Date Received 10·31·73

APT No. 7191

T. C. No. [illegible] 12 B

Map Date 2/5/73 10·74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Bensch (LAST) Gary (FIRST) Melvin (MIDDLE)

2) ADDRESS OF OWNER 2212 Shawn Forest Dr ZIP 28212

3) PHONE NO. Home 536-5163 Office 821-7622

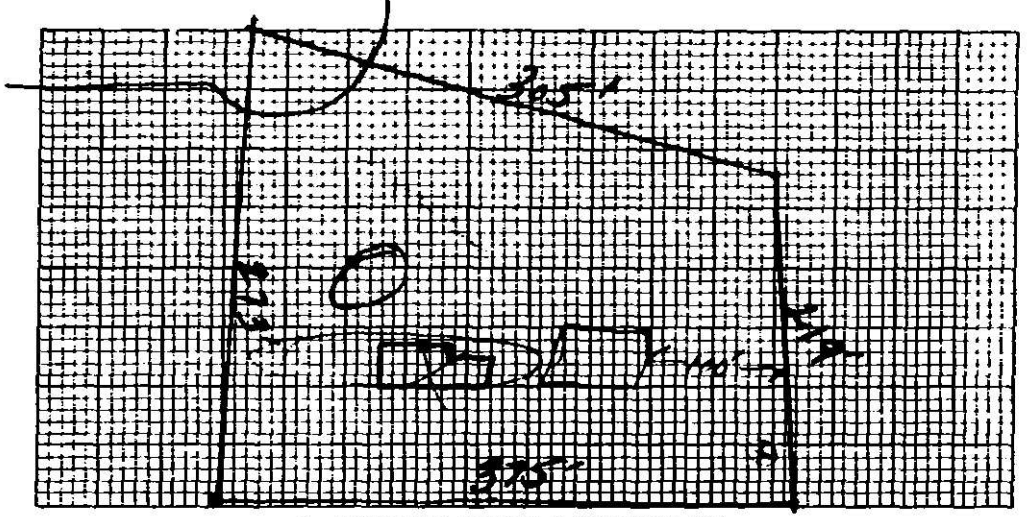
4) LOCATION OF PROPERTY Little Cove Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Plantation NO. 8 BLOCK NO. 30

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER Gary M. Bensch

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: November 20, 1973

TO: Tom Ward
Environmentalist

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #7191 (G. A. Bensch)
Lot No. 8, Block 3-D, Little Cove Road
Providence Plantation
11/15/73

Soils were found to be of the Appling series. These soils have good aeration, good drainage and moderate permeability.

It is recommended that the lot be approved for installation of a septic tank system with design based on a 60 min./in. perc. rate.

WEL:jdg

Serial No. 3828

PTR No. 7191
P.C.
T C. No. 227-242-08
Map Date 9-5-73 & 10-74

Date Issued November 21, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

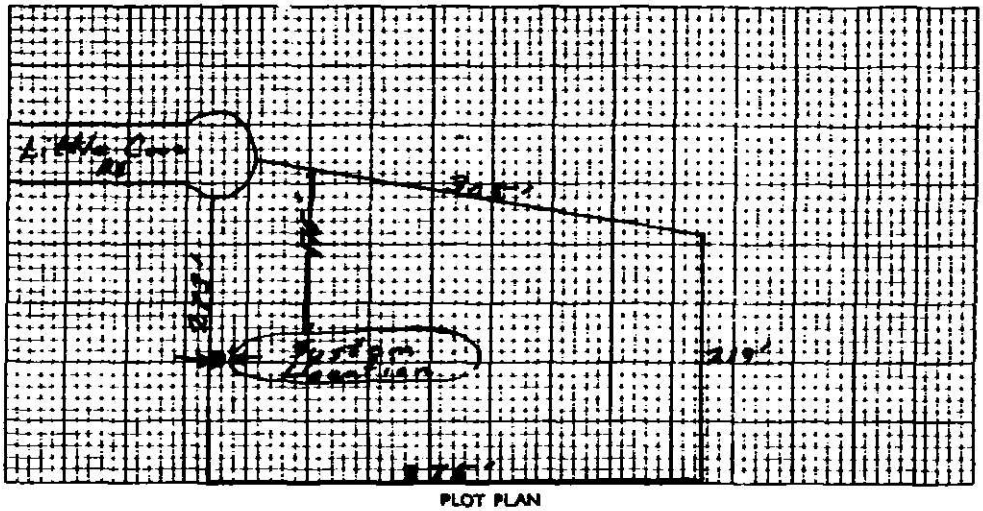
PERCOLATION TEST REPORT

NAME OF OWNER Bensch (LAST) Gary (FIRST) Melvin (MIDDLE)

ADDRESS OF OWNER 2212 Sharon Forest Drive ZIP 28212

LOCATION OF PROPERTY Little V Cove Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO. 8 BLOCK NO 3D



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 60 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.

*Results determined by soil analysis

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

FORM NO. E-2-1-1-72 W. Grantham Lyon Jr. Soil Scientist

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-31-73

ICAR(S) Application No 7191

T C No 227242-08

Map Date 6-10-74

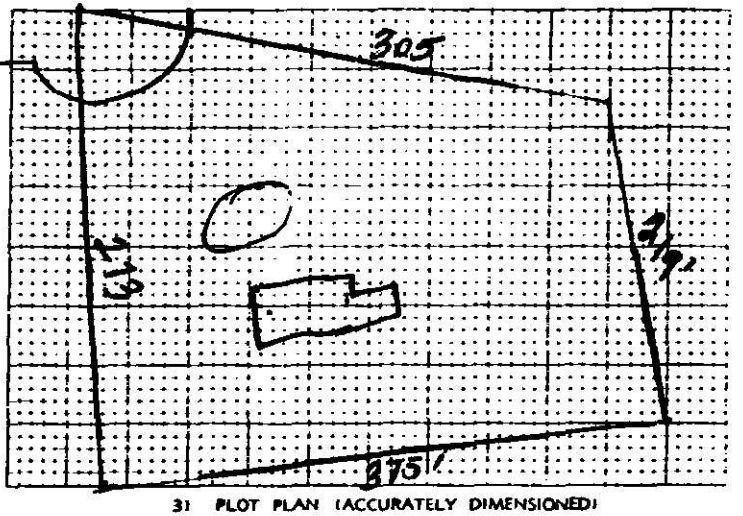
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 of that property described hereinafter hereby applies to the Mecklenburg County Health Department 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)

4) No of Bedroom 4

5) Business Use Max No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disp ✓ Yes ___ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual Well ✓
B) Government 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 Bensch (LAST) GARY (FIRST) Melvin (MIDDLE)

14) ADDRESS OF OWNER 2212 Sharon Forest Dr

15) PHONE NO. Home 536-5163 Office 821-7622

16) LOCATION OF SYSTEM Little Cove Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence Plantation Lot No. 8 Block No. 3D

Map Book No. ? Page No. ___

18) DEED REFERENCE — DEED BOOK ? AT PAGE ___

19) HAS A PERCOLATION TEST 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.

Oct 28 73
DATE OF APPLICATION

Gary M Bensch
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3630

LA No. 7191

Date Issued November 21, 1973

P.O.

T. C. No. 227-242-05

IMPROVEMENTS PERMIT

Map Date 9-5-73 6-10-74

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 Bensch (LAST) Gary (FIRST) Melvin (MIDDLE)

ADDRESS OF OWNER 2212 Sharon Forest Drive ZIP 28212

LOCATION OF LOT Little Cove Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO. 8 BLOCK NO. 3D

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 60 min/in on 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 7191. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5581 ICAR(S) Permit No. 7191

Date Issued 12 Aug 74 T. C No 227-242-08

Map Date 10 Jun 74

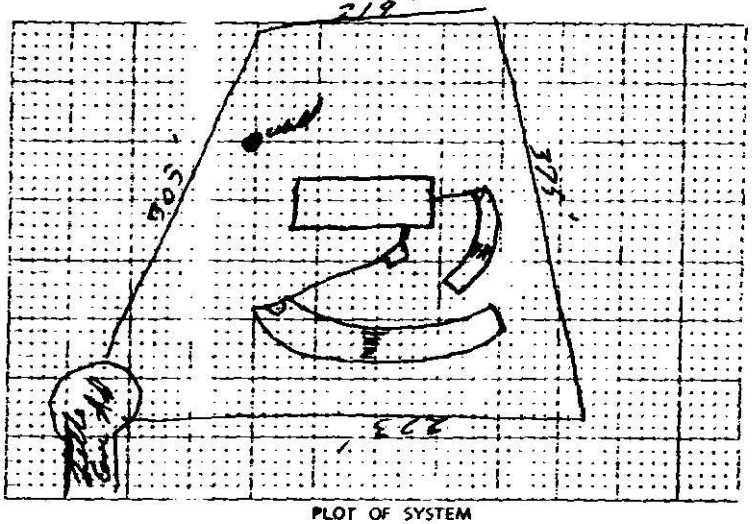
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 waste water 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 7191, dated 31 Oct 73 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 12 Aug 74, after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 795' + 200' WM

Number of Lines 6 @ 15' X 133' X 17

Distance from House 10'

Distance from Property Line 15'

Distance from Well ___

NAME OF OWNER Bensch, Gary Wilson

LOCATION OF PROPERTY 2501 Little Cove Rd

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: Permit (Cont)

Division or Section Head ___ Environmentalist W. D. Kirby

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

E-5-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5165

C of A (s) No. 7191

Date Issued 8-20-74

T. C. No. 227-242-08

Map Date 10 June 74

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 Benach, Dary Melvin
(LAST, FIRST, MIDDLE)

Location of Property 2501 Little Cove Rd.

Application Number 7191 Permit Number 7191

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 795' + 200' Run Number of Lines 6 (4 @ 10' x 50' x 17" ; 6 (15' x 133' x 12")

Depth of Filter Material 17" Cover Depth 18" - 24"

Water Supply Source Ind. well Distance from Water Source 100'

Excavation Inspected 8-20-74 (DATE) Tank Inspected 8-20-74 (DATE)

Nitrification Field Inspected 8-20-74 (DATE)

Washing Machine Line Inspected, If Applicable 8-20-74 (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: Farmer (Contractor)

V. J. Utterback
Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY