SEE INSTRUCTIONS ON BACK

Date Received 2-14-73 ICAR(S) Application No. 5557

T C No. 041-222-14

Map Date 1-Apr-76

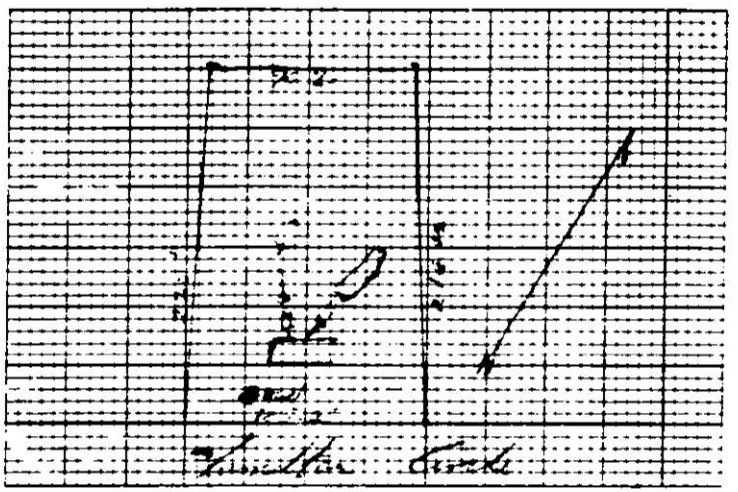
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply:
A) Individual Well X
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 Benfield, Joe E.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 9121 Westover Circle, Charlotte, NC

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION Westover Circle Lot No. 15 Block No. E

Map Book No. _____ Page No. 271

18) DEED REFERENCE — DEED BOOK 3199 AT PAGE 327

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.

_____ Joe E. Benfield
DATE OF APPLICATION OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2292

ICAR(S) Permit No. 5557

Date issued 13 Feb 73

T. C. No. 041-222-24

Map Date 1 Sept 72

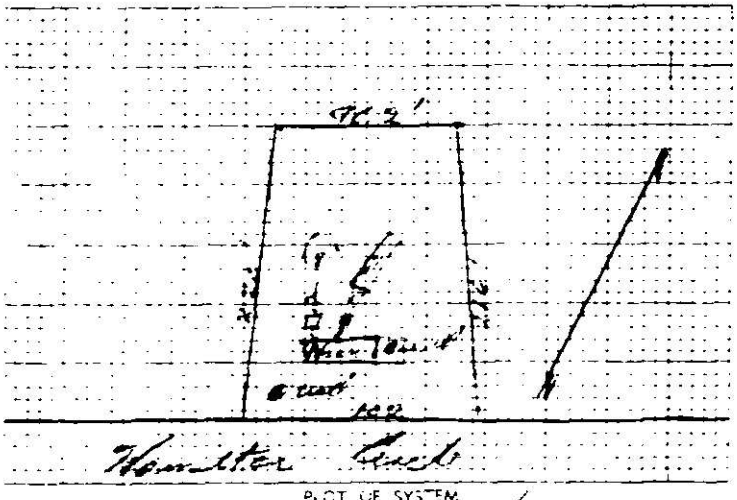
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted 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 property. This permit is granted based upon the information supplied in application No. 15695 and this permit shall be void and of no effect if the information provided in the application is found to be incorrect in any way. All work shall be completed on or before 13 February 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght 100

Number of Lines 2 @ 50' (1 @ 100')

Distance from House 35

Distance from Property Line 5'

Distance from Well 50'

NAME OF OWNER Whitley, Lee C

LOCATION OF PROPERTY 1421 Hamilton Creek

This permit is issued subject to 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 unserviceable. None used

Comments 1 Store (Rent)

Director of Sanitation or Health Officer

Environmentalist

* 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.

FORM NO. E 5-4 (2)

DEPARTMENT'S COPY

Date Issued 9-21-73

Serial No. 2937

C of A (s) No. 5557

T. C. No. C41-222.24

Map Date 1-4-26

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Benfield, Joe C
(LAST, FIRST, MIDDLE)

Location of Property 4661 Hamilton Circle

Application Number 5557 Permit Number 5557

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 166' Number of Lines 2 (5'x16'x48")

Depth of Filter Material 48" Cover Depth 15"

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 9-21-73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 9-21-73 (DATE)

Washing Machine Line Inspected, If Applicable 9-21-73 (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: S. Stones (Contr.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY