


10220 EASTFIELD RD

02718203

9/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21461 DATE: 4-27-05

TC: 021-182-03 ☑ L ☒ CRT

SERIAL 19824

Name of Owner INDEPENDENCE HILL BAPTIST CHURCH Telephone.: _____

Address of Property 10220 EASTFIELD ROAD.

**Inspection Data:**

Tank Material EXISTING

Total Length of Drainfield 528

Number of Lines 2 BEDS @ 9'x88'

Cover Depth 12"

Water Supply Source MUNICIPAL

Distance to Water Source >10'

Excavation Inspected 4-27-05

Tank(s) Inspected 4-27-05 1

Wash Line Inspected —

High Water Alarm Inspected —

SEE ORIGINAL PLOT PLAN.

PLOT

Design ALTERATION FOR CHURCH ADDITION 2 BEDS 5'x88' 12" AGGREGATE CTR# LEJUN BRATON

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: TYPE II

TIRE CHIP AGGREGATE USED.

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: 21461 DATE: 4-13-05

TC: 027-182-03 ☑ L

SERIAL 19976

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 4-15-05. 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 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.

SBE
IMPROVEMENT
PERMIT

PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction _____

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 2 (9' x 58') feet

Trench Walls Scored and Porous yes

Total Line Length 525 feet

Number of Lines 2

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 INDEPENDENT HILLS BAPTIST CHURCH

LOCATION OF PROPERTY EASTFIELD ROAD

Comments: _____

Environmental Health Specialist

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

## CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 21461 Tax Number: 027-182-03

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

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate (GPD/ft^2) | 840 Max gallons/day wastewater flow | 1524 Absorption Area (ft^2) | 9 Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☐ Yes ☒ No | NA Gallon septic tank | 528 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 | ____ Gallon pump tank | 17 Depth of stone (in) | |

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **No food service facilities are to installed in the new construction.**

**Repair Area System**

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

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

| | | | |
|---|---|---|---|
| 2800 Absorption Area (ft^2) 933 Total trench length (ft) | 17 Depth of stone (in) | 9 Trench spacing (min. on centers) (ft) | 36 Maximum trench depth (in) |

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH 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 in effect at the time of issuance of the permit and is subject to the following provisions:

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

*** This Improvement permit is transferable.

3-17-05

DENR Authorized Agent Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

Owner/Agent Signature Date

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

FEE: _____
DATE: _____

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
## VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE ACS

PERMIT NUMBER: 21461
PARCEL NUMBER: 027-182-03

JOB LOCATION ADDRESS: 10220 Eastfield Drive
PROPERTY OWNER: Independence Hill Baptist Church
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: J.Andrew Walker RS DATE: 03/17/05

DENR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 21461, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Pump tank and check condition of "T"
   No food service facilities are to be installed in new construction.
   All parts of septic system to be 100 feet from all wells.
   _____
   _____

## OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITSAND AUTHORIZATION TO CONSTRUCT.

_____ _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $300 CC# 017538 3/17/04 EJ CRT

Drew

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

(704)336-5102 2146l

Date:

PERSON FILING APPLICATION:
NAME: Davis (last) Thomas (first) B (mi)
ADDRESS: 9024 Brown Rd PHONE: (704) 875-6818
CITY: Charlotte STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 027-182-03
STREET ADDRESS: 10220 Eastfield Rd
ZONING:

PROPERTY OWNER:
NAME: Independence Hill (last) Baptist Church (first) (mi)
ADDRESS: 10220 Eastfield Rd PHONE: (704) 596-2124
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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)
Family Life Center
[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: 280 seats
Type Business Church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) 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 [X] Other Worship & Classrooms

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: Thomas B Davis Date: 3/17/04

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.

... 3-25-04 OSV- I BELIEVE JOHN IS SPACE NUMBER I WILL NEED MORE DEFINITE PLANS-

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

Date

Environmentalist

WATER : 122791

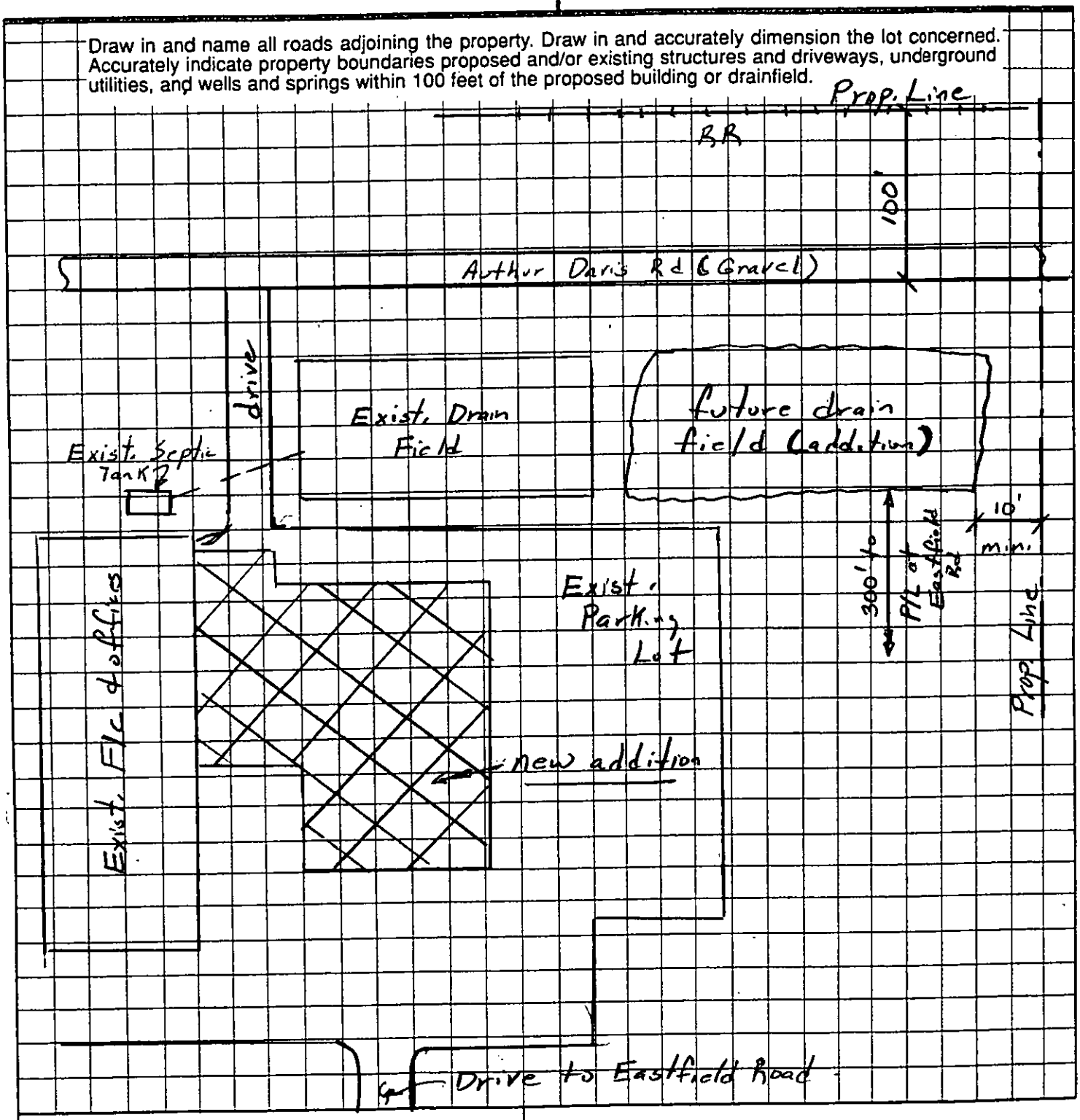
# PROPOSED PLOT PLAN

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

FILE: 21461

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.




Thomas B Davis
OWNER/AGENT SIGNATURE

DATE 3/17/04

APPROVAL DATE _____

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

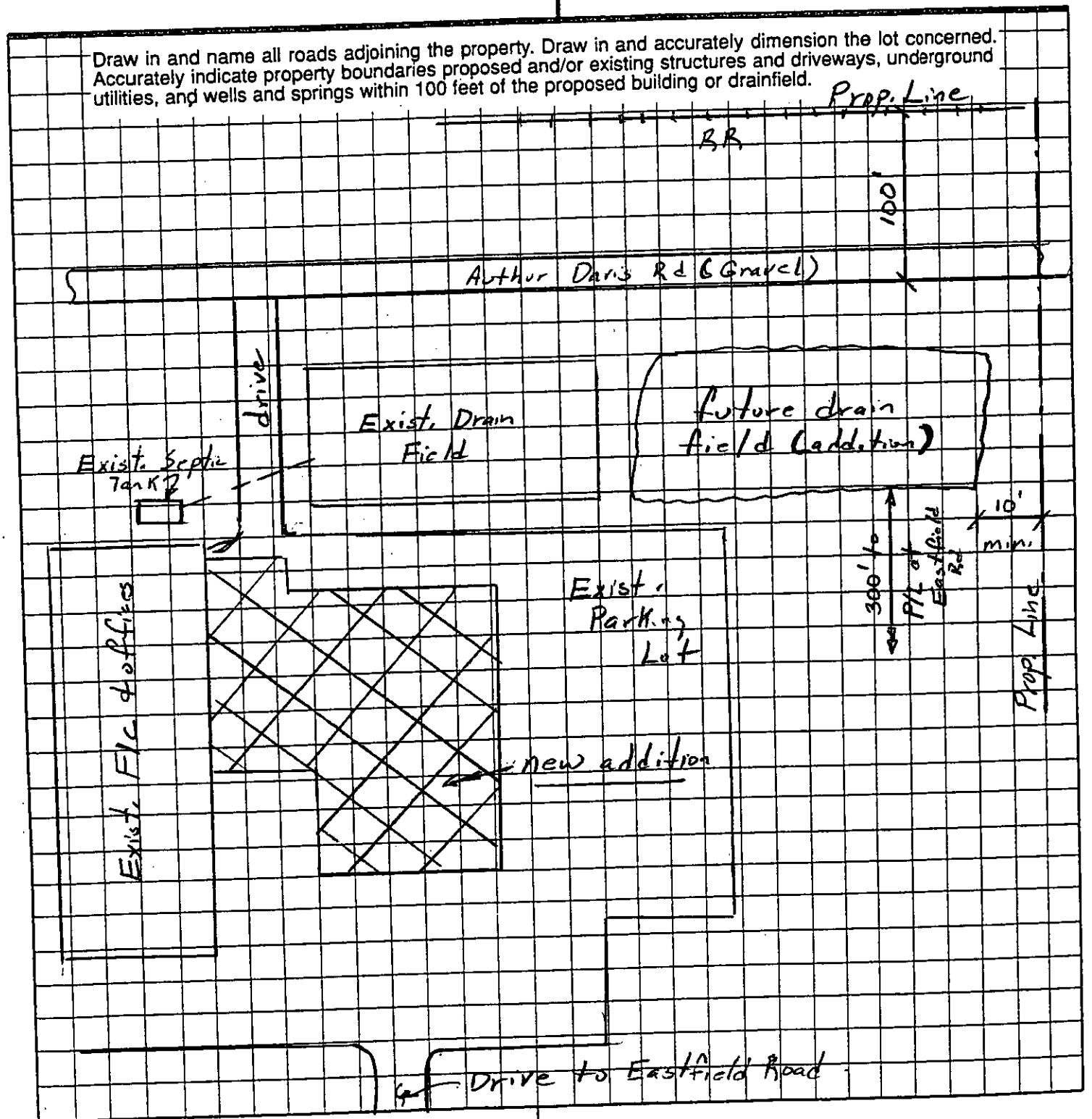
# PROPOSED PLOT PLAN

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

FILE: 21461

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.




