

9015 FERGUSON RD

13926250

6/22/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

LD 18525

Permit Number: **7004A** Tax Number: **13926250**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional ☐ Low Pressure Pipe ☐ Innovative or Experimental:
☐ Prefabricated, permeable block panel system ☐ Large Diameter Pipe
☐ Fill
☐ Shallow Placed Conventional ☐ Other

0.3 Long-term acceptance rate (GPD/ft^2)	____ Max gallons/day wastewater flow	____ Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**Exis** Gallon septic tank	**545** Total trench length (ft)	**36** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
na Bedrooms in residence	**na** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Existing septic system approved for family life center addition. Revised plans on file dated 8/24/06.**

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional ☐ Low Pressure Pipe ☐ Innovative or Experimental:
☐ Prefabricated, permeable block panel system ☐ Large Diameter Pipe
☐ Fill
☐ Shallow Placed Conventional ☐ Other

____ Absorption Area (ft^2) **545** Total trench length (ft)	**12** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**36** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

DENR Authorized Agent Date 8/3/06

Owner/Agent Signature Date 8-10-06

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

1168

GWS- COM. APP 07/05

chk 18425

SEPTIC FEE: 300.00
DATE: 7/10/06
CRT [ ]

PERMIT APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 7004A

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 13926250
STREET ADDRESS: 9015 Ferguson Rd.
CITY: Mint Hill
STATE: NC **ZIP:** 28227
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION: David
DESCRIBE TYPE OF BUSINESS:

☑ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 8838 Sf
NUMBER OF EMPLOYEES PER SHIFT: Family Life Center
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☑ TOILETS/URINALS ☑ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:
NAME: Clear Creek Baptist Church
ADDRESS: 9015 Ferguson Rd.
CITY: Mint Hill Mr. Vann McManus
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 704 289-6056
MOBILE PHONE: FAX: 704 296-0411

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Greenfield Contruction Co.
ADDRESS: P.O. Box 727
CITY: Monroe
STATE: NC ZIP: 28111-0727
HOME PHONE: WORK PHONE: 704 296-9798
MOBILE PHONE: FAX: 704 296-9799

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Mark Baker 7-10-06
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Owner's/Agent's Signature Date

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

6706

GWS- COM. APP 07/05

ch 1C
00 18gpd

SEPTIC FEE: 300
DATE: 7/10/06
CRT [ ]

PERMIT APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # _____

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 13926250
STREET ADDRESS: 9015 Ferguson Rd.
CITY: Mint Hill
STATE: NC **ZIP:** 28227
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION: David
DESCRIBE TYPE OF BUSINESS:

☑ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 8838 Sf
NUMBER OF EMPLOYEES PER SHIFT: Family Life Center
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☑ TOILETS/URINALS ☑ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:
NAME: Clear Creek Baptist Church
ADDRESS: 9015 Ferguson Rd.
CITY: Mint Hill Mr. Vann McManus
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 704 289-6056
MOBILE PHONE: FAX: 704 296-0411

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Greenfield Construction Co.
ADDRESS: P.O. Box 727
CITY: Monroe
STATE: NC ZIP: 28111-0727
HOME PHONE: WORK PHONE: 704 296-9798
MOBILE PHONE: FAX: 704 296-9799

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Mark Rahee 7-10-06
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Owner's/Agent's Signature Date

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

6706

John Hill

O 704-296-9798

M 704-634-7532

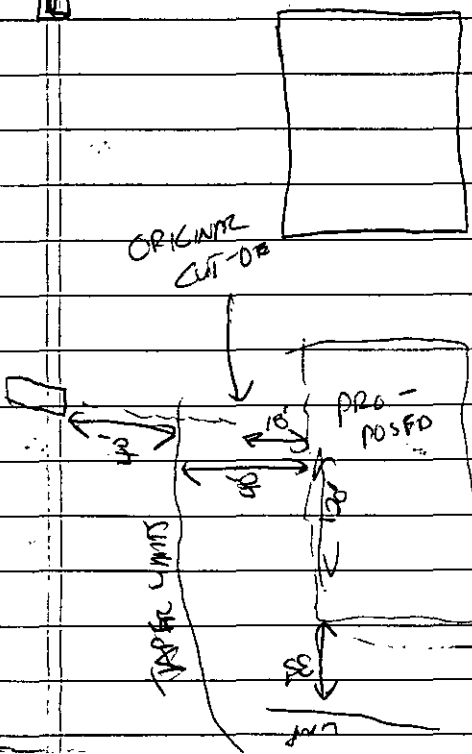
N 150*21*0532

Wed. 10:30-11:00

1. WILLIAMS - GUTTERS
150 X 78097 #1

2. GOA DOOR

9/28 ~~PARKS~~ I



Chris Hope

Fax

To:	Drew Walker	**From:**	Larry Brock
Fax:	704-336-6894	**FAX:**	704-882-3263
Date:	September 6, 2005	**Phone:**	704-882-1500 x352
Re:	Clear Creek Baptist	**Pages:**	3

☐ **Urgent** x **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

Drew,

Attached are two copies of the site plan for the above referenced project. One presents the plan for the entire site while the other is a more detailed view of the septic drain field from that same site plan.

Please let me know if there are questions or if I can be of further assistance.

Thanks,

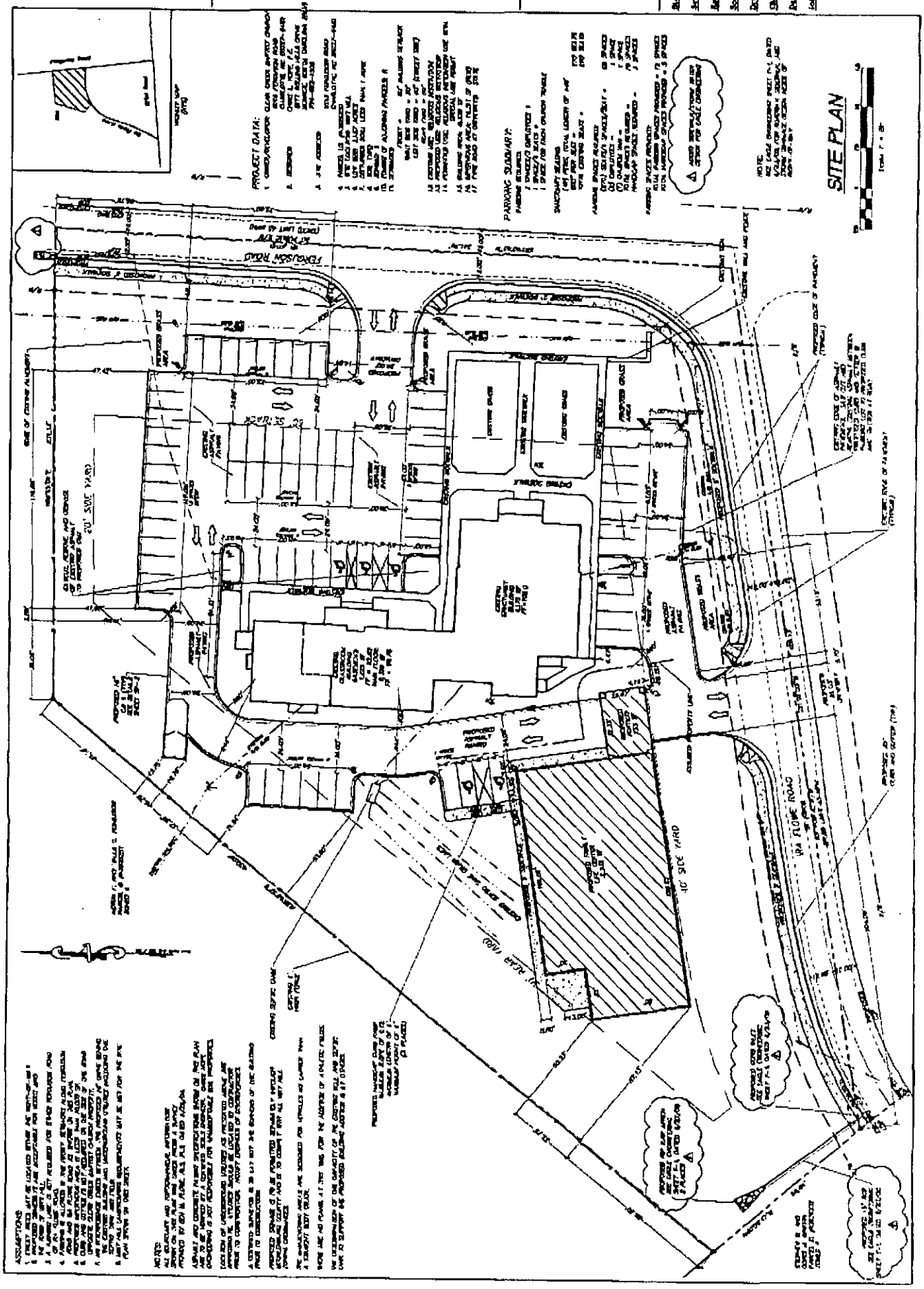
Larry Brock

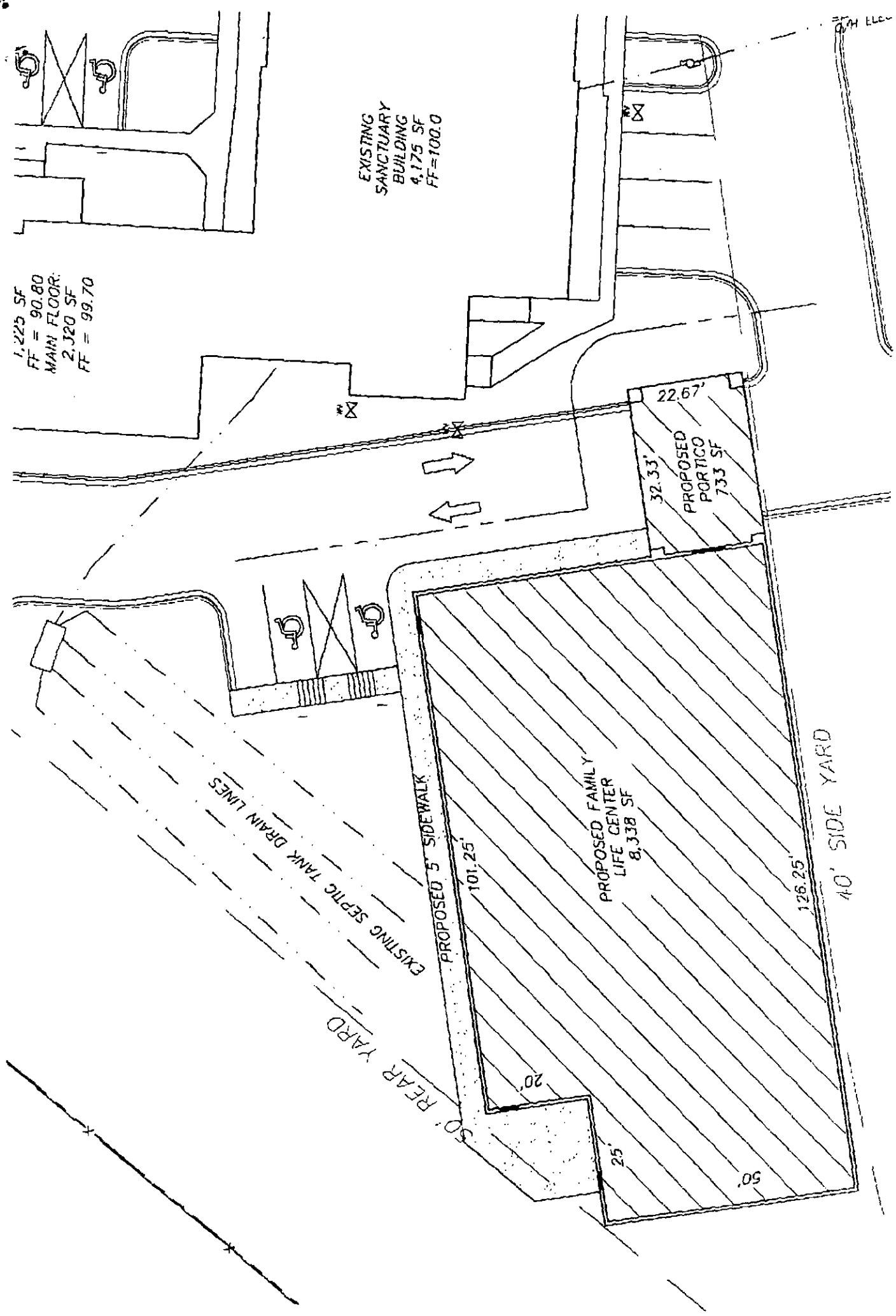
10/12/05
THEY MAY ~~WANT~~ PROPOSED A LARGER BUILDING THAT MAY IMPOSE ON DRAINFIELD.
THERE IS ROOM AVAILABLE TO TOTALLY DISCONNECT EXSTING DRAINFIELD AND REPLACE TO NEW LOCATION.

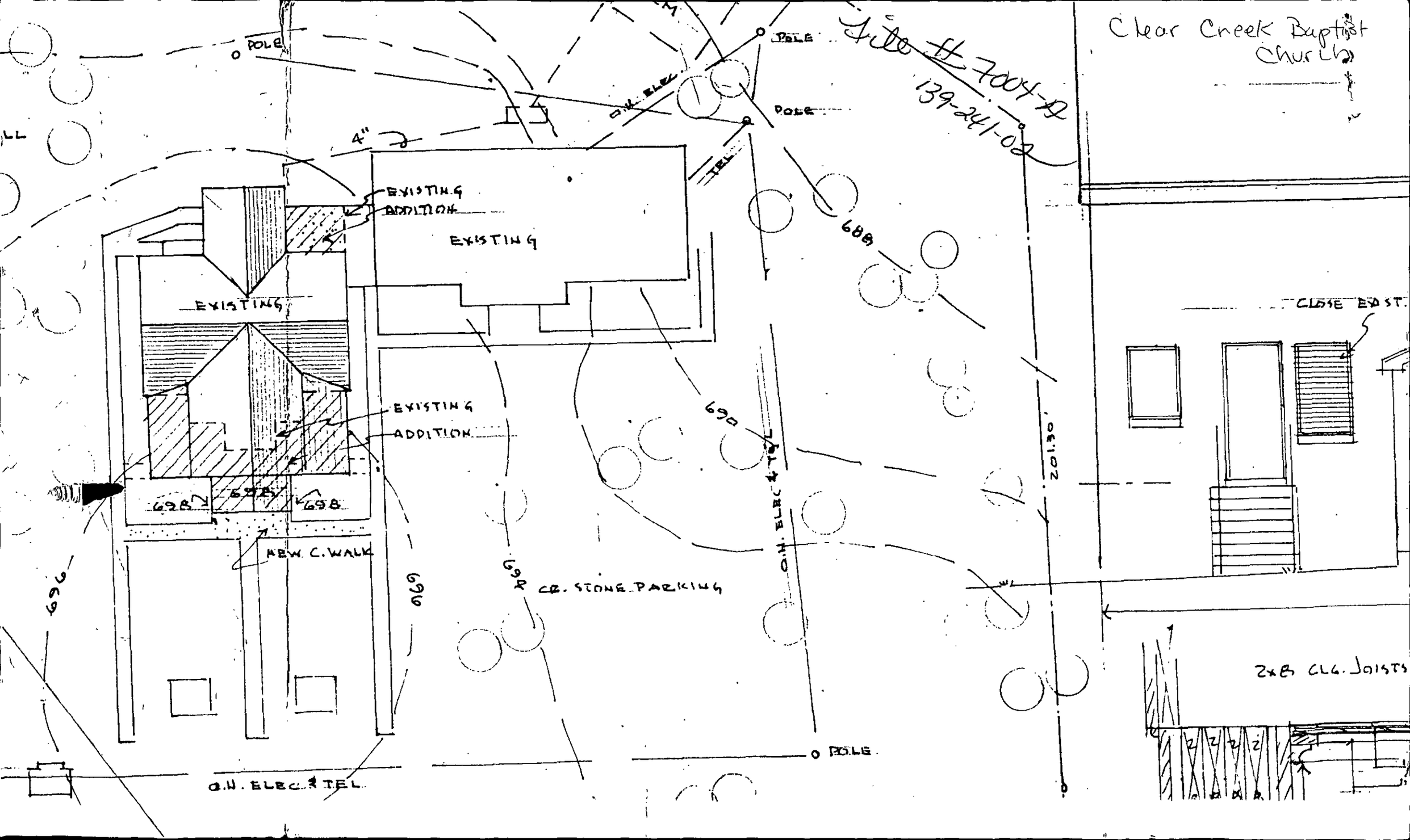
CHRIS HOPE/PROFESSIONAL ENGINEER/2617 ROLLING HILLS DRIVE/MONROE, NC 28110/(704) 882-1500

