Date Received 3/7/79

RECEIVED
MAR 6 1979
ENVIRONMENTAL HEALTH

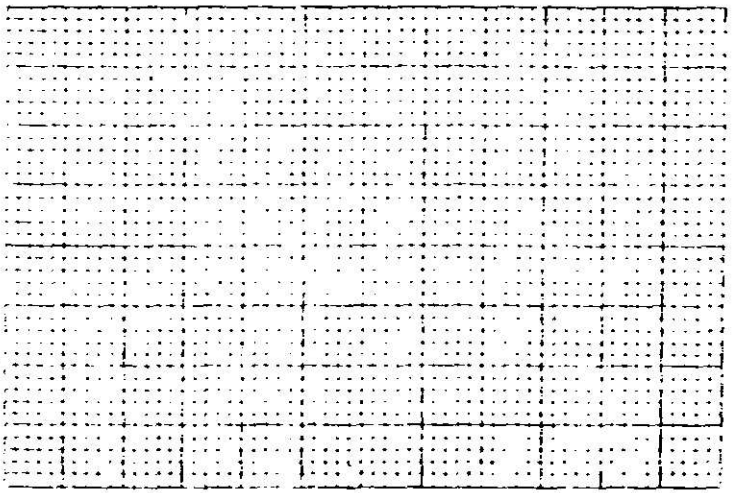
ICAR(S) Application No. 15189
T. C. No. 113-133-11
Map Date 10/11/78

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 2
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 Parsons (LAST) Lillian (FIRST) Mary (MIDDLE)
14) ADDRESS OF OWNER 9615 Walker Ferry Road
15) PHONE NO. Home 537-3674 Office ___
16) LOCATION OF SYSTEM 8615 Walker Ferry Road (STREET OR COUNTY ROAD)
17) SUBDIVISION ___ Lot No. ___ Block No. ___
Map Book No. 577 Page No. 233
18) DEED REFERENCE — DEED BOOK 3742 AT PAGE 478
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.

Mar 5 1979
DATE OF APPLICATION

Lillian Mary Parsons
OWNER

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5/22/79

ICAR(S) Application No. 15189

T. C. No. 113-133-11

Map Date 4/4/79

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 Widening the ROAD

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 2

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 Parsons (LAST) Lillian (FIRST) May (MIDDLE)

14) ADDRESS OF OWNER 8615 Walkers Ferry Road

15) PHONE NO. Home 392-3274 Office ___

16) LOCATION OF SYSTEM 8615 Walkers Ferry Road (STREET OR COUNTY ROAD)

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

Map Book No. 879 Page No. 222

18) DEED REFERENCE — DEED BOOK 3963 AT PAGE 678

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.

May 21 1979
DATE OF APPLICATION

Lillian Tilly Parsons
OWNER

M. C. Parsons

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

September 21, 1978

Mr. M. C. Parsons
6615 Walker's Ferry Road
Charlotte, North Carolina 28214

Dear Mr. Parsons:

Reference is made to our conversation concerning the widening of Walker's Ferry Road at your property.

It appears that the widening will affect seventy five percent (75%) of your existing system. In order to comply with the current laws and regulations it will be necessary to install two hundred twenty (220) linear feet of nitrification line. It is recommended that this addition connect directly to the existing septic tank and be placed to the left of your residence.

Sincerely,

John R. Adkisson
Environmentalist
On Premises Waste Disposal Section

JRA:glr

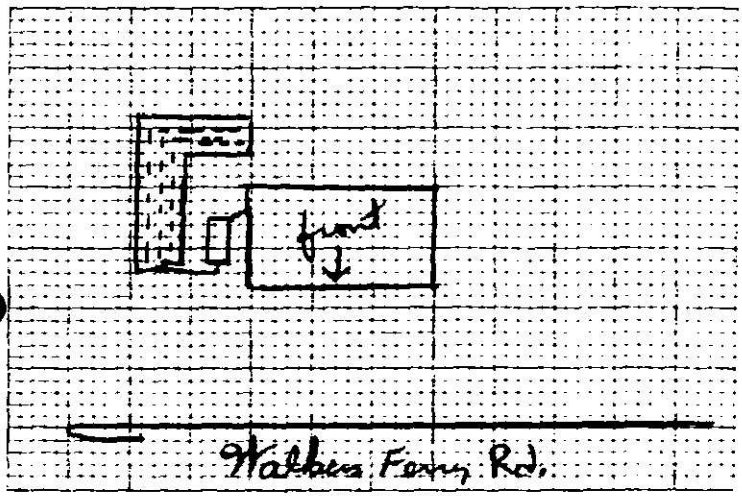
Serial No. 2785

Date Issued 31 May 1979

ICAR(S) Permit No. 15189
T C No. 113-133-11
Map Date 10/4/78

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 15189, dated 3/5/79 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 1 July 79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank repair

Tank Construction _____

Absorption and or Nitrification Lines

Total Line Length 220 L/ft

Number of Lines 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'

NAME OF OWNER Parsons, Lillian May

LOCATION OF PROPERTY 8615 Walkers Ferry Rd

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.

Comments: on bed 12'x55'x12" washed stone

Division or Section Head John R Atkisson

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

Date Issued 6-8-79 Serial No. 2721 C of A (s) No. 15189

T. C No. 113-133-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Parsons (LAST), Lillian (FIRST) May (MIDDLE)

Location of Property 8615 Walkers Ferry Road

Application Number 15189 Permit Number 15189

Inspection Data:

Liquid Capacity of Tank —— Tank Material ——

Total Length of Drain Tile 220' Number of Lines 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source >50'

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

Nitrification Field Inspected 6-8-79 (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

Michael A. Sexton
Environmentalist

EHD-S-76

Environmental Health Department's Copy