Serial No. 3891

PTR No 7359

T C No 041-222-36

Map Date 3-24-72

Date Issued December 17, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

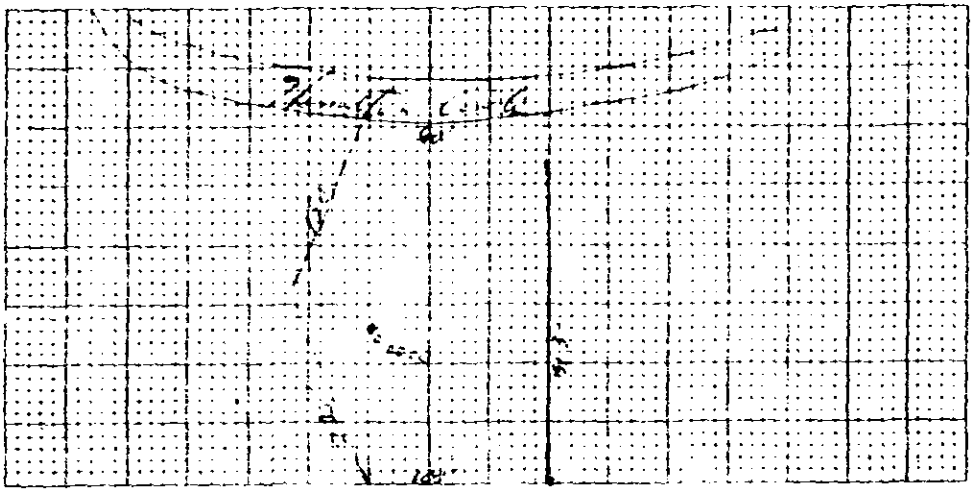
PERCOLATION TEST REPORT

NAME OF OWNER Hamilton (LAST) Joe (FIRST) Vernon (MIDDLE)

ADDRESS OF OWNER Route 11, Box 633 ZIP 28213

LOCATION OF PROPERTY Hamilton Circle (STREET OR COUNTY ROAD)

SUBDIVISION Hamilton Village LOT NO 27 BLOCK NO 2



PLOT PLAN

This is to certify that a percolation test has been run and an on site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 50 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Director, Environmental Health Division or Authorized Sanitarian Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

R

Date Received 12-26-73

SEE INSTRUCTIONS ON REVERSE SIDE

RECEIVED
DEC 26 1973
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

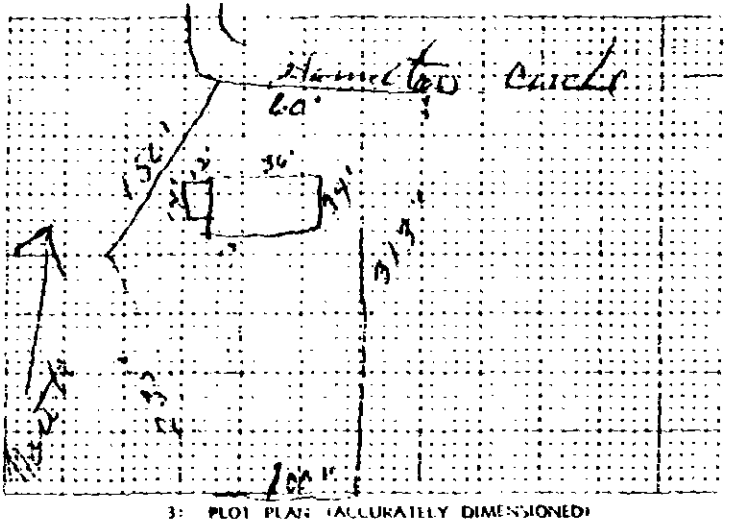
Application No 7359
T/C No 041-222-36
Map Date 3-1-72

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

The owner or duly authorized agent of property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ~~X~~ Install a New Construction 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Units 2
5) Type of Water Supply: Well ~~X~~ Other
6) Water Supply Available: Yes ~~X~~ No
7) Sewage Disposal Available: Yes ~~X~~ No
8) Water Supply:
A) Individual Well ~~X~~
B) Community System
C) Municipal System
9) Sewage Disposal:
A) Septic Tank ~~X~~
B) Community System
C) Municipal System
10) Public Water Available: Yes ~~X~~ No
11) Public Sewer Available: Yes ~~X~~ No
12) VA Case No. NC.

13) NAME OF OWNER Hamilton (LAST) Jay (FIRST) Lamar (MIDDLE)
14) ADDRESS OF OWNER Rt. # 11 Box 633 Charlotte NC 28213
15) PHONE NO Home 399 3435 Office
16) LOCATION OF SYSTEM Hamilton Circle (STREET OR COUNTY ROAD)
17) SUBDIVISION Hamilton Village Lot No 27 Block No 2
Map Book No 7 Page No. 571
18) DEED REFERENCE -- DEED BOOK 3116 AT PAGE 631
19) HAS A PERCOLATION TEST BEEN RUN? ~~X~~ YES NO DATE RUN 12-14-73 PR→50
20) PTR NUMBER (See Instructions) 7359

The undersigned person hereby agrees that he has read the foregoing application and that the contents above 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

12-13-1973
DATE OF APPLICATION

Jay Lamar Hamilton
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued December 27, 1973

Serial No. 3711

LA No. 7359

T C. No. 041-222-36

IMPROVEMENTS PERMIT

Map Date 3-24-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hamilton (LAST) Joe (FIRST) Vernon (MIDDLE)

ADDRESS OF OWNER Route 11, Box 633 ZIP 28213

LOCATION OF LOT Hamilton Circle (STREET OR COUNTY ROAD)

SUBDIVISION Hamilton Village LOT NO 27 BLOCK NO 2

MAP BOOK NO. PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 50 min/in an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 7359. This approval is subject to the following terms and conditions.

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.

2 That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

M. L. Kirby
Environmentalist

John R. Hobson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1 71

HEALTH DEPARTMENT'S COPY

Date Issued 27 2 / 74

Serial No. 4845

ICAR(S) Permit No. 7359

T C No. 041-222-36

Map Date 3-24-72

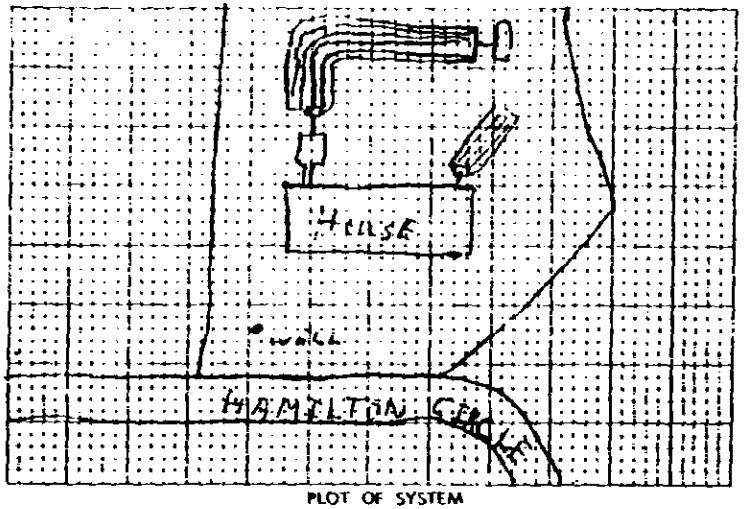
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby granted to ✓ install or Construct, After 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 7354, dated 12-26-73 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 27 March 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 52

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300' + 150' new

Number of Lines 4 (10' x 75' x 17") 3 (75' x 50' x 17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER HAMILTON JOE VERNON

LOCATION OF PROPERTY HAMILTON CIRCLE

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: ~~Hennycott~~ ACCATION PET BREEMAN • BREWER

Division or Section Head

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E 5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4686

C of A (s) No. 7359

Date Issued 12 April 74

T C No. 041-222-36

Map Date 3-28-72

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner HAMILTON (LAST) JOE (FIRST) VERNON (MIDDLE)

Location of Property HAMILTON CIRCLE

Application Number 7359 Permit Number 7359

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 300' + 150' WM Number of Lines 4 (10'x75'x17") 3 (7½'x50'x17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Individual Well Distance from Water Source 100'

Excavation Inspected 12 April 74 (DATE) Tank Inspected 12 April 74 (DATE)

Nitrification Field Inspected 12 April 74 (DATE)

Washing Machine Line Inspected, If Applicable 12 April 74 (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 Board of Health 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: BREWER + BAUGMAN AERATION PIT

Jerry Burleson
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY