SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☒ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: _____

Assigned Inspector: _____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☒ Septic file complete: 1/22/24

☐ Release final hold in Winchester: _____

Comments:

Please scan all of these documents and Place in Onbase. Not sure if there is any hold to release but ok to release Occupancy Hold

2252A

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ◯ SEPTIC ONLY ◯ WELL ONLY ◉ SEPTIC & WELL
◯ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
◯ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
◯ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
◉ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Daniel R. Hill, PE
ADDRESS: 14619 Cabarrus Road
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (704) 290-4384
ALTERNATE PHONE:
E-MAIL: hill.r.daniel@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Arlington Baptist Church
ADDRESS: 9801 Arlington Church Road
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (704) 545-4589
ALTERNATE PHONE:
E-MAIL: ken@arlingtonchurch.com

JOB LOCATION INFORMATION
TAX PARCEL #: 13910114
STREET ADDRESS: 9801 Arlington Church Road
CITY: Mint Hill
STATE: NC **ZIP:** 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
◯ MUNICIPAL ◯ PRIVATE WELL ◉ PUBLIC WELL ◯ SHARED WELL ◯ OTHER

RESIDENTIAL PROPERTY TYPE: ◉ N/A
◯ HOUSE ◯ MODULAR HOME ◯ MULTIPLE FAMILY
◯ SINGLE MOBILE HOME ◯ DOUBLE WIDE
◯ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: Church/Daycare/School
EMPLOYEES PER SHIFT:
OF SHIFTS: 1.0

INDUSTRIAL WASTES? ◯ YES ◉ NO
UNDERGROUND STORAGE TANKS? ◉ YES ◯ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER Existing structure renovation/Usage Change

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Daniel R. Hill
Owner's/Agent's Signature

8/9/2023
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 9801 Arlington Church Road Tax Parcel #: 13910114

See next page for existing septic plot plan drawing. Also attached is a 2019 North Carolina Well Permit that designates the population served to be 350 people.

80 Student Day Care M-F

100 Student Education M-F

6 Office Staff M-F

180 Seat Church Wednesday / Sunday

*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Approval Created by Trish Angeli at the State - Please see all supporting documents

REHS Signature Date

by Daniel Hill, PE

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

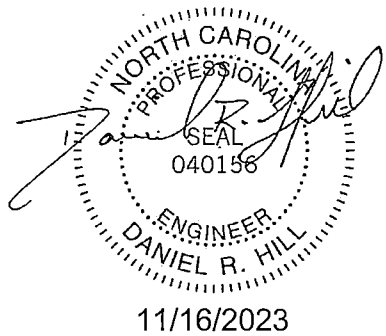
1/22/24

Arlington Baptist Church Existing Septic System

Public Well PWS ID - NC0160515

Well Test Results from C&J Environmental – Chris Bridges

Design Daily Flow Justification values



11/16/2023

12 Month			October 2022
	Gallons	Max Daily(Gal.)	Above Average month
Oct.2021	3190	111	
Nov.2021	3040	114	
Dec.2021	4760	161	
Jan.2022	5270	186	
Feb.2022	3560	136	
Mar.2022	2760	102	Maximum monthly design flow
Apr.2022	4400	174	August 2022
May2022	3380	134	
Jun.2022	2980	99	2010 Permitted Usage for 211 Ocupants
Jul.2022	3890	134	1292 GPD
Aug.2022	6970	260	
Sep.2022	4830	186	
Total	49,030	2030	
Avg.	4086	170	

Alternate method for daily design flow (Proposed change to 15A NCAC 18E per State Reviewer)

August 2022 Peak month for 12 month period = 6970 gallons.

Adjusted Design Daily Flow

6970 X 1.5 = 10,455/31 = 338 GPD

*See attached appendix for recent, 12 months of water usage records for Arlington Baptist Church

Occupant Load for M-F

Youth (Daycare)	DDF	Daily Flow	Days/Wk,	Usage Day	Weekly Flow
80	15gal./person	1200	5	M-F	6000

(Adjusted for code allowed toilet fixture reduction for children 2 and under)

Education					
106	10gal./person	1060	5	M-F	5300
Office					
6	25gal./person	150	5	M-F	750
Total use for M-F		2410			12,050

Occupant Load for W-Night, Su

Church(Chapel)	DDF	Daily Flow	Days/Wk	Usage Day	Weekly Flow
180	3gal./seat	540	2	W-Night, Su	1080
Youth (Sunday School)	DDF	Daily Flow	Days/Wk,	Usage Day	Weekly Flow
80	10gal./person	800	2	M-F	6000
Total use for W-Night, Su		1340			7,080

DDF = 1292 GPD Permitted Daily design flow

Building	DDF	%DDF
Youth	654	50.71
Education	289	22.34
Church	299	23.11
Office	50	3.90
	2410	100

Occupants for 2010 Permit = 211

Occupants for M-F usage = 192

Occupants for W-Night, Su usage = 260

Worst Case Occupant increase = 49

Worst Case DDF increase = 49 x 15 = 735

Permitted DDF 1292 – 338 = 954 > 735

DDF Adjusted = 338 GPD

Building	DDF	%DDF
Youth	171	50.71
Education	76	22.34

Church	78	23.11
Office	13	3.90
	338	100

Average daily flow from the well flow falls well below the permitted DDF value as documented by property Public Well PWS ID - NC0160515 and will accommodate the increase in flows. Consideration was given to connections to public water and wastewater systems to accommodate, but Arlington Church was told that water and sewer connections in Mint Hill are not available at this time.

It is our intent to connect to County sewer and water connections when they are available.

Month : October

Year : 2021

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4	620	551,600	260	0.30		0.60			
5									
6									
7	625	552,630	1,030	0.30		0.50			
8									
9									
10									
11	625	553,120	490	0.20		0.60			
12									
13									
14	625	553,390	270	0.30		0.40			
15									
16									
17									
18	630	553,790	400	0.30		0.60			
19									
20									
21	630	554,040	250	0.40		0.60			
22									
23									
24									
25	625	554,290	250	0.40		1.00			
26									
27									
28	630	554,790	500	0.70		0.60			
29									
30									
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 111 (gallons)

TOTAL BACKWASH WATER: (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name :

Chemical Name :

Chemical Name :

Chemical Name :

Chemical Name :

COMMENTS:

ORC Name : Chris Bridges (Please Print)

ORC Signature :

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 10/30/2021

Month : November

Year : 2021

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	625	555,290	500	0.60		1.00			
2									
3									
4	630	555,400	110	0.80		0.50			
5									
6									
7									
8	625	556,030	630	0.50		0.80			
9									
10									
11	910	556,640	610	0.70		0.60			
12									
13									
14									
15	625	557,130	490	0.60		0.60			
16									
17									
18	625	557,500	370	0.40		0.60			
19									
20									
21									
22	630	557,850	350	0.40		0.60			
23									
24	630	557,970	120	0.70		0.40			
25									
26									
27									
28									
29	630	558,330	360	0.40		0.80			
30									
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 114 (gallons)

TOTAL BACKWASH WATER: (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name :

Chemical Name :

Chemical Name :

Chemical Name :

Chemical Name :

COMMENTS:

ORC Name : Chris Bridges (Please Print)

ORC Signature : [signature]

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 11/30/2021

Month : December

Year : 2021

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: [redacted]P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2	625	558,570	240	0.40		0.70			
3									
4									
5									
6	625	559,180	610	0.60		0.90			
7									
8									
9	630	559,650	470	0.50		0.50			
10									
11									
12									
13	825	559,910	260	0.50		1.00			
14									
15									
16	855	560,270	360	0.50		1.20			
17									
18									
19									
20	625	561,830	1,560	0.60		0.50			
21									
22									
23	625	562,310	480	0.50		0.60			
24									
25									
26									
27	625	563,090	780	0.60		0.60			
28									
29									
30	905	563,330	240	0.70		1.20			
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.01 (MG)

DAILY MAXIMUM: 161 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print)

ORC Signature : [signature]

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 12/31/2021

Month : January

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3	630	563,830	500	0.60		1.20			
4									
5									
6	625	564,470	640	0.60		1.10			
7									
8									
9									
10	625	565,220	750	0.50		1.10			
11									
12									
13	945	566,250	1,030	0.50		1.00			
14									
15									
16									
17	1305	566,870	620	0.70		0.60			
18									
19									
20	630	567,490	620	0.30		1.10			
21									
22									
23									
24	630	567,970	480	0.50		2.00			
25									
26									
27	630	568,090	120	0.60		0.80			
28									
29									
30									
31	625	569,100	1,010	0.60		1.40			

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.01 (MG)

DAILY MAXIMUM: 186 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print)

ORC Signature : Chris Bridges

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 1/31/2022

Month : February

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: [redacted]P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3	625	569,760	660	0.50		0.70			
4									
5									
6									
7	630	570,250	490	0.40		0.80			
8									
9									
10	630	570,630	380	0.50		3.00			
11									
12									
13									
14	625	571,240	610	0.30		0.90			
15									
16									
17	620	571,860	620	0.60		1.60			
18									
19									
20									
21	625	5,172,220	360	0.60		1.30			
22									
23									
24	625	572,980	760	0.40		1.00			
25									
26									
27									
28	630	573,320	340	0.50		1.00			
29									
30									
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 136 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print) ORC Signature : [signature]

Certification: C-WELL Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number) Date: 2/28/2022

Month : March

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3	620	573,710	390	0.30		0.90			
4									
5									
6									
7	620	574,090	380	0.30		0.90			
8									
9									
10	630	574,340	250	0.70		1.10			
11									
12									
13									
14	620	574,700	360	0.30		1.00			
15									
16									
17	620	575,250	550	0.60		0.90			
18									
19									
20									
21	615	575,640	390	0.30		1.50			
22									
23									
24	620	575,890	250	0.40		0.80			
25									
26									
27									
28	620	576,250	360	0.40		1.10			
29									
30									
31	615	576,470	220	0.60		1.30			

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 102 (gallons)

TOTAL BACKWASH WATER: (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name :

Chemical Name :

Chemical Name :

Chemical Name :

Chemical Name :

COMMENTS:

ORC Name : Chris Bridges (Please Print)

ORC Signature : Chris Bridges

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 3/31/2022

Month : April

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4	610	577,470	1,000	0.50		0.90			
5									
6									
7	620	577,940	470	0.30		1.10			
8									
9									
10									
11	620	578,400	460	0.50		1.00			
12									
13									
14	620	578,900	500	0.70		0.50			
15									
16									
17									
18	630	579,650	750	0.30		0.90			
19									
20									
21	620	580,270	620	0.50		1.20			
22									
23									
24									
25	550	581,130	860	0.40		1.00			
26									
27	* 620	581,870	740	0.40		0.70			
28									
29									
30									
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.01 (MG)

DAILY MAXIMUM: 174 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

COMMENTS: * Well checked one day earlier, 4/27/2022 because of Dr. appt./Surgery

ORC Name : Chris Bridges (Please Print)

ORC Signature : [signature]

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 4/30/2022

Month : May

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2	615	582,630	760	0.30		0.80			
3									
4									
5	820	583,140	510	0.60		1.40			
6									
7									
8									
9	605	583,510	370	0.40		1.00			
10									
11									
12	620	583,860	350	0.30		0.80			
13									
14									
15									
16	615	584,370	510	0.60		1.00			
17									
18									
19	1020	584,620	250	0.50		0.90			
20									
21									
22	1345	584,860	240	0.60		3.30			
23									
24									
25									
26	645	585,620	760	0.40		1.60			
27									
28									
29									
30	615	586,010	390	0.40		0.60			
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 134 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print)

ORC Signature : [signature]

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 5/31/2022

Month : June

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: [redacted]P025

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2	615	586,130	120	0.50		1.00			
3									
4									
5									
6	615	586,500	370	0.30		0.80			
7									
8									
9	615	587,040	540	0.40		1.40			
10									
11									
12									
13	615	587,300	260	0.40		1.10			
14									
15									
16	620	587,560	260	0.30		0.80			
17									
18									
19									
20	615	588,080	490	0.30		1.10			
21									
22									
23	540	588,470	390	0.30		0.90			
24									
25									
26									
27	530	588,740	270	0.30		0.90			
28									
29									
30	620	589,110	370	0.40		0.80			
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 99 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print) ORC Signature : [signature]

Certification: C-WELL Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number) Date: 6/30/2022

Month : July

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4	625	589,380	270	0.70		0.70			
5									
6									
7	615	589,500	120	0.30		1.60			
8									
9									
10									
11	610	589,760	260	0.50		1.30			
12									
13									
14									
15	615	590,390	630	0.30		1.10			
16									
17									
18	615	590,630	240	0.40		0.60			
19									
20									
21	610	591,380	750	0.70		1.10			
22									
23									
24									
25	615	592,260	880	0.30		1.00			
26									
27									
28	615	593,270	1,010	0.40		0.60			
29									
30									
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 134 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print)

ORC Signature : Chris Bridges

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 7/31/2022

Month : August

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: [redacted]P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	610	594,370	1,100	0.40		0.80			
2									
3									
4	615	595,230	860	0.40		0.50			
5									
6									
7									
8	600	596,470	1,240	0.40		0.60			
9									
10									
11									
12	1800	597,760	1,290	0.30		1.00			
13									
14									
15	610	598,260	500	0.40		0.50			
16									
17									
18	610	598,850	590	0.30		0.50			
19									
20									
21									
22	610	599,350	500	0.40		0.60			
23									
24									
25	615	600,170	820	0.40		0.70			
26									
27									
28									
29	930	601,340	1,170	0.40		0.60			
30									
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.01 (MG)

DAILY MAXIMUM: 260 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print) ORC Signature : [signature]

Certification: C-WELL Cert. No: 090092

DENR 3396A (10/2010) ORC's Telephone Number : 704-813-3450 (Daytime Number) Date: _____

Month : September

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	700	602,280	940	0.40		0.60			
2									
3									
4									
5	1900	604,280	2,000	0.40		0.70			
6									
7									
8	645	604,400	120	0.40		0.60			
9									
10									
11									
12	710	604,980	580	0.40		0.70			
13									
14									
15	640	605,780	800	0.40		0.50			
16									
17									
18									
19	640	606,110	330	0.40		0.80			
20									
21									
22	640	606,440	330	0.50		0.80			
23									
24									
25									
26	640	606,890	450	0.40		0.90			
27									
28									
29	635	607,110	220	0.40		0.70			
30									
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.01 (MG)

DAILY MAXIMUM: 186 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print)

ORC Signature : [signature]

Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 9/30/2022

Month : October

Year : 2022

TREATMENT FACILITY (Ground Water or Supplemental)
MONTHLY OPERATING REPORT
(Chlorine)

PUBLIC WATER SYSTEM NAME: Arlington Baptist Church

PWS ID # : N C 01-605-15

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Mecklenburg

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: P02

IF NO, ENTER SOURCE WSF ID:

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3	635	607,540	430	0.40		0.80			
4									
5									
6	645	608,100	560	0.50		0.60			
7									
8									
9									
10	640	608,540	440	0.50		0.50			
11									
12									
13	640	608,860	320	0.50		0.50			
14									
15									
16									
17	635	609,290	430	0.40		0.40			
18									
19									
20	640	609,620	330	1.00		2.90			
21									
22									
23									
24	640	610,060	440	0.90		0.60			
25									
26									
27	640	610,520	460	1.10		0.90			
28									
29									
30									
31	640	611,080	560	0.70		0.80			

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.00 (MG)

DAILY MAXIMUM: 128 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

Chemical Name : _____

COMMENTS: _____

ORC Name : Chris Bridges (Please Print)

ORC Signature : Chris Bridges

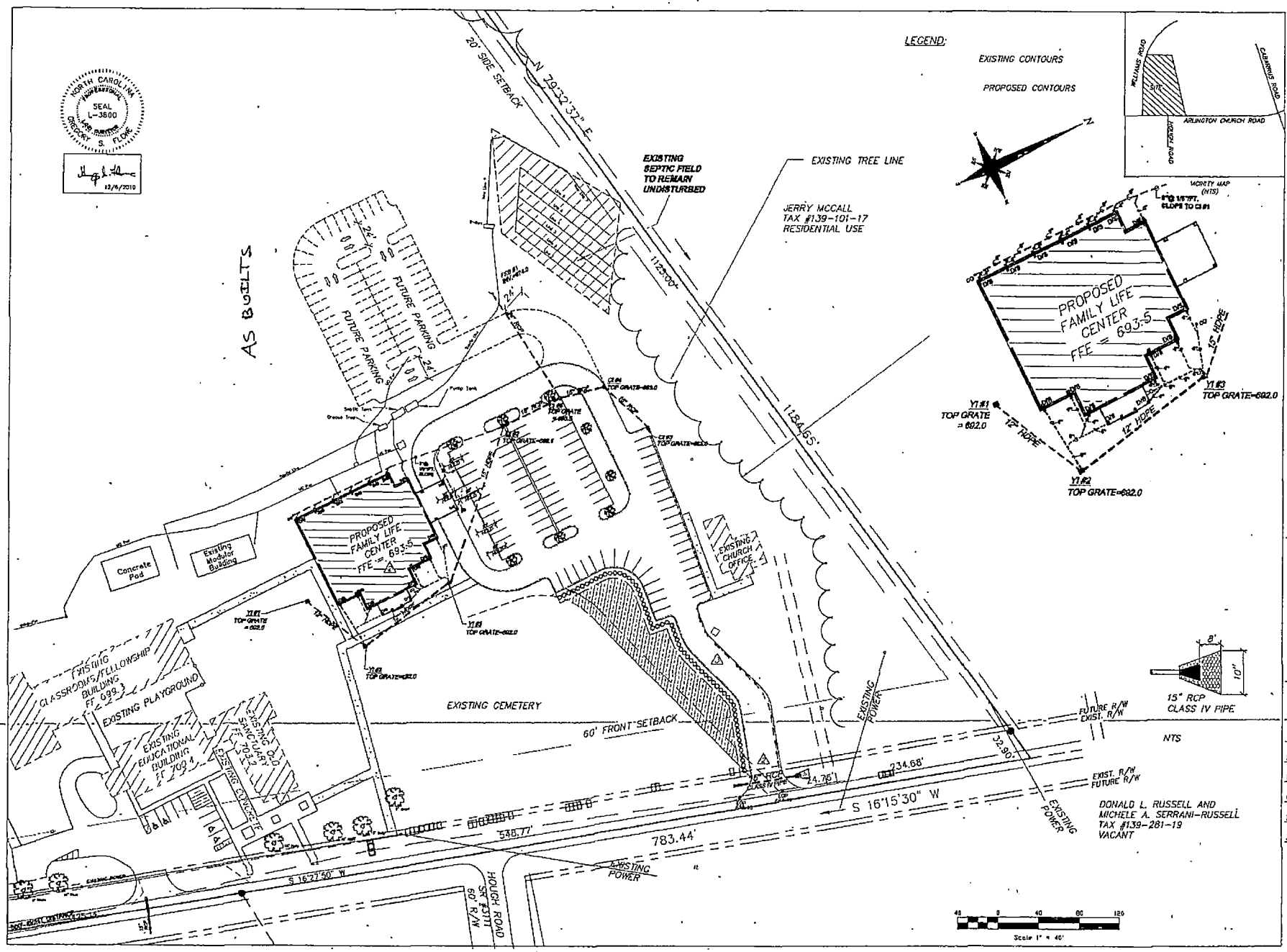
Certification: C-WELL

Cert. No: 090092

DENR 3396A (10/2010)

ORC's Telephone Number : 704-813-3450 (Daytime Number)

Date: 10/31/2022



NORTH CAROLINA REGISTERED LANDSCAPE ARCHITECT SEAL L-3800 CHRISTOPHER L. HOPE

12/6/2010

ARLINGTON BAPTIST CHURCH
PROPOSED FAMILY LIFE CENTER
9801 ARLINGTON CHURCH ROAD
MINT HILL, NORTH CAROLINA

THIS DOCUMENT WAS ORIGINALLY ISSUED AND SEALED BY CHRISTOPHER L. HOPE, JR., LICENSE #3044, ON 8/10/10. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT.

Rev.	8/10/10 8/9/10 9/27/10
Scale	NOTED
Drawn By	CLH
Checked By	CLH
Date	4/12/10
Job No.	12110

SW-2
OF 4

CHRIS HOPE/PROFESSIONAL ENGINEER/2617 ROLLING HILLS DRIVE/MONROE, NC 28110/(704) 882-1500

State of North Carolina
Department of Environmental Quality
Division of Water Resources
Public Water Supply Section
1634 Mail Service Center, Raleigh, NC
Telephone (919) 707-9100

ARLINGTON BAPTIST CHURCH INC_0160515
9801 ARLINGTON CHURCH RD
CHARLOTTE, NC 28227

SYSTEM NAME: ARLINGTON BAPTIST CHURCH INC

RESPONSIBLE PERSON: WHITE, HARRY
9419 BARTLETT RD
CHARLOTTE, NC 28227

PWS ID: NC0160515 Mecklenburg County
OWNER ID: 66479

2019 PERMIT TO OPERATE A COMMUNITY PUBLIC WATER SYSTEM

POPULATION SERVED: **350**

The above named Community or Non-Transient Non-Community Public Water Supply System is granted a permit to operate this facility for the calendar year 2019. The permit expires at midnight on December 31, 2019.

The permit signifies that the annual fee has been paid in full and that a completed annual operating permit application has been submitted.

All permitted community and non transient non-community water systems shall comply with 15A NCAC 18C, which are the Rules Governing Public Water Systems. Rule .02102(f) requires that the supplier of water who holds a current operating permit shall inform the Department of any changes of address or transfer of ownership within 30 days of the changes.

Payment of the 2020 operating permit fee is due by November 2019. Administrative Penalties will be assessed for payments not received by December 31, 2019. Renewal notices will be sent in September 2019.

Sincerely,

Jessica Godreau, P.E., BCEE, Chief

cc: CLINTON COOK, P.E., Regional Engineer

Michelone, Jeremy

From: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Sent: Thursday, January 18, 2024 11:53 AM
To: Michelone, Jeremy
Subject: RE: FW: FW: [External] FW: [External]Mecklenburg County Project # 448735

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

In my opinion, we do not need anything else from them. Just use their most recent calculations and the numbers they wanted to add from the first submittal.

Thanks
Trish

Patricia M. Angoli, PE
Environmental Engineer
Division of Public Health, On-Site Water Protection Branch
NC Department of Health and Human Services

Office: 919-707-5878
Mobile: 919-218-2580
Fax: 919-845-3972
trish.angoli@dhhs.nc.gov

5605 Six Forks Rd
1642 Mail Service Center
Raleigh, NC 27699-1642

NCDHHS provides essential services to improve the health, safety and well-being of all North Carolinians. Learn more about NCDHHS initiatives and priorities.

Twitter | Facebook | Instagram | YouTube | LinkedIn

From: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Sent: Thursday, January 18, 2024 11:52 AM
To: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Subject: RE: FW: FW: [External] FW: [External]Mecklenburg County Project # 448735

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Thank you. What do I need from them or is everything they already sent in OK.

Jeremy Michelone

Jeremy Michelone, REHS / Environmental Health Supervisor
Groundwater & Wastewater Services
Mecklenburg County Public Health
3205 Freedom Drive Suite 8000 | Charlotte, NC 28208

Office: 980-314-1680 | Cell: (704)201-7414
Jeremy.Michelone@mecklenburgcountync.gov

From: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Sent: Thursday, January 18, 2024 11:32 AM
To: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Subject: RE: FW: FW: [External] FW: [External]Mecklenburg County Project # 448735

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Jeremy,

I am good with the proposed flow reduction. I don't remember how many they wanted to add, but based on their proposal they are okay to add all of it.

Let me know if you have any other questions.

Thanks
Trish

Patricia M. Angoli, PE
Environmental Engineer
Division of Public Health, On-Site Water Protection Branch
NC Department of Health and Human Services

Office: 919-707-5878
Mobile: 919-218-2580
Fax: 919-845-3972
trish.angoli@dhhs.nc.gov

5605 Six Forks Rd
1642 Mail Service Center
Raleigh, NC 27699-1642

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From: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Sent: Tuesday, January 16, 2024 9:48 AM
To: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Subject: FW: FW: FW: [External] FW: [External]Mecklenburg County Project # 448735

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Good morning Trish. I know you have a ton on your plate. Did you ever get a chance to look at the attached water usage numbers for Arlington Baptist Church? They are calling about it.

Thank You,
Jeremy

Jeremy Michelone
Jeremy Michelone, REHS / Environmental Health Supervisor
Groundwater & Wastewater Services
Mecklenburg County Public Health
3205 Freedom Drive Suite 8000 | Charlotte, NC 28208
Office: 980-314-1680 | Cell: (704)201-7414
Jeremy.Michelone@mecklenburgcountync.gov

From: Daniel Hill <hill.r.daniel@gmail.com>
Sent: Thursday, November 16, 2023 9:07 AM
To: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Subject: Re: FW: FW: [External] FW: [External]Mecklenburg County Project # 448735

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jeremy,
Please see attached for the revisions/updates requested by Ms. Angoli. Please let me know if there is something else you need.

On Wed, Nov 8, 2023 at 3:37 PM Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov> wrote:

> Please see below.
>
> *Jeremy Michelone*
>
> **Jeremy Michelone, REHS / Environmental Health Supervisor**
>
> **Groundwater & Wastewater Services**
>
> **Mecklenburg County Public Health**
>
> 3205 Freedom Drive Suite 8000 | Charlotte, NC 28208
>
> Office: 980-314-1680 | Cell: (704)201-7414
>
> Jeremy.Michelone@mecklenburgcountync.gov

From: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Sent: Wednesday, November 8, 2023 2:43 PM
To: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Subject: RE: FW: [External] FW: [External]Mecklenburg County Project # 448735

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jeremy,

I apologize for the slow response. Your email got buried in my inbox. (Unfortunately, a common occurrence lately.)

After reviewing the revised submittal and the note about the water meter.

Following are my comments:

1. By my review, the months of November and December 2022 and January, February, and March 2023 all had significant zero water use readings in the monthly operating report. We can't use information from those months to determine an adjusted design daily flow. We need 12 months of water use readings were there was not a problem with the water meter. So that would mean from October 2021 to October 2022 or April 2023 through April 2024.
2. For the daily readings, the water meter must be read every day. They cannot use the water use readings from the operating report that are for a couple of days.
3. An alternate method that they could use to calculate an adjusted design daily flow would be, for example, to take the peak month of August 2022, and multiply that monthly reading of 6,970 gallons by 1.5 = 10,455 gallons. Divide 10,455 gallons by 31 (for the number of days in August) = 338 gpd. This is a new method that is proposed in 18E and I am fine with it being used. However, they need to show the monthly water use readings for a 12 month period that does not include any zero water use readings, and then take the peak month out of those 12 months.

Please let me know if you have any questions or need any other information from me.

Thanks

Trish

Patricia M. Angoli, PE

Environmental Engineer

Division of Public Health, On-Site Water Protection Branch

NC Department of Health and Human Services

Office: 919-707-5878

Mobile: 919-218-2580

Fax: 919-845-3972

trish.angoli@dhhs.nc.gov

5605 Six Forks Rd

1642 Mail Service Center

Raleigh, NC 27699-1642

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From: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Sent: Tuesday, October 24, 2023 10:57 AM
To: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Subject: FW: FW: [External] FW: [External]Mecklenburg County Project # 448735

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good morning Trish. This what Daniel Hill sent me back in response to your questions. Let me know what you think. Thank you very much.

Jeremy Michelone

Jeremy Michelone, REHS / Environmental Health Supervisor

Groundwater & Wastewater Services

Mecklenburg County Public Health

3205 Freedom Drive Suite 8000 | Charlotte, NC 28208

Office: 980-314-1680 | Cell: (704)201-7414

Jeremy.Michelone@mecklenburgcountync.gov

From: Daniel Hill <hill.r.daniel@gmail.com>
Sent: Monday, October 23, 2023 11:12 PM
To: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Subject: Re: FW: [External] FW: [External]Mecklenburg County Project # 448735

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Jeremy,

Please see response below from Chris Bridges from C&J Environmental Services on the water testing. I have also attached the same calculations signed and sealed. Please let me know if there is something else I can do to help move this along. Thanks for your responsiveness to date.

"The water meter had stopped working and was rebuilt. That's why you have some 0 water usages.

The water usage for April 24th was higher due to a water leak that I reported to Christy at the Church that day.

Take the first read of the month, subtract that from the last read of the month, divide it by the number of days in between those 2 readings, that will give you the daily average pumped.

Chris Bridges

C&J Environmental "

On Mon, Oct 23, 2023 at 1:51 PM Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov> wrote:

Good afternoon Daniel. I just received the below email from Trish on Saturday.

Jeremy,

I am sorry for taking so long to review this. I have kind of lost the month of October.

I do have a few questions. Why are there so many days with a water use reading of zero? And how is the maximum daily value determined? When I look at the water report, and the values from when readings were taken, if I average the water use over the number of days from the previous reading, I get a value that is higher than the maximum. For example, on April 24, the water report says that 1,950 gallons were pumped between that day and April 20. If I average that amount of water over four days, that is an average of 487 gallons, which is higher than the maximum daily value of 191 gallons reported on the water report.

I am sorry to be asking so many questions. I am just trying to understand the numbers.

And I need the calculations to be signed and sealed by the PE.

Thanks

Trish

Jeremy Michelone

Jeremy Michelone, REHS / Environmental Health Supervisor

Groundwater & Wastewater Services

Mecklenburg County Public Health

3205 Freedom Drive Suite 8000 | Charlotte, NC 28208

Office: 980-314-1680 | Cell: (704)201-7414

Jeremy.Michelone@mecklenburgcountync.gov

From: Daniel Hill <hill.r.daniel@gmail.com>
Sent: Monday, October 23, 2023 12:10 PM
To: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Subject: Re: FW: [External] FW: [External]Mecklenburg County Project # 448735

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Jeremy,

I just wanted to double check and make sure you had seen my previous email on the Septic system at Arlington Church and If you needed additional information. Please let me know if you do. Thanks!!

On Wed, Oct 4, 2023 at 8:14 PM Daniel Hill <hill.r.daniel@gmail.com> wrote:

> Jeremy,
>
> I have finally gathered the most recent well information from our State approved well tester - C&J Environmental. I have revised the calculations based on the comments from Trish and have also attached the most recent well test reports from July 2022 thru June 2023. I will say that the amount of water used in quite a bit less than that used for the documentation in 2010. I'm not aware of every detail, but we have repaired a number of leaky toilets as well as other miscellaneous low flow fixture type replacements. My previous email included this calculation as well as a copy of the original permit documentation and the "use existing septic application" neither of which have changed. I've only attached the revised Calculations. Please let me know if you need anything else.

On Mon, Aug 28, 2023 at 9:07 AM Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov> wrote:

Good morning Daniel. Here is the response from the State.

Jeremy Michelone

Jeremy Michelone, REHS / Environmental Health Supervisor

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Jeremy.Michelone@mecklenburgcountync.gov

From: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Sent: Monday, August 28, 2023 8:21 AM
To: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>; Williams, Anthony <anthony.williams@dhhs.nc.gov>
Subject: RE: [External] FW: [External]Mecklenburg County Project # 448735

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Jeremy,

So they want to bring the number of students up to 172 from the total of 127 students and teachers in the day care from 2010, correct?

I am not sure how his water use information supports this. His calculations do not follow Rule .1949(c)(1). There is no peaking factor and no daily readings. I am also uncertain why they do not have more current water use readings

than 2019. Have the numbers dropped so low that the values are not representative? And why have they dropped? Low church and/or daycare attendance?

And if there are no daily readings, I normally request at least five years worth of monthly water use readings. That way it is easier to see if the pattern of low water use is consistent over time.

At this time, before we can tell them how to proceed, they need to either do the flow reduction is line with Rule .1949(c)(1) or use five years worth of monthly water use readings to support an adjusted design daily flow.

Please let me know if you have any other questions.

Thanks

Trish

Patricia M. Angoli, PE

Environmental Engineer

Division of Public Health, On-Site Water Protection Branch

NC Department of Health and Human Services

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From: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Sent: Tuesday, August 15, 2023 8:18 AM
To: Angoli, Trish <trish.angoli@dhhs.nc.gov>; Williams, Anthony <anthony.williams@dhhs.nc.gov>
Subject: [External] FW: [External]Mecklenburg County Project # 448735

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Good morning guys. We permitted (through a consultant) a flow equealization design for a church/daycare back in 2010. The church is now wanting to now add a school to the campus. They are being very vague and the P.E. is wanting to just submit and seal some water flow data. I told him that we will need a whole new system design specifying the max numbers of staff, church seats, # of students, cafeteria, showers, etc... The new application and the old permit is attached. Below is the latest email I received from the engineer. Please correct me if I am wrong in telling him we need a new flow EQ design or if I can just approve his stamped and sealed water data numbers as he wants to do?

"Jeremy,

I have paid the fee as requested. I tried to show the differences in my calculations that were attached to my original email. The difference is the school/daycare numbers would be 172 total (5 days a week) rather than the 131 (from 2010 5 days a week). Would you like me to seal the calculations?

If you do have to go to the State with the change, what does that entail for us? Is there something more I need to do to start that process?

We were also considering connections to County water and sewer, but were told that they are currently not available in our area of the county. Any help would be appreciated. Thanks!

Daniel Hill, PE

704-290-4384

Jeremy Michelone

Jeremy Michelone, REHS / Environmental Health Supervisor

Groundwater & Wastewater Services

Mecklenburg County Public Health

3205 Freedom Drive Suite 8000 | Charlotte, NC 28208

Office: 980-314-1680 | Cell: (704)201-7414

Jeremy.Michelone@mecklenburgcountync.gov

From: Michelone, Jeremy
Sent: Thursday, August 10, 2023 10:23 AM
To: Daniel Hill <hill.r.daniel@gmail.com>; Shelton, Braedon P <Braedon.Shelton@mecklenburgcountync.gov>; Michael, Jeremy <Jeremy.Michael@mecklenburgcountync.gov>
Cc: York, Zineb <Zineb.York@mecklenburgcountync.gov>; Placide, Lydia J <Lydia.Placide@mecklenburgcountync.gov>; Alvarado Ortiz, Jenasis <Jenasis.AlvaradoOrtiz@mecklenburgcountync.gov>; Moore, Samantha <Samantha.Moore@mecklenburgcountync.gov>; Ortiz-Noga, Manuela <Manuela.Ortiz@mecklenburgcountync.gov>
Subject: FW: [External]Mecklenburg County Project # 448735

Good morning Daniel. You will need to call the front office at (980)314-1680 to pay the $100 fee for the UXS application. The existing system was permitted back in 2010 as a flow equalization system with a DDF of 2905 GPD. The permit specified 112 daycare students and 15 teachers (5 days a week), 180 seat church (2.5 days a week), and 4 office employees (5 days a week). I am unsure exactly what they are wanting to change? We will need maximum numbers of students, church seats, employees, teachers, etc. Once the fee is paid and other pertinent information is provided I will send the change of use to the State for review. They may require a completely new permit because they are changing the design of what was permitted.

Thank You,

Jeremy Michelone

Jeremy Michelone

Jeremy Michelone, REHS / Environmental Health Supervisor

Groundwater & Wastewater Services

Mecklenburg County Public Health

3205 Freedom Drive Suite 8000 | Charlotte, NC 28208

Office: 980-314-1680 | Cell: (704)201-7414

Jeremy.Michelone@mecklenburgcountync.gov

From: Daniel Hill <hill.r.daniel@gmail.com>
Sent: Thursday, August 10, 2023 12:36 AM
To: Michelone, Jeremy <Jeremy.Michelone@mecklenburgcountync.gov>
Subject: [External]Mecklenburg County Project # 448735

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Jeremy,

We are currently trying to permit a project with Mecklenburg County that includes two existing buildings that we are doing a usage change on. They are changing to Occupancy E from A-3. I have included the application to use existing septic system, the original permit submission for the septic system and my calculations (similar to original calculations) for justification for occupancy increase. Please let me know if you need anything else.

Daniel Hill, PE

704-290-4384

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