

6311 SUNSET CR

03735408

12/20/2007

duponbj

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: 13318 DATE: 6/20/96

TC: 031-071-33 ☐ L ☐ CRT

SERIAL Nº 16661

Name of Owner David R. Messer Juris.: _____

Address of Property 6311 Sunset Circle

Inspection Data:

Tank Material (1) D Box

Total Length of Drainfield 40

Number of Lines 2 @ 40

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source _____

Excavation Inspected 6/20/96

Tank(s) Inspected ~~6/2~~

Wash Line Inspected 6/20/96

High Water Alarm Inspected _____

PLOT

Design 160 sq ft., 18"G, 6"S, Bed system CTR# JACK Stewart

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 15A 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 15A 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: Prior 1970's Washer terra cotta line -

Joni Liggins Barney
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

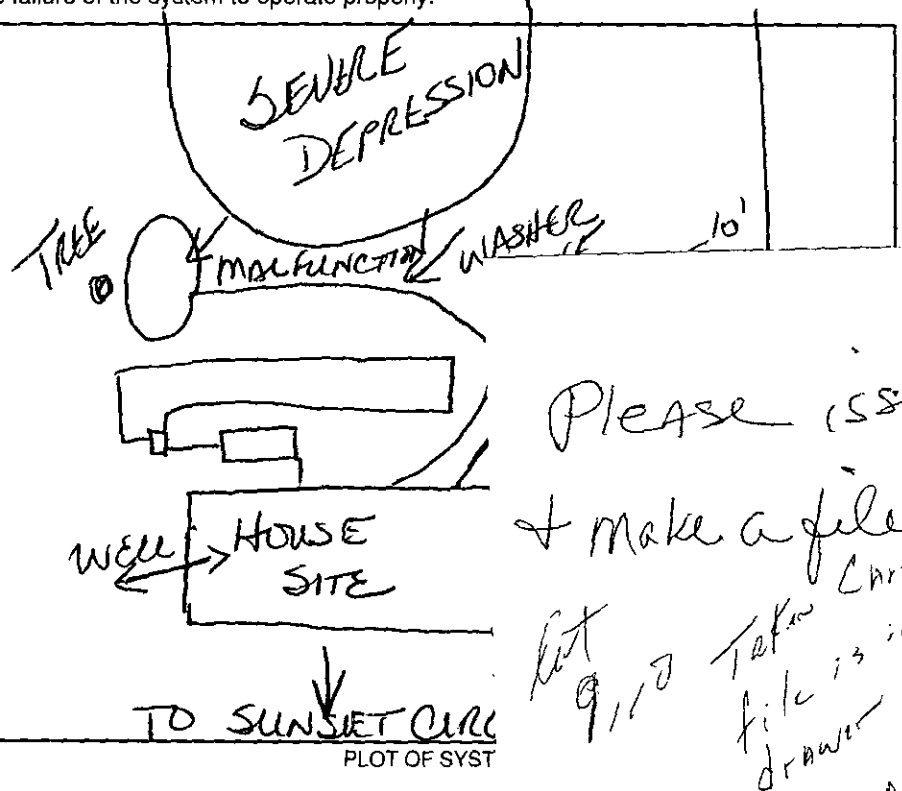
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: ~~12976~~ 1331B DATE: 3-8-96

TC: ~~331-101-07~~ 037-071-33 L

SERIAL Nº 16734

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 3/8/96. All work shall be completed on or before 4/8/96, 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 SYST

Please issue # & make a file of Care of Lot 9, 10 Take file is in drawer W/ original application

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

PCC

l/or Nitrification Lines:

9 _____ feet

:cored and Porous _____

lth 40' feet

s 2" _____

18 inches

6" sand

louse 5 feet

roperty Line 10 feet

/ell 50' feet

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

NAME OF OWNER David R. Messie, Jr.

LOCATION OF PROPERTY 6311 Sunset Circle

Comments: DISCONNECT OLD WASHER LINE — INSTALL NEW BED 9'X40'X18" WITH 18" STONE & 6" ~~GRAVEL~~ SAND ON CONTOUR.

Jerry Higgins Bunn, R.S.
Environmental Health Specialist

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

FEE: NA

DATE: _____

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

2 SEP

[ ] CRT

TYPE 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

FILE #: 1331B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-071-33

STREET ADDRESS: 6311 Sunset Circle

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

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 PLAT:

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

PROPERTY OWNER:

NAME: Messer, Jr. David R.
(LAST) (FIRST) (MI)

ADDRESS: 6311 Sunset Circle

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: ( ) 704 - 394-3166

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Phillip D. Messer DATE: 3-8-96

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-19-96 **PERMIT NO:** 1331B
PARCEL NO: 037-071-33

JOB LOCATION ADDRESS: 6311 Sunset Circle
PROPERTY OWNER: David L. Musser, JR.
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Lori Higgins Bunn **DATE:** 3/20/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. **WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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:** ① Use repair installation dated
② Remove all surface waters away from drainfield & washout line

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE **DATE**

Permit Number: ~~3620~~ 1331B

CONDITIONS OF IMPROVEMENT PERMIT 1331B

Tax Number: 037-071-08 -33

- 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 Bed ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
✓ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
Repair Area System Type Type (circle one): I II III IV V VI	✓ Bed ___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
360 Absorption Area (Sq ft) 120 Total Trench Length (Ft)	18" Depth of Stone Trench 6" SAND	N/A Trench spacing (min. on centers)	___ Maximum Trench Depth AS SHALLOW AS POSSIBLE
For existing system, enter the year originally installed: 1972			

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.

DENR Authorized Agent — Date: 3/19/96

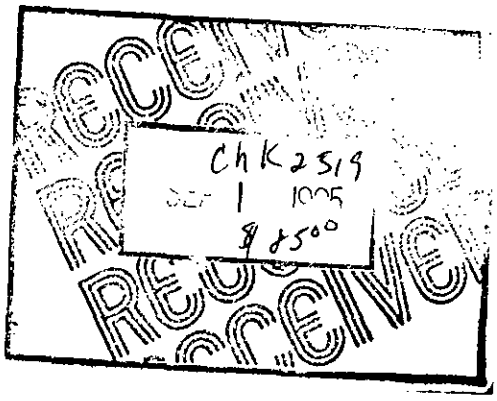
Owner/Agent Signature — Date

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

CENTURY 21 WESTSIDE REALTY
8400 F BELHAVEN BOULEVARD
CHARLOTTE, NORTH CAROLINA 28216

Sept 10, 1995
Date



Environmental Health Department
700 N. Tryon Street
Charlotte, North Carolina 28202

037-07-33

Dear Sirs:

Please inspect my well and septic tank at 6311 Sunset Circle and send a response to my agent, Sylvia D Smith at Century 21 Westside Realty, 8400 F Belhaven Boulevard, Charlotte, North Carolina 28216.

2-4 3 6 96

Charles Gibson
Owner

Sylvia D Smith
Agent

New Property Owner; Ronnie Messer → 394-3166

used to be on Kidd Ln

dog in fence

11 pages 1st [illegible]

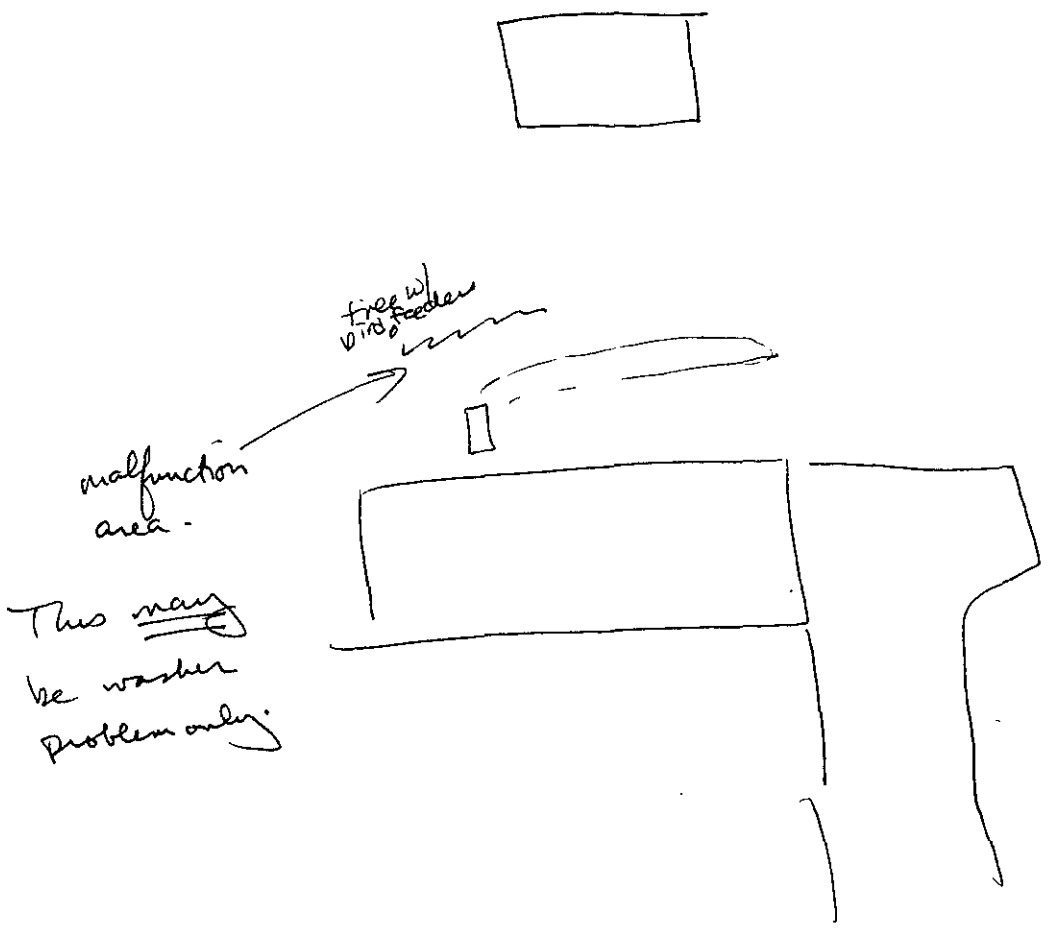
575-3811

pays toilets running slow continuously since about 2 weeks in house.

make Appt. w/ Mr. Messer for site visit

* NO CMUD sewer available at this time.

by bird feeder, three black on surface 3 other spots in backyard


free w/
bird feeder
malfunction
area.
This may
be washer
problem only.

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER David Messer

MAILING ADDRESS 6311 Sunset Circle, Charlotte 28216

OCCUPANT _____

LOCATION Same as above

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel # 037-071-33

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5573 - Toni Higgins-Bunney, R.S.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by April 3, 1996, appropriate legal action will be taken.

Notice Issued March 4, 1996 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

cc: Sylvia Smith, Century 21
Toni Higgins-Bunney, R.S.

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Mecklenburg County
Health Department

March 4, 1996

Mr. David Messer
6311 Sunset Circle
Charlotte, NC 28216

Dear Mr. Messer:

At your request, a re-investigation was made of the septic tank system on the property located at 6311 Sunset Circle, Charlotte, North Carolina on February 23, 1996.

At the time of the investigation it was found that the sewage treatment and disposal system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

You are hereby given notice to correct this situation by April 3, 1996. Failure to comply with this notice may result in legal action being taken against you.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact Toni Higgins-Bunney immediately. She can be reached at 336-5572.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

Enclosure

cc: Sylvia Smith, Century 21 Westside Realty
Toni Higgins-Bunney, R.S.

BURLEY PRINTING CO. U-64104

Re Inspection Septic

Mecklenburg County Public Health Laboratory

037-071-33

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses 1/15/96

Owner, System or Establishment: Sylvia Smith

Address: 6311 Sunset Circle

Charlotte Zip 28216

Collected By: _____

Date Collected: _____ Time: _____ AM PM

Sample Source: _____

Date Delvd. to Lab: _____ Time: _____ AM PM

Delivered By: _____

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify) _____

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Food (specify):

Analysis Requested: ☐ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep

☐ Sulfate Reducing Bacteria ☐ **Giardia lamblia** (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify) _____

☐ Foodborne Investigation (specify) _____

Comments: 2-23-96 site visit effluent on surface of ground

Laboratory Analysis Report

Method: _____ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform _____ /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep _____ /100 ml. Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: _____ Date Reported: _____

Received By: _____ Analyst: _____ Lab #: _____

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER David Messer

MAILING ADDRESS 6311 Sunset Circle, Charlotte 28216

OCCUPANT _____

LOCATION Same as above

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336-5573 - Toni Higgins-Bunney, R.S.

3/20

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

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Notice Issued March 4, 1996 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

cc: Sylvia Smith, Century 21
Toni Higgins-Bunney, R.S.

DEHNR 1108 (Revised 9/92)
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Susan Bateman

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

Enclosure

cc: Sylvia Smith, Century 21 Westside Realty
Toni Higgins-Bunney, R.S.

BURLEY PRINTING CO. U-64104

Re Inspection Septic

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Microbiological Analyses 1/5/96

Owner, System or Establishment: Sylvia Smith

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Charlotte Zip 28216

Collected By: _____

Date Collected: _____ Time: _____ AM PM

Sample Source: _____

Date Delvd. to Lab: _____ Time: _____ AM PM

Delivered By: _____

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify) _____

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Food (specify):

Analysis Requested: ☐ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep

☐ Sulfate Reducing Bacteria ☐ Giardia lamblia (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify) _____

☐ Foodborne Investigation (specify) _____

Comments: 2-23-96 site visit effluent on surface of ground

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Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform _____ /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep _____ /100 ml. Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: _____ Date Reported: _____

Received By: _____ Analyst: _____ Lab #: _____

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

FEE: NA
DATE: _____

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

[ ] CRT

TYPE 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

FILE #: 1331B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-071-33

STREET ADDRESS: 6311 Sunset Circle

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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 PLAT:

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Messer, Jr. David R. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 6311 Sunset Circle	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: ( ) 704 - 394-3166	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: David R. Messer DATE: 3-8-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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