


6400 PROSPERITY CHURCH RD

02929120

8/26/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK# 6654
VIW
9-10-98
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 20365

Date: 9/4/98

PERSON FILING APPLICATION:
NAME: Hawkins (last) James (first) R. (mi)
ADDRESS: 5104 N. I-85 Access Road Suite 3 PHONE: (704) 596-4994
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 029-291-10
STREET ADDRESS: 6400 Prosperity Church Road Charlotte, NC 28269
ZONING:

PROPERTY OWNER:
NAME: Abundant Life Community Church (last) (first) (mi)
ADDRESS: 5104 N. I-85 Access Road Suite 3 PHONE: (704) 596-4994
CITY: Charlotte STATE: NC ZIPCODE: 28269

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): 21

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

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Office renovation / Meeting room addition
[redacted]

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: 400 members [redacted]
Type Business Church # Employees 8 Per Shift 1
Industrial Wastes (Y/N) 100 - mtg Room
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 [] 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: 9/4/98

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.

...97&98 SYSTEM IS OK FOR CHURCH OFFICE W/ 8 EMPLOYEES FOR 1 SHIFT AS MOUSED BY JIM HAWKINS

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

[signature] RS 9/8/98
Environmentalist Date

WATER : 122791

# PROPOSED PLOT PLAN

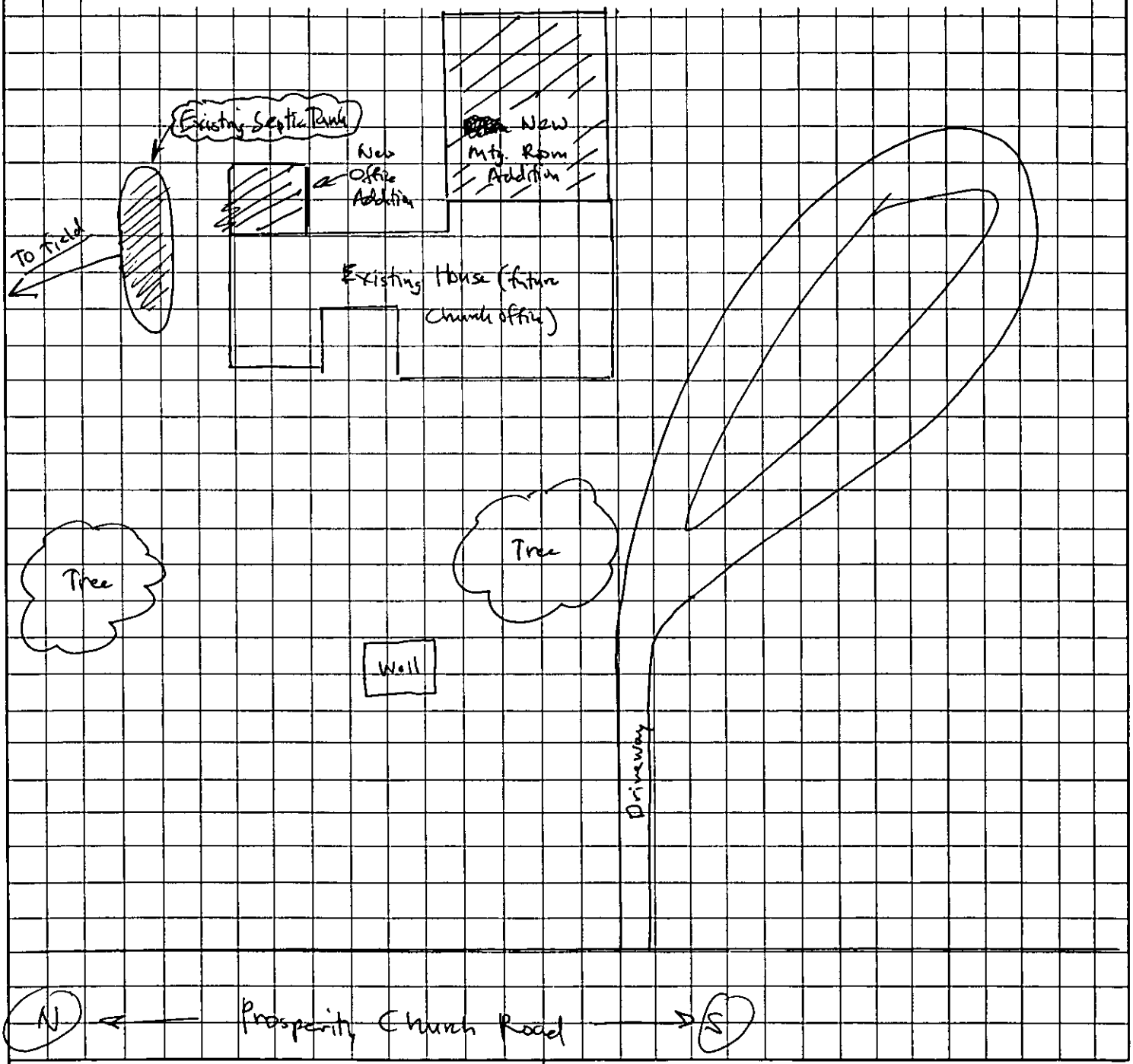
COPY

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

FILE: [redacted] 21365

TC: 029-291-10

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 4/10/98 – Jim Hawkins for ALCC

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

C of A (s) No. 20365

e Issued 1-5-84 Serial 6380 pw T. C. No. 029-2940 CRT 5-4-84

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL

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

me of Owner Klein (LAST) John (FIRST) L. (MIDDLE)

cation of Property 6400 Prosperity Church Rd

plication Number 20365 Permit Number 20365

spection Data: Repair

quid Capacity of Tank 1500 gal Tank Material plc concrete

otal Length of Drain Tile 360' Number of Lines 4

epth of Filter Material 12" Cover Depth 2'

/ater Supply Source well Distance from Water Source 50'+

xcavation Inspected — (DATE) Tank Inspected 1-5-84 (DATE)

itrification Field Inspected 1-5-84 (DATE)

/ashing Machine Line Inspected, If Applicable — (DATE)

he undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, ✓ ltered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County ealth 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

Environmentalist R Nichols.

HD-476

HEALTH DEPARTMENT COPY

ued 12-30-83

Serial No. 6863

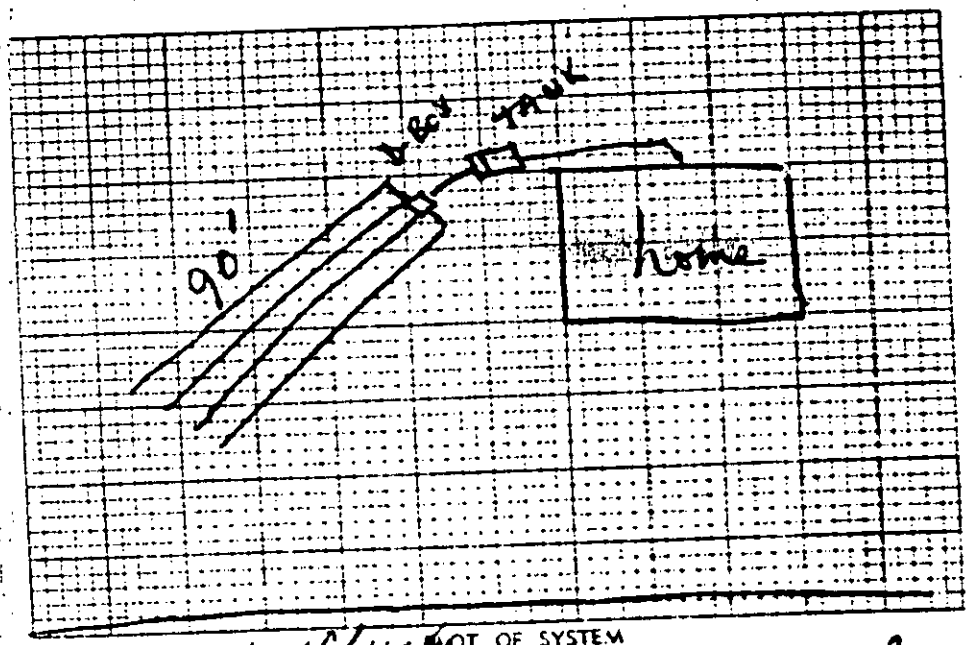
ICAR(S) Permit No. 20365

Po T. C. No. 029-291-10

Map Date

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

ion is hereby given to ____Install or Construct, ✓Alter or Repair the individual septic tank waste- ... with subsurface, soil absorption, effluent discharge as specified herein at the de- ... 20365 ... scribed location. This permit is granted solely upon information furnished on the ap- dated 12-22-83 and this permit shall be void and of no effect if the information furnished on the ap- plication is not true or is erroneous. All work shall be completed on or before 1-31-84 after which date this permit shall be null and void.




Permeability Rate Poplin

Liquid Capacity of Tank 1500 gal

Tank Construction plc concrete

Absorption and/or Nitrification Lines:

Total Line Length 360'

Number of Lines 4

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

LOCATION OF SYSTEM

NAME OF OWNER John L. Klein

LOCATION OF PROPERTY 6400 Property Ranch 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.

Comments: 4-90' x 3' x 12" stone trenches on 9' centers ... backfill old septic tank

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 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.

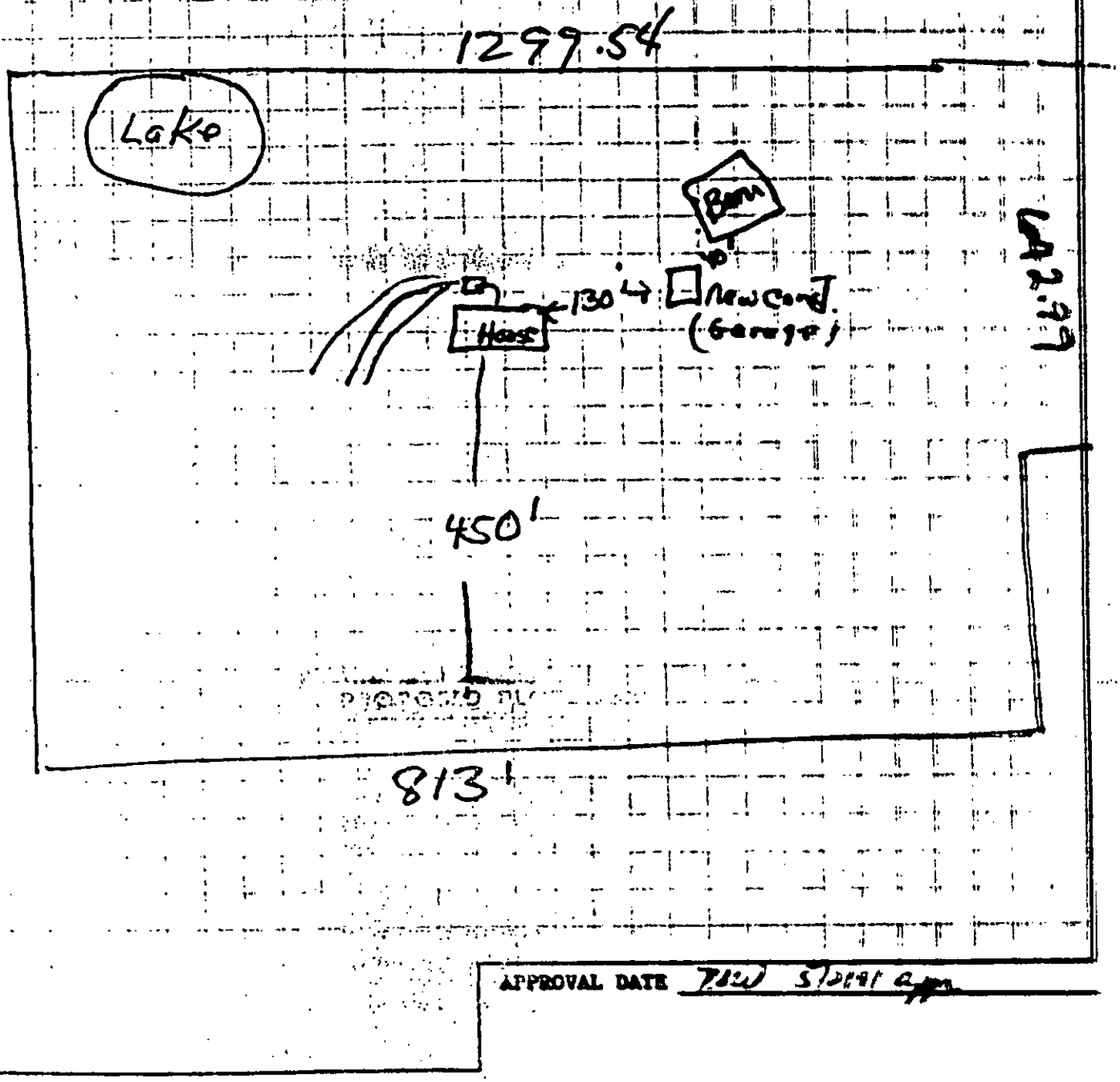
HEALTH DEPARTMENT'S COPY

PROPOSED PLOT PLAN

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

FILE: 20365
TC: 029-291-10

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 7/20 Signature

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