

9608 OLD DOWD RD

11304520

4/14/08

marliwr

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

7588

400 ✓ w/ cont

Pd $50 4/24/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: HOOPER (last) JASON (first) K. (mi)
ADDRESS: 9608 OLD DOWD PHONE: (704) 399-6458
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-045-20
STREET ADDRESS: 9608 OLD DOWD RD
ZONING:

PROPERTY OWNER: OUTLAW
NAME: [redacted] (last) WILLIAM (first) R (mi)
ADDRESS: PO BOX 7187 PHONE: (__) 831-2376
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28241

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Detached
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the 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: [signature] Date: 4-24-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...See attached approved plot plan for attached garage.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

[signature] Environmentalist 11-20-95 Date

[signature] Director or Authorized Section Head 11-27-95 Date

WATER : 12/91

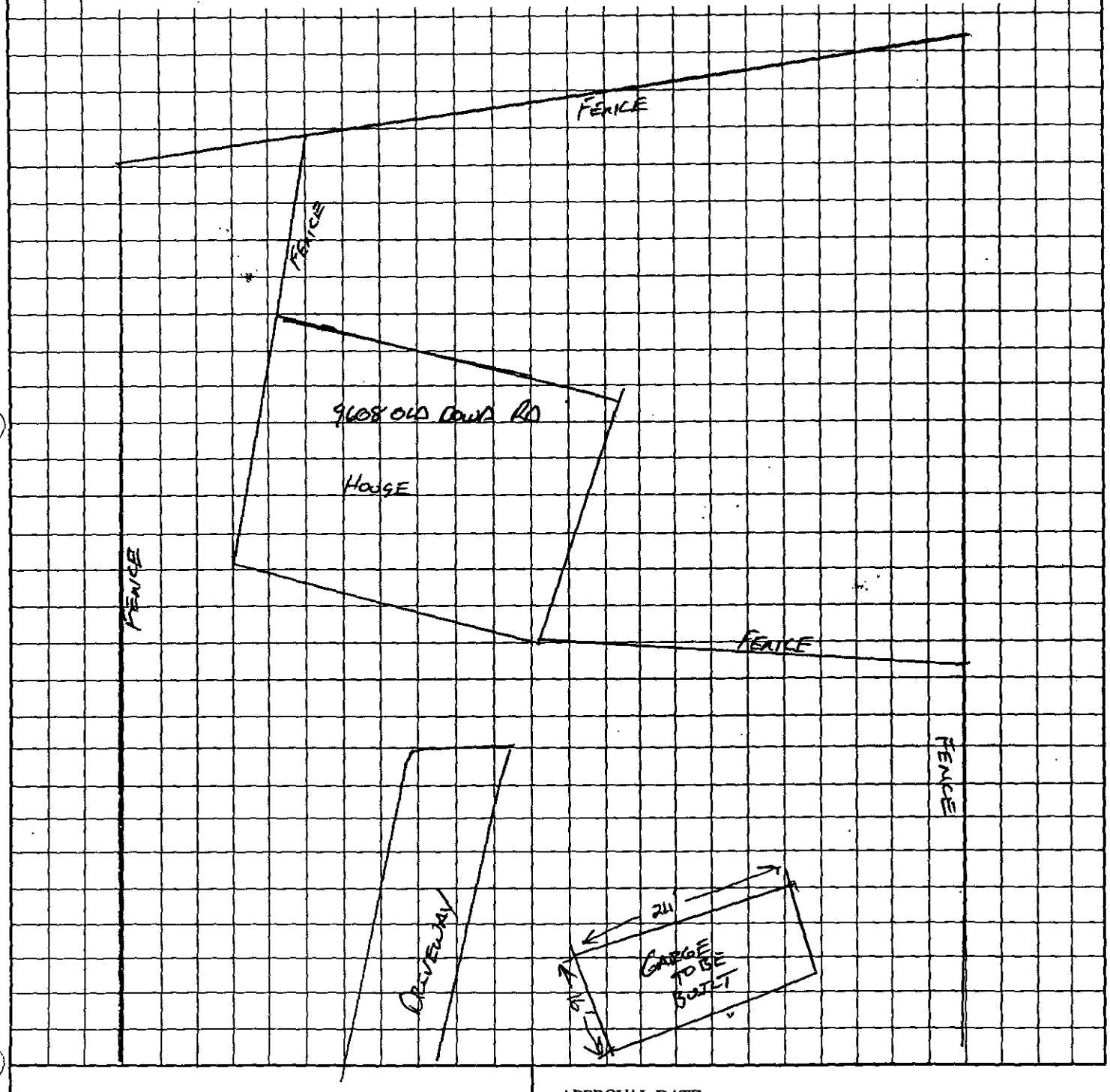
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7538A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

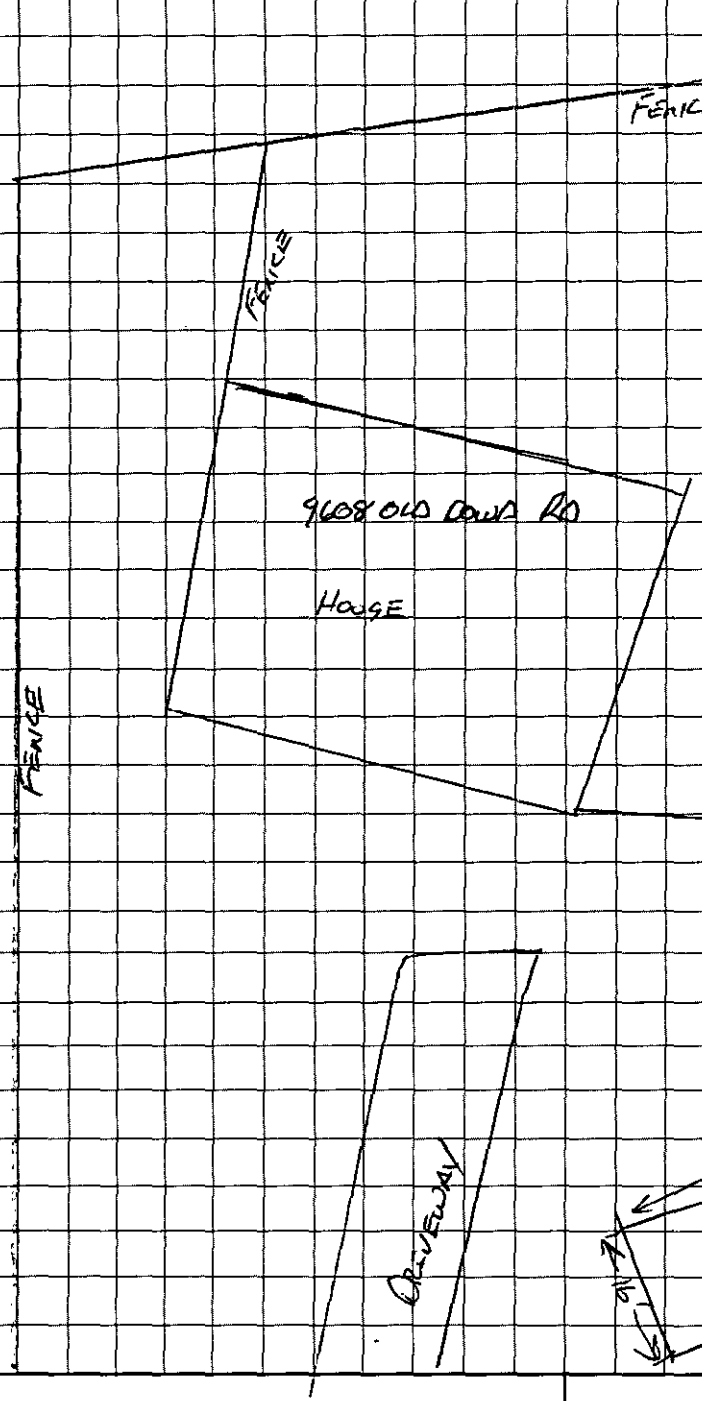
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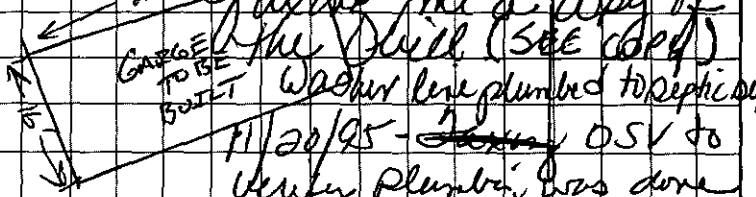
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5/2/95 - OSV - Washing machine discharge under house. Informed Mrs. Hopper that this would have to be repaired. Septic tank system did not appear to be malfunctioning.

Owner, Mrs. Outlaw, inquired to plumb washer to septic system. I advised her that the septic was not designed for washer line. I could not guarantee the life of the septic system.

11/20/95 - Mrs. Outlaw called and said the repairs had been made in August and she was turning me a copy of the bill (See dpf)



11/20/95 - ~~Jason~~ OSV to verify plumbing was done and re-inspected tank.

APPROVAL DATE 11/20/95 JNB

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

To: Toni Bunney

STATEMENT

J.T. HOLZINGER PLUMBING
501 Louise Avenue
CHARLOTTE, NORTH CAROLINA 28204

(704) 334-1404

DATE 8/15/95
NUMBER

P.1

Old Wood Pd Jb
2nd copy 10/2/95

Tina Outlaw
Five Oaks Ln
Tenant Wylie SC 29710
Phone: 831-2376

477 34

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
	Disconnected old washer & tied sink drain lines	
	Installed new PVC drain lines from washer & tied sink to main sewer line at rear of house going to septic tank	
	Ran new 2" vent pipe through roof	
	Labor 360 Mat 61 54	421
	Earlier call to replace	

NOV. 20 '95 2:52PM MERCY SOUTH OR

DUPLICATE

Thank You PAY LAST AMOUNT IN THIS COLUMN

To: Jon Bunney

J.T. HOLZINGER PLUMBING
501 Louise Avenue
CHARLOTTE, NORTH CAROLINA 28204

(704) 334-1404

DATE

NUMBER

P.2

TERMS

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
	Spigot on side of house & put repair clamp on leaking waste line	
	Labor 49.50 Mat'l 5.50	55.50
		47.37

NOV. 21 '95 2:52PM MERCY SOUTH OR

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN