

9135 BLAIR RD

13729127

8/14/08

marliwr

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Blair Road United Methodist Church	17503
Health Department	**Name of Establishment**	**Permit/Project No.**
9135 Blair Rd., Mint Hill NC 28227	Education Center (60 People Max)	900 GPD
Location	**Type of Establishment**	**Design Flow**
Blair Road United Methodist Church	Same as location address	
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	01/30/2006	January 2011
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured 3" to 4" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.b. Alarm turned off at switch
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	below control panel.
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.A.d. Corrosion inside control panel.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.
2. No sewage on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

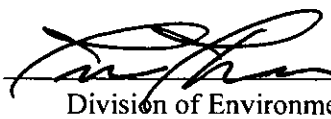
1. Install duct sealant on both ends of electrical conduit located between the control panel and dosing tank riser. Corrosion observed on terminal strip inside control panel.
2. Ensure that alarm and pump control circuits are enabled at all times. The alarm circuit had been turned off with the switch located under the control panel.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.
Comments: 220V effluent pump, measured FLA = 5.48 amps, measured RLA = 4.67 amps
Control panel - Rhombus (1151W500H). Pressure manifold with 10 lines at 100'.

DATE: 01/31/2006

SIGNED:  R.S. AGENT
Division of Environmental Health

Trevor Thomason

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

17503

Date and Time: 12/16/2005 8:25:16 AM

Parcel ID #: 13729127 GIS ID #: 13729127	
Owner Name:	BLAIR ROAD METHODIST CHURCH
Mailing Address:	RFD 1 BOX 494-L CHARLOTTE, NC 28212
Property Characteristics	
Legal Desc.:	NA
Land Area:	3.66AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	EXEMPT
Municipality:	7-MINT HILL
Property Use:	GOVT-INST
Deed Reference(s) and Sales Price	
02237-504 (1/1/1975) $0.00	
Situs Addresses Tied to This Parcel	
9135 BLAIR RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 57.06	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3705390212E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

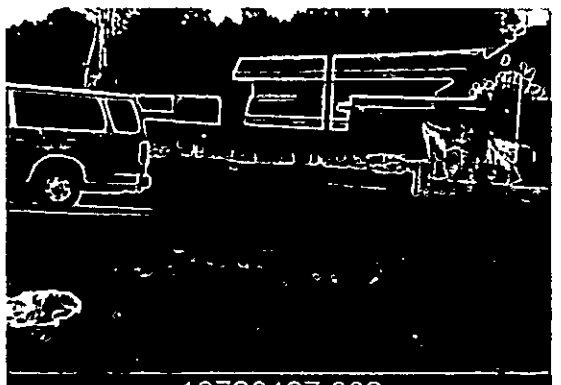
Building Photography

PHOTO #1
Location: 9135 BLAIR RD



13729127 001

PHOTO #2
Location: 9135 BLAIR RD



13729127 002

Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

Mecklenburg County GIS
Geographic Information Systems

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date:	01/23/06	**Amount:**	85.00
Receipt #:	40294	**Tendered:**	85.00
Check / Auth #:	CHECK 1246	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: BLAIR RD UNITED METHODIST CHU
Attn:
Address: 9135 BLAIR ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE # 17503		1	85.00	85.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

RHOMBUS
1151W500H
1001832

* HIGH LEVEL N.O. FLOATS INCLUDED

① ALARM SWITCH OFF @ CONTROL PANEL

② CORROSION IN PANEL ON TERMINAL STRIP
(DUCT SEAL DAMAGED / MISSING)

220V PUMP
4.67 AMP DRAW RLA
5.48 AMP FLA

MANIFOLD & DRAINFIELD > (OK)

③ 3-4" SOLIDS IN PT

Permit Number 17503 13C-291-27

- 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	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
.13 Long-term acceptance rate	900 Max gallons/day wastewater flow (60 SCHOOL PERSONNEL X 15GPD)	3000 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	1000 Total trench length (ft)	30'' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence 60 SCHOOL PERSONNEL X 15GPD	1000 Gallon pump tank	12'' Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: (1) INSTALL A PRESSURE MANIFOLD AS A DISTRIBUTION DEVICE (2) THIS IS A TYPE III-B SYSTEM, REQUIRED BY STATE LAW TO BE INSPECTED BY LOCAL HEALTH DEPT. AT LEAST ONCE EVERY 5 YEARS. (3) WELL TO BE PROPERLY ABANDONED PRIOR TO FINAL OP BEING ISSUED.			
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3000 Absorption Area (Sq ft) 1000 Total Trench Length (Ft)	12'' Depth of Stone Trench	9' Trench spacing (min. on centers)	30'' Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent Date 6/21/00

Owner/Agent Signature Date 6-22-00

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 17503 DATE: 1-5-01

TC: 137-291-27 ☐ L ☒ CRT

SERIAL Nº 18531

Name of Owner BLAIR ROAD UNITED METHODIST CHURCH Juris.: _____

Address of Property 9135 BLAIR ROAD.

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 1000'

Number of Lines 10 @ 100'

Cover Depth 12"

Water Supply Source 2400' WELL

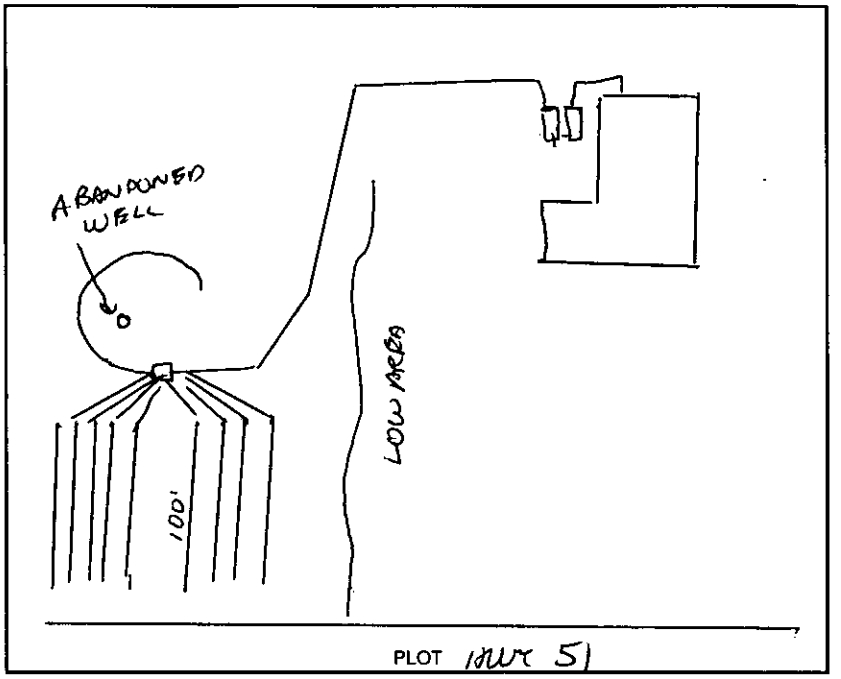
Distance to Water Source 2100'

Excavation Inspected 1-5-01

Tank(s) Inspected 1-5-01

Wash Line Inspected _____

High Water Alarm Inspected _____



Design 1500 ST 1000 DT 3000 SFT 12G PRESSURE MANIFOLD. CTR# STANLEY SEPTIC

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: PUMP IS MYERS ME 50521

1-5-01 - 0 SET 2' OF PRESSURE HEAD @ MANIFOLD.

@ HOLD FOR ALARM INSPECTION

Joshua R. Sellers R.S. 03-029

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 17503 DATE: 1-5-01

TC: 137-291-27 ☐ L ☒ CRT

SERIAL Nº 18531

Name of Owner BLAIR ROAD UNITED METHODIST CHURCH Juris.: _____

Address of Property 9135 BLAIR ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 1000'

Number of Lines 10 @ 100'

Cover Depth 12"

Water Supply Source 200' WELL

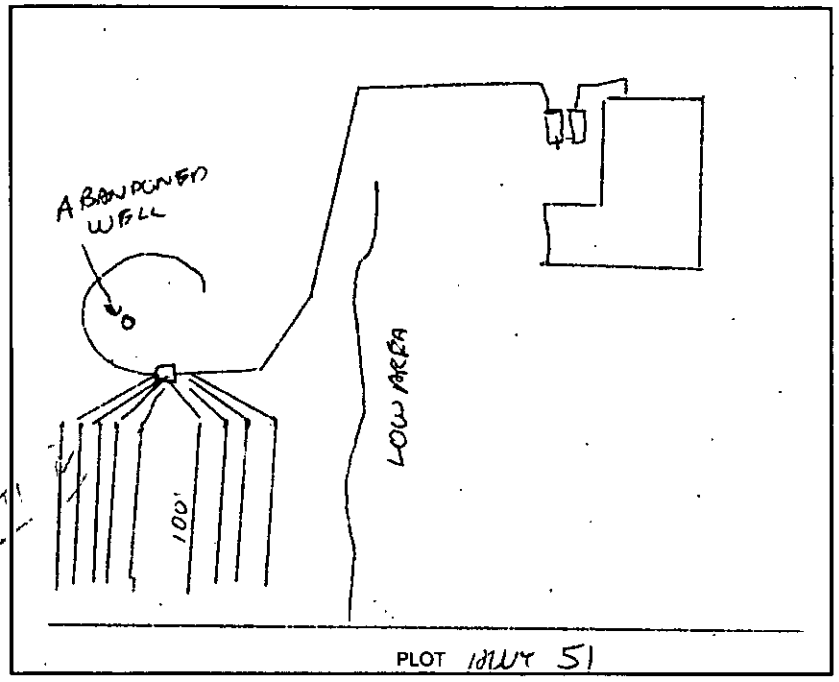
Distance to Water Source 2100'