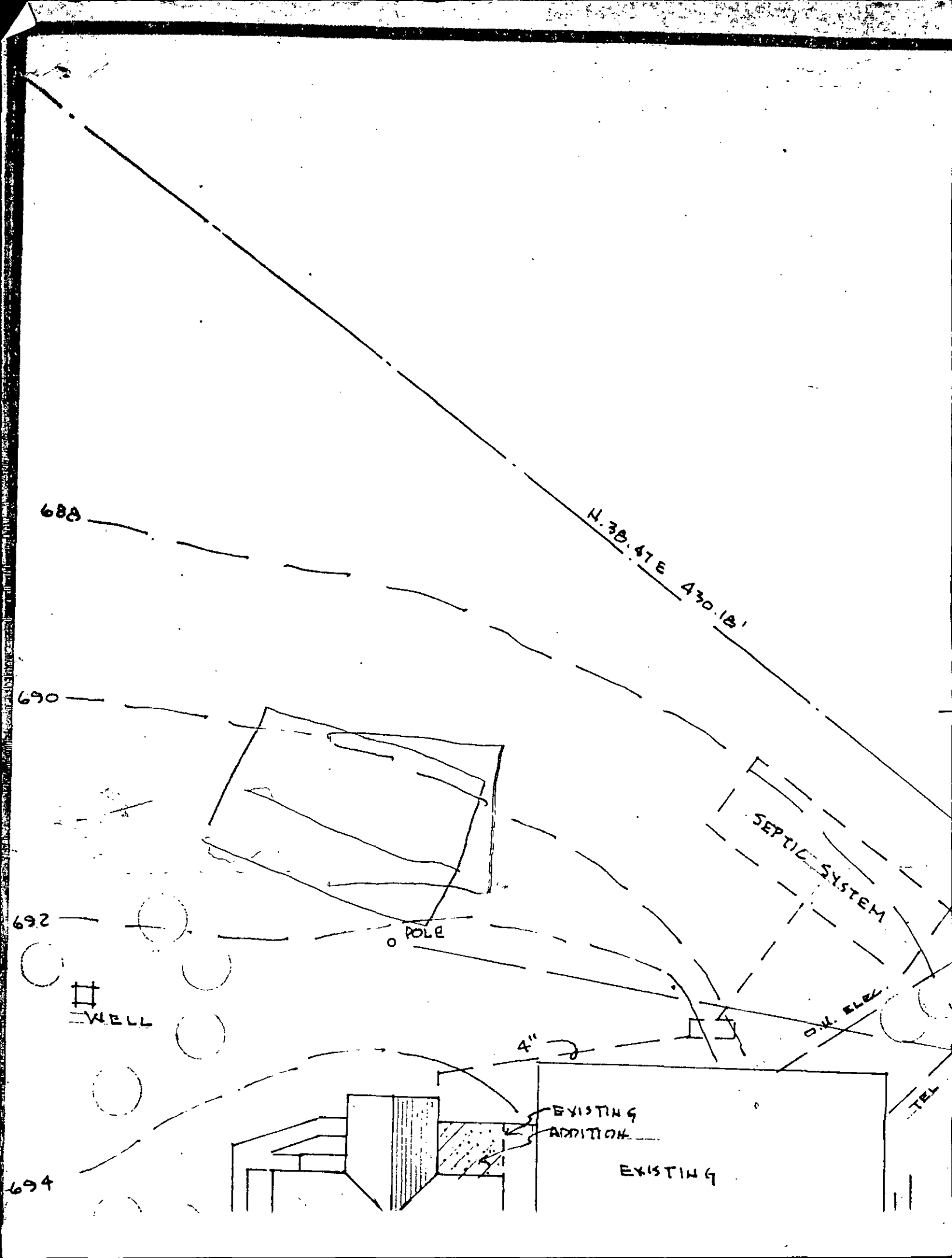
CLEAR CREEK BAPTIST CHURCH

SP-2


SITE PLAN
PROJECT DATA:
PARKING SUMMARY:
FENDLEY ROAD
WA FLOWE ROAD
SIDE YARD
REAR YARD
SIDE YARD
CENTER LINE OF ASPHALT
PROPOSED EDGE OF ASPHALT
EXISTING SEPTIC TANK
EXISTING WELL
PROPOSED GRASS AREA
EXISTING GRADE
EXISTING SIDEWALK
PROPOSED SIDEWALK
EXISTING ASPHALT PAVING
PROPOSED ASPHALT PAVING
EXISTING BUILDING
PROPOSED BUILDING
EXISTING CHURCH BUILDING
EXISTING FELLOWSHIP BUILDING
EXISTING MODULAR BUILDING
PROPOSED FELLOWSHIP BUILDING
PROPOSED MODULAR BUILDING
EXISTING GRAVEL PARKING
PROPOSED GRAVEL PARKING
EXISTING GRAVEL DRIVE
PROPOSED GRAVEL DRIVE
EXISTING CONCRETE PAD
PROPOSED CONCRETE PAD
EXISTING CONCRETE WALK
PROPOSED CONCRETE WALK
EXISTING CONCRETE CURB & GUTTER
PROPOSED CONCRETE CURB & GUTTER
EXISTING CONCRETE CURB
PROPOSED CONCRETE CURB
EXISTING CONCRETE DRIVE
PROPOSED CONCRETE DRIVE
EXISTING CONCRETE PAVING
PROPOSED CONCRETE PAVING
EXISTING CONCRETE PARKING
PROPOSED CONCRETE PARKING


EXISTING SANCTUARY BUILDING 4,175 SF FF=100.0
1,225 SF FF = 90.80 MAIN FLOOR: 2,320 SF FF = 99.70
22.67'
32.33'
PROPOSED PORTICO 733 SF
PROPOSED FAMILY LIFE CENTER 8,338 SF
PROPOSED 5' SIDEWALK
101.25'
126.25'
40' SIDE YARD
EXISTING SEPTIC TANK DRAIN LINES
50' REAR YARD
20'
25'
50'


Clear Creek Baptist Church
Lot # 7004-B
139-241-02
POLE
POLE
POLE
O.H. ELEC.
TEL.
4"
EXISTING
ADDITION
EXISTING
EXISTING
ADDITION
698
698
698
698
698
698
NEW C. WALK
699
699
699
698
CONC. STONE PARKING
O.H. ELEC. & TEL.
POLE
O.H. ELEC. & TEL.
CLOSE END ST.
2x8 CLG. JOISTS


N. 38. 47 E 430.18'
688
690
692
694
POLE
WELL
SEPTIC SYSTEM
O.H. ELEC.
4"
EXISTING
ADDITION
EXISTING
TEL

ACS

Drew

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$110.00 ck# 6041 4/19/04 Q

[ ] 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 7004A

PERSON FILING APPLICATION:

NAME: McManus (last) Vann (first) E (mi)

ADDRESS: 709 Sikes Mill Rd PHONE: (704) 289-6056 704 622 7300 M 704 291 4196 Pgr

CITY: Monroe STATE: NC ZIPCODE: 28110

Date: 4-16-04

PROPERTY OWNER:

NAME: Clear Creek Baptist Church (last) (first) (mi)

ADDRESS: 9015 Fergusons Rd PHONE: (__) My #'s

CITY: Mint Hill STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 13926250

STREET ADDRESS: 9015 Fergusons 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: See Plot PAPERWORK LOT SIZE (in acres): 1947 1969

TYPE APPLICATION (check one):

[ ] [redacted]
[ ] 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 Church Bldg

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Church Fellowship Bldg # 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 New Fellowship Bldg

The undersigned, owner, or legal agent for the owner, of the property d
foregoing application, acknowledges that the contents of same are true, and
DEPARTMENT to enter onto the property for the purpose of processing this re

Signed: Vann McManus Date: 4/6/04

VANN McMANUS
709 Sikes Mill Road
Monroe NC 28110
704 289-6056 OFF
704 622-7300 MOB
704 291-4196 Pgr
704 296-0411 FAX

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPAR
the Request for the Job Location contained in this document. This approval
And Rules For Sanitary Sewage Collection, Treatment And Disposal in effec
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.

