

2817 MT HARMONY CHURCH RD

21521106

5/22/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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Pd. 50.00
EK #-6255
10-6-98
VLW

400

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 28347

Date: 10-6-98

PERSON FILING APPLICATION:
NAME: Licklíter (last) Neal (first) R (mi)
ADDRESS: 442 Carlisle Dr PHONE: (704) 821-3156
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY OWNER:
NAME: Mt. Harmony Baptist Church (last) (first) (mi)
ADDRESS: 2817 Mt. Harmony Rd PHONE: (704) 847-9068
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-211-06
STREET ADDRESS: 2817 Mt. Harmony Rd Matthews NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] uses ADD Trailer for Class from use Sunday + Wednesday

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Church # Employees ___ 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: Neal Licklíter Date: 10-6-98

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.

... Use existing system for mobile classroom

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

Larry B. Thompson Jr. R.S. 10-21-98
Environmentalist Date

WATER : 122791

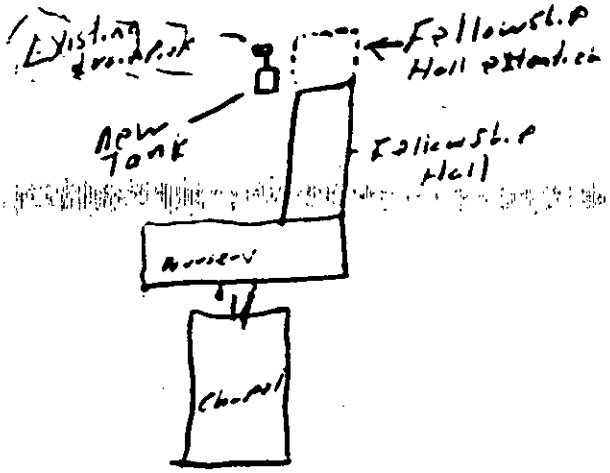
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3837 DATE: 11-[illegible]

TC: ZLS-211-00

SERIAL № 11301

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 10-6-00 All work shall be completed on or before ____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 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.



Mt Harmony Rd.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and or Nitrification Lines

Trench Width — feet

Total Line Length — feet

Number of Lines — —

Depth of Stone — inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >100' feet

NAME OF OWNER Mount Harmony Baptist Church

LOCATION OF PROPERTY 2817 Mount Harmony Rd

Comments: New 1500 gal Septic Tank to rep existing distribution box; New Tank replaces old tank that would be within 5' of proposed Fellowship Hall addition

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the 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

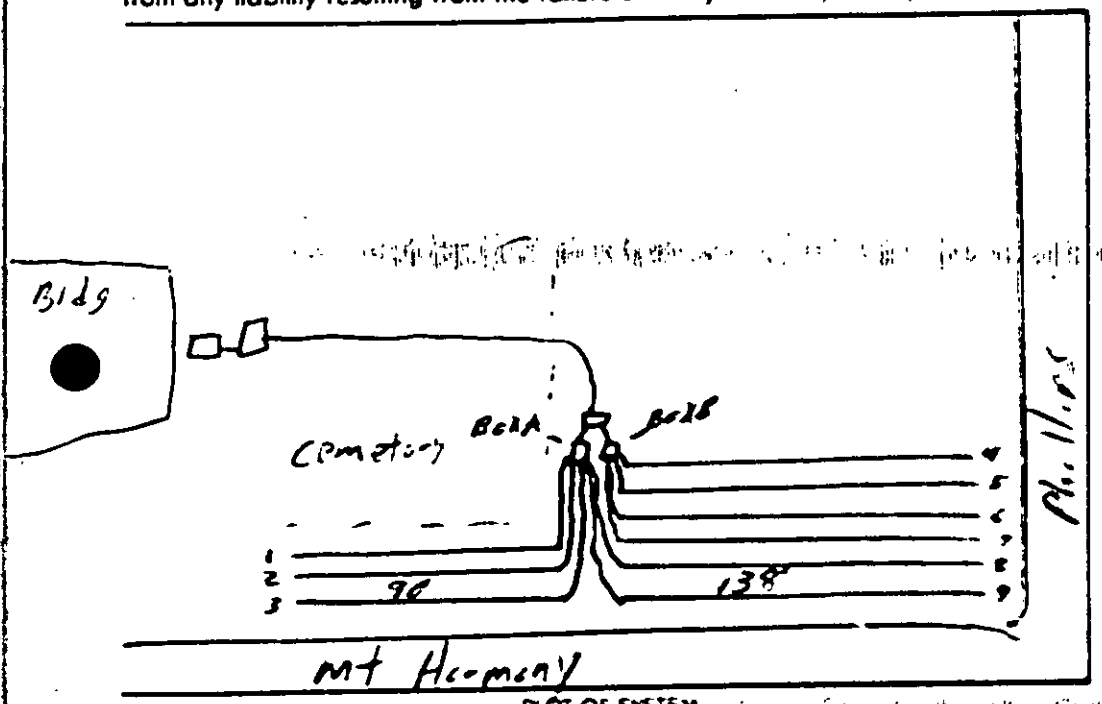
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE 3337 DATE

TC: 215-211-06

SERIAL Nº 11566

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit based upon the information supplied in the application dated 2-3-99. All work shall be completed before 2-28-99, after which date this permit shall be null and void. The system shall meet construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500

Liquid Capacity of Dosing Tank ____

Tank Construction ____

Absorption and Distribution

Trench Width ____

Total Line Length 1242

Number of Lines 9

Depth of Stone 12"

Distance from Water ____

Distance from Property Line ____

Distance from Well 210

NAME OF OWNER Mount Hermony Baptist Church

LOCATION OF PROPERTY 2817 Mt Hermony Rd

Comments: 6 Trenches 138'x3'x12" St. Ac., Tanner Treatment

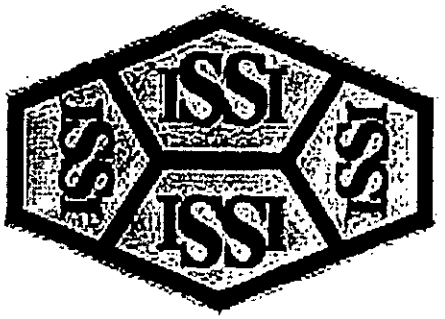
Lines 1,2,3,8,9 on Bed A; Lines 4,5,6,7 on Bed B

Division or Section Head

Environmentalist

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

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



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ISSI Operations Center Staff

Serial No. 3329

CAR to Permit No.

T C No.

Mail Date

Date Issued 1-24-73

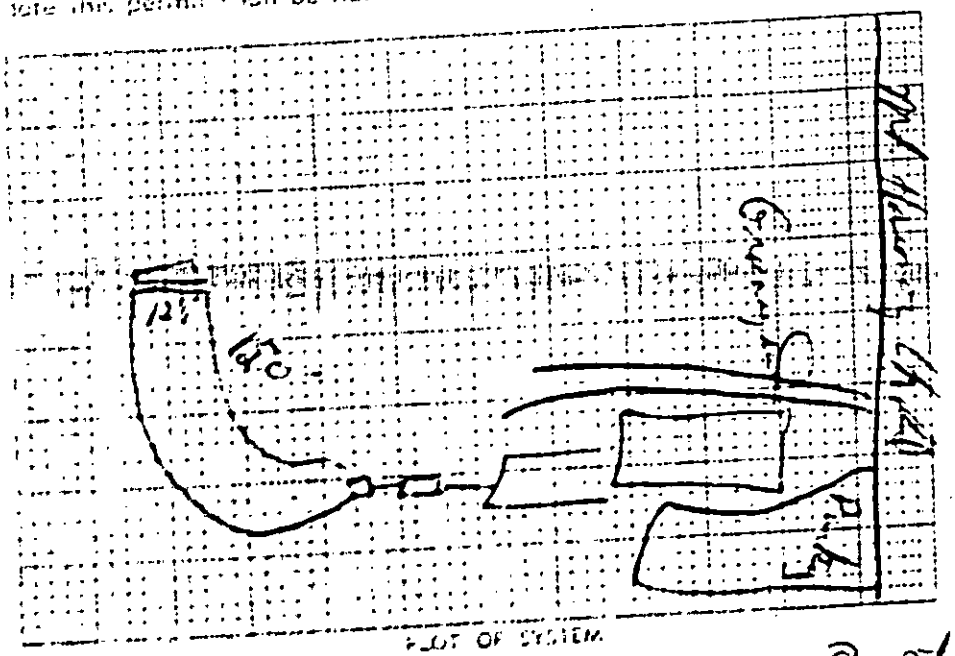
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Notice is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank sewage treatment system with subsurface, soil absorption effluent discharge as specified herein for the described location. This permit is granted based upon the information supplied in application dated 1-24-73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2-28-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank 750 Gal.

Tank Construction Pre Cast

Absorption and/or Nitrification Lines

Total Line Length 750'

Number of Lines 5

Distance from House 15'

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Mt. Harmony Baptist Ch.

LOCATION OF PROPERTY Mt. Harmony Ch. Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of completion must be issued by the Health Director before any system can be covered up or otherwise rendered inaccessible or can be used.

Comments 12½ - X - 150' Lines with 24" Trench

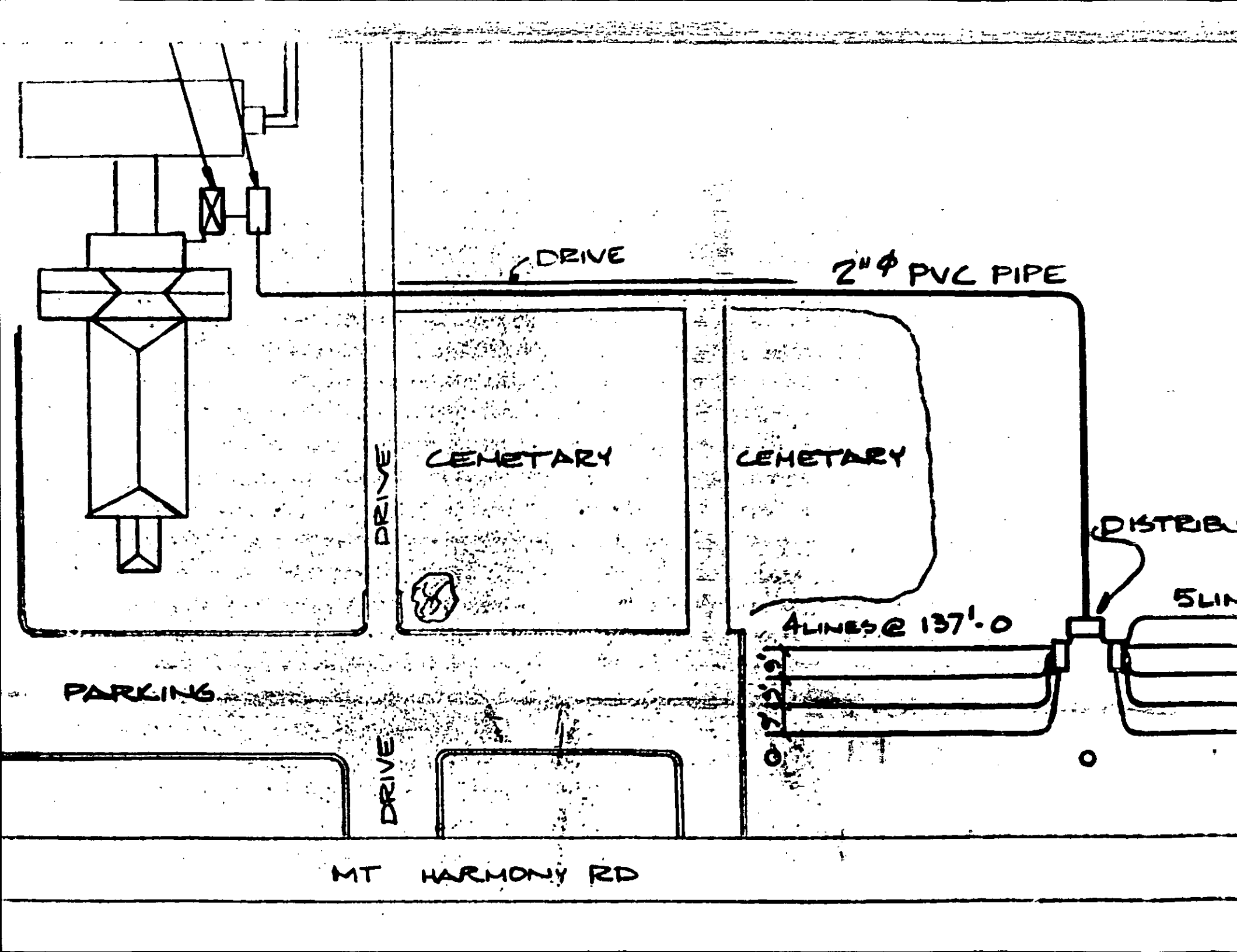
Environmentalist

Division or Section Head

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

FORM NO. E-S-4-1-71

HEALTH DEPARTMENT'S COPY


DRIVE
2"ϕ PVC PIPE
DRIVE
CEMETARY
CEMETARY
DISTRIB
5LIN
4 LINES @ 137'-0
PARKING
DRIVE
MT HARMONY RD

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 2817 Mt. Harmony Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 04

⑥ DEED REFERENCE: BOOK NO.: 215 PAGE NO.: 211

OWNER

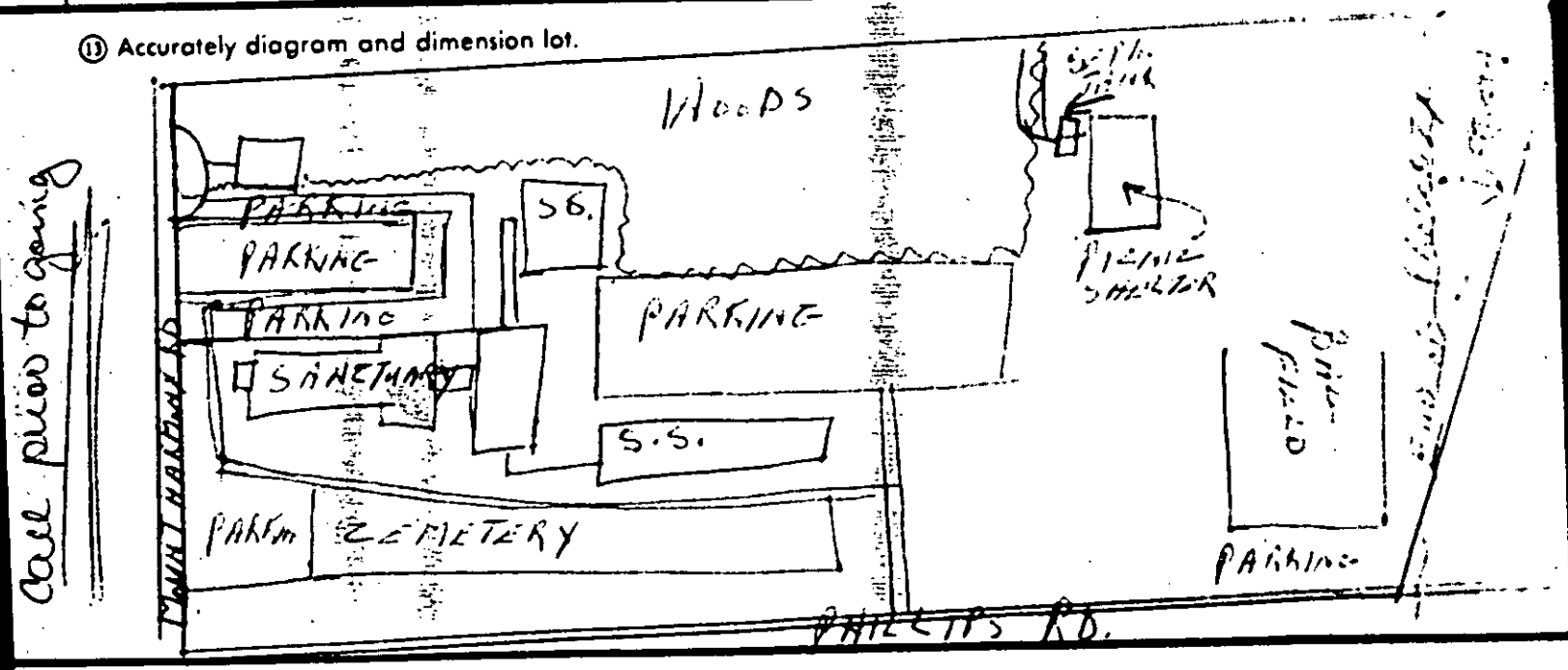
⑦ NAME: MOUNT HARMONY (FIRST) BAPTIST (MIDDLE) CHURCH (LAST)

⑧ MAILING ADDRESS: 2817 MOUNT HARMONY ROAD

⑨ CITY: MATTHEWS ⑩ STATE: N.C. ⑪ ZIP: 28105

⑫ PHONE: (WORK) 821-7676 (HOME) 847-6788

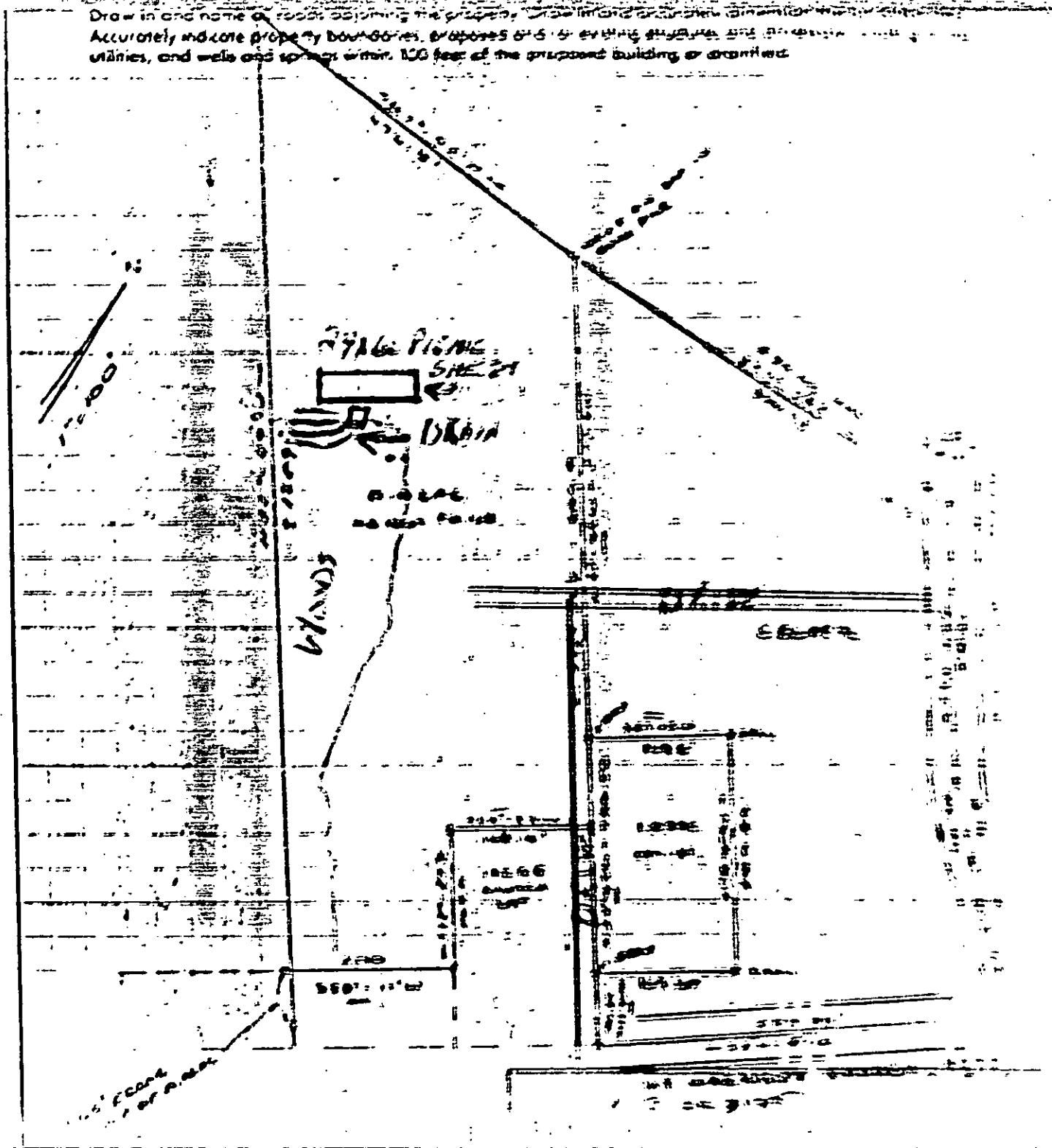
⑬ Accurately diagram and dimension lot.



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

Signed: _____

Date: _____


Draw in and name all roads adjoining the property. Show all buildings and other structures on property.
Accurately indicate property boundaries. Proposed and existing structures and driveways,
utilities, and wells and septic within 100 feet of the proposed building or addition.
PICNIC SHELTER
DRIVE
LANDS
1" = 100'

Name of Owner [illegible]

Address of Property 2517 [illegible]

Inspection Date:

Tank Material PCC

Total Length of Drainfield 360

Number of Lines 3 @ 100'

Cover Depth 12"

Water Supply Source well

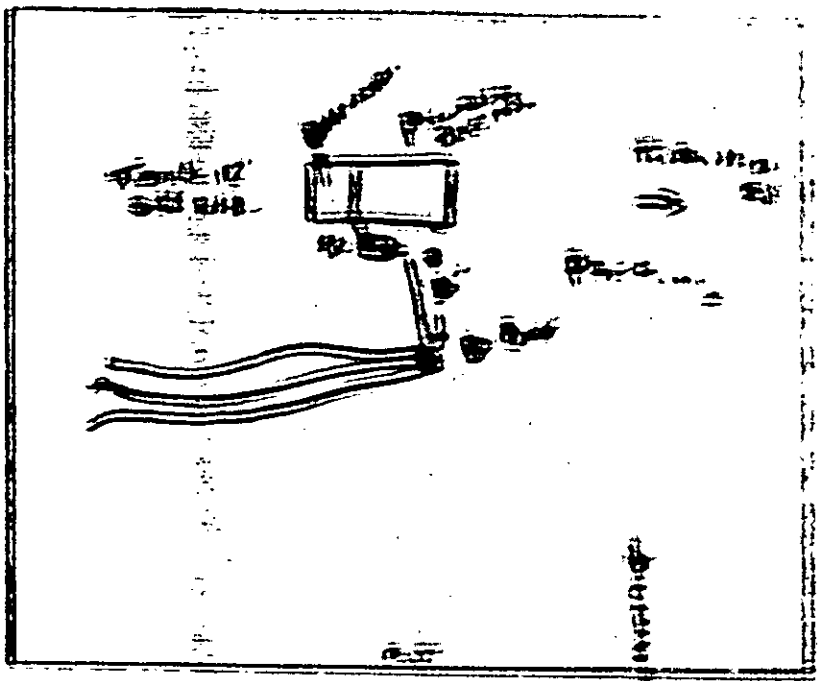
Distance to Water Source 250'

Excavation Inspected YES

Tank(s) Inspected YES

Wash Line Inspected —

High Water Alarm Inspected —



Design 1000 gal, 1000 gal, conc, one cell, 12" C

The undersigned has inspected the Septic Tank System ~~and has found same to be~~
- ~~Installed or constructed~~
- ~~In accordance with the permit issued~~
- ~~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 for the issuance of the~~
- ~~Certificate of Completion~~
- ~~a letter of approval~~
- ~~an addition to the existing~~
- ~~Operation Permit~~

does not in any way guarantee that the system will not cause property or other damage to whoever may own, occupy or use 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 stated on the permit and the provisions of 10 NCAC 10A .1900 as applicable to those items listed above under COMMENTS. This permit shall be null and void if any information contained in the application is untrue or if any activity occurs on the property which would increase the requirements for said system.

COMMENTS 1000 gal, 3 x 100' (3) lines, PCC gravel fill, 12" cover

Rec system, loaded [illegible]

FEE: 50.00 cash
DATE: 4-29-97

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

40
I ✓ CRT

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

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

PMT 9603763 97 Apt

FILE #: 3837

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 215-211-06

STREET ADDRESS: 2817 2501 Mt Harmony Church Rd

LOT NUMBER:

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Church

Square Footage of Facility: 8,000

NUMBER OF EMPLOYEES: 450 Roots
PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

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

"Use Equestrian System"

HOW WILL WATER BE USED IN THE FACILITY:

- ✓ TOILETS/URINALS
- ___ HANDSINK
- ___ SHOWERS
- ___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
___ SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

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

* USE EXISTING SYSTEM D. Wall 8/21/98

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

"RECREATION AND EDUCATION"

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: Mount Harmony Baptist Church	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
* NAME: Griffin (LAST) Johnny (FIRST) A (MI)	NAME: Griffin (LAST) Johnny (FIRST) A (MI)
ADDRESS: 2817 Mount Harmony Church Rd	DAYTIME PHONE: (704) 882-6575
CITY: Matthews STATE: N.C. ZIP: 28105	
DAYTIME PHONE: (704) 847-9068	

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: * 882-6575 Johnny Griffin Bldg. Comm. Chairman DATE: 4-29-97

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: 3837

TC: 215-211-06

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 "

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

BASEBALL

BASEBALL

YI
RIM 740.99
IN 738.82
OUT 738.64

15" RCP

Recreation w/ Pad Eq

BASKETBALL

VOLLEYBALL

100'

YI
RIM 747.23
IN 745.3
OUT 745.08
PARKING

15" RCP

YI
RIM 748.61
INV 748.64

YI
RIM 751.0
INV 748.15

15" RCP

BRICK BUILDING
FF 748.71

INV 726.77
15" RCP

N 32°23'11"W
1183.43'
1153.43' TO R/W

UNDERGROUND GAS

PL. GR

BRICK BUILDING
FF 759.47

BLOCK BUILDING
FF 756.02

BRICK BUILDING
FF 760.49

PARKING

UNDERGROUND
TELEPHONE LINES

CEMETERY

C1

C2

C4

C5

C6

INV 748.27
15" RCP
INV 747.93

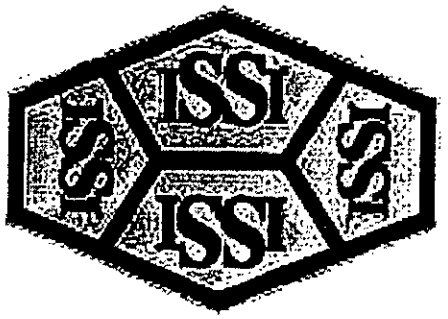
INV 747.04
15" RCP
INV 745.88

INV
15

S 53°23'51"
288.2

730
725
735
740
745
750
755
760

U285



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ISSI Operations Center Staff

SEE INSTRUCTIONS ON BACK

Date Received 2-6-92

3637

(CARES) Application No.

T... No.

Map Date

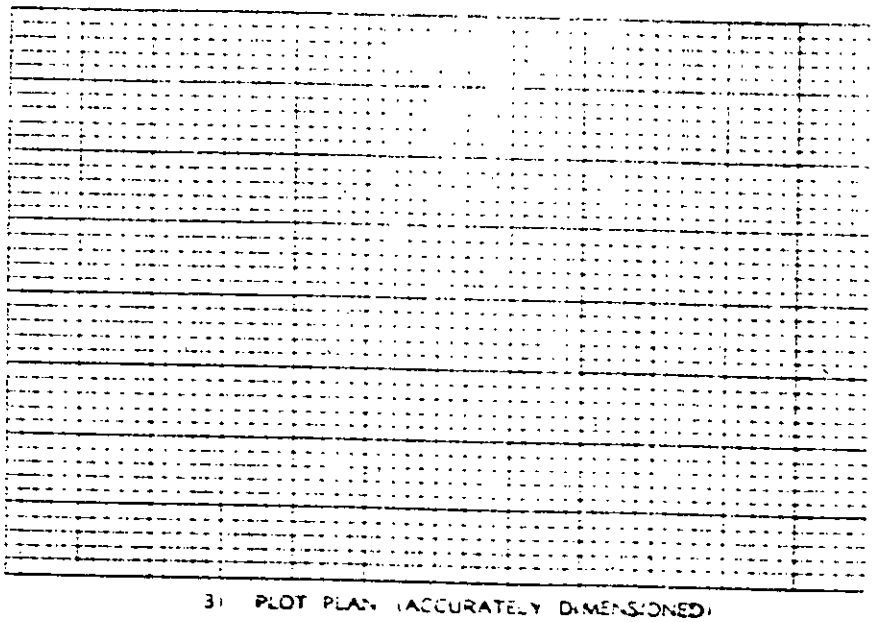
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of the property described hereby applies to the Mecklenburg ... ment for a permit to:

1) ... Install or Construct 2) ... Alter or Repair an individual septic tank ... ment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

100 Members

Yes

13) NAME OF OWNER Mount Harmony Baptist Church
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Route 3 Matthews, NC

15) PHONE NO. Home 847-6132 Office ...

16) LOCATION OF SYSTEM Mount Harmony Church Rd
(STREET OR COUNTY ROAD)

17) SUBDIVISION ... Lot No ... Block No ...

Map Book No ... Page No. ...

18) DEED REFERENCE — DEED BOOK ... AT PAGE ...

19) HAS A PERCOLATION TEST BEEN RUN? ... YES ✓ NO DATE RUN ...

20) PTR NUMBER (See Instructions) ...

The undersigned person hereto agrees that he has read the foregoing application and that all of same are true. It is understood that any permit applied for herein shall be void and of no effect if the above facts are not true.

DATE OF APPLICATION ...

OWNER D. H. Smith

HEALTH DEPARTMENT'S COPY

Serial No. 3837

PTR No 3837

Date Issued May 23, 1972

T C No 215-111-05

Map Date 2/23/72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

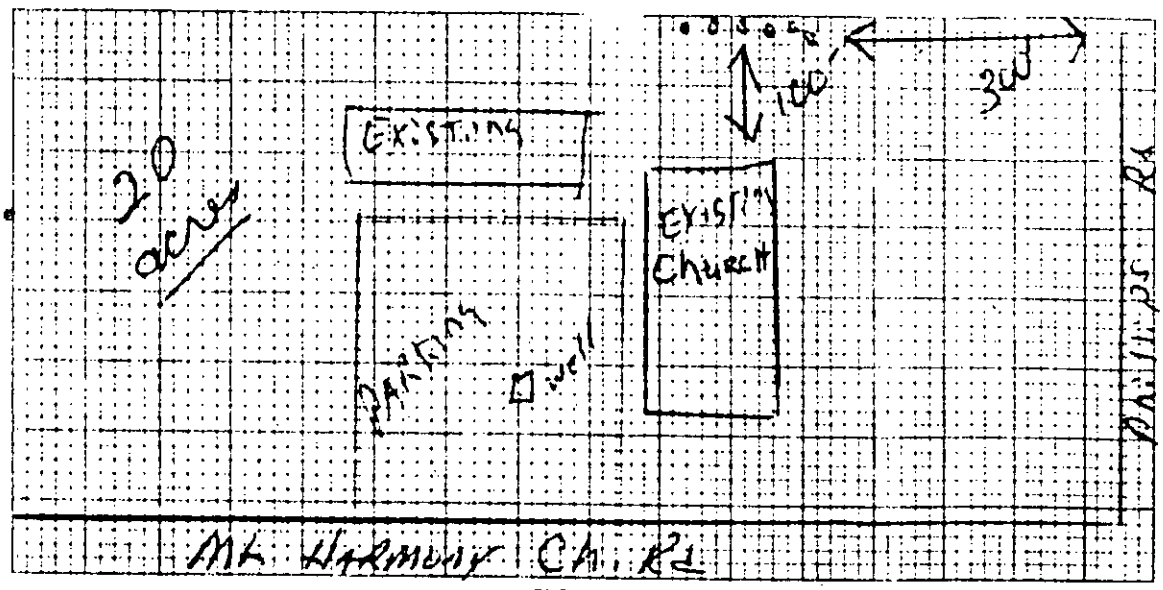
PERCOLATION TEST REPORT

NAME OF OWNER Mt. Harmony Baptist Church
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 3, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Mt. Harmony Church Road
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot

The percolation rate determined by the test was 60 min/in The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John Gibson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

3837

Serial No. 3220

Date Issued 1-24-73

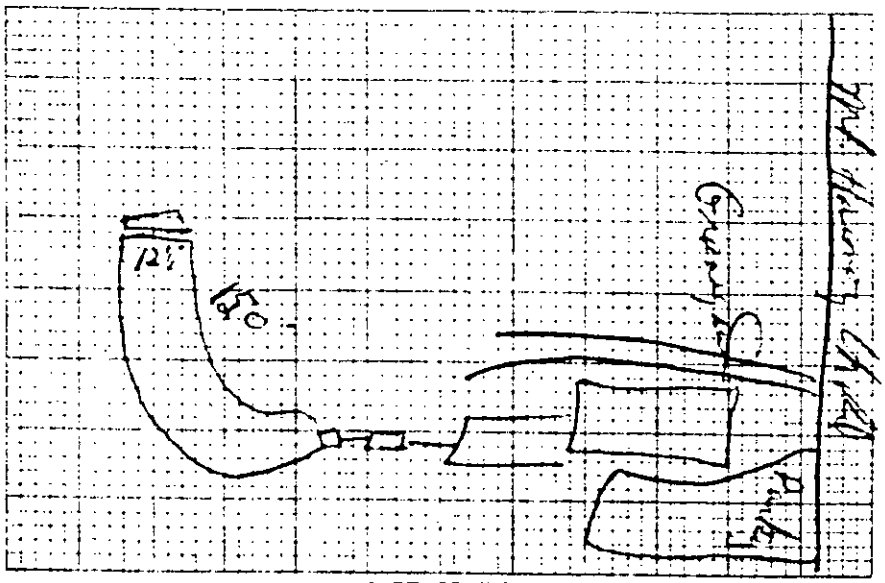
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct, __ Alter or Repair the individual [illegible] water treatment system with subsurface soil absorption effluent discharge [illegible] described location. This permit is granted based upon the information supplied [illegible] dated 1-24-73 and this permit shall be void and of no effect if the information [illegible] application is not true or is erroneous. All work shall be completed on or before 2-28-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Parcel Number Plate —

Liquid Capacity of Tank 1500 gal.

Tank Construction Concrete

Absorption and/or Effluent Lines [illegible]

Total Line Lenght 75'

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Mt. Harmony Baptist Ch.

LOCATION OF PROPERTY Mt. Harmony Ch. Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: 12½ x 150' x 0" stone trench with 4" tile

Director or Section Head

Environmentalist Thomas R. Wood

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

APPLICANT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd 10-9-87
60.00

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 3807
TC: _____
SERIAL: № 14697

JOB LOCATION

① ADDRESS: 2817 MT. HARMONY RD. (STREET NO / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 215-211-__
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: MOUNT HARMONY BAPTIST CHURCH (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 2817 MT. HARMONY RD.
⑩ CITY: MATTHEWS ⑪ STATE: N-C ⑫ ZIP: 2[illegible]
⑬ PHONE: (WORK) 847-9268 CHUCK ⑭ (HOME) 821-7676 Wade [illegible]

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) CLASS RM. ADDITION

SYSTEM CHARACTERISTICS

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? Church
㉖ Maximum number of ~~employees~~ members? 55
㉗ Maximum number ~~of seats~~ for use building? 200

㉘ Water supply from (present or proposed):

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

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

gned: J. Bruce Davis
te: 10-9-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this application. This approval is granted in accordance with the provisions of the 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 conditions:

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

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

. . . See Existing Syst. on

Environmental Specialist — Date: 10-21

Director or Authorized Section Head — Date: 10-21

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

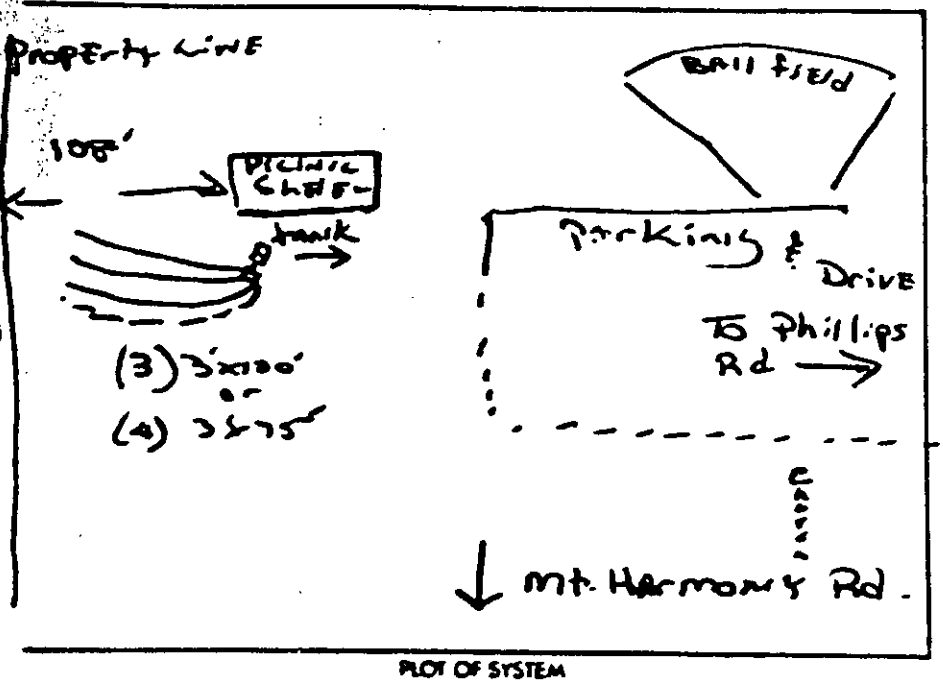
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3837 DATE: 8/1/89

TC: 215-211-06 ☐ 1

SERIAL Nº 12636

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/8/88. All work shall be completed on or before 9/1/89, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 300' feet

Number of Lines 3 or 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Mount Harmony Baptist Church

LOCATION OF PROPERTY 2817 Mt. Harmony Rd. Matthews

Comments: (3) 3x100 or (4) 3x75' LINES 12" STONE

Jim Ervin
Division or Section Head

Tina Whitaker, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3837 DATE: 8/5/89

TC: 215-311-06 ☑ L ☑ CRT

SERIAL № 12046

Name of Owner Mount Harmony Baptist Ch. Juris: MECKLENBURG

Address of Property 2817 Mt. Harmony Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 3 @ 100'

Cover Depth 12"

Water Supply Source WELL

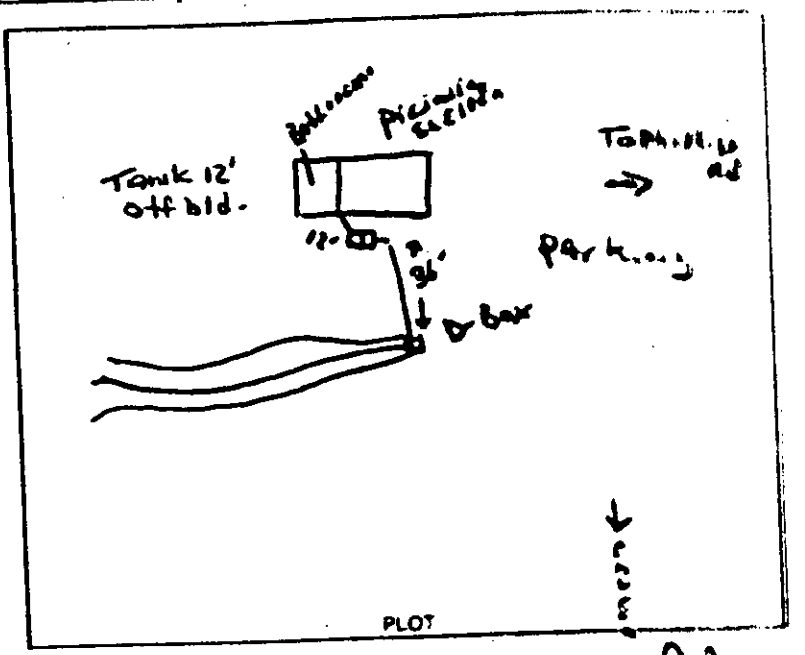
Distance to Water Source >50'

Excavation Inspected YES

Tank(s) Inspected YES

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1969, 1000, CON, 900 SFT, 12"6 CTR# 92

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: 1989, 3' x 100' (3) LINES, DESIGN for 60 people max.
REC. spring loaded faucets for sinks.

Tim Whitaker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

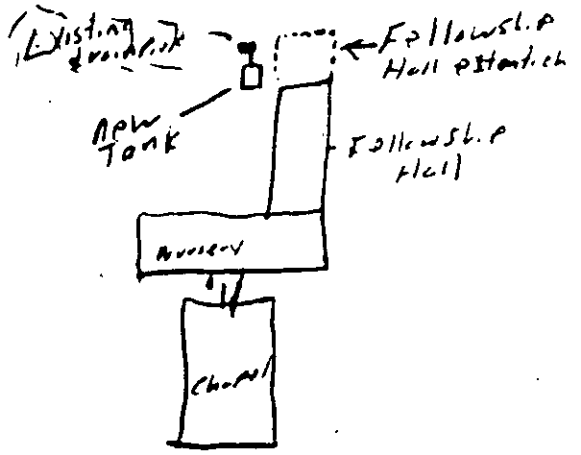
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3837 DATE: 10-1-97

TC: 215-211-06 ☑ L

SERIAL № 11301

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 ~~10-1-97~~ 10-9-97 All work shall be completed on or before ____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 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.



Mt Harmony Rd
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and, or Nitrification Lines

Trench Width ____ feet

Total Line Length ____ feet

Number of Lines ____

Depth of Stone ____ inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >100' feet

NAME OF OWNER Mount Harmony Baptist Church

LOCATION OF PROPERTY 2817 Mount Harmony Rd

Comments: New 1500 gal Septic Tank To go into existing distribution box; New Tank replaces old tank that would be within 5' of proposed Followship Hall addition

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the 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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

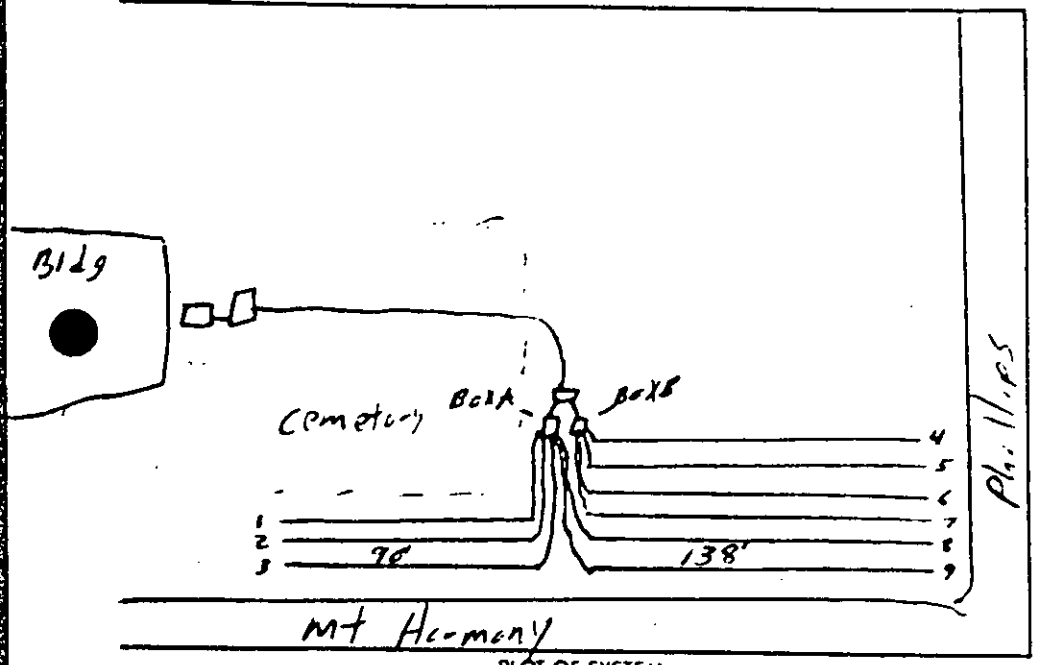
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5837 DATE 1-

TC: 215-211-06 D L

SERIAL № 11566

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewate system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permi based upon the information supplied in the application dated 7-3-89. All work shall be com before 2-28-90, after which date this permit shall be null and void. The system shall mee construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A C Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental He any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee the anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500

Liquid Capacity of Dosing Tank 1500

Tank Construction PVC

Absorption and or Nitrification

Trench Width 3

Total Line Length 1098

Number of Lines 9

Depth of Stone 12"

Distance from House 5

Distance from Property Line 10'

Distance from Well 210'

NAME OF OWNER Mount Harmony Baptist Church

LOCATION OF PROPERTY 2817 Mt Harmony Rd.

Comments: 6 Trenches 138' x 3' x 12" Stone; Three Trenches

Lines 1, 2, 3, 99 on Box A; lines 4, 5, 6, 7, on box B

Division or Section Head

Environmentalist

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3837 DATE: 2-3-95

TC: 215-211-06 ☒ L ☐ CRT

SERIAL № 10891

Name of Owner Mount Harmony Baptist Church Juris

Address of Property 7817 Mt. Harmony Rd.

Inspection Data:

Tank Material PVC

Total Length of Drainfield 1098

Number of Lines 6;3 @ 138';90'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 2100'

Excavation Inspected 2-1-95

Tank(s) Inspected 3-3-95

Wash Line Inspected —

High Water Alarm Inspected 3-3-95

PLOT

Design 1500G, 1500ST, 1500DT, Conv, 3294SFT, 126 Lin. CTR#

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 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:

Jim Evans
Environmentalist

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

100 Pd-100.00 Ck # 4/22/88.

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 3837
TC: 215-2110 6
SERIAL: Nº 15939

JOB LOCATION

① ADDRESS: 2817 Mount Harmony Church Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK

OWNER

⑧ NAME: Mount Harmony (FIRST) Baptist (MIDDLE) Church (LAST)
⑨ MAILING ADDRESS: 2817 Mount Harmony
⑩ CITY: Matthews ⑪ STATE: N.C. ⑫ ZIP:
⑬ PHONE: (WORK) Church 847-9068 ⑭ (HOME)

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? Church
㉖ Maximum number of employees?
㉗ Maximum number of seats? 150

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Blanche Davis (Bldg. Comm.)
Date: 4-5-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained herein. This approval is granted in accordance with the provisions of the 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 prior to Installation, Construction, Alteration and/or Repair permit issued by the Department.

. . . This permit is not transferable, and shall become null and void 60 months from the date of issuance

W. B. Kennedy 4/27
Environmentalist Date

S. G. Davis 15
Director or Authorized Section Head Date

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

PROPOSED PLOT PLAN

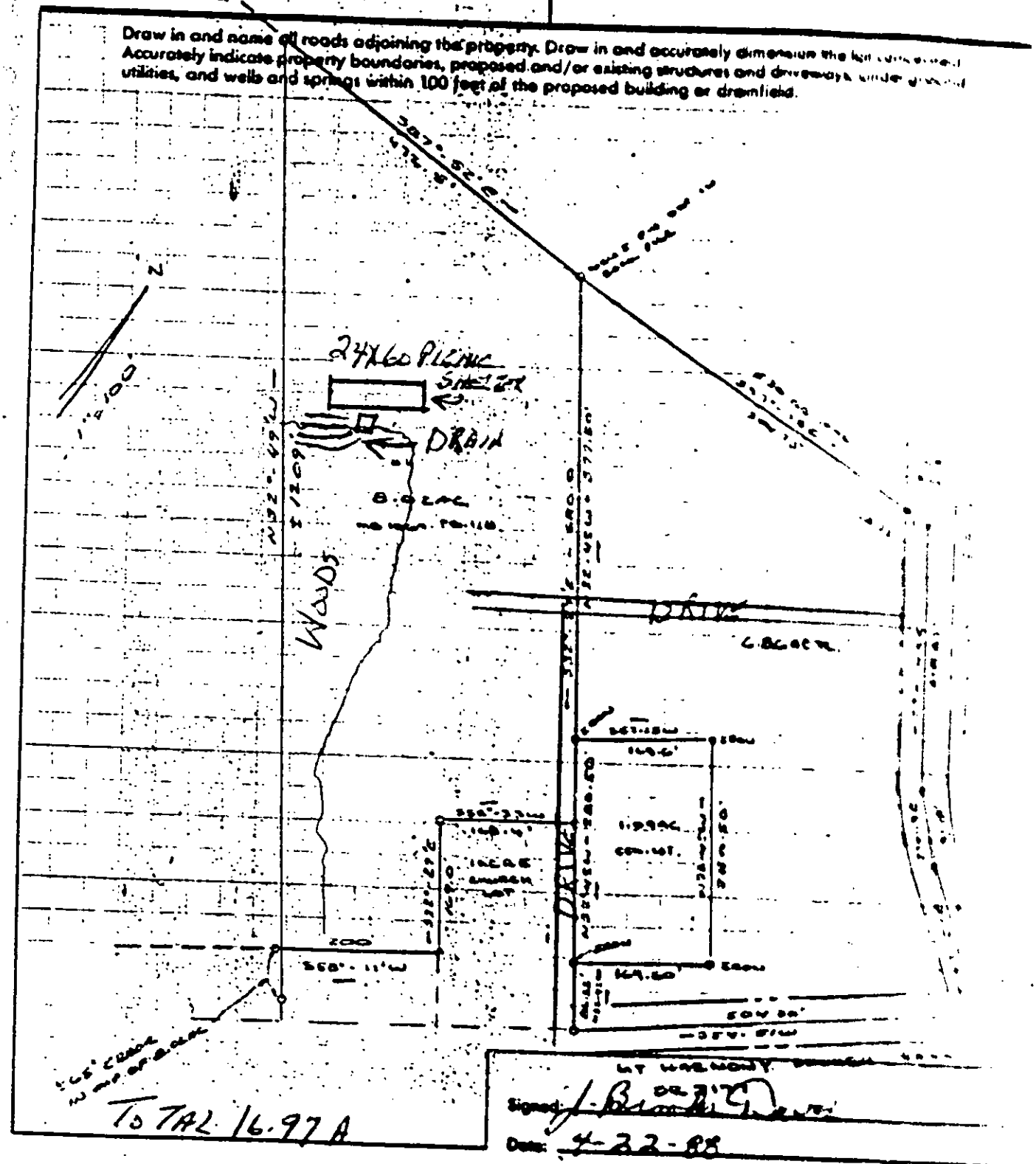
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 3837

TC: [illegible]

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



TOTAL 16.97 A

Signed: [signature]

Date: 4-22-88

5/9/97
Phone consult. w/ Johnny Griffin - Requested at least drawing of proposed building floor plan. Per Mr Griffin - he needs blueprints for Bldg. Std. permit. Therefore, we decided that when blue prints complete - Mr. Griffin is ready for building permit - will notify me (this office) at that time.

UKS
No school
No daycare
No kitchen
per CMUD - Sewer available JBM

FEE: 50.00 Cash

DATE: 4-29-97

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

[redacted]

[ ] CRT

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

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

FILE #: 3837

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 215-211-06

STREET ADDRESS: 2817 2501 Mt Harmony Church Rd

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS: Church

TOWNSHIP (CHECK ONE):

Square footage of facility: 8,000

NUMBER OF EMPLOYEES: 450 seats
PER SHIFT: ___ ___ ___

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

HOW WILL WATER BE USED IN THE FACILITY:

___ ✓ TOILETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE: "Use Expansion purpose"

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

5/1 OSW w/Mr. Griffin

5/5 PC to V. Johnson, CMUD Sewer available

5/6 PC to Johnny Griffin. NC CAC 5:10

TYPE OF WASTEWATER:

___ SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION: "RECREATION AND EDUCATION

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

5/9 PC w/ Johnny Griffin

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: Mount Harmony Baptist Church

NAME: Griffin (LAST) Johnny (FIRST) A (MI)

ADDRESS: 2817 Mount Harmony Church Rd.

CITY: Matthews STATE: N.C. ZIP: 28105

DAYTIME PHONE: (704) 847-9068

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Griffin (LAST) Johnny (FIRST) A (MI)

DAYTIME PHONE: (704) 882-6575

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: * 882-6575 Johnny Griffin Bldg. Comm. Chairman

DATE: 4-29-97

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: 3837

TC: 215-211-06

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 "

5/21/98

MET JOHNNY GRIFFIN ONSITE AND EXAMINED PLANS. OK TO USE EXISTING SYSTEM

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 5/21/98 D Clark

White - Health Department's Copy Canary - E.H.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: 3837

TC: 215-211-06

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

8/21/98

MET JOHNNY GRIFFIN ONSITE AND EXAMINED PLANS. OK TO USE EXISTING SYSTEM

APPROVAL DATE 8/21/98

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.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: 13837

TC: 215-211-06

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

5/21/98

MET JOHNNY GRIFFIN ONSITE AND EXAMINED PLANS. OK TO USE EXISTING SYSTEM

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 5/21/98 D Clark

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

BASEBALL

BASEBALL

740

745

750

755

760

730

725

735

YI
RIM 740.99
IN 738.82
OUT 738.64

15" RCP

Recreation Field
VOLLEYBALL

BASKETBALL

100'

~65'

~80'

15" RCP

YI
RIM 747.23
IN 745.3
OUT 745.08
PARKING

YI
RIM 748.51
INV 748.64

YI
RIM 751.0
INV 748.15

15" RCP

BRICK BUILDING
FF 748.71

UNDERGROUND GAS

PL GR

BRICK BUILDING
FF 759.47

BLOCK BUILDING
FF 756.02

BRICK BUILDING
FF 760.49

PARKING

UNDERGROUND
TELEPHONE LINES

CEMETERY

C1

C2

C4

C5

C6

INV 7
15"

INV 726.77
15" RCP

N 32°23'11"W
1183.43'
1153.43' TO R/W

S 53°23'51"W
288.26'

INV 748.27
15" RCP
INV 747.93

INV 747.04
15" RCP
INV 745.88

385

8/21/98

MET JOHNNY GRIFFIN ONSITE AND EXAMINED PLANS. OK TO USE EXISTING SYSTEM.

D. Clark