

8600 HOOD RD

10514238

8/19/08

marliwr

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

CONDITIONS OF IMPROVEMENT PERMIT

File# 18962
8400 Hood Road

1. Permit is for an existing sanctuary with 250 seats (5gal/ seat) and for a day care center for 60 persons at 15gal/person.
2. Install 3000 gal septic tank and 3000 pump tank from the formula
   V= .75Q + 1125 where V is volume, Q is the design daily flow.
   V= 1250gals + 900gals x .75 +1125
   V = 2735.5 gals

3. Install a pressure manifold to distribute effluent to all lines.
4. Repair area to be under the existing playground and the designated area adjacent to the playground.
5. All parts of the septic tank system to be 100 feet from all wells.
6. Add 8 lines 107 feet in length. 900 gpd divided by .35LTAR is 2571 sq.ft. divided by 3 is 857 total linear feet.
7. Pressure manifold shall have 9 one-half inch taps, schedule 80, which shall have a flow rate of 5.48 gpm @ two feet of pressure head.

   Pump flow rate to 49 gpm.
8. Each tap will attach to a flow divider which will separate the effluent into two lines.
9. Total dynamic head is calculated by the following method.

   13 feet, three inches from the pump level to the highest drainline.
   Friction loss for 250 feet of supply line is 11feet.
   Pressure head is determined to be 2 feet.
   Total dynamic head is 27 feet.

   Pump will need to pump 50 gpm at 27 feet of total dynamic head.

10. A grease trap of at least 1350 gallons will be required and plumbed to accept only wastes associated with food handling and no toilet wastes.

Comments:

Owner or Agent Signature

Permit Number 18962

Tax Number: 105-142-38

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 Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other		___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
.35 Long-term acceptance rate	2735 Max gallons/day wastewater flow	0521 NEW / 3150 EXISTING Absorption Area (sq ft)		9' Trench spacing (min. on centers)
NO Serviced by private well	3000 Gallon septic tank	900 NEW / 1050 EXISTING Total trench length (ft)		30 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence CHURCH 250 SEATS / 60 PERSON DAY CARE	3000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: SEE APPROVED SITE PLAN				
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other		___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
5221 Absorption Area (Sq ft) 1950 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)		30' 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 the 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 effect at the time of issuance of the permit and is subject to the following provisions:

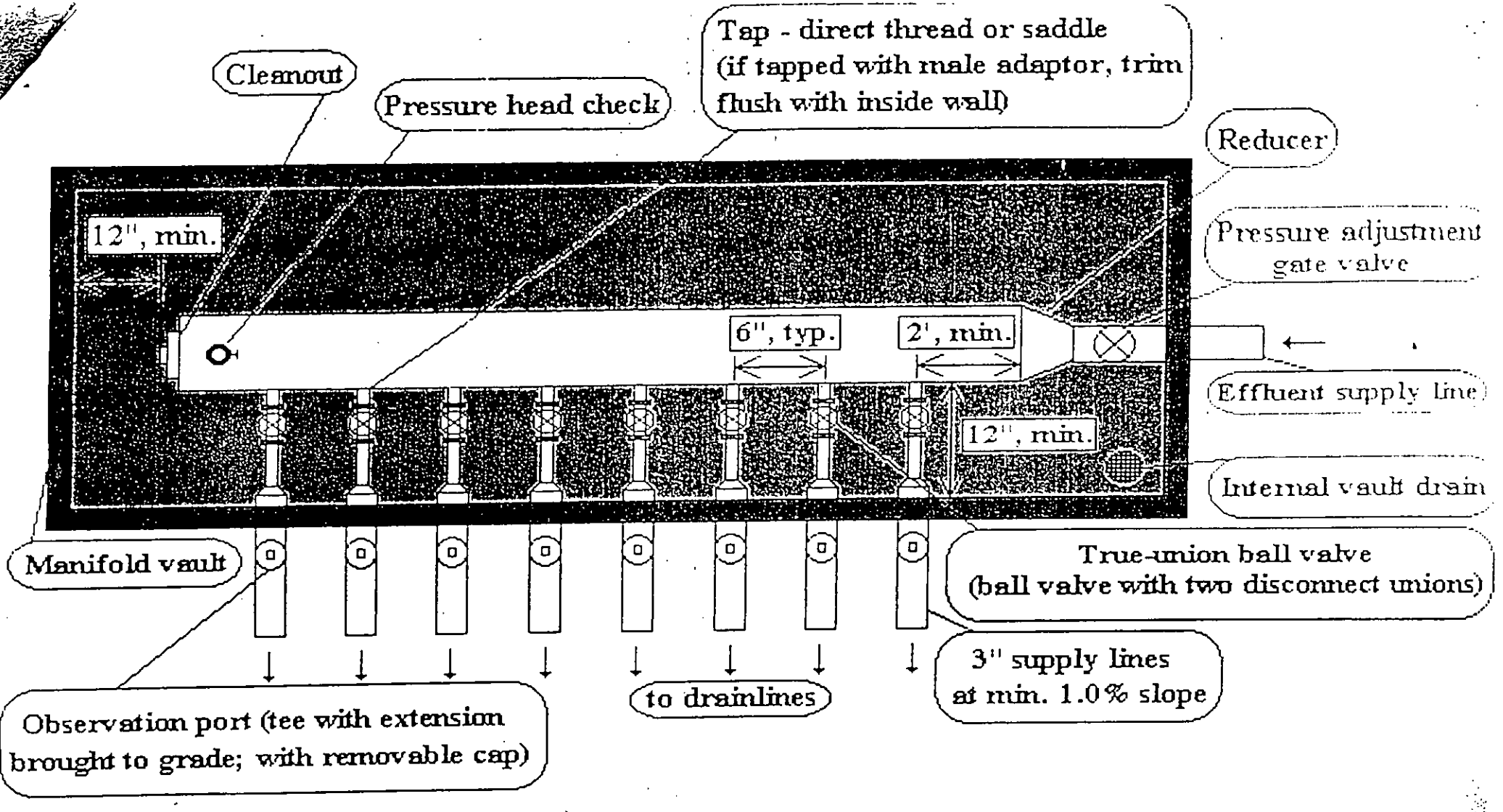
- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This improvement permit is transferable.

DEHNR Authorized Agent — Date: 9-7-00

Owner/Agent Signature — Date

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



Plan View of Pressure Manifold for Sloping Site Installation
(not to scale)

9-25-00
SAMPLE —

WILL
REDRAW
WHEN
BLUE LINE
PLANS ARE
SUBMITTED

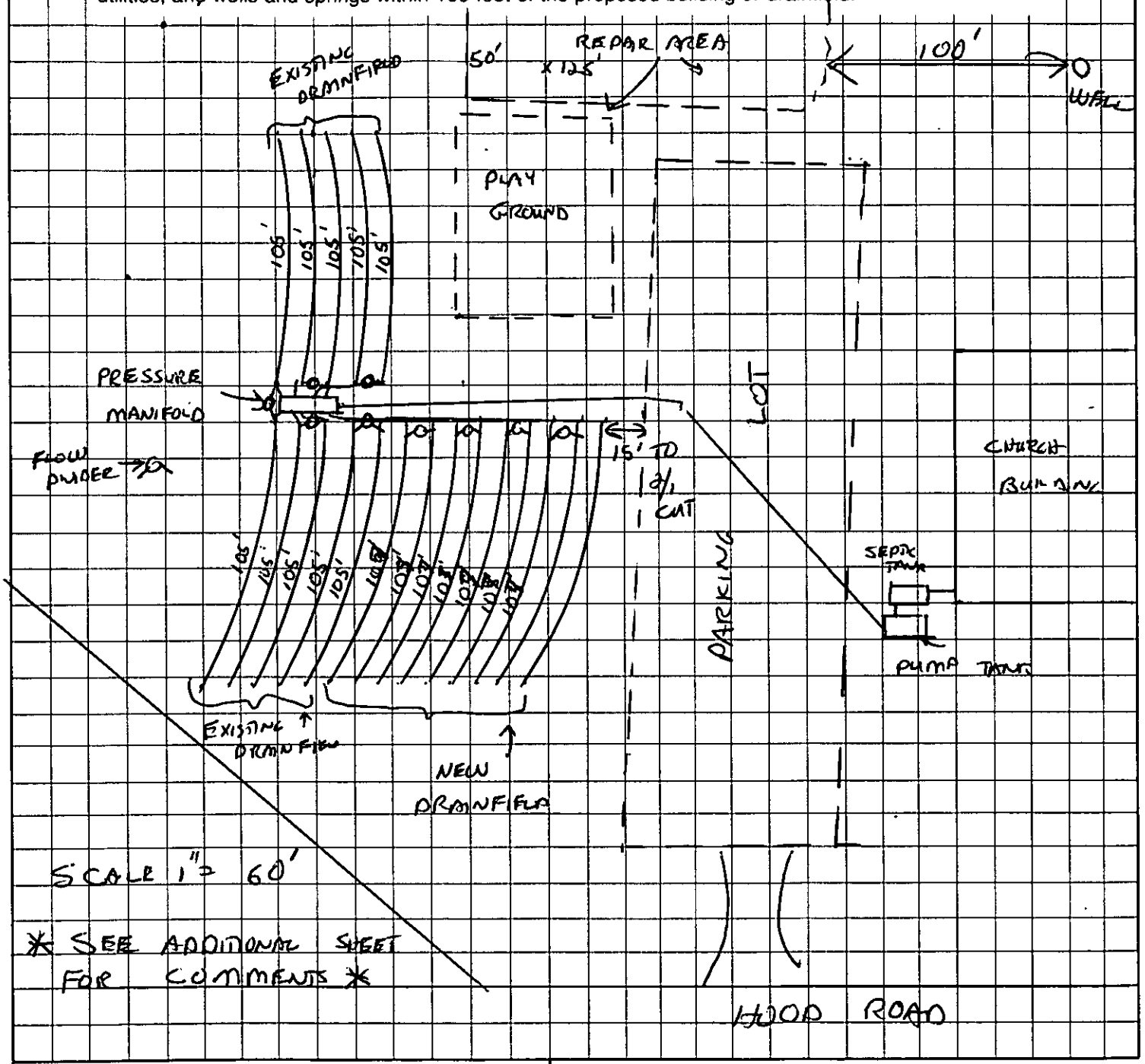
PROPOSED PLOT PLAN

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

FILE: 18962

TC: 105-140-38

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 _____

OWNER/AGENT SIGNATURE

DATE

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

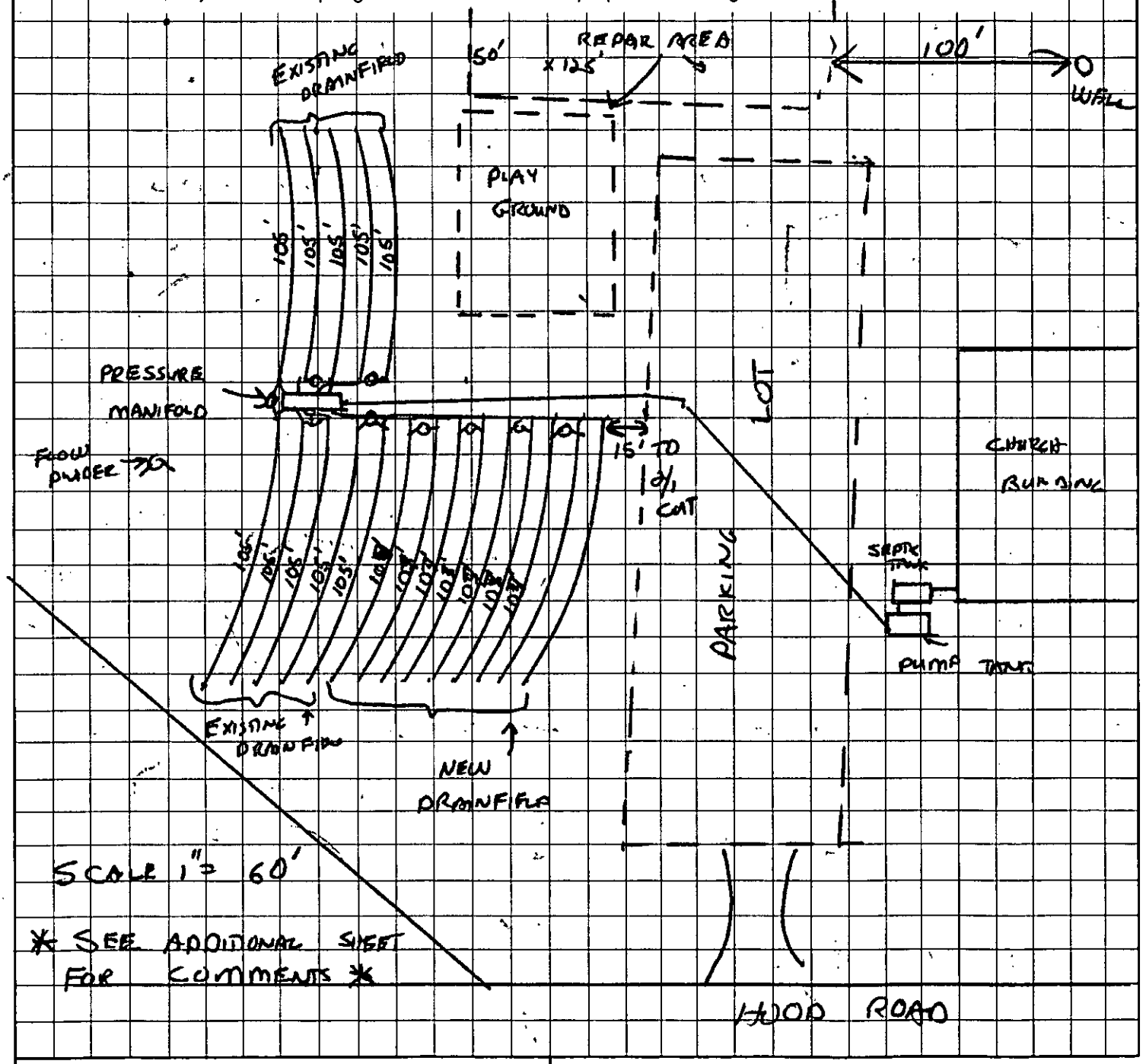
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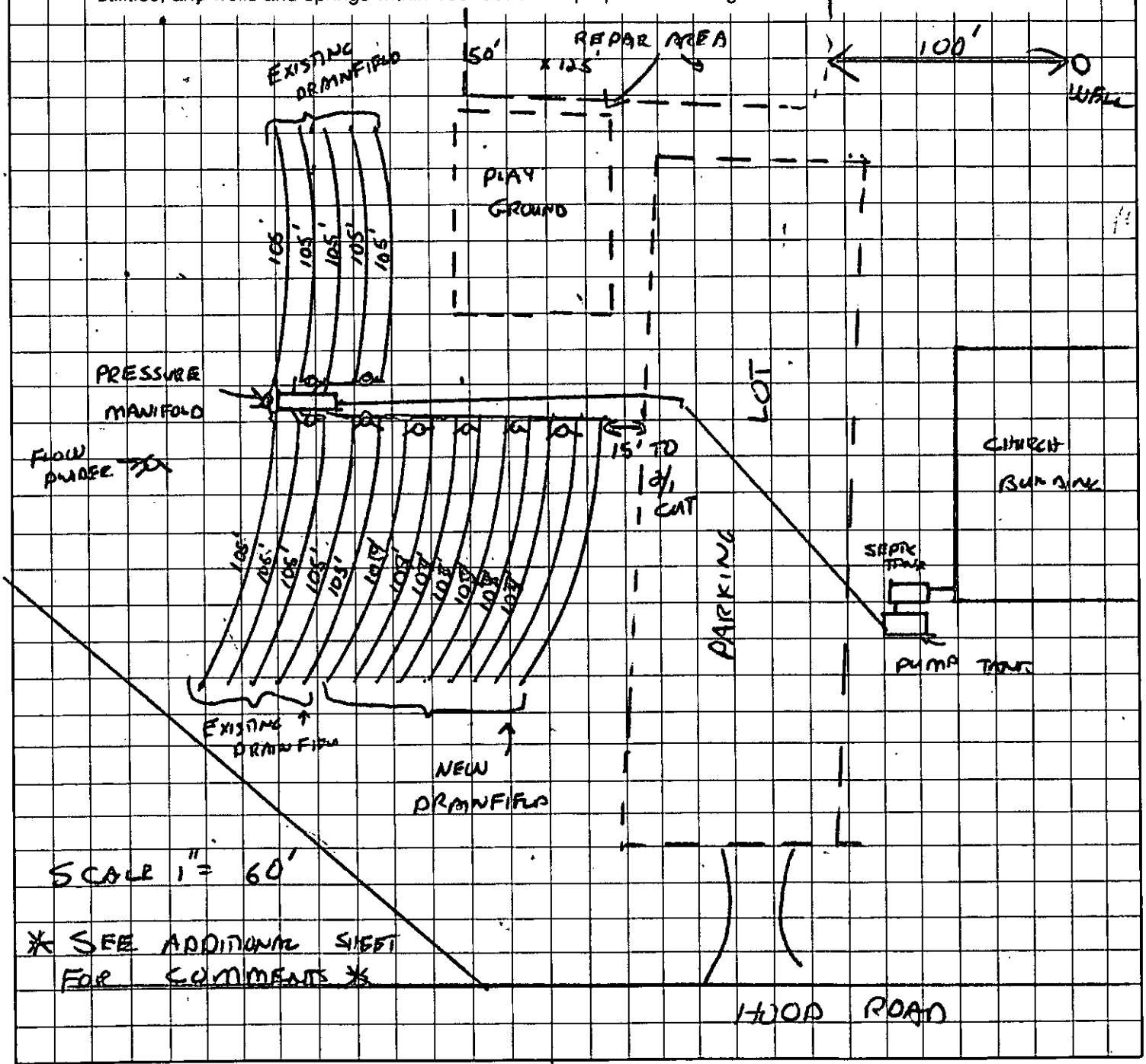
PROPOSED PLOT PLAN

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

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APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. 10/9/00 CK

[] CRT

COPY

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

(704)336-5102 13962

PERSON FILING APPLICATION: For Reedy Creek Baptist Daycare

NAME: Smith (last) Libby (first) O (mi)

ADDRESS: 8600 Hood Rd PHONE: (704) 535-8041

CITY: Charlotte STATE: NC ZIPCODE: 28205

Date:

PROPERTY OWNER:

NAME: Reedy Creek Baptist Church (last) (first) (mi)

ADDRESS: 8600 Hood Rd PHONE: (704) 535-8041

CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-142-35

STREET ADDRESS: 8400 Hood Rd

ZONING:

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:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1484 LXS

[] 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)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Church Daycare # Employees 15 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 [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: Libby Smith Date: 7-28-00

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

...8/4/00 OSV COOK w/ MS SMITH. TO VERIFY EXPANSIONS.

8/22/ MET W/ MR. STOVE, PASTOR. HE ADVISED ON 60 KIDS.

Environmentalist Date

535-2087

WATER : 12275

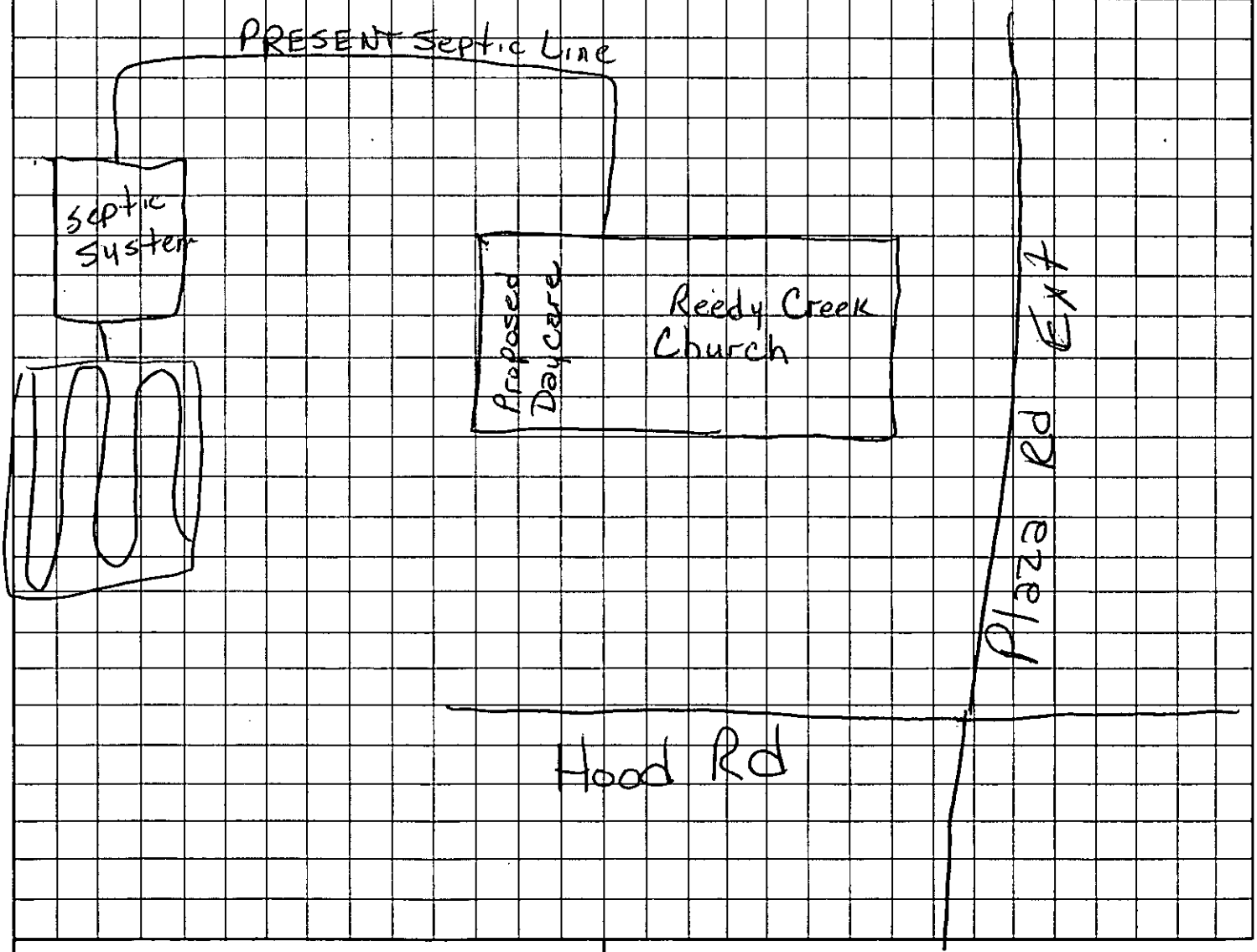
PROPOSED PLOT PLAN

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

FILE: 18962

TC: 105-141-38

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.

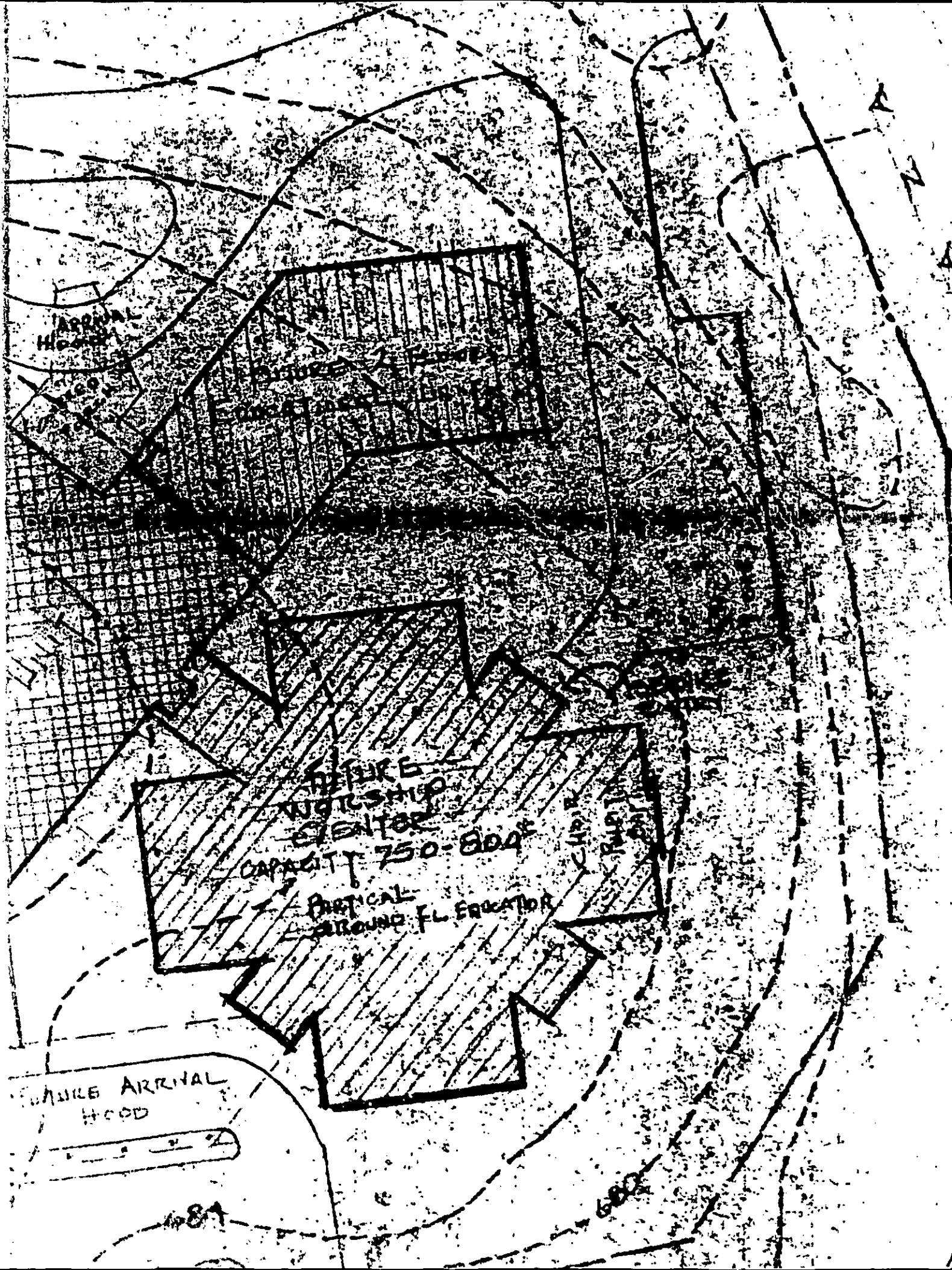


APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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


ARRIVAL
HOOD
FUTURE
FLIGHTSHOP
CENTER
CAPACITY 750-800
VERTICAL
FL EDUCATOR
MILE ARRIVAL
HOOD

300 | 1
3
900

1

75
4 | 300.0
28
20
20

750

2500
4 | 9000.
8
10
8
20

333
3 | 1050.
9
10
9
1

R40

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

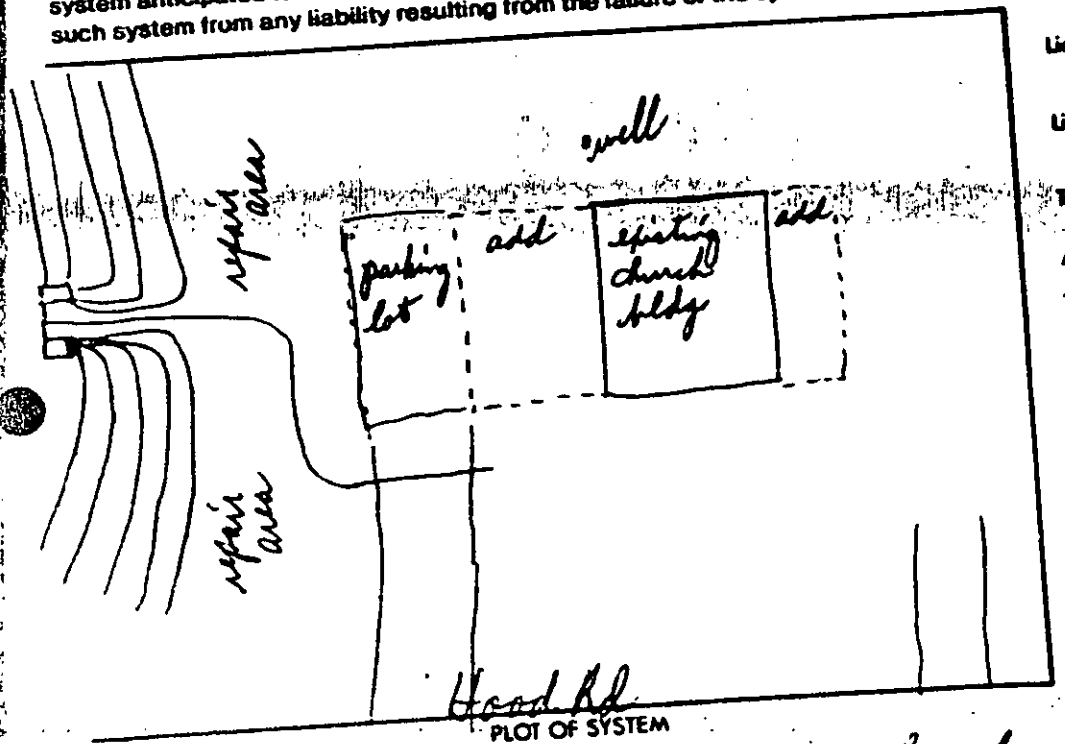
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18962 DATE: 4-3-92

TC: 105-142-38 ☐ L

SERIAL Nº 14072

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 _____. All work shall be completed on or before 5-3-92, 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 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 2000 gallons

Liquid Capacity of Dosing Tank 2000 gallons

Tank Construction RTC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 1,050 feet

Number of Lines 10

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 7100 feet

NAME OF OWNER Reedy Creek Baptist Church

LOCATION OF PROPERTY 8600 Hood Rd

Comments: Sleeve supply line under driveway

B. R. Ferguson
Environmentalist

Division or Section Head

• 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CHARLOTTE, NC 28203
PHONE (704) 376-4603

SERIAL № 14108

Name of Owner Reedy Creek Baptist Church Juris.

Address of Property 8600 Hood Rd

Inspection Data:

Tank Material PVC

Total Length of Drainfield 1,050

Number of Lines 10 @ 105'

Cover Depth 18"-24"

Water Supply Source well

Distance to Water Source > 100'

Excavation Inspected 4-15-92

Tank(s) Inspected 4-20-92

Wash Line Inspected

High Water Alarm Inspected 4-20-92

PLOT

Design: 1992,2000ST,2000DT,PI,CON,3150SFT,12E,Cecil CTR# 167

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: H loading rate applied.

B. R. Ferguson
Environmentalist

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



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Pd 50.00
CASH NB
2-20-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#18962

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

(704)336-5102

Date: 2-20-92

PERSON FILING APPLICATION:

NAME: [illegible] (last) [illegible] (first) (mi)

ADDRESS: [illegible] PHONE: ( ) [illegible]

CITY: [illegible] STATE: [illegible] ZIPCODE: [illegible]

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-142-38

STREET ADDRESS: 8600 Hood RD.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PROPERTY OWNER:

NAME: Reedy Creek Baptist Church (last) (first) (mi)

ADDRESS: 8600 Hood RD. PHONE: (704) 535-2001

CITY: Charlotte STATE: NC ZIPCODE: 28214

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] 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 CH
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BED
[ ] 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 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) ___ Type 300 Sanitary Seats

WATER SUPPLY (check one):

[ ] Community (C) [ ] Shared Well
[ ] Municipal (M) [ ] Other 'sprin
[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 rea
foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY
DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 2/20/92

NOTICE: [illegible]

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

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

Environmentalist

Director or Authorized Section Head

MECKLENBURG COUNTY ENVIRONMENTAL

SITE EVALUATION REPORT
SERIAL NUMBER 12549

Parcel: PC 105-142-33

✓ PC

Location: 8600 Hood Road

Subdivision:

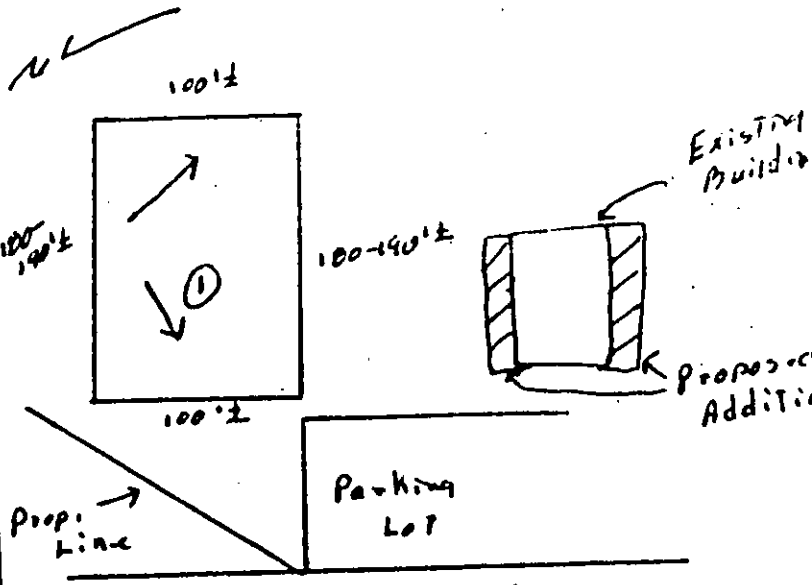
Lot: Block: Acres: Approx. .5

Owner: Reedy Creek Baptist Ch.
Address: 8600 Hood Road
Charlotte, N.C. 28215
attn. Brendon Almond

Comments: System will probably need lift pump & surface water diversion

Described by: William R. Mullis

Date: 2-24-92



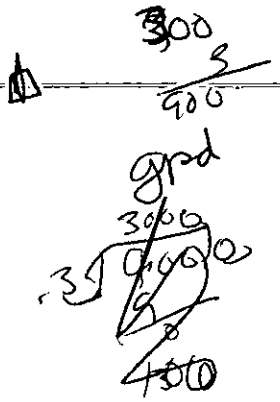
••• EVALUATION KEY •••
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Soft Rocks	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 2-4% To Creek	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
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 Enon/Iredell					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

SUMMER
50

60

PRESCHOOL
TO 1:00 -2:00



Collier Ward

From: Libby Smith [libby@reedycreek.net]
Sent: Thursday, August 17, 2000 1:06 PM
To: Collier Ward
Subject: Re: update

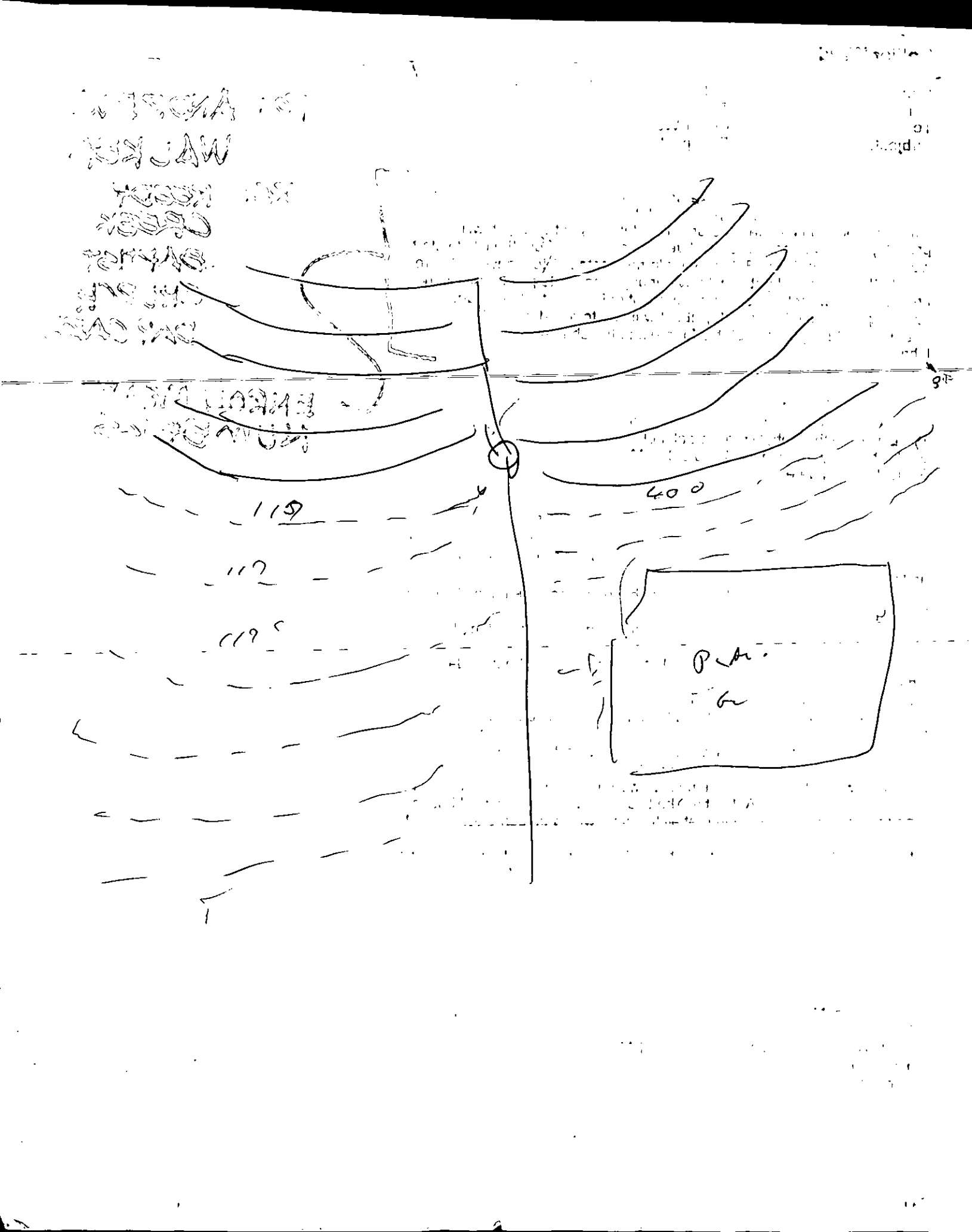
TO: ANDREW WALKER
RE: REEDY CREEK BAPTIST CHURCH DAY CARE
ENROLLMENT NUMBERS.

We have 34 full time kids plus 5 babies plus 25 afterschoolers, then we have 9 that occassionally drop in, for a total of 74.
Our grace period is 30 days before final state inspection which will probably be in October. We need general clearance from the city to start work, the doors will take 3 days, the alarms another 1 to 2 days, not sure about other things. Right now I have enough money to pay for this work. I really do not want to close, there are a lot of families that need good care. I get at least 3 calls a day about wanting to register a child.
Thanks for staying on top of this for me and the church.
Libby

----- Original Message -----
From: Collier Ward <cward@freemanwhite.com>
To: 'Libby Smith' <libby@reedycreek.net>
Sent: Thursday, August 17, 2000 9:37 AM
Subject: RE: update

> Libby,
> I have passed a message on to Andrew Walker to let him know I have these
> specific enrollment numbers. I want him to recalculate the water usage
and
> septic system requirements based on these numbers. Please clarify: are
the
> 25 afterschoolers part of the 55, bringing the number of full time kids
down
> to 30? I think there is a distinction between full-day and partial-day
kids
> when water usage is calculated. This could work in our favor.
> I have a few more items to attend to on the drawings but want to be able
to
> address this septic issue as well prior to re-submitting them.
> Buddy Brault said there was some sort of grace period in which you can
> operate while the project is being reviewed and constructed, but I don't
> recall the particulars. At the time he told me I was sure we would be in
> and out in a week or so and that all the work would be complete in plenty
of
> time. What are your thoughts on this? Are you planning to go ahead with
> your September enrollment plans? Are construction costs going to be an
> issue? Just wondering.
> Collier
>
>
>
>
>
> -----Original Message-----
> From: Libby Smith [mailto:libby@reedycreek.net]
> Sent: Tuesday, August 15, 2000 3:22 PM
> To: Collier Ward
> Subject: Re: update
>
>

P.01
Aug-18-00 09:20A


400
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ISSI Operations Center Staff

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: [illegible] (last) (first) (mi)
ADDRESS: [illegible] PHONE: [illegible]
CITY: [illegible] STATE: [illegible] ZIPCODE: [illegible]

Date: 12-18-91

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-142-38
STREET ADDRESS: 8600 HOOD RD
ZONING:

PROPERTY OWNER:
NAME: REEDY CREEK BAPTIST CHURCH (last) (first) (mi)
ADDRESS: 8600 HOOD RD PHONE: 704 535-2607
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

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):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[X] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (
[ ] 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 Per Shift
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type 250 Gals 3-13-92

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: [signature] Date: 12/18/91

NOTICE:

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 subjec to the following provisions:

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

..This permit is not transferable.

...

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

D.K. Ferguson 3-31-92
Environmentalist Date

[signature] 4-1-92
Director or Authorized Section Head Date

WATER : 1129

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

FILE: 18962

TC: 105-142-38

SERIAL: № 0019708 ☐ I ☐ CRT

8600 (STREET NO.) HOOD (STREET) RD ② FILE:

: MECK ④ TAX PARCEL NO.: 105-142-38

⑥ LOT: ⑦ BLOCK:

REEDY CREEK (FIRST) BAPTIST (MIDDLE) CHURCH (LAST)

DDRESS: 8600 HOOD RD

HARLOTTE ⑪ STATE: NC ⑫ ZIP: 28215

ORK) 535-2087 ⑭ (HOME) N/A

for a(n):

rmit ⑰ ☐ Authorization for mobile home exchange

or alteration permit ⑱ ☐ Other (specify)

rve:

nce ⑳ ☐ Mobile home

of bedrooms?

n occupancy?

t? ☐ yes ☐ no

㉑ ☒ Business or place of public assembly

㉕ Type? CHURCH

㉖ Maximum number of employees? 3

㉗ Maximum number of seats? 390

supply from (present or proposed):

Individual well

Municipal system

Community well

Community system

igned, owner of the property described above as the
it has read the foregoing application, acknowledges
its of same are true, and authorizes agents of the
G COUNTY HEALTH DEPARTMENT to enter onto the
purpose of processing this request.

By: Hunter Council Buckley Sept 6
Agent for Reedy Creek Baptist
Church
12/3/01

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

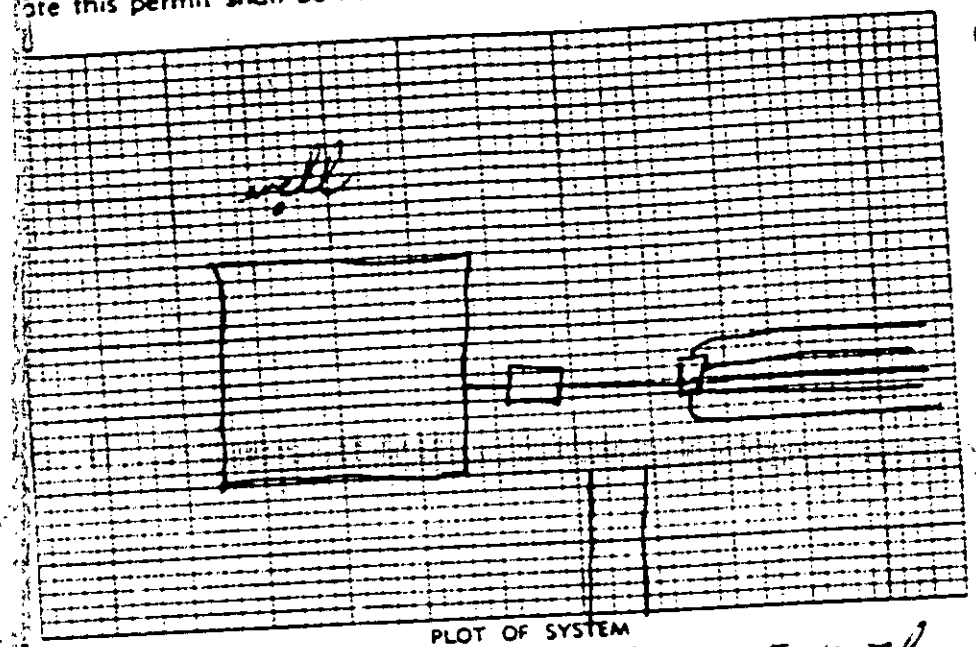
Environmentalist / Date

Director or Authorized Section Head / Date

• This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

rmission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste-
ter treatment system with subsurface, soil absorption, effluent discharge as specified herein at the de-
ribed location. This permit is granted based upon the information supplied in application 21220
ted 7-20-84 and this permit shall be void and of no effect if the information provided in the ap-
lication is not true or is erroneous. All work shall be completed on or before 12-19-84, after which
ate this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank 1500

Tank Construction Pit

Absorption and/or Nitrification Lines:

Total Line Length 550'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Reedy Creek Baptist Church

LOCATION OF PROPERTY 8600 Hood Rd.

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

5 lines 3' X 110' X 12" stone

Comments: PVC pipe under driveway

D. M. Ferguson
Environmentalist

Division or Section Head

* 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.

EHD 3-76

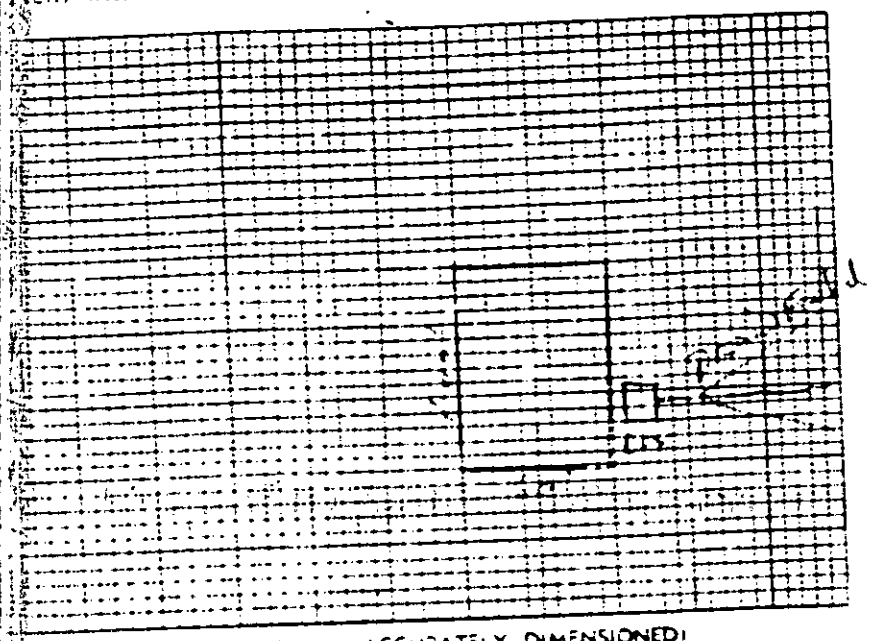
Environmental Health Department's Copy

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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

___ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatem with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___Yes___No
Residence ___Yes___No
4) No. of Bedrooms _____
5) Business Use ___Yes No
Employees about 250 members.
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 X No
House located within 200 feet of community sewer ___Yes X No
11) FHA Case No. _____
12) VA Case No _____

NAME OF OWNER First Baptist Church
LAST FIRST MIDDLE

ADDRESS OF OWNER [illegible] Fowell NC 28126

PHONE NO. Home [illegible] Office 366-2472

LOCATION OF SYSTEM 8609 Hagers Rd
STREET OR COUNTY ROAD

SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

DEED REFERENCE — DEED BOOK 1005 AT PAGE 14

HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN_____

PTR NUMBER (See Instructions) _____

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

[illegible]
OWNER

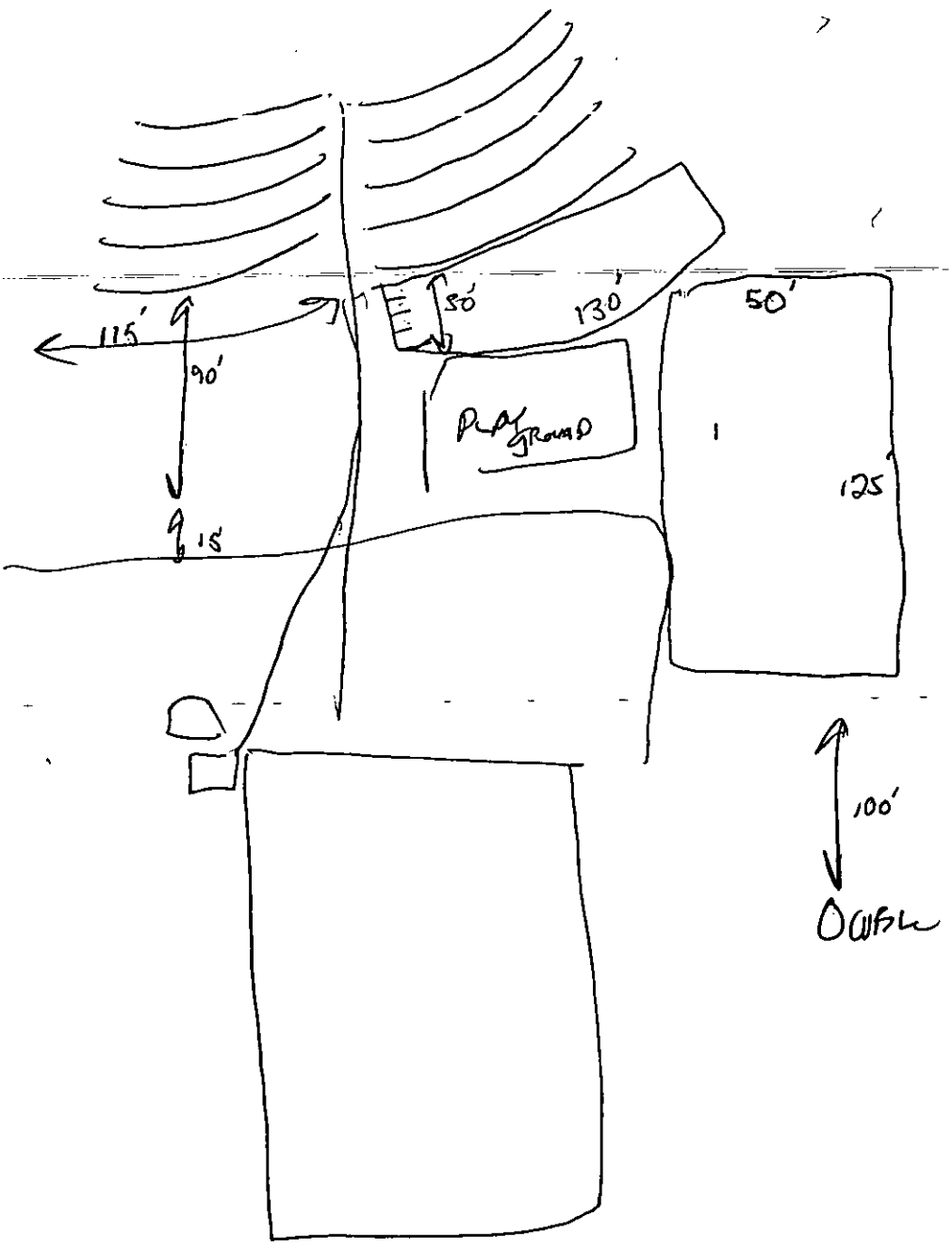
OF APPLICATION

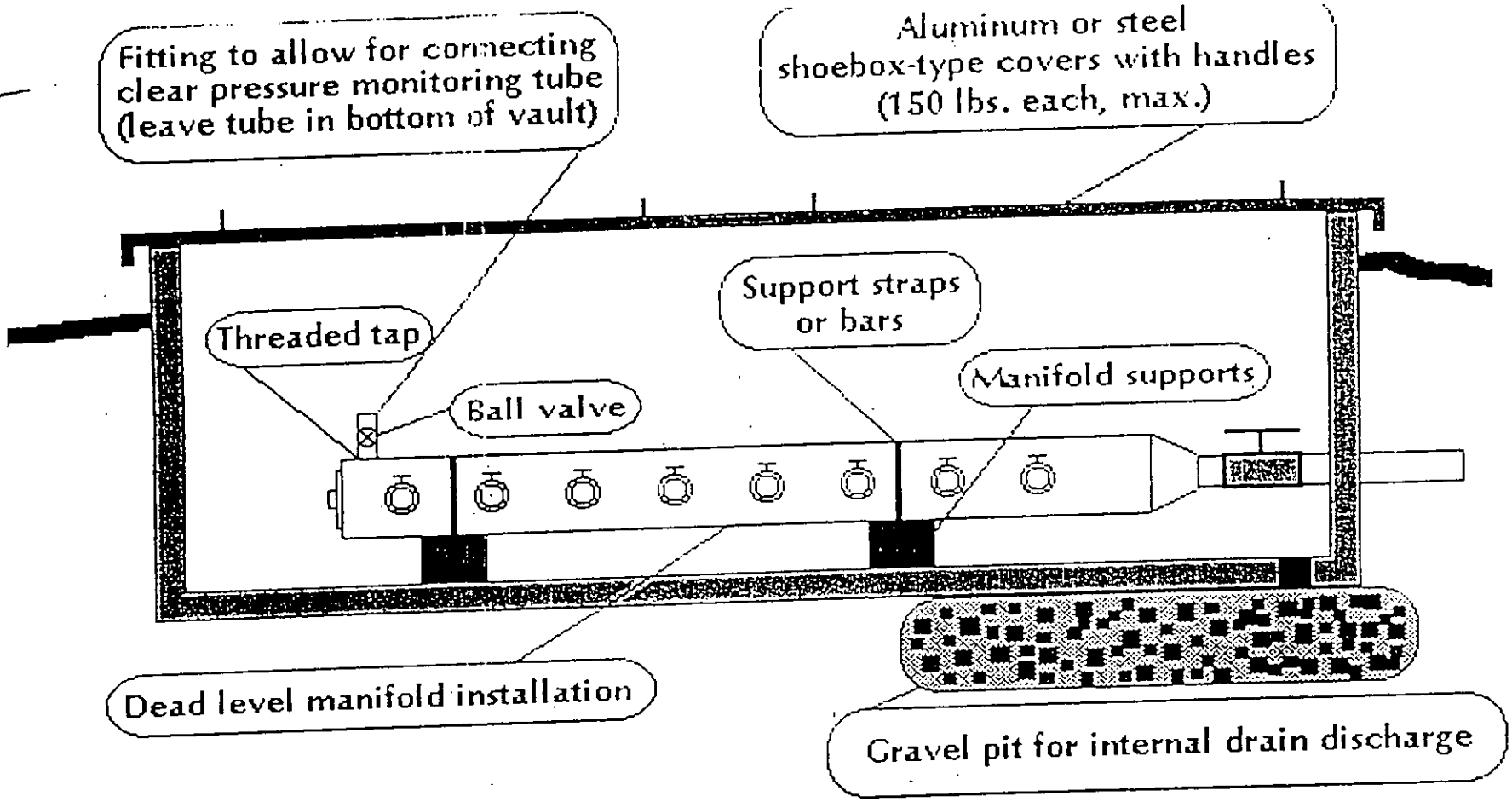
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[illegible] Health Department's Copy

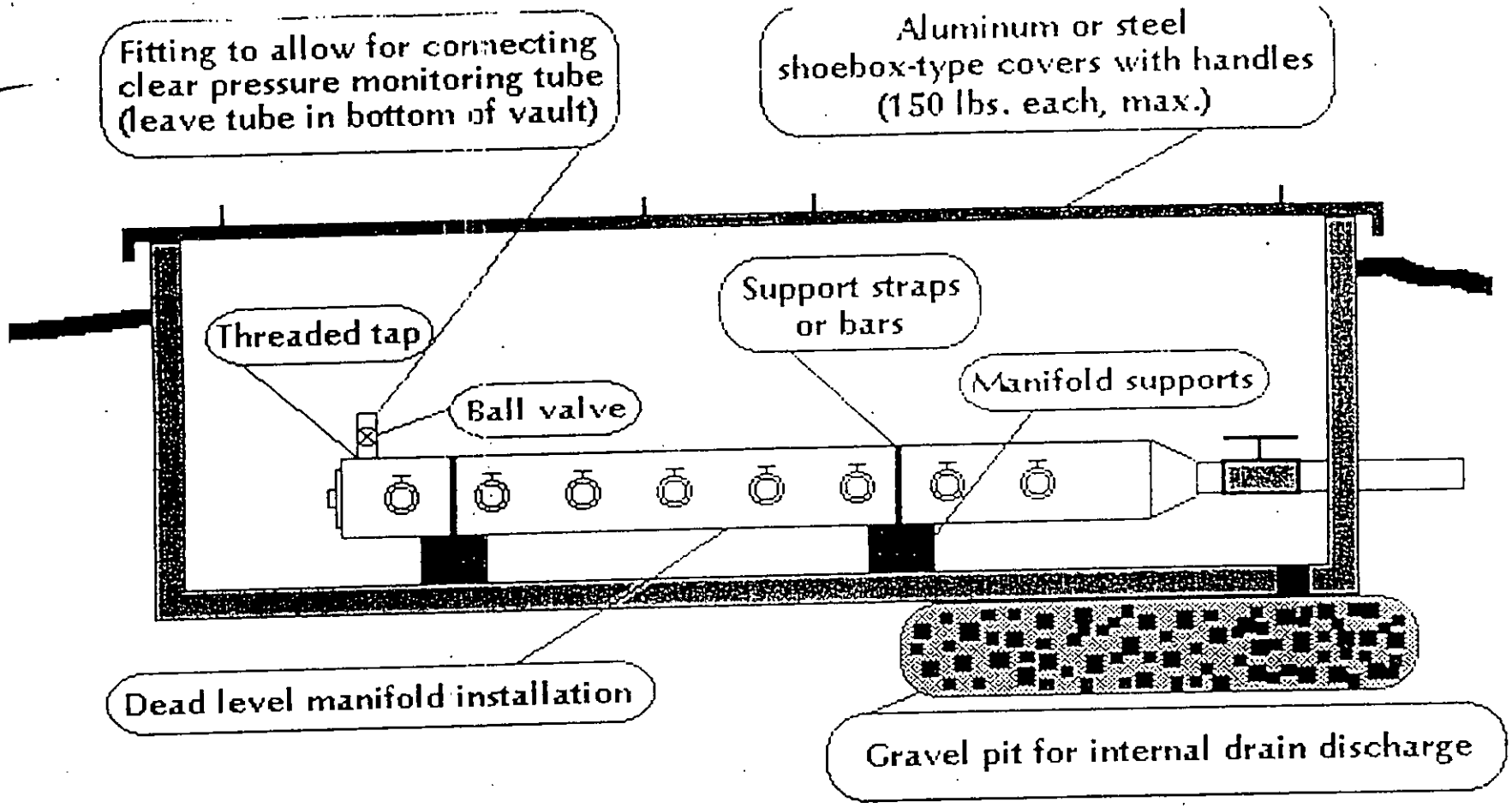
① 250 DISTANCE TO PUMP

② 8'8" FROM TOP OF PUMP TANK TO TOP LINE

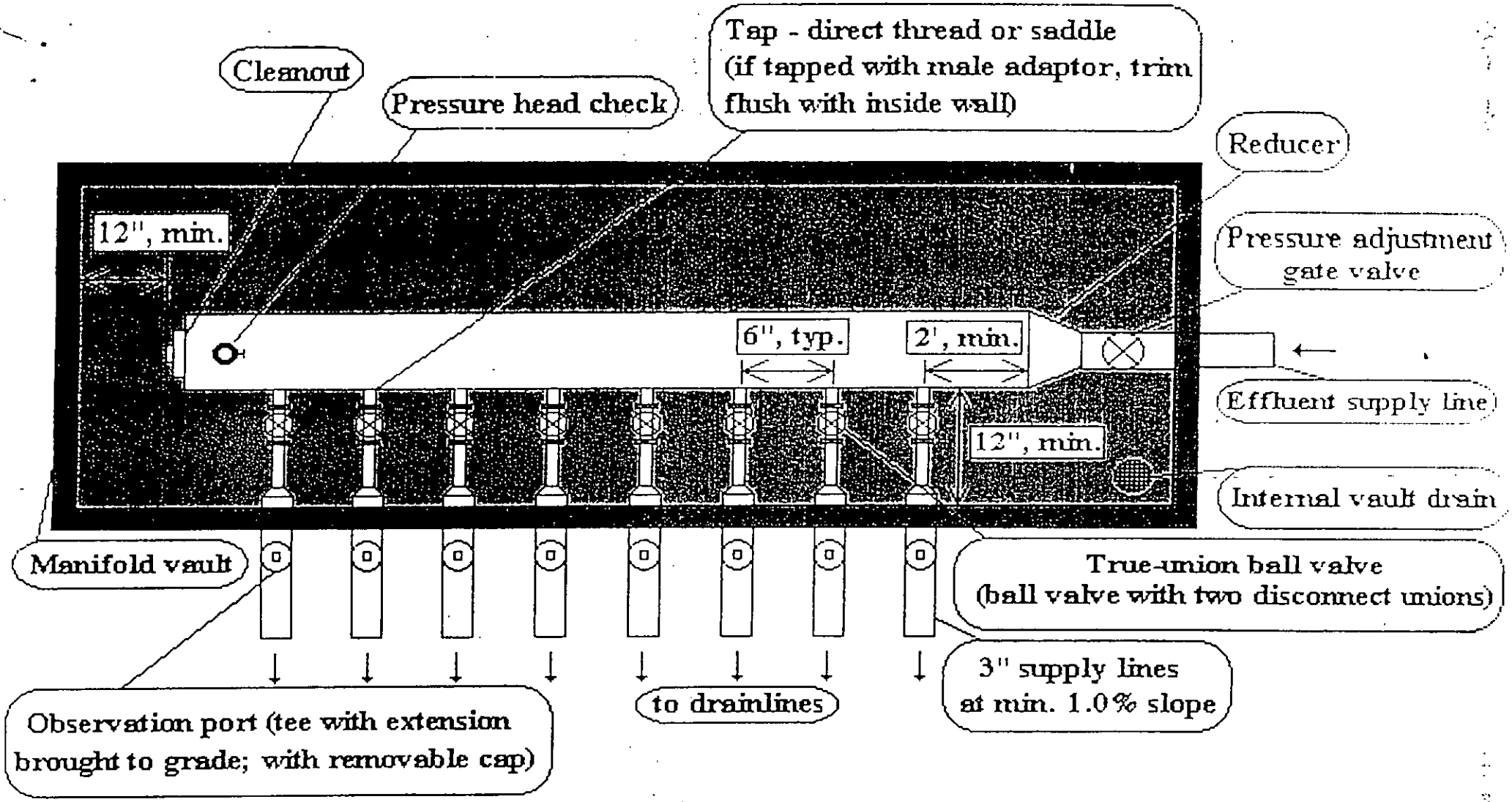




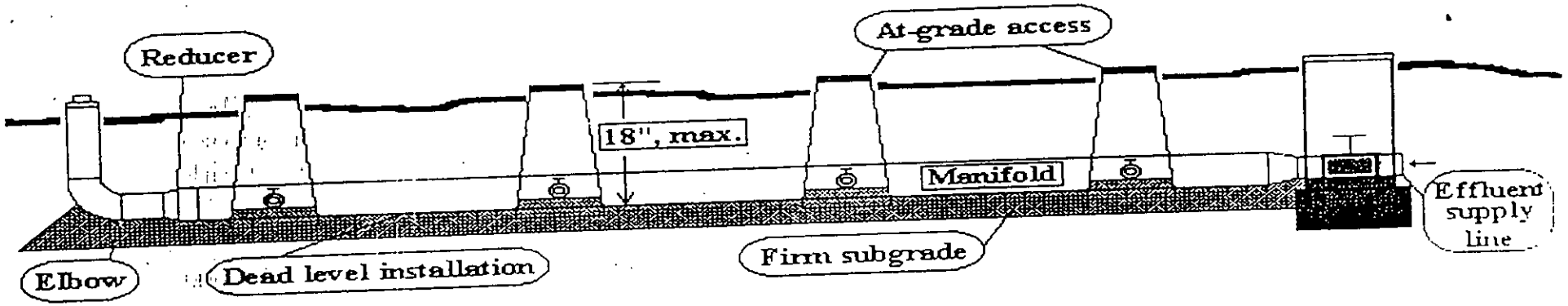
Profile View of Pressure Manifold for Sloping Site Installation
(not to scale)



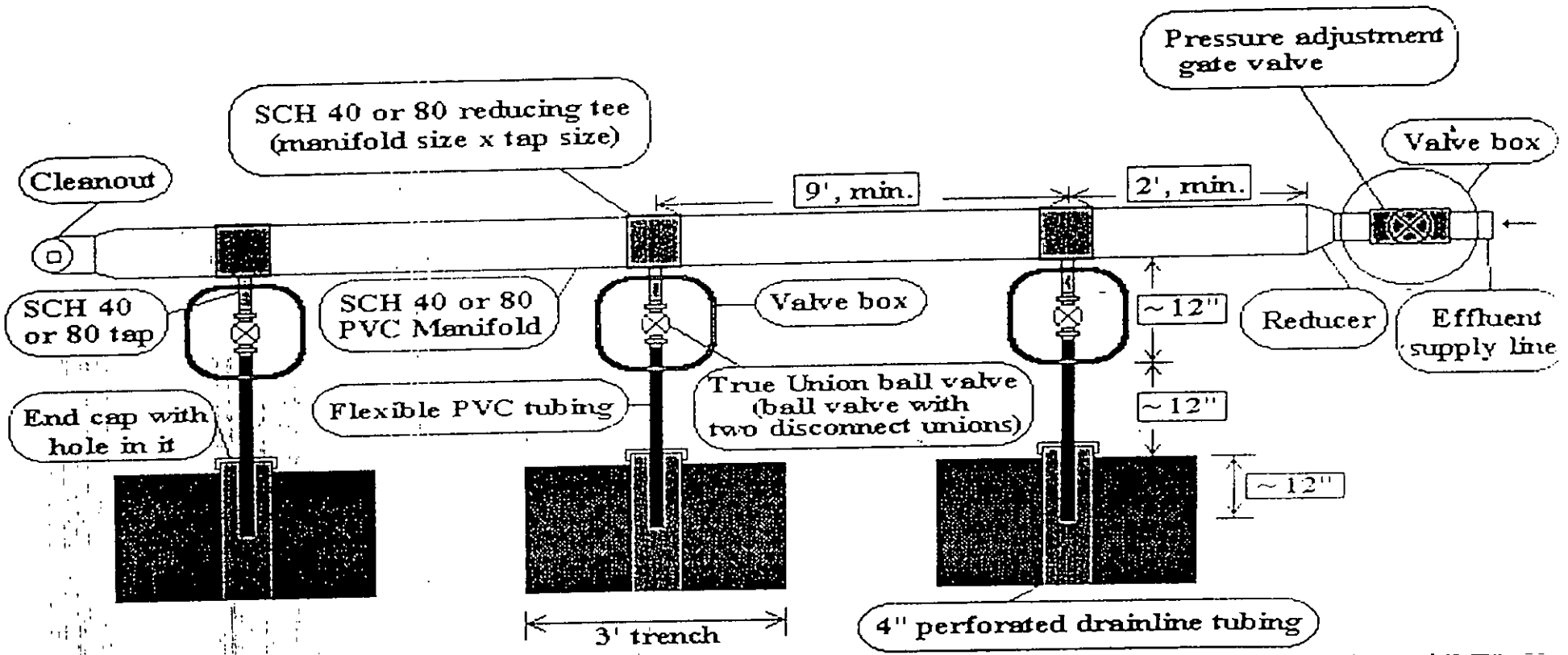
Profile View of Pressure Manifold for Sloping Site Installation
(not to scale)



Plan View of Pressure Manifold for Sloping Site Installation
(not to scale)



Profile View of Pressure Manifold for Level Site Installation
(not to scale)



Plan View of Pressure Manifold for Level Site Installation
(not to scale)

Drew

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 10/9/00 LP's CK

[] 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 18962

PERSON FILING APPLICATION: For Reedy Creek Baptist Daycare

NAME: Smith (last) Libby (first) O (mi)

ADDRESS: 8600 Hood Rd PHONE: (704) 535-8041

CITY: Charlotte STATE: NC ZIPCODE: 28205

Date:

PROPERTY OWNER:

NAME: Reedy Creek Baptist Church (last) (first) (mi)

ADDRESS: 8600 Hood Rd PHONE: (704) 535-8041

CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-142-38

STREET ADDRESS: 8600 Hood RD

ZONING:

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:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1984 UXS

[] 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) [X] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Church Daycare # Employees 15 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 [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: Libby Smith Date: 7-28-00

NOTICE:

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:

...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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Lindy Smith Phone #: Date Requested: 7/28/0 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 7-28-00 Total: 100

8600 Hood Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

PROPOSED PLOT PLAN

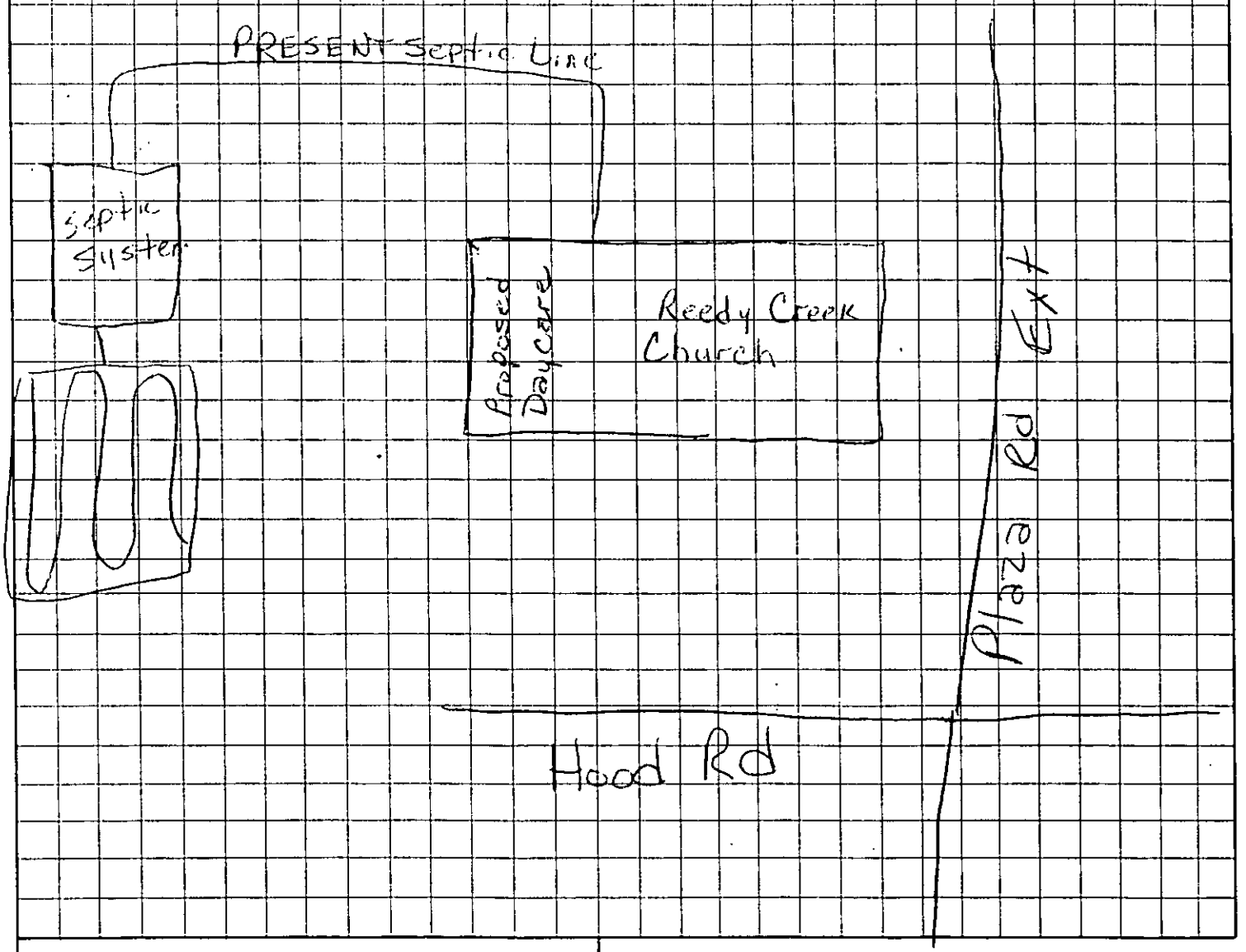
COPY

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

FILE: 18962

TC: 105-141-38

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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