Thomas B Davis
OWNER/AGENT SIGNATURE

DATE 3/17/04

APPROVAL DATE _____

Canary - E.H.S. Copy

Pink - Owner's Copy

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 03/17/04 | **Amount:** | 300.00 |
| **Receipt #:** | 24293 | **Tendered:** | 0.00 |
| **Check / Auth #:** | MC 017538 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** 200000
**Contractor:** INDEPENDENCE HILL BAPTIST CHU
**Attn:**
**Address:** 10220 EASTFIELD RD
**Address:**
**City/State/Zip:** HUNTERSVILLE, NC 28078

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0706 | MH Exc/Add/Repl w/System Mod<br>10220 EASTFIELD RD/FILE 21461 | | 1 | 300.00 | 300.00 |

----------Outstanding Balances----------

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

This is for ?


MECKLENBURG
COUNTY
GOVERNMENT

J. ANDREW WALKER, R.S.
Environmental Health Specialist
Health Department

700 N. Tryon Street, Suite 211
Charlotte, NC 28202
Office: 704-336-5573
Fax: 704-336-6894
walkeja@co.mecklenburg.nc.us

added approx 54 rs 99 by L. Barton

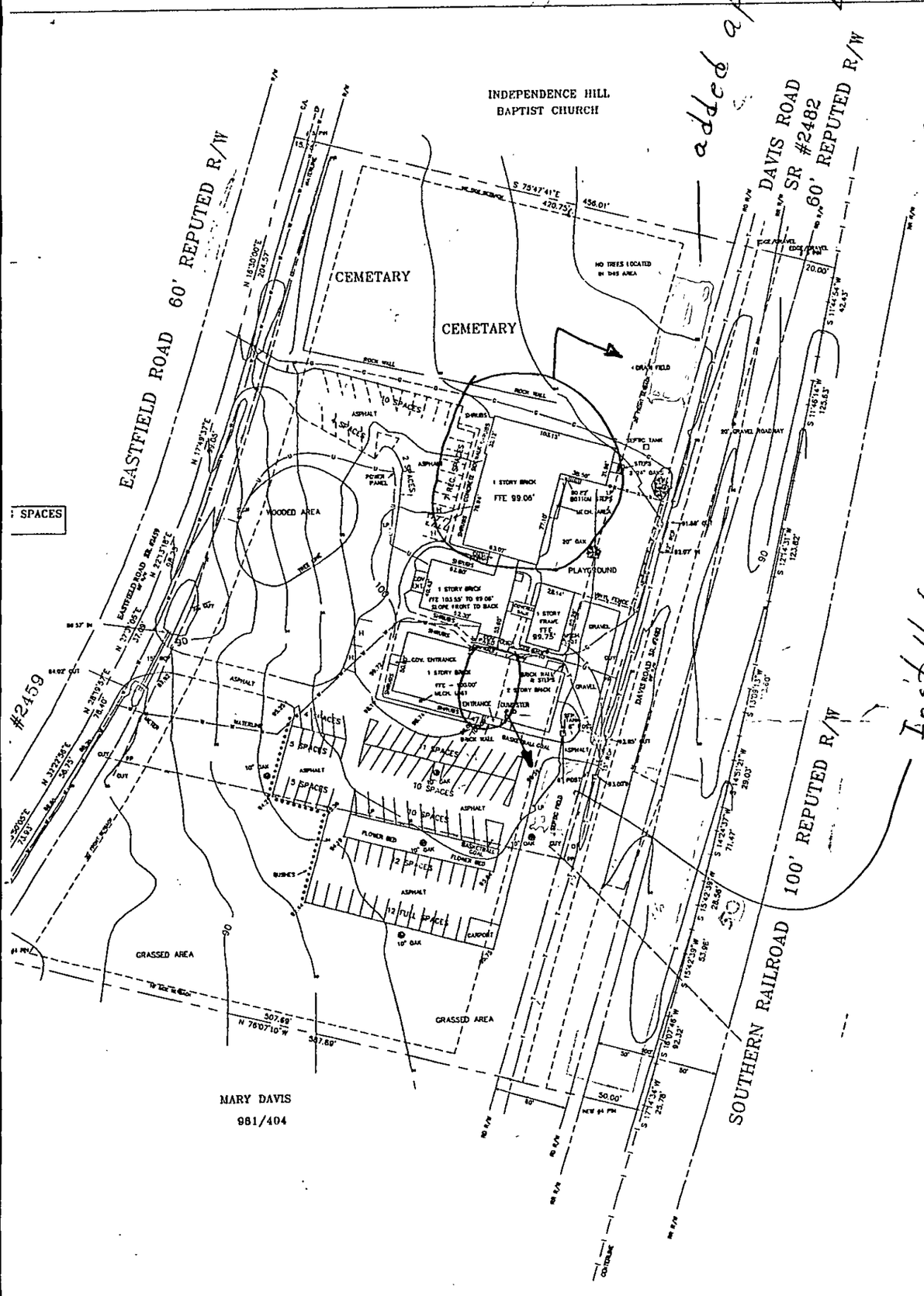
TOPOGRAPHIC SURVEY
FOR
INDEPENDENCE
BAPTIST CHUI

MALLARD CREEK TWSP. MECKLENBU
NOVEMBER 8, 2003 — SCALE
RONNIE DEDMON SURVEYOR


RONNIE DEDMON, PLS
CHUCK POOVEY, PLS
ROBERT DEDMON, PLS
PHILLIP HARRIS, PLS
4837 NORTH HIGHWAY
P. O. BOX 494 DENVER, N.
(704) 483-4908


SEE DEED 4969/859, 873/330 &

8.160 AC. INCLUDED IN THI




Installed in 1985

Existing Conditions

NORTH CAROLINA
PROFESSIONAL
SEAL
L-3762
LAND SURVEYOR
DAVID CHARLES POOVEY

SPACES

D AND PROVIDED BY OTHERS AND IS
OR REFERENCE ONLY.

OF ALL DEBRIS.

## SEQUENCE OF OPERATION

1. CONTRACTOR TO COORDINATE ALL SCHEDULES WI SUBMIT SEQUENCE TO OWNER FOR REVIEW AND APP

2. PEDESTRIAN TRAFFIC TO REMAIN IN A SAFE MA NEW CONSTRUCTION.

3. EMS/FIRE ACCESS NEEDS TO REMAIN FOR ALL CONSTRUCTION.

4. TEMPORARY OVERFLOW PARKING WILL NEED TO THROUGHOUT CONSTRUCTION.

REMAIN

ASPHALT PAVEMENT TO BE REMOVED AS SHOWN, COORD. WITH LAYOUT PLAN

EXISTING SHRUBS TO REMAIN, TYP.

EXISTING TREE TO REMAIN, TYP.

WATERLINE W

WOODED AREA

EXISTING UTILITY TO BE RELOCATED

ASPHALT PAVEMENT TO BE REMOVED AS SHOWN, COORD. WITH LAYOUT PLAN

EXISTING SHRUBS TO BE REMOVED, TYP.

PAVEMENT TO REMAIN

WALK TO REMAIN

Office Area

SIDEWALK TO BE REMOVED AS SHOWN, COORD. WITH LAYOUT PLAN

1 STORY BRICK FFE - 100.00'

1 STORY BRICK FFE 103.55', TO 99.06' SLOPE FRONT TO BACK

1 STORY BRICK FFE 99.06'

EXISTING TREE TO BE REMOVED

TREE PROTECTION FENCE, TYP.

STEPS TO BE REMOVED

2 STORY BRICK

1 STORY FRAME FFE 99.75'

EXISTING POLE TO BE REMOVED, TYP.

CARPORT STRUCTURE TO BE REMOVED, TYP.

TREE PROTECTION FENCE, TYP. (S-1, C-6)

EXISTING POLE TO BE REMOVED, TYP.

EXISTING PAVEMENT TO REMAIN AS SHOWN

EXISTING TREE TO REMAIN, TYP.

PAVEMENT TO BE REMOVED AS SHOWN, COORD. WITH LAYOUT PLAN

30' FRONT SETBACK

10' SIDE SETBACK

S 75°47'41"E 420.75'

456.01'

15" RCP

12" RCP

93.00' IN

92.85' OUT

92.07' IN

91.88' OUT

DAVIS ROAD SR. #2482
60' R/W

20' GRAVEL ROADWAY

20.00'

Area available for addition field if req'd

S 16°07'46"W 92.32'

S 15°42'39"W 53.96'

S 15°42'39"W 28.56'

S 14°24'37"W 71.47'

S 14°51'21"W 29.03'

S 13°09'13"W 113.60'

S 12°14'31"W 123.82'

S 11°46'14"W 125.63'

S 11°44'54"W 42.43'

Current conditions (survey)

SCALE 1"=30'

Existing Septic tank 1500 gal

new restrooms

2 fixture Existing Men

3 fixture Women

EXIST. MULTI-PURPOSE

EXISTING KITCHEN

EXIST. CORR.

EXIST. MULTIPURPOSE

CLASSROOM 116

CORR 112

WOMEN 114

MEN 115

JAN 113

GATHERING 110

CORRIDOR 111

STAGING AREA 107

CHANCEL 106

STAGING AREA 108

RAMP 109

SANCTUARY/ MULTIPURPOSE 105

STAIR 104

CLASSROOM 103

LOBBY 100

CLASSROOM 102

CLASSROOM 101

LEGEND: T.B = TACKBOARD M.B = MARKERBOARD

## FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

1 A101

STAIR 104

SOUND BOOTH 200

MECH 204

EQUIPMENT ROOM 203

OPEN TO BELOW

## SOUND BOOTH - SECOND FLOOR PLAN

SCALE: 1/8" = 1'-0"

REMOVE INTERIOR STUD WALL

REMOVE WOOD DOOR & FRAME

REMOVE CMU WALL

## DEMOLITION OF EXISTING BUILDING

SCALE: 1/8" = 1'-0"

125

WATERLINE

EXISTING PAVEMENT

ALIGN DRIVE WITH EXIST. PAVEMENT

3 C7 ASPHALT PAVEMENT

R20'

WOODED AREA

ASPHALT PAVEMENT 3 C7

ALIGN EDGE WITH EXISTING PAVEMENT

EXISTING PAVEMENT

26

ALIGN EDGE WITH EXISTING PAVEMENT

10' SIDE SETBACK

S 75°47'41"E 420.75'

456.01'

22

new 112 TBD

Existing

99

New 12 26 12 18 6 11

9 PARKING SPACES

12 PARKING SPACES

13 PARKING SPACES

6 PARKING SPACES

20' 9.5' 20'

CONCRETE STEPS 6 C7

ALIGN WALK WITH EXISTING WALK

EXISTING SIDEWALK

CONCRETE SIDEWALK 2 C7

ALIGN WALK WITH BLDG. CORNER

HANDICAP PARKING SIGN 5 C7

CONCRETE STEPS 8 C7

NEW BUILDING

CENTER WALK ON DOOR CENTER

99

50.00'

1 STORY BRICK FFE - 100.00'

133.19'

40.43'

1 STORY BRICK FFE 103.55' TO 99.06' SLOPE FRONT TO BACK 52.30'

52.80'

55.60'

1 STORY BRICK FFE 99.06'

2 STORY BRICK

1 STORY FRAME FFE 99.75'

28.14'

50.29'

DUMPSTER 4 C7

CONCRETE SIDEWALK 2 C7

SEE ARCH. FOR BLDG. STEPS

ALIGN WALK WITH BLDG. STEPS

3 C7 ASPHALT PAVEMENT

160'35

existing septic tank

EXISTING

8 C7 CONCRETE SIDEWALK

1 C7 CONCRETE PAD

30' FRONT SETBACK

15" RCP

93.00' IN

92.85' OUT

DAVIS ROAD SR. #2482
60' R/W

12" RCP

92.07' IN

91.88' OUT

20' GRAVEL ROADWAY

S 11°46'14"W

S 11°44'54"W 42.43'

ALIGN DRIVE WITH EXIST. GRAVEL DRIVE

45

existing field

50.00'

50'

15'

20.00'

Area for addition field if needed

SUPERVISION

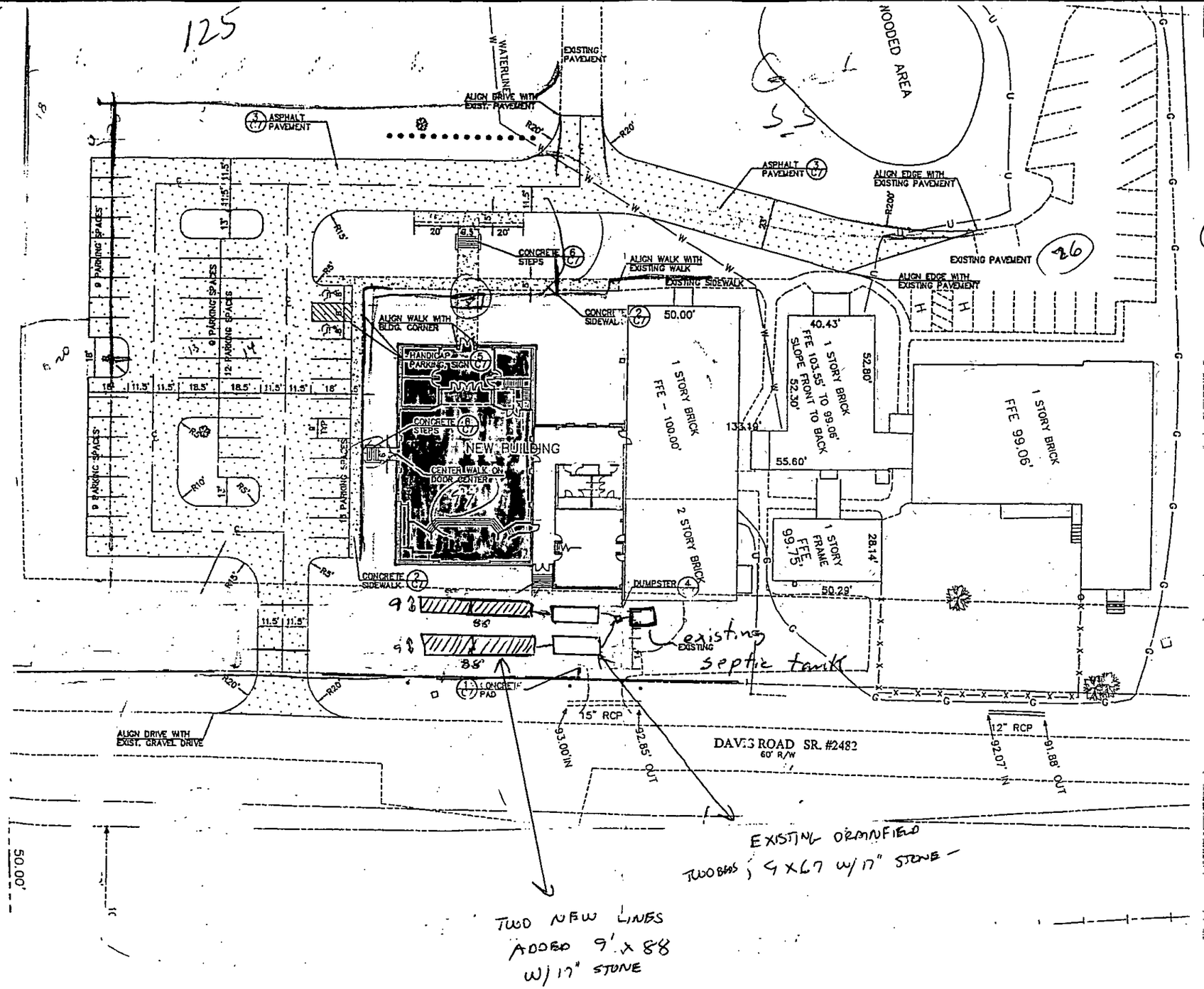
TOTAL E
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SITE

GENERAL N
1 TRAFFIC
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1 SEE ARC
LOCATIONS
1 ROADWA
OTHERWISE
1 SEE ARC
ADJACENT

125




## COMMENTS:

(1) THIS IS THE PLOT PLAN SHOWING THE ALTERATION FOR THE NEW SANCTUARY ADDITION.

(2) ACTUAL SANCTUARY SEATING TO BE 280 SEATS W/ NO KITCHEN FACILITIES. 880 SEATS @ 3 g/SEAT = 840 gpd.

840 ÷ .3 = 2800 SFT ÷ 8 = 933 TOTAL LINEAR FEET. WITH 400 EXISTING FEET OF DRAINLINE, IT WILL BE NECESSARY TO ADD 2 BEDS 9'X 88' W/ 19" STONE.

(3) CONTRACTOR TO TIE INTO EXSTING DRAINFIELD VIA STEP DOWN/ SPILL OVER.

(4) EXISTING TANK TO BE PUMPED AND "T" CHECKED.

(5) EXISTING DRAINLINES LEVEL.

(6) LOCATE ALL PARTS OF SEPTIC SYSTEM 100' FROM ALL WELLS.

EHS SIGNATURE [signature] 3-17-05 AUTHORIZED AGENTS SIGNATURE

2/19/02 mjones
Ck# 8510; $100.00

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 21461

PERSON FILING APPLICATION:
NAME: Davis (last) Thomas (first) B (mi)
ADDRESS: 9024 Brown PHONE: (704) 875-6818
CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 027-182-03
STREET ADDRESS: 10220 Eastfield Rd
ZONING:

PROPERTY OWNER:
NAME: Independence Hill Baptist Church (last) (first) (mi)
ADDRESS: 10220 Eastfield Rd PHONE: (704) 576-2124
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] 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) N
Underground Storage Tanks On Property (Y/N) 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 [X] Other Youth Dept Bldg

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: Thomas B Davis Date: 2/19/02

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

WATER : 122791

# PROPOSED PLOT PLAN

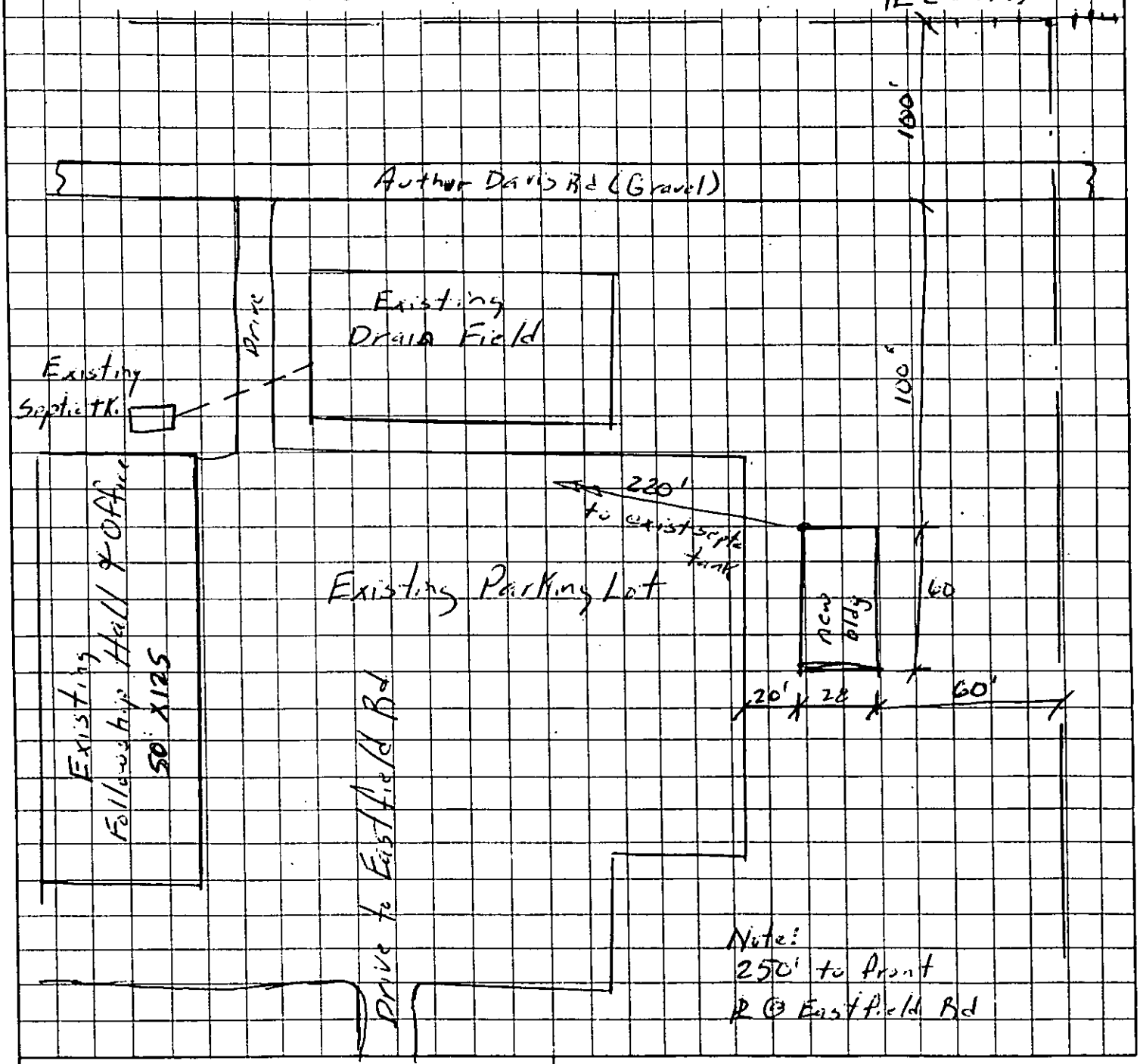
COPY

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

FILE: 21461

TC: 027·182·03

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.




Thomas D Davis
OWNER/AGENT SIGNATURE

DATE 2/19/02

APPROVAL DATE _____

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21461 DATE: 11/6/00

TC: 027 182 03 ☒ L ☐ CRT

SERIAL Nº 18405

Name of Owner Independence Baptist Church Juris.: _____

Address of Property 10220 Eastfield Rd

**Inspection Data:**

Tank Material Existing

Total Length of Drainfield 600'

Number of Lines 5 @ 120'

Cover Depth 12" - 20"

Water Supply Source Municipal

Distance to Water Source > 100' Existing well

Excavation Inspected 11/6/00

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 2000 Repair, CON, 1800SFT, 12" stone CTR# Levon Denton

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 I5A 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 I5A 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: Repair to the existing system for daycare system
Septic tank filter not installed due to lack of accessability
(old tank w/slab top) DD < 1990

Phyllis A. Walker R.S.
Environmental Health Specialist

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

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

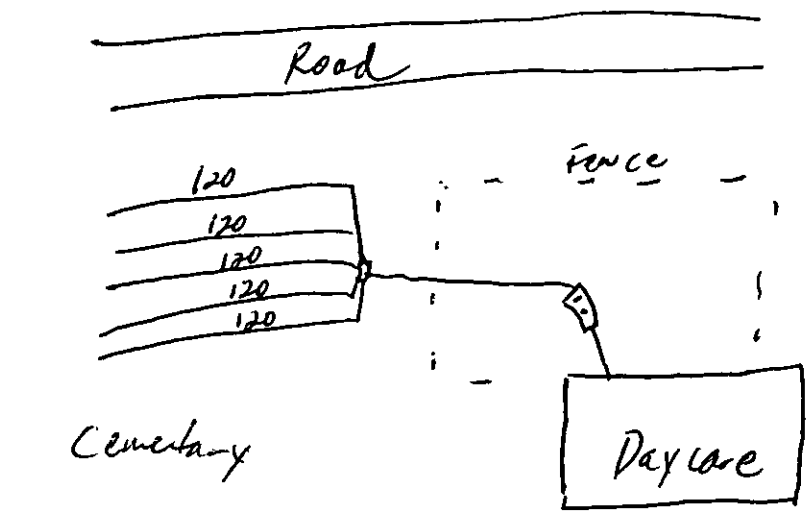
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21461 DATE: 11/2/00

TC: 027 182 03 ☒ L

SERIAL Nº 18499

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 11/2/00. All work shall be completed on or before 12/2/00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 24" - 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 600' feet

Number of Lines 5 (120')

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 Independence Hill Baptist Church

LOCATION OF PROPERTY 10220 Eastfield Rd

Comments: Repair to daycare only | Install filter in septic tank
Install 5 lines x 120' long x 3' wd x 12" stone. Keep the septic system > 100' from any wells

Phillip S. Walker R.S.

Environmental Health Specialist

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

FEE: _____

DATE: _____

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

Repair (Commercial) 2146 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

FILE #: 2146

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027 182 03

STREET ADDRESS: 10220 Eastfield Rd

LOT NUMBER:

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Church, Application for daycare school repair system only

Square Footage of Facility:

NUMBER OF ~~EMPLOYEES~~ Members: 70 Students PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

___ 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:

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

TYPE OF WASTEWATER:

✓ SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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
EXISTING WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ 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: Independence Hill Baptist Church

NAME: (LAST) (FIRST) (MI)

ADDRESS: 10220 Eastfield Road

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: 704 596 - 2124

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Approx. 1876

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: Thomas B Davis DATE: 11/2/00

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

21461

*CHARLOTTE-MECKLENBURG BUILDING STANDARDS* **PAGE:** 1
*PROJECT REVIEW DISCIPLINES*

**PROJECT INFORMATION**

**PROJECT NUMBER:** 117-985689 **SUBMITTED DATE:** 09/14/95
**PROJECT NAME:** INDEPENDENCE HILL CH **PHS:** ADD **SEC:** **TIME:** 09:13 AM

**CONTACT NAME:** THOMAS DAVIS **PHONE #:** 329-2892
**TITLE:** **TYPE OF PERMIT:** FULL
ADD 2 PERMITS
**COMMENTS:** 10220 EASTFIELD RD MECK ADD TO TWO BLDGS

**REVIEW DISCIPLINES**

| AGENCY | DISCIPLINE | CONTACT | PHONE | INITIALS |
|---|---|---|---|---|
| BUILDING STANDARDS | BUILDING | MICHAEL BURKHARD | 336-3836 | |
| | ELECTRICAL | MICHAEL BURKHARD | 336-3836 | |
| | MECHANICAL | MICHAEL BURKHARD | 336-3836 | |
| | PLUMBING | MICHAEL BURKHARD | 336-3836 | |
| | ZONING | MICHAEL BURKHARD | 336-3836 | |
| | COUNTY-FIRE | MICHAEL BURKHARD | 336-3836 | |
| ENVIRONMENTAL HEALTH | SEPTIC TANKS | SYLVIA DANIEL | 336-5565 | |

**NOTICE**

**OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.**

**YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE**

**ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.**

| CONTACT | DATE | COMMENTS | INITIALS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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5B

DX600

21461

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

$150.00 CK 2205 3/27/95 CRT

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

(704)336-5102

PERSON FILING APPLICATION: WKWW, Inc. (Architects)

NAME: Hedden (last) George (first) C (mi)

ADDRESS: 2300 E. 7th St, #200 PHONE: (704) 373-0615

CITY: Charlotte STATE: NC ZIPCODE: 28204

Date: Mar 23, 1995

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 027-182-03

STREET ADDRESS: 10220 Eastfield Rd

Huntersville, NC

ZONING:

PROPERTY OWNER:

NAME: Independence Hill Baptist Church (last) (first) -Tim McCoy, Asst. Pastor (mi)

ADDRESS: 10220 Eastfield Rd PHONE: (704) 596-2124

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER:

LOT SIZE (in acres): 4.60

- [ ] SOIL TEST - INDIVIDUAL LOT (O)
- [ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) UX5 ADDition
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
- [X] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: Church (See Notes 1-2, attached)
Type Business Educational # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___ Administration-Office Emp.
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
- [X] 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: ✓ Date: ✓

NOTICE: See Notes 3-5, attached, to Health Department Agent

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

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...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 System & No change in number of people church seats during Sanctuary; Church does not have additional activities using facility.

Susan Patterson 3-29-95
Environmental Ist Date

Director or Authorized Section Head Date

WATER : 122

File 21461

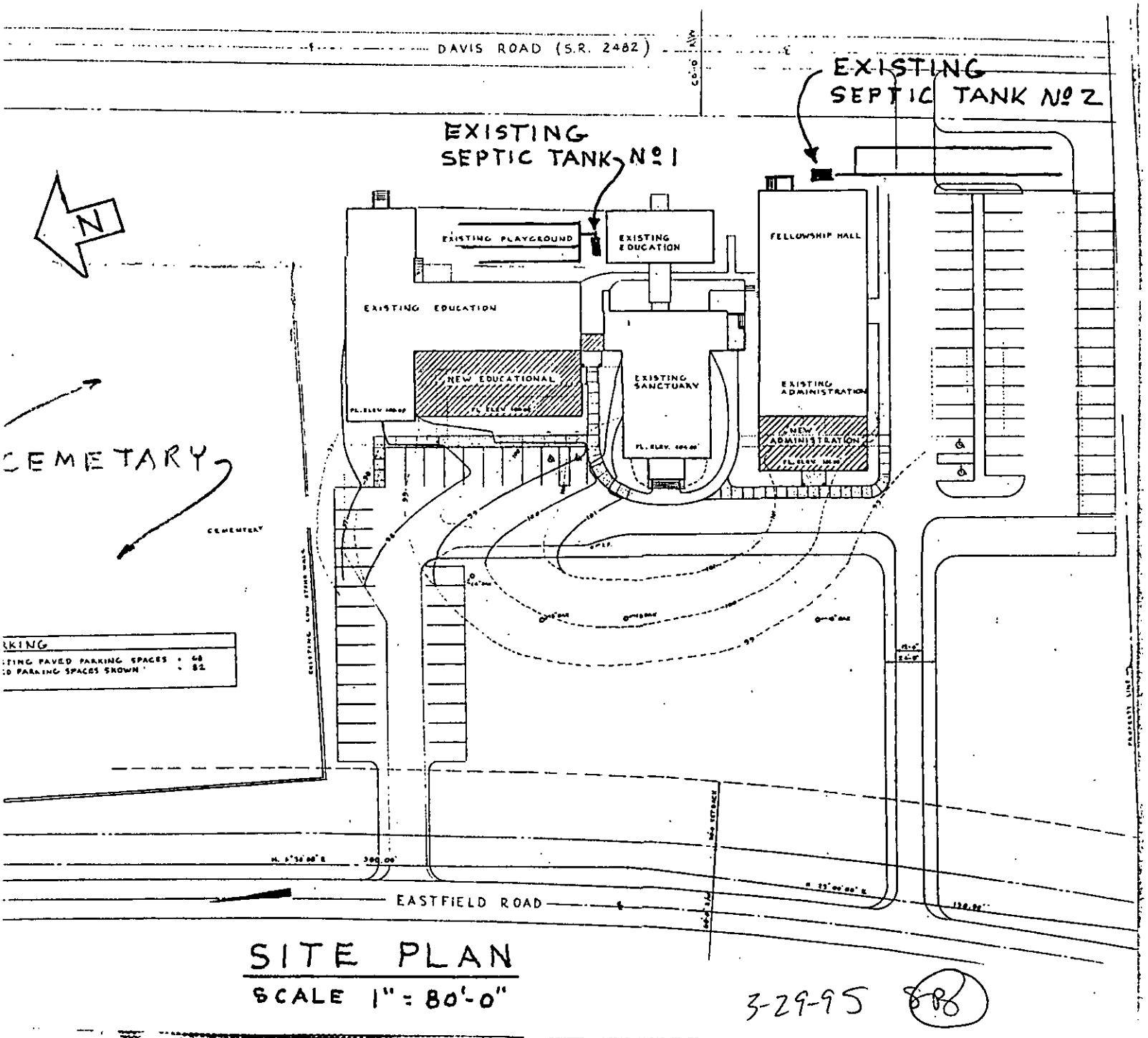
NOTES TO HEALTH DEPARTMENT AGENT

1. Educational Building addition - Number of people Sunday School only = 75.
2. Administration building addition - (Office's only) Number of people to occupy the office = 5.
3. The new addition to the education building will include the addition of seven (7) plumbing fixtures. Of the seven (7) fixtures (three) 3 are water closets and (four) 4 are lavatories.
4. There are no plumbing fixtures included in the administration addition.
5. We request permission to connect the new fixtures in the educational building into the existing septic tank No 1.

George Hedden, AIA

WKWW, Inc.
Architecture•Planning•Interior Design
2300 East Seventh Street, Suite 200
Charlotte, NC 282504

2161




# SITE PLAN

SCALE 1" = 80'-0"

3-29-95

# *Mecklenburg County*

**This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:**

**Large-format Drawings**

**Original File Number:** 21461 / 10220 Eastfield Road

**Box Number:** 18

**Number of pages associated with file:** 1

**General Comments:** _____

Imaging Solutions and Services, Inc.

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