Serial No. 6755

ICAR(S) Permit No. 4020

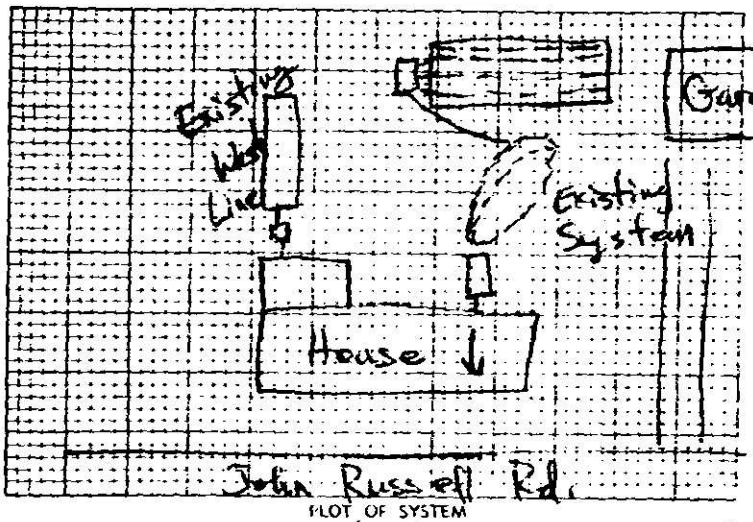
Date Issued 11-9-83

T. C. No. 105-032-01

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)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 16720, dated 11/8/83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12/9/83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate

Liquid Capacity of Tank

Tank Construction

Repair

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 3 4

*Well Distance from House >5'

Distance from Property Line ≥10'

Distance from Well >50'

NAME OF OWNER Mecklenburg Baptist Association

LOCATION OF PROPERTY 9741 John Russell 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.

Solid pipe (Sch 40) to D-Box - 12'x50' Bed, 4 lines 12" stone

Comments:

Eric D. Hamilton
Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHO-S-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

C of A (s) No. 20290

Date Issued 11-16-83 Serial 6290 T. C. No. 105-032-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner MECKLENBURG (LAST) BAPTIST (FIRST) ASSOCIATION (MIDDLE)

Location of Property 9741 JOHN RUSSELL ROAD

Application Number 20290 Permit Number 20290

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 200 lin. FT Number of Lines FOUR

Depth of Filter Material 17 inches Cover Depth 12 inches

Water Supply Source well Distance from Water Source 110 FT

Excavation Inspected 11-16-83 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 11-16-83 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

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

Comments. _____

Ralph Miller
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

SEE INSTRUCTIONS ON BACK

Date Received 2/14/85

ICAR(S) Application No. 20290

T. C. No. 105-052-01

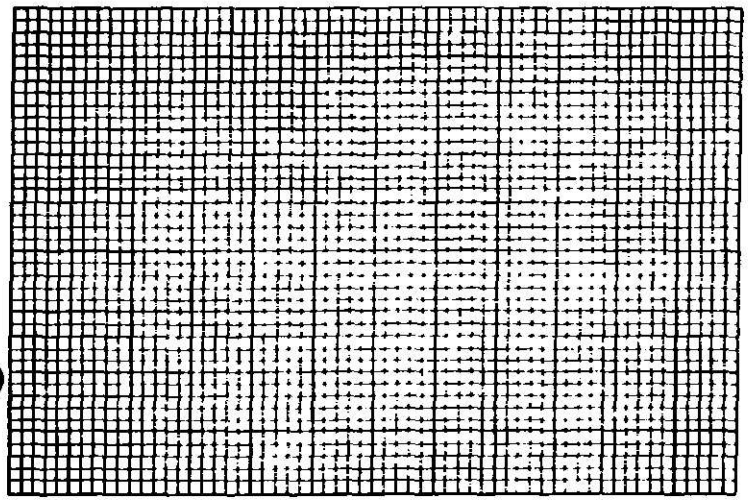
Map Date 6

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ✓No
Residence ✓Yes ____No

4) No. of Bedrooms 3
5) Business Use — Max No Employees ____
6) Washing Machine ✓Yes ____No
7) Garbage Disposal ____Yes ✓No
8) Dishwasher ✓Yes ____No
9) Water Supply:
A) Individual Well ✓
B) Governmental System ____
C) Community System:
1. Well source ____
2 Governmental source ____
10) Sewage System:
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No
11) FHA Case No. ____
12) VA Case No. ____

13) NAME OF OWNER Mecklenburg (LAST) Baptist Association (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 209 S. King's Drive Charlotte, NC 28204

15) PHONE NO. Home ____ Office 375-1197

16) LOCATION OF SYSTEM 9141 John Russell Road (STREET OR COUNTY ROAD) Charlotte, NC 28213

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

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

2/14/85
DATE OF APPLICATION

David F Knowles
OWNER

BHS-5-76

Environmental Health Department's Copy

Date Issued 2/14/85

Serial No. 07864

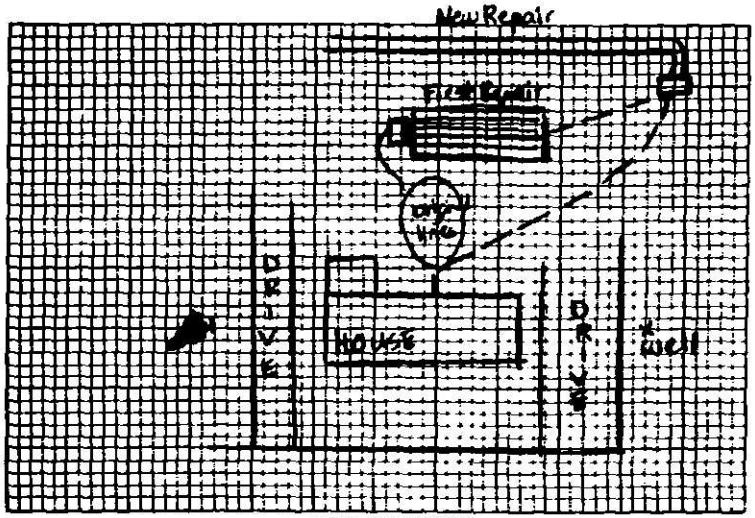
ICAR (S) Permit No. 20290

T. C. No. 106-032-01

Map Date L

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

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 20290, dated 2/14/85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 3/14/86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 2X100'

Distance from House >5'

Distance from Property Line 10'

Distance from Well >100'

NAME OF OWNER Mecklenburg Baptist Association

LOCATION OF PROPERTY 9141 John Russell Road

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.

2 Trenches x 3' x 100' x 12" Stone with gradeboards and straw as cover

Comments: If existing repair is not working properly; come off original D-Box to new repa (Use Solid PVC, schedule 40 to repair)

Division or Section Head

Cynthia G. Bass
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or c 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.

BHB-5-76

Environmental Health Department's Copy

C of A (s) No. 20290

Date Issued 2/19/85 Serial 7306 T. C. No. 105-032-01 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT

CERTIFICATE OF APPROVAL

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

Name of Owner Mecklenburg (LAST) Baptist (FIRST) Association (MIDDLE)

Location of Property 9741 John Russell Road

Application Number 20290 Permit Number 20290

Inspection Data:

Liquid Capacity of Tank Repair Tank Material —

Total Length of Drain Tile 200' Number of Lines 2 X 100'

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 2/19/85 (DATE) Tank Inspected 2/19/85 (DATE)

Nitrification Field Inspected 2/19/85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

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

Comments: Installed 2 lines
Tank Staple not to cover until rains stop

Cynthia G. Bass
Environmentalist

EHD-5-76

Environmental Health Department

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 20290

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9741 JOHN RUSSELL ROAD

② SUBDIVISION: _____ ③ LOT: 01 ④ BLOCK: 032

⑤ PARCEL REFERENCE: BOOK NO.: 105 PAGE NO.: 3 PARCEL NO.: 105-032-01

⑥ DEED REFERENCE: BOOK NO.: 4355 PAGE NO.: 259

OWNER

⑦ NAME: MECKLENBURG (FIRST) BAPTIST (MIDDLE) ASSOCIATIONAL BOARD (LAST)

⑧ MAILING ADDRESS: 328 WEST CARSON BOULEVARD

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28203

⑫ PHONE: (WORK) 333 7151 (HOME) _____

⑬ Accurately diagram and dimension lot. SEE ATTACHMENT

⑭ 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: _____

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

Date: APRIL 25, 1990

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4/25/90

Name/Company: Mecklenburg Baptist

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sewer

Repair

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 25 1990

2029

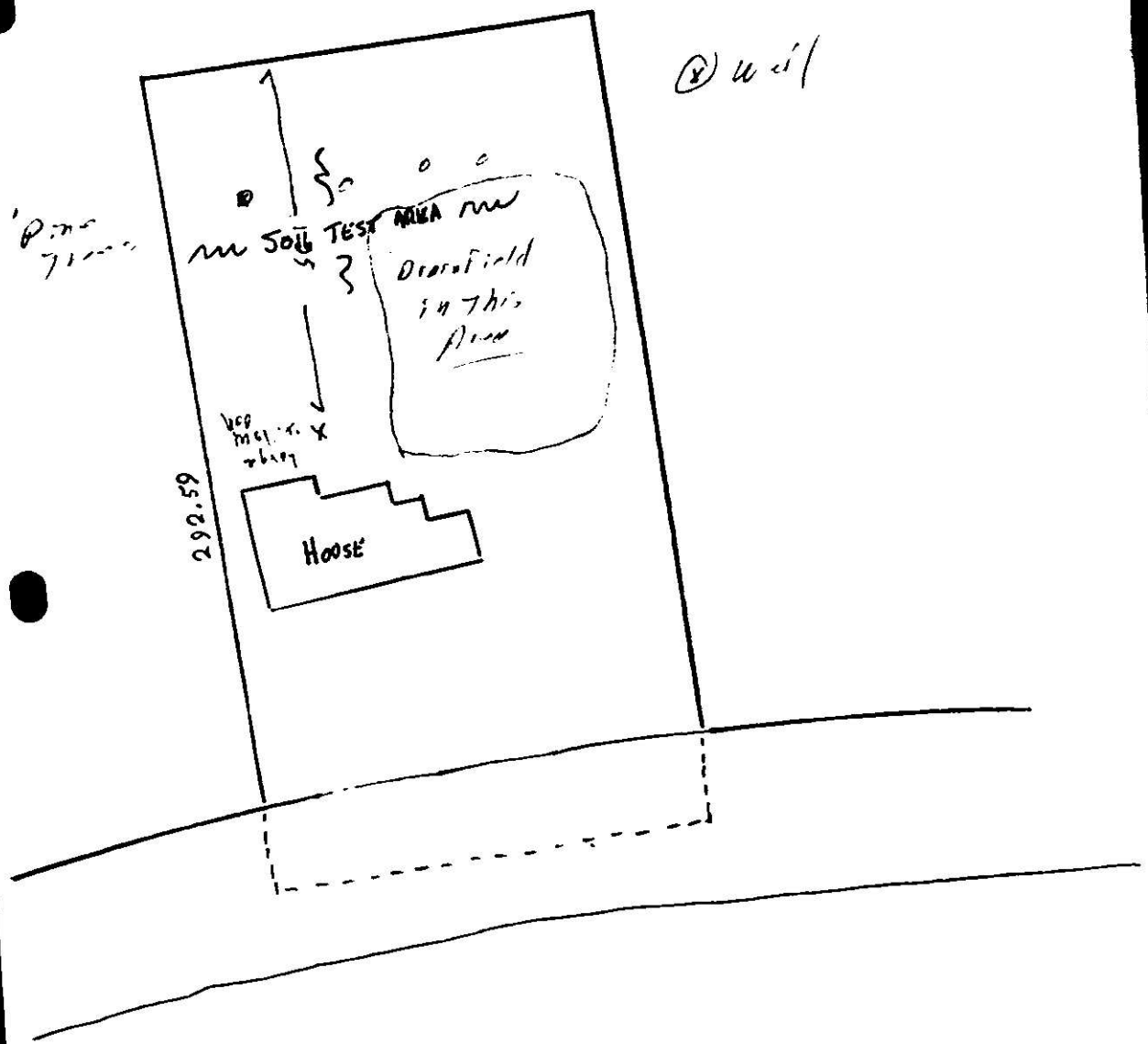
Fee: $ 40.00

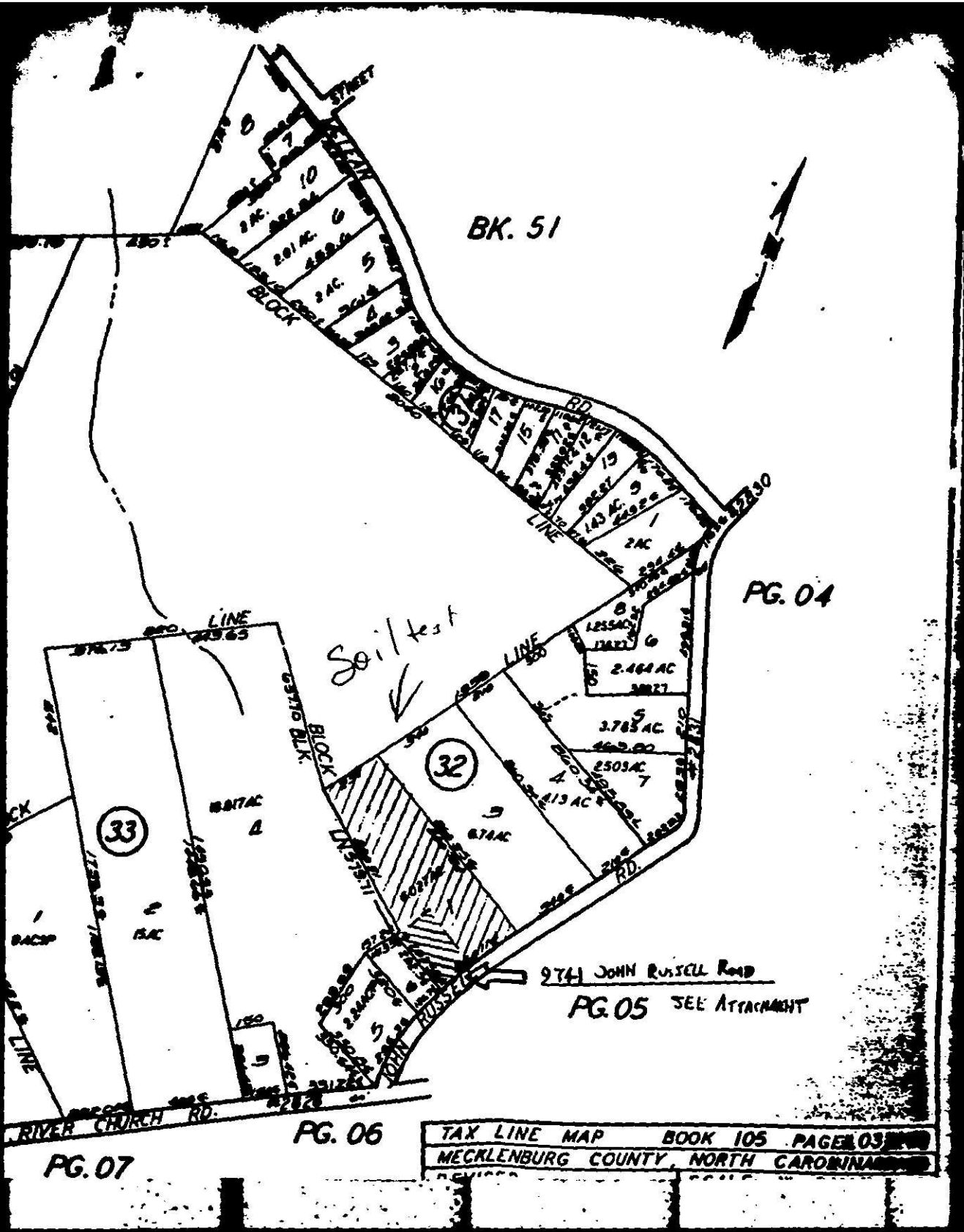
NOTICE:

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

Completed by _____

Collected by _____


SOIL TEST AREA
Drainfield in this Area
292.59
HOUSE



TAX LINE MAP BOOK 105 PAGE 03
MECKLENBURG COUNTY, NORTH CAROLINA

Mecklenburg County
Health Department

May 7, 1990

Mecklenburg Baptist Associational Board,
328 West Carson Blvd.
Charlotte, NC 28203

RE: Property located at 9741 John Russell Rd.
FILE: 20290
PARCEL: 105-032-01

Dear Sir:

At your request, a field investigation was conducted on the propert designated above for the purpose of determining site suitabilit for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 17813) is enclosed for your information.

State regulations provide that sites originally classified unsuitable ma be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an application for an Improvement Permit with an accurately dimensioned prop plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Env. Premises Waste Disposal & Water Supply

Enclosure (2)

[illegible] COUNTY HEALTH DEPARTMENT
[illegible] EVALUATION REPORT
SERIAL NUMBER 17813

File: 20290 Action: [illegible]
Parcel: PO 105-032-01 ☐ PC

Location:

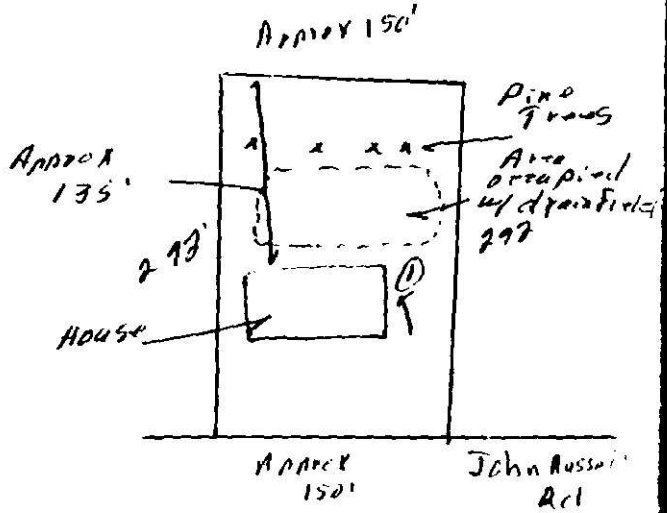
Subdivision:

Lot: Block: Acres: Approx 1.0

Owner:
Address:

Comments: Additional area available beyond 297' that might be investigated

Described by: William A. Maslin
Date: 5-4-90



***** 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 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 73"-76" Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 73"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 73"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictal	S PS U	S PS U	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	IV Enfield					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

BAPTIST CHILDREN'S HOMES OF NORTH CAROLINA, INC.

Michael C. Blackwell, President

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

FEB

ENVIRONMENTAL HEALTH
DIVISION

February 8, 1990

Mr. Bill P. Ferguson
Mecklenburg County Health Department
Environmental Health Division
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Dear Mr. Ferguson:

Please find enclosed our application for an improvement permit for the facility located at 9741 John Russell Road, Charlotte, NC 28213. The contact person at this facility will be Mr. or Mrs. Bobby Goodman. This is a licensed group home and is owned by Mecklenburg Baptist Association.

You may reach me in the office at 376-0452 if there are further questions regarding this permit application. Please be in touch with us as soon as possible since we would like to get someone to the site so we can get bids on the work that needs to be done. Thank you for your attention to this request.

Sincerely,

H. Steve Hoffman
Charlotte Area Director

HSH/sb

Enclosure

Called + left message with Secretary to have their septic contractor get in touch with B F.

(Ga)
2-5-90

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

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: 20290
TC: 105-032-01
SERIAL: No 20465
☐ CRT

JOB LOCATION

① ADDRESS: 9741 John Russell Rd., Charlotte, NC 28213 (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Mecklenburg Baptist Association (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 328 W. Carson Blvd.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28203
⑬ PHONE: (WORK) 704-375-1197 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)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Type? Licensed group house
㉔ Maximum occupancy? 6
㉕ Maximum number of employees? 4
㉖ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

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: [signature]

Date: 2-9-90

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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

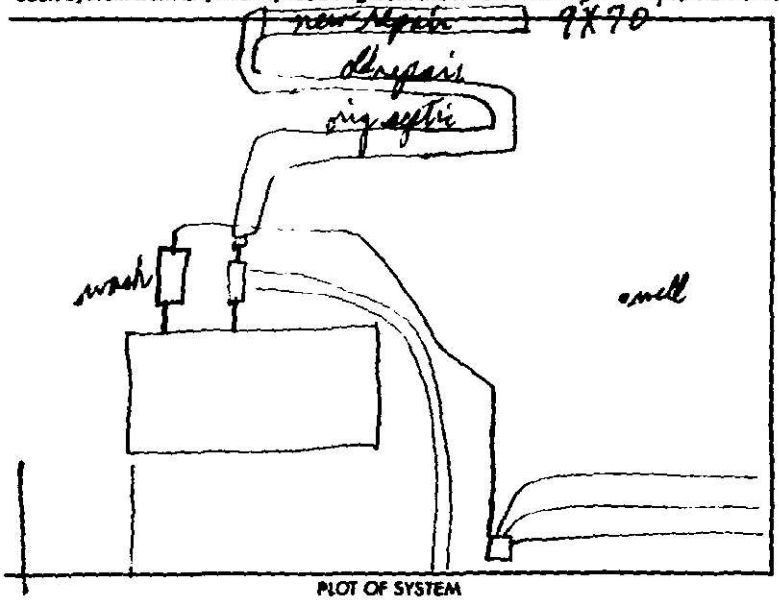
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20295 DATE: 3-14-90

TC: 105-032-01 ☐ L

SERIAL Nº 14639

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 2-1-90. All work shall be completed on or before 4-14-90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 septic + wash repair gallons

Liquid Capacity of Dosing Tank 1000 on wash gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 9 + 3 feet

Total Line Length 200 + 300 feet

Number of Lines 3 + 3

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Mecklenburg Baptist Assoc.

LOCATION OF PROPERTY 9741 John Russell Rd.

Comments: 1 bed 9'X67'X18" stone - septic repair
3 lines 3'X100'X18" stone - wash repair

Division or Section Head

B.R. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20290 DATE: 7/31/90

TC: 105-032-01 ☐ L ☐ CRT

SERIAL № 13337

Name of Owner Mecklenburg Baptist Assoc. Juris.:

Address of Property 9741 John Russell Rd

Inspection Data:

Tank Material RC

Total Length of Drainfield 500'

Number of Lines 3 @ 100'

Cover Depth 12" 18"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 7/31/90

Tank(s) Inspected 7/31/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: R190 Repair CTR# 103

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Septic Repair tied onto old Liner and run into new bed. SRM4

Judy J. Kuhn R.S
Environmentalist

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