Date Received 3-8-23

APT No 5719

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HEFNER (LAST) JACK (FIRST) BENNETT (MIDDLE)

2) ADDRESS OF OWNER 7212 NEAL Rd. ZIP 28213

3) PHONE NO Home 596 8259 Office 334 4754

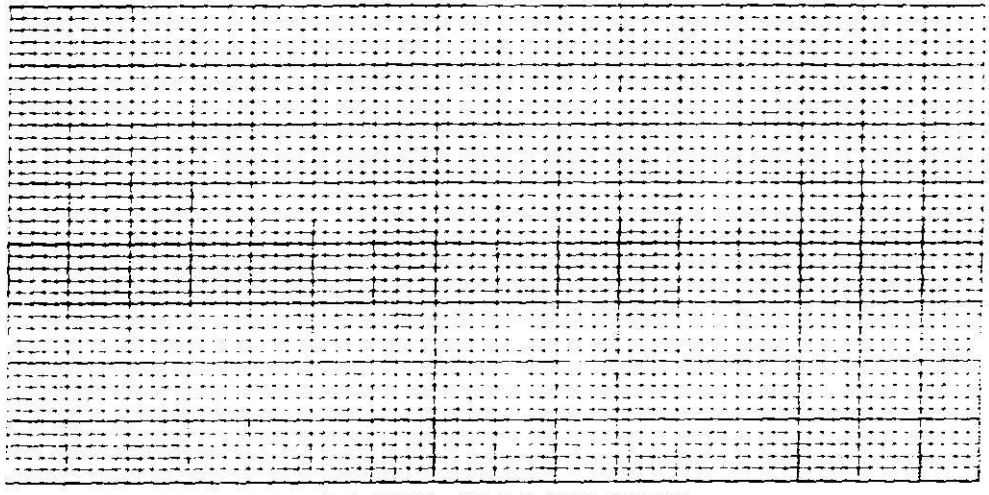
4) LOCATION OF PROPERTY 7212 NEAL Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION A.H. ALEXANDER ESTATE LAND SLOT NO 97 Thru 97 (LOTS) BLOCK NO 136 Thru 139

MAP BOOK NO 6 PAGE NO 167

6) DEED REFERENCE DEED BOOK 1316 PAGE NO 446

Application is hereby made to the Mecklenburg Count. Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining f 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 Jack Bennett Hefner

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2712

PTR No. 5719

T C No 047-082-04

Date Issued March 15, 1973

Map Date 3-6-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

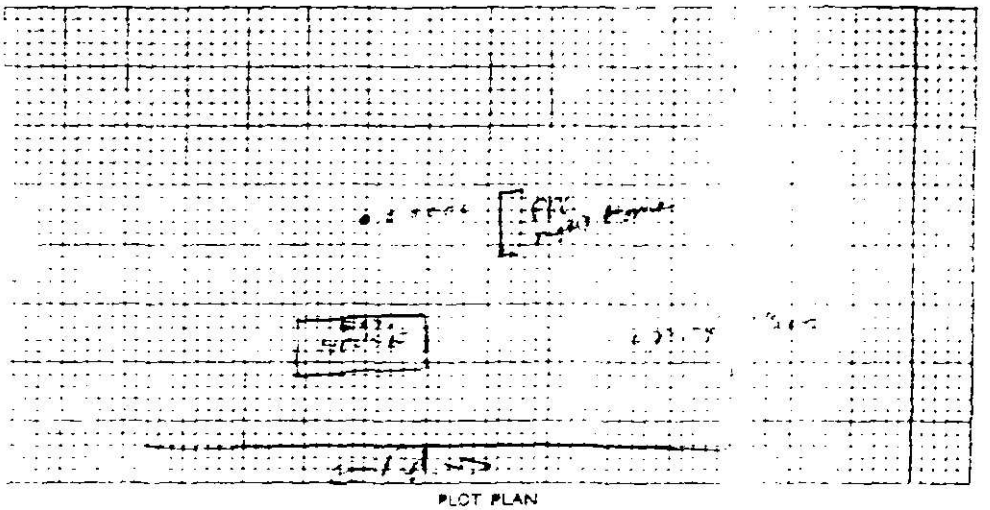
PERCOLATION TEST REPORT

NAME OF OWNER Hefner (LAST) Jack (FIRST) Bennett (MIDDLE)

ADDRESS OF OWNER 7212 Neal Road ZIP

LOCATION OF PROPERTY 7212 Neal Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an onsite inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted in 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.

John R Adkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

5

Date Received 3-8-73

ICAR (S) Application No. 5719

T. C No

Map Date

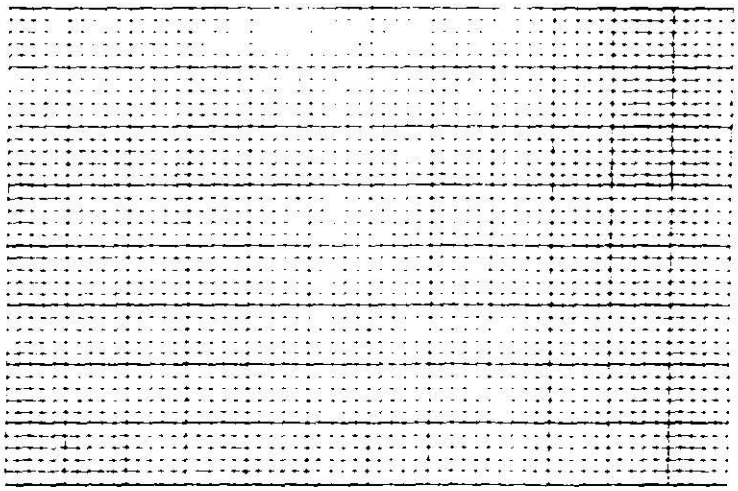
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of Bedrooms 3

5) Business Use Max No Employees ___

6) Washing Machine ___ Yes ✓ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply
- A Individual Well ___
- B Government System ___
- C Community System
  - 1 Well source ___
  - 2 Government 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) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER HEFNER (LAST) JACK (FIRST) BENNETT (MIDDLE)

14) ADDRESS OF OWNER 7212 NEAL Rd.

15) PHONE NO Home 596 3257 Office 334 4754

16) LOCATION OF SYSTEM 7212 NEAL Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION A.H. HILLSIDE ESTATES Lot No. #7 Thru 9 and 40 3/4 Block No. 3 & Thru 1-39

Map Book No 6 Page No. 168

18) DEED REFERENCE — DEED BOOK 1366 AT PAGE 464

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.

3-15-73
DATE OF APPLICATION

Jack B. Hefner
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued March 15, 1973

Serial No. 2617

LA No. 5719

T C. No. 047-082-04

Map Date 3-6-72

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 Hefner (LAST) Jack (FIRST) Bennett (MIDDLE)

ADDRESS OF OWNER 7212 Neal Road ZIP

LOCATION OF LOT 7212 Neal Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.

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 5719. 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

Date Issued 3/14/73

Serial No. 3391

ICAR(S) Permit No. 5719

T C No.

Map Date

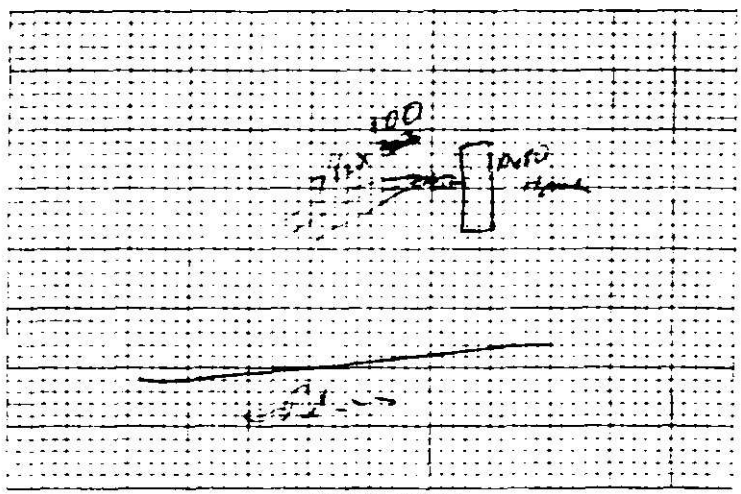
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 1 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 application 5719, dated 3-5-73 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 3-25-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 6

Liquid Capacity of Tank 1000

Tank Construction

Absorption and/or Distribution Lines

Total Line Length 300

Number of Lines 3

Distance from Water

Distance from Property Line

Distance from Well 50'

NAME OF OWNER Horace Jack Barnett

LOCATION OF PROPERTY 2312 Rice 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 5' x 3 100

Division or Section Head

Environmentalist Donald Hopper

* 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-314 (7-72)

[illegible] DEPARTMENT'S COPY

Date Issued 3/28/23 Serial No. 3061 C of A (s) No. 5219

T C. No. ____

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hynes (LAST) Jack (FIRST) Bennett (MIDDLE)

Location of Property 7212 Neal Rd.

Application Number 5219 Permit Number 3319

Inspection Data:

Liquid Capacity of Tank 1000 req (1500 in) Tank Material RC.

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 3/28/23 (DATE) Tank Inspected 3/28/23 (DATE)

Nitrification Field Inspected 3/28/23 (DATE)

Washing Machine Line Inspected, If Applicable ____ (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

Gulf Area

Environmentalist

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

HEALTH DEPARTMENT'S COPY