

GLENN TEAGUE ROAD
023-082-06

5/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5251-A DATE: 3-17-89

TC: 023-082-06 ☐ L ☐ CRT

SERIAL № 11718

Name of Owner Dale Townsend Juris.:

Address of Property 6361 Glen Teague Pl.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 265'; 100'

Number of Lines 5; 1 @ 265'; 100'

Cover Depth 18"

Water Supply Source well

Distance to Water Source 50'

Excavation Inspected 3-17-89

Tank(s) Inspected 3-17-89

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1989, Repair CTR# 16

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

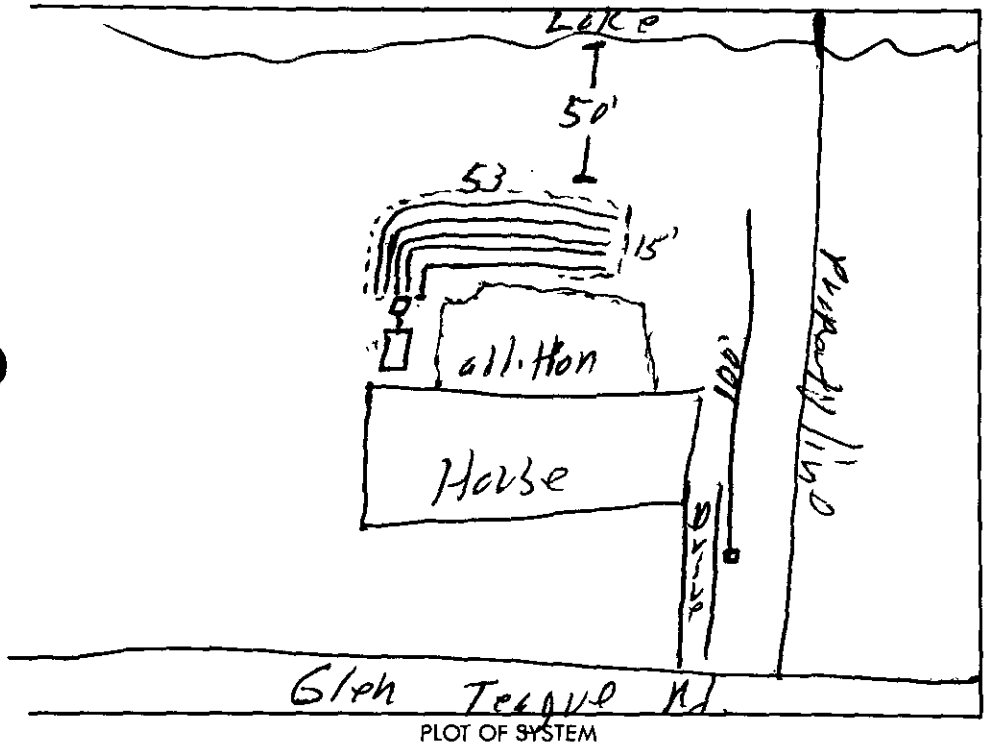
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5251-A DATE: 2-14-89

TC: 023-082-06 ☐ L

SERIAL № 12489

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 1-21-89. All work shall be completed on or before 3-14-89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 15';3 feet

Total Line Length 265';100 feet

Number of Lines 5';1

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well >50' feet

NAME OF OWNER Dale Townsend

LOCATION OF PROPERTY 6361 Glen Teague Rd.

Comments: Bed 53'X15'X12" stone; washline 100'X3'X12" stone

Jim Ennis
Division or Section Head

Jim Ennis
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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/7/89

Name/Company Dale Townsend

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: adulticide
5251A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 7 1989

Fee: $ 75.00 CK # 1098 $75.00

K. Faulkner
Completed by

Collected by

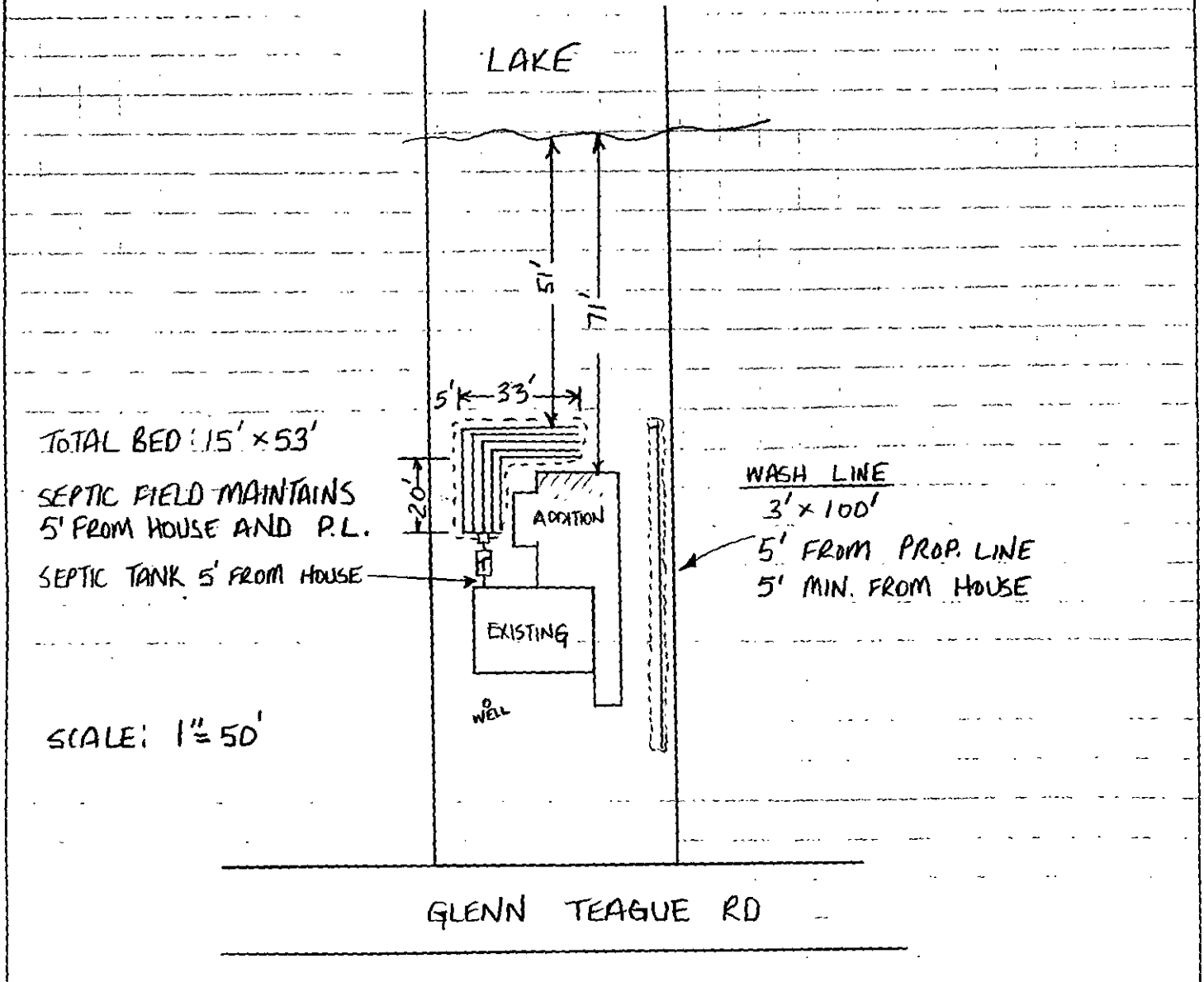
PROPOSED PLOT PLAN

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5251A

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: Dale Townsend

Date: 2-7-89

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/23/89

Name/Company Earl Townsend

Sanitation _____

Vector Control _____

C.P.W.D. ✓

Service: Imp. Addition
#5251H

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 23 1989

ck # 1094
11.20.01

Fee: $ 20 —

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 5251A
TC: _____
SERIAL: № 17635 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6361 GLENN TEAGUE RD. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 023-082-06
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: DALE (FIRST) E. (MIDDLE) TOWNSEND (LAST)
⑨ MAILING ADDRESS: 6361 GLENN TEAGUE RD.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) 373-8605 ⑭ (HOME) 393-1514

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) ADDITION – No SEPTIC Changes

DESIGN CRITERIA

System will serve: One bedroom addition – One bedroom of existing house to be converted to home office. No net addition of bedrooms.

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type? _____
㉓ Maximum occupancy? 2
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

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 36 months from the date of issuance.

Use EX. stink) System

Jim Tugwin 3-20-89
Environmentalist Date

S D Allen 3-20-89
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.

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: Dale Townsend
Date: 1-21-89

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

DECEMBER 28,1988

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $75.00

ORG/ACCOUNT # 462-3511

PAYABLE: DALE TOWNSEND
6361 MOUNT HOLLY-HUNTERSVILLE ROAD
CHARLOTTE, NORTH CAROLINA 28216

DATE OF ORIGINAL DEPOSIT: 12/16/88

REASON: APPLICATION FOR A BEDROOM ADDITION WAS DENIED, DUE TO INSUFFICIENT SPACE TO ACCOMMODATE THE INCREASE IN DRAINFIELD REQUIRED.

/Enclosures

Mecklenburg County
Health Department

Basil G. Deltn, M.D., M.P.H.
Health Director

December 23, 1988

Dale Edward Townsend
6361 Glenn Teague Road
Charlotte, NC 28216

Dear Mr. Townsend:

Subject: Property located at 6361 Glenn Teague Road
File: 5251A

Receipt of the plans and specifications for the bedroom addition at the above referenced property is hereby acknowledged. Upon receipt of the application and plan, a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10 NCAC 10A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1. Sufficient space is unavailable to accommodate the drainfield increase required for the bedroom addition.

2. The proposed addition extends to within a few feet to the required setbacks from the lake and the property lines.

3. The well is located between the house and the street making that entire area unusable for a drainfield.

For these reasons, the plans as submitted are disapproved.

If you have any questions regarding these matters, please do not hesitate to contact me.

Very truly yours,

Karla W. Johnson, R.S.

Karla Johnson, R.S.
On Premises Waste Disposal & Water Supply Section

KJ/ir

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 12/16/88

Name/Company Dale Townsend

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Inst/CC
#5251A

Application denied 12-23-88
Refund OK 12-28-88

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 15 1988

Fee: $ 75—

ck #0357
$75.00

Completed by

Collected by

Karla - F.Y.I.

12-14-88

SIRS:

Please add this $75.00 to the $20.00 I already sent for an improvement permit.

File # 5251-A

See Carla Johnson

Thank You

DALE TOWNSEND
6361 MT. HOLLY-HUNTERSVILLE RD.
CHARLOTTE, NORTH CAROLINA 28216

Glenn Teague Rd.

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 12/5/88

Name/Company Dale Townsend

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Condition
#5251A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 5 1988

Fee: $ 20 — ck # 1118
$20.00

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
DEC 1 1988
ENVIRONMENTAL HEALTH DIVISION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 5251A
TC:
SERIAL: No 16802

JOB LOCATION

① ADDRESS: 6361 (STREET NO.) GLENN TEAGUE RD. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 02308206
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: DALE (FIRST) EDWARD (MIDDLE) TOWNSEND (LAST)
⑨ MAILING ADDRESS: 6361 MT. HOLLY-HUNTERSVILLE RD.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) 373-8605 ⑭ (HOME) 393-1514

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 2 now
㉖ Maximum number of employees?
㉔ Basement? ☑ yes ☐ no unfinished basement planned (partial)
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: Dale E. Townsend
Date: 12-1-88

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 36 months from the date of issuance.

Denied 12-23-88 SW see letter

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.

12-1-88

Dale Townsend
6361 Mt. Holly - Huntersville Rd.
Charlotte, NC 28216

Dear Inspector:

Enclosed is my application for an improvement permit.

I would like to meet with you at your convenience, as soon as possible, at my house to discuss the addition.

Please call me at Work 373-8605 or at home 393-1514.

