578-1701
E-MAIL: mwhite@habaa.com

**PROPERTY OWNER:** ☐ SAME AS PERSON FILING APPLICATION
NAME: Gary W. Page
ADDRESS: 4809 Pine Ridge Rd
CITY: Charlotte
STATE: NC ZIP: 28226
PHONE: 704-364-4526
ALTERNATE PHONE: 704-650-7592
E-MAIL: gpage@habaa.com

**JOB LOCATION INFORMATION**
**TAX PARCEL #:** 201-211-02
**STREET ADDRESS:** 12615 Steele Creek Rd
**CITY:** Charlotte
**STATE:** NC **ZIP:** 28273

**SUBDIVISION OR MOBILE HOME PARK NAME:**
**LOT #:**

**WATER SUPPLY:**
○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

**RESIDENTIAL PROPERTY TYPE:** ◉ N/A
○ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
◉ OTHER Church

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:** ☐ N/A
TYPE OF BUSINESS: wholesale helium broker
# EMPLOYEES PER SHIFT: 6
# OF SHIFTS: 1

INDUSTRIAL WASTES? ○ YES ◉ NO
UNDERGROUND STORAGE TANKS? ◉ YES ○ NO (septic)

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

**ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:**
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Gary W. Page
Owner's/Agent's Signature

1/29/2016
Date

300 x 3 Sat = 900 ÷ .3 = 3000 ÷ 3 = 1000 LF
no Kitchen

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

Michael Norton 280 3378 init mgn. *need set of plans

2/23/16 met on lot. *replace elec box; *bring in cover over drainfield



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

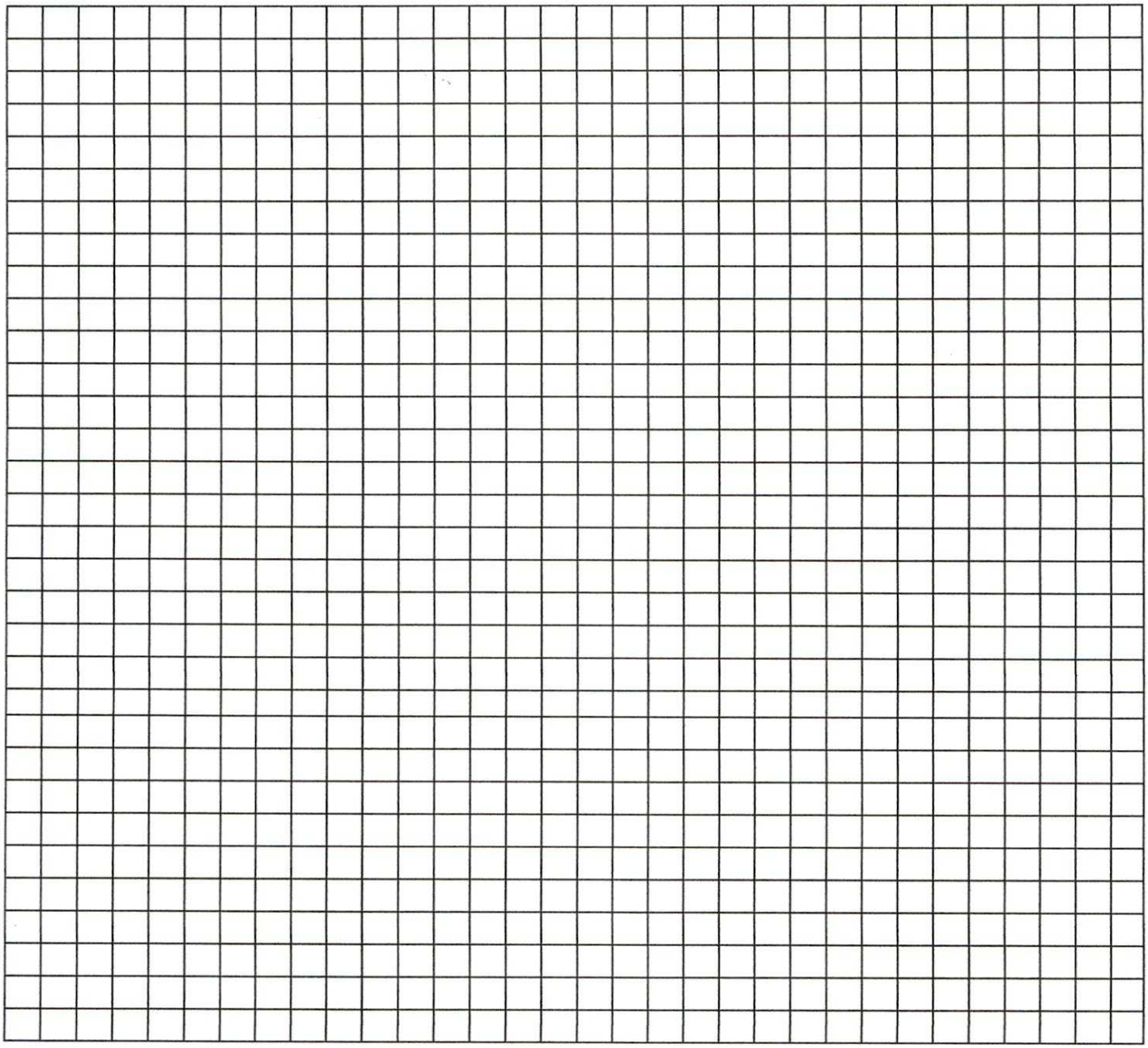
Revised on: 01/03/11

File #: _____

## PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 1265 Steele Creek Rd Charlotte, NC 28273 Tax Parcel #: 201-211-02



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

# APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4059-A
AUG 12 1988
TC:
CR#278 $150.00 ck
SERIAL: No 16709
☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 12615 (STREET NO.) STEELE CREEK RD. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 201-211-02
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: GARY (FIRST) WILLIAM (MIDDLE) PAGE (LAST)
⑨ MAILING ADDRESS: 4809 PINE RIDGE RD.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28211
⑬ PHONE: (WORK) 588-4359 ⑭ (HOME) 364-4526

**REQUEST**

This request is for a(n):

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

**DESIGN CRITERIA**

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? WHOLESALE DISTRIBUTION
㉖ Maximum number of employees? 20
㉗ Maximum number of seats?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

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

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

Signed: Gary W. Page
Date: August 12, 1988

## IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Audrey J. Kraus RS, 10/12/88
Environmentalist — Date

Director or Authorized Section Head — Date 10/12/88

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4059A DATE: 10/20/88

TC: 201-2170.02 ☐ L ☑ CRT.

SERIAL № 11489

Name of Owner Page, Gary W. Juris.:

Address of Property 12615 Steele Creek Rd

**Inspection Data:**

Tank Material: PCC

Total Length of Drainfield 1000'

Number of Lines 10 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 10/18 10/20

Tank(s) Inspected 10/18

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1988 1500 ST 1000 DT mod. PI 3000 SFB 17'6 6'5" MECK CTR# 90

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

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

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Easement for System & repair Letter on file

Judy J Kisser R.S.
Environmentalist

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

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

## PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

**Permit#: 10008042** **File #:** 9394B **Tax Parcel #:** 031-142-90
**Property Owner:** Mann Properties LLP
**Job Location Address:**9540 EAGLE FEATHERS DR
**City/ETJ:**CHARLOTTE **State:** NC **Zip Code:** 28214
**Permit Issuance Date:** 2/24/2016
**Use of Well:** Other
**Type of Facility Served by Well:** Other Residential
**Project Type:** Abandonment

**Area of Regulated Groundwater Usage Review:** YES

**General Conditions of This Permit:**

- The Water Supply Well repair or abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

**Specific Conditions of This Permit (Check all that apply):**

☐ Grout must be placed the full extent of the casing.
☐ Initial water sample to taken and analyzed for (check all that apply):
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

**Other Conditions of This Permit:**
None

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

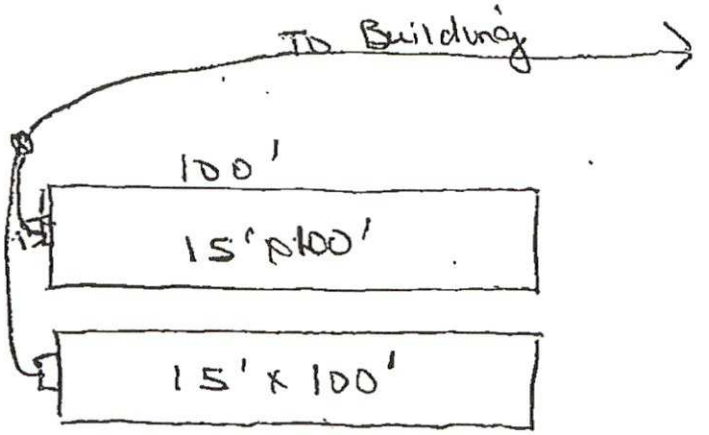
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4059.A DATE: 10/12/88

TC: 201-217.02 ☐ L

SERIAL № 12125

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8/18/88. All work shall be completed on or before 11/12/88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health 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.




See modified plan on file

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width (2) 15' x 100' Beds feet

Total Line Length 1000' feet

Number of Lines 10

Depth of Stone See PLAN inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 75' feet

NAME OF OWNER Page, Gary William

LOCATION OF PROPERTY 12615 Steele Creek Rd

Comments: INSTALL System IN ACCORDANCE WITH APPROVED PLAN

Division or Section Head

Environmentalist Judy J. Kisor, R.S.

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY HEALTH DEPT.
OCT 27 1987
ENVIRONMENTAL HEALTH DIVISION

Pd 10-27-87
30.00 20760

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

(OFFICE USE ONLY).

FILE: 4059A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: STEELE CREEK ROAD (HWY 160)

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 201 PAGE NO.: 211 PARCEL NO.: 052

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

**OWNER**

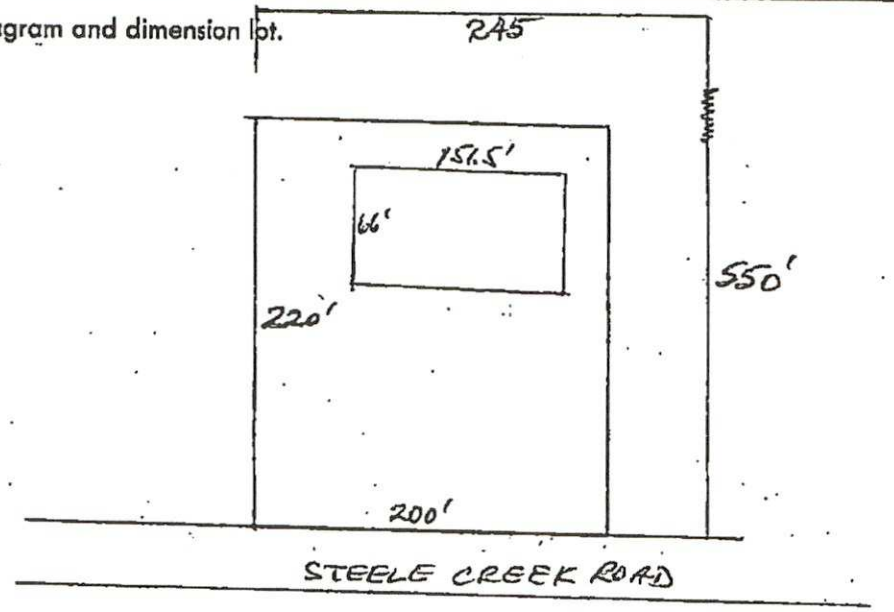
⑦ NAME: B. (FIRST) Jerry (MIDDLE) Pierce (LAST)

⑧ MAILING ADDRESS: 4705 PARK ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28209

⑫ PHONE: (WORK) 527-7355 (HOME) 831-1238

⑬ Accurately diagram and dimension lot.




PROPOSED NEW 10,000 ☒ Building

1 AC of 3.11 AC PARCEL

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

Signed: _____

Date: 10-23-87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

4059A
#8009

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

**APPLICATION FOR APPROVAL TO USE AN EXISTING**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL**

**APPLICATION TYPE:** ○ SEPTIC ONLY ○ WELL ONLY ◉ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ◉ COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION:**
NAME: Melody M. White
ADDRESS: 1401 Burnley Rd
CITY: Charlotte
STATE: NC ZIP: 28210
PHONE: 704-499-9620
ALTERNATE PHONE: 704-578-1701
E-MAIL: mwhite@habaa.com

**PROPERTY OWNER:** ☐ SAME AS PERSON FILING APPLICATION
NAME: Gary W. Page
ADDRESS: 4809 Pine Ridge Rd
CITY: Charlotte
STATE: NC ZIP: 28226
PHONE: 704-364-4526
ALTERNATE PHONE: 704-650-7592
E-MAIL: gpage@habaa.com

**JOB LOCATION INFORMATION**
**TAX PARCEL #:** 201-211-02
**STREET ADDRESS:** 12615 Steele Creek Rd
**CITY:** Charlotte
**STATE:** NC **ZIP:** 28273

**SUBDIVISION OR MOBILE HOME PARK NAME:** _____
**LOT #:** _____

**WATER SUPPLY:**
○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

**RESIDENTIAL PROPERTY TYPE:** ◉ N/A
○ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
◉ OTHER Church

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: _____
NUMBER OF OCCUPANTS: _____

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:** ☐ N/A
TYPE OF BUSINESS: wholesale helium broker
# EMPLOYEES PER SHIFT: 6
# OF SHIFTS: 1

INDUSTRIAL WASTES? ○ YES ◉ NO
UNDERGROUND STORAGE TANKS? ◉ YES ○ NO (septic)

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

**ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:**
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Gary W. Page
Owner's/Agent's Signature

1/29/2016
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

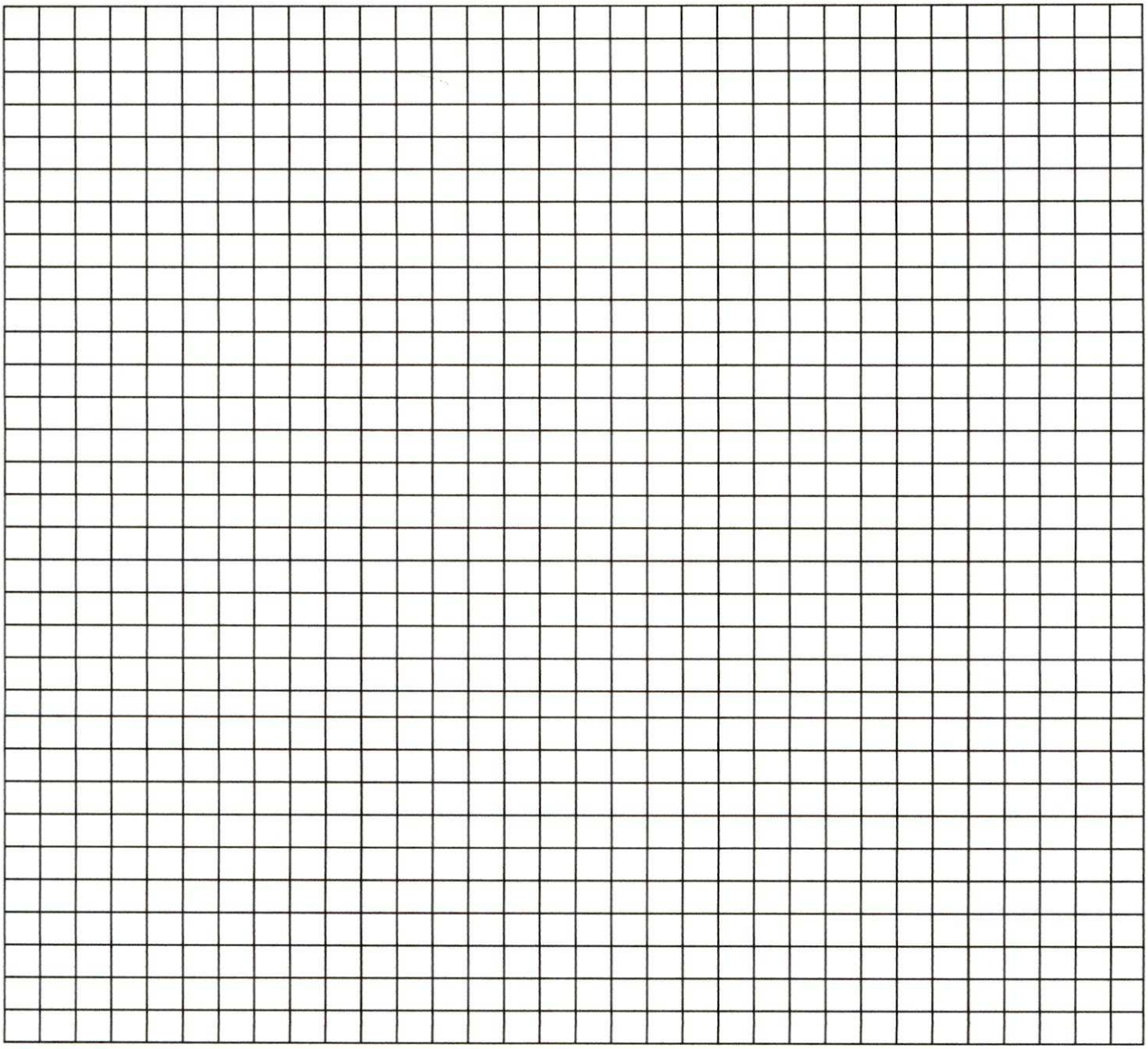
Revised on: 01/03/11

File #: _____

## PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 12625 Steele Creek Rd Charlotte, NC 28273 Tax Parcel #: 201-211-02



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

# APPLICATION FOR AN IMPROVEMENT PERMIT

PAID

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

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

(OFFICE USE ONLY)

FILE: 4059-A AUG 12 1988

TC: CK#278 $150 ey

SERIAL: № 16709 ☐ L ☒ CRT

**JOB LOCATION**

① ADDRESS: 12615 (STREET NO.) STEELE CREEK RD. (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 201-211-02

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: GARY (FIRST) WILLIAM (MIDDLE) PAGE (LAST)

⑨ MAILING ADDRESS: 4809 PINE RIDGE RD.

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28211

⑬ PHONE: (WORK) 588-4359 ⑭ (HOME) 364-4526

**REQUEST**

This request is for a(n):

⑮ ☒ New permit

) ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

**DESIGN CRITERIA**

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms?

㉕ Type? WHOLESALE DISTRIBUTION

㉓ Maximum occupancy?

㉖ Maximum number of employees? 20

㉔ Basement? ☐ yes ☐ no

㉗ Maximum number of seats?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

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

Signed: Gary W. Page

Date: August 12, 1988

## IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Judy Knox RS 10/12/88
Environmentalist Date

[illegible] 10/12/88
Director or Authorized Section Head Date

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4059A DATE: 10/20/88

TC: 201-217.02 ☐ L ☑ CRT.

SERIAL № 11489

Name of Owner Page, Barry W. Juris.:

Address of Property 12615 Steele Creek Rd

**Inspection Data:**

Tank Material: PCC

Total Length of Drainfield 1000'

Number of Lines 10 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 10/18 10/20

Tank(s) Inspected 10/18

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1988 1500 St 1000 Dt mod. Pl 3000 SFB 17'6 LS Meck CTR# 90

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

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

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Easement for System & repair Letter on file

Judy J Kiser RS..
Environmentalist

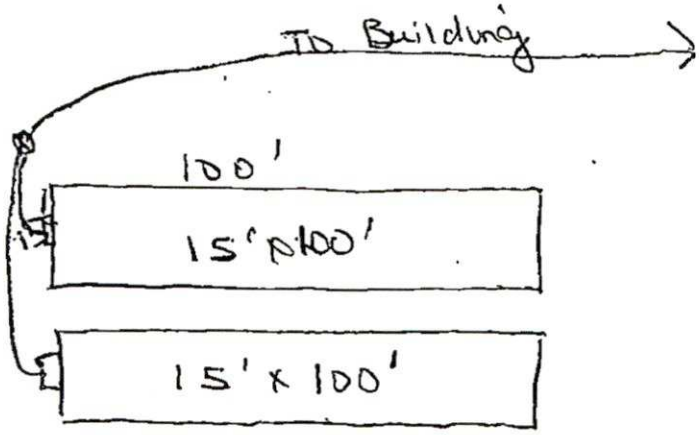
Mecklenburg County services are available without regard to ethnic origin, sex, or disability

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 4059.A DATE: 10/12/88
TC: 201-217.02 ☐ L
SERIAL № 12125

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8/18/88. All work shall be completed on or before 11/12/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health 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.




See modified plan on file
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank 1000 gallons
Tank Construction PCC

Absorption and/or Nitrification Lines:
Trench Width (2) 15' x 100' Beds feet
Total Line Length 1000' feet
Number of Lines 10
Depth of Stone See PLAN inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well > 75' feet

NAME OF OWNER Page, Gary William
LOCATION OF PROPERTY 12615 Steele Creek Rd
Comments: Install System in Accordance with Approved PLAN

Division or Section Head

Environmentalist Judy J. Kuser, R.S.

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 27 1987
ENVIRONMENTAL HEALTH
DIVISION

Pd 10-27-87
30.00 20760

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

(OFFICE USE ONLY)

FILE: 4059A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: STEELE CREEK ROAD (HWY 160)

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 201 PAGE NO.: 211 PARCEL NO.: 082

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

**OWNER**

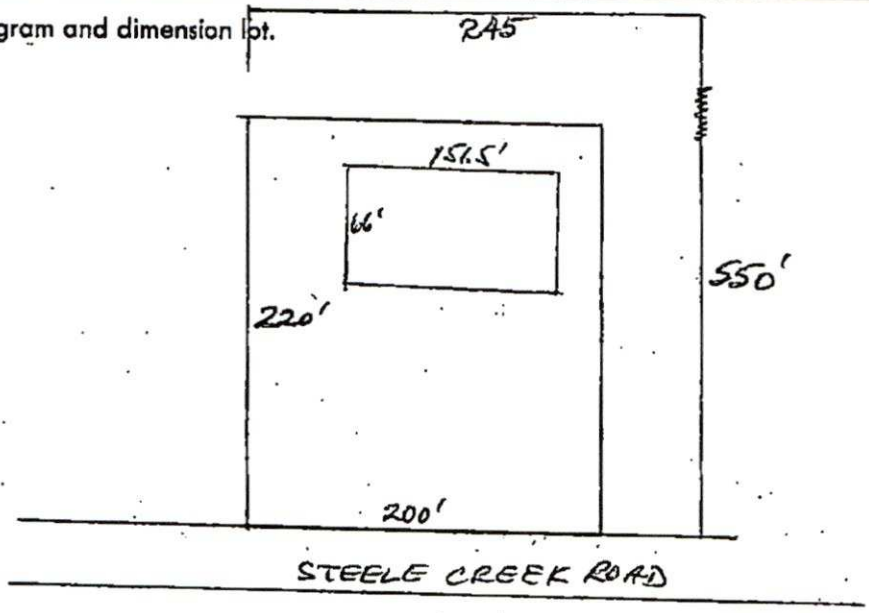
⑦ NAME: B. (FIRST) Jerry (MIDDLE) Pierce (LAST)

⑧ MAILING ADDRESS: 4705 PARK ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28209

⑫ PHONE: (WORK) 527-7355 (HOME) 831-1238

⑬ Accurately diagram and dimension lot.




PROPOSED NEW
10,000 ☒
Building

1 Ac of
3.11 Ac PARCEL

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

Signed: _____

Date: 10-23-87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 01/29/16 | **Amount:** | 100.00 |
| **Receipt #:** | 97736 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHECK 1461 | **Returned:** | 0.00 |
| **Received By:** | ELLISLW | | |

**Account Information**

**Account #:** 200000
**Contractor:** JUDAH CHURCH
**Attn:**
**Address:** PO BOX 2045
**Address:**
**City/State/Zip:** FORT MILL, SC 29716

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>12615 STEELE CREEK RD | | 1 | 100.00 | 100.00 |

----------**Outstanding Balances**----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | 145.00 | | 75.00 | | |

# Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☒ Alteration ☐ Modified Plot Plan ☐

**New Septic Fees Paid:**

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

**New Well Fee Paid:** $550.00 _____ Initials/Date

**Use Existing Fee Paid:** $100.00 LE 1/29/16 Initials/Date

**Alteration Fee Paid:** $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

**Modified Plot Plan Fee Paid:** $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

NON COMBUST.
RAISED STAGE
484 SF

NOTE: 300 PEOPLE
(FOLDING CHAIRS)
CAN OCCUPY 2100 SF.

MIN.PLUMB.FIXTURE CALCULATION
NCBC 2012 TABLE 2902.1
A-3 PLACES OF WORSHIP

1-150 MALE 1 LAV PER 200
1-75 FEMALE 1 LAV PER 200
1 DRINKING FOUNTAIN

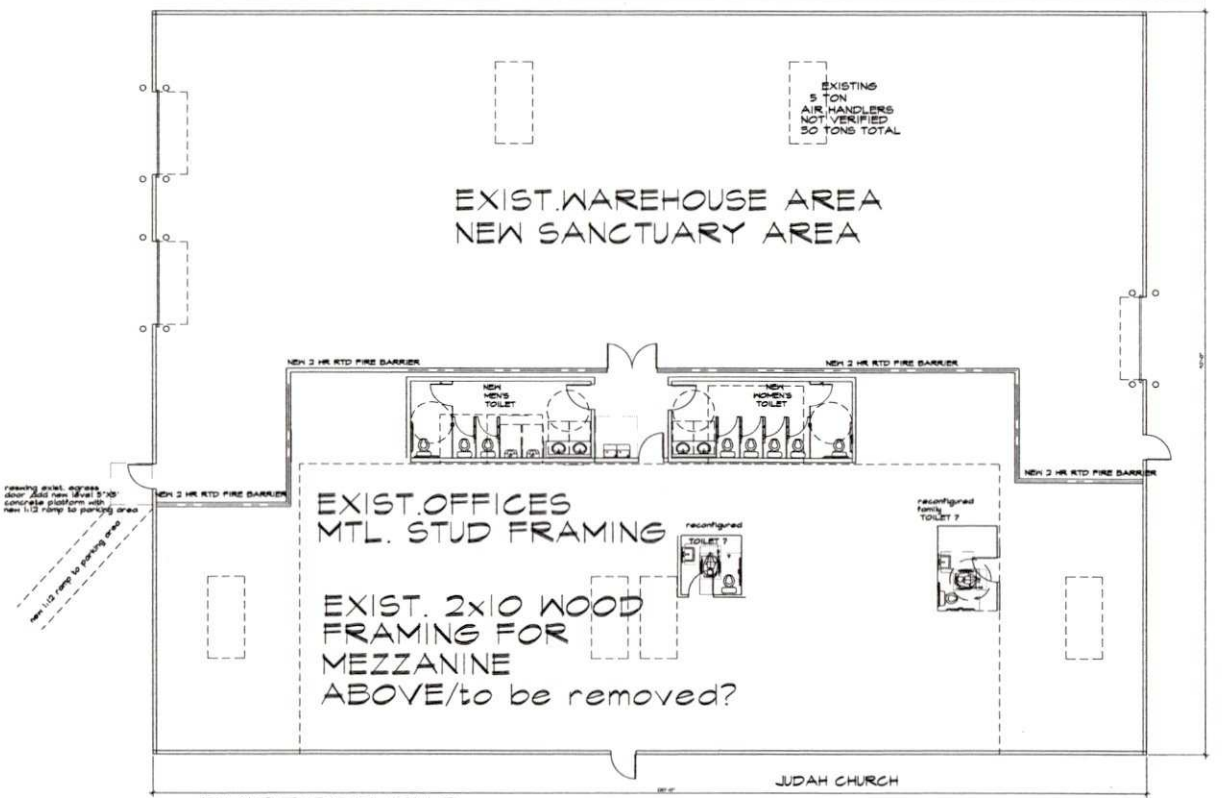
NEW SANCTUARY AREA

5,363 SF
5,363/7=766 PEOPLE
766/2=383 MEN/WOMEN

383 MEN/150=2.5 WC REQUID MEN
383 MEN/200=1.9 LAV REQUID MEN

383 WOMEN/75=5.1 WC REQUID WOMEN
383 WOMEN/200=1.9 LAV REQUIR'D WOMEN

NEW SANCTUARY AREA
5,363 SF
5,363/7=766 PEOPLE
766/4=192 parking spaces required!




EXIST.PRE ENG.
MTL.BLDG.

JUDAH CHURCH
12615 STEELE CREEK RD.
CHARLOTTE,NC 28273

1/A-1 EXISTING FLOOR PLAN
10,800± S.F. ? SEATS MAXI
1/4"=1'-0"

WLA
WATTS LEAF ARCHITECTS, PA
101 North McDowell Street, Suite 112
Charlotte, North Carolina 28204
PH 704 376 1200 FX 704 376 5111

JUDAH CHURCH
change of use to exist. bldg. R/S to A-3
12615 STEELE CREEK RD.
Charlotte, North Carolina 28273

| | |
|---|---|
| PROJECT | 1500 |
| DATE | 18 FEB 16 |
| DRAWN BY | LPC |
| CHECKED BY | CMW |

PROPOSED FLOOR PLAN

A-1