Date Received 9-13-73

APT No. 6986

T C No. 027-13-

Map Date 9 5 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER QUEEN CITY BAPTIST CHURCH (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 600 HILLCREST ST. CHARLOTTE, N.C. ZIP 28226

3) PHONE NO Home 527-9579 Office CHURCH NO PHONE

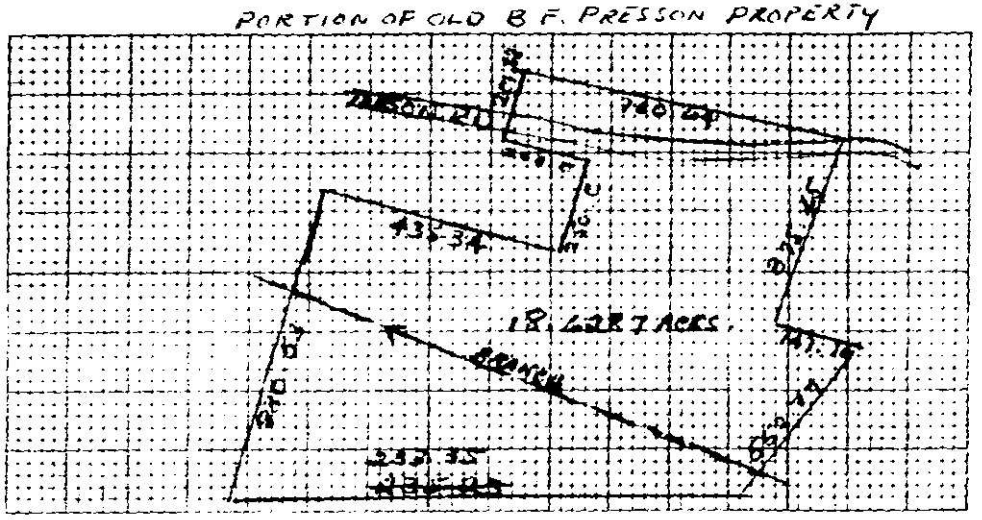
4) LOCATION OF PROPERTY WILSON ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION WALLARD CREEK LOT NO BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK PAGE NO

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

P A Palmer Jr - Pastor
OWNER Queen City Baptist Ch

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3765

PTR No 6986

Date Issued October 26, 1973

T C No 027-013025

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

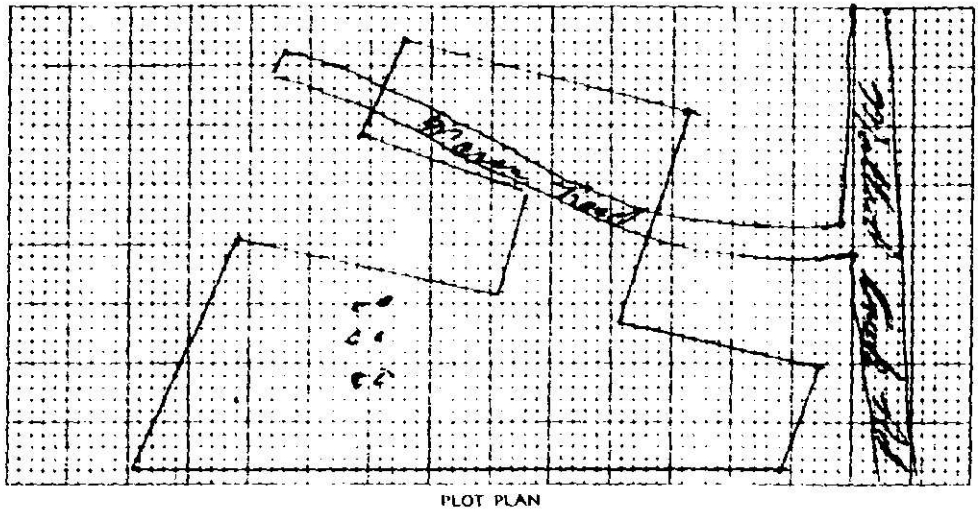
PERCOLATION TEST REPORT

NAME OF OWNER Queen City Baptist Church
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 600 Hillcrest Street ZIP

LOCATION OF PROPERTY Mason Road (County Road 2445)
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

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

The percolation rate determined by the test was 50 min/in. The site is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

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

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

John P. Dickson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-13-73

ICAR(S) Application No 6986

T C No 027-03-25

Map Date 9-5-73

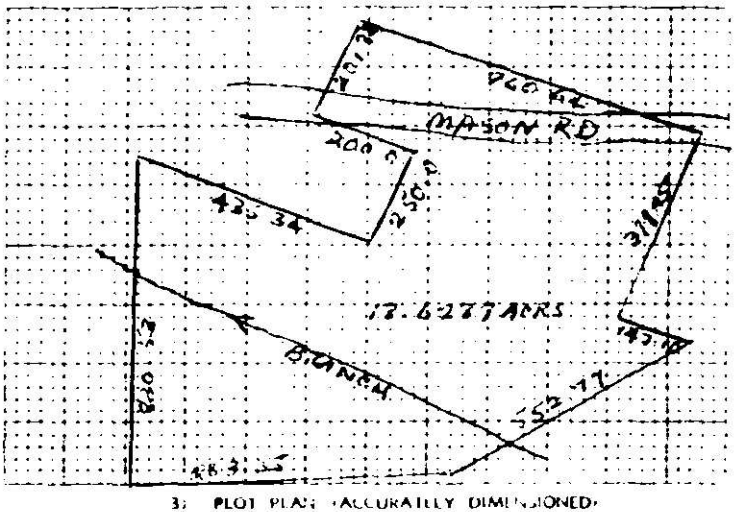
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

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

1) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms ___

5) Employed? Max. No. Employed 40 MEMBER

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply
A) Individual Well ✓
B) Community System
C) Municipal System
D) Well Location

10) Type of Toilet
Flush Toilet
Privy

11) Public Water Yes No

12) Property Subject to Covenants Yes No

13) FHA Case No. ___

14) VA Case No. ___

13) NAME OF OWNER QUEEN CITY BAPTIST CHURCH (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 600 HILLCREST ST. CHARLOTTE, NC 28209

15) PHONE NO Home 527-4579 Office NONE

16) LOCATION OF SYSTEM MASON RD (STREET OR COUNTY ROAD)

17) SUBDIVISION MALLARD CREEK Lot No ___ Block No ___

Map Book No ___ Page No ___

18) DEED REFERENCE -- DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? YES X NO DATE RUN ___

20) PTR NUMBER (See Instructions)

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

DATE OF APPLICATION

OWNER P.A. Palmer, Jr. - CCBC

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 26, 1973

Serial No. 3565

LA No. 6986

T. C No. 027-013-25

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Queen City Baptist Church
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 600 Hillcrest Street ZIP 28206

LOCATION OF LOT Mason Road (County Road 2495)
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 50 min/in on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6986. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction Alteration, and/or Repair Permit

M. D. Bailey
Environmentalist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM 710 E 3-4-1 71

HEALTH DEPARTMENT'S COPY