

224 BENNETT ST

08902412

7/9/2007

duponbj

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

CMUD
ENGINEERING

CHARLOTTE-MECKLENBURG UTILITY DEPT.
5100 BROOKSHIRE BOULEVARD
CHARLOTTE,N.C.28216
FAX NUMBER:704/393-2219

TELECOPY TO: Judy Kisel

FAX NUMBER: 336-6894

FROM: Dennis Gwaltney PHONE (704)399-2551

NO.PAGES INCLUDING THIS SHEET 2

COMMENTS

04/27/92 08:41:36
( ) MTF02 SEWER TAP INQUIRY PAGE 001

OPERATOR EE APPLICATION DATE 08 / 27 / 1991 APPLICATION-NO. 20054

WATER-SERV.# 061489 LOT BLOCK MAP 71 0 SIZE-TAP 04

TYPE-WASTE(X): INDUSTRIAL- RESIDENTIAL- X SWIMMING-POOL-

SERVICE(X): INSIDE X OUTSIDE STREET(X): PAVED X UNPAVED

SEWER-CONT.# COST-$ 01500 . 00 T.P.FEE-$ 01170 . 00

TOTAL-$ 02678 . 00 CHECK CLEARED(Y N) INSTALLED(D C) DEPT TRANSFER:(Y N)

	HOUSE-#	DIR	STREET NAME	TYPE	APT#	TWNSHP	ST-SIDE
LOCATION:	00224		BENNETT	ST		CH	E

BETWEEN HILLSBORO AV AND FITZGERALD AV STATUS L

APP: ADDR

REMARKS: 365-2620/598-9010 ALICE CAMARA

ADBIL C/O ABDOUL & ALICE CAMARA

ADDR: ADDR 224 BENNETT ST

CITY PHONE CITY CHARLOTTE NC 28213

INSTALLED DATE 09 / 17 / 1991 LATERAL LOCATION + 91 FLOW INDICATOR

FOREMAN MAD PF1=MENU, PF3=END, PF4=NEW APP

7620A

Fax
336-6894

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7620-A
TC: 089-024-12
SERIAL: №0019649
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 224 (STREET NO.) Bennett St (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: _____ (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: _____
⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____
⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n): Customers w/Dennis Gwaltney They are tied to C.MUD In August 1992

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) adding day care to present house.

DESIGN CRITERIA

System will serve:

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

Date: _____

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.

Site Sampled Angelo Tillman Phone: 331-8996 leave message
Address 224 Bennett St. Work 378-1711. voice mail
Source Sampled
Sample & Evaluation By
Date Sampled Time ☐AM ☐PM
Delivered to Lab On
Date Time ☐AM ☐PM
Delivered By
Lab I.D.'s
Rec'd By
Date Rec'd
Time

Septic Only 7/22/91

08 BF 11 25

Chloride ☐ ppm	Total Coliform ☐ /100 ml	Cu ☐ ppm	Ca ☐ ppm
Nitrate ☐	Non-Coliform ☐ /100 ml	Fe ☐ ppm	Mg ☐ ppm
UV spec ppm	Fecal Coliform ☐ /100 ml	Mn ☐ ppm	Hardness ☐ ppm
Chromatrophic acid ppm	Fecal Strep ☐ /100 ml	Zn ☐ ppm	pH ☐ Units

Remarks

Date Completed Lab Director

(1) Well greater than 50' from building foundation?	☐	☐	☐ UNK*
(2) Well greater than 50' from other source of pollution?	☐	☐	☐ UNK*
(3) Site sloped to divert surface water?	☐	☐	☐ UNK*
(4) Well house provided?	☐	☐	☐ UNK*
(5) Enclosure properly drained and free of storage?	☐	☐	☐ UNK*
(6) Well grouted to depth of 20'?	☐	☐	☐ UNK*
(7) Well properly vented?	☐	☐	☐ UNK*
(8) Slab extending at least 2" from casing provided?	☐	☐	☐ UNK/NA*
(9) Casing extended at least 6" above slab?	☐	☐	☐ UNK*
(10) Sanitary seal intact?	☐	☐	☐ UNK*
(11) Septic tank effluent absent on surface of ground?	☐	☐	☐ UNK*
	☐	☐	☐ NR/NA*

*SPECIFY IN COMMENT SECTION.

COMMENTS:
deny use of septic tank based on addition of day care. Requested city sewer hook up. Hold til tap on receipt is received.
B.F.

[Name]

[Salutation]

PARAGRAPHS

Notified

(Fee #7620A)

BF-089

Lab #471

7/22/91

Mecklenburg County
Health Department

Verbal Results

Septic Check Only

Pd-7/22/91 Cash Amt-25.00

APPLICATION FOR WELL AND/OR SEPTIC SYSTEM INSPECTION

Address of property: 224 (Street No.) Bennett St. (Street Name)

Tax Parcel Number: —

Property Owner: Alice Camara Abdul

Telephone: (H) 598-9010 (W) _____

Property owners mailing address: _____

~~Real Estate Agency~~: 3500 G Fisher Rd

Address: 331-8996 - Call & Results / Leave Message

Angelo Gillman

Listing Agent: _____

Telephone: (H) _____ (W) _____

Mail results of inspection to: _____

Special directions or instructions: _____

Service requested: (check items)

Individual Well	_____
Community Well	_____
Septic System	✓

PLOT SHOWING LOCATION OF WELL AND/OR SEPTIC SYSTEM ON REVERSE.

7/88

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Fee #7620A

15 children kitchen
2 adults
2

Bob Moore 4361
Rob Bush 3511

Microbiological Analyses

Owner, System or Establishment: _____

Address: _____

_____ Zip _____

Collected By: _____

Date Collected: _____ Time: _____ AM PM

Sample Source: _____

_____

Date Delvd. to Lab: _____ Time: _____ AM PM

Delivered By: _____

Type of Sample

Potable Water

( ) Individual Well ( ) Non-Community
( ) Community ( ) City
( ) Other (specify) _____

Treatment: ( )chlorinated ( )nonchlorin.
( ) Initial Sample ( ) Recheck(chlorin.
( ) Recheck (nonchlorinated)
( ) Other (specify)

Food (specify):

Analysis Requested: ( ) Total Coliform ( ) Fecal Coliform ( ) Fecal Strep

( ) Sulfate Reducing Bacteria ( ) Giardia lamblia (contact laboratory for instructions)

( ) Food Quality Survey ( ) Other (specify) _____

( ) Foodborne Investigation (specify) _____

Comments:

Laboratory Analysis Report

Method: _____ Membrane Filter _____ Multiple Tube

Total Coliform _____/100 ml. Non-Coliform _____/100 ml.

Fecal Coliform _____/100 ml. Plate Count _____/gm.or ml.

Fecal Strep _____/100 ml. Coliform Count _____/gm.or ml.

Laboratory Comments:

Lab #: _____ Received By: _____ Date Received: _____

Analyst: _____ Date Reported: _____

Laboratory Identification #: 37518

L-1.14 5/88 (Rev. 12/90)

(AOEJP #22-7)

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.**