

8827 LARCHMONT CR

05315231

7/12/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

November 19, 1991

Alfred Hardison Helms
8827 Larchmont Circle
Charlotte, N.C. 28214

Subject: Property located at 8327 Larchmont Circle
File: 7805A

Dear Mr. Helms:

Receipt of the plans and specifications for the garage addition at the above referenced property is hereby acknowledged. Upon receipt of the plan, a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC184.1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal". Our comments are listed below:

- The proposed garage is located over the septic nitrification field. All building foundations must be located a minimum of five (5) feet from any part of the sewage system.

For this reason, the plan as submitted is disapproved.

If I may be of further service to you should you desire to select another location for the building then please do not hesitate to call me. I can be reached at 336-5571 between 4:00 p.m. and 5:00 p.m.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

JK:lw

JK

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. Cash 25.00 10-15-91 HB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7805A
TC: 053-152-31
SERIAL: № 0020601
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 8827 (STREET NO.) Larchmont Circle (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 053-152-31
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Alfred (FIRST) HARRISON (MIDDLE) Helms (LAST)
⑨ MAILING ADDRESS: 8827 Larchmont Circle
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 704 392 1321 ⑭ (HOME) 704 391-2929

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Detached Garage

DESIGN CRITERIA

System will serve:

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

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: Alfred
Date: 10/15/91

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

LOCATION Larchmont Circle OWNER Town + Country (Coal) WHITE ✓ COLORED _____

ADDRESS Larchmont Circle OCCUPANT _____ WHITE _____ COLORED _____

Lot 132 Block A

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ _____ date

Repaired _____ _____ date

WATER SUPPLY:

Source Community

If well, type

_____ (Bored)

✓ (Drilled)

_____ (Dug)

Distance from nearest pollution 100 ft.

SEPTIC TANK:

Material 4" block

Dimensions _____

Volume 1000 gal.

Type secondary treatment 3 Leach nitrification line _____ filter trench

No. of bedrooms 2

Permit Number 5111

Approved 4845 Date 7-27-66

Approved by J. E. Lang Date 7-27-66

Contractor or Plumber R. H. Stewart

Address _____

Remarks Fix. 4C

SEWAGE DISPOSAL RECORD

FHA CASE NUMBER _____

VA CASE NUMBER _____

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

