

9920 NEWELL-HICKORY GROVE RD

10534106

6/5/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 8584 DATE: 10-1-99

TC: 105-341-06 ☒ L ☐ CRT

SERIAL Nº 17494

Name of Owner PARK WAY AVE CHURCH OF CHRIST, INC. Juris.: _____

Address of Property 9920 NEWELL - HICKORY GROVE ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield EXISTING

Number of Lines ——@——

Cover Depth —

Water Supply Source —

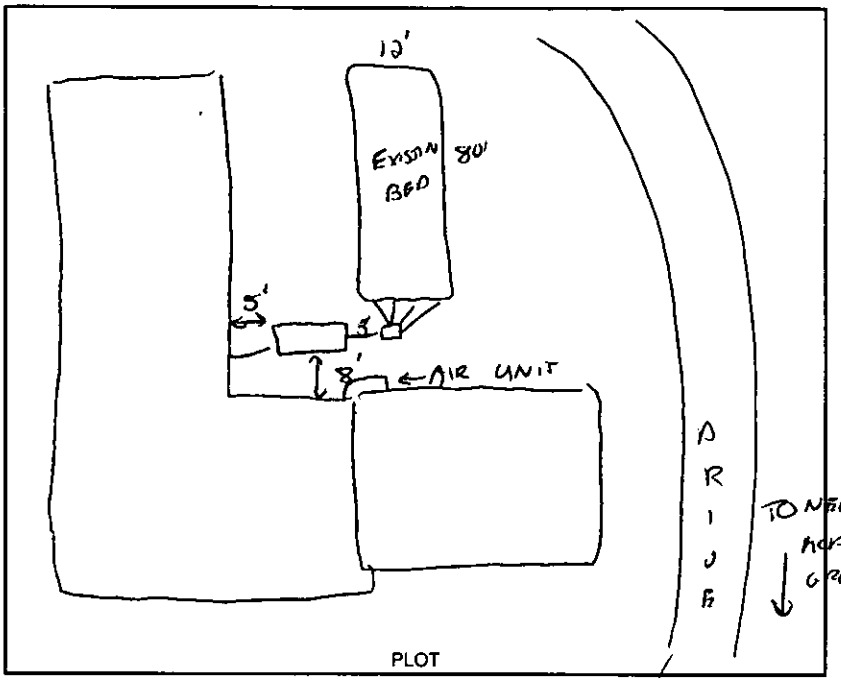
Distance to Water Source —

Excavation Inspected 10-1-99

Tank(s) Inspected 10-1-99

Wash Line Inspected _____

High Water Alarm Inspected _____



Design REPAIR/INSTALL TANK & ATTACH TO EXISTING SYSTEM CTR# BIG M CONSTRUCTION

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 II

OD < 1989

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

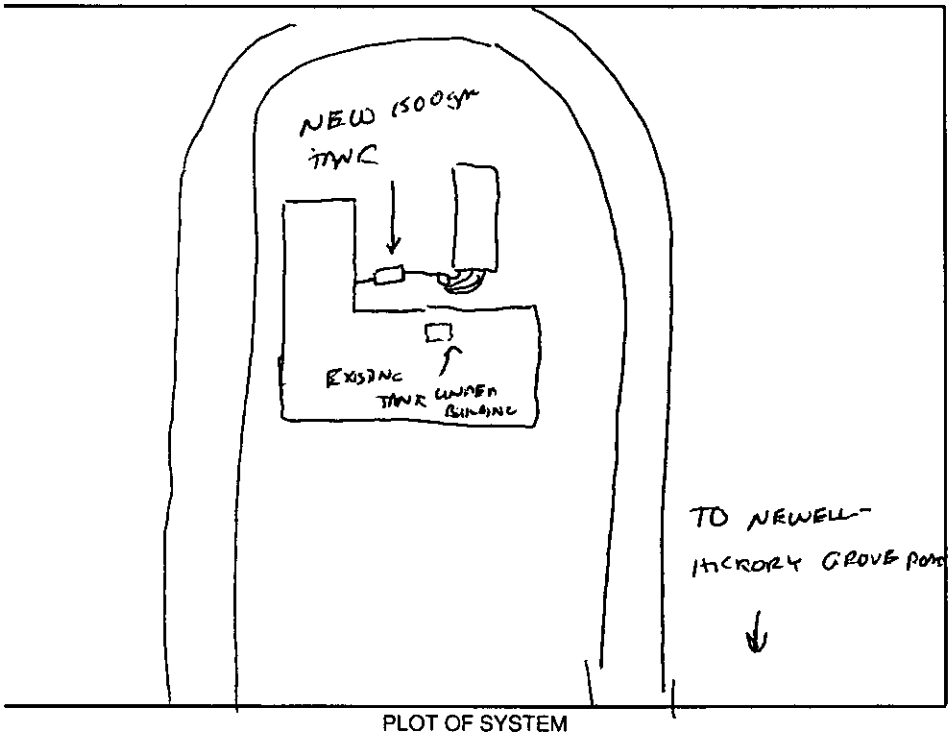
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8584 DATE: 9-8-99

TC: 105-341-06 (L)

SERIAL Nº 17875

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 8/9/99. 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 I5A 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 # 1500gal gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth EXISTING

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well > 100' feet

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

NAME OF OWNER PARKWAY AVENUE CHURCH OF CHRIST, INC.

LOCATION OF PROPERTY 9920 NEWELL-HICKORY GROVE ROAD

Comments: (1) REPAIR INVOLVES SETTING A NEW TANK TO REPLACE EXISTING TANK WHICH IS UNDER THE BUILDING. A DISTRIBUTION BOX IS TO BE PLACED AND TIED INTO EXISTING DRAINFIELD WHICH APPEARS TO BE DRY.

Environmental Health Specialist

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

FEE: DATE:

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

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

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

PROPERTY INFORMATION (COMPLETE ONLY ONE SECTION)

TAX/PARCEL NUMBER: Filed 8584 105-341-06

STREET ADDRESS: 9920 Newell-Hickory Grove

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF RESIDENCE:

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

JURISDICTION:

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

HEATED SQUARE FOOTAGE: 5000 Sq Ft.

NUMBER OF BEDROOMS: NA NUMBER OF OCCUPANTS: 70

CLOSING DATE:

FOUNDATION FOR RESIDENCE:

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER SPRINGS (O)

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

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

PROPERTY OWNER:

NAME: Parkway Avenue Church of Christ INC
(LAST) (FIRST) (MI)

ADDRESS: 9920 Newell-Hickory Grove Rd

CITY: Charlotte STATE: ZIP: 28215

DAYTIME PHONE: ( ) --

LEGAL AGENT FOR PROPERTY OWNER, IF ANY:

NAME: Mundy Jerry M.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 590 - 8082

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Jerry M. Mundy DATE: 8/9/99

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

67914

COOPER
RESOURCES
COMPANY

CRC
P.O. Box 10086
CHARLOTTE NC, 28212

2 pages

FAX

Attn: Drew Walker

from: Kerry Johnson

Drew,

To follow is the application form for the Improvement Permit. Please let me know if you require additional information. You can contact me @ 509-3103. Thanks for all your help

PHONE: (704)509-3103 CRCKERRY@AOL.COM FAX: (704)509-4586

8584

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

150.00 1/31/95 Ck.# 3920

PH - (EDWARD RILEY)

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

X PERSON FILING APPLICATION:
NAME: University Church of Christ at Charlotte (last) (first) (mi)
ADDRESS: 9920 Newell Hickory Grove Rd PHONE: (704) 599-0529
CITY: Charlotte STATE: NC ZIPCODE: 28215

X PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

X PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-013-08
STREET ADDRESS: 9920 Newell Hickory Grove Rd.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

X TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Install New Septic System
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
X ☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business CHURCH # Employees MEMBERS 145 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
X Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: X Edward Riley Date: X 1/31/95

NOTICE:

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

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

...This permit is not transferable..

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

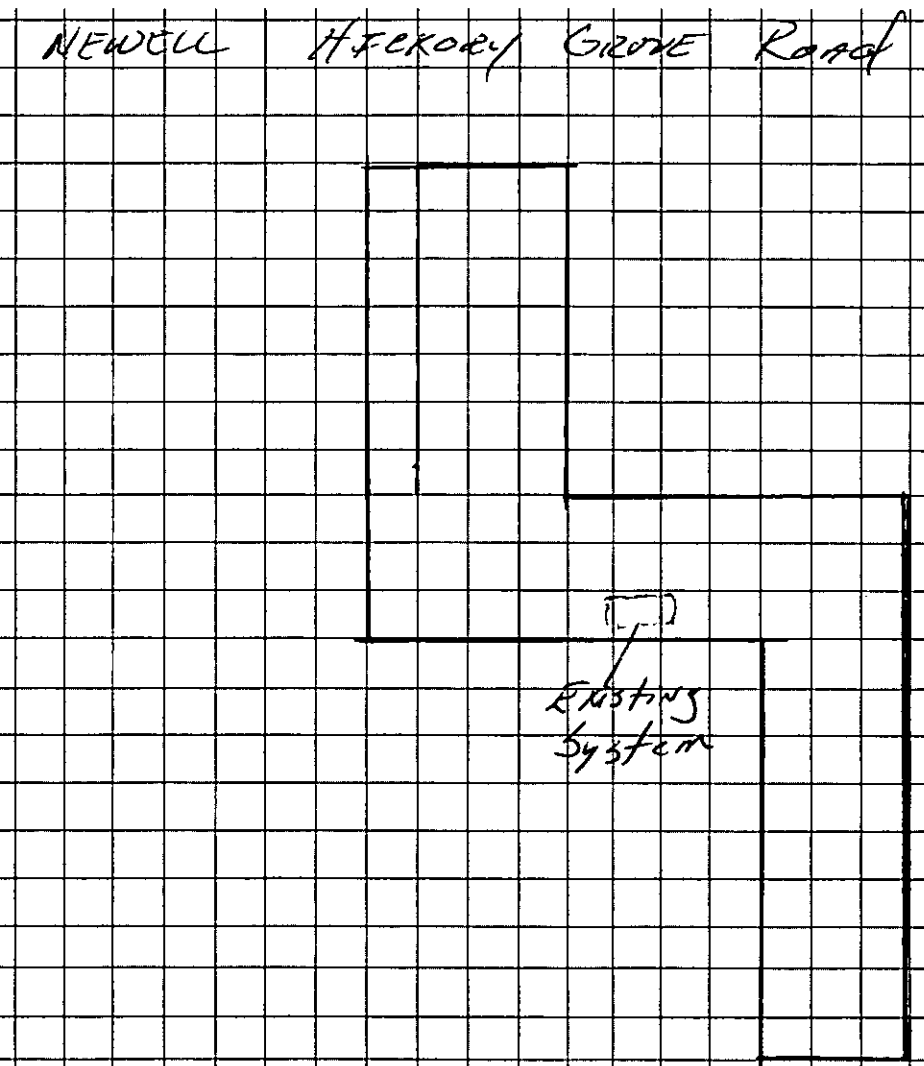
PROPOSED PLOT PLAN

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

FILE: 8584

TC: 105-013-08

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.



Edward R. Riley
OWNER/AGENT SIGNATURE

DATE 1/31/95

APPROVAL DATE _____

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

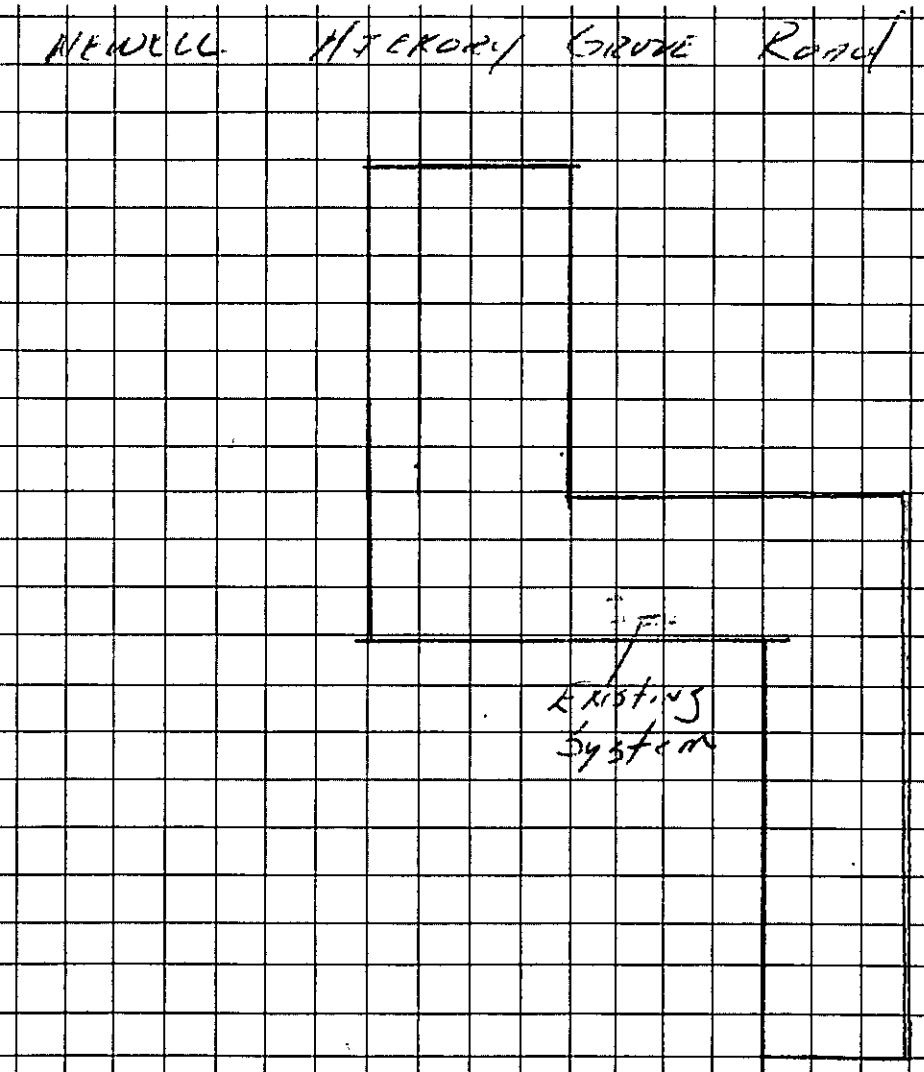
PROPOSED PLOT PLAN

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

FILE: 8584

TC: 105-013-08

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Edward Riley
OWNER/AGENT SIGNATURE

DATE 11/31/15

APPROVAL DATE _____

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

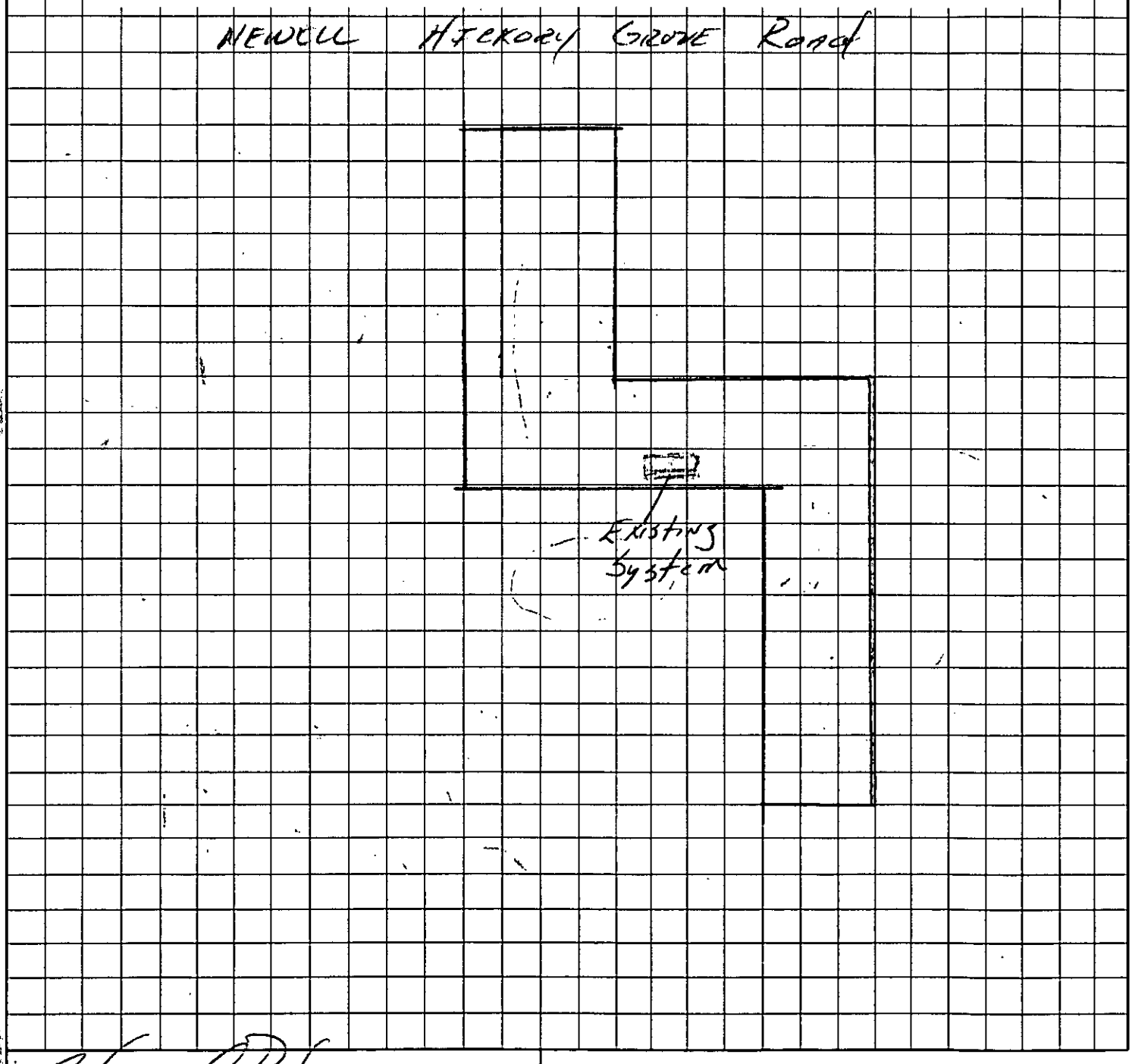
PROPOSED PLOT PLAN

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

FILE: 18584

TC: 05-013-08

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.



Edward Riley
OWNER/AGENT SIGNATURE

DATE 11/31/95

APPROVAL DATE _____

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