

18745 WEST CATAWBA AV

00186108

6/23/08

marliwr

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

B0610328
Job 7001

Kelly Dicker
928-0261

16 TSI

pd. 50.00
Lot #598
VIW
12-4-98

COPY

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 1740

PERSON FILING APPLICATION:

NAME: Blackwell (last) Floyd (first) A (mi)

ADDRESS: 18731 Hy 73 NC PHONE: (704) 892 6536

CITY: Cornelius STATE: NC ZIPCODE: 28031

Date: 12-4-98

PROPERTY OWNER:

NAME: Lake Norman [4] Church (last) (first) (mi)

ADDRESS: 8731 Hy 73 NC PHONE: (__) 895 0278

CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-051-07

STREET ADDRESS: 18731 Hwy 73 NC

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): 8

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Addition - Gar

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: 2 NUMBER OCCUPANTS:

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 [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: Floyd Blackwell Date: 12-4-98

NOTICE:

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

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

...This permit is not transferable.

...

[] 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

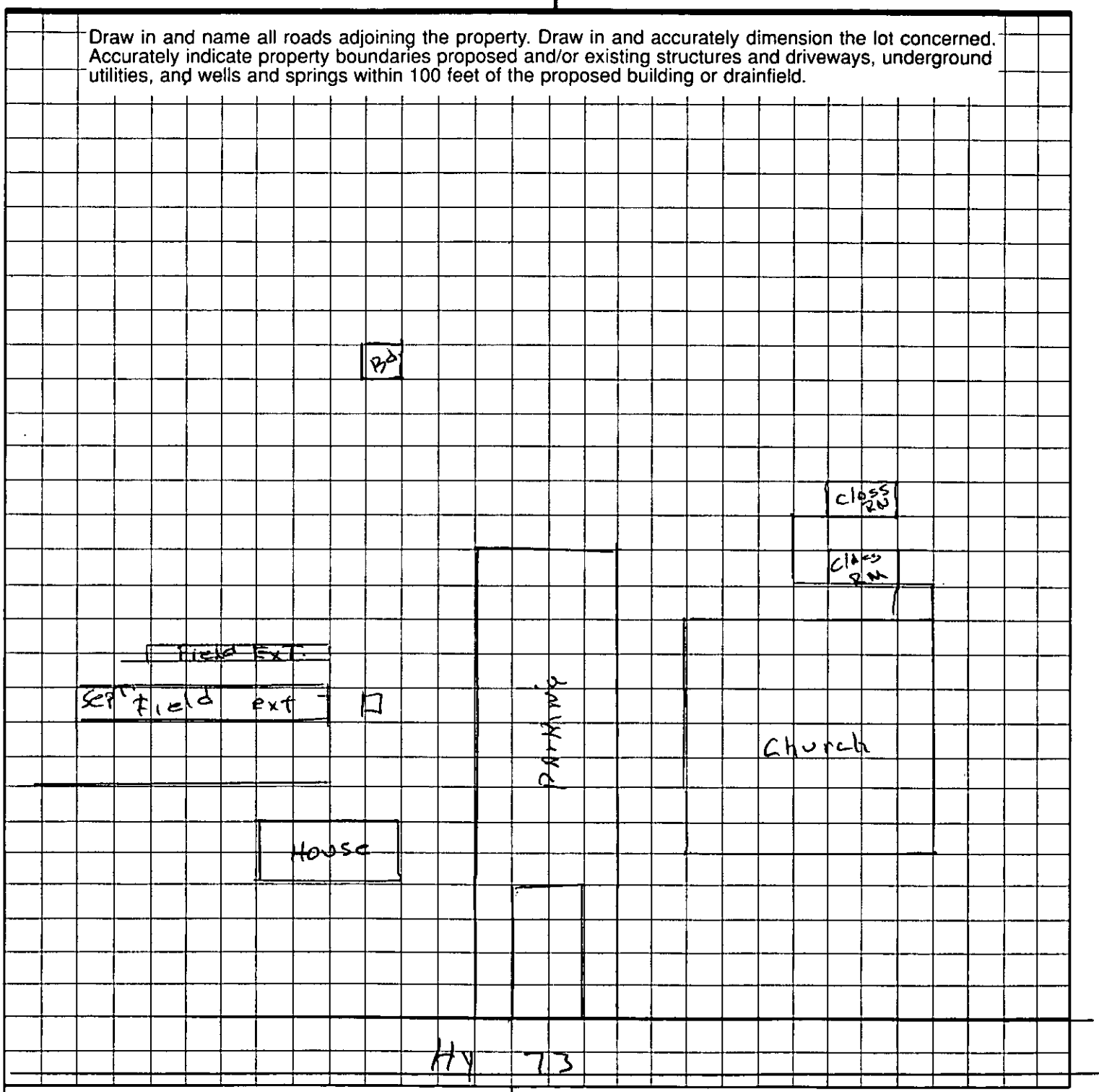
PROPOSED PLOT PLAN

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

FILE: 11740

TC: 011-051-07

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.



Floyd Blackwell
OWNER/AGENT SIGNATURE

DATE 12-9-98

APPROVAL DATE _____

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

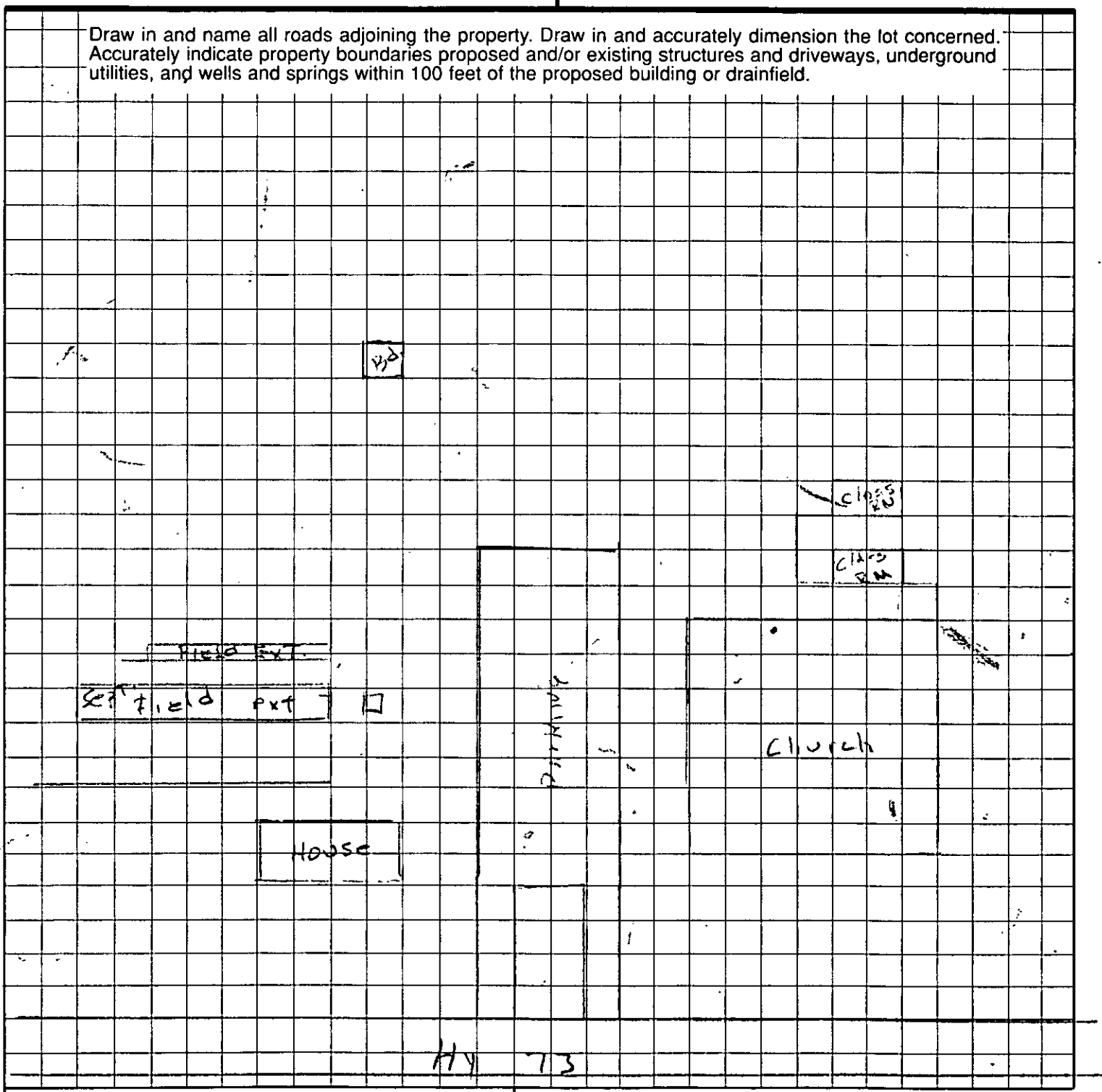
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Howard Blackwell
OWNER/AGENT SIGNATURE

DATE 12. 9- 98

APPROVAL DATE _____

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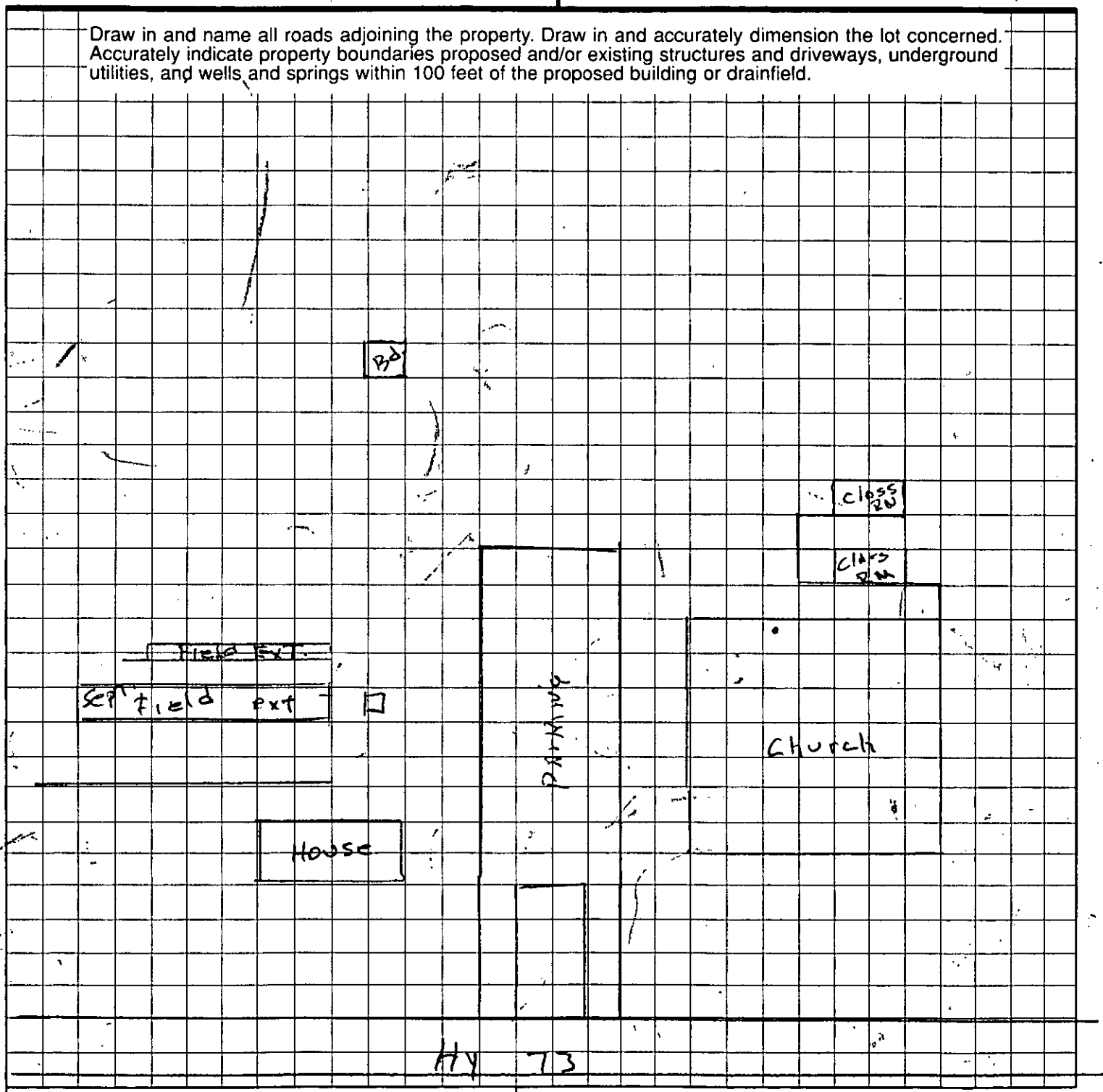
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Floyd Blackwell
OWNER/AGENT SIGNATURE

DATE 12-9-88

APPROVAL DATE _____

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pd. 50.00
WK #598
VIO
10-4-98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

400

[X] CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
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ZONING:

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[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Move-on

[redacted]

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...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.

...owner must notify health dept. immediately of any malfunction of systems on church property - conv. repairs use existing system

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

Kelly H. Randall 12-16-98
Environmentalist Date

WATER : 122791

notified Kelly Parker - church pastor 12-16-98 4 pm
of conditions - he agreed

PROPOSED PLOT PLAN

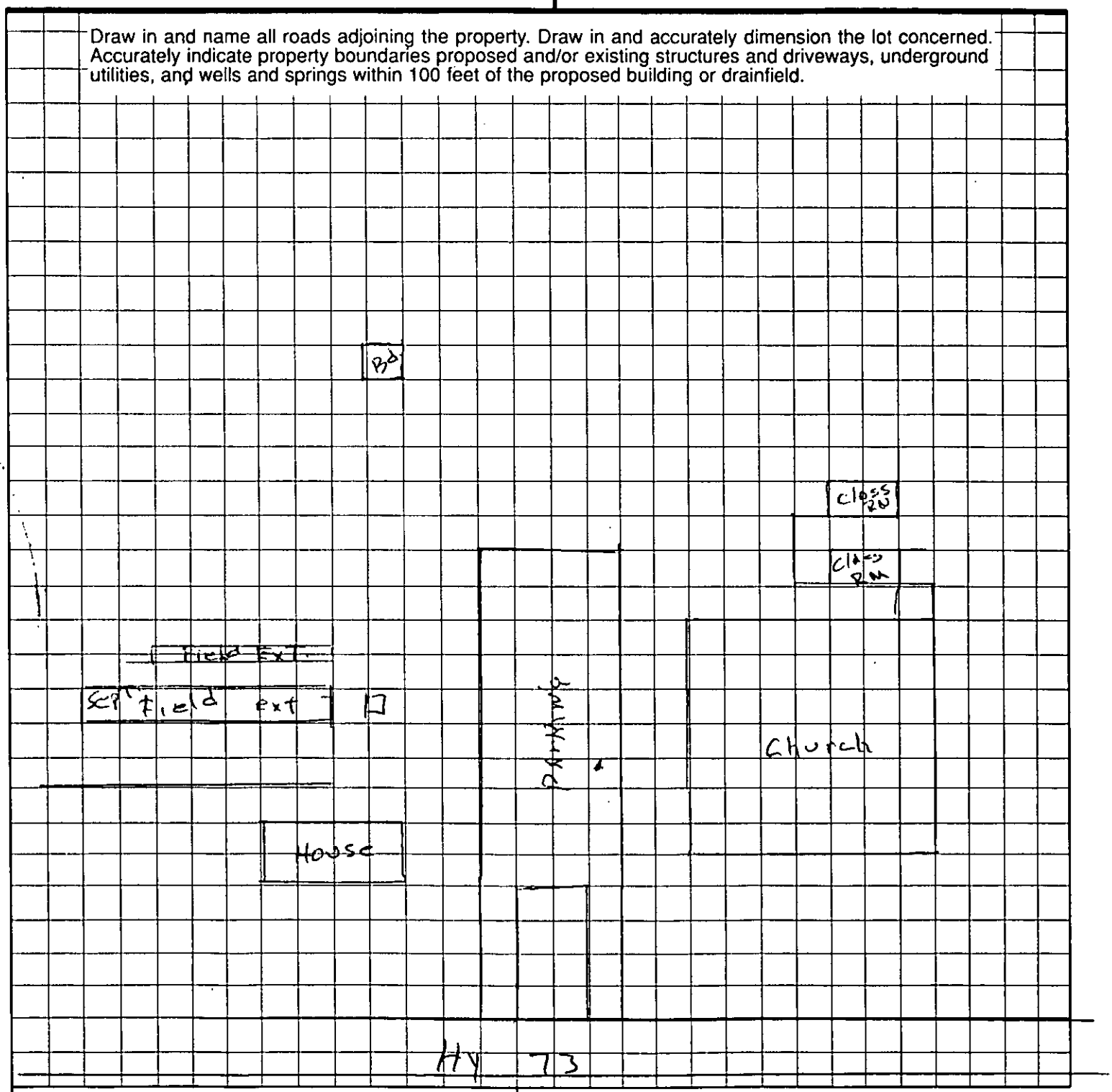
COPY

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

FILE: 11740

TC: 011-D51-07

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Floyd Blackwell
OWNER/AGENT SIGNATURE

DATE 12-9-98

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

From: James N. Bartl
To: Sylvia D. Daniel
Date: 12/16/98 11:54am
Subject: 18731 NC 73

What happened?
I reviewed this with Michael B and Bob Dulin. We believe there were mistakes on both sides of the table. Michael doesn't thinkanyone in the office would have told them to put down NA,....so it appears they provided us with incorrect info. We should have caught this, but didn't. We are currently using some temporary labor and in some cases ,things like this, which should stand out, get by us.

What to do from here?
Bob Dulin will immediately send out a memo to all facilitators and plan reviewers advising:
1) "NA is never acceptable in the utility section of permit application, the facilitators will specifically ask this.
2) If a site uses septic, the hold must go on regardless of whether the consyruction has plumbing fixtures or not.
3) The key questions are: "Is this on septic?" If so, the hold goes on.

Sylvia, this is our game plan. If there's an achilles heel to it, we will still rely on the customer advising us correctly of whether or not they are on septic or CMUD. I don't think we can get away from that.

Let me know what you think.

CC: Michael W. Burkhard, Robert C. Dulin

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
COMMERCIAL PERMIT

ADDR ADDR: 18731 N C 73 HY CORN JOB: 7001 PERMIT: B0610328
PARCEL: 00105107 DATE: 10/02/97 JOB: MODULARS MASTER: B0610328
PROJECT: NEW BEGINNING MODULA PHASE: RS SEC: PROJECT: 979641
OWNER: LAKE NORMAN FOUR SQ FAMILY MIN ADDR: 18731 N C 73 HY
CITY/ST: HUNTERSVILLE NC 28078 PHONE:

SITE LOT/BLK: / ZONING: R-2 JURIS: CORN MAP#: HOUSING: NO
ST R/W: PUBLIC: NO CENSUS: 6201 O&D ZONE: 429 FIRE DIST: NO
SPECIAL: FLD PLN: NO FLD ELEV:
#UNITS: WATER: INDIVIDUAL SEWER: INDIVIDUAL
LAND AREA: LOT: FRT ST:
MIN SETBACKS FRONT: LEFT: RIGHT: REAR: REQ PARKING:

PROJ USDC: 437 OCC TYPE: E FEE CODE: CONSTR TYPE: 6 #H/C UNITS:
HTD AREA: 672 UNHTD AREA: DECK: #STORIES: BASEMENT: NO
#ROOMS: #BEDROOMS: #BATHS: SPKLR SYS: NO #UNITS:
ATT CARPORT: NO ATT GARAGE: NO MASONRY FR: NO PROJ COST:
MBL HOME YR/MAKE: SERIAL#:

ELEC TOTAL AMPS: 200 #CIRCUITS: UTILITY CO: CRESCENT ELECT
#CONNECTIONS 120 V: > 120 V: TYPE OF WORK:

MECH #GAS CONNECTIONS: #APPLIANCES: UTILITY CO:
TYPE OF WORK:
HEATING/COOLING:

PLBG #FIXTURES: #APPLIANCES: WORK:

CONT BLDG: LAKE NORMAN FOURSQUARE FAMILY LIC: PERMIT: B0610328
ADDR: 18731 HIGHWAY 73 WEST CITY/ST: HUNTERSVILLE NC 28078
PHONE#: 704-664-3696
ELEC: WHITTS ELECTRIC LIC: E 0000016059 L PERMIT: E0610329
ADDR: 1376 POLKFORD RD CITY/ST: STANFIELD NC 28163
PHONE#: 704-888-8540
MECH: PERMIT:
ADDR: CITY/ST:
LIC:
PHONE#:
PLBG: LIC: PERMIT:
ADDR: CITY/ST:
PHONE#:
ARCH/ENG: LIC: PHONE#:
ADDR: CITY/ST:

COST BLDG: 10600 ELEC: 400 MECH: PLBG: TOTAL: 11000
PLANS: YES INSP READY: NO
REMARKS: NEW MODULAR CLASSROOMS. USE MANUFACTURES DRAWINGS.

PERMIT MAILED: NO CHECK NUMBER: HOMEOWNR RC FEE:
VALIDATION DATE: 10/02/97 BY: JM CHARGE ACCT#: B82980 DOUBLE FEE: NO
FIRE DMG FEE: FSTRK FEE: ADJUSTMENT: TOTAL FEE: 104.76

THIS PERMIT WILL EXPIRE IF WORK EITHER HAS NOT STARTED WITHIN 6 MONTHS OR IS DISCONTINUED FOR A PERIOD OF 12 MONTHS. NO REFUNDS WILL BE GIVEN AFTER EXPIRATION.

APPLICATION FOR BUILDING PERMIT

D82980

TYPE PERMIT ☐ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☑ Modular

PERMIT # B00010332

ADDRESS

STREET # 18731 (N,S,E,W) W STREET NAME N.C. 73W (AV,RD,ST, etc)

SUITE/UNIT(S): class unit 2

TAX JURISDICTION (Check One): ☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☑ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME None PHASE SECTION PROJECT # 987-979641

OWNER Lake Norman Foursquare ADDRESS 18731 Hwy 73 W

CITY Cornelius STATE N.C. ZIP 28031 PHONE # 895-0214

TAX PARCEL # 00105107 LOT # BLOCK # LAND AREA (sq. ft.)

CENSUS 6201 ZONING Neighborhood Center JURIS 03 MAP # R/W

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV FIRE DIST: ☐ Yes

LOT: ☐ CORNER ☐ THROUGH FRONT STREET (if different)

MINIMUM SETBACKS: FRONT N/A LEFT SIDE RIGHT SIDE REAR REQ. PARK'G

APR'D ce

PROJECT

JOB # 7001 USDC # 437 PURPOSE OCC. TYPE E CONST 6

TYPE WORK: ☐ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☑ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Classroom (Modular)
Mobile Home: include Yr./Make & Serial #

AREA (sq. ft.): Heated 672 Unheated Deck(s) # STORIES BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS 2 # BEDROOMS # BATHS

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL: Power Company Crescent Service: ☐ New ☑ Existing Total Amps 200 # Circuits
Connections 120 Volts # Connections over 120 Volts

MECHANICAL: Gas Company # Gas Conn # Appliances ☐ Heat Only ☐ Central A/C Only ☑ Heat and A/C
☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace
☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc...) N/A # of Appliances (Dishwasher, Water Heater, etc.) N/A

UTILITIES: ☐ New ☐ Existing N/A
Public 1-Individual Meter/Connection ☐ Water ☐ Sewer Private 3-Individual ☐ Well ☐ Septic
2-Master Meter/Connection ☐ Water ☐ Sewer 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
B2980 B2982 B2983	Bldg Kelly Parker Lake Norman Foursquare Church Add Hwy 73W 18731	Phone 895-0214 Lic # EE City/St Cornelius Zip 28031		Bldg. $ 10,300.00 400.00	
B2984	Elect. Whitts Electric Add	Phone 663-3744 Lic # 16059-L City/St Zip		Elect. $ 400.00	
	Mech. Add	Phone Lic # City/St Zip		Mech. $	
	Plbg. Add	Phone Lic # City/St Zip		Plbg. $	
	PLANS ☐ Arch./Eng. Add	Phone Lic # City/St Zip		Total Const. Cost $	

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ 10,300.00

FT FEE $

REMARKS: USE MANUF. SET UP DWGS

OTHER FEES $ 104.76

TOTAL FEE $ 104.76

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK. 10-2-97

APPLICANT'S SIGNATURE 8/28/97 DATE Kelly Parker PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
			8/28/97

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-82 15M 3/89

ORIGINAL

BUILDING ADMINISTRATOR

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

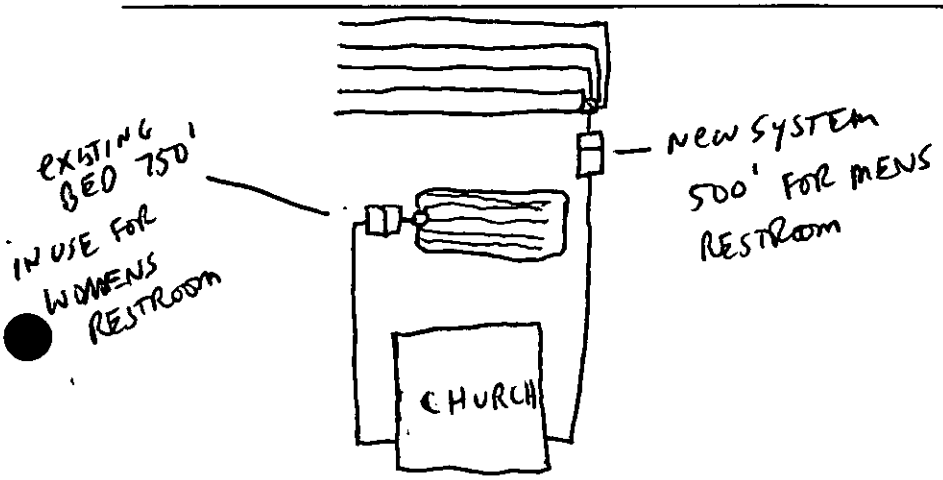
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11740 DATE: 8-17-95

TC: 001-051-07 ☐ L

SERIAL Nº 16358

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 12-10-93. All work shall be completed on or before 9-17-95, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 3

Absorption and/or Nitrification Lines:

Trench Width ~~500'~~ 3' feet

Trench Walls Scored and Porous yes

Total Line Length 500' feet

Number of Lines 5

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 International church of the Foursquare

LOCATION OF PROPERTY 18731 US Hwy 73 west

Comments: use old bed system for womens room 750' / use new system 500' for mens room 1500 gallon tanks each side.

No parking over systems.

Kelly Randall
Environmental Health Specialist

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

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

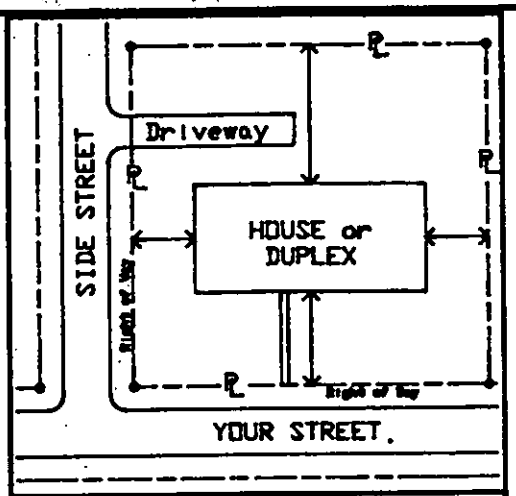
STREET # (N,S,E,W) STREET NAME (AV,RD,ST, etc)
1873 W N.C. 73 W
SUITE/UNIT(S): Class Unit 1

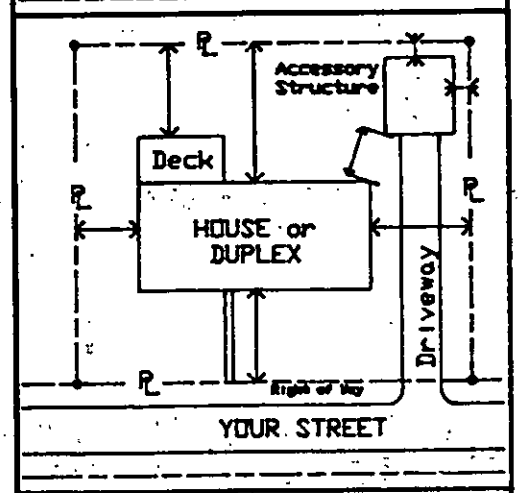
PERMIT #

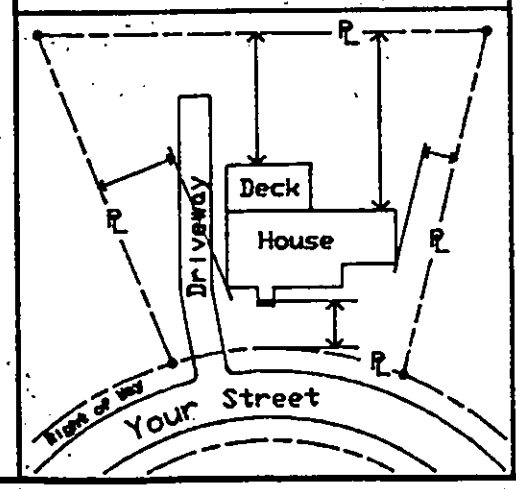
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TAX PARCEL # JOB #

EXAMPLES/PLOT PLAN







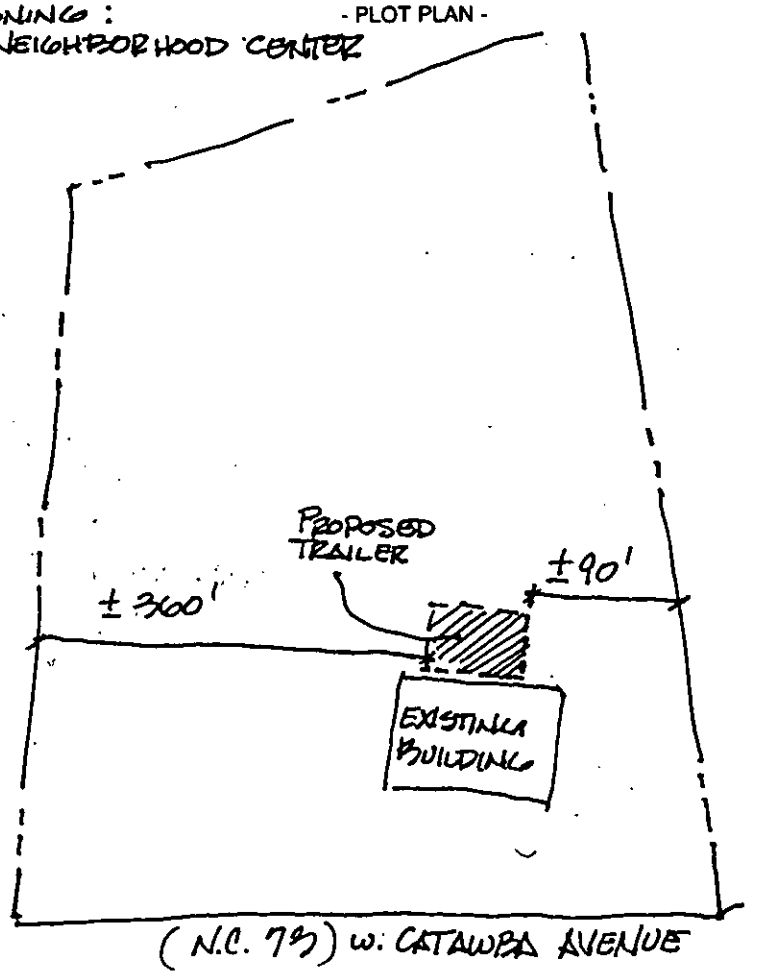
- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

ZONING : NEIGHBORHOOD CENTER

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE 8/28/97 DATE Kelly Parker PRINT APPLICANT'S NAME

APPROVED BY:

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

ZONING ADMINISTRATOR

DATE 8/29/97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Cnty.

001-051-07
PARCEL NUMBER

18731 NC 73 HWY
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____APPROVED	____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	____NO

REMARKS: Address Verification

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # 18731 (N,S,E,W) W STREET NAME N.C. 73W (AV,RD,ST, etc)

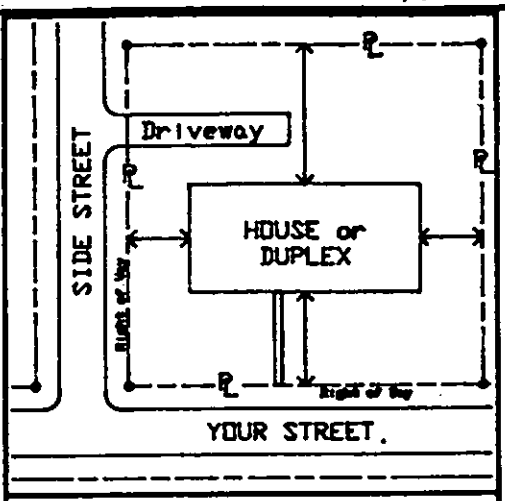
SUITE/UNIT(S): Clas Unit 2

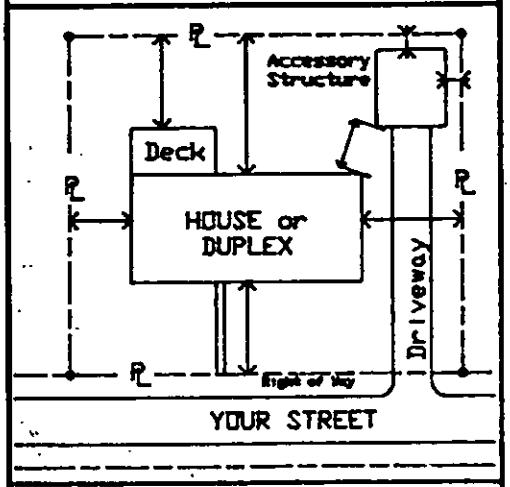
PERMIT #

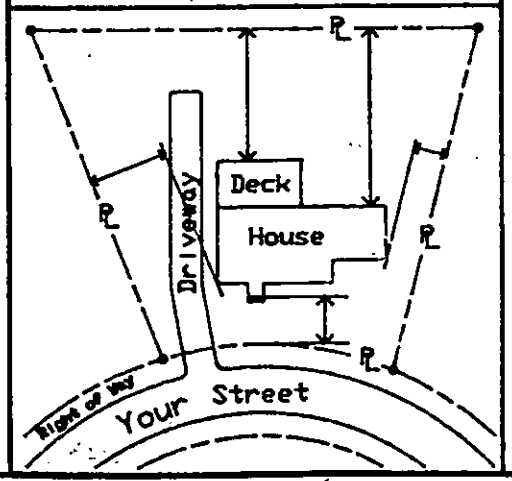
TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☒ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # JOB #

EXAMPLES/PLOT PLAN





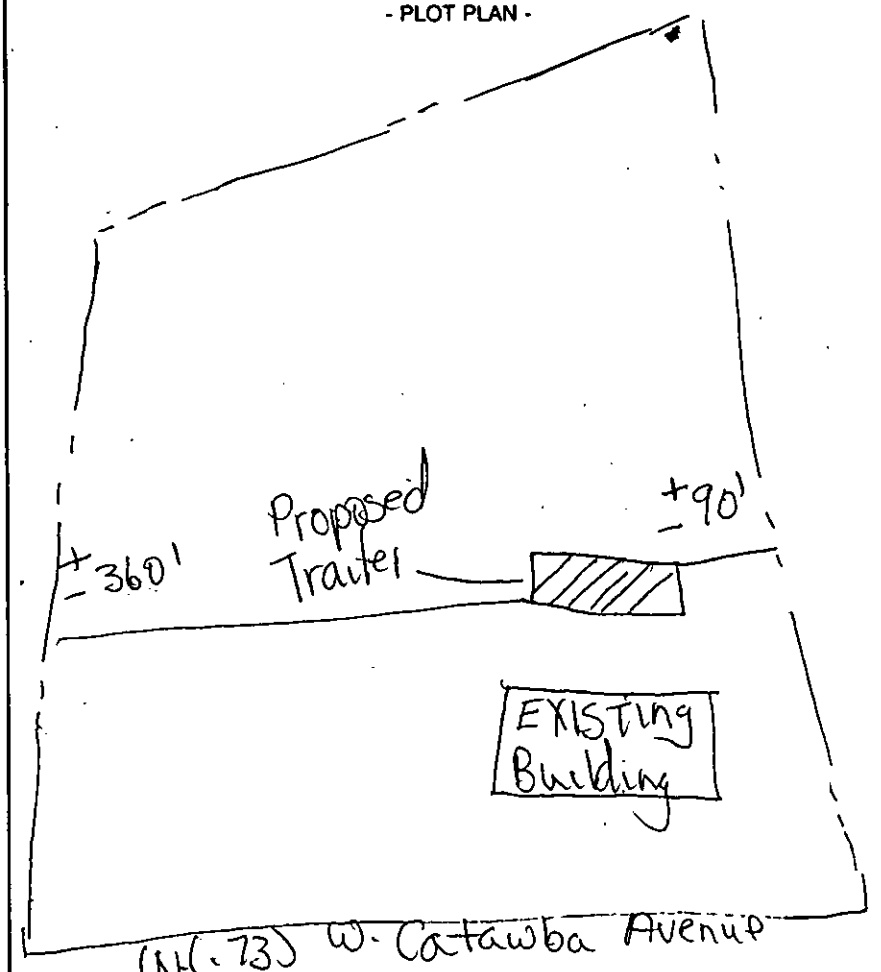


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE 8/28/97 DATE Kelly Parker PRINT APPLICANT'S NAME

APPROVED BY ZONING ADMINISTRATOR

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-82

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12896 (2446)

File: 11140 Action 2

Parcel: po 001-051-07 ☐ PC

Location: 18731 Highway 73 W

Subdivision:

Lot: Block: Acres: 1

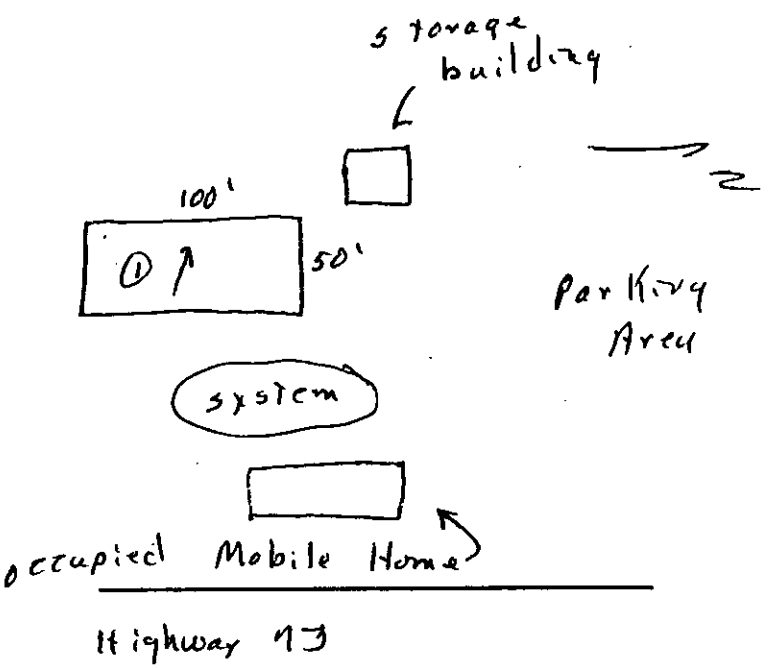
Owner: Jake Norman Fairgrounchuren
Address: 18731 Highway 73W
Huntersville, N.C.

Comments: 3gal/ft²/day LTAR
Would need surface and subsurface interceptor drains.

Described by: William A Marlin

Date: 11-10-92

491 feet each Side



***** 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)	S PS U	S PS U	S PS U	S PS U	S PS U
6-12% subject to surface & subsurface Water Movement						
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
slightly Expansive clay						
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Sub Blocky						
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
7+0" To Perched water						
Depth	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
40"+						
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
7+0"						
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	IV					
Cecil-Urban						
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

November 12, 1992

Lake Norman Foursquare Church
18731 Highway 73 West
Huntersville, NC 28078

Re: Property located at 18731 Highway 73 West
File: 11740
Parcel: 001-051-07

Dear Sirs:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12896) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S.,Soil Scientist
Individual Water & Wastewater Systems

KR/wpg
Enclosure (2)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 11740 DATE: 8-18-95

TC: 001-051-07 ☐ L ☒ RT

SERIAL Nº 16383

Name of Owner International Church of the Foursquare Juris.: _____

Address of Property 10731 US Hwy 73 W

Inspection Data:

Tank Material PCL

Total Length of Drainfield 500

Number of Lines 5 @ 100

Cover Depth 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 8-18-95

Tank(s) Inspected 8-18-95

Wash Line Inspected ✓

High Water Alarm Inspected ✓

PLOT

Design 1995 CON 1500 ST 1500 SFT 12G CEC IC CTR# Tim Ammons

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: _____

Environmental Health Specialist

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

PE# 07-2

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 1500 dlt 265 1,1,1,53 DX

[] CRT

11740

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

(704)336-5102

COPY

PERSON FILING APPLICATION:

NAME: [redacted] Parker (last) Kelly (first) E. (mi)

ADDRESS: Rt 8 Box 65 PHONE: (704) 664-7696

CITY: Mooresville STATE: N.C. ZIPCODE: 28115

Date:

PROPERTY OWNER:

NAME: International church of The Four square (last) (first) (mi)

ADDRESS: 18731 PHONE: (704) 892-6536

CITY: Huntersville STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00105107

STREET ADDRESS: 14731 Hwy 73 W.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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) A Herration
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] 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:
Type Business Church # Employees 3 sets-295 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)
[X] 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: 12-10-93

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

Director or Authorized Section Head Date

WWATER : 122791

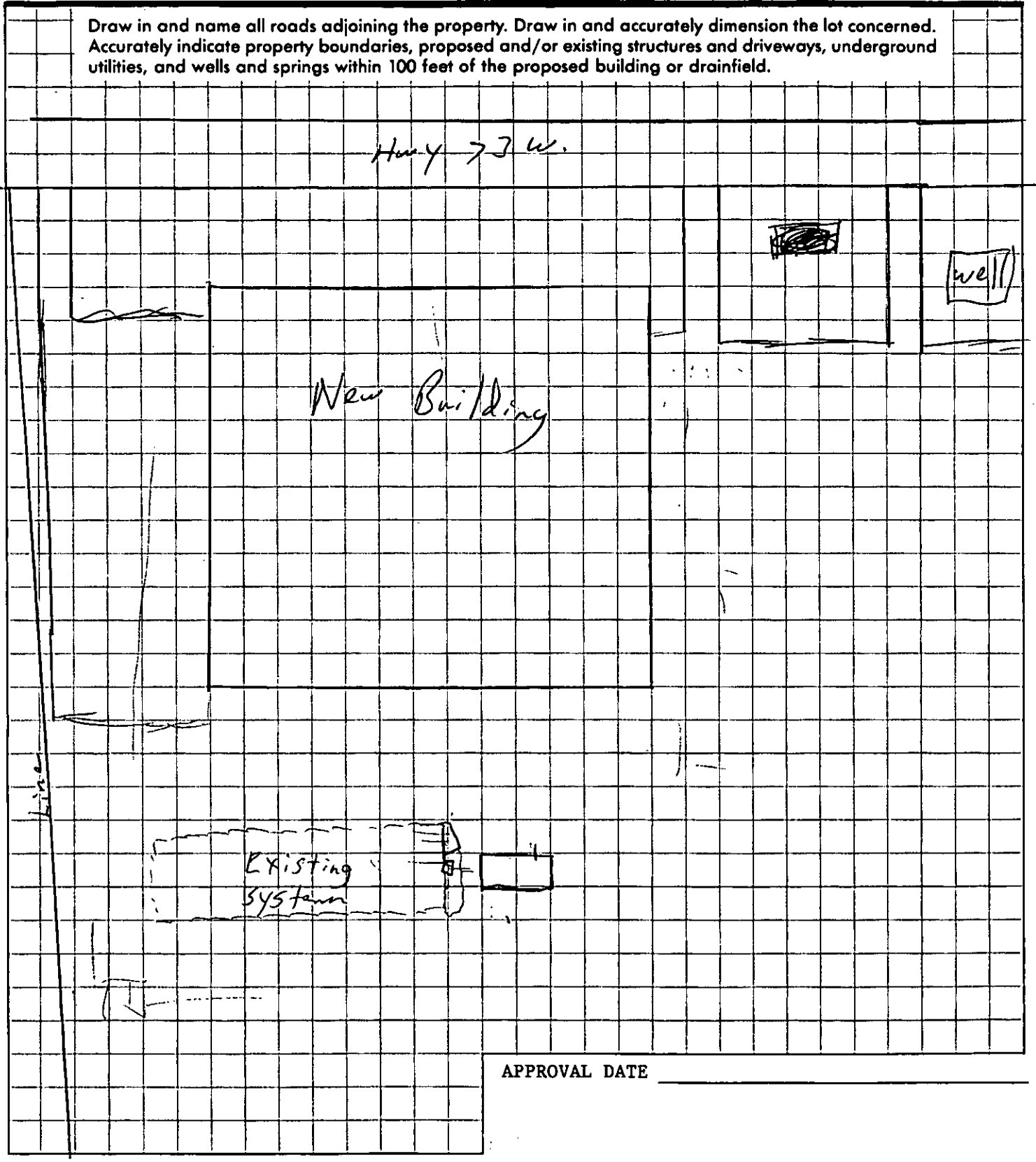
PROPOSED PLOT PLAN

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

FILE: 11740

TC: 001-051-07

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

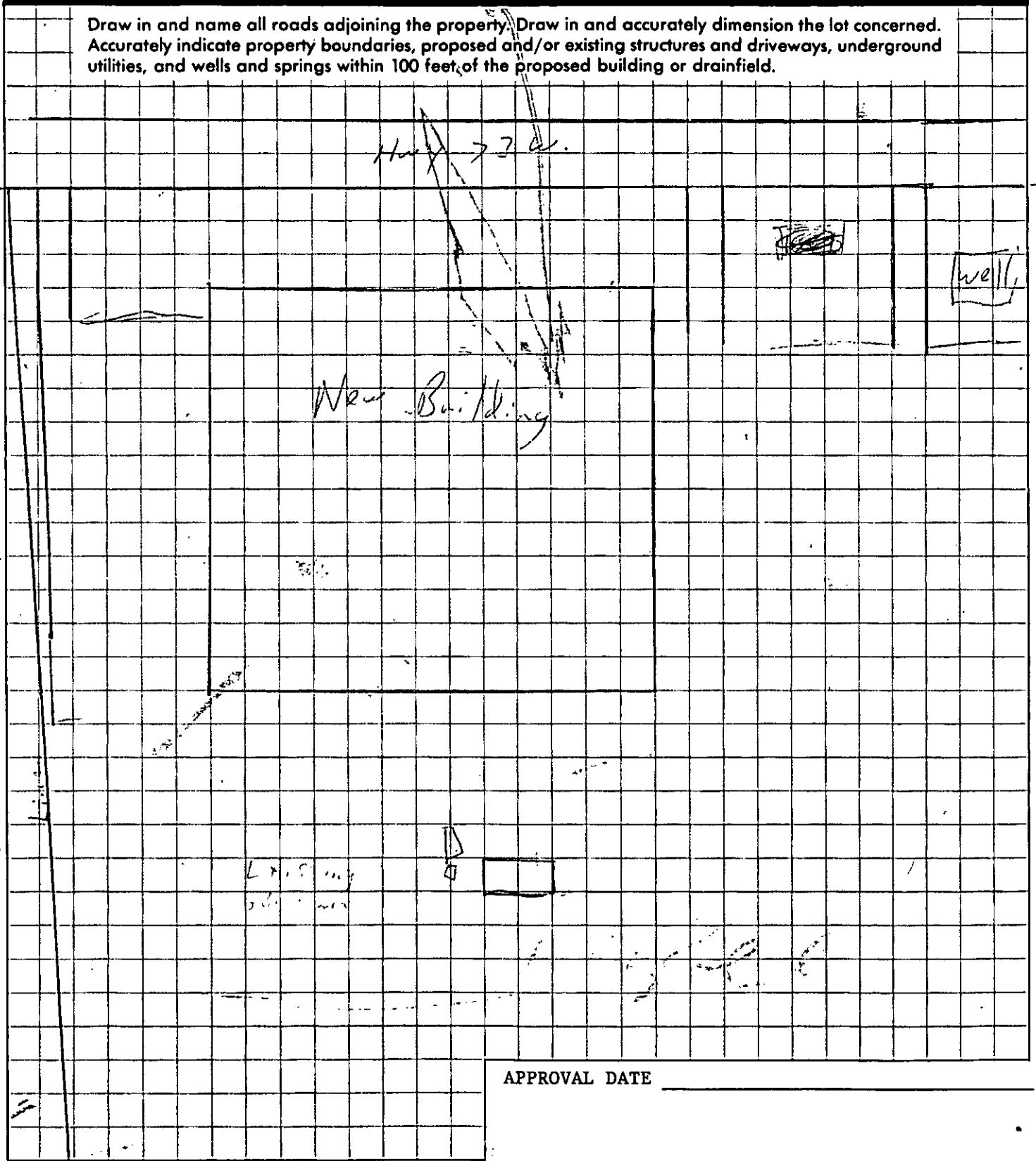
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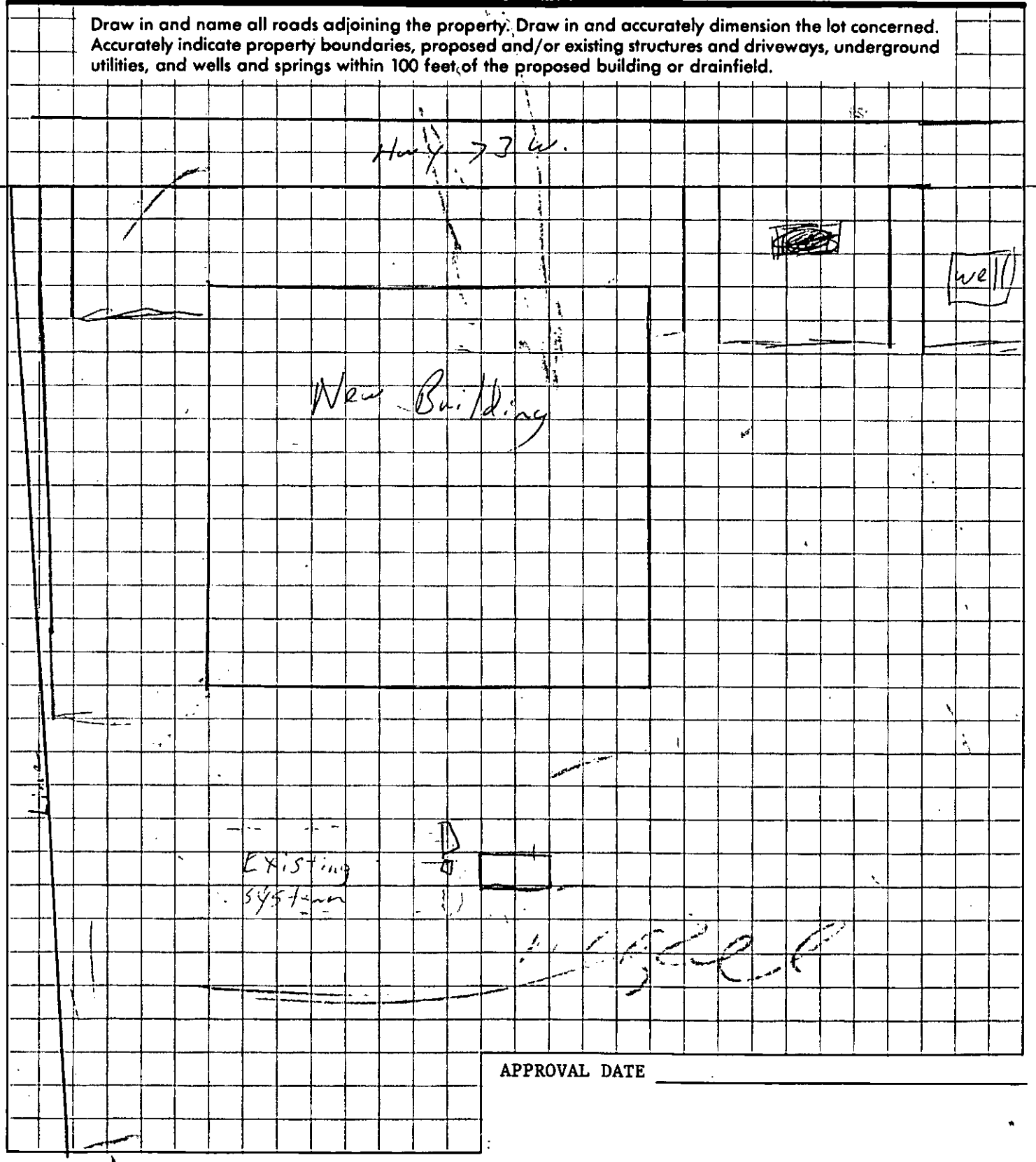
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APPROVAL DATE _____

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PT#07-2 072-990900 Paid 150.00 ck 3-8-93 DK

Paid 1500 ck 265 12/1/93 DK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

11740

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: Parker (last) Kelly (first) E (mi)
ADDRESS: Rt 8 Box 65 PHONE: (704) 664-3686
CITY: Mooresville STATE: N.C. ZIPCODE: 28115

Date:

PROPERTY OWNER:
NAME: International church of The Four square (last) (first) (mi)
ADDRESS: 18731 PHONE: (704) 892-6536
CITY: Huntersville STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00105107
STREET ADDRESS: 18731 Hwy 73 W.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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) Alteration
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] 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:
Type Business Church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ___

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: 12-10-93

NOTICE:

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...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.

...295 Seats

Plan on file

[X] 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

[signature]

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

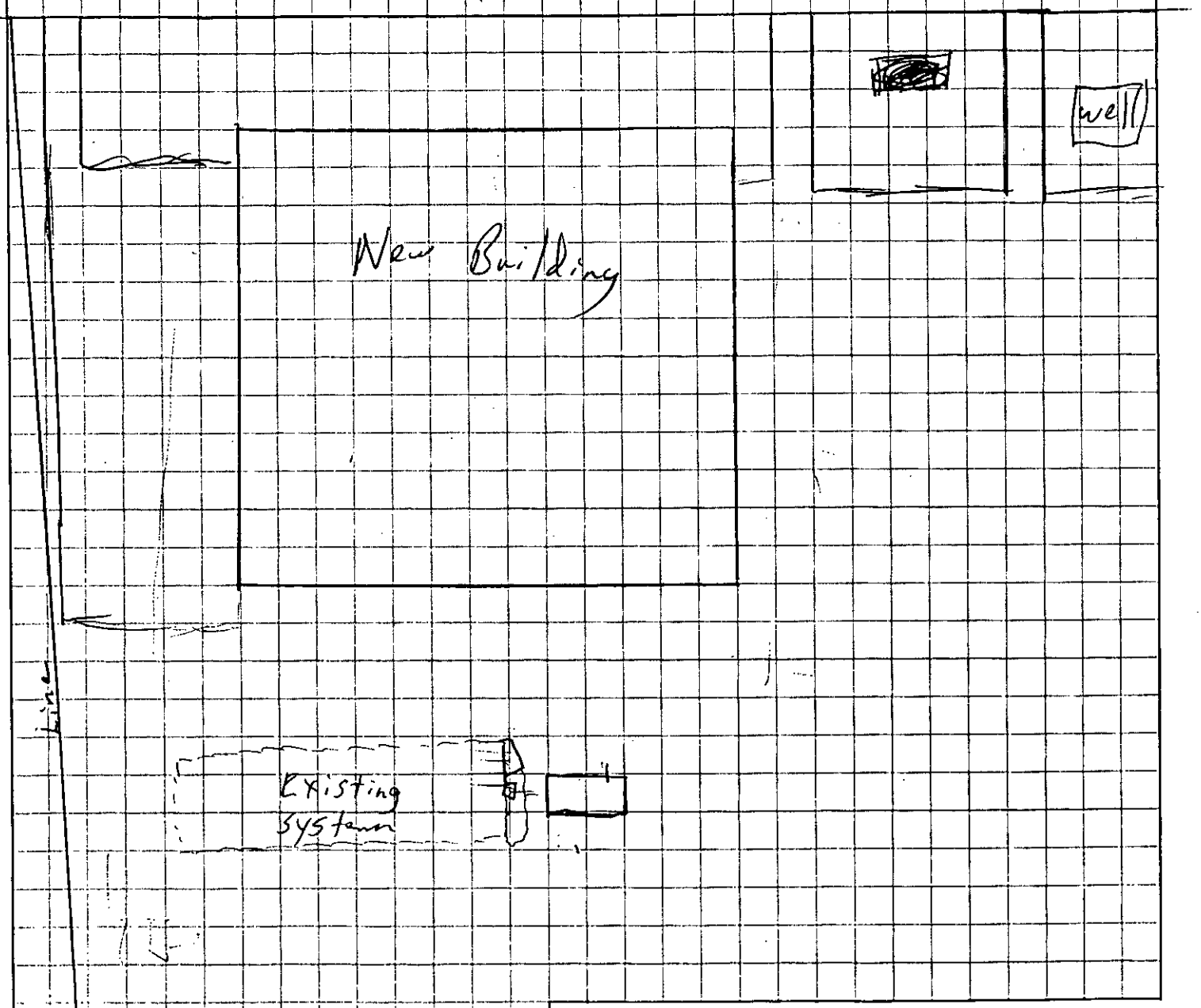
COPY

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

FILE: 11740

TC: 001-051-07

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APPROVAL DATE _____

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