

19913 BETHEL CHURCH RD

00110109

5/19/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1085 DATE: 9/8/95

TC: 001-101-09 ☐ L ☐ CRT

SERIAL No. 16261

Name of Owner Bethel Presbyterian Church The Trustees Juris.: _____

Address of Property 19913 Bethel Church Rd

Inspection Data:

~~Tank Material~~ PCC Washer Box + D-Box

Total Length of Drainfield 255'

Number of Lines 3 @ 85'

Cover Depth 16-22"

Water Supply Source Municipal

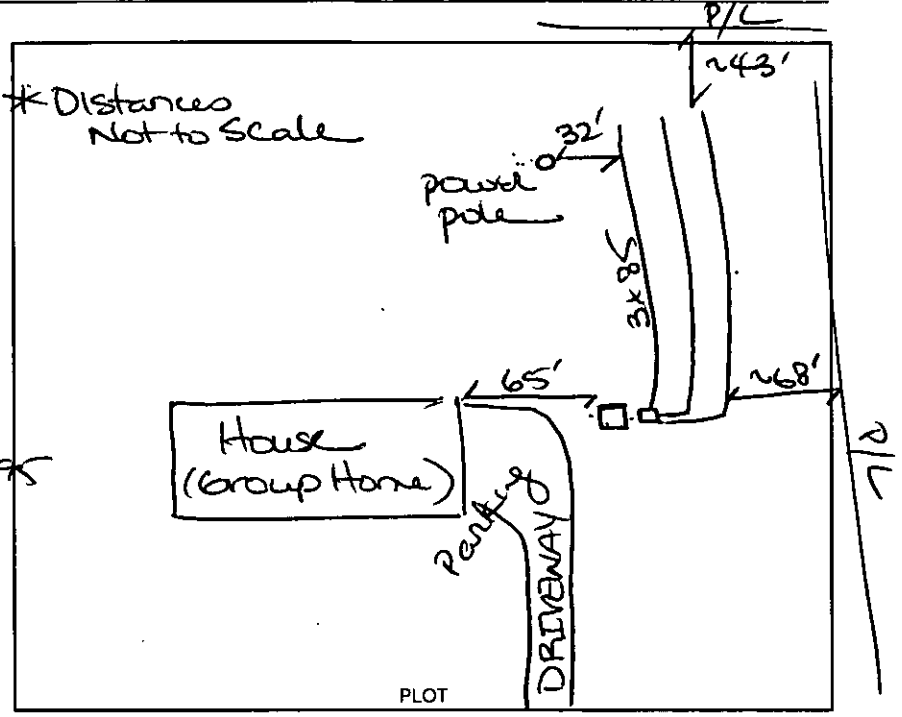
Distance to Water Source >100

Excavation Inspected Washer Box 8/18/95 + 9/8/95
D-Box 8/22/95

Tank(s) Inspected NA

Wash Line Inspected 8/18/95

High Water Alarm Inspected NA



Design 1995 Repair, 40g W. Box, D-Box, 765ft², 12"G, cecil-like CTR# 74

Bobby Mayhew

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: 1995 Repair - replaced washer drainfield.

OD ≤ 85 (2/2/71)

Lisa B. Mialik
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

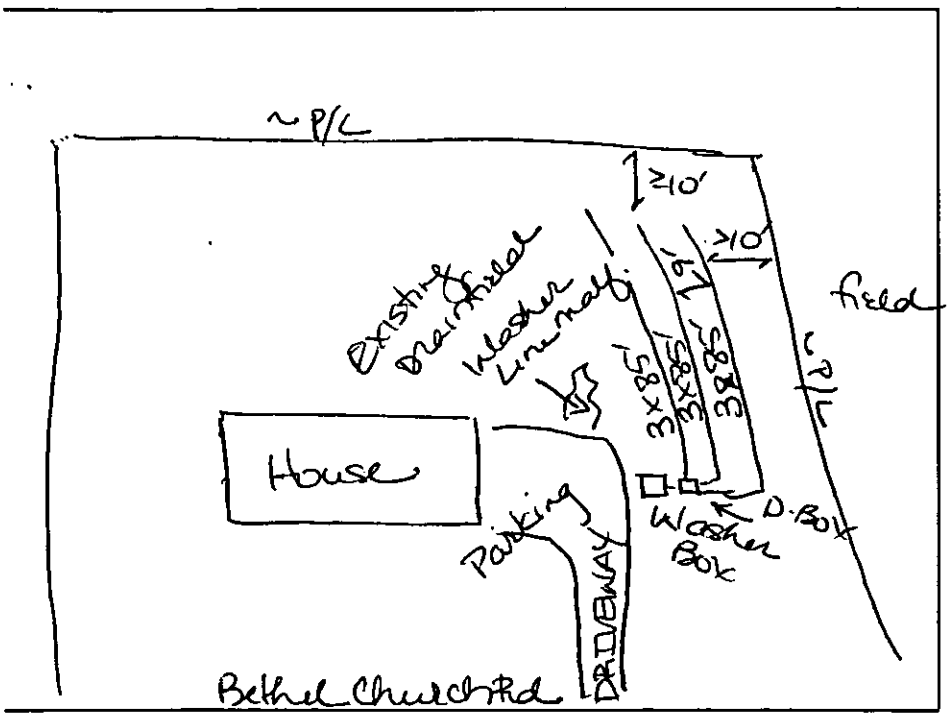
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1085 WCO DATE: 8/16/95

TC: 001-101-09 ☐ L

SERIAL Nº 16064

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 8/16/95. All work shall be completed on or before 9/16/95, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank PCC Washer Box 40 gallons

Liquid Capacity of Dosing Tank D-Box _____ gallons

Tank Construction ✓

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 255 feet

Number of Lines 3@85'

Depth of Stone 12" inches

Distance from House >5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

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

NAME OF OWNER Bethel Presbyterian Church - The Trustees

LOCATION OF PROPERTY 19913 Bethel Church Rd

Comments: ① Plumbing to washer box to meet current N.C. Plumbing Standards.

② Verify property lines prior to installation.

③ Install lines on contour.

Lisa B. Mallik
Environmental Health Specialist

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Bethel Presbyterian Church The Trustees

MAILING ADDRESS 19920 Bethel Church Rd., Davidson 28036

OCCUPANT Group Home

LOCATION 19913 Bethel Church Rd

☐ RESIDENCE ☐ BUSINESS ☒ OTHER Group Home tax parcel 001-101-09

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5573.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system. or connect to municipal sewer.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs *(specify)* _____

☐ Perform Maintenance *(specify)* _____

If the wastewater violation is not brought into compliance by September 6, 1995, appropriate legal action will be taken.

Notice Issued August 8, 1995 (Date) Signed Lisa B. Mialik, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

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

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1085

☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: OGLESBY (last) DONALD (first) MICHAEL (mi)
ADDRESS: 19108 BETTY STOUGH RD PHONE: (__) 5968251
CITY: HUNTERSVILLE, STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER: FOR:
NAME: BETHEL PRESBYTERIAN CHURCH (last) (first) (mi)
ADDRESS: 19913 BETHEL CHURCH RD PHONE: (__) _____
CITY: DAVIDSON, STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-101-09
STREET ADDRESS: 19913 Bethel Church Rd
ZONING:

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 N)
☐ 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) WASHER LINE

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: 5 NUMBER OCCUPANTS: 5
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: [signature] Date: 8/15/95

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.

... 8/16/95 Repair Approval

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

Lora B. Mialik 8/16/95
Environmentalist Date

Director or Authorized Section Head Date

WATER 12/91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1085 [redacted]

$50 ck 10/28/94 CAT

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: McConnell (last) Stephen (first) M. (mi)
ADDRESS: 9321 Jetton Rd PHONE: (DAY) 892-1114
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 10/28/94

PROPERTY OWNER:
NAME: Bethel Presbyterian Church (last) (first) (mi)
ADDRESS: 19920 Bethel Ch. Rd PHONE: (DAY) 892-0596
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-101-09
STREET ADDRESS: 19913 Bethel Ch. Rd
Davidson NC 28036
ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [X] 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 (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) shower stall
[ ] 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: 4 NUMBER OCCUPANTS: 7

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)
[X] 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: Stephen M. McConnell Date: 10/28/94

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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...use existing systems. No change in total # of bedrooms - Keep proposed bldg foundation min 5' from any wastewater disposal system. Referred Thom to DEM in reference to proper well abandonments

Susan Eatemon 11-1-94
Environmentalist Date

J Newell RS for S Daniel 11-3-94
Director or Authorized Section Head Date

WATER : 122791

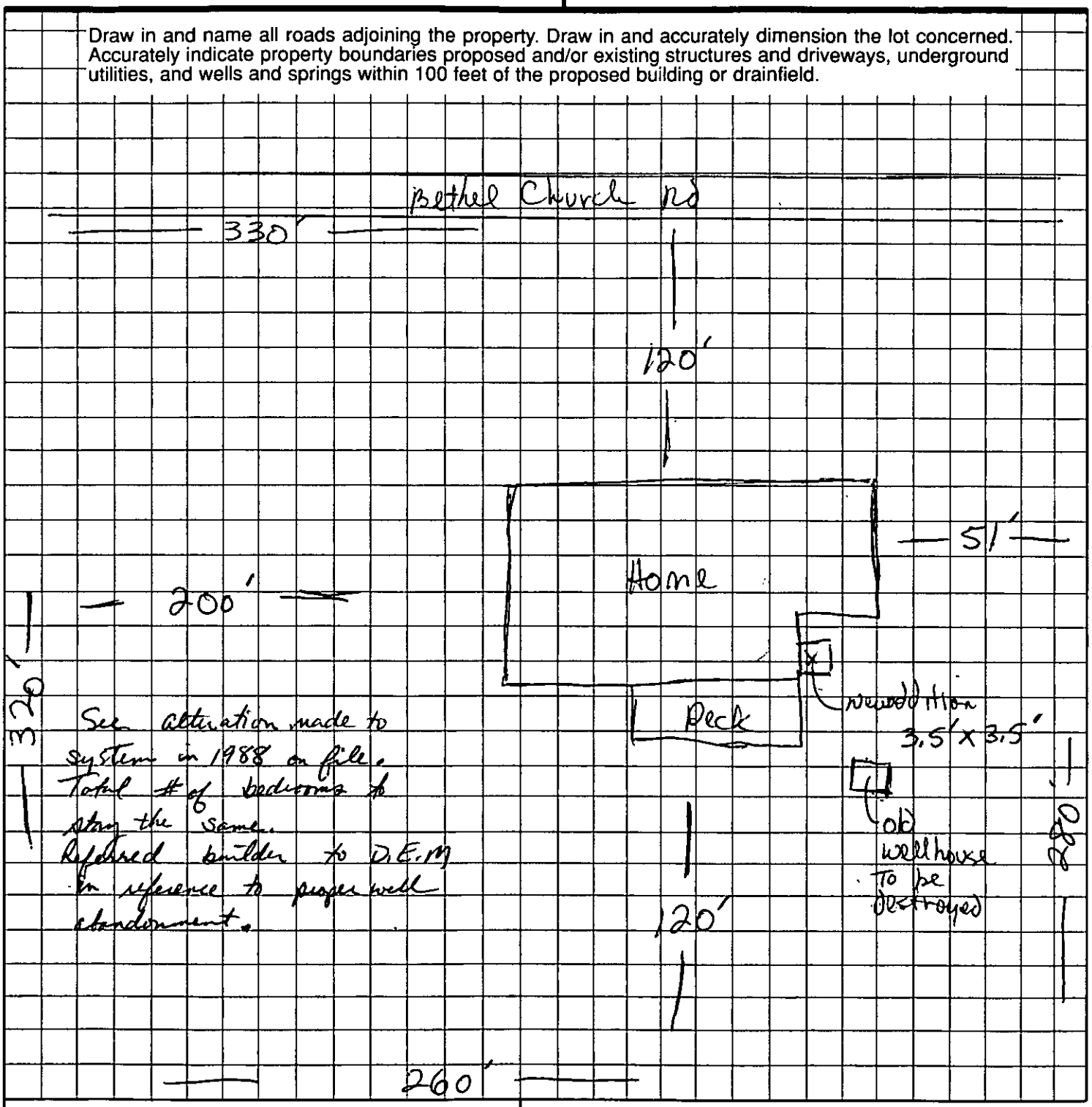
PROPOSED PLOT PLAN

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

FILE: 1085 [redacted]

TC: 001-101-09

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.

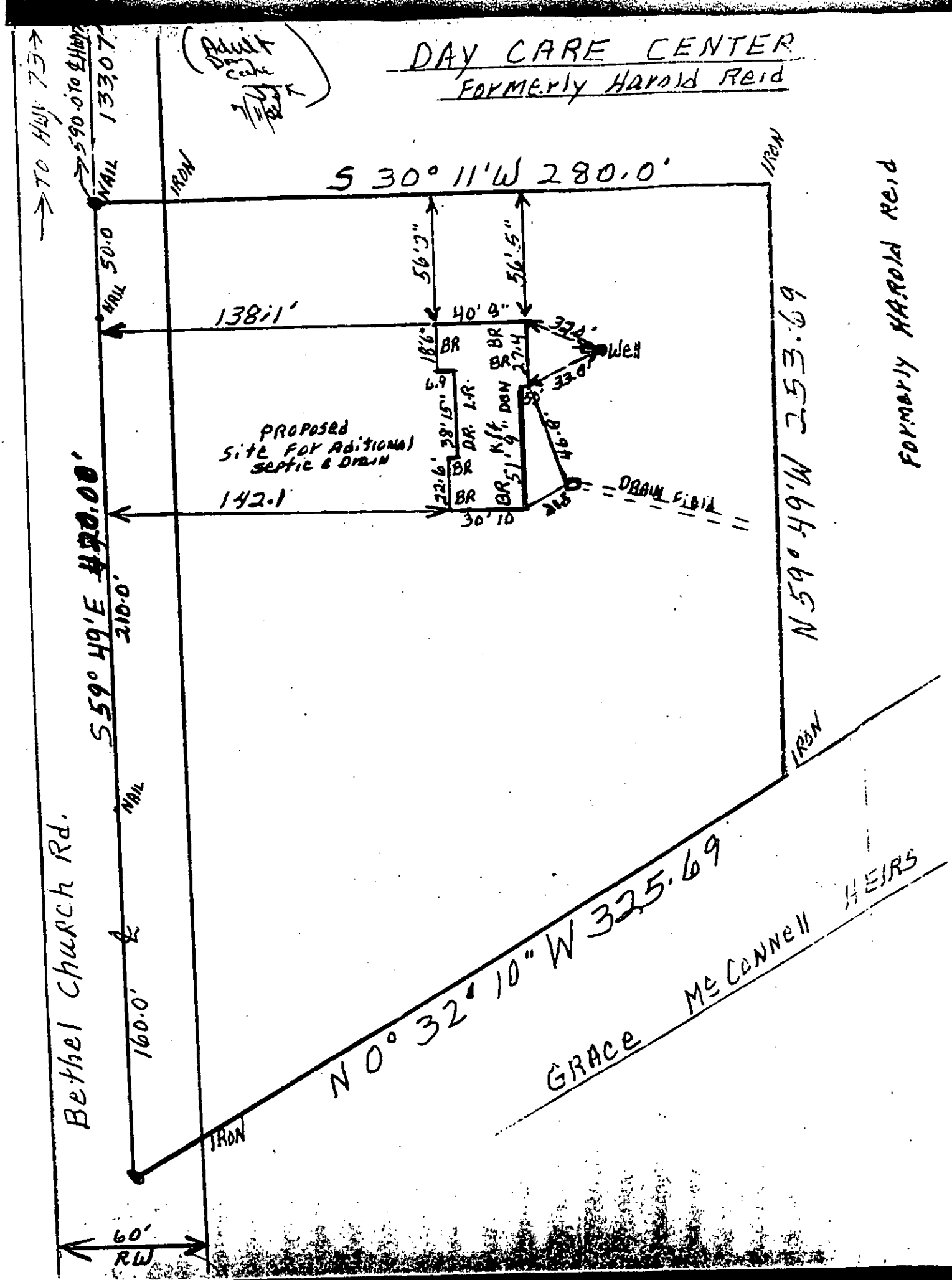


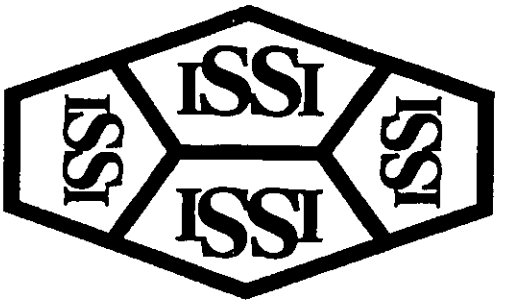
Stephen M McConnell
OWNER/AGENT SIGNATURE

DATE 10/28/94

APPROVAL DATE 11-1-94 SB

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


DAY CARE CENTER
Formerly Harold Reid
To Hwy 73
590.0' to E Hwy
133.07'
NAIL
IRON
S 30° 11' W 280.0'
IRON
50.0
NAIL
138.1'
56.3"
56.5"
40' 3"
33.4'
Well
18'6"
BR
BR
BR
27.4
33.0'
6.9
38'15"
DR. L.R.
Kit. DRM
51'
46.8'
PROPOSED
Site for Additional
septic & Drain
22.6'
BR
BR
BR
24.6'
DRAIN FIELD
142.1
30' 10
S 59° 49' E 420.00'
210.0'
NAIL
N 59° 49' W 253.69
FORMERLY HAROLD REID
Bethel Church Rd.
160.0'
IRON
N 0° 32' 10" W 325.69
GRACE McCONNELL HEIRS
60'
R/W



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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1065 DATE: 8-9-88

TC: 001-101-09 ☑ L ☐ CRT

SERIAL № 11145

Name of Owner Bethel Presbyterian Church

Address of Property 19913 Bethel church rd. Juris.:

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source well

Distance to Water Source 200'

Excavation Inspected 8-9-88

Tank(s) Inspected 8-9-88

Wash Line Inspected —

High Water Alarm Inspected —

Design: 1988, 1500SF, Con, 1200SFT, 12", Col. CTR# 22

PLOT

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

~~installed or constructed~~

☑ in accordance with the permit issued ☑ altered or repaired

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 ☐ as detailed in the plot above

☑ 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:

Environmentalist

Mecklenburg County services are available without

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

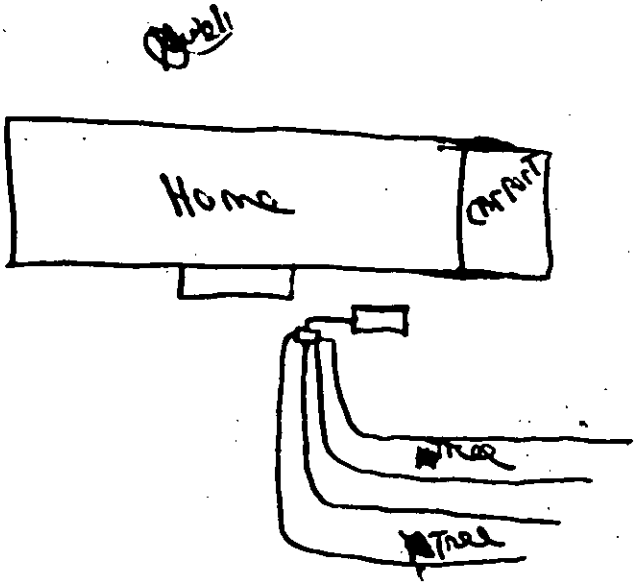
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1085 DATE: 7/11/?

TC: 001-101-07 pl

SERIAL № 12032

Permission is hereby given to _____ Install or Construct, I ~~Alter or Repair the~~ individual septic tank wastewater treat system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is gra based upon the information supplied in the application dated 7/11/88. All work shall be completed c before 8/11/88, after which date this permit shall be null and void. The system shall meet all of construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certifica Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health be any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the sy anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such sy from any liability resulting from the failure of the system to operate properly.



Bethel Church Rd
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 ga

~~Liquid Capacity of~~ Dosing Tank _____ ga

Tank Construction PRE CAST

Absorption and/or Nitrification Lines:

Trench Width 3

Total Line Length 400

Number of Lines 4

Depth of Stone 12 in

Distance from House 5

Distance from Property Line 10

Distance from Well 100'

NAME OF OWNER Bethel Presbyterian Church

LOCATION OF PROPERTY 1913 Bethel Church Rd

Comments: Install 4 Trenches 3' x 100' 12" Stone, Straw Cover (9 Ft. Centers)

Division or Section Head

Judy J Kuss RS
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an exist system is being altered or repaired.

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 1085 Action: /

SITE EVALUATION REPORT Parcel: 001-101-09

SERIAL NUMBER 11825

Location: Bethel Church Road

Subdivision:

Lot: Block: Acres: Approx. .43 ac

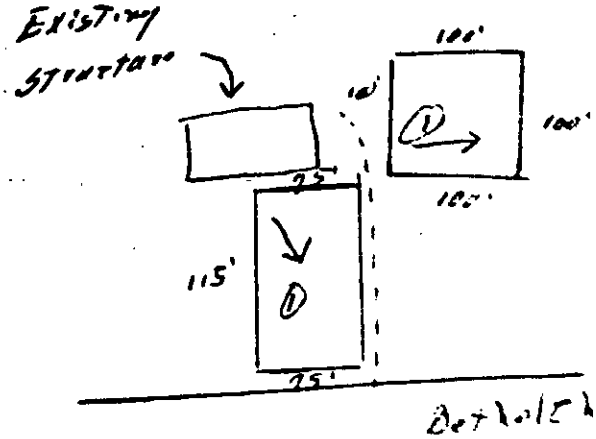
Owner: Bethel Presbyterian Church
Address: Rt.2, Box 409
Davidson, N. C. 28036

Comments:

Described by: William R. Marlin

Date: 6-23-88

DISTANCES APPROXIMATE



Bethel Ch. 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 6-12%	S PS U	S PS U	S PS U	S PS U	S PS
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS
Soil Group/Series	WA Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS

Serial No 376

Date Issued 2-2-71

C of A (s) No. 1085

T. C. No. 00-104-09

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Knox (LAST) William (FIRST) (MIDDLE)

Location of Property River Rd & 73

Application Number 1085 Permit Number 430

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Precast

Total Length of Drain Tile 570' +100' Number of Lines 5(12½x114')+215'x50')

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 2-2-71 (DATE) Tank Inspected 2-2-71 (DATE)

Nitrification Field Inspected 2-2-71 (DATE)

Washing Machine Line Inspected, If Applicable 2-2-71 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: Rick Bradford Inst.

Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-21-71

ICAR(S) Application No. 1255

T. C. No.

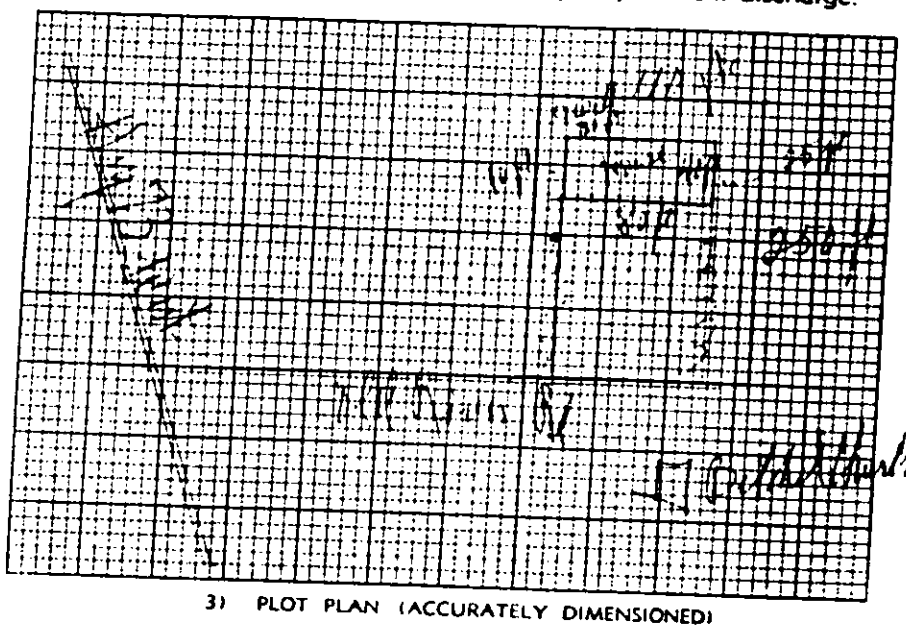
Map Date

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 that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3
5) Business Use — Max No Employees
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply:
   A) Individual Well ✓
   B) Governmental System
   C) Community System:
      1. Well source
      2. Governmental source
10) Sewage System:
   House located within 200 feet of public sewer ___ Yes ✓ No
   House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No.
12) VA Case No.

13) NAME OF OWNER Kanic (LAST) William (FIRST) Smith (MIDDLE)

14) ADDRESS OF OWNER Box 715 Cornelius 28031

15) PHONE NO. Home 875-2854 Office

16) LOCATION OF SYSTEM Old 73, Old River Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 11C Block No.

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2997 AT PAGE 256

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN May 1969

20) PTR NUMBER (See Instructions)

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

DATE OF APPLICATION

William Smith
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 1-25-70 Serial No. 430

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

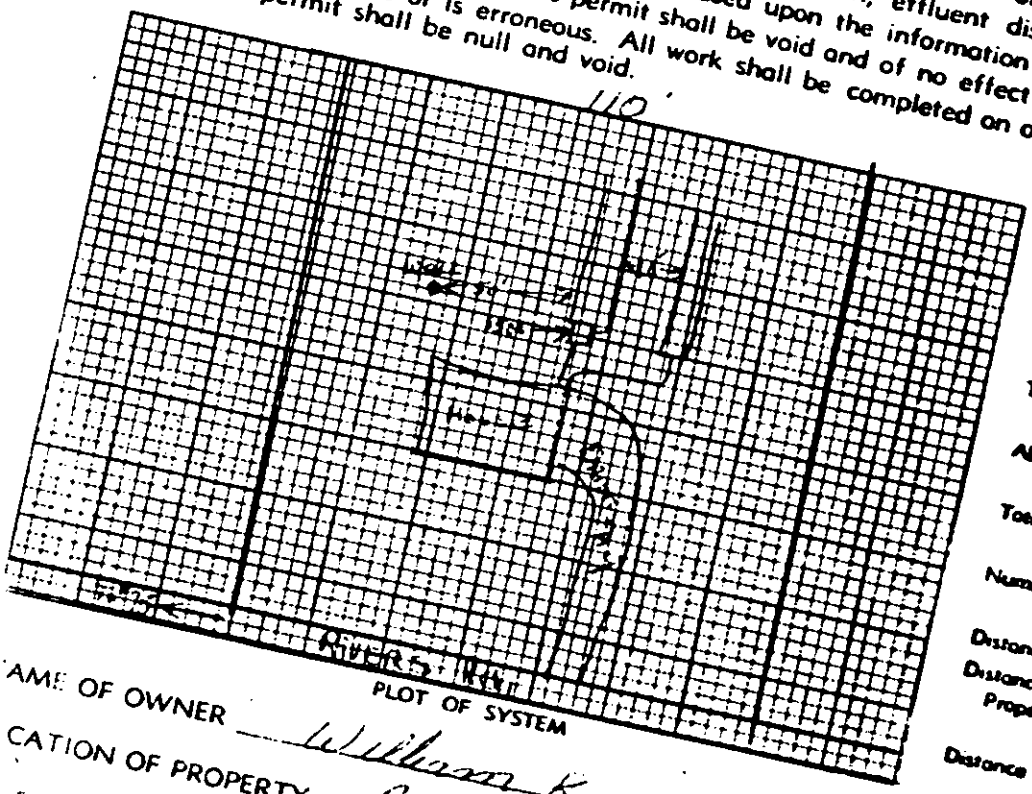
ICAR(S) Permit No. [illegible]

T. C No [illegible]

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied in the application [illegible] dated 1-21-71 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 2-25-71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 51

Liquid Capacity of Tank 1500 gal.

Tank Construction Precast

Absorption and/or Nutrification Lines:

Total Line Lenght 50'+50'

Number of Lines 2

Distance from House 10'

Distance from Property Line 100'

Distance from Well 50'

NAME OF OWNER William Kurz

LOCATION OF PROPERTY Rivers Rd. & #73

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 unserviceable or can be used.

Comments: 1 Bdrm Ranch.

[illegible]
Section Head

Environmentalist

This permit is for the installation or construction of a new system, it must be signed by the [illegible] and at the Environmental Health Division in order to be valid. Only the signature required where an existing system is being altered or repaired.

HEALTH DEPARTMENT

Tot Fee $100.00 (Pd cash 5.00 cor Ew

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIV
MECKLENBURG
HEALTH D

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: 1085
TC:
SERIAL: № 16349

ENVIRONMENTAL DIVISION

JOB LOCATION

① ADDRESS: 19913 BETHEL CHURCH ROAD (STREET NO / STREET)
② FILE:
③ JURISDICTION:
④ TAX PARCEL NO.: 001-101-09
⑤ SUBDIVISION:
⑥ LOT:
⑦ BLOCK:

OWNER

⑧ NAME: Bethel Presbyterian Church (FIRST)
⑨ MAILING ADDRESS: Route 2, Box 409 (MIDDLE) (LAST)
⑩ CITY: Davidson
⑪ STATE: N. C.
⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-0546
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) 3 Bedrooms, 2 Baths utility room in garage Add sun porch.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence
⑳ ☐ Mobile home
㉒ Number of bedrooms? 3+3 = 6
㉓ Maximum occupancy? 7
㉔ Basement? ☐ yes ☐ no

㉑ ☐ Business or place of public assembly
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

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 that the contents of same are true, and authorizes agents of ECKLENBURG COUNTY HEALTH DEPARTMENT to enter the property for the purpose of processing this request.

ned: James E Wolter

:

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 authorization 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 the Department.

... This permit is not transferable, and shall become null and void 24 months from the date of issuance.

Use Existing System

Environmental Health Specialist — Date

Director or Authorized Section Head — Date

This permit must be signed by the Director or Assistant Director