


15630 RED FEZ CLUB RD

21710208

5/2/08

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: 2996 A DATE: 6/3/04

TC: 217-10-208 ☑ L ☐ CRT

SERIAL 19269

Name of Owner LAKE WYLIE BAPTIST CHURCH Juris.: _____

Address of Property 15630 ~~YORK RD~~ Red Fez Club ROAD W PLN

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield N/A

Number of Lines N/A @ _____

Cover Depth N/A

Water Supply Source WELL

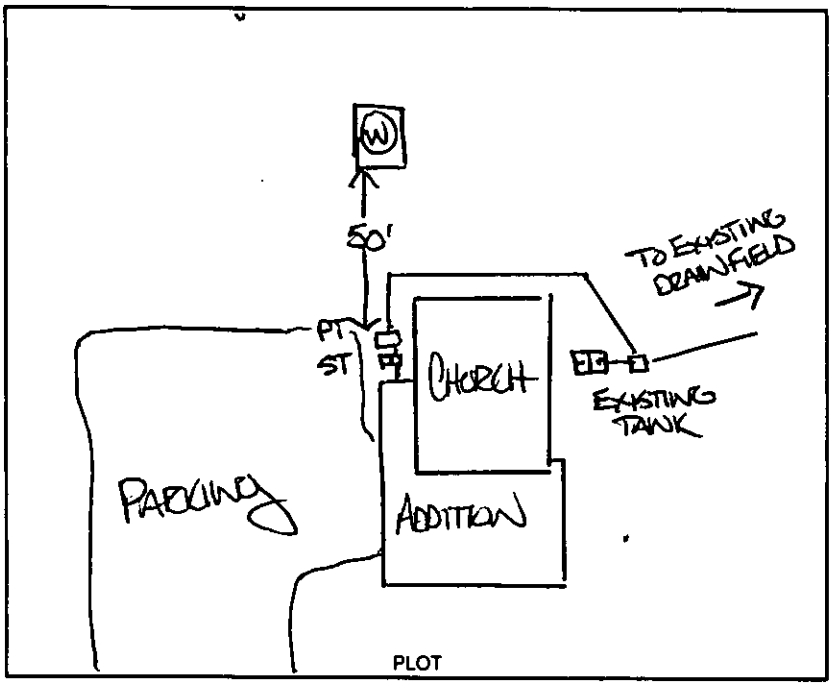
Distance to Water Source 50'

Excavation Inspected 6/3/04

Tank(s) Inspected 6/3/04

Wash Line Inspected N/A

High Water Alarm Inspected 6/3/04




Design 2004, ALTERATION, 1500ST, 1000PT, PI CTR# STANLEY

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 IIID, 1500ST, 1000PT, ALTERATION OF EXISTING SYSTEM FOR SANCTUARY ADDITION, NEW MENS & LADIES BATHROOM AND KITCHEN WARMING AREA.

Environmental Health Specialist

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

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

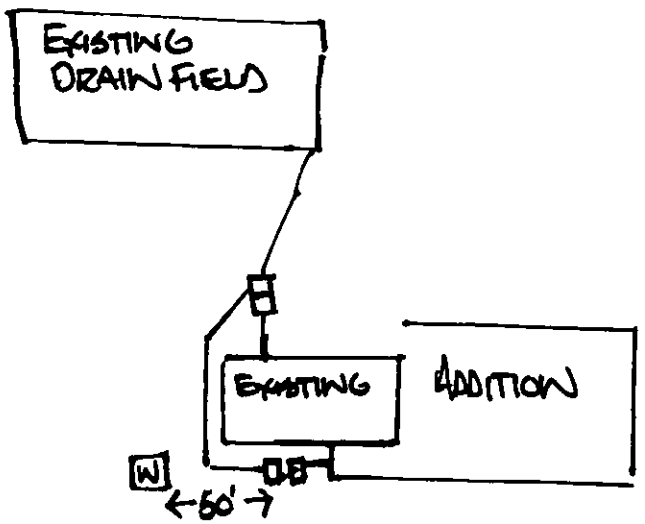
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 29960A DATE: 4/16/04

TC: 217-102-08 ✓L

SERIAL 19699

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 3/12/04. All work shall be completed on or before ~~4/12/04~~, 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 1000 gallons

Tank Construction PCC

Trench Depth N/A

Absorption and/or Nitrification Lines:

Trench Width N/A feet

Trench Walls Scored and Porous N/A

Total Line Length N/A feet

Number of Lines N/A

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER LAKE WYLIE BAPTIST CHURCH

LOCATION OF PROPERTY 15630 YORK RD.

Comments: FOR CHURCH ADDITION: INSTALL 1500 GAL ST & 1000 GAL PT TO CONNECT TO EXISTING SEPTIC TANK & DRAIN FIELD.

Dawn Camp RS.
Environmental Health Specialist

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

# PROPOSED PLOT PLAN

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

FILE: 2996A

TC: 217-102-08

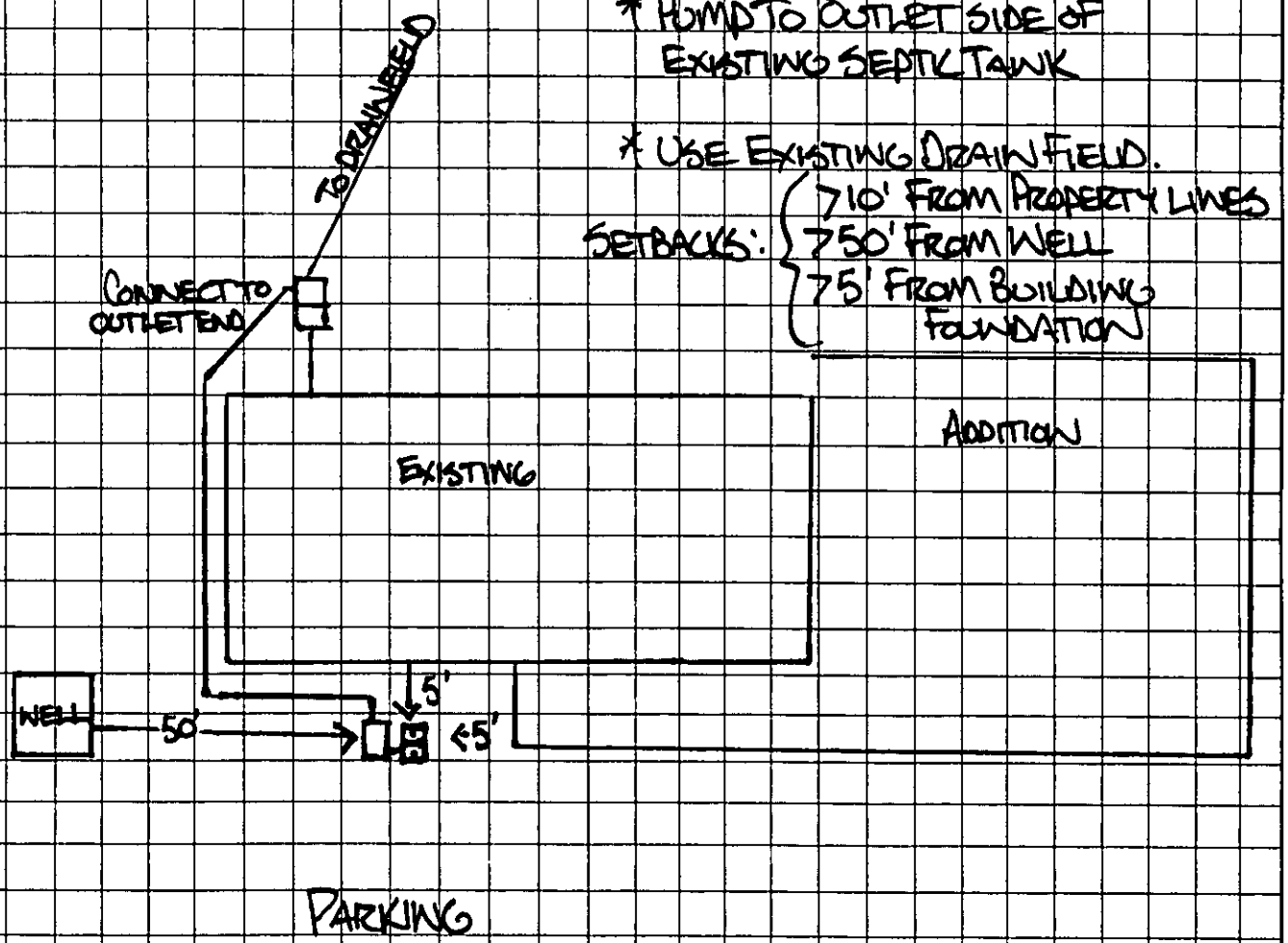
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

CHURCH ADDITION:
* INSTALL 1500 GAL S.T.
1000 GAL P.T.

* PUMP TO OUTLET SIDE OF EXISTING SEPTIC TANK

* USE EXISTING DRAINFIELD.

SETBACKS: 10' FROM PROPERTY LINES
50' FROM WELL
5' FROM BUILDING FOUNDATION




Mark A. Will
OWNER/AGENT SIGNATURE

DATE 4.28.04

APPROVAL DATE _____

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

check 35467 JKA

**FEE:** 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
**DATE:** 4-28-04 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

**DATE:** 4/16/04 **PERMIT NO:** 2996A
**PARCEL NO:** 217-102-08

**JOB LOCATION ADDRESS:** 15630 YORK RD.
**PROPERTY OWNER:** LAKE WYLIE BAPTIST CHURCH
**BUILDING CONTRACTOR:**
**SUBDIVISION NAME:**
**AUTHORIZATION ISSUED BY:** DAVID CORNELIUS **DATE:** 4/16/04
**DEHNR AUTHORIZED AGENT**

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2996A, 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 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: _____

## 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 PERMITS AND AUTHORIZATION TO CONSTRUCT.

Mark A Will 4.28.04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 217-102-08 CONDITIONS OF IMPROVEMENT PERMIT Tax Number: 29960

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

| | | | |
|---|---|---|---|
| Basement | ___ Yes | X No | ___ Partial Basement |
| Type Primary Wastewater System<br>Type (circle one):<br>I II III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| ___ Long-term acceptance rate | ___ Max gallons/day wastewater flow | ___ Absorption Area (sq ft) | ___ Trench spacing (min. on centers) |
| ___ Serviced by private well | 1500 Gallon septic tank | ___ Total trench length (ft) | ___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| ___ Bedrooms in residence | 1000 Gallon pump tank | ___ Depth of stone | |

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: INSTALL 1500 GAL S.T. & 1000 GAL P.T. TO CONNECT TO EXISTING SEPTIC TANK & DRAINFIELD.

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| ___ Absorption Area (Sq ft)<br>___ Total Trench Length (Ft) | ___ Depth of Stone Trench | ___ Trench spacing (min. on centers) | ___ Maximum Trench Depth |

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmen
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date: 4/16/04

Owner/Agent Signature — Date: 4.28.04

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

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

IWWS-100195

217-221-02

2996A

Check 2209
100.00 3-12-04 JKA

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 File 2996A

(704)336-5102 David

PERSON FILING APPLICATION:
NAME: ~~[redacted]~~ WARREN (last) WILLIAM (first) B (mi)
ADDRESS: 6886 MONTGOMERY RD PHONE: (803-831-0507
CITY: LAKE WYLIE STATE: SC ZIPCODE: 29710

Date: 3-12-04

PROPERTY OWNER:
NAME: LAKE WYLIE BAPTIST CHURCH (last) (first) (mi)
ADDRESS: 15630 YORK RD PHONE: 704 588-4005
CITY: CHARLOTTE STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-102-08
STREET ADDRESS: 15630 YORK RD. CHARLOTTE
ZONING: MX3

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

SUBDIVISION OR MOBILE HOME PARK NAME: NA

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Adding new Sanctuary

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 1 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)
[] 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 [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: William B. Warren Date: 3-12-04

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.

...

[] 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

Environmentalist Date

WATER : 122791

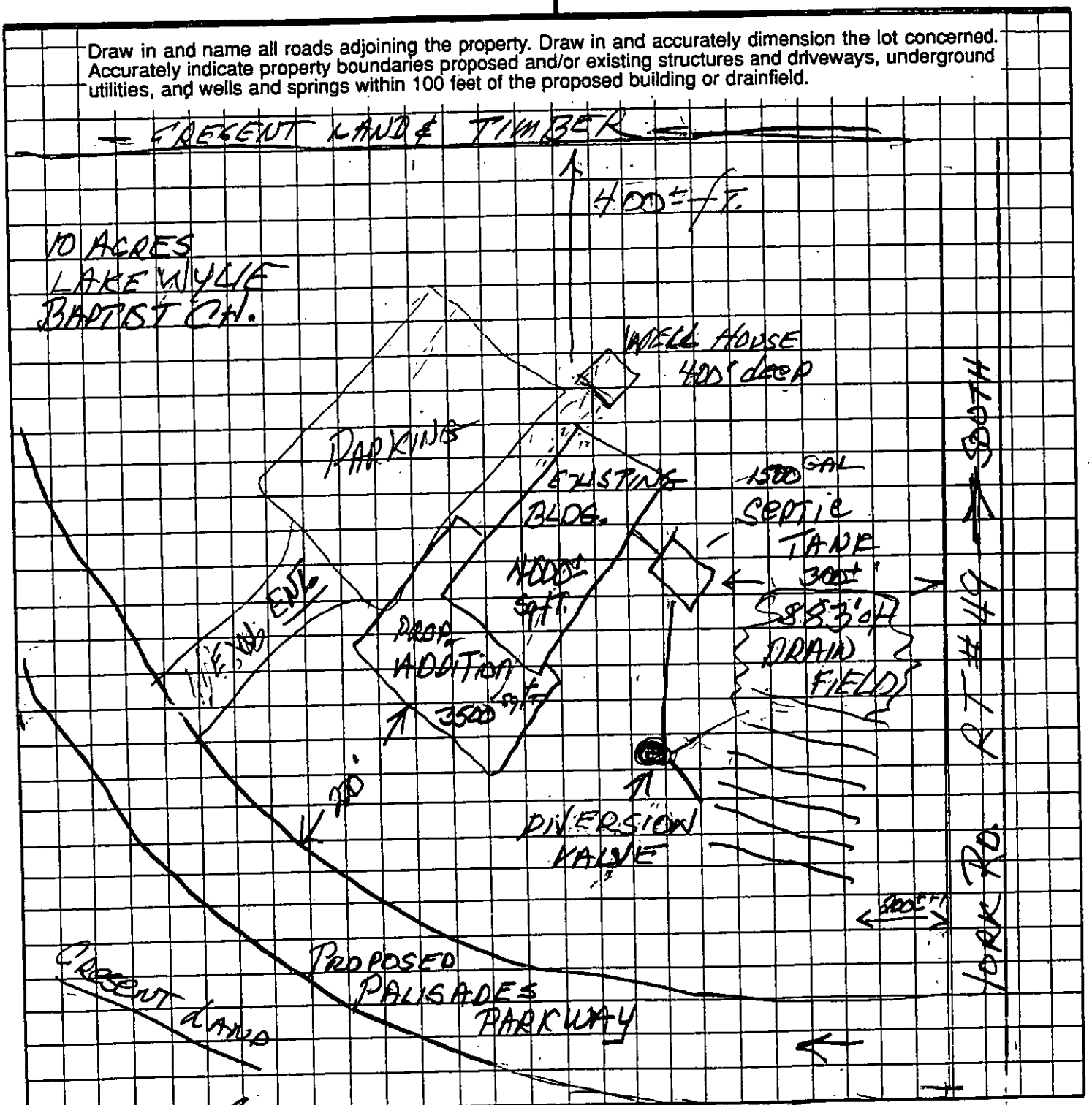
# PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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




R. B. Hauser
OWNER/AGENT SIGNATURE

DATE 3-12-04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mecklenburg Co. Health Dept.
Enviormental Health Division
Suite 211
700 North Tryon St.
Charlotte, NC 28202

This application is for a new addition of approx 3500 sq. ft. We are adding one additional water fountain, two toilets and the drain from one baptistry. The use of the septic system would be temporary as Cresent land and Timber Co. Is providing a tap for both water and sewer as the proposed Palisades Pkwy. is built.

Thank you for your consideration in this matter.

W. B. Warren

METROLINA BUILDERS, INC.
GENERAL CONTRACTORS

# Fax Transmittal

| | | | |
|---|---|---|---|
| **To:** | Environmental Health | **From:** | Matt Williams |
| **Attn:** | David Cornelius / Kelly Randall | **Title:** | VP Business Development |
| **Fax:** | 704-336-6894 | **Pages:** | 3 *(including cover)* |
| **Phone:** | 704-336-5571 | **Date:** | April 7, 2004 |
| **Re:** | Lake Wylie Baptist Church | **CC:** | |

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

1 **Comments:**

David,

I dropped off the plans for Lake Wylie Baptist for you or Kelly to review.

Also, Bill Warren from the church just faxed over the paperwork that details Crescent's commitment for the sewer tap once the lines are installed.

Hopefully between this and the plans that I dropped off, you will have everything required for approval.

If you have any questions, please contact me ASAP so we can get this approved.

Thanks,

Matt Williams
Metrolina Builders, Inc.

**METROLINA BUILDERS, INC.**
**425 HEBRON STREET**
**CHARLOTTE, NC 28273**
**PH: 704-553-0834 / FAX: 704-553-2096**
**www.metrolinabuilders.com**

**FACSIMILE**

Moore & Van Allen

Moore & Van Allen PLLC
Attorneys at Law

Suite 4000
100 North Tryon Street
Charlotte, NC 28202-4003

T 704 331 1000
F 704 331 1159
www.mvalaw.com

| | |
|---|---|
| FROM | Shelley Saunders on behalf of J. Christopher Oates |
| TELEPHONE | 704-331-2485 |
| FAX | 704-339-5965 |
| DATE | Wednesday, March 31, 2004 10:57:26 AM |

| | |
|---|---|
| PAGES INCLUDING COVER SHEET | 02 |
| USER NUMBER | 024336 |
| CLIENT/MATTER | 000001 |

**Attention:**

| | |
|---|---|
| TO | Bob Timmons |
| COMPANY | Bottomline Construction Services, Inc. |
| TELEPHONE | |
| FAX | 704-525-0316 |

**Remarks:**

Attached is page 6 from the Property Exchange Agreement. Section 3d. includes provisions on the water and sewer tap. Please call me with any questions or if you need anything further.

IF FAX IS ILLEGIBLE OR INCOMPLETE, PLEASE CALL 704-331-1000 OR 800-333-3762.

Unless otherwise indicated, or obvious from the nature of this document, the attorney-client privilege and confidentiality attached to this transmission belong solely to the sender. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. Please immediately notify us by telephone (collect) and return the original message to us at the above address via the U.S. Postal Service. Thank you.

Raleigh, NC
Charlotte, NC
Charleston, SC

Improvements to be installed and maintained by Crescent pursuant to the Landscaping and Entrance Monument Easement, following closing and completion of the grading as described above, Crescent shall provide the Church a $50,000.00 allowance ("Landscape Allowance") for landscaping the interior of Church property. As landscaping is completed, Crescent shall make disbursements from the Landscape Allowance (not more than once per month) upon receipt from the Church of a written disbursement request containing a description of the work performed, together with a third-party invoice from the applicable landscape designer or contractor. In addition to the Landscape Allowance, following closing and the completion of the grading, Crescent shall also pay up to a maximum of $10,000.00 ("Signage Allowance") for an individual monument sign for the Church to be located along Highway 49 (York Road) near the northwestern corner of the Church Property. Crescent shall disburse the lesser of the Signage Allowance or the actual, third party cost incurred for the sign upon completion of the sign and receipt by Crescent of a written request for payment from the Church, together with a copy of the third-party invoice for the sign.

d. Water and Sewer Tap. Crescent anticipates, but cannot guaranty, that public water and sewer lines will be installed within the right of way of the Proposed Road. If public water and sewer lines are installed in the Proposed Road, adjacent to the Church property within five (5) years from and including the Effective Date, Crescent shall pay for one water tap and one sewer tap (and the associated tap fees, if any) to serve the Church property for Church. The Church shall be responsible for any other costs incurred by the Church to connect its facilities to such taps.

