

13531 LANCASTER Hwy

22364402

4/14/08

marliwr

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

518A | Project # 932-988506 | W

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4129A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

Parcel ID 223-644-02

Date:

PERSON FILING APPLICATION:
NAME: LIBNOCH (last) MICHAEL (first) A. (mi)
ADDRESS: 9005 HENRY HARRIS RD PHONE: (803) 547-4249
CITY: FT. MILL STATE: SC ZIPCODE: 29715

PROPERTY OWNER:
NAME: LIFESPRING CHURCH (last) (first) (mi)
ADDRESS: 13531 LANCASTER HWY PHONE: (704) 542-9951
CITY: PINEVILLE N.C. STATE: ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 22311114
STREET ADDRESS: 13531 LANCASTER HWY. PINEVILLE N.C. 28134
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: (14) LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] 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) FROM CHURCH TO DAY CARE
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] 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 DAY CARE * # Employees 15-20 Per Shift 50 KIDS
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Michael A Libnoch Date: 7-25-94

NOTICE:

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

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

...This permit is not transferable.

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

Change of Use Approved for Day Care use Combined total of 35 Students & Staff

Environmentalist: Judy Knox R.S. Date: 8/1/94

Director or Authorized Section Head: Date: 8/16/94

WATER : 122791

* Call before Tuesday

System is sized for 160 people @ .3 LTaff

160

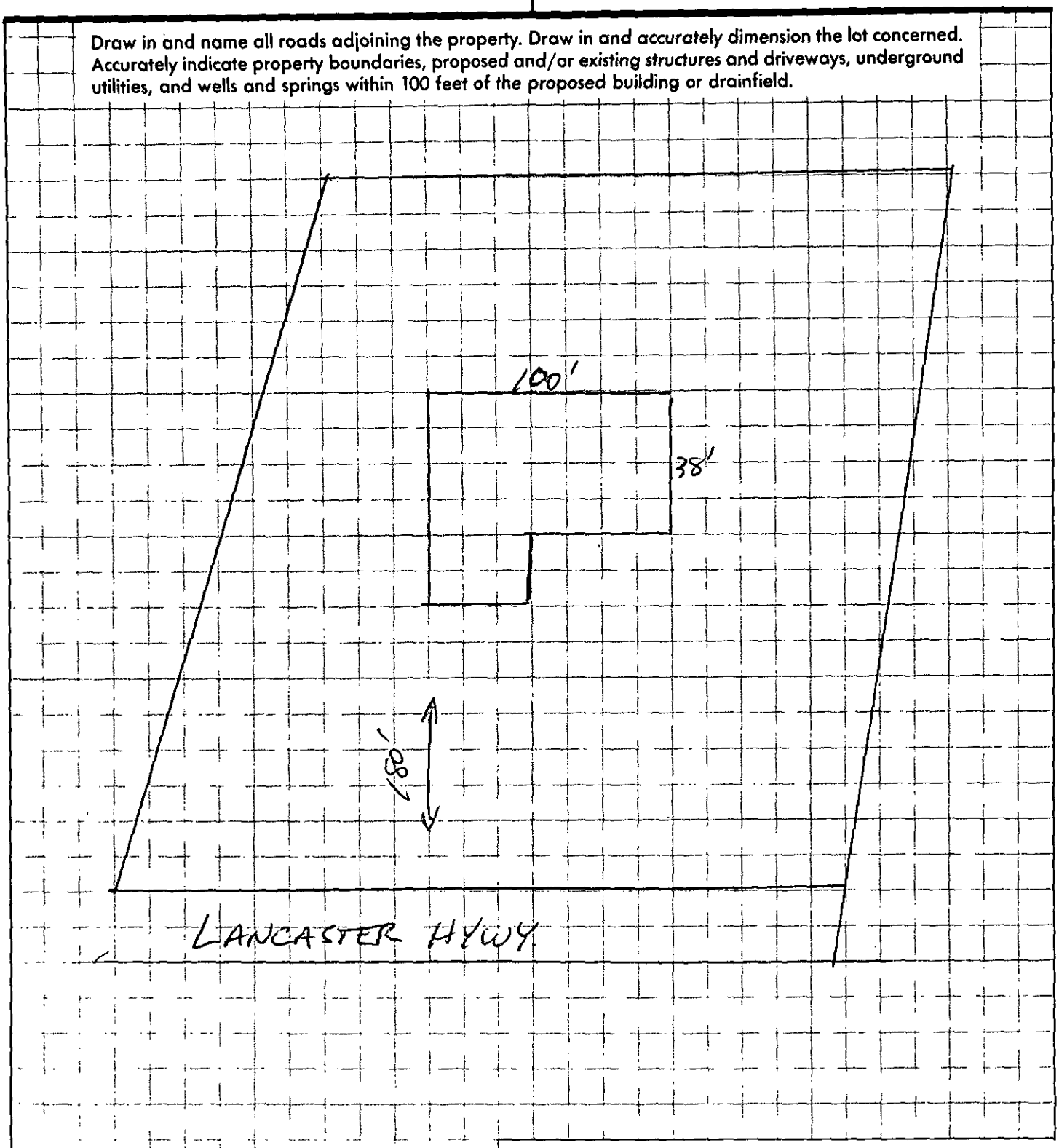
PROPOSED PLOT PLAN

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

FILE: 4729A

TC: 223-111-14

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



APPROVAL DATE _____

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

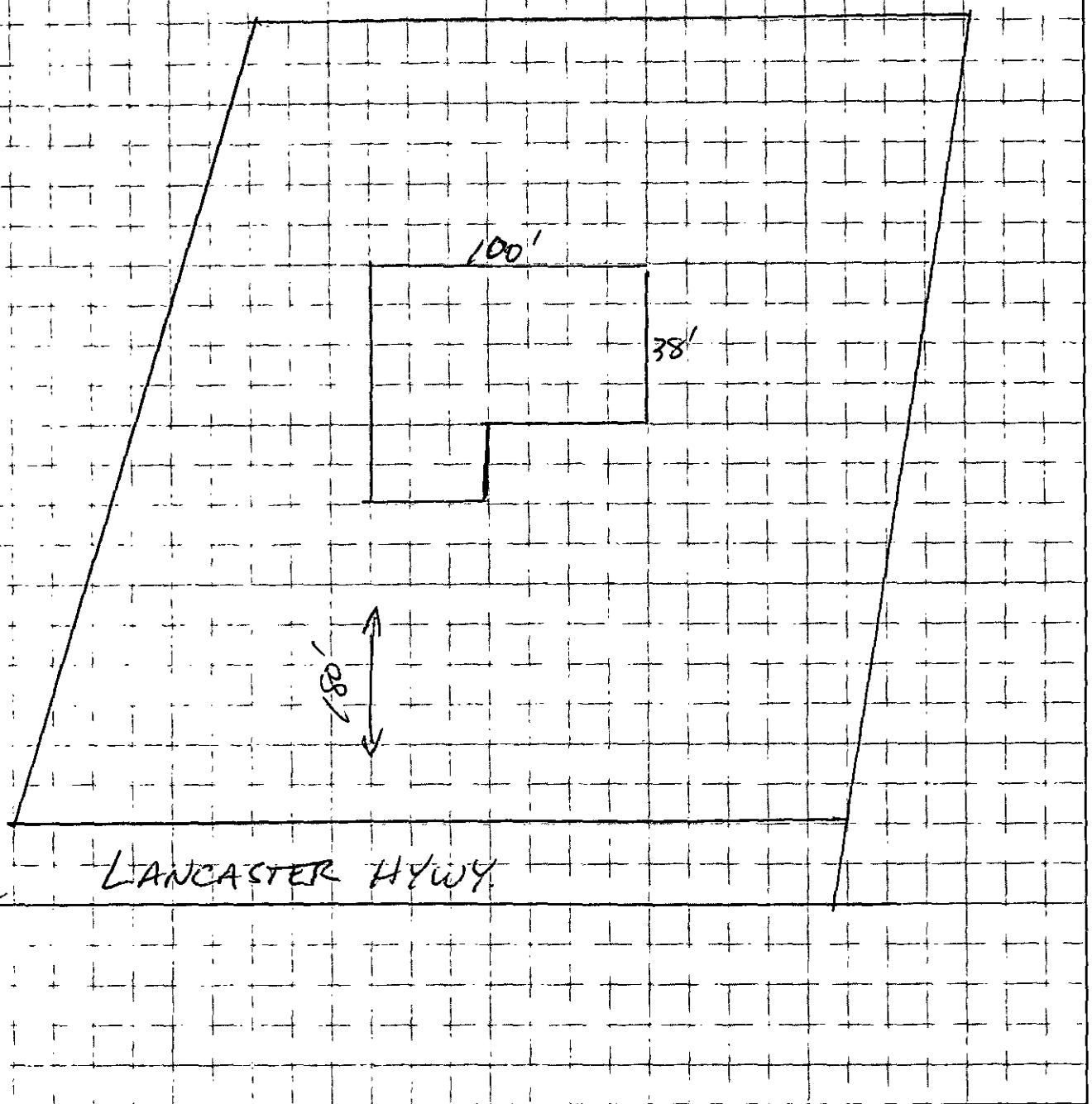
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Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100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



APPROVAL DATE _____

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

$200.00 11/09/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5 18A CK# 10872 [ ] 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: LITTLEJOHN LORRAINE MICHAEL (last) (first) (mi)

ADDRESS: P.O. BOX 102 PHONE: (W) 543-1816

CITY: PINEVILLE STATE: N.C ZIPCODE: 28134

Date:

PROPERTY OWNER:

NAME: LIFESPRING CHURCH (last) (first) (mi)

ADDRESS: P.O. BOX 259 PHONE: (W) 542-9951

CITY: PINEVILLE STATE: N.C ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 22311114

STREET ADDRESS: 13531 LANCASTER HWY (521)

ZONING:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] 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)
[ ] COMMERCIAL OR INDUSTRIAL (N) ALTERATION OF SYSTEM
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] 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: # OF CHILDREN 65
Type Business CHILD DEVELOPMENT CENTER # Employees 10 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] 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: 11-9-94

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

_____ Director or Authorized Section Head Date

WATER : 12279

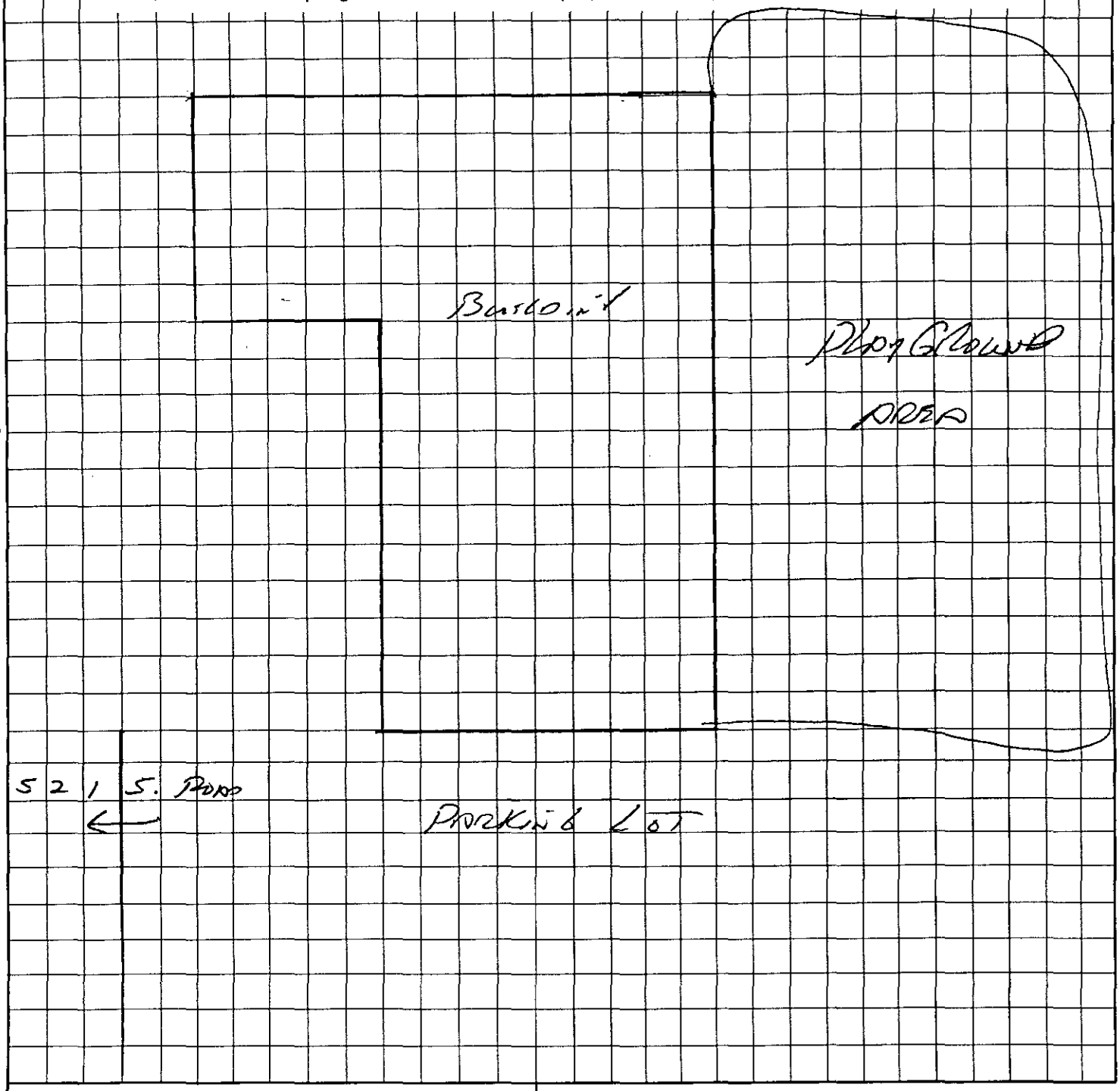
PROPOSED PLOT PLAN

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

FILE: 518A

TC: _____

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



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 518A DATE: 12/07/01

TC: 223-111-14 ☐ L ☐ CRT

SERIAL Nº 18779

Name of Owner Church of God Juris.: _____

Address of Property 13535 Lancaster Hwy

Inspection Data:

Tank Material existing

Total Length of Drainfield 100'

Number of Lines Bed 1 @ 50'

Cover Depth 18"

Water Supply Source City

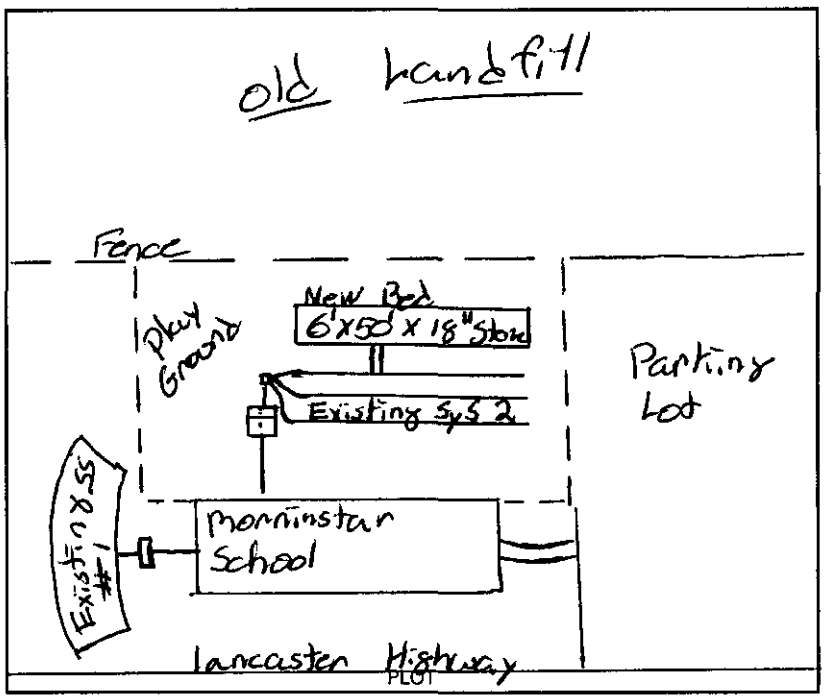
Distance to Water Source >100'

Excavation Inspected 12/07/01

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2001, Type II conventional, 300 SFT, 18" Stone CTR# Steve Autry

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to old existing system.

Brandon Sumy B.S.I

Environmental Health Specialist

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

(2400)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: SI84 DATE: 2/7/95
TC: 223-111-14 ☐ L ☒ CRT
SERIAL № 16131

Name of Owner Lifespring Church Day Care Juris.: _____

Address of Property 13531 Lancaster Hwy

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 6 @ 50'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source > 100'

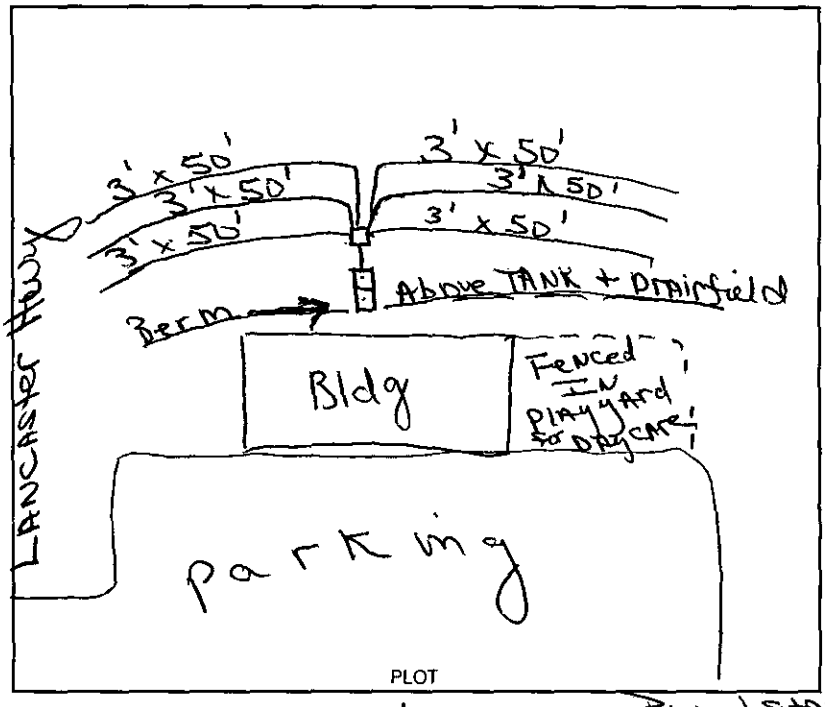
Excavation Inspected 12/28/94

Tank(s) Inspected 12/28/94

Berm & Landscaping 2/7/95

Wash Line Inspected _____

High Water Alarm Inspected _____



Design 995 Gal, 1500 ST, 900 SFT, 12" Cover CTR# 211 Marla STAFF

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

☒ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: This System installed As Addition to upgrade Sewage System for DAYCARE. Upgrade of STAFF And Students to 45 maximum. There is to be no foodservice facilities. All meals are catered.

Judy J Kuser R.S
Environmental Health Specialist

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

FEE: _____
DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

REPAIR

1 1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 518A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 223-111-19

TAX/PARCEL NUMBER:

STREET ADDRESS: 13535 Lancaster Hwy

SUBDIVISION OR MOBILE HOME PARK NAME:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

4 PIN
5 MAN

LOT NUMBER:

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

# of Children Total 103 93 Stud. 10 Teach.

CLOSING DATE _____

Bobby C

Ken

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: MorningStar Fellowship Church (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 627 Pressley Rd	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28217	
DAYTIME PHONE: (704) 523 -1474	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: 11-5-01

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

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

Kens = 803-517-4852

__Certified Mail (Return Receipt)

__X__ First Class Mail

___ Hand Deliver

Church of God → Shane Smith 704-717-0506

Owner **Morningstar Fellowship Church**

Mailing Address **627 Pressley Road**
Charlotte, NC 28217

Occupant _____

Location **13535 Lancaster Hwy.**

☐ Residence
☐ Business
☒ Other **Church School**

PO Box 668468
Charlotte, NC 28266-8468

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services, Article 11 of Chapter 130A of the General Statutes of North Carolina; or Permit Conditions by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On **November 1, 2001**, an inspection of the wastewater system by the **Mecklenburg County** Health Department indicated the following violations:

Violation	Law or Rule Cite
A discharge of sewage or effluent to the surface of the ground	**G.S. 130A-335(a)**
	15 NCAC 18A .1961(a)(1)(A)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☐ Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repairing your system.
☒ Eliminate wastewater discharge and connect to an approved wastewater system.
☐ Other (specify) _____

If the wastewater violation is not brought into compliance by **December 6, 2001**, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

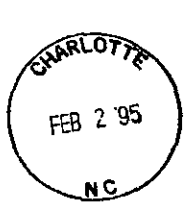
You may contact our office at **700 N. Tryon Street, Suite 211 Charlotte, NC 28202**, **(704)336-5568**, phone; **(704)336-6894**, fax).

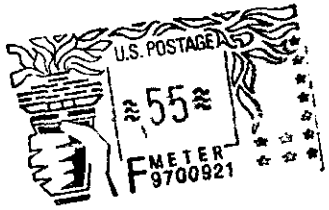
Notice Issued **November 6, 2001** Signed **Brandon Summey, R.S.I.** Brandon Summey Agent
Date DENR/DEH

Compliance _____ Signed _____ Agent
Date DENR/DEH

City of Charlotte
600 E 4th St
Charlotte, NC 28202







Bill Mohle
P.O. Box 297
Pineville, NC 28134

FIRST CLASS MAIL



Barbara
5-27-99

3245605

SPARTAN CLASP
NO. 6

WA51/17/06/569000/034 02/01/95 16:13:47

MWA35 WATER-SEWER HISTORY RECORD

288: 17/06/569000 SV: 028403 SX: 08 SM: 1 TS: 1 TA: C CDC: 4 R/C: 0

NAME: MY FIRST SCHOOL NO. 2 LOC: 02959 000 TEMPLE LN AN: 13

CURR-READ: 0002336 11/29/94 100% BILL-DATE: 12/12/94 LAST-PAY-DATE: 01/13/95

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANC
WATER	23	21.23	19.51	.00	40.74	.00
REBATE		.00		.00		
SEWER	23	35.72	32.74	.00	68.46	.00
LATE		.78	.00	.00	.78	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-3		57.73	52.25	.00	109.98	.00

288: 17/06/569000 SV: 028403 SX: 08 SM: 1 TS: 1 TA: C CDC: 4 R/C: 0

NAME: MY FIRST SCHOOL NO. LOC: 02959 000 TEMPLE LN AN: 13

CURR-READ: 0002313 10/26/94 100% BILL-DATE: 11/14/94 LAST-PAY-DATE: 11/08/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	21	19.51	.00	00	.00	19.51
REBATE		.00		.00		
SEWER	21	32.74	00	.00	.00	32.74
LATE		.00	.00	00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-3		32.25	.00	.00	.00	52.25

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

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WA51/17/06/569000/034                                        02/01/95 16:14:01
WWA03                        WATER-SEWER HISTORY RECORD
WBS: 17/06/569000   SV: 028403  SX  08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO.     LOC: 02959 000   TEMPLE                LN AN: 13
CURR-READ: 0002292  09/28/94  100% BILL-DATE: 10/14/94 LAST-PAY-DATE: 11/08/94
           USAGE      CURRENT     PREVIOUS  ADJUSTMENT     PAYMENT      BALANCE
WATER         26        23.81          .00         .00        23.81          .00
REBATE                   .00                     .00
SEWER         26        40.19          .00         .00        40.19          .00
LATE                     .00          .00         .00          .00          .00
SERV-CHG                 .00          .00         .00          .00          .00
TOTAL-$                64.00          .00         .00        64.00          .00

WBS: 17/06/569000   SV: 028403  SX: 08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO.     LOC: 02959 000   TEMPLE                LN AN: 13
CURR-READ: 0002266  08/25/94  100% BILL-DATE: 09/15/94 LAST-PAY-DATE: 09/30/94
           USAGE      CURRENT     PREVIOUS  ADJUSTMENT     PAYMENT      BALANCE
WATER         29        26.39        20.37         .00        46.76          .00
REBATE                   .00                     .00
SEWER         29        44.66        34.23         .00        78.89          .00
LATE                      .82          .00         .00          .82          .00
SERV-CHG                 .00          .00         .00          .00          .00
TOTAL-$                71.87        54.60         .00       126.47          .00
PF2-NEXT PAGE   PF3-END   PF7 PREVIOUS PAGE
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#A51/17/06/569000/034                                        02/01/95 16:14:13
MWA35                      WATER-SEWER HISTORY RECORD
ABS: 17/06/569000   SV: 028403  SX: 08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO.     LOC: 02959 000   TEMPLE              LN AN: 13
CURR-READ: 0002237  07/28/94  100% BILL-DATE: 08/16/94 LAST-PAY-DATE: 08/11/94
            USAGE      CURRENT     PREVIOUS  ADJUSTMENT     PAYMENT      BALANCE
WATER          22        20.37          .00         .00          .00        20.37
REBATE                     .00                     .00
SEWER          22        34.23          .00         .00          .00        34.23
LATE                       .00          .00         .00          .00          .00
SERV-CHG                   .00          .00         .00          .00          .00
TOTAL-$                  54.60          .00         .00          .00        54.60

ABS: 17/06/569000   SV: 028403  SX: 08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO.     LOC: 02959 000   TEMPLE              LN AN: 13
CURR-READ: 0002215  06/24/94  100% BILL-DATE: 07/18/94 LAST-PAY-DATE: 08/11/94
            USAGE      CURRENT     PREVIOUS  ADJUSTMENT     PAYMENT      BALANCE
WATER          22        19.54          .00         .00        19.54          .00
REBATE                     .00                     .00
SEWER          22        30.10          .00         .00        30.10          .00
LATE                       .00          .00         .00          .00          .00
SERV-CHG                   .00          .00         .00          .00          .00
TOTAL-$                  49.64          .00         .00        49.64          .00
PF2-NEXT PAGE   PF3-END   PF7 PREVIOUS PAGE
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:IA51/17/06/569000/034                                        02/01/95 16.14:28
MWA35                          WATER-SEWER HISTORY RECORD
ABS: 17/06/569000   SV: 028403  SX: 08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO.     LOC: 02959 000   TEMPLE                LN AN: 13
CURR-READ: 0002193  05/26/94  100% BILL-DATE: 06/16/94 LAST-PAY-DATE: 07/15/94
           USAGE      CURRENT     PREVIOUS  ADJUSTMENT      PAYMENT      BALANCE
 WATER        20        17.90          .00         .00        17.90          .00
 REBATE                  .00                     .00
 SEWER        20        27.50          .00         .00        27.50          .00
 LATE                    .00          .00         .00          .00          .00
 SERV-CHG                .00          .00         .00          .00          .00
 TOTAL-$                45.40          .00         .00        45.40          .00

ABS: 17/06/569000   SV: 028403  SX: 08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO.     LOC: 02959 000   TEMPLE                LN AN: 13
CURR-READ: 0002173  04/27/94  100% BILL-DATE: 05/17/94 LAST-PAY-DATE: 06/14/94
           USAGE      CURRENT     PREVIOUS  ADJUSTMENT      PAYMENT      BALANCE
 WATER        22        19.54          .00         .00        19.54          .00
 REBATE                  .00                     .00
 SEWER        22        30.10          .00         .00        30.10          .00
 LATE                    .00          .00         .00          .00          .00
 SERV-CHG                .00          .00         .00          .00          .00
 TOTAL-$                49.64          .00         .00        49.64          .00
F2-NEXT PAGE   PF3-END   PF7 PREVIOUS PAGE
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TA01/17/06/569000/034                                          02/01/95 16:14:37
MWA35                    WATER-SEWER HISTORY RECORD
ABS: 17/06/569000   SV: 028403  SX: 08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO      LOC: 02959 000   TEMPLE                LN AN: 13
CURR-READ: 0002151  03/23/94  100% BILL-DATE: 04/19/94 LAST-PAY-DATE: 05/12/94
           USAGE      CURRENT     PREVIOUS  ADJUSTMENT      PAYMENT      BALANCE
WATER         21        18.72          .00         .00        18.72          .00
REBATE                   .00                     .00
SEWER         21        28.80          .00         .00        28.80          .00
LATE                     .00          .00         .00          .00          .00
SERV-CHG                 .00          .00         .00          .00          .00
TOTAL-$                47.52          .00          00        47.52          .00

ABS: 17/06/569000   SV: 028403  SX: 08   SM: 1   TS: 1   TA: C  CDC: 4  R/C: 0
NAME:    MY FIRST SCHOOL NO.     LOC: 02959 000   TEMPLE                LN AN: 13
CURR-READ: 0002130  02/24/94  100% BILL-DATE: 03/17/94 LAST-PAY-DATE: 04/13/94
           USAGE      CURRENT     PREVIOUS  ADJUSTMENT      PAYMENT      BALANCE
WATER         25        22.00          .00         .00        22.00          .00
REBATE                   .00                     .00
SEWER         25        34.00          .00         .00        34.00          .00
LATE                     .00          .00         .00          .00          .00
SERV-CHG                 .00          .00         .00          .00          .00
TOTAL-$                56.00          .00         .00        56.00          .00
PF2-NEXT PAGE    PF3-END    PF7 PREVIOUS PAGE
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WA51/17/06/569000/034 02/01/95 16:14:56
MWA35 WATER-SEWER HISTORY RECORD
POS: 17/06/569000 SV: 028403 SX: 08 SM: 1 TS: 1 TA: C CDC: 4 R/C: 0
NAME: MY FIRST SCHOOL NO. LOC: 02959 000 TEMPLE LN AN: 13
CURR-READ: 0002105 01/28/94 100% BILL-DATE: 02/17/94 LAST-PAY-DATE: 03/14/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	23	20.36	.00	.00	20.36	.00
REBATE		.00		.00		
SEWER	23	31.40	.00	.00	31.40	.00
LATE		.00	.00	00	.00	.00
SERV-CHG		.00	.00	00	.00	.00
TOTAL-$		51.76	.00	.00	51.76	.00

POS: 17/06/569000 SV: 028403 SX: 08 SM: 1 TS: 1 TA: C CDC: 4 R/C: 0
NAME MY FIRST SCHOOL NO LOC: 02959 000 TEMPLE LN AN: 13
CURR-READ: 0002082 12/29/93 100% BILL-DATE: 01/19/94 LAST-PAY-DATE: 02/11/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	12	11.34	.00	.00	11.34	.00
REBATE		.00		.00		
SEWER	12	17.10	.00	.00	17.10	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	00	.00	.00	.00
TOTAL-$		28.44	.00	.00	28.44	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

MWA51/03/01/060500/034 02/01/95 16:07:43
MWA03 WATER-SEWER HISTORY RECORD
ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: MAY FIRST SCHOOL IN \ LOC: 01331 000 TYVOLA RD AN: 03
CURR-READ: 0003559 11/10/94 100% BILL-DATE: 11/29/94 LAST-PAY-DATE: 12/13/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	21	19.51	22.95	.00	42.46	.00
REBATE		.00		.00		
SEWER	21	32.74	38.70	.00	71.44	.00
LATE		.94	1.14	.00	2.08	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		53.19	62.79	.00	115.98	.00

ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: MAY FIRST SCHOOL IN LOC: 01331 000 TYVOLA RD AN: 03
CURR-READ: 0003538 10/13/94 100% BILL-DATE: 10/31/94 LAST-PAY-DATE: 11/08/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	25	22.95	28.11	.00	28.11	22.95
REBATE		.00		.00		
SEWER	25	38.70	47.64	.00	47.64	38.70
LATE		1.14	.00	.00	.00	1.14
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		62.79	75.75	.00	75.75	62.79

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/03/01/030500/034 02/01/95 16.10:43
mWA35 WATER-SEWER HISTORY RECORD
ZBS: 03/01/060500 SV: 086547 SX. 02 SM: 1 TS: 1 TA: C CDC: 8 R/C. 0
NAME: MAY FIRST SCHOOL IN LOC. 01331 000 TYVOLA RO AN: 03
CURR-READ: 0003513 09/14/94 100% BILL-DATE: 10/03/94 LAST-PAY-DATE: 09/30/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	31	28.11	.00	.00	.00	28.11
REBATE		.00		.00		
SEWER	31	47.64	.00	.00	.00	47.64
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	00	.00
TOTAL-$		75 75	.00	.00	.00	75.75

ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: DARLENE ADAMS INC LOC. 01331 000 TYVOLA RO AN: 03
CURR-READ: 0003482 08/11/94 100% BILL-DATE: 09/01/94 LAST-PAY-DATE: 09/30/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	42	37.57	.00	.00	37.57	.00
REBATE		.00		.00		
SEWER	42	64 03	.00	.00	64.03	00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		101.60	00	.00	101.60	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA01/03/01/060500/034 02/01/95 16:11:47
MWA05 WATER-SEWER HISTORY RECORD
ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03
CURR-READ: 0003440 07/14/94 100% BILL-DATE: 08/03/94 LAST-PAY-DATE: 08/11/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	49	43.59	.00	.00	43.59	.00
REBATE		.00		.00		
SEWER	49	74.46	.00	.00	74.46	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		118.05	.00	.00	118.05	.00

ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03
CURR-READ: 0003391 06/09/94 100% BILL-DATE: 07/05/94 LAST-PAY-DATE: 07/14/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	33	28.56	.00	.00	28.56	.00
REBATE		.00		.00		
SEWER	33	44.40	.00	.00	44.40	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		72.96	.00	.00	72.96	.00

PF2 NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/03/01/060500/034 02/01/95 16:12:02

MWA35 WATER-SEWER HISTORY RECORD

ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC 8 R/C: 0

NAME: DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03

CURR-READ: 0003358 05/12/94 100% BILL-DATE: 06/03/94 LAST-PAY-DATE: 06/14/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	39	33.48	.00	.00	33.48	.00
REBATE		.00		.00		
SEWER	39	52.20	.00	.00	52.20	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		85.68	.00	.00	85.68	.00

ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0

NAME: DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03

CURR-READ: 0003319 04/14/94 100% BILL-DATE: 05/04/94 LAST-PAY-DATE: 05/12/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	23	20.36	.00	.00	20.36	.00
REBATE		00		.00		
SEWER	23	31.40	.00	.00	31.40	.00
LATE		.00	.00	00	.00	.00
SERV-CHG		00	.00	.00	.00	.00
TOTAL-$		51.76	.00	.00	51.76	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/03/01/060500/034 02/01/95 16.12:12
MWABS WATER-SEWER HISTORY RECORD
ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03
CURR-READ: 0003296 03/10/94 100% BILL-DATE: 04/06/94 LAST-PAY-DATE: 04/13/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	21	18.72	.00	.00	18.72	.00
REBATE		.00		.00		
SEWER	21	28.80	.00	.00	28.80	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		47.52	.00	.00	47.52	.00

ZBS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03
CURR-READ: 0003275 02/10/94 100% BILL-DATE: 03/04/94 LAST-PAY-DATE: 03/14/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	16	14.62	.00	.00	14.62	.00
REBATE		.00		.00		
SEWER	16	22.30	.00	.00	22.30	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	00
TOTAL-$		36.92	.00	.00	36.92	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/03/01/060500/034 02/01/95 16:12:30
MWA35 WATER-SEWER HISTORY RECORD
SS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03
URR-READ: 0003259 01/13/94 100% BILL-DATE: 02/04/94 LAST-PAY-DATE: 02/11/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	18	16.26	.00	.00	16.26	.00
REBATE		.00		.00		
SEWER	10	24.90	.00	.00	24.90	.00
LATE		.00	.00	.00	.00	00
SERV-CHG		.00	.00	00	.00	.00
TOTAL-$		41.16	.00	.00	41.16	.00

SS: 03/01/060500 SV: 086547 SX: 02 SM: 1 TS: 1 TA: C CDC: 8 R/C: 0
NAME: DARLENE ADAMS INC LOC: 01331 000 TYVOLA RD AN: 03
URR-READ: 0003241 12/14/93 100% BILL-DATE: 01/05/94 LAST-PAY-DATE: 01/12/94

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	19	17.08	.00	.00	17.08	.00
REBATE		.00		.00		
SEWER	19	26.20	.00	.00	26.20	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		43.28	.00	.00	43.28	.00

2 NEXT PAGE PF3-END PF7 PREVIOUS PAGE

Site #1

					GPD
11/94	2100 Cf	x 7.48	15708 gpm	21 day	748
10/94	2500	x 7.48	18700 gpm	22day	850
9/94	3100	x 7.48	23,188 gpm	22day	1054
8/94	4200	x 7.48	33,660 gpm	22day	1530
7/94	4900	x 7.48	36,652 gpm	20 day	1830
6/94	3300	x 7.48	24,684 gpm	22 days	1122
5/94	3900	x 7.48	29,172 gpm	22 days	1326
4/94	2300	x 7.48	17,204 gpm	21 days	819
3/94	2100	x 7.48	15,708 gpm	23 days	682
2/94	1600	x 7.48	11,968 gpm	20days	584
1/94	1800	x 7.48	13,464 gpm	20 days	673
12/93	1900	x 7.48	14,212 gpm	20 days	710

11930 TOTAL

994 GPD

~~66~~ people at 15 MO

Site #2

11/29	17,204 gpm	(2300 CF)	÷ 21 days =	819 gpd
10/26	15,708 gpm	(2100 CF)	÷ 22	714
9/28	19,448 gpm	(2600 CF)	22	884
8/25	21,692	(2900)	22	986
7/28	16454	(2200 CF)	20	748
6/24	16454	(2200 CF)	22	748
5/24	15,000	(2000 CF)	22	681
4/27	16,454	(2200 CF)	21	783
3/23	15,708	(2100 CF)	23	682
2/24	18,700	(2500 CF)	20	935
1/28	17,204	(2300 CF)	20	860
12/29	8,976	(1200 CF)	20	448

÷ 12 = 9289

774 Aver PD

(58)

Tyola Rd.

21 working Days.

98 people total

15,750 gal. used

= 750 gal. per day

÷ 98 = 7.65 gal per person per day

Central Ave

21 workings days

60 people total

7500 gals water used

$= 357.4$ gal per day

$\frac{1}{1}\ 60 = 5.9$ gal per day per person

POST IT® FAX NOTE 7671 | 5321550 | 2

MY FIRST SCHOOL

1331 Tyvola Road
Charlotte, NC 28210
(704)527-0585

4001 Central Avenue
Charlotte, NC 28205
(704)536-5478

3362 P.11 Para 2

Karen Wilder
LSC
P.O. Box 297
Pineville, N.C. 28214

Dear Karen:

As per your request, I am enclosing information regarding the water usage for My First School. We operate Mon-Fri from 6:30 AM - 6:00 P.M.

Oct - 94
Tyvola Rd location
86 - Children
12 - Staff
2100 cubic feet → = 15,750 gallons
$83.20

Oct - 94
Central Ave. location
52 - Children
8 - Staff
1000 cubic feet → = 7,500 gallons
$66.21

Please call if I can be of further assistance!

Darlene Adams
President

— 21 DAYS IN OCT. —

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail
(Return Receipt)

"FINAL NOTICE"

12/18/01 BWJ
mailing date initials

X First Class Mail

___ Hand Deliver

Owner Church of God

Mailing Address P.O. Box 668468
Charlotte, NC 28266-8468

Occupant Morningstar Fellowship Church

Location 13535 Lancaster Hwy

☐ Residence
☐ Business
☒ Other Private School

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services, Article 11 of Chapter 130A of the General Statutes of North Carolina; or Permit Conditions by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On November 1, 2001, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
A discharge of sewage or effluent to the surface of the ground	G.S. 130A-335(a)
	15 NCAC 18A .1961(a)(1)(A)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☐ Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repairing your system.
☒ Eliminate wastewater discharge and connect to an approved wastewater system.
☐ Other (specify) _____

If the wastewater violation is not brought into compliance by December 31, 2001, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 N. Tryon Street, Suite 211 Charlotte, NC 28202 (704)336-5568, phone; (704)336-6894, fax).

Notice Issued December 4, 2001 Signed Brandon Summey, R.S.I Agent
Date DENR/DEH

Compliance _____ Signed _____ Agent
Date DENR/DEH

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

"FINAL NOTICE"

12/17/01 BWJ
mailing date

___Certified Mail
(Return Receipt)

X First Class Mail

___ Hand Deliver

Owner Church of God

Occupant Morningstar Fellowship Church

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Location 13535 Lancaster Hwy

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Notice Issued December 4, 2001 Signed Brandon Summey, R.S.I. Agent
Date DENR/DEH

Compliance _____ Signed _____ Agent
Date DENR/DEH

PROJECT INFORMATION

PROJECT NUMBER: 932-988506 **SUBMITTED DATE:** 08/16/94
PROJECT NAME: LIFE SPRING CHILD DE **PHS:** VEL **SEC:** **TIME:** 09:46 AM

CONTACT NAME: JUDY **PHONE #:** 542-9951
TITLE: **TYPE OF PERMIT:** CHG USE

COMMENTS: 13531 LANCASTER HY MECK//223-111-14NEW DAYCARE

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	FOOD SERVICE	RUSSELL STEPP	336-5505	
	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

S18A

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20517

File: 518A DC00 Action 2

Parcel: PO 223 - 111-14 ☐ PC

Location: 13531 Lancaster Road

Subdivision:

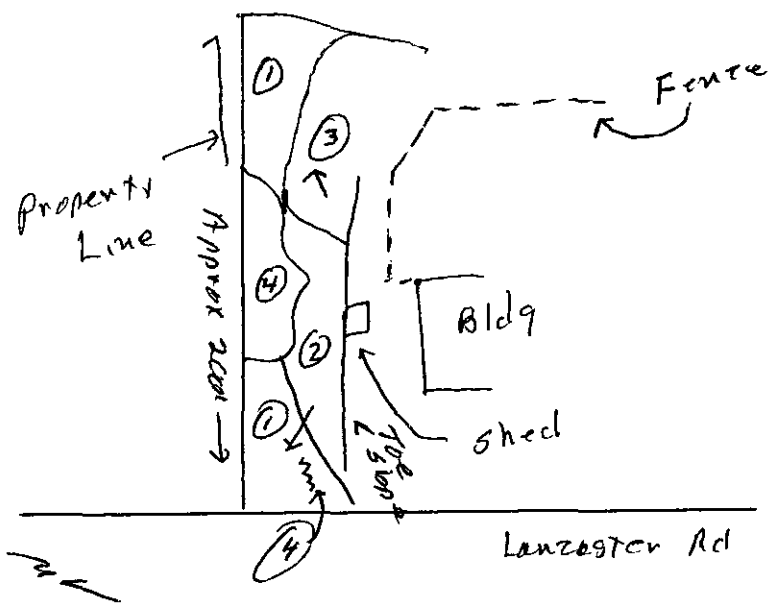
Block: Acres: Approx. .4

Owner: Lifespring Church
Address: PO Box 759
Pineville, N.C.

Comments: .3gal/ ~~ft2/ clay~~ LTAR

Described by: William R. Marks

Date: 11-18-94



***** 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 6-15%	(S) PS U 6-15%	(S) PS U 6-15%	S PS (U) Complex Slopes/cut	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S (PS) U slightly Exp clay	S PS (U) Expansive clay	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky subsl	S (PS) U subsl Blocky	S (PS) U weak subsl Blocky	S PS U —	S PS U	S PS U
Drainage	S (PS) U soil wetness >36" To	S (PS) U >36"	S (PS) U >36" soil wetness	S PS U	S PS U	S PS U
Depth	S PS (U) 26-34"	S PS (U) 12-14"	S PS (U) 12-16"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	S PS (U) Restricted	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	III Cecil-like	III Pacolet-like	Series Not Determined	Complex Slopes		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

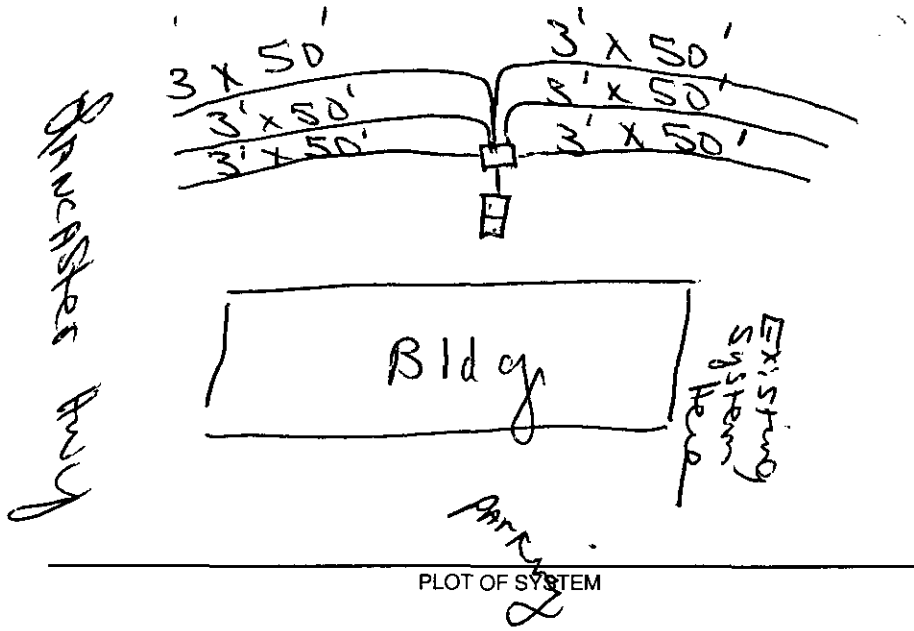
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 518A DATE: 12/22/94

TC: 223-111-14 ☐ L

SERIAL Nº 16052

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 11/9/94. All work shall be completed on or before 12/2/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 300' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5' minimum feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER LifeSpring Church (Day Care)

LOCATION OF PROPERTY 13531 Lancaster Hwy

Comments: Install 3 Trenches 3'x50' x 12" Stone.

Jon Newell for Sylvia Daniel

Judy J. Kuss RS
Environmental Health Specialist

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

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
CHANGE OF USE PERMIT

MASTER PERMIT: U0278024

ADDR: 13531 LANCASTER HY **MECK JOB:** 4002 **PERMIT:** U0278024
PARCEL: 22311114 **DATE:** 03/31/94 **JOB DESC:** CHANGE OF USE

PROJECT: **PHASE:** **SEC:** **PROJECT#:**
OWNER: LIFESPRING MINISTRIES
ADDR: 13531 LANCASTER HY
CITY/ST: PINEVILLE NC 28134 **PHONE#:** 704-542-7199

LOT/BLK: **ZONING:** R-3 **JURIS:** MECK **MAP#:** 175
ST R/W: **PUBLIC:** NO **CENSUS:** 5810 **O&D ZONE:** 333 **FIRE DIST:** NO
SPECIAL: **FLD PLN:** NO **FLD ELEV:**
#UNITS: 1 **WATER:** **SEWER:**

LAND AREA: **LOT:** **FRONT ST:**
MIN SETBACKS: **FRONT:** **LEFT:** **RIGHT:** **REAR:**
USDC: 50 **OCC TYPE:** E **PROPERTY USE:**

OCCUPANT: LIFESPRING CHILD DEV/MINISTRIE **PHONE#:** 704-542-7199
INTENDED USE: DAYCARE **PREV USE:** CHURCH

BUS NAME: LIFESPRING CHILD DEV **#PARKING SPACES:**
#EMPLOYEES: **PARKING SPACES REQUIRED:**

% FLOOR USED FOR HM OCC: **AREA:** **SCREENING REQUIRED:** NO

APPLICANT: LIFESPRING-JUDITH C LIBNOCH
ADDR: 13531 LANCASTER HY
CITY/ST: PINEVILLE NC 28134
PHONE#: 704-542-7199

CONTR NAME: LIFESPRING-JUDITH LIBNOCH **LIC#:**
ADDR: SEE ABOVE
CITY/ST: SEE ABOVE 99999
PHONE#:

REFERRED TO: ZONING **READY FOR INSP:** YES

REMARKS: SUBJECT TO ALL STATE & LOCAL LAWS

PERMIT MAILED: NO **CHECK#:** 0009306
VALIDATION DATE: 03/31/94 **BY:** RM **CASH RECEIPT#:** 0063253

DOUBLE FEE: NO **ADJUSTMENT:** **TOTAL FEE:** 50.00

15 gal/person/day increase of 10 gal/person

P O BOX 31097 700 N TRYON ST CHARLOTTE, NC 28231-1097 ZONING: 704-336-3569

* Letter to Enlarge ... or Variance to ...

Mecklenburg County
Health Department

M E M O R A N D U M

DATE: May 2, 1995

TO: Jolynn Parchen, R.S.

FROM: Judy J. Kiser, R.S.

RE: Lifespring Church Daycare Facility, 13531 Lancaster Highway, Pineville, NC

This is to advise you that the septic system for the above mentioned facility has been completed and the Individual Water and Wastewater Systems Section is approving the system to serve a total of 45 people. This figure will include staff and children.

The design of this septic system is not sized to accommodate a foodservice facility. The daycare director, Barbara Brentlinger has informed this Department that the meals are to be catered.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

My First School
4001 Central Ave
Charlotte, N.C.
28205

CHARLOTTE
PM
6 DEC
1994
282



Karen Wilder
LSC
P.O. Box 297
Pineville, N.C.
28214