Excavation Inspected 1-5-01

Tank(s) Inspected 1-5-01

Wash Line Inspected _____

High Water Alarm Inspected _____



Design 1500 ST 1000 DT 3000 SFT 12G PRESSURE MANIFOLD CTR# STANLEY SEPTIC

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: PUMP IS MYERS ME 50521

1-5-01 - 0 SET 2' OF PRESSURE HEAD @ MANIFOLD

② HELD FOR ALARM INSPECTION

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

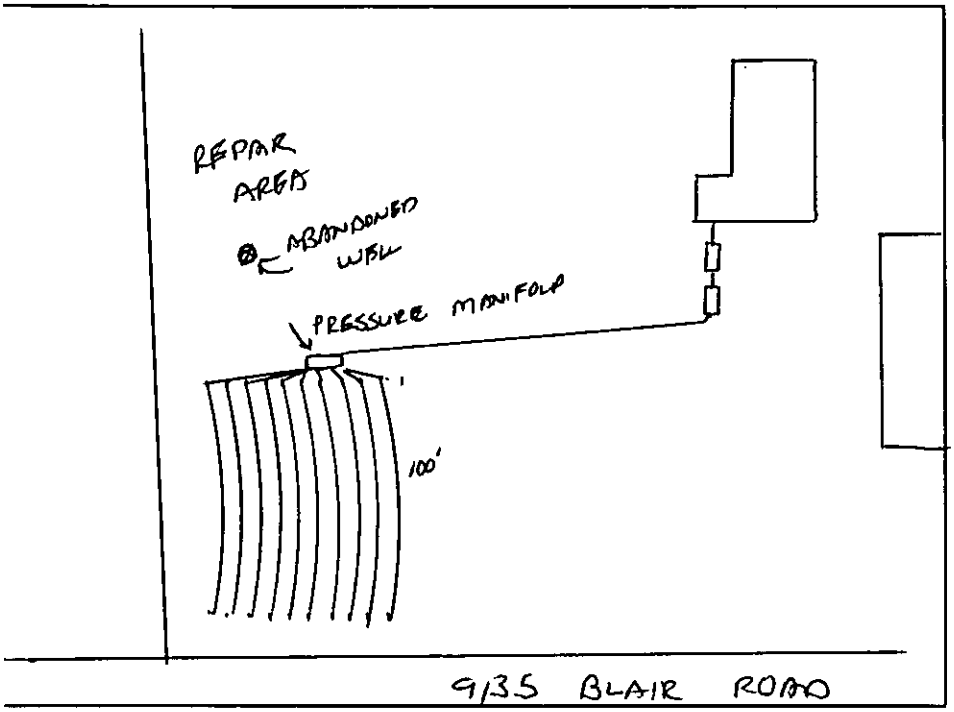
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17503 DATE: 11-16-00

TC: 137-291-27 L

SERIAL Nº 18580

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 4-3-00. All work shall be completed on or before _____, 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 15000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 1000 feet

Number of Lines 10

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

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

NAME OF OWNER BLAIR ROAD UNITED METHODIST CHURCH

LOCATION OF PROPERTY 9135 BLAIR ROAD,

Comments: (1) INSTALL PRESSURE MANIFOLD

(2) INSTALL 10 LINES 100' IN LENGTH.

Environmental Health Specialist

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

on duct X 31099 PD in Proj # 6329691499

FEE: 400 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: 6/22/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6-22-00 **PERMIT NO:** 17503
PARCEL NO: 132-271-27

JOB LOCATION ADDRESS: 9135 BLAIR ROAD
PROPERTY OWNER: BLAIR ROAD METHODIST CHURCH
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] **DATE:** 6-22-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 17503, 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:

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.

R. Hand 6-22-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: WILLIAM LANIER c/ STANLEY SEPTIC TELECOPIER #_____

FROM: D. Wells DATE 10/24/00

RE: BLAIR RD METHODIST

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS:

(1) 1000 FEET OF DRAIN LINE
(2) PRESSURE MANIFOLD FOR DISTRIBUTION DEVICE
(3) NEMA 4X CONTROL PANEL

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

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

Mecklenburg County
Health Department

January 29, 2001

Blair Road United Methodist Church
Attn: Bob Marolf
9135 Blair Road
Mint Hill, NC 28227

Re: 9135 Blair Road
File: 17503
Parcel: 137-291-27

Dear Mr. Marolf:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal System. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure though the water proof, gas proof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weather proof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5573 to discuss any question you may have concerning this matter.

Sincerely,

J. Andrew Walker, R.S.
Individual Water and Wastewater Systems

JAW:gc

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

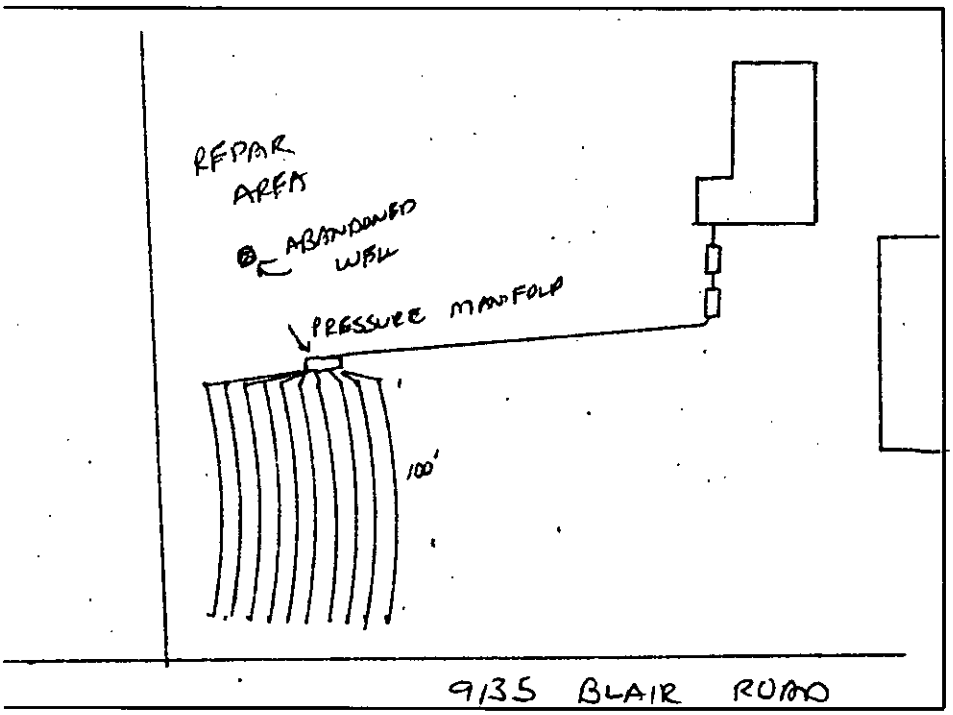
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17503 DATE: 11-16-00

TC: 137-291-27 ☐ L

SERIAL Nº 18580

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 4-3-00. All work shall be completed on or before _____, 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 15000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 1000 feet

Number of Lines 10

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

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

NAME OF OWNER BLAIR ROAD UNITED METHODIST CHURCH

LOCATION OF PROPERTY 9135 BLAIR ROAD,

Comments: (1) INSTALL PRESSURE MANIFOLD

(2) INSTALL 10 LINES 100' IN LENGTH

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

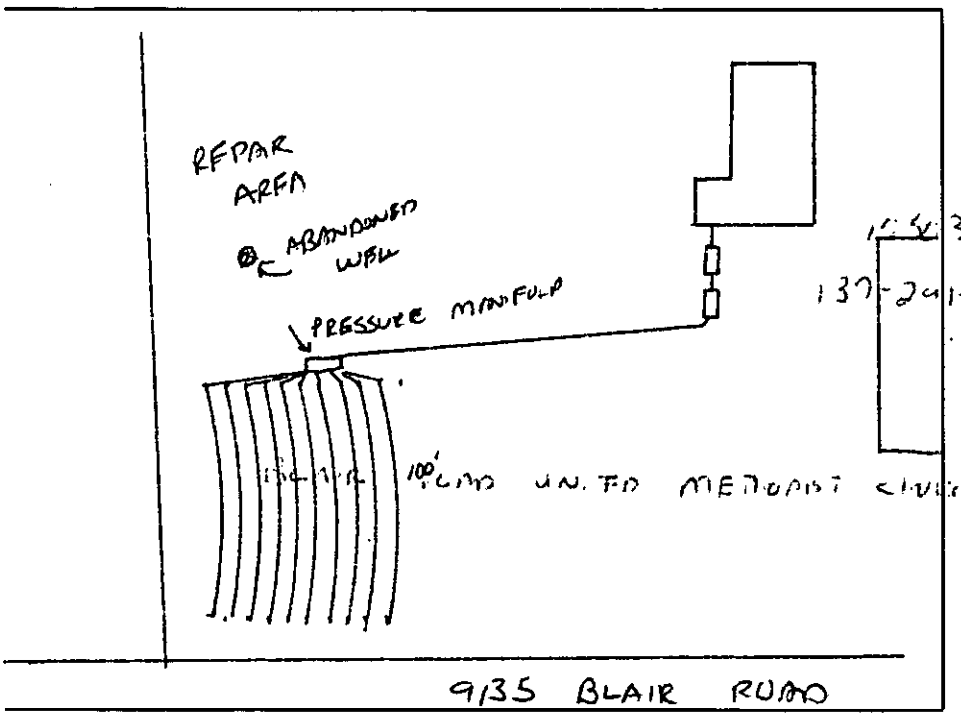
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17503 DATE: 11-16-00

TC: 137-291-27 ☐ L

SERIAL Nº 18580

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 4-3-00. All work shall be completed on or before _____, 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 15000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous GRS

Total Line Length 1000 feet

Number of Lines 10

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

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

NAME OF OWNER BLAIR ROAD UNITED METHODIST CHURCH

LOCATION OF PROPERTY 9135 BLAIR ROAD.

Comments: (1) INSTALL PRESSURE MANIFOLD

(2) INSTALL 10 LINES 100' IN TRENCH ME 5051

Environmental Health Specialist

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

DARRELL L. BARRIER
PRESIDENT / TREASURER

CRESENT CONST. CO. INC.

275 BRANCHVIEW DRIVE
CONCORD, N.C. 28025
(704) 786-6510 • (704) 377-8542
FAX (704) 788-9581

FEE: 300 PAID
DATE: 4/3/00

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

[redacted] | CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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

COPY

FILE #: 17503

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-291-27

STREET ADDRESS: 9135 Blair Road

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS:
Church
Square Footage of Facility: 12,500

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: ____
337 total occupancy PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
X FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
To accomodate a 12,500 ☒ ED. BLDG.

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) X 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 X NO	WELL SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTE WATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	X 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Blair Road Methodist Church (LAST) (FIRST) (MI)	NAME: Marolf Bob (LAST) (FIRST) (MI)
ADDRESS: 9135 Blair Rd	DAYTIME PHONE: 704 563-2410
CITY: Mint Hill STATE: N.C. 28227	
DAYTIME PHONE: (704 545-6250	

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: [signature] DATE: 4-3-00

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

DW

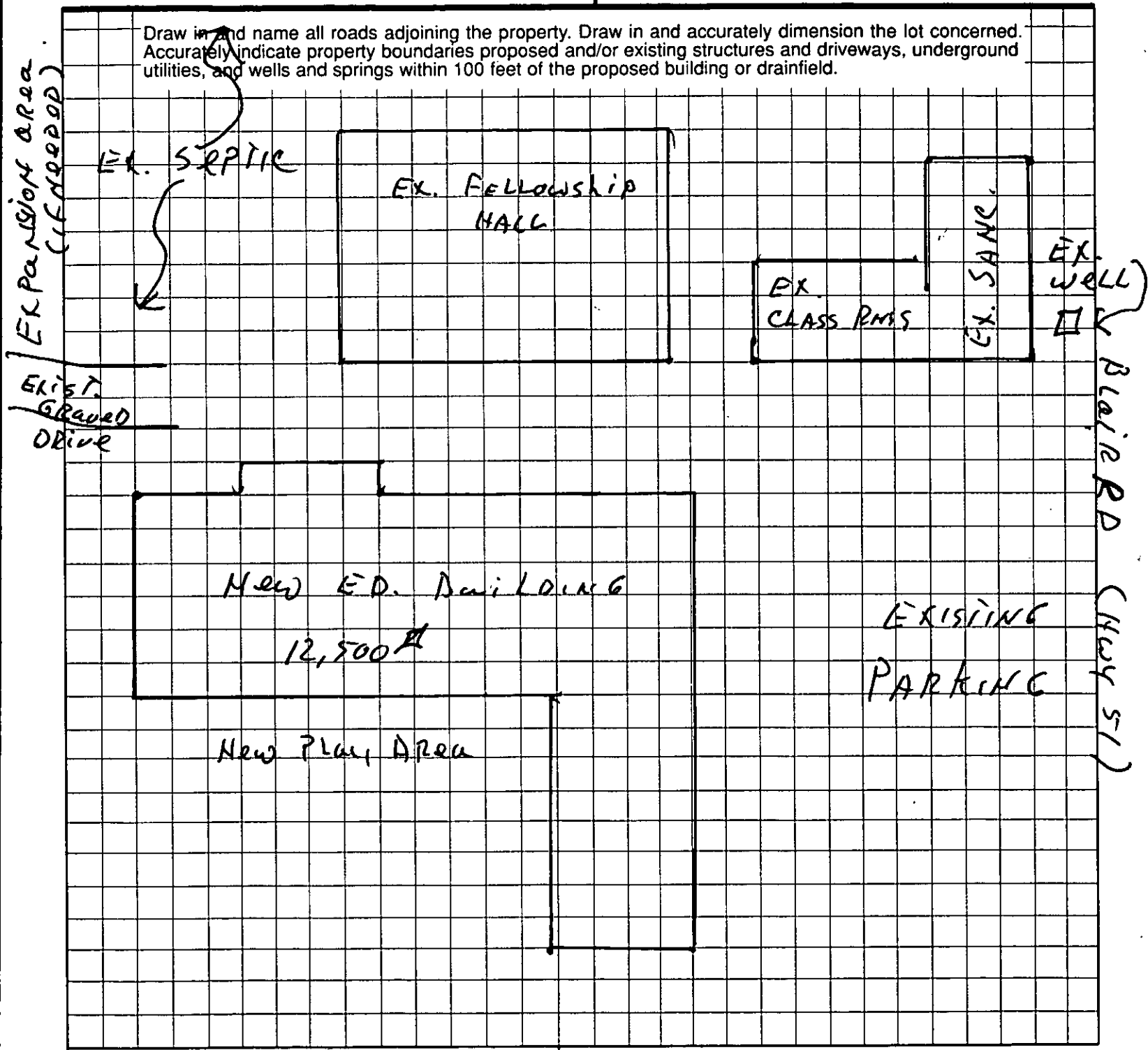
PROPOSED PLOT PLAN

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

FILE: 17503

TC: 137-291-27

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.



X R. [illegible]
OWNER/AGENT SIGNATURE

DATE 4-3-00

APPROVAL DATE _____

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

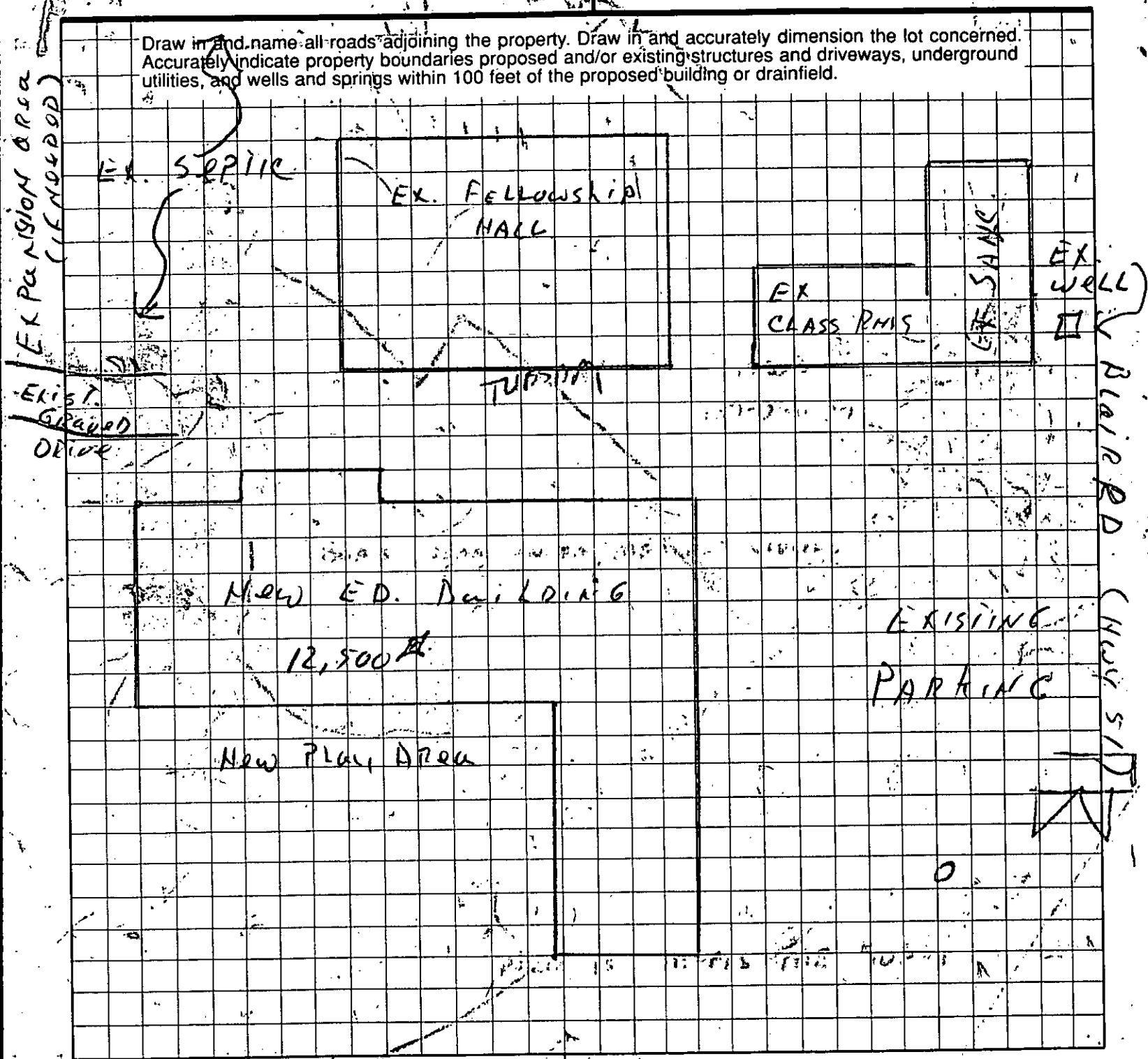
PROPOSED PLOT PLAN

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

FILE: 17503

TC: 137-29-27

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.



X R. Blair
OWNER/AGENT SIGNATURE

DATE 4-3-00

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

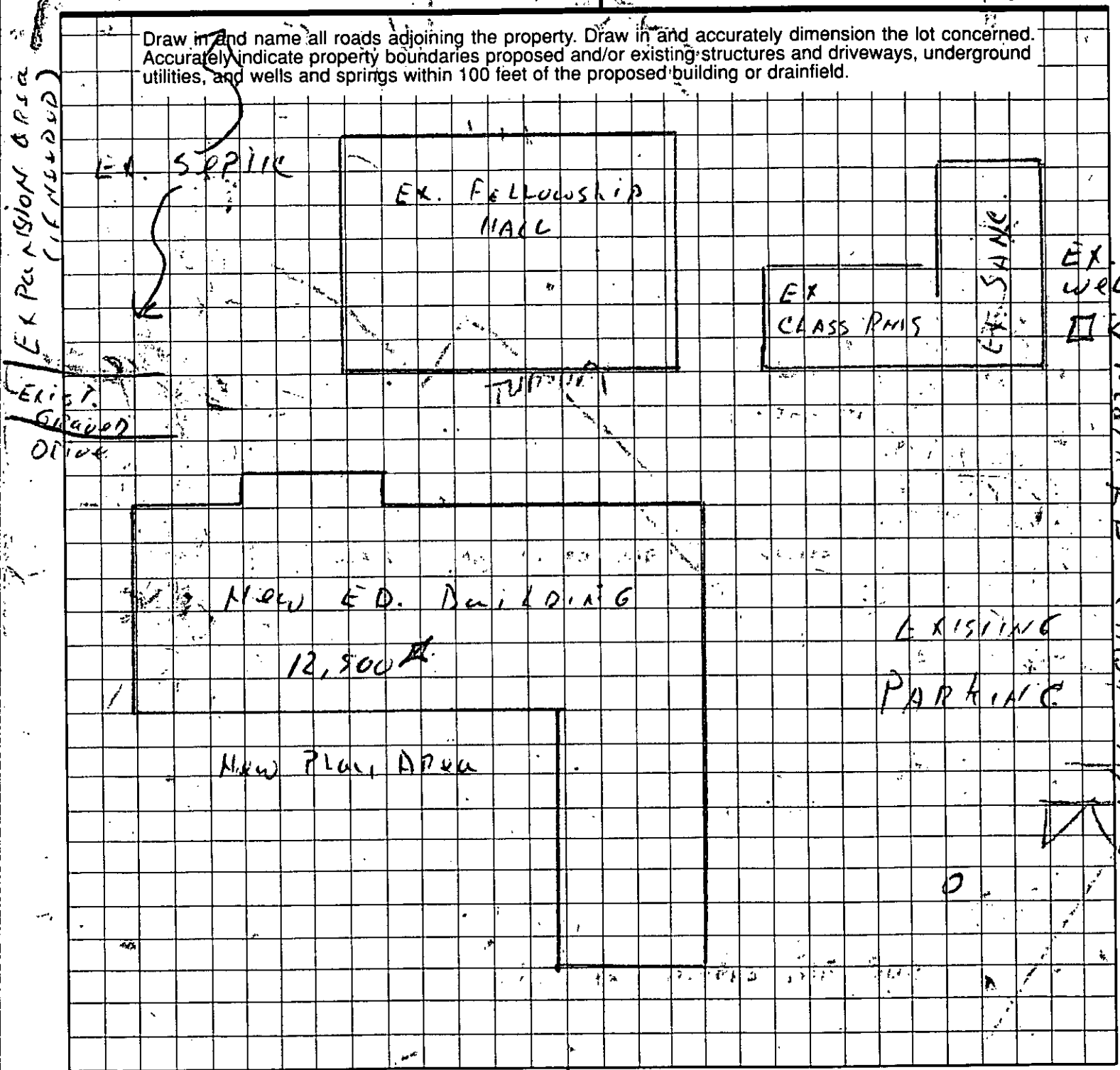
PROPOSED PLOT PLAN

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

FILE: 17503

TC: 137-29/-27

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.



X [signature]
OWNER/AGENT SIGNATURE

DATE 8-3-00

APPROVAL DATE _____

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

Serial No. 3902

PTR No. 17503

T. C. No. 137-113-08

Date Issued Dec. 16, 1980

Map Date

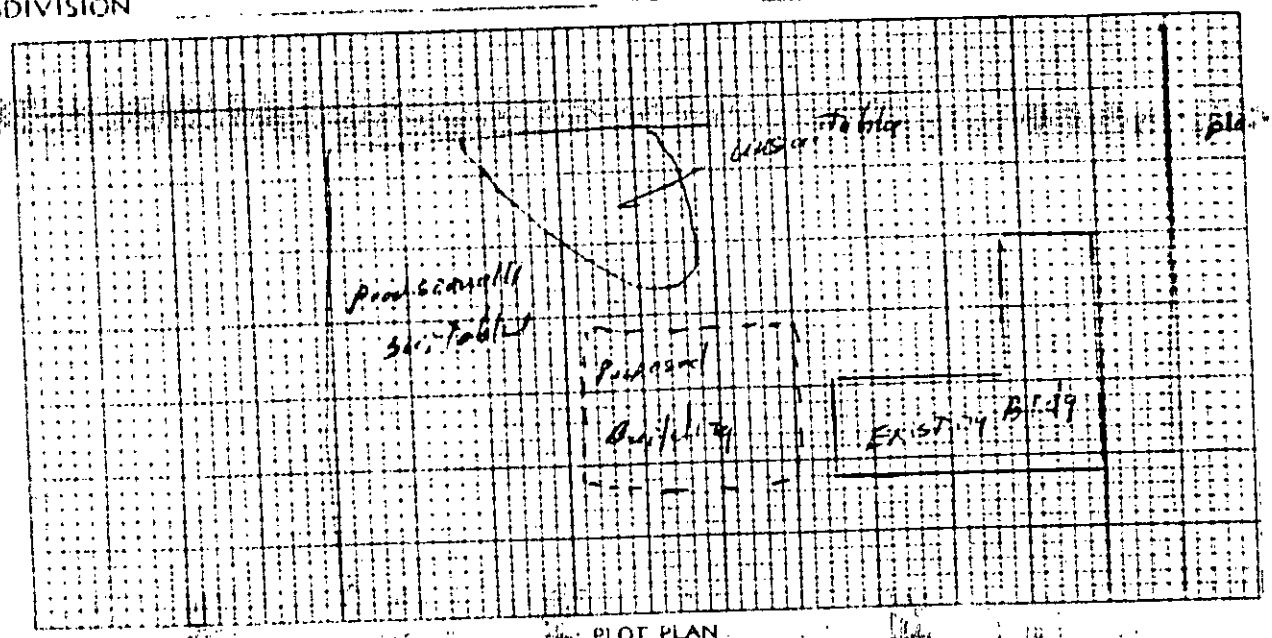
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER BLAIR ROAD UNITED METHODIST CHURCH (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Route 1, Box 494-L, Charlotte, N.C. ZIP 28212

LOCATION OF PROPERTY Blair Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. **Provisionally Suitable** The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install, construct, alter, or repair the septic system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings that the wastewater treatment system serves the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the percolation rate determined above and the number of bedrooms or units constructed thereon.
3. The approval is for only one system to be installed on the immediate area indicated as acceptable for an installation on the above plot.
4. The approval is void if any grading, filling, or construction (including the shifting of earth materials) occurs which does not have the Mecklenburg County Department of Environmental Health verify that the area indicated as acceptable for installation, construction, alteration and/or repair remains suitable.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time prior to completion of the system these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Soil Scientist

Environmental Health Director or Authorized Section Head

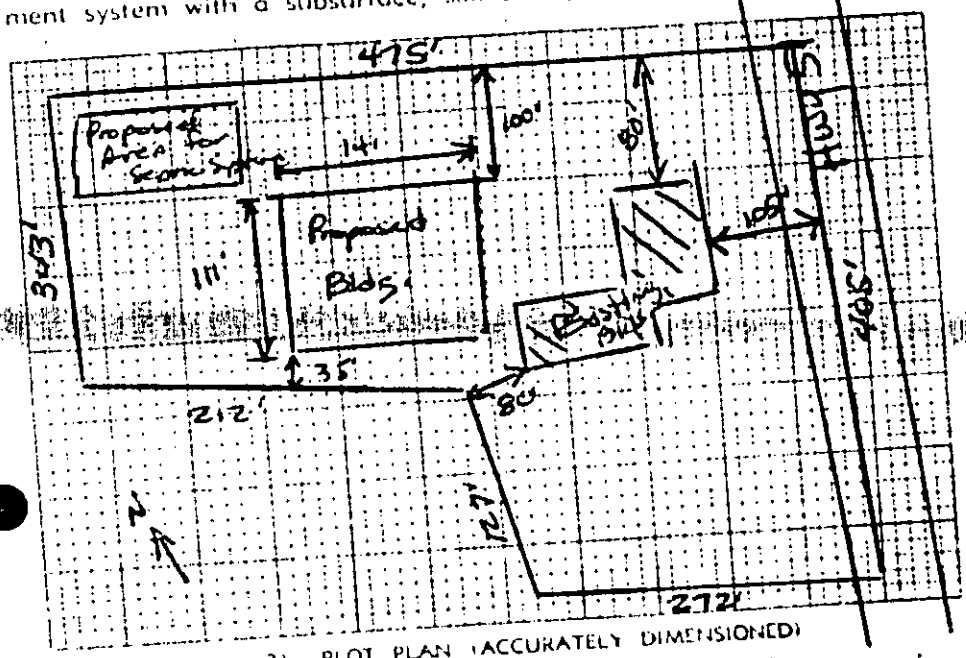
Date Received 12-18-80 SEE INSTRUCTIONS ON BACK

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)

4) Mobile Home ___ Yes ___
Residence ___ Yes ✓

4) No. of Bedrooms ___

5) Business Use — Max No. Employees N/A

6) Washing Machine ___ Yes ___

7) Garbage Disposal ___ Yes ___

8) Dishwasher ___ Yes ✓

9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
1) Well Source ___
2) Governmental ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓
House located within 200 feet of community sewer ___ Yes ✓

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Blair Road United Methodist Church (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 9135 Blair Rd Charlotte, N.C.

15) PHONE NO Home ___ Office 545-5581

16) LOCATION OF SYSTEM 9135 Blair Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ~~3555~~ 3253 AT PAGE ~~365~~ 53

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 statements above are true. It is understood that any permit applied for hereon shall be void and of no effect if the above facts are not true.

12-18-80
DATE OF APPLICATION

OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Individual Septic Tank System with Subsurface

Name of Owner Blair Road United Methodist Church (LAST / FIRST / MIDDLE)

Location of Property 9135 Blair Road

Application Number 17503

Permit Number 17503

Inspection Data:

Liquid Capacity of Tank 2000 gal

Total Length of Drain Tile 1000'

Depth of Filter Material 17"

Water Supply Source well

Excavation Inspected 6-12-81 (DATE)

Nitrification Field Inspected 6-12-81 (DATE)

Washing Machine Line Inspected, If Applicable N/A (DATE)

Tank Material Block + Concrete

Number of Lines 5

Cover Depth 15"+

Distance from Water Source 50'+

Tank Inspected 6-12-81 (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:

Bob Wilson

Environmentalist

30 RIDS
8 TEACHERS
6 OFFICE

60
10 OFFICES

M-F

75° MAX

10

1000 FT

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

#1

Sheet 1

Property ID 137-291-25, 27

Lot #

File # 17503

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Blair Road Methodist Ch. APPLICANT: Bob Murdoff

ADDRESS: 9135 Blair Road, New Hill DATE EVALUATED: 6-19-00

PROPOSED FACILITY Ed. Bldg. PROPOSED DESIGN FLOW (.1949) 900gpd PROPERTY SIZE: 4.7 ac

LOCATION OF SITE: 9135 Blair Road PROPERTY RECORDED:

WATER SUPPLY: ☒Private ☐Public ☒Well Spring ☐Other

EVALUATION METHOD: ~~☒Augur Boring~~ ☒Pit ☐Cut

TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	6-12-00 .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 &LTAR
1	LS	0-12"	Fill		>52" to soil wetness	52"	N/A	None	PS .391 Fz IV
		12-21"	gr/scl	Fr/SEXPlss/SP					
		21-52"	SBK/c	Fi/SEXP s/P					
2	LS	0-2"	gr/cl	Fr/SEXP ss/sP	>50" to soil wetness	50"	N/A	None	PS .391 Fz IV
		2-9"	SBK/scl	Fr/SEXPlss/SP					
		9-50"	SBK/c	Fi/SEXP s/P					
3	LS	0-13"	gr/cl	Fr/SEXPl ss/sP	>50" To soil wetness	50"	N/A	None	PS .391 Fz IV
		13-50"	SBK/c	Fi/SEXPl s/P					
4	LS	0-3"	gr/scl	Fr/SEXPl ss/sP	>~~49~~" To soil wetness	~~50~~" 49"	N/A	None	PS .391 Fz IV
		3-49"	SBK/c	Fi/SEXPl s/P					
5	LS	0-11"	gr/scl	Fr/SEXPl ss/sP	>50" To soil wetness	50"	N/A	None	PS .391 Fz IV
		11-39"	SBK/c	Fi/SEXPl s/P					
		39-50"	SBK/cl	Fr/SEXPl ss/sP					
6	LS	0-2"	gr/cl	Fr/SEXPl ss/sP	>50" To soil wetness	50"	N/A	None	PS .391 Fz IV
		2-39"	SBK/c	Fi/SEXPl s/P					
		39-50"	SBK/cl	Fr/SEXPl ss/sP					
7	LS	0-4"	gr/scl	Fr/SEXPl ss/sP	>48" To soil wetness	48"	N/A	None	PS .391 Fz IV
		4-31"	SBK/c	Fi/SEXP s/P					
		31-48"	SBK/cl	Fr/SEXPl ss/sP					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948) Provisionally Suitable

EVALUATED BY: W. A. Marlin LSS 6-19-00

OTHER(S) PRESENT:

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

Sheet: 2
Property ID:
Lot =
File = 17503

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

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

PROFILE #	.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 &LTAR
8	LS	0-3"	gr/sl	Fr/SE XP/ NS/NP	7.5YR TO soil wetness	49"	N/A	None	PS .39(F2) IV
		3-22"	SBK/C	F:/SE XP/ S/P					
		22-49"	SBK/C/	Fr/SE XP/ SS/SP					
9	LS	0-2"	gr/sc/	Fr/SE XP/ SS/SP	7.5YR TO soil wetness	48"	N/A	None	PS .39(F2) IV
		2-35"	SBK/C	F:/SE XP/ S/P					
		35-48"	SBK/C/	Fr/SE XP/ SS/SP					
10	LS	0-3"	gr/sc/	Fr/SE XP/ SS/SP	7.5YR TO soil wetness	48"	N/A	None	PS .39(F2) IV
		3-48"	SBK/C	F:/SE XP/ S/P					
11	LS	0-3"	gr/sl/	Fr/SE XP/ SS/SP	7.5YR TO soil wetness	46"	N/A	None	PS .39(F2) IV
		3-24"	SBK/C	F:/ SE XP/ S/P					
		24-46"	SBK/ C/	Fr/SE XP/ SS/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1943):
EVALUATED BY:
OTHER(S) PRESENT:

FILE # 19503

COMMENTS 1066 Regency

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE

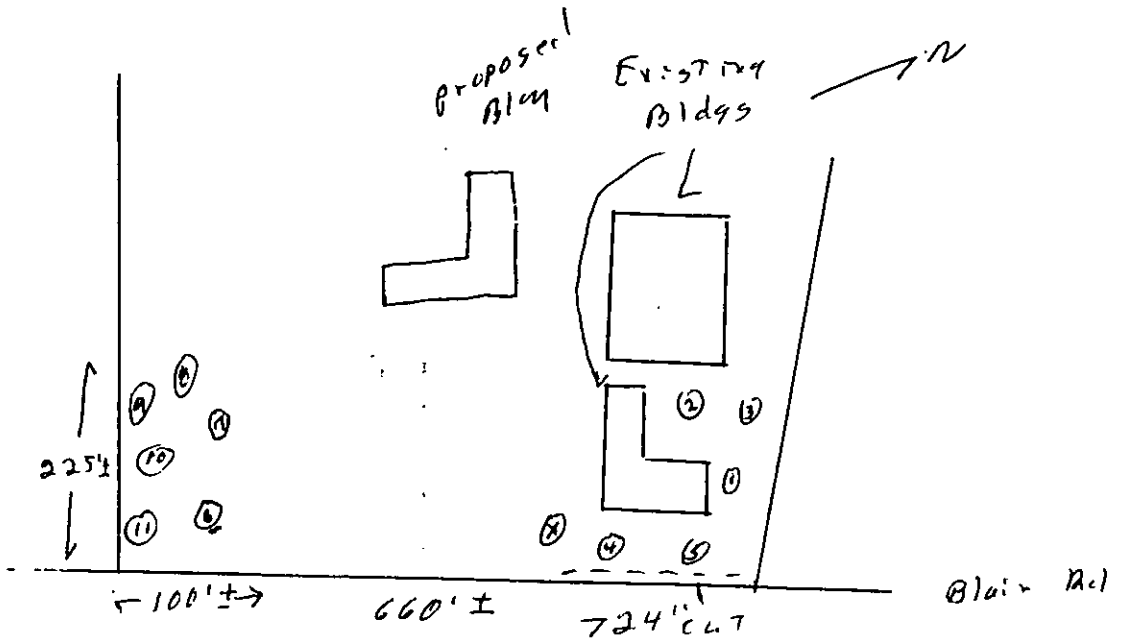
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

(X) Wells Not in use



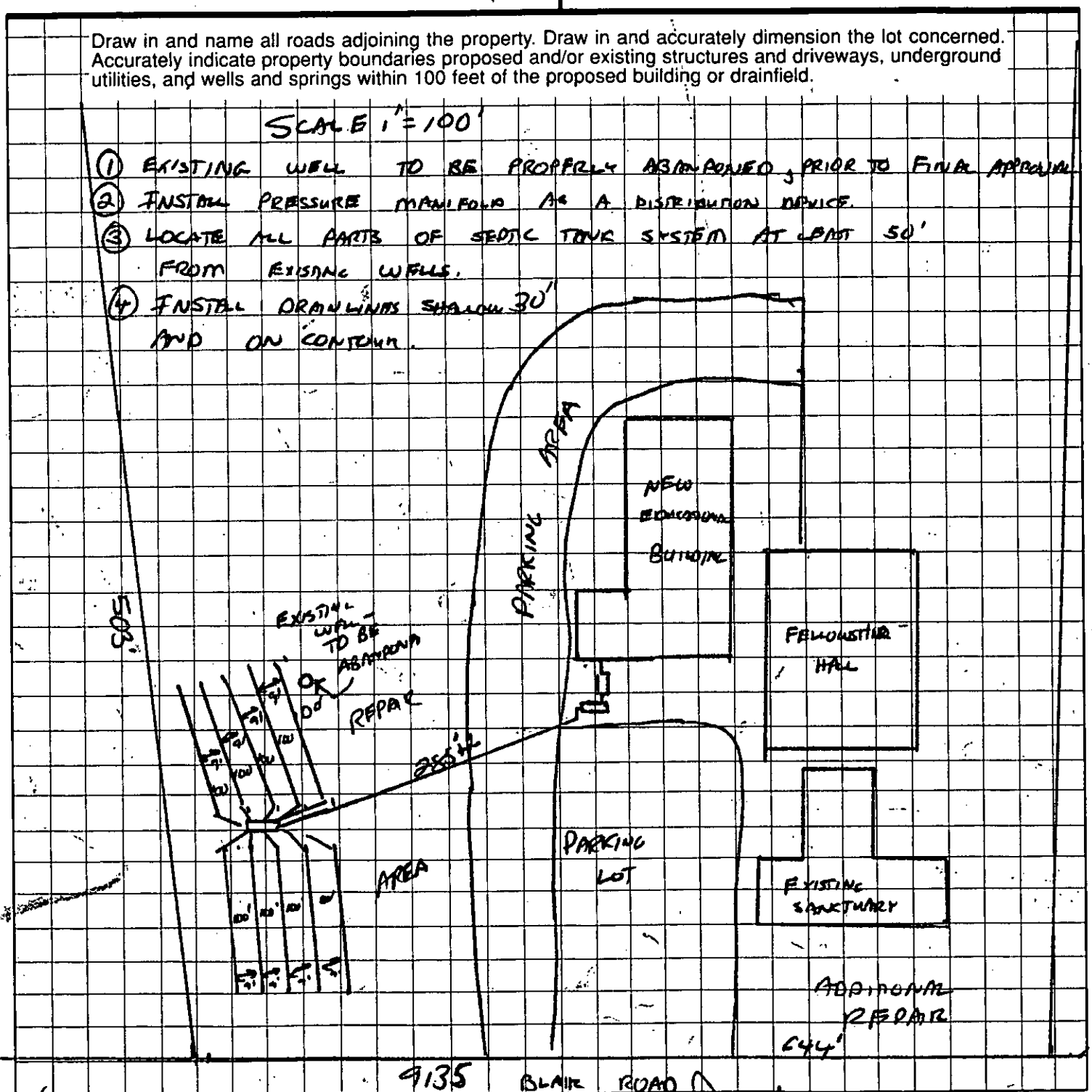
PROPOSED PLOT PLAN

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

FILE: 17503

TC: 137-891-27

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.



X R. Mc...
OWNER/AGENT SIGNATURE

DATE 6-22-00

APPROVAL DATE Jan Wet 6/22/00

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

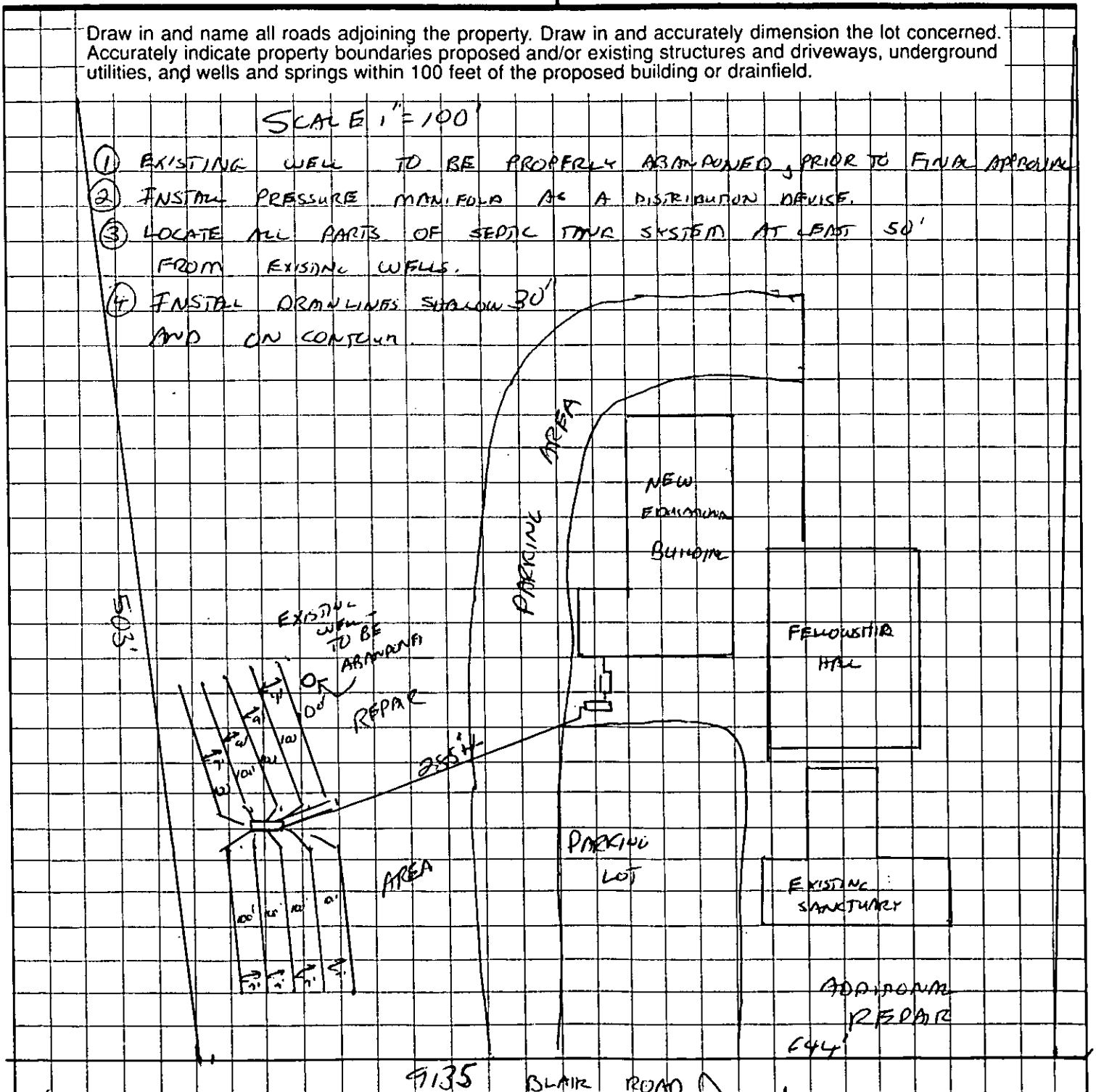
PROPOSED PLOT PLAN

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

FILE: 17503

TC: 137-291-27

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.



X R. Mann
OWNER/AGENT SIGNATURE

DATE 6-22-00

APPROVAL DATE 6/22/00

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

Permit Number 17503

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

1.3 Long-term acceptance rate	900 Max gallons/day wastewater flow (60 SCHOOL PERSONNEL X 15 GPD)	3000 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	1000 Total trench length (ft)	30'' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence 60 SCHOOL PERSONNEL X 15 GPD	1000 Gallon pump tank	12'' Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) INSTALL A PRESSURE MANIFOLD AS A DISTRIBUTION DEVICE
(2) THIS IS A TYPE III-B SYSTEM, REQUIRED BY STATE LAW TO BE INSPECTED BY LOCAL HEALTH DEPT. AT LEAST ONCE EVERY 5 YEARS.
(3) WELL TO BE PROPERLY ABANDONED PRIOR TO FINAL OR BEGIN: ISSUED.

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

300.0 Absorption Area (Sq ft) 1000 Total Trench Length (Ft)	12'' Depth of Stone Trench	9' Trench spacing (min. on centers)	30'' Maximum Trench Depth

For existing system, enter the year originally installed:

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
- This Improvement permit is transferable

DEHNR Authorized Agent — Date 6/21/00

Owner/Agent Signature — Date 6-22-00

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

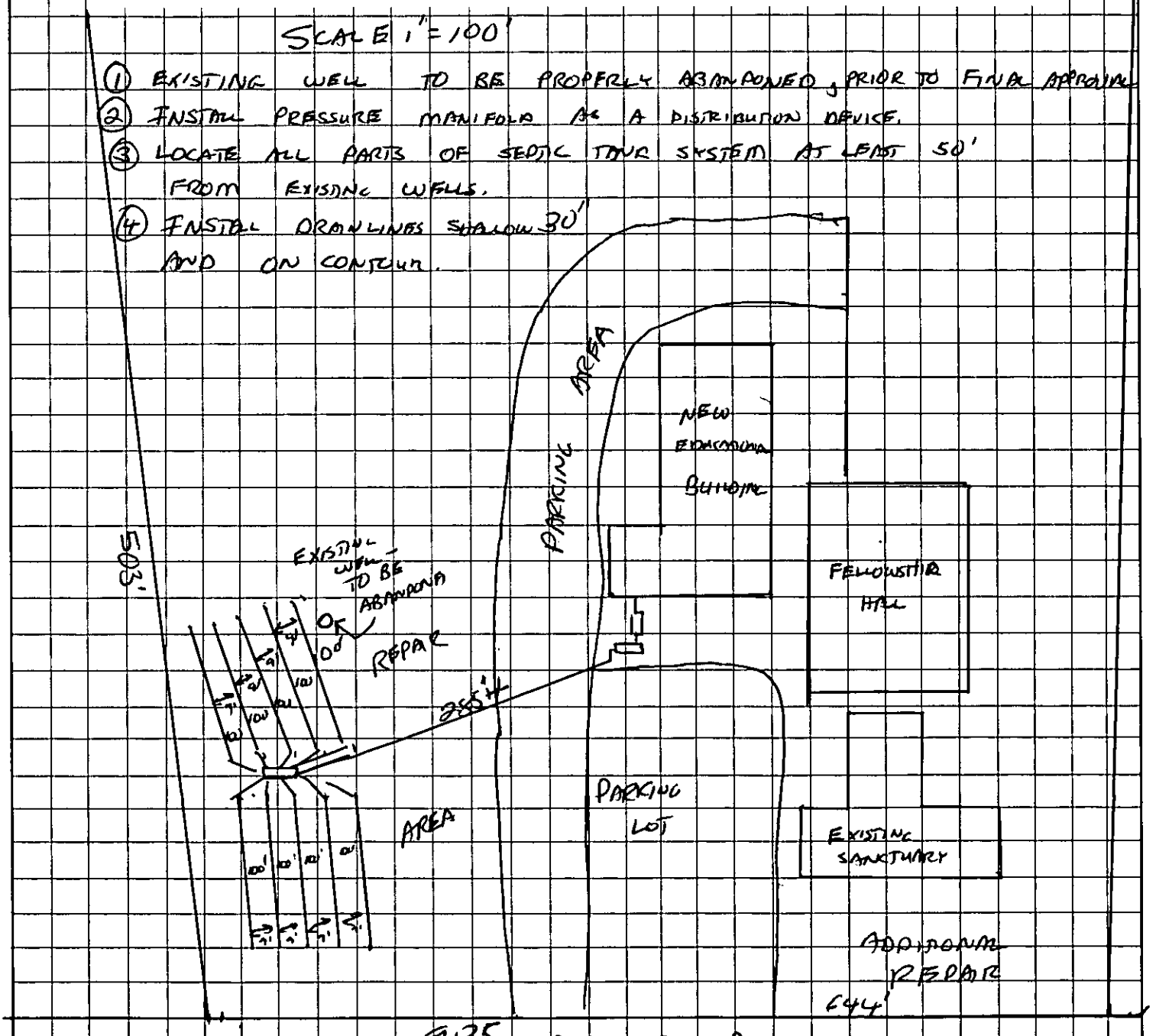
PROPOSED PLOT PLAN

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

FILE: 17503

TC: 137-291-27

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.



X R. Mercer
OWNER/AGENT SIGNATURE

DATE 6-22-00

APPROVAL DATE Jan Wet 6/22/00

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

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

ACS #1 2nd site

Sheet: 1

Property ID: 137-291-25 (27)

Lot #:

File #: 17503

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Blair Road Methodist Ch. APPLICANT: Bob Murdy

ADDRESS: 9135 Blair Road, New Hill DATE EVALUATED: 6-19-00

PROPOSED FACILITY Ed. Bldg. PROPOSED DESIGN FLOW (.1949) 100gpd PROPERTY SIZE: 4.7 ac

LOCATION OF SITE: 9135 Blair Road PROPERTY RECORDED:

WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other

EVALUATION METHOD: ☒Augur Boring ☒Pit ☐Cut

TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	6-19-00 .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 &LTAR
1	LS	0-12"	Fill		52" to soil wetness	52"	N/A	None	PS .391 F2 IV
		12-21"	gr/scl	Fr/SEXPlSS/SP					
		21-52"	SBK/c	Fi/SEXP SP					
2	LS	0-2"	gr/cl	Fr/SEXP SS/SP	50" to soil wetness	50"	N/A	None	PS .391 F2 IV
		2-9"	SBK/scl	Fr/SEXPlSS/SP					
		9-50"	SBK/c	Fi/SEXP/SP					
3	LS	0-13"	gr/cl	Fr/SEXPl SS/SP	50" To soil wetness	50"	N/A	None	PS .391 F2 IV
		13-50"	SBK/c	Fi/SEXPl SP					
4	LS	0-3"	gr/scl	Fr/SEXPl SS/SP	49" to soil wetness	49"	N/A	None	PS .391 F2 IV
		3-49"	SBK/c	Fi/SEXPl SP					
5	LS	0-11"	gr/scl	Fr/SEXPl SS/SP	50" To soil wetness	50"	N/A	None	PS .391 F2 IV
		11-39"	SBK/c	Fi/SEXPl SP					
		39-50"	SBK/cl	Fr/SEXPl SS/SP					
6	LS	0-2"	gr/cl	Fr/SEXPl SS/SP	50" To soil wetness	50"	N/A	None	PS .391 F2 IV
		2-39"	SBK/c	Fi/SEXPl SP					
		39-50"	SBK/cl	Fr/SEXPl SS/SP					
7	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	48" to soil wetness	48"	N/A	None	PS .391 F2 IV
		4-31"	SBK/c	Fi/SEXP SP					
		31-48"	SBK/cl	Fr/SEXPl SS/SP					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. A. Marlin LSS 6-19-00

OTHER(S) PRESENT:

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

Sheet: 2
Property ID:
Lot #:
File #: 17503

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

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

PROFILE #	1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
8	LS	0-3"	gr/sl	Fr/SEXPl NS/NP	7 48" TO soil wetness	49"	N/A	None	PS .391 F2 IV
		3-22"	sbk/c	F:/SEXPl S/P					
		22-49"	sbk/cl	Fr/SEXPl SS/SP					
9	LS	0-2"	gr/sc	Fr/SEXPl SS/SP	7 48" TO soil wetness	48"	N/A	None	PS .391 F2 IV
		2-35"	sbk/c	F:/SEXPl S/P					
		35-48"	sbk/cl	Fr/SEXPl SS/SP					
10	LS	0-3"	gr/sl	Fr/SEXPl SS/SP	7 48" TO soil wetness	48"	N/A	None	PS .391 F2 IV
		3-48"	sbk/c	F:/SEXPl S/P					
11	LS	0-3"	gr/sl	Fr/SEXPl SS/SP	7 48" TO soil wetness	48"	N/A	None	PS .391 F2 IV
		3-24"	sbk/c	F:/SEXPl S/P					
		24-48"	sbk/cl	Fr/SEXPl SS/SP					

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

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

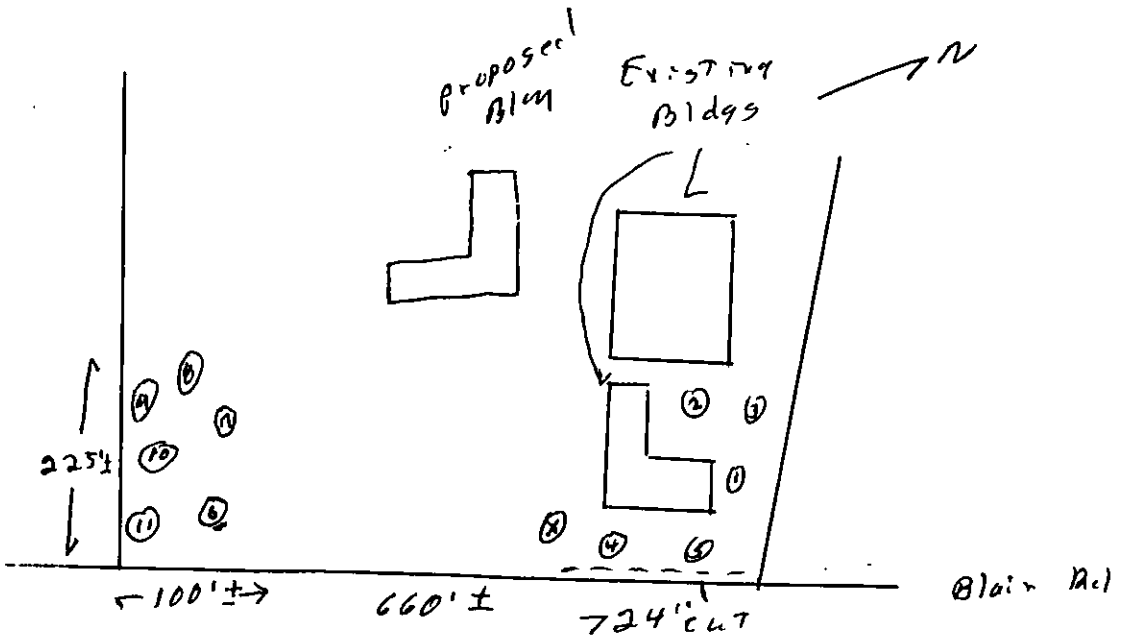
FILE # 12503

COMMENTS 1006 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	

(X) wells Not in use



FEE: 200.00 Acct 810995

DATE: 4/3/00 LC

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

Add'l pg for 1 apt

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 17503

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-291-27

STREET ADDRESS: 9135 Blair Road

LOT NUMBER:

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
Church
Square Footage of Facility: 12,500

NUMBER OF EMPLOYEES: _____
337 total occupancy PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

X TOLIETS/URINALS
X HANDSINK
___ SHOWERS
X FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
To accomodate a 12,500 ☒ ED. BLDG.

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) X 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 X NO	WELL SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTE WATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	X 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Blair Road Methodist Church (LAST) (FIRST) (MI)	NAME: Marolf Bob (LAST) (FIRST) (MI)
ADDRESS: 9135 Blair Rd	DAYTIME PHONE: 209 563-7410
CITY: Mint Hill STATE: N.C. 28227	
DAYTIME PHONE: (704 545-6258	

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: R. Marolf DATE: 4-3-00

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): X Mardelf Consid. Inc	Phone #: 563-7146	Date Requested:	Date Filled:
Account Name: X Mardelf Consid. Inc	☐ Cash ☒ Charge	Account No.: X 31099	

I certify that I am authorized to charge this account for this service.

Signature: X P. Mardelf Printed Name: X P. Mardelf Date: 4-3-00

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
706	1	Other: Interpretation - Variation	300	300
		Other:		
Payment received by: Glenn Craig		Date: 4/3/00 By: GC	Total:	300 00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

9135 Blair Rd		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

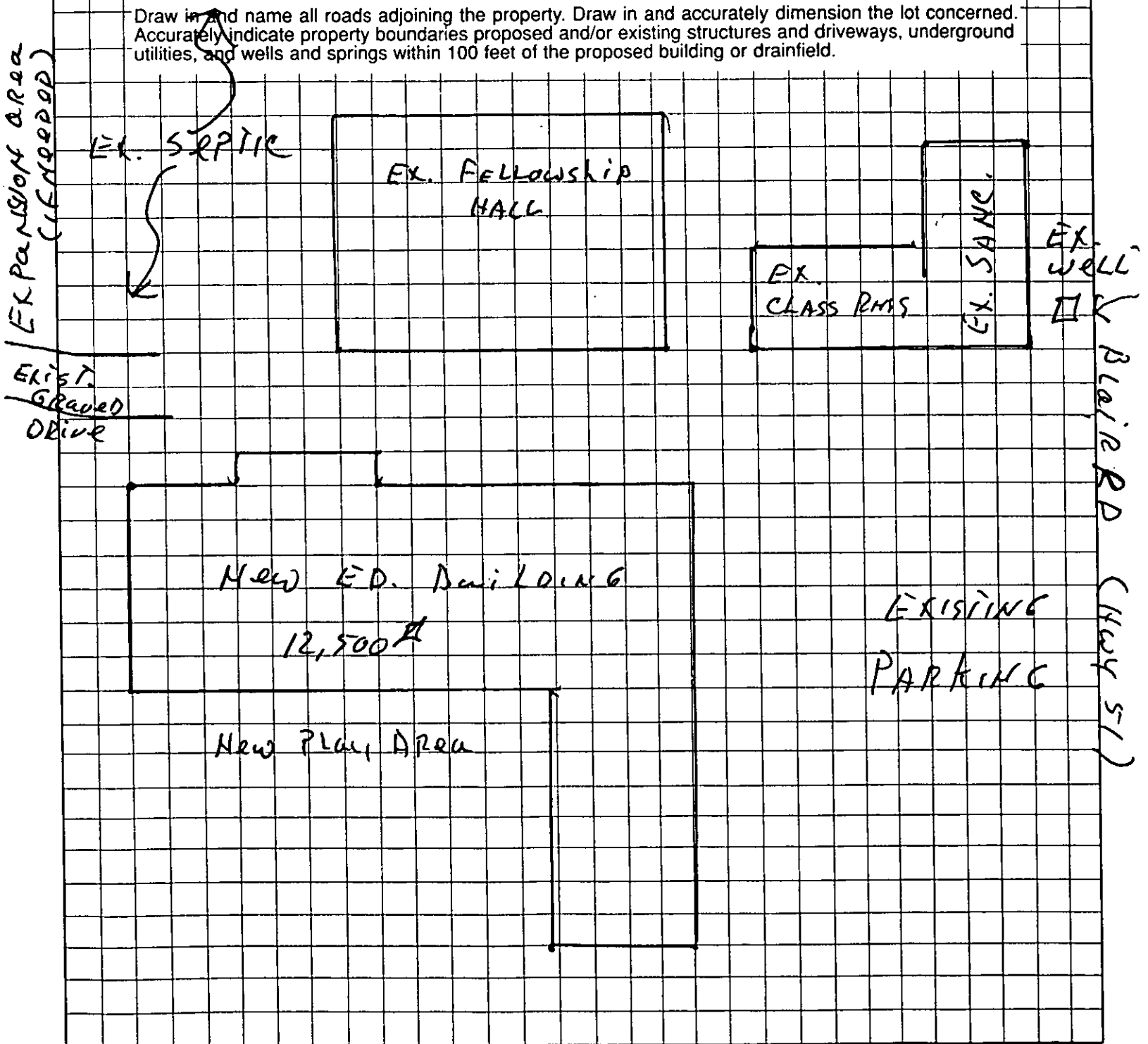
PROPOSED PLOT PLAN

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

FILE: 17503

TC: 137-291-27

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.



X R. Glass
OWNER/AGENT SIGNATURE

DATE 4-3-00

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Bob Marolf Phone #: 563-7110 Date Requested: 6-22-00 Date Filled: 6-22-00

Account Name: Marolf Construction Inc Cash Charge ✓ Account No.: X31099

I certify that I am authorized to charge this account for this service:

Signature: R. Marolf Printed Name: R. MAROLF Date: 6-22-00

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703	1	Installation and Final Approval	$ 150.00	150
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734	1	Authorization for Wastewater System Construction	$ 150.00	150
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
735	1	add'l, not prev. paid for Commercial fee		1:00

Payment received by: [signature] Date: 6/22/00 Total: 400

9135 Blair Rd
file 17503

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Bob Marolf	Phone #: 563 7410	Date Requested: 5/31/00	Date Filled: 5/31/00
Account Name: Marolf Const. Co	☐ Cash ☑ Charge	Account No.: X31099	
I certify that I am authorized to charge this account for this service.			
Signature: Sue telephone conv.	Printed Name:	Date:	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
702	1	Other: additional site inspection	100	100
		Other:		
Payment received by: Susan Craig		Date: 5/31/00 By: GC	Total:	100

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

9135 Blair Rd		
file # 17543		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Bob Marolf	Phone #: 563 7410	Date Requested: 5/31/00	Date Filled: 5/31/00
Account Name: Marolf Const. Co	☐ Cash ☑ Charge	Account No.: X31099	
I certify that I am authorized to charge this account for this service.			
Signature: [signature]	Printed Name:	Date:	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
702	1	Other: additional site evaluation	100	100
		Other:		
Payment received by: [signature]		Date: 5/31/00 By: JC	Total:	100

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

9135 Blair Rd		
Lilesville 28091		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

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: 17503/9135 Blair Road

Box Number: 15

Number of pages associated with file: 1

General Comments: _____

_____

_____

_____

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