

15008 LANCASTER HWY

22359165

5/21/08

thomatc

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

Mecklenburg County
Health Department

April 28, 1998

J. Grason Hudson, III
WKWW Architects
2300 E. Seventh St., Suite 200
Charlotte, NC 28204

Re: 15008 Lancaster Highway
File: 1820
Parcel: 223-591-65

Dear Mr. Hudson:

This is in reference to the building addition at the Harrison united Methodist Church, located at 15008 Lancaster Highway, and the impact on the wastewater system currently serving the church facilities.

Based on the current church sanctuary of 300 seats, the state criteria is 5 gallons per seat with kitchen facilities. The criteria for day care facilities is 15 gallons per child per day. Therefore, the calculation for the total gallons per day is 2580.

According to the existing septic tank records, and an onsite inspection of the property, it was determined that the existing system consisted of two septic tanks, one probably being used as a grease trap, with 600 feet of drainline.

A soil evaluation would need to be performed to determine the suitability for any expansion of the onsite wastewater system.

However, based on the loading capacity used when the existing system was installed in 1984, the number of feet of drainline required for a church facility with a water usage of 2580 gallons would be 2867 feet of drainline.

When the total length of nitrification line exceeds 750 linear feet, a properly designed dosing pump will be required. When the total length of nitrification line exceeds 2000 feet in a single system, alternating pumps shall be used which shall discharge to separate nitrification fields.

Upon evaluation of the soil and site characteristics of the property, it may be necessary for a professional engineer or a person with a demonstrated knowledge of sanitary sewage collection, treatment, and disposal systems to submit plans and specifications for review and approval by this department.

All of the rules and criteria referred to above are from Laws and Rules for Sewage Treatment and Disposal Systems, North Carolina Dept. of Environment, Health, and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Article 11 of chapter 130A of NC General Statutes.

It may be in the best interest of the church to pursue the option of connecting to the Charlotte-Mecklenburg sewer system. If the on-site wastewater system is expanded, it must be

completely installed and inspected before final approval will be granted. If the church decides to connect to the Charlotte-Mecklenburg sewer system, the existing septic tanks must be pumped out and filled with clean soil or sand.

If you have any questions, please call me at 336-5573.

Sincerely,

J. Andrew Walker, R.S.
Individual Water and Wastewater Systems

JW:gc

DEAR SIRS

THIS IS MAIL TO J. GRASON HUDSON III

2300 E. SEVENTH ST

SUITE 200

CHARLOTTE, NC 28204

DEAR SIRS: MR. HUDSON

THIS IS IN REFERENCE TO THE BUILDING ADDITION AT THE HARRISON UNITED METHODIST CHURCH, LOCATED @ 15008 LANCASTER HIGHWAY, AND THE IMPACT ON THE WASTEWATER SYSTEM CURRENTLY SERVING THE CHURCH FACILITIES

BASED ON THE CURRENT CHURCH SANCTUARY OF 300 SEATS, & the STATE CRITERIA @ IS 5 GPD/ SEAT WITH @ KITCHEN FACILITIES. THE CRITERIA FOR DAY CARE FACILITIES IS 15 GPD/PER CHILD PER DAY. THEREFORE THE TOTAL GALLONS PER DAY IS 2580 GALLONS PER DAY

FROM RESEARCHING THE EXISTING @ SEPTIC TANK RECORDS, AND AN ONSITE INSPECTION OF THE PROPERTY, IT WAS DETERMINED THAT THE EXISTING SYSTEM CONSISTED OF TWO SEPTIC TANKS, ONE @ PROBABLY BEING USED AS A @ GREASE TRAP, AND 600 FEET OF DRAIN LINE.

A SOIL EVALUATION WOULD NEED TO BE PERFORMED TO DETERMINE THE SUITABILITY FOR ANY EXPANSION OF THE ONSITE WASTEWATER SYSTEM.

HOWEVER, BASED ON THE LOADING CAPACITY USED WHEN THE EXISTING SYSTEM WAS INSTALLED IN 1984, THE NUMBER OF FEET OF DRAINLINE REQUIRED FOR A CHURCH FACILITY WITH A LINEAR USAGE OF 2580 GALLONS WOULD BE 2867 FEET OF DRAIN LINE.

WHEN THE TOTAL LENGTH OF NITRIFICATION LINES EXCEEDS 750 LINEAR FEET, A PROPERLY DESIGNED DOSING PUMP WILL BE REQUIRED. WHEN THE TOTAL LENGTH OF NITRIFICATION LINES EXCEEDS 2000 FEET IN A SINGLE SYSTEM, ALTERNATING PUMPS SHALL BE USED WHICH SHALL DISCHARGE TO SEPARATE NITRIFICATION FIELDS.

UPON EVALUATION OF THE SOIL AND SITE CHARACTERISTICS OF THE PROPERTY, IT MAY BE NECESSARY FOR A SOIL SCIENTIST/PROFESSIONAL ENGINEER TO SUBMIT PLANS AND SPECIFICATIONS FOR REVIEW AND APPROVAL BY THIS DEPARTMENT.

ALL OF THE RULES AND CRITERIA REFERRED TO ABOVE ARE FROM LAWS AND RULES FOR SEWAGE TREATMENT AND DISPOSAL SYSTEMS, NORTH CAROLINA DEPT. OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES, DIVISION OF ENVIRONMENTAL HEALTH, ONSITE WASTEWATER SECTION, ARTICLE 11 OF CHAPTER 130 A OF NC GENERAL STATUTES.

IT MAY BE IN THE BEST INTEREST OF THE CHURCH TO PURSUE THE OPTION OF CONNECTING TO CHARLOTTE-MECKLENBURG'S SEWER SYSTEM. ~~WHICH OPTION IS SELECTED, IF THE SEPTIC TANK~~ IF AN ON-SITE WASTEWATER SYSTEM IS ~~CHOSEN TO BE~~ TO BE INSTALLED, EXPANDED, IT MUST BE COMPLETELY INSTALLED AND INSPECTED BEFORE FINAL APPROVAL WILL BE GRANTED. IF THE DECISION IS MADE TO CONNECT TO CHARLOTTE-MECKLENBURG'S SEWER SYSTEM, IT WILL BE NECESSARY FOR THE CONNECTION TO BE COMPLETED TO RECEIVE FINAL APPROVAL.

Type out

IF THE CHURCH DECIDES TO CONNECT TO THE SEWER SYSTEM THE EXISTING SEPTIC TANKS MUST BE PUMPED OUT AND FILLED WITH CLEAN SOIL OR SAND.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME @ 336 - 5573.

Sincerely,

JC Cable

TRACKING # 173

1820

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid 50.00 CK # 506 3/24/98 [ ] 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

COPY

PERSON FILING APPLICATION:

NAME: WKWW ARCHITECTS (last) (first) (mi)

ADDRESS: 2300 E. 7TH St. PHONE: (704) 373-0615

CITY: CHARLOTTE STATE: NC ZIPCODE: 28204

Date: 3-23-98

PROPERTY OWNER:

NAME: Hutchison United Methodist Church (last) (first) (mi)

ADDRESS: 15008 Lancaster Hwy PHONE: (704) 541-3463

CITY: Pineville STATE: NC ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 223-591-65 NW ~~223-021-04~~ PP

STREET ADDRESS: 15008 LANCASTER Hwy

Pineville, NC 28134

ZONING: R-3

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]

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

[redacted]

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

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: Family Life Center - Bldg
Type Business Church # Employees ___ 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 [ ] 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: Mike Dodson Date: 3/12/98

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

Environmentalist Date

WATER : 122791

WKWW
Architects

Architecture
Planning
Interiors

G. Bonson Hobson, Jr., AIA
A. Eugene Warren, AIA
Roy F. Kendrick, AIA
Robert R. Workman, AIA
Michael C. Berry, AIA
Monnie H. Smith, Bus. Mgr.

COPY

File
1820

March 23, 1998

Mecklenburg County
Environmental Health Division
Hal Marshall Ctr., Suite 211
700 North Tryon Street
Charlotte, NC 28202

RE: Harrison United Methodist Church
Pineville, NC

Gentlemen:

Enclosed are the following documents for your review and approval:

1. Site Plan, Sheet L-3
2. Individual Water & Wastewater Systems Program, Application for Services
3. Check #0506, payable to Mecklenburg County Health Dept.

Please review and comment as soon as possible, since this project is under construction.

Sincerely,

W K W W, Inc.

J. Grason Hudson, III, Intern AIA

/mhs

Enclosures

MIKE PRITON
588- 9016 EXT 112

2300 E. Seventh St.
Suite 200
Charlotte, NC 28204
704•373•0615

Issued -8-27-84

Serial No. 7790

SIR No. 1820

T. C. No. 223-021-04

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

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

E OF OWNER Harrison United Methodist Church
LAST FIRST MIDDLE

RESS OF OWNER Route 2, Pineville, NC ZIP 28134

ATION OF LOT 15008 Lancaster Highway
STREET OR COUNTY ROAD

IVISION _____ LOT NO _____ BLOCK NO. _____

BOOK NO. _____ PAGE NO. _____

bove specified lot is approved by the Mecklenburg County Department of Environmental Health for nstallation of an individual septic tank system with subsurface, soil absorption, effluent discharge on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 1820 pproval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.

2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

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

*** USE EXISTING SYSTEM ***

mentalist

Environmental Health Director, or Authorized Section Head

Environmental Health Department's Copy

Cert. Inst. No. [illegible]

Serial 6727

T.C. No. [illegible]

Date Issued 6-29-84

L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Harrison H. Matthews Trust (LAST, FIRST, MIDDLE)

Location of Property 15008 Lancaster Hwy.

Application Number 1820

Permit Number 1820

Inspection Data:

Liquid Capacity of Tank 1000

Total Length of Drain Tile Existing

Depth of Filter Material —

Water Supply Source well

Excavation Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

Tank Material —

Number of Lines —

Cover Depth —

Distance from Water Source —

Tank Inspected 6-29-84 (DATE)

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

Comments: Installation for Finished Expansion Area. Lowest drain

R. H. Thomas
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

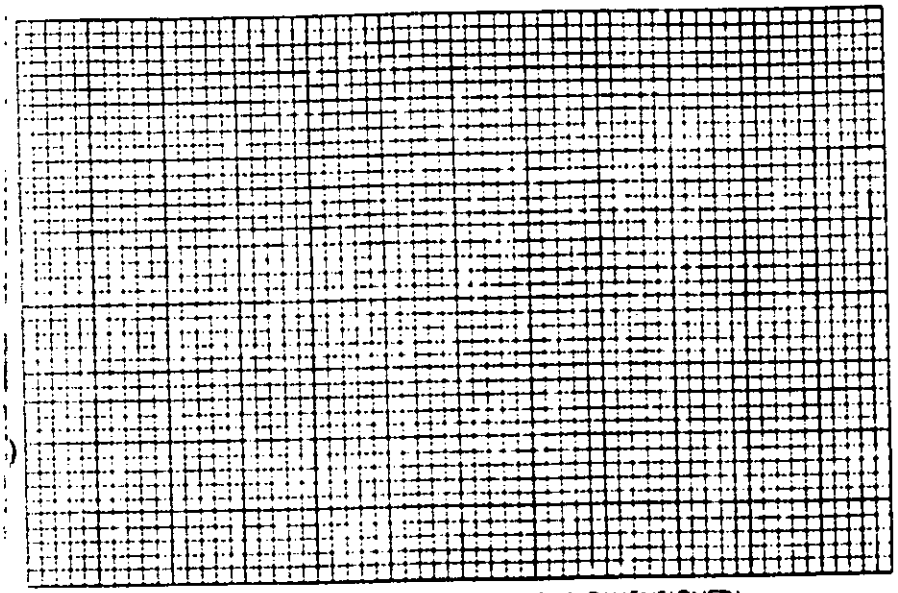
Date Received 6-29-84 | Received JUN 29 1984 | ICAR(S) Application No. [illegible]
T. C. No 223-021-04
Map Date [illegible]

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)

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

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes___No
Residence ___Yes___No

4) No. of Bedrooms ___
5) Business Use — Max. No. ~~Employees~~ 100 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 ✓No
House located within 200 feet of community sewer ___Yes ✓No
11) FHA Case No. none
12) VA Case No. ___

13) NAME OF OWNER Harrison U. Methodist Church
(LAST, FIRST, MIDDLE)
14) ADDRESS OF OWNER Rt. 2, Box 47F Pineville, N.C. 28134
15) PHONE NO. Home none Office 541-0137 Office none
16) LOCATION OF SYSTEM US 521 South 15008 Lancaster Hwy.
(STREET OR COUNTY ROAD)
17) SUBDIVISION none Lot No. ___ Block No. ___
Map Book No. none Page No. ___
18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___
19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ✓ NO DATE RUN ___
20) PTR NUMBER (See Instructions) ___

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

6/20/84
DATE OF APPLICATION

John A. Durrell, Pastor (For the Trustees)
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 08686

ICAR(S) Permit No. 1820

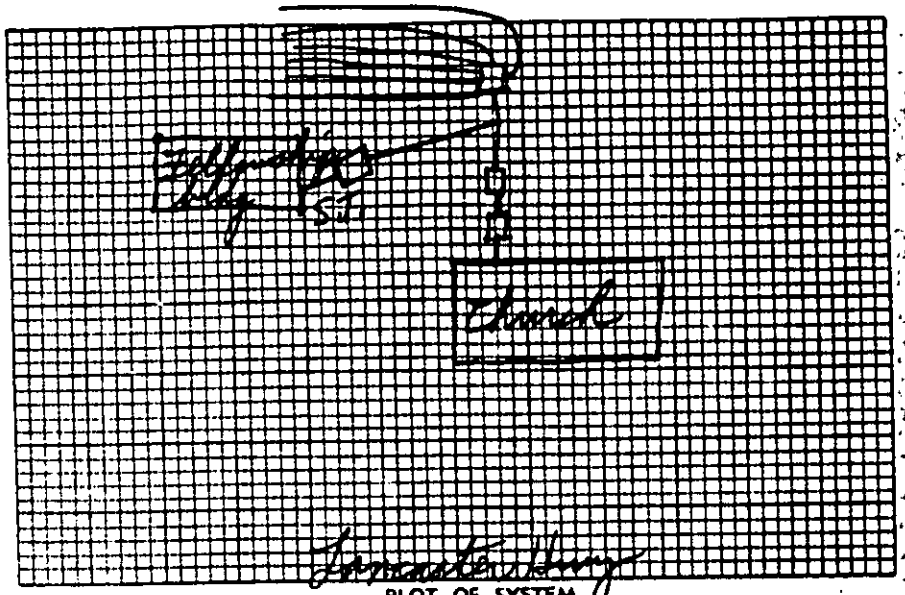
Date Issued 11-15-85

T. C. No. 223-021-04

Map Date L

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

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 1820, dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 11-15-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate alter

Liquid Capacity of Tank 1000+1000

Tank Construction Pcc

Absorption and/or Nitrification Lines:

Total Line Length 600'

Number of Lines 6

Distance from House 5'

Distance from Property Line 10'

Distance from Well 750'

NAME OF OWNER Harrison United Methodist Church

LOCATION OF PROPERTY 15008 Lancaster Hwy.

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.

Comments: Install 2-1000 gal. tanks, no pump required. 6 lines 3' X 100' X 12" stone, connect existing tank from fellowship bldg. into new system.

_____ B. R. Ferguson

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.

EHD-5-76

Environmental Health Department's Copy

Cat A (s) No. 1820

Date Issued 11-19-85 Serial 8047 T. C. No. 223-02L-C4

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

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

Name of Owner Harrison United Methodist Church (LAST FIRST MIDDLE)

Location of Property 15008 Lancaster Hwy.

Application Number —

Permit Number —

Inspection Data:

Liquid Capacity of Tank 1000 + 1000

Total Length of Drain Tile 600'

Depth of Filter Material 12"

Water Supply Source well

Excavation Inspected 11-19-86 (DATE)

Nitrification Field Inspected 11-19-86 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

Tank Material PVC

Number of Lines 6

Cover Depth 18"

Distance from Water Source 750'

Tank Inspected 11-19-85 (DATE)

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

Comments: 2 X 1000 gal. tanks, no pump required.

B. K. Ferguson
Environmentalist

EHO-3-76

Environmental Health Department's Copy

C of A Isl No. 1820

Date Issued 6-29-84 **Serial 6727** T. C. No 223-021-04 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Harrison U. Methodist Church
LAST FIRST MIDDLE

Location of Property 1500 Lancaster Hwy.

Application Number 1820 Permit Number 1820

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PVC

Total Length of Drain Tile existing Number of Lines existing

Depth of Filter Material — Cover Depth —

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — DATE Tank Inspected June 1984 DATE

Nitrification Field Inspected — DATE

Washing Machine Line Inspected, If Applicable — DATE

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

Comments: Tank installed for Fellowship Building and Church
Install downspout

Environmentalist

Serial No 543

Date Issued 6/21/71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Thurman Lucille Mullard & C/h
LAST FIRST MIDDLE

Location of Property Hwy 521

Application Number 1820 Permit Number 1820

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Concrete

Total Length of Drain Tile 500' Number of Lines 6

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7/6/71 DATE Tank Inspected 7/6/71 DATE

Nitrification Field Inspected 7/6/71 DATE

Washing Machine Line Inspected, If Applicable _____ DATE

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

Comments Installed by Ed. Smith.

Environmentalist

HEALTH DEPARTMENT'S COPY

Serial No. 908

Date Issued [illegible]

ICAR(S) Permit No. [illegible]

T. C No. [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

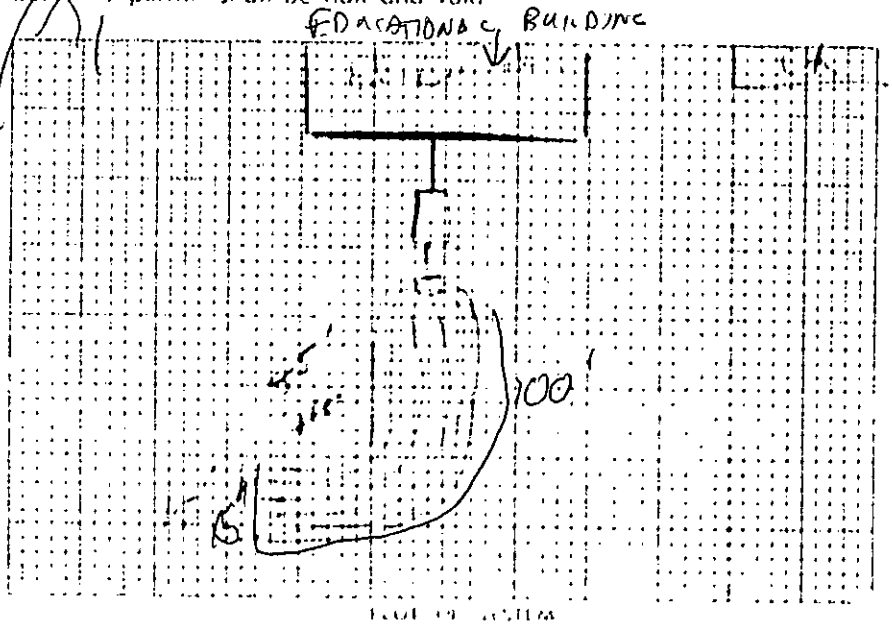
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

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

6/27/01



LOT OR SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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

[illegible] (change from 2 bdrm)

[illegible]

Sanitarian

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a [illegible] in order to be valid. Only the signature of the Environmentalist is required if work on an existing system is being altered or repaired.

[illegible]

APPLICANT'S COPY

TRACKING # 173

1820

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid 50.00 ck # 5061 3/24/98 JC [ ] 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

PERSON FILING APPLICATION:

NAME: WKWW ARCHITECTS (last) (first) (mi)

ADDRESS: 2300 E. 7TH St. PHONE: (704) 373-0615

CITY: CHARLOTTE STATE: NC ZIPCODE: 28204

Date: 3-23-98

PROPERTY OWNER:

NAME: Hattison United Methodist Church (last) (first) (mi)

ADDRESS: 15008 Lancaster Hwy PHONE: (704) 541-3463

CITY: Pineville STATE: NC ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 223-591-05 new 223-021-04 ~~##~~

STREET ADDRESS: 15008 LANCASTER Hwy

Pineville, NC 28134

ZONING: R-3

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):

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: Family Life Center Bldg
Type Business Church # Employees ___ 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 [ ] 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: 3/12/98

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

Environmentalist Date

WATER : 122791

WKWW
Architects

File
1820

March 23, 1998

Architecture
Planning
Interiors

G. Bonson Hobson, Jr., AIA
A. Eugene Warren, AIA
Roy F. Kendrick, AIA
Robert R. Workman, AIA
Michael C. Berry, AIA
Monnie H. Smith, Bus. Mgr.

Mecklenburg County
Environmental Health Division
Hal Marshall Ctr., Suite 211
700 North Tryon Street
Charlotte, NC 28202

RE: Harrison United Methodist Church
Pineville, NC

Gentlemen:

Enclosed are the following documents for your review and approval:

1. Site Plan, Sheet L-3
2. Individual Water & Wastewater Systems Program, Application for Services
3. Check #0506, payable to Mecklenburg County Health Dept.

Please review and comment as soon as possible, since this project is under construction.

Sincerely,

W K W W, Inc.

J. Grason Hudson, III, Intern AIA

/mhs

Enclosures

2300 E. Seventh St.
Suite 200
Charlotte, NC 28204
704•373•0615

COPY

File 1820

EXISTING DENSE WOODED AREA

16" PINE

Existing 1 Story Block Fellowship Hall FFE 658.77'

(1/L6) CONCRETE SIDEWALK

PROPOSED GRAVEL DRIVE

C1

12'

25'

L5

2'

PIT GRAVEL PATH (4")

25'

7.7'

(14/L6) CONCRETE DUMPSTER PAD 6" THICK (4000 PSI)

34" OAK

30" OAK

HVAC

Existing 1 Story Brick Classroom Building FFE 661.73'

5'

4'

CONCRETE STEPS, SEE ARCH. PLANS FOR DETAILS

18'R

(1/L6) CONC SIDE

5'

PROPOSED FAMILY LIFE CENTER BUILDING

30" OAK

36" OAK

36" OAK

VEL PAVING AT GRAVEL
'E IN LIEU OF ASPHALT
'NG(IN BASE BID ONLY)

(13/L6) CONCRETE STEPS

(4/L6) ASPHALT PAVING BASEBID (1)

Porch Elev. 663.99'

9'

41.4'

12.7'

(10/L6) BRI AL

(9/L6) BR AL

DECORA PLANS F

LIMITS C (COURT

ASPHALT PAVING (ALT #4) (3/1)

CONCRETE SIDEWALK (1/L6)

CURB TAPER (12/L6)

HANDICAP PARKING/ STRIPING/SIGNAGE (ALTERNATE #4) (5/L6) (3/1)

EXTG. WELL

5'R

5'

COVERED WALK

COVERED DRIVE

30'R

CONCRETE PAVING (1/L6)

8'

663.83'