Date Received 2/25/75

MECKLENBURG COUNTY HEALTH DEPT.
RECEIVED
FEB 25 1975
ENVIRONMENTAL HEALTH DIVISION

APT No. 6814
T. C. No. 231-031-07
Map Date 10-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER COMMUNITY BAPTIST MISSION (160 PEOPLE PRESENT 300 " FUTURE
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER (PASTOR) 751 LANSDOWNE RD. ZIP 28211

3) PHONE NO. Home 364-6045 Office

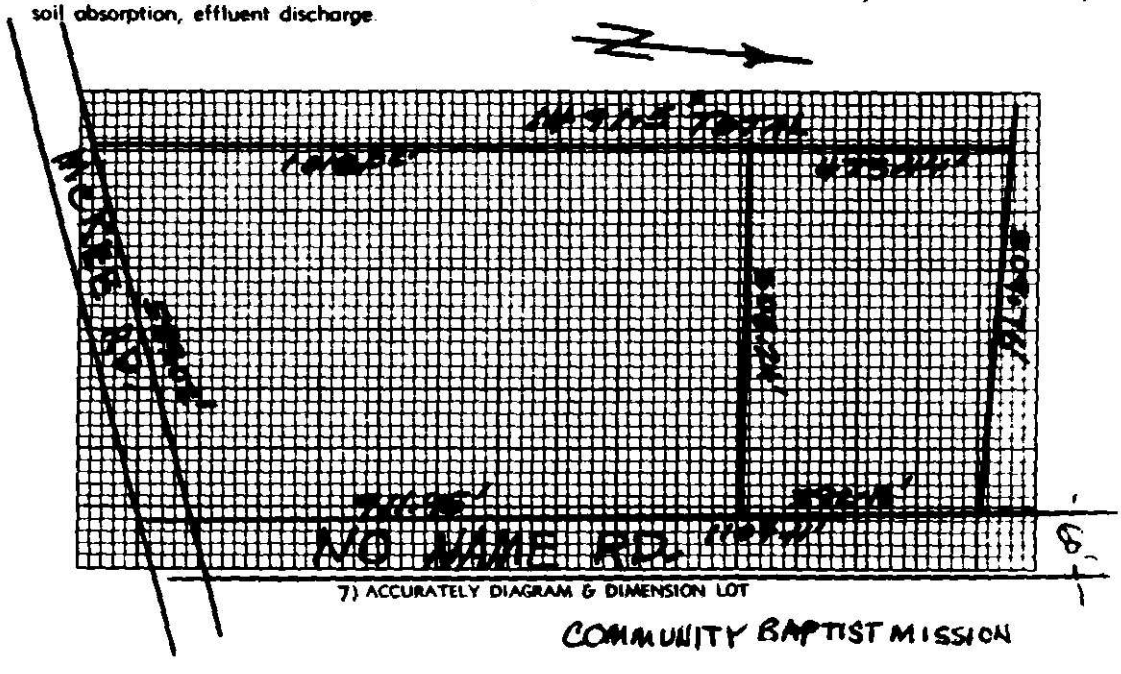
4) LOCATION OF PROPERTY McKEE ROAD & NO NAME ST. (OFF McKEE E. OF RANDOLPH)
STREET OR COUNTY ROAD

5) SUBDIVISION 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

COMMUNITY BAPTIST MISSION
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: February 27, 1975

TO: John R. Adkisson

FROM: W. Edward Casavant EC
Soil Scientist

SUBJECT: APT 6814 (Community Baptist Mission)
McKee Road

The lot consists of soils of the Enon, Wilkes, and Cecil series.

The Enon soils have sticky and plastic clay subsoils which contain expanding clay minerals. These soil characteristics result in inadequately slow permeability and percolation rate (true mean perc. rate in excess of 200 min./in.).

The Wilkes soils have sticky and plastic clay subsoils which contain expanding clay minerals. They are also shallow to weathered rock and have potential for contamination of the ground water table. These soil characteristics result in inadequately slow permeability and percolation rate (true mean perc. rate in excess of 200 min./in.).

The Cecil soils have good aeration, good drainage, and moderate permeability (true mean perc. rate of 60 min./in.).

Based on this investigation, the lot is conditionally recommended for approval for installation of a septic tank system. The system should be placed in the area of Cecil soils. System design should be based on a percolation rate of 60 min./in.

WEC:jjk
wds

Serial No. 4982

PTR No. 6814

Date Issued Feb. 27, 1975

T C No 231-031-07

Map Date 10-9-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

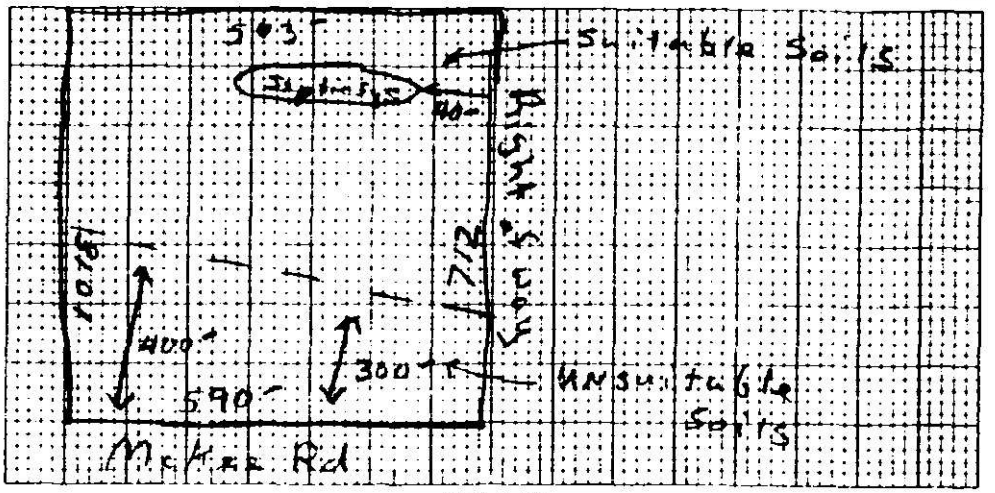
PERCOLATION TEST REPORT

NAME OF OWNER Community Baptist Mission

ADDRESS OF OWNER (Pastor) 751 Landdowne Rd. ZIP 28211

LOCATION OF PROPERTY McKee 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 *60Min./In The said lot 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 alter or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said 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 a well) 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.

*Results determined by soil analysis

W Edward Grenzant
Soil Scientist

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

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON

Date Received 11/3/75

ICAR(S) Application No. 6814

T. C. No 231-031-07

Map Date 10-9-74

#1 1000-300
#2 1500-320
#3 1000-300

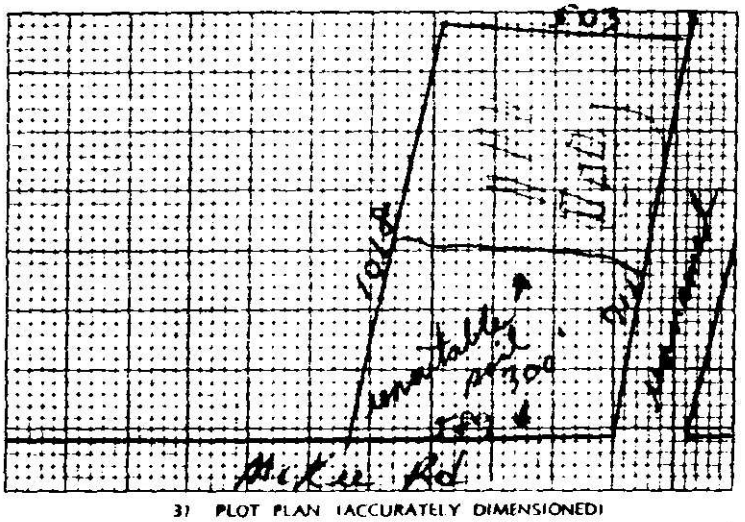
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

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

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms _____

5) Business Use — Max No Employees 125

6) Washing Machine ____Yes ____No

7) Garbage Disposal ____Yes ____No

8) Dishwasher ____Yes ____No

9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1 Well source _____
2 Governmental source _____

10) Sewage System
House located within 200 feet of public sewer ____Yes ____No
House located within 200 feet of community sewer ____Yes ____No

11) FHA Case No _____

12) VA Case No _____

13) NAME OF OWNER Community (LAST) Baptist (FIRST) Mission (MIDDLE)

14) ADDRESS OF OWNER McKee Road 4300

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM McKee Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ 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.

3 Nov 1975
DATE OF APPLICATION

Melvin J. Haigler
OWNER

FORM NO. E-4 4-71

HEALTH DEPARTMENT'S COPY

Date Issued 11/4/75

Serial No. 5409

IMPROVEMENTS PERMIT

LA No. 6814

T. C. No 231-031-07

Map Date 10-9-74

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 Community Baptist Mission
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER C/O 751 Lansdowne Road ZIP 28211

LOCATION OF LOT McKee Road
(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 60Min./Inbn 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 6814. 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

A M Reynolds
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10 May 76 Serial No. 7515 ICAR (S) Permit No. 6814

T. C. No. 231-031-07

Map Date 10-9-74

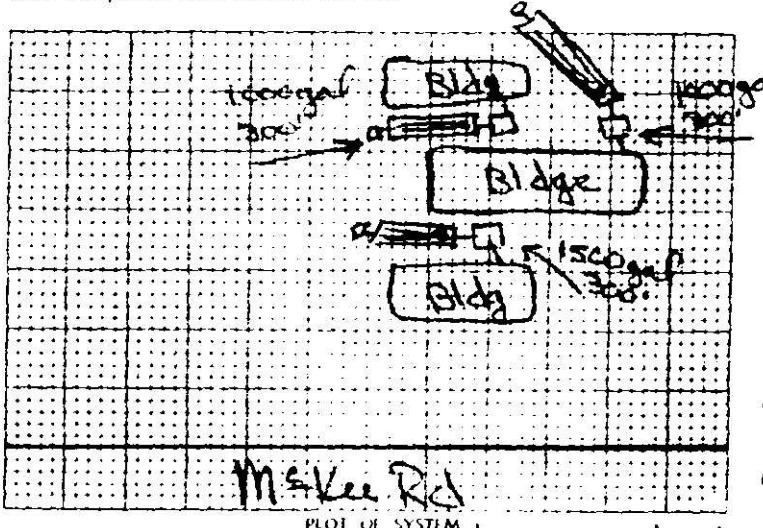
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 6814, dated 3 May 76 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 10 June 76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 - 1000 - 1000

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Lenght 900'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 65'

NAME OF OWNER Community Baptist Church

LOCATION OF PROPERTY McKee Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments aeration pits

Division or Section Head

J. M. Reynolds
Environmentalist

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

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 14 May 76 Serial No. 6939

C of A (s) No. 6814

T. C. No. 23-03-07

Map Date 10-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Community Baptist Ch.
LAST FIRST MIDDLE

Location of Property McAlee Rd

Application Number 6814 Permit Number 6814

Inspection Data:

Liquid Capacity of Tank 1500-1000-1000 Tank Material Precast Concrete

Total Length of Drain Tile 900' Number of Lines 3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 65'

Excavation Inspected 14 May 76 DATE Tank Inspected 14 May 76 DATE

Nitrification Field Inspected 14 May 76 DATE

Washing Machine Line Inspected, If Applicable ____ DATE

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

Comments aeration pits O.K.

G. M. Reynolds
Environmentalist

FORM NO E-5-2M-6-75

HEALTH DEPARTMENT COPY