

3628 MARGARET WALLACE RD

19306209

6/18/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 6606A Se 841

TC: _____

SERIAL: № 20159 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3628 Margaret Wallace Rd. (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 19306209

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Bethany (FIRST) Church of God (MIDDLE) by James V. Agee, Pastor (LAST)

⑨ MAILING ADDRESS: P.O. Box 1064

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28106

⑬ PHONE: (WORK) 847-0664 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) Temporary addition of Modular classrooms

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☑ Business or place of public assembly

㉒ Number of bedrooms? _____

㉕ Type? Church

㉓ Maximum occupancy? _____

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no

㉗ Maximum number of seats? 175 – 200

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: James V Agee, Pastor

Date: 3-26-90

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

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FILE: 6606A 641

TC: _____

SERIAL: 20159 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3628 Margaret Wallace Rd. (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 193062 09

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Bethany (FIRST) Church of God (MIDDLE) by James V. Ages, Pastor (LAST)

⑨ MAILING ADDRESS: P.O. Box 1064

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28106

⑬ PHONE: (WORK) 847-0664 ⑭ (HOME) _____

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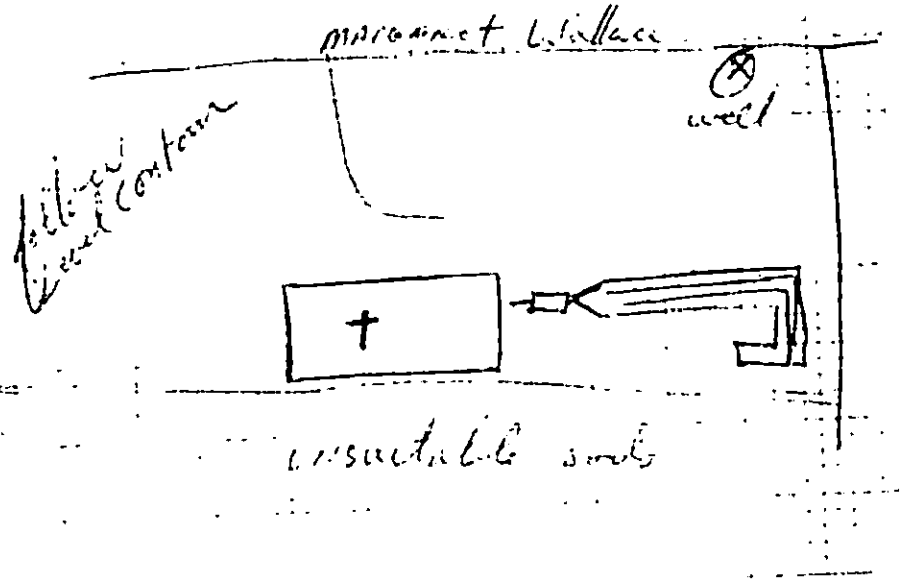
Date Issued 22 Feb 75 Serial No 1406

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION CONSTUCTION ALTERATION, AND/OR REPAIR PERMIT

Individual Sewage Tank System and Subsurface Soil Absorption, Effluent Discharge

22 Mar

P.S.



1500 gal
PRECast

495'
45
10'
10'
1000#

Heritage Free Will Baptist Church
(Conn) Margaret Wallace Rd & Sam Knox Rd.

(2 x 24' x 12" stone)

Stephen J. Wood

Serial No [illegible]

PTR No 8841

[illegible] 55

[illegible] No. 193-062-06

Date Issued Jan. [illegible], 197[illegible]

Mo: Date 9-9-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

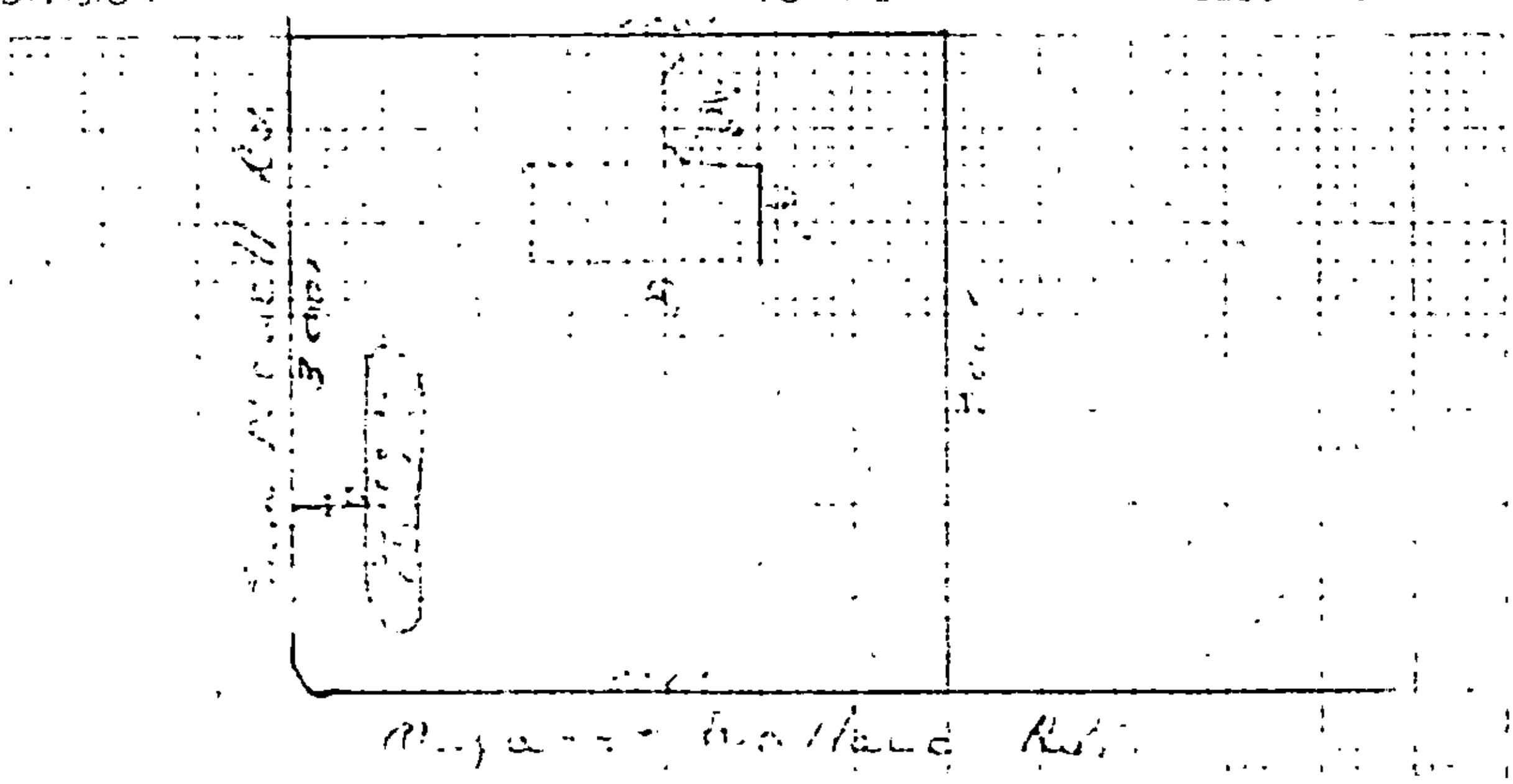
PERCOLATION TEST REPORT

NAME OF OWNER [illegible] Free-Will Baptist Mission
LAST FIRST MIDDLE

ADDRESS OF OWNER [illegible] Lane, [illegible] ZIP 28212

LOCATION OF PROPERTY [illegible] Margaret Wallace Rd. [illegible] Rd.
STREET OR COUNTY R.A.

SUBDIVISION LOT NO BLOCK NO



[illegible] PLAN

[illegible] Mecklenburg [illegible] that portion [illegible]

[illegible] *[illegible] Min./In. [illegible] installa[illegible] [illegible] different

[illegible]

[illegible] and regulations [illegible] Health which were [illegible] the [illegible] the completion of the [illegible] have been grant[illegible] [illegible] in effect on the issue date

*[illegible] determined [illegible]

[illegible]

Director Environmental Health Division or
Authorized Section Head

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-26-90

Name/Company: James V & Deanna Ayen

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Addition

3628 Margaret Wallace Rd

COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 26 1990

File #6606A

CR# 2686
$25.00

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by