Thank You

Dale Townsend

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 2819
TC:
SERIAL: 16802
☐ L ☐ CRT

$20

JOB LOCATION

① ADDRESS: 6361 (STREET NO.) GLENN TEAGUE RD. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 025-08206
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: DALE (FIRST) EDWARD (MIDDLE) TOWNSEND (LAST)
⑨ MAILING ADDRESS: 6361 MT. HOLLY-HUNTERSVILLE RD.
⑩ CITY: CHARLOTTE ⑪ STATE: N. ⑫ ZIP: 28210
⑬ PHONE: (WORK) 373-8605 ⑭ (HOME) 313-1514

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 2 now
㉖ Maximum number of employees?
㉔ Basement? ☑ yes ☐ no unfinished basement planned
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 MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]
Date: 12-1-81

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 36 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.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

PROPOSED PLOT PLAN

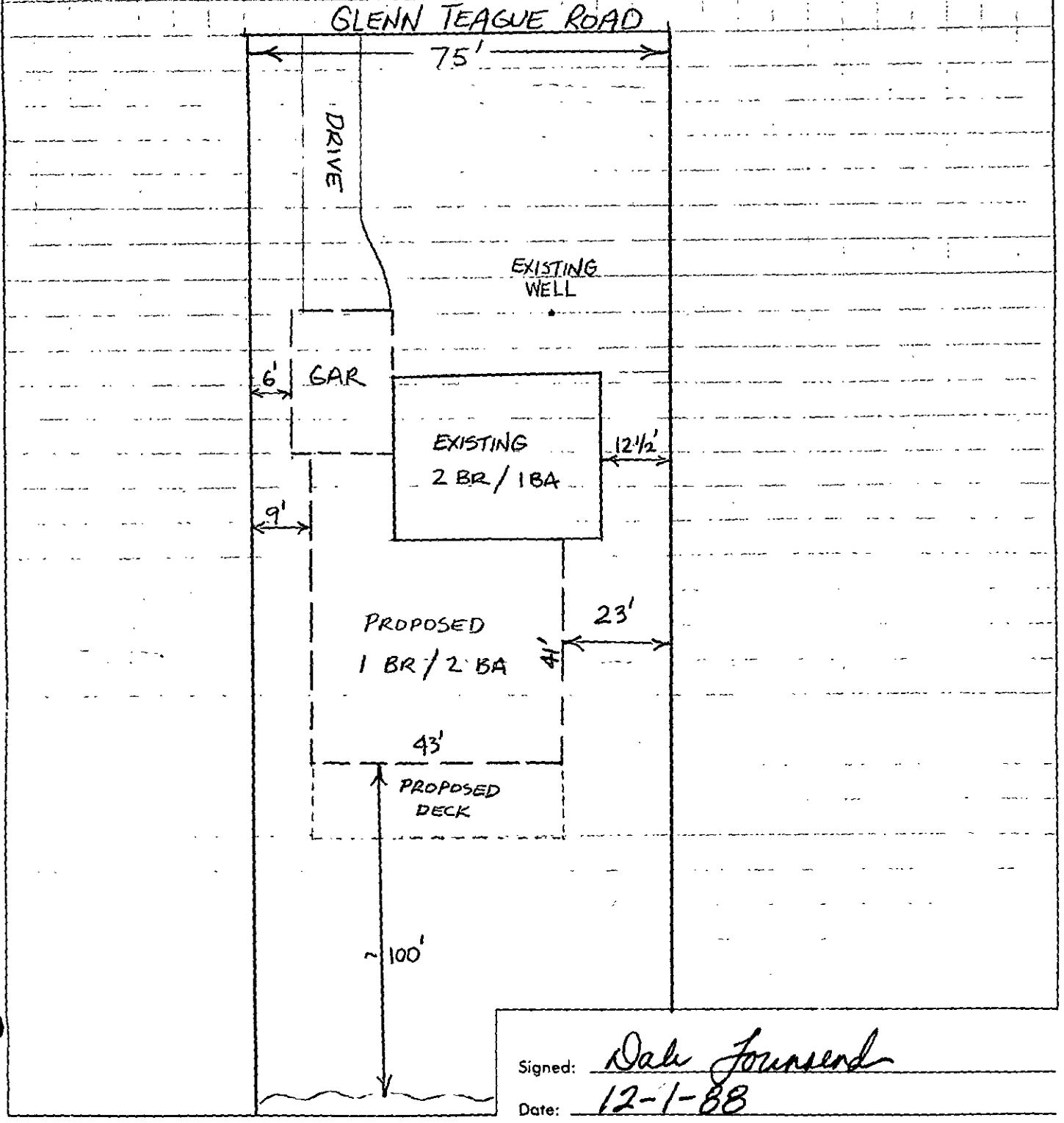
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: _____

TC: _____

1" = 25'

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: Dale Townsend

Date: 12-1-88