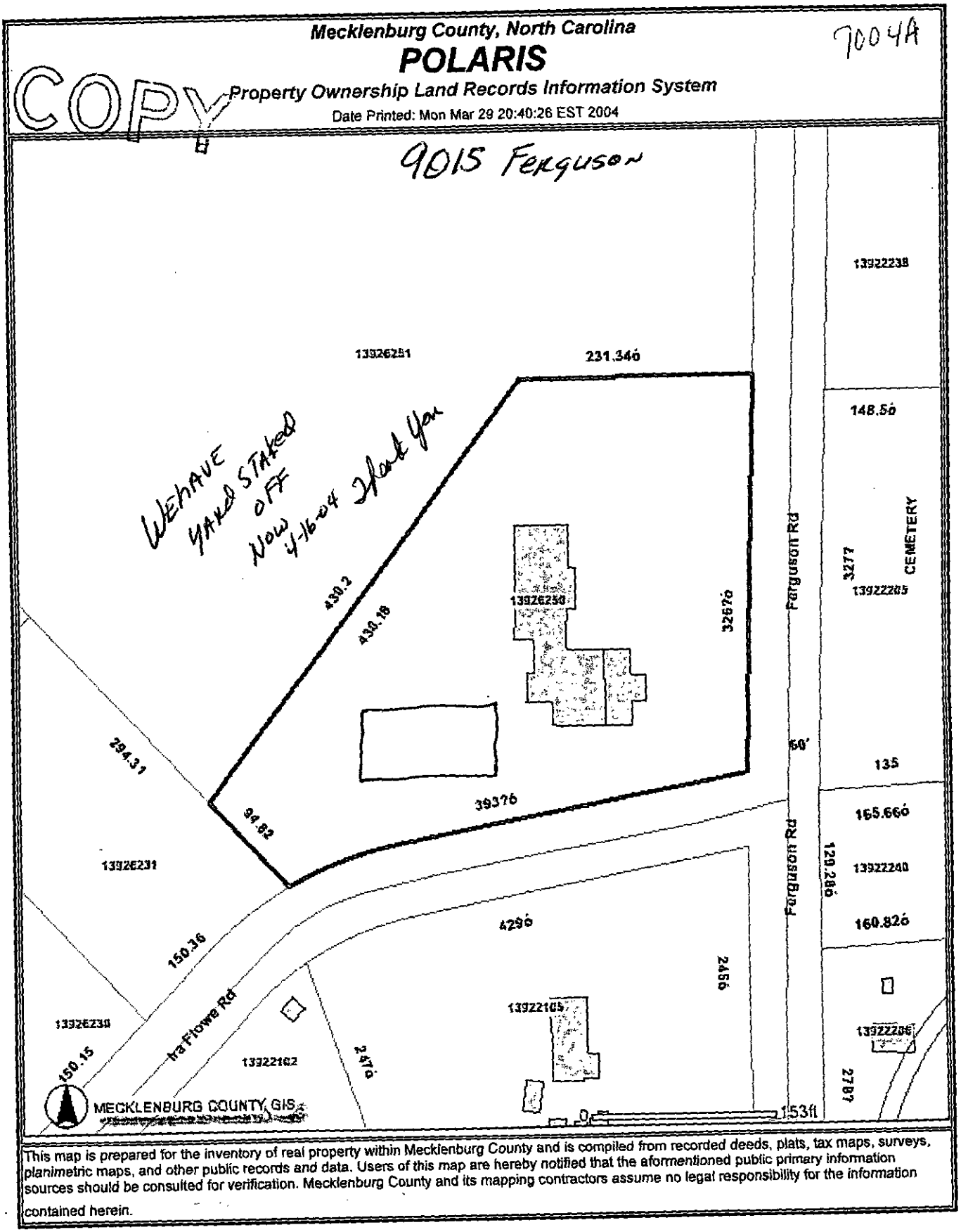
[ ] IMPROVI
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...6-23-04 BOB McCARVER LOCATED DRAWINGS -
CUT-OFF 10' OF 3 LINES W/ BENTONITE -
EXISTING SYSTEM ALL DRY, - WILL SUFFICE
FOR EXISTING CHURCH - OK TO USE EXISTING SYSTEM

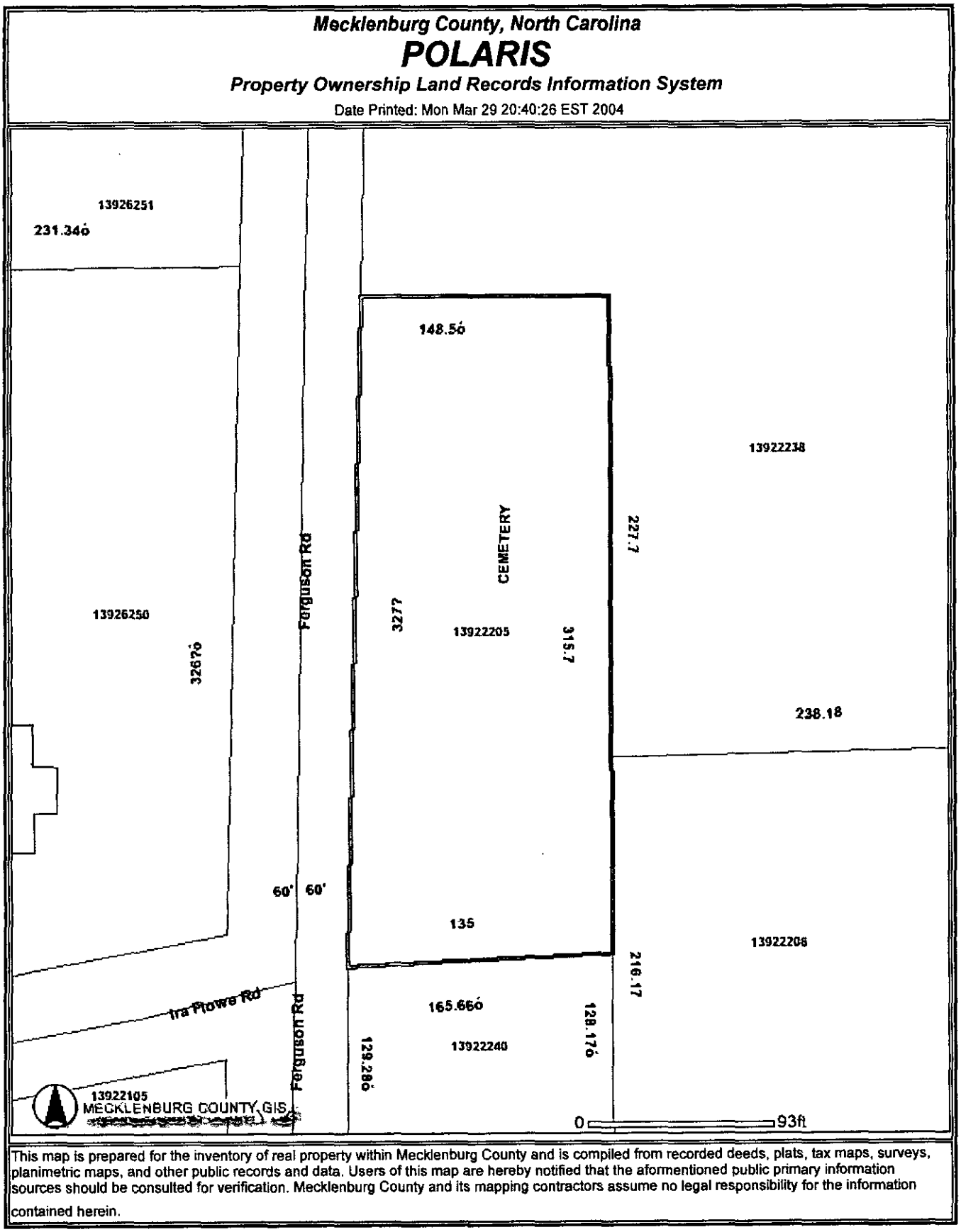
Environmentalist 6-23-04 Date

WATER : 122791

Not on WJ



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/19/04	**Amount:**	100.00
Receipt #:	25116	**Tendered:**	100.00
Check / Auth #:	CHECK 5041	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: CLEAR CREEK BAPTIST CHURCH IN
Attn:
Address: 9015 FERGUSON ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 9015 FERGUSON ROAD		1	100.00	100.00

Outstanding Balances

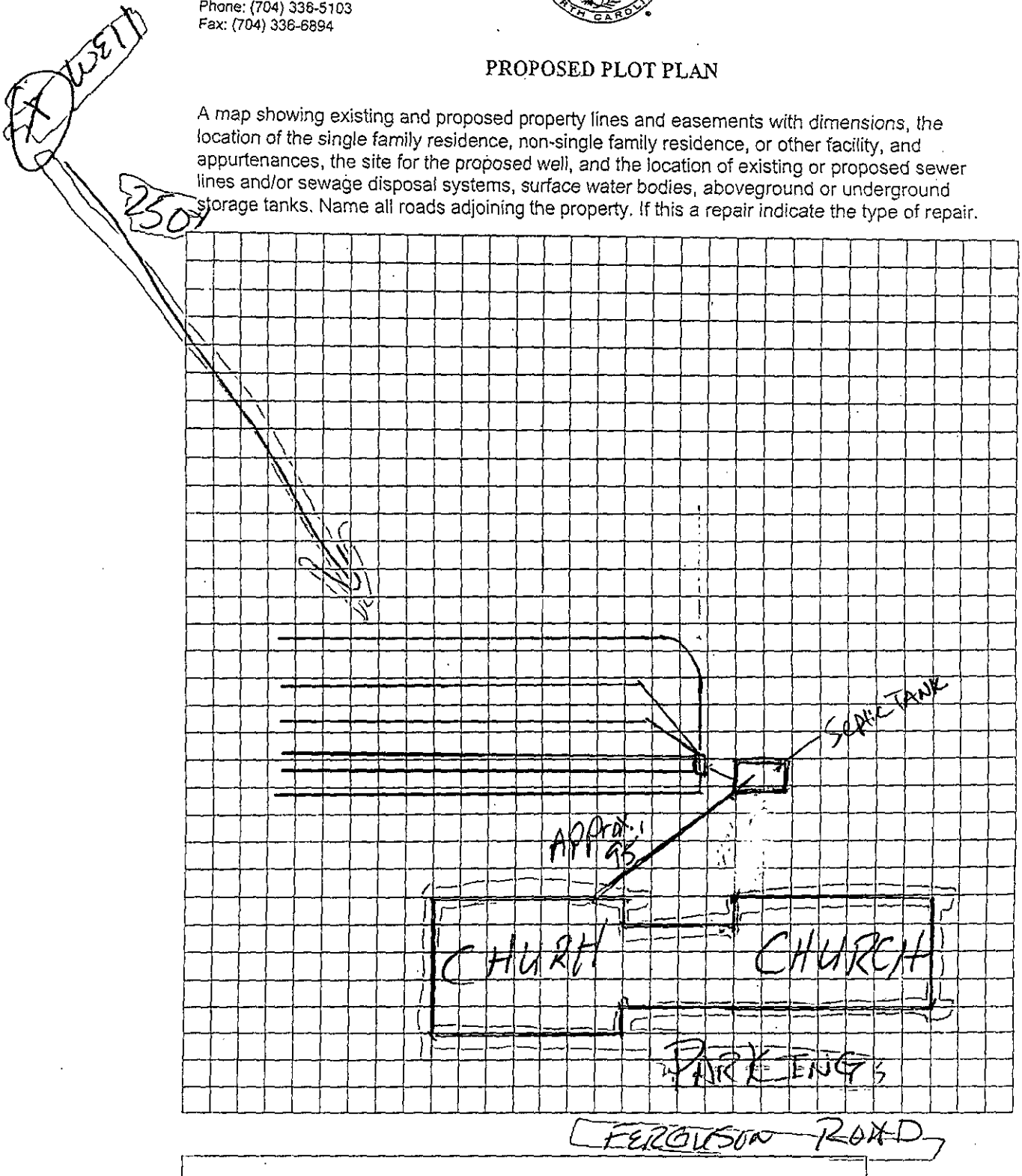
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-30.00					

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 7004A
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date

LBC 12/15/04

Vann's Welding & Ornamental Works, INC.
709 Sikes Mill Rd * Monroe, Nc 28110
Phone: 704-289-6056 (24 hrs) * Fax: 704-296-0411
Pager: 704-291-4196 * Nextel: 21*37300

5-15-04

Mr Walker,

Please Call me

We have gotten SOMEWHERE on Paperwork

For church weive voted to build

I need your help

Thanks

Vann

704 622-7300 Mon

704 291-4196 Pgr

Drew COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$180 ck# 6041 4/19/04 ☐ 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 7004A

PERSON FILING APPLICATION:
NAME: McManus (last) Vann (first) E (mi)
ADDRESS: 709 Sikes Mill Rd PHONE: (704) 289-6056 704 622 7300 704 291 4196 Pgr
CITY: Monroe STATE: NC ZIPCODE: 28110

Date: 4-16-04

PROPERTY OWNER:
NAME: Clear Creek Baptist Church (last) (first) (mi)
ADDRESS: 9015 Fergusonrd PHONE: (___) My #'s
CITY: Mint Hill STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 13926250
STREET ADDRESS: 9015 Fergusonrd
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: See Plot PAPERWORK LOT SIZE (in acres): 1947 1969

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☑ OTHER Church Bldg

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Church Fellowship Bldg # 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 New Fellowship Bldg

The undersigned, owner, or legal agent for the owner, of the property d
foregoing application, acknowledges that the contents of same are true, and
DEPARTMENT to enter onto the property for the purpose of processing this re

Signed: Vann McManus Date: 4/6/04

VANN McMANUS
709 Sikes Mill Road
Monroe NC 28110
704 289-6056 OFF
704 622-7300 Mob
704 291-4196 Pgr
704 296-0411 FAX

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPAR
the Request for the Job Location contained in this document. This approval
And Rules For Sanitary Sewage Collection, Treatment And Disposal in effec
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.

...

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

Environmentalist Date

WATER : 12279

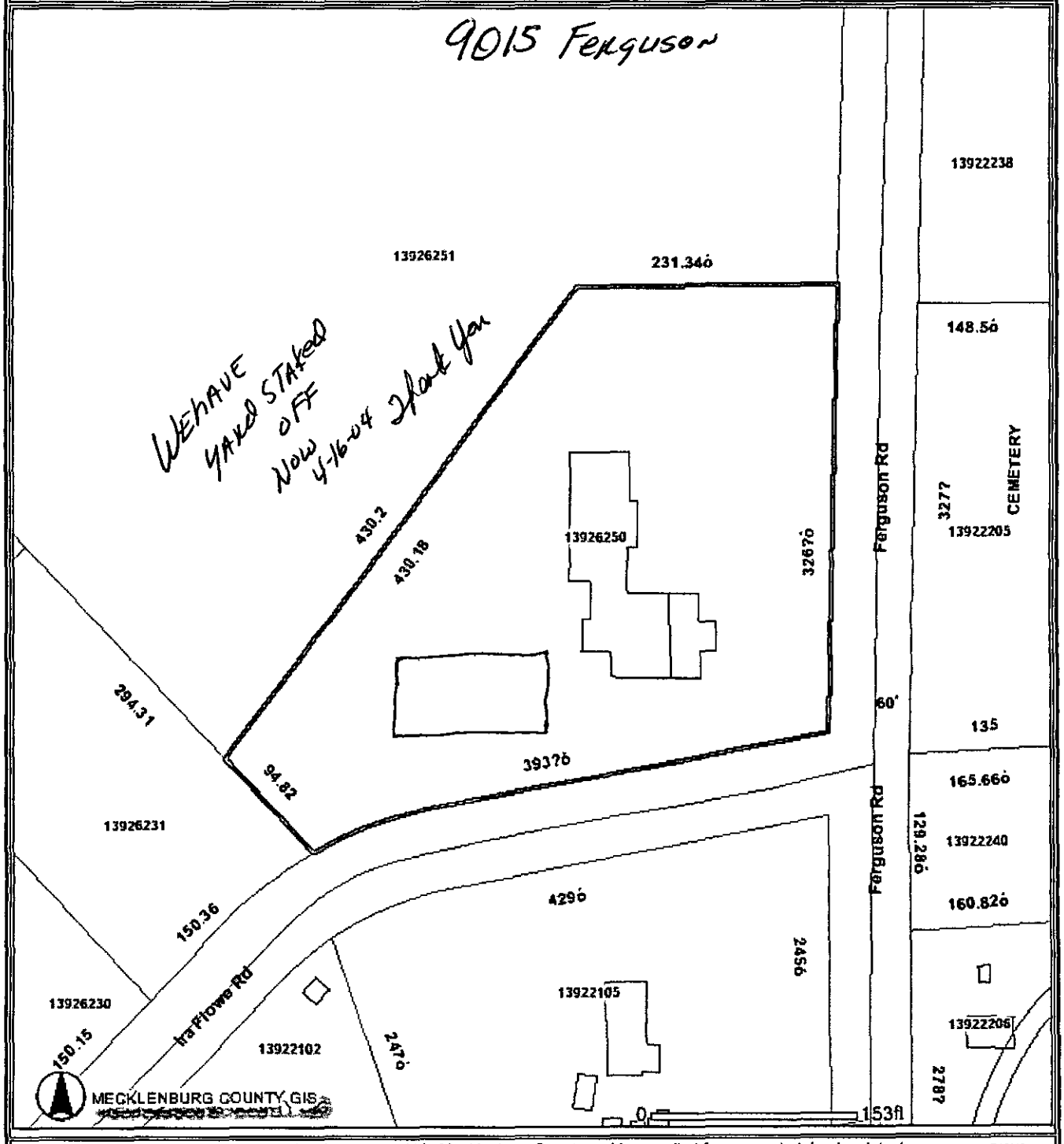
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Mar 29 20:40:26 EST 2004

7004A



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

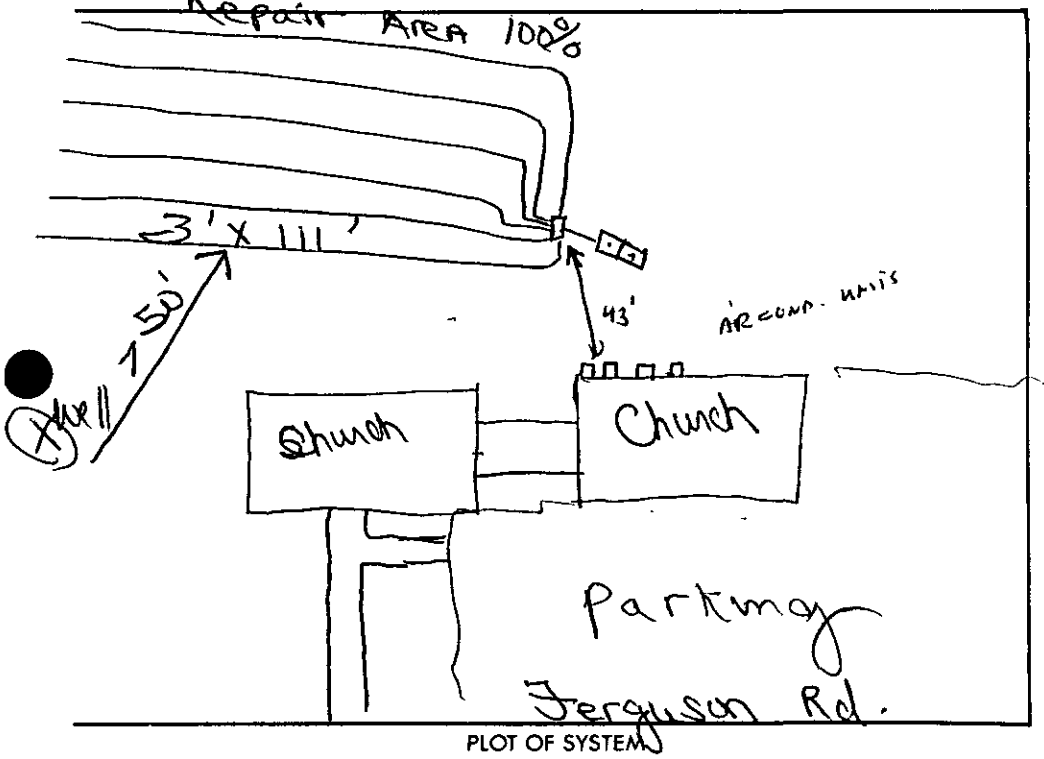
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7004-A DATE: 9/11/90

TO 39-241-02 PT

SERIAL Nº 14677

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 9/5/90. All work shall be completed on or before 10/11/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 666 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Clear Creek Baptist Church

LOCATION OF PROPERTY 9017 Ferguson Rd

Comments: Install 6 Trenches 3' x 111' x 12" Stone

Division or Section Head

Environmentalist

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7004 A DATE: 9/14/90

TC: 139-241-02 ☐ L ☒ CRT

SERIAL № 13537

Name of Owner Clear Creek Baptist Church Juris.:

Address of Property 9017 Ferguson Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 666

Number of Lines 6 @ 111

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 9/14/90

Tank(s) Inspected 9/14/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1990, Alteration, 1500ST, 1998SFT, CON, 12"Gravel CTR# 117

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: System designed for ~~[illegible]~~ church (350 seats)

Philip S. Walker R.S.
Environmentalist

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

Duplicate

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: 7004A

TC: _____

SERIAL: № 19907 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: @ 9015 (STREET NO.) Ferguson (STREET) Rd ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Clear Creek (FIRST) Baptist (MIDDLE) Church (LAST)

⑨ MAILING ADDRESS: 9015 Ferguson Rd.

⑩ CITY: Charlotte NC ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) Improvement Permit

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? _____

㉓ Maximum occupancy? _____

㉔ Basement? ☐ yes ☐ no

New Pastor's Study & Restrooms
No Sanctuary Seating Increases

㉑ ☑ Business or place of public assembly

㉕ Type? Church

㉖ Maximum number of employees? _____

㉗ Maximum number of seats? 200

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

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

Signed: _____

Date: _____

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. May use existing system

Environmentalist — Date 9/18/90

Director or Authorized Section Head — Date 9/18/90

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

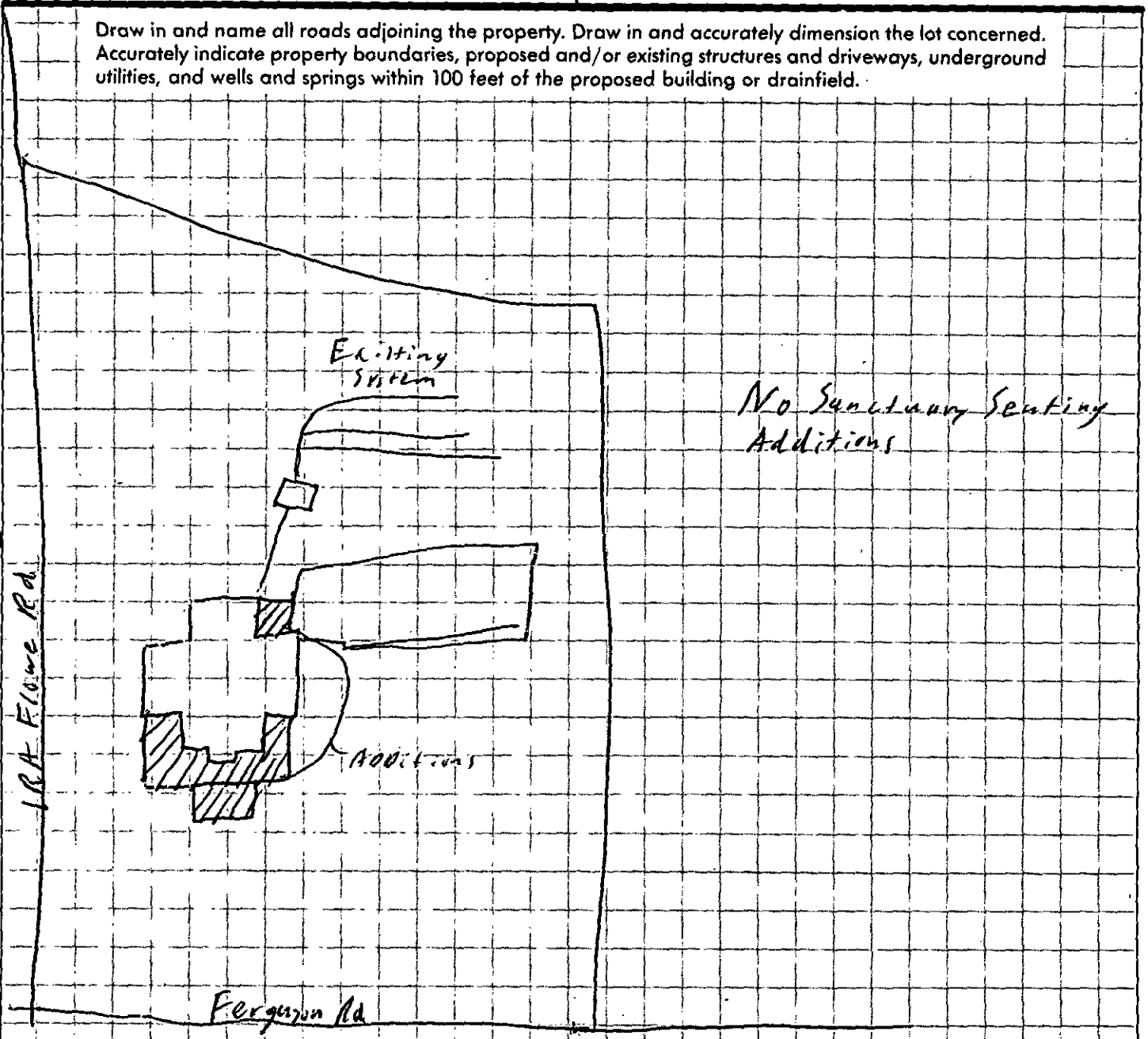
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



APPROVAL DATE _____

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

Mecklenburg County
Health Department

August 30th, 1990

Clear Creek Baptist Church
9017 Ferguson Road
Charlotte, NC 28227

RE: Property located at 9017 Ferguson Road
FILE: 7004A
PARCEL: P0139-241-02

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 18099) is enclosed for your information.

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

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

Very truly yours,

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

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18099

File: 10048 Action 1

Parcel: 20 139-24102 PC

Location: 9017 Ferguson Rd.

Subdivision:

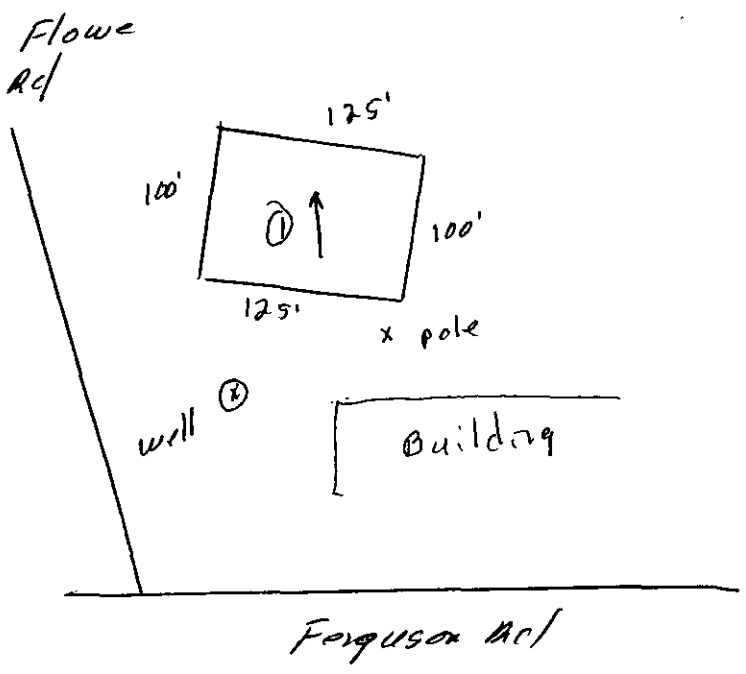
Lot: Block: Acres: Approx. .28

Owner: Clear Creek Baptist Church
Address: 9017 Ferguson Rd.

Comments: additional area available

Described by:

Date:



***** 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 U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To wet	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Georgeville-Lino					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

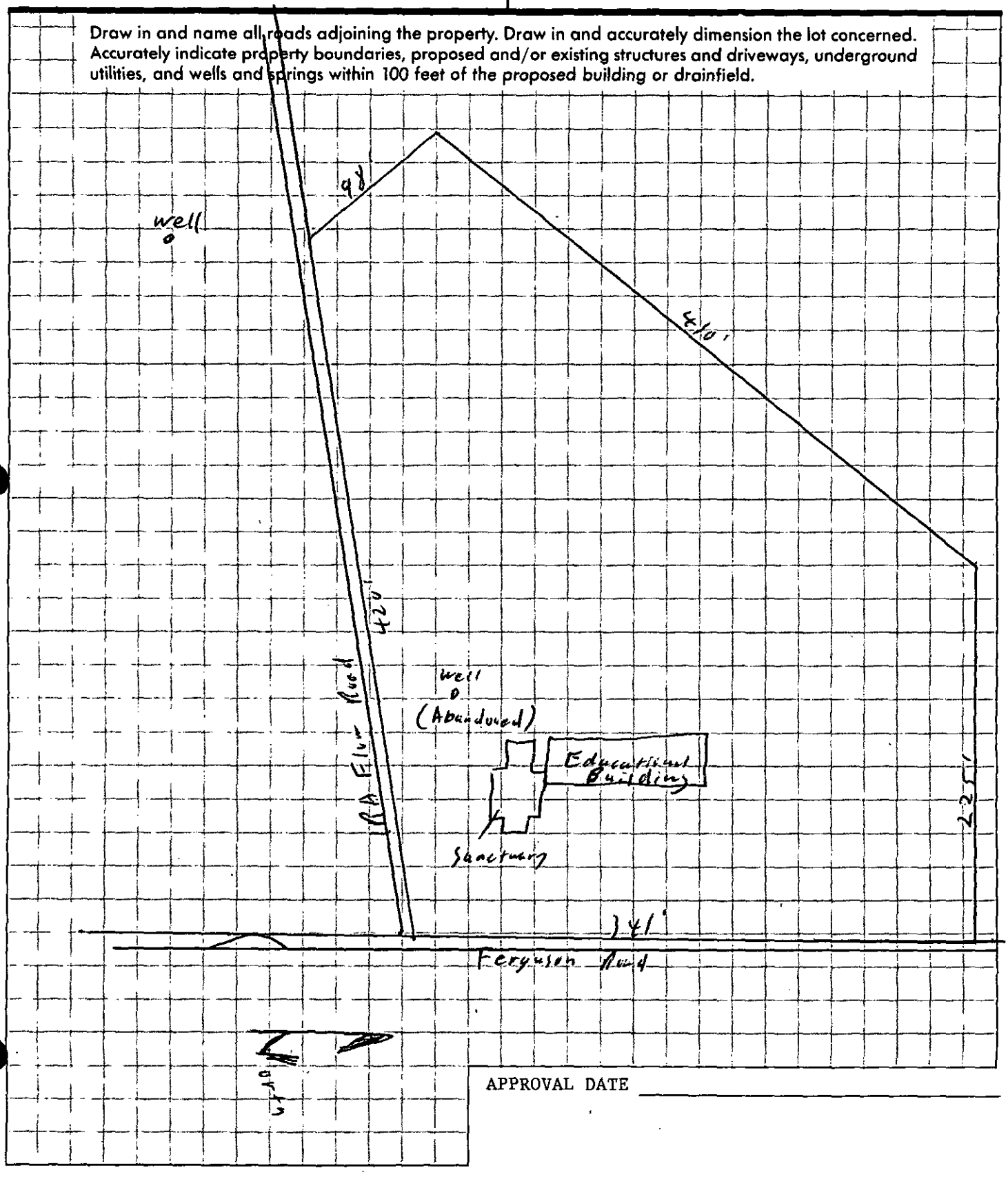
PROPOSED PLOT PLAN

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

FILE: 7004 A

TC: 139-241-02

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



APPROVAL DATE _____

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

$50 per acre

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

7004A

FILE: ~~6820 A~~

TC: PO 139-241-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9017 Ferguson Road

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

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

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

OWNER

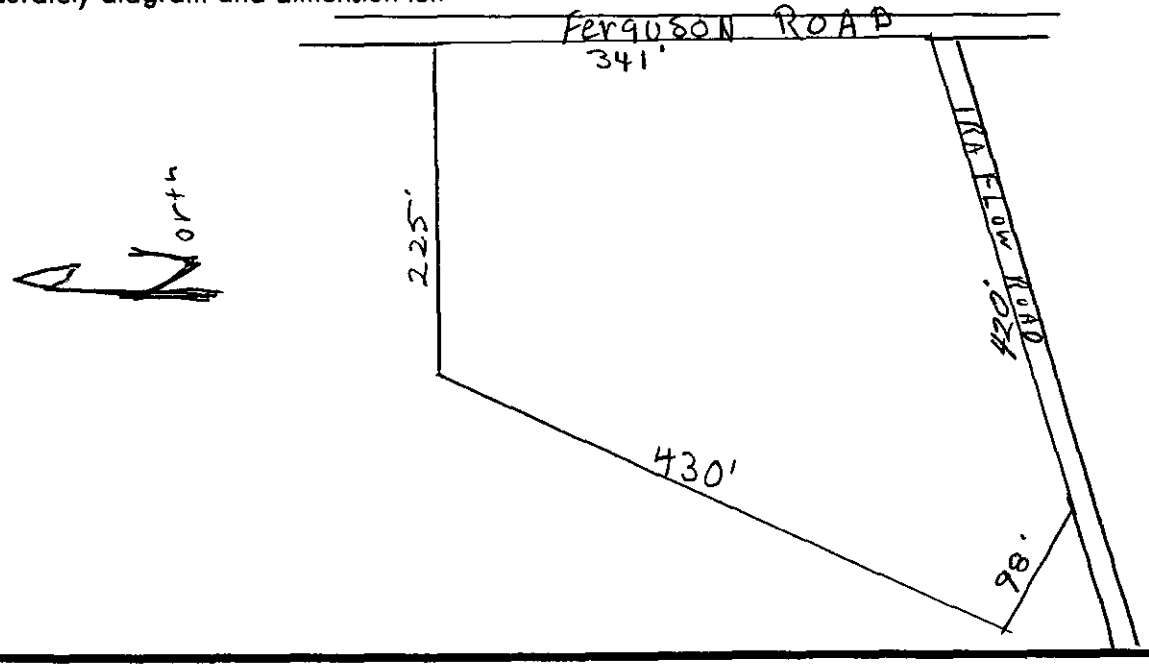
⑦ NAME: Clear Creek Baptist Church
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 9017 Ferguson Road

⑨ CITY: Charlotte, ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.



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

Signed: Keith W. Mullis (Clm Bldg Cmnt.)

Date: August 20, 1990

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-21-90

Name/Company: Clear Creek Baptist Church

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Soil test (2.5 acres)
9017 Ferguson Rd.

MECKLENBURG CO.
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

File No. ~~68207~~ 7004A

Fee AUG 21 1990 $ 125.00

~~cash~~ #2970
~~$~~ 125.00

NOTICE:

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

Completed by

Collected by

$1/300 W.T.

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: 7004-A
TC: 139-241-02
SERIAL: № 21164

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9017 (STREET NO.) Ferguson Road (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 139-241-02
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Clear Creek (FIRST) Baptist (MIDDLE) Church (LAST)
⑨ MAILING ADDRESS: 9017 Ferguson Road
⑩ CITY: Charlotte (Office) ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 545-6608 ⑭ (HOME) 545-3059 (Parsonage)

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?
㉕ Type? Church
㉓ Maximum occupancy?
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 350

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: [signature]

Date: 09-05-90

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.

Environmentalist / Date

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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-6-90

Name/Company: Dennis Reynolds

RECEIVED
SEP 1990

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App Imp - New
9017 Ferguson Rd.

File No. 7004A

Paid
09.06.90
#3028
$300.00

Fee: $ 300.00

NOTICE:

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

Completed by

Collected by

G COUNTY HEALTH DEPARTMENT
ATION REPORT
UMBER 18099

File: 7004A Action 1

Parcel: R0 139-24102 PC

ion: 9017 Ferguson Rd.

Subdivision:

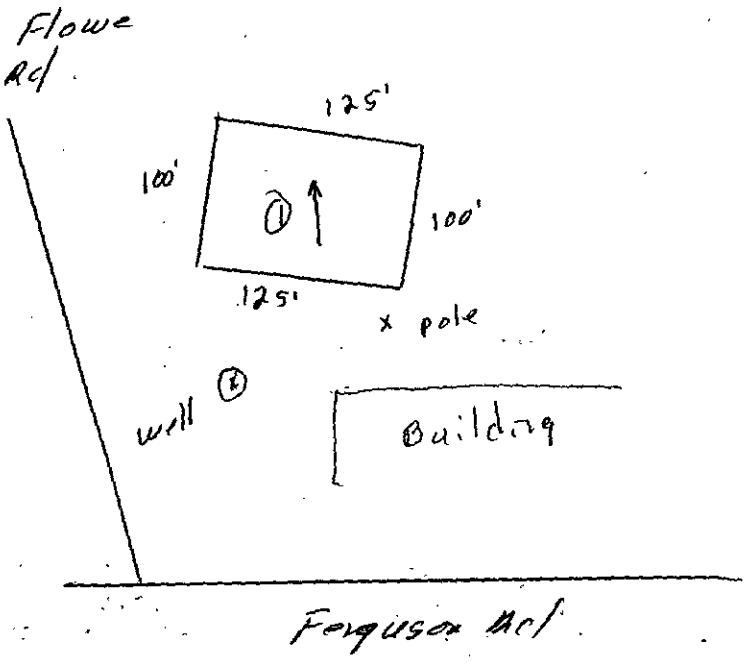
Lot: Block: Acres: Approx. .28

Owner: Clear Creek Baptist Church
Address: 9017 Ferguson Rd.

Comments: additional area available

Described by:

Date:



***** 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 U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-46" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7-46"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-46"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Grenville-Lind					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U