Attorney's Fees. Simultaneously with the execution of this Agreement by the parties, Crescent shall pay for the Church's reasonable attorneys fees incurred in connection with the negotiation, review and execution of this Agreement in the amount of $_____. Additionally, at closing, Crescent shall pay the Church's reasonable attorney's fees incurred in connection with the closing of the property transfer described above. The Church will cause its attorney to provide Crescent with a detailed invoice for such fees upon Crescent's request.

4. Notice. Each notice required or permitted to be given hereunder shall be in writing and shall comply with the requirements of this Section 4. Any notice hereunder shall be deemed to be duly given if: (a) either (i) hand delivered to the representative of the party listed below, or (ii) delivered or sent by telephone facsimile transmittal to the facsimile telephone number of the party listed below, in which event proof of delivery shall be by telephone records, and (b) a duplicate of such notice shall be sent by registered or certified mail to the party at the address set forth below (or at such other address as may hereafter be designated by the party). The parties hereto reserve the right to change the addresses or telephone numbers to which notices are to be sent by giving notice to the other as herein provided.

The addresses and facsimile telephone numbers of the parties to which notices are to be sent shall be those set forth below:

As to Crescent:

# LETTER OF TRANSMITTAL

METROLINA BUILDERS, INC.
GENERAL CONTRACTORS
425 Hebron St.
Charlotte, North Carolina 28273
Phone 704 553-0834
P.O. Box 240338
Charlotte, North Carolina 28224

| DATE: | JOB NO.: |
|---|---|
| 4 / 7 / 2004 | |

JOB NAME: Lake Wylie Baptist Church

ATTENTION: David Cornelius / Kelly

RE: Plans for review

TO: Meck County - Environmental Health

**WE ARE SENDING YOU:** ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop Drawings ☐ Prints ☒ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐ Other: _____

| COPIES | DATE | NO. | DESCRIPTION |
|---|---|---|---|
| 1 | / / | | Full Set - Construction Drawings |
| | / / | | |
| | / / | | |
| | / / | | |
| | / / | | |

METROLINA BUILDERS, INC.
GENERAL CONTRACTORS
MATT WILLIAMS
Project Manager
425 HEBRON STREET
CHARLOTTE, NC 28273
PHONE 704 553-0834
FAX 704 553-2096
mwilliams@metrolinabuilders.com
www.metrolinabuilders.com

**THESE ARE SUBMITTED as checked below:**

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for correction ☐ Return _____ corrected prints
☐ For review and comment ☐ PRINTS RETURNED AFTER LOAN TO US
☐ FOR BIDS DUE _____ / / ☐ Other: _____

**REMARKS:**

Please review as soon as you can work it into your schedule. The building permit will be ready in 1-2 days, so any help would be greatly appreciated. Bill Warren who you originally spoke with has fallen ill, hence the delay.

Thanks,

Matt Williams

**COPY TO:** _____

**SIGNED:** _____
Matt Williams / swm

*If enclosures are not as noted, please notify us at once.*

Pd. 7/2/91
CK. #6057
Amt. 25.00

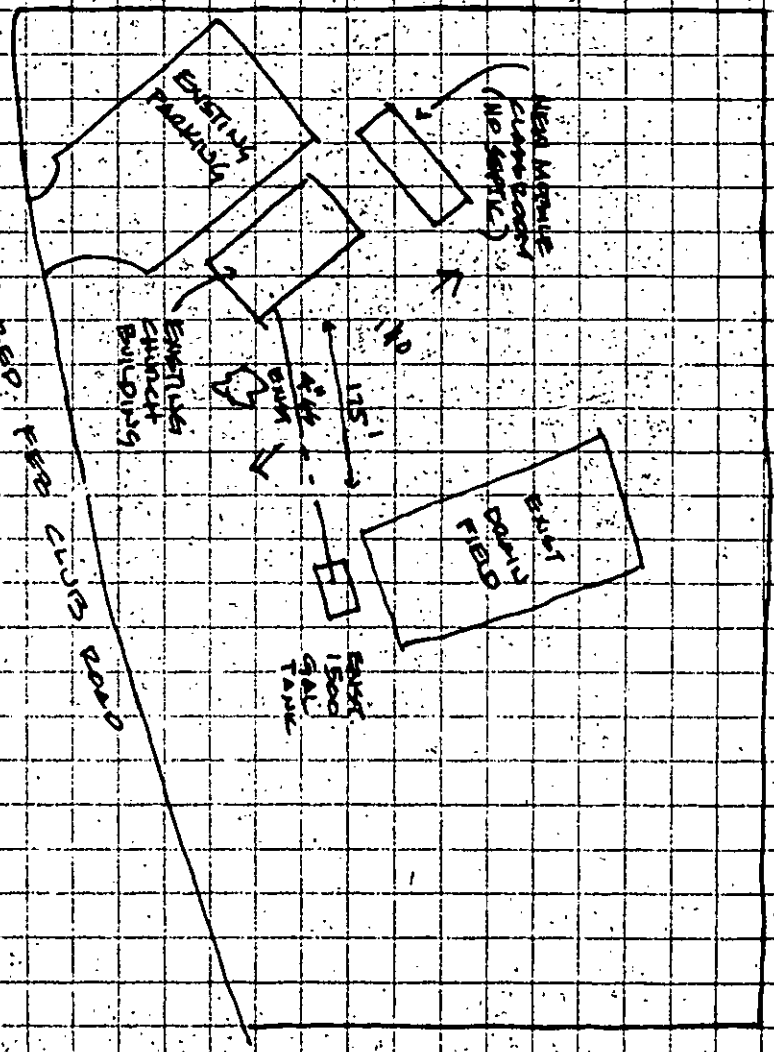
# PROPOSED PLOT PLAN

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

FILE: 2996-A

TC: 217-221-02

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




APPROVAL DATE _____

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

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

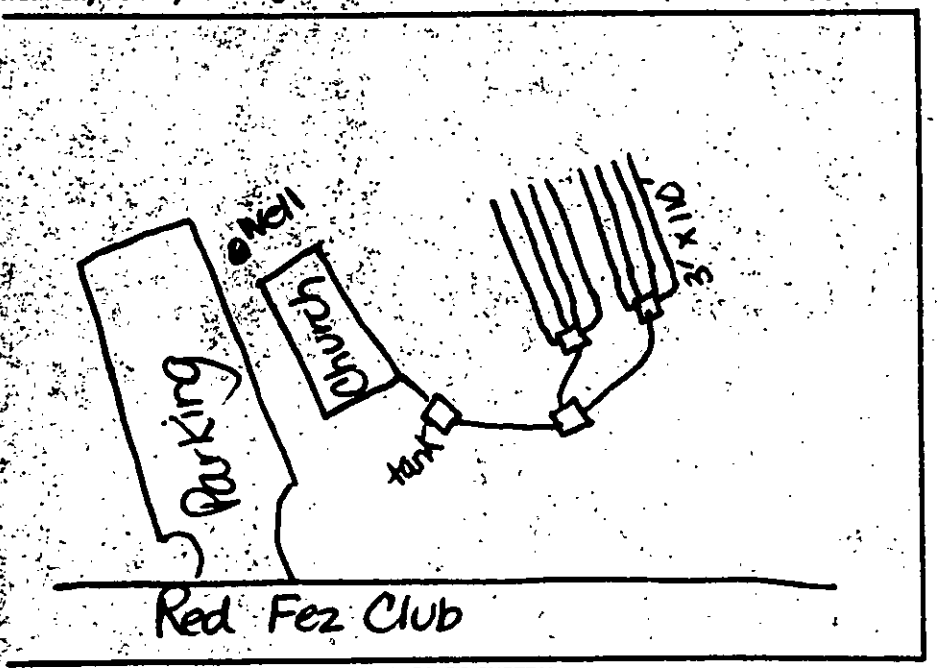
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2996A DATE: 4/19/88

TC: 217-221-02 ☐ L

SERIAL № 11771

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 4/13/87 All work shall be completed on or before 5/19/88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction PCC

Absorption and/or Nitrification Lines:
Trench Width 3' feet
Total Line Length 880' feet
Number of Lines 8
Depth of Stone 12 inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well >50' feet

NAME OF OWNER Lake Wylie Baptist Church
LOCATION OF PROPERTY 15700 Red Fez Club Rd
Comments: 8 trenches 3' x 110' x 12" stone, straw cover

Division or Section Head

Environmentalist

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2996A DATE: 4/29/88

TC 217-221-02 ☐ L ☐ CRT

SERIAL № 11035

Name of Owner Lake Wylie Baptist Church Juris.

Address of Property 15700 Red Fez Club Rd.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 880'

Number of Lines 8 @ 110'

Cover Depth 24"-36"

Water Supply Source Well

Distance to Water Source >50'

Excavation Inspected 4/29/88

Tank(s) Inspected 4/29/88

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: R88, 1500ST, CON, 2640SFT, 12G, Cecil CTR# 16

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

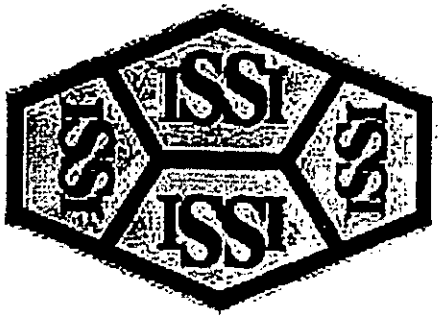
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

√

Donald Johnson, RS
Environmentalist

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




Imaging Solutions and Services, Inc

The following is a

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*ISSI Operations Center Staff*

PREPARED BY

DATE

# Lake Wylie Baptist Church

## Church Data

3960 Sq ft Stone Floor on Pad

Walls & Windows Power Problems

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 13727

File: 2996A Action 1
Parcel: 21722102 ☐ PC

Location: 15700 Red Fez Club Road

Subdivision:

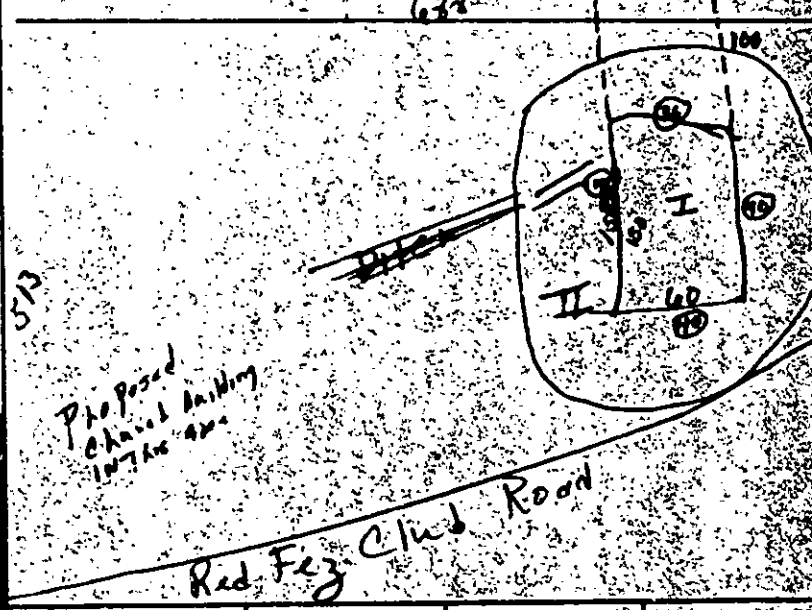
Lot: Block: Acres: 1 A+

Owner: Lake Wylie Baptist Church
Address: P. O. Box 5142
Lake Wylie, SC 29710

Comments: Area I Me-Kid ell with surveyor
Take At East Corner
Area May be Limited Depending
on size of Church.

Described by: W. B. Ramsey
Date: 3-N-87

Extend Drain Field Repair Area
100 Ft.
H-14-87 W.B.R & J.K.




**••• 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 2-4 | S PS (U) DITCHED FIELD | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 36-40 | S PS (U) 18-30 | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Landscape Slopes | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Slope (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IIa Cecil | IIa Eroded Area | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# *Mecklenburg County*

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- **Large-format Drawings**

**Original File Number:** 2996A/15630

**Box Number:** 2

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

**General Comments:** _____

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