

12701 IDLEWILD RD

13533129

7/9/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

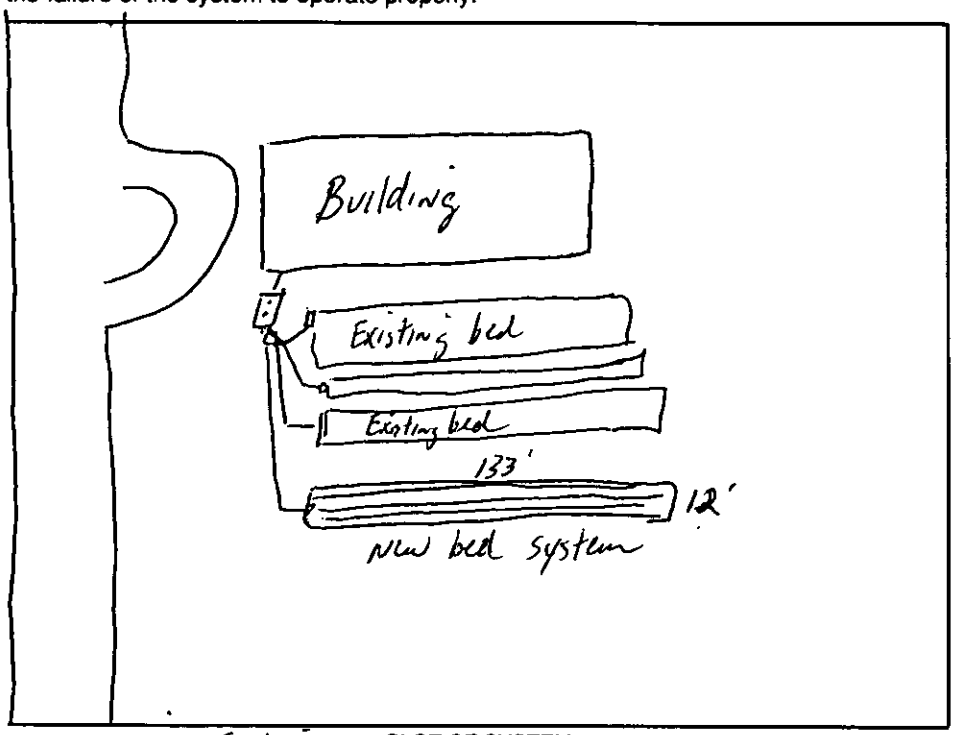
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14065 DATE: 6/3/05

TC: 135 331 54 ☐ L

SERIAL 19931

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 5/5/05. All work shall be completed on or before 7/3/05, 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 12' feet

Trench Walls Scored and Porous yes

Total Line Length Bed 500' feet

Number of Lines 4 (125')

Depth of Stone 12" inches

Distance from House 5' 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 Idlewild Baptist Church

LOCATION OF PROPERTY 12701 Idlewild Rd

Comments: Install Bed System 12'wd x 125'long x 12"stone

Phillip A. Walker RS
Environmental Health Specialist

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

FEE: 500.00
DATE: 5/3/05
CRTI: 3417 WNJ

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 14005

TYPE APPLCATION: EXPANSION #4

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☒ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Doug Miles
ADDRESS: 16200 Deepwood Pl.
CITY: ~~Matthews~~ Indian Trail
STATE: NC ZIP: 28079
PHONE: 704-882-2144
ALTERNATE PHONE: 704-634-9496

JOB LOCATION INFORMATION
TAX/PARCEL #: 135-331-54
STREET ADDRESS: 12701 Idlewild Rd.
CITY: Matthews, N.C.
STATE: NC ZIP: 28104
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

PROPERTY OWNER:
NAME: Idlewild Baptist Church
ADDRESS: 12701 Idlewild Rd.
CITY: Matthews
STATE: NC ZIP: 28104
PHONE: 704 841-6565
ALTERNATE PHONE: 704-634-9496

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☒ 7-MINT HILL

COPY

WATER SUPPLY:
- ☒ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☐ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- ☐ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: Day Care & Church
EMPLOYEES PER SHIFT: 15 Full Time & Part Time
OF SHIFTS: 1 81 Children

GREASE TRAP? X
UNDERGROUND STORAGE TANKS? ☐ YES ☒ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ OTHER

The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Douglas R. Miles — 5-5-05
Owner's/Agent's Signature — Date

*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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

EHS Signature — Date

FEE: 300.00
DATE: 5/5/05
CR#: 3477 VMV

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 14005

TYPE APPLCATION: EXPANSION #4

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☒ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Doug Miles
ADDRESS: 16200 Deepwood Pl.
CITY: ~~Matthews~~ Indian Trail
STATE: NC ZIP: 28079
PHONE: 704-882-2144
ALTERNATE PHONE: 704-634-9496

JOB LOCATION INFORMATION
TAX/PARCEL #: 135-331-54
STREET ADDRESS: 12701 Idlewild Rd.
CITY: Matthews, N.C.
STATE: NC ZIP: 28104
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

PROPERTY OWNER:
NAME: Idlewild Baptist Church
ADDRESS: 12701 Idlewild Rd.
CITY: Matthews
STATE: NC ZIP: 28104
PHONE: 704 841-6565
ALTERNATE PHONE: 704-634-9496

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☒ 7-MINT HILL

WATER SUPPLY:
☒ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- ☐ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: Day Care & Church
INDUSTRIAL WASTE: X
EMPLOYEES PER SHIFT: 15 Full Time & Part Time
OF SHIFTS: 1 81 Children
UNDERGROUND STORAGE TANKS? ☐ YES ☒ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ OTHER

"The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Douglas R. Miles — 5-5-05
Owner's/Agent's Signature — Date

*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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

EHS Signature — Date

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

↘ **Large-format Drawings**

Original File Number: 12701 IDlewood RD.

Box Number: 12

Number of pages associated with file: 2

General Comments:

Imaging Solutions and Services, Inc.

Permit Number: 14065 New Sanctuary - Idlewild Baptist 12701 Idlewild Road Tax Number: 135-331-29

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI with Pressure Manifold

- ✓ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

.3 Long-term acceptance rate	1725 Max gallons/day wastewater flow	5750 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	2500 Gallon septic tank	1921 Total trench length (ft) 17@113' each	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
NA Bedrooms in residence Seating Capacity 575	2500 Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

~~Site modifications required~~: - Building location per plan submitted with I.P. application

Additional Conditions:
- Septic Tank contractor to submit pump AND pressure manifold specifications to the Meck. Co. Health Dept. for review and approval - prior to request for septic system installation approval.
- Keep installation 100' from ANY WELL.

Repair Area System Type
Type (circle one): I II (III) IV V VI with Pressure Manifold

- ✓ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

5750 Absorption Area (Sq ft) 1921 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed: NA for new sanctuary

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmen
- Improvement Permit VALID 5 years from date of issuance.
... This Improvement permit is transferable.
* - Installation for new sanctuary with 575 seats - No kitchen, No daycare or School in new building. No school, kitchen, daycare occupancy in renovation/change of use/increase in daycare occupancy in existing church building.

DEHNR Authorized Agent Date: Tibor B. Mialik, RS 4/2/97

Owner/Agent Signature: Joseph R Mahaffey Date: 4-7-97

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

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

IWWS-100195

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 14065 DATE: 2-2000

TC: 135-331-25 ☐ L ☐ CRT

SERIAL Nº 18383

Name of Owner IDLEWILD BAPTIST CHURCH Juris.: _____

Address of Property 12701 IDLEWILD ROAD

Inspection Data:

Tank Material 1500

Total Length of Drainfield 1441

Number of Lines 14 @ 100'

Cover Depth 18"

Water Supply Source MUNICIPAL

Distance to Water Source 210

Excavation Inspected 2-17-98

Tank(s) Inspected 2-17-98

Wash Line Inspected _____

High Water Alarm Inspected 2-17-98

SFR
INSTALLATION

PLOT

Design 1500 ST 1500 DT 5250 SFT INNOVATIVE CTR# _____

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: TYPE III -B INFILTRATION

PUMP IS MYERS MF 1005-21, 230VAC 8.3 AMP

2-20-00 PRESS TANK IS WATER TIGHT TESTED OK.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

