SEE INSTRUCTIONS ON BACK

Date Received 3-11-83

ICAR (S) Application No. 19436 ✓

T. C. No. 055-372-10

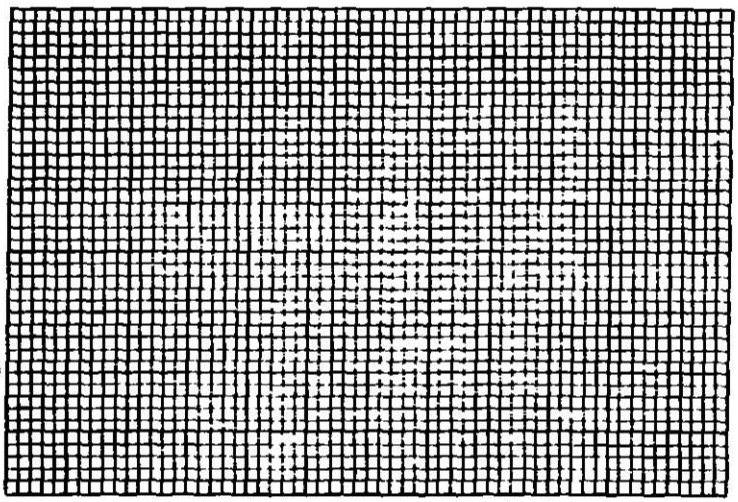
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence ✓Yes ____No

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

13) NAME OF OWNER WESSON (LAST) LAURA (FIRST) F. (MIDDLE)
14) ADDRESS OF OWNER 6601 VIRGINIA CIRCLE 28214
15) PHONE NO. Home 399-5246 Office _____
16) LOCATION OF SYSTEM 6601 VIRGINIA CIRCLE (STREET OR COUNTY ROAD)
17) SUBDIVISION MOORES PARK ADDITION Lot No. 4 Block No. D
Map Book No. 7 Page No. 61
18) DEED REFERENCE — DEED BOOK 1651 AT PAGE 543
19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES ✓ NO DATE RUN _____
20) PTR NUMBER (See Instructions) _____

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

3/10/83
DATE OF APPLICATION

Laura F. Wesson
OWNER

EHD-5-76

DEPARTMENT COPY

Date Issued 3-14-83

Serial No. 6132

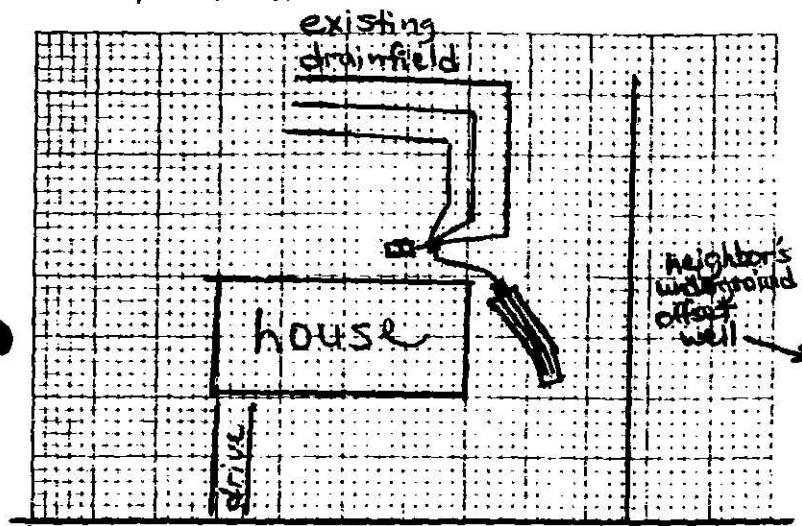
ICAR (S) Permit No. 19436

T. C. No. 056-372-10

Map Date _____

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

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 19436, dated 3-10-83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 3-28-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

REPAIR

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 2

Distance from House >5'

Distance from Property Line >5'

Distance from Well >50'

NAME OF OWNER Wesson, Laura F.

LOCATION OF PROPERTY 6601 Virginia Circle

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Add a 6'wide x 25'long x 34"of stone repair

Comments: Flush 2 lbs. copper sulfate annually

Division or Section Head

Mike Sexton
Environmentalist

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

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19436

Date Issued 4-13-83 Serial 5726 T. C. No. 056-372-10

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner Wesson, (LAST) Laura (FIRST) F. (MIDDLE)

Location of Property 6601 Virginia Circle

Application Number 19436 Permit Number 19436

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines ~~34"~~ 2

Depth of Filter Material 34" Cover Depth 40"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 4-13-83 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

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

Comments

Mike Sexton
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

MCK. COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 01 1987
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: 19436
TC:
SERIAL: No 12929

L CRT

JOB LOCATION

① ADDRESS: 6601 (STREET NO) Virginia Circle (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 055 37210
⑤ SUBDIVISION: Moores Brk Addition ⑥ LOT: 4 ⑦ BLOCK: D

OWNER

⑧ NAME: Laura F Wesson (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 6601 Virginia Circle
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28214
⑬ PHONE: (WORK) ⑭ (HOME) 399-5246

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Greenhouse

DESIGN CRITERIA

System will serve:

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

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Laura F. Wesson
Date: Mar 31, 1987

IMPROVEMENT PERMIT

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

. . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and or Repair permit is issued by this Department

. . This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing System for greenhouse addition

Environmentalist — Date 4/7/87

Director or Authorized Section Head — Date 4-8-87

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

PROPOSED PLOT PLAN

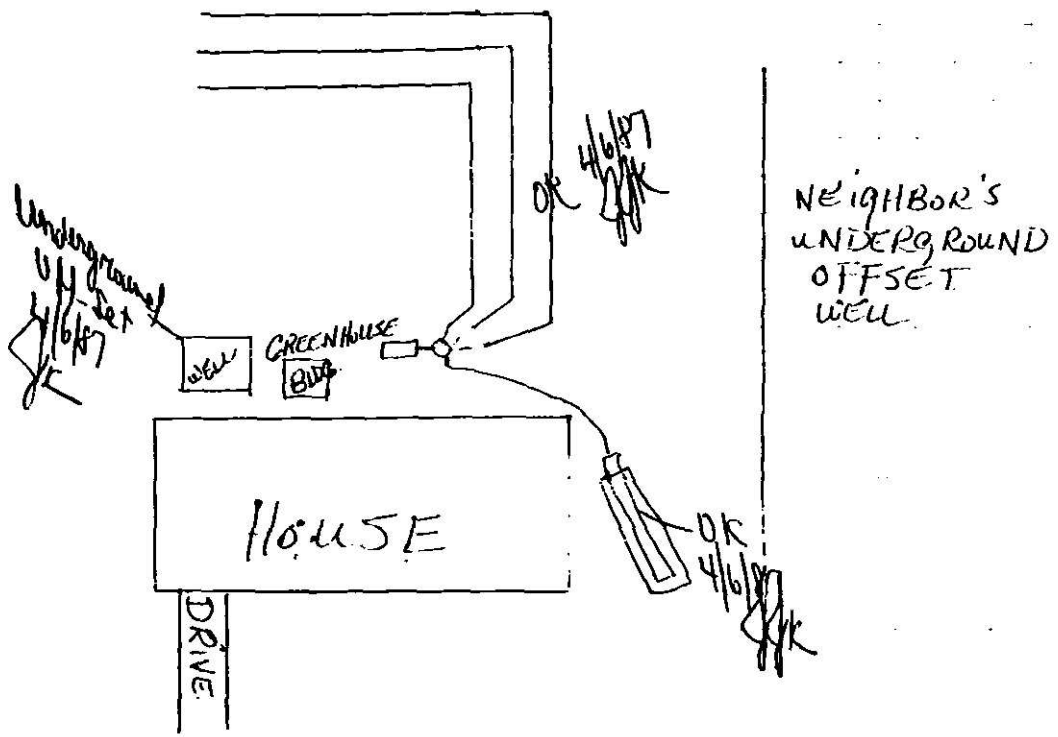
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19436

TC: _____

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.



Signed: _____

Date: _____