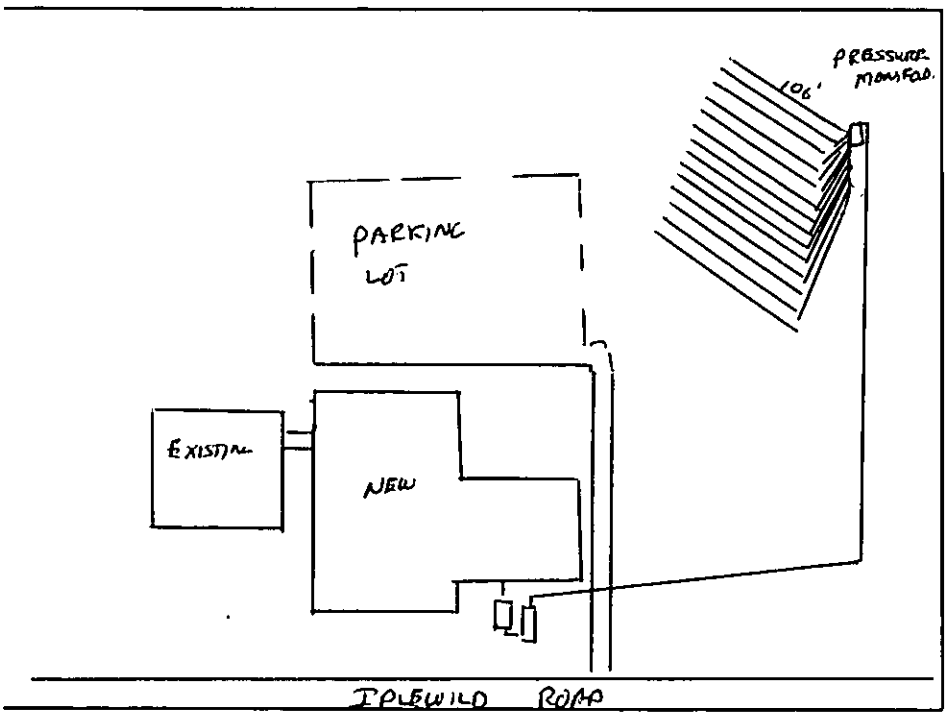
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14065 DATE: 6-3-98

TC: 135-331-29 ☐ L

SERIAL Nº 17743

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 _____. All work shall be completed on or before 7-3-98, 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 2500 OR > gallons

Liquid Capacity of Dosing Tank 2500 OR > gallons

Tank Construction REINFORCED FOR 5-2 RATING

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 1441 feet

Number of Lines 14

Depth of Stone CHAMBERED inches

Distance from House >10' 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 IDLEWILD BAPTIST CHURCH

LOCATION OF PROPERTY 12201 IDLEWILD ROAD.

Comments: (1) DRAINFIELD TO BE INNOVATIVE CHAMBERED SYSTEM AS REQUESTED BY CHURCH (SEE LETTER) (2) SEPTIC TANK AND PUMP TANK TO BE REINFORCED AND HAVE RISER OVER BOTH TANKS BECAUSE OF ESTIMATED COVER OF 4'.

(3) PRESSURE MANIFOLD DESIGN PLANS MUST BE SUBMITTED FOR REVIEW.

Environmental Health Specialist

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

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

2400

PROPERTY ID #: 14065
COUNTY: 135 - 331-29,32

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1

OWNER: Idlewild Baptist Ch. APPLICANT: _____
ADDRESS: 12701 Idlewild Road Matt. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: church PROPOSED DESIGN FLOW (.1949): 1125 PROPERTY SIZE: .9
LOCATION OF SITE: 12701 Idlewild Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-12 .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LT
1	LS	0-4"	gr/ cl	Fr/ SEXP/ SS/SP	7+6" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		4-46"	SBK/C	F:/ SEXP/ SP					
2	LS	0-6"	gr/cl	Fr/ SEXP/ SS/SP	7+6" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		6-46"	SBK/c	F:/ SEXP/ SP					
3	LS	0-9"	gr/ cl	Fr/ SEXP/ SS/SP	7+6" TO soil wetness	49"	N/A	None	PS .39/F2 IV
		9-48"	SBK/ C	F:/ SEXP/ SP					
4	LS	0-5"	gr/ cl	Fr/ SEXP/ SS/SP	7+8" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		5-48"	SBK/c	F:/ SEXP/ SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Merlin 3-17-97
OTHER(S) PRESENT: LSS

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

Sheet ___ of ___
PROPERTY ID #: 14065
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLAS & LT
5 A	LS	0-6"	gr/cl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/A IL
		6-48"	SBK/c	Fi/SEXPlS/P					
6 B	LS	0-10"	gr/cl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/Fr IL
		10-48"	SBK/c	Fi/SEXPlS/P					
7 B	LS	0-7"	gr/cl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F IL
		7-48"	SBK/c	Fr/SEXPlSS/SP					
8 A	LS	0-9"	gr/cl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/A
		9-48"	SBK/c	Fi/SEXPlS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: [illegible]

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

NOTES

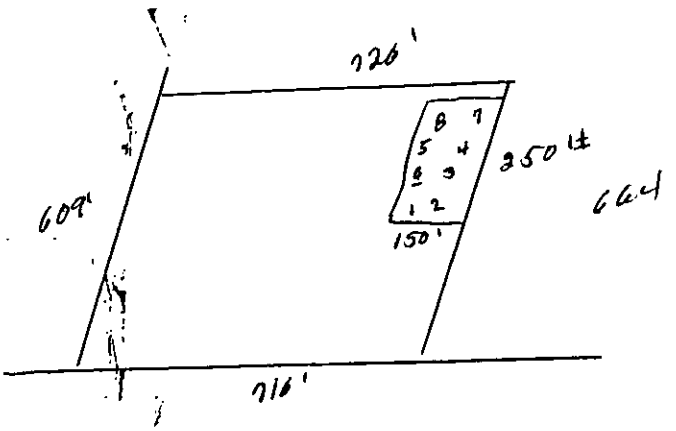
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

14065



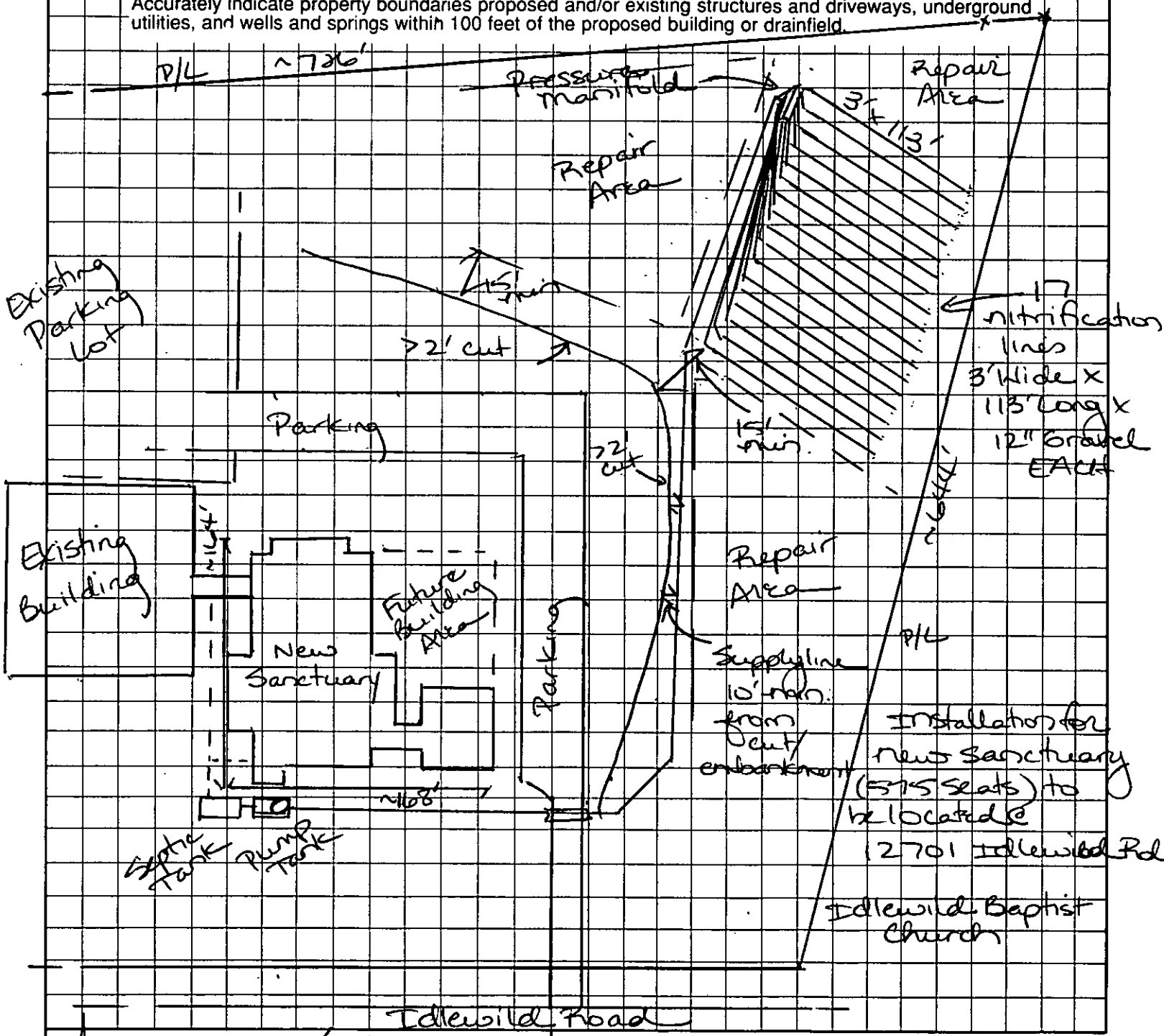
PROPOSED PLOT PLAN

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

FILE: 14065

TC: 135-331-29

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.



Hugh R Mc

OWNER/AGENT SIGNATURE

DATE 4-7-97

APPROVAL DATE 4/2/97 Joan B. Trialik, RS

pg 1 of 2

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

That Christ Be Known



John 12:32

Health Department

Enviromental Health Division

700 North Tryon Street

Charlotte, NC 28202

Idlewild Baptist Church
12701 Idlewild Road · Matthews, NC 28105

FRANK H. CONNER COMPANY
GENERAL CONTRACTORS

P. O. BOX 36837
CHARLOTTE, N. C. 28236
FAX (704) 332-5847
PH. (704) 375-1466

JIM EARNHARDT

Job # 814-0188

Idlewild Baptist Church

12701 Idlewild Road · Matthews, North Carolina 28105 · 704-847-6565

June 3, 1998

Health Department
Enviromental Health Division
700 North Tryon Street
Charlotte, NC 28202

Re: Idlewild Baptist Church New Septic System

To Whom It May Concern:

Please let this letter serve as an acknowledgement that the chamber system that we are proposing to use is still in the experimental stage. Idlewild Baptist Church as property owner does not hold the Mecklenburg County Enviromental Health Department responsible for it's operation.

Sincerely,

Douglas R. Miles
Building Committee Chairman

FEE: 100.00 cash
DATE: 2-18-92 RC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted] | 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 14065

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 135-331-29

STREET ADDRESS: 12701 Idlewild Rd.

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS:

Square footage of facility:
Seating Capacity of Sanctuary 575

NUMBER OF EMPLOYEES: ___ PER SHIFT: ___

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

___ TOILETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

___ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

See Attached Plan

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	WELL SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: Idlewild Baptist Church

NAME: (LAST) (FIRST) (MI)

ADDRESS: 12701 Idlewild Rd.

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: (704) 847-6565

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Miles Douglas R. (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 394-6877

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ___

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: Douglas R. Miles DATE: 2-18-92

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

PROPOSED PLOT PLAN

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

FILE: 14065

TC: 135-331-29

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.

Plans attached

to: Bill to Dian

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

2-17-98 I INSPECTED DRAIN LINES, PRESSURE MANIFOLD & PUMP IS MEGGS MF 1003-211 230 VOLT, 6.3 AMPS.

TO BE CHECKED:

(1) PUMP JAR TO BE WATER TESTED

(2) PRESSURE HEAD TO BE SET ON PRESSURE MANIFOLD

2-9-00 MEASUREMENT TAKEN 12:15

2-20-00 12:15 NO DROP IN LEVEL

case 00 D460 Proj # 136 981248

FEE: 100.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION LETTER
DATE: 4-1-97 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 4/2/97 PERMIT NO: 14065
PARCEL NO: 135-331-29

JOB LOCATION ADDRESS: 12701 Idlewild Road
PROPERTY OWNER: Idlewild Baptist Church
BUILDING CONTRACTOR: Douglas R. Miles
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Joan B. Mialik, RS DATE: 4/2/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 14065, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See conditions of improvement permit & associated plot plan.
- Septic tank contractor to submit pump and pressure manifold specifications to the Meck. Co. Health Dept. for review and approval - prior to request for septic system installation approval.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Douglas R. Miles 4-7-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE