Date Received 4/8/81

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 10 1981
ENVIRONMENTAL HEALTH

APT No. 16042

T. C. No. 019-101-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Gaston (LAST) Harry (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER RT 1 Box 430 Huntersville ZIP 28078

3) PHONE NO. Home 875-6914 Office —

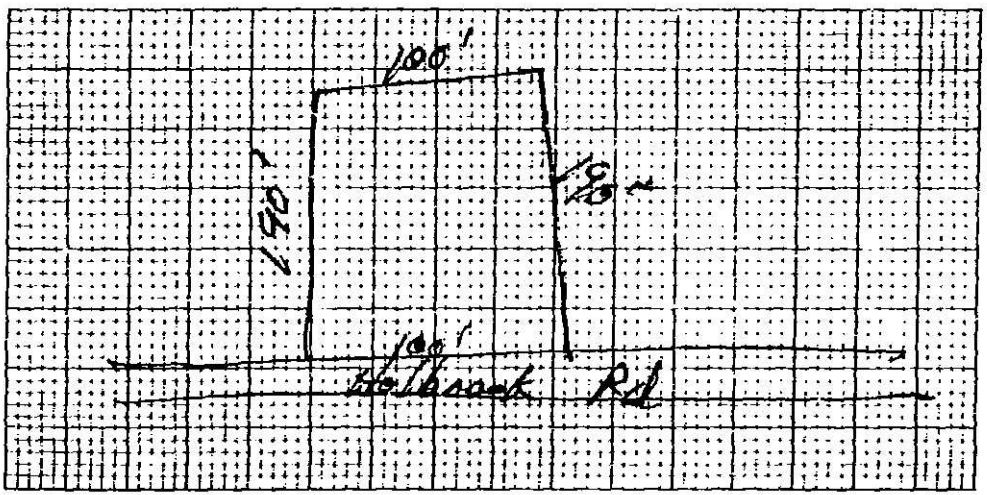
4) LOCATION OF PROPERTY Holbrook Rd (STREET OR COUNTY ROAD) Huntersville NC

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO 3452 PAGE NO 182

6) DEED REFERENCE: DEED BOOK 3452 PAGE NO. 182

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and on 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

Harry Gaston
OWNER

EHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. No. 16042
T.C. No. 09-101-03

(Ground Absorption Sewage Disposal)

OWNER: HARTY GAITIN
ADDRESS: R-1 Box 430
COUNTY: Huntersville, N.C. 28078
LOCATION OF SITE: Holbrook Rd.

DATE REQUESTED: 4-8-81
PLAT NO:
LOT SIZE: 19,000 Sq. ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2 - 10 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) Sandy Loam U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Single Grain To Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S (PS) NINE U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) Moderate U	S PS U	S PS U	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Suitable			
10. SOIL SERIES	Appling			

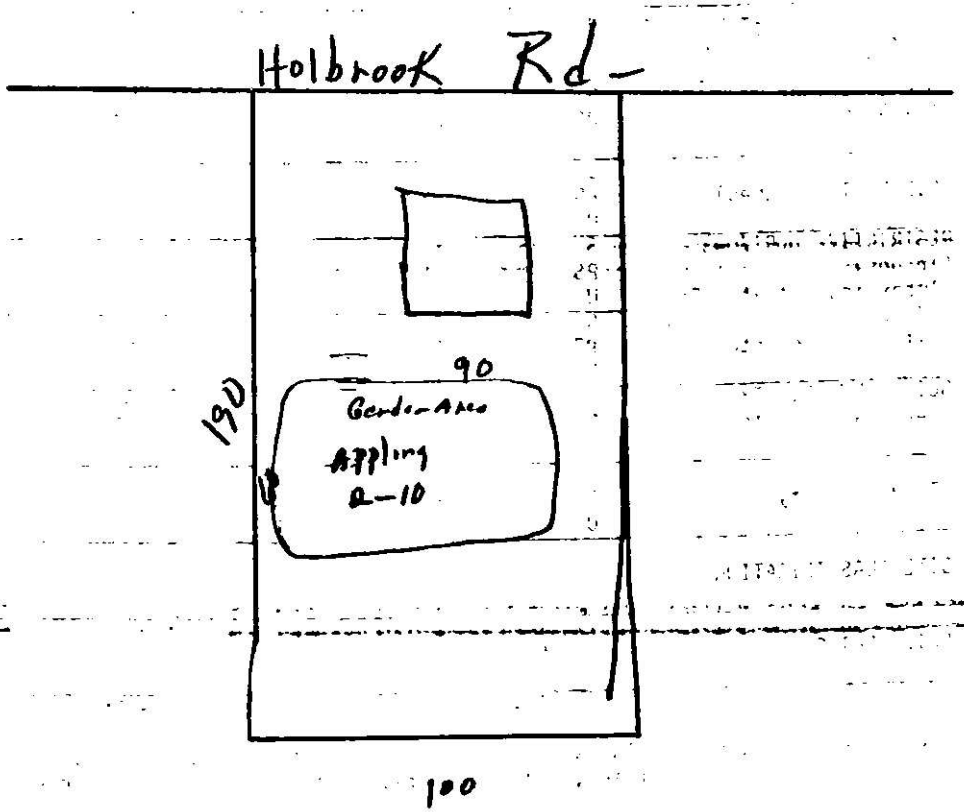
S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments: WANTS TO ADD A BATHROOM TO HOUSE

Described By: W. B. Lamm
Title: Soil Scientist
DHS Form 2601
Sanitation
EHD 539 (2/80)

Date: 4-23-81


Holbrook Rd
90
190
Garden Area
Apple
Q-10
100

SEE INSTRUCTIONS ON BACK

Date Received 8/13/79

ICAR(S) Application No. 16042

T. C. No. 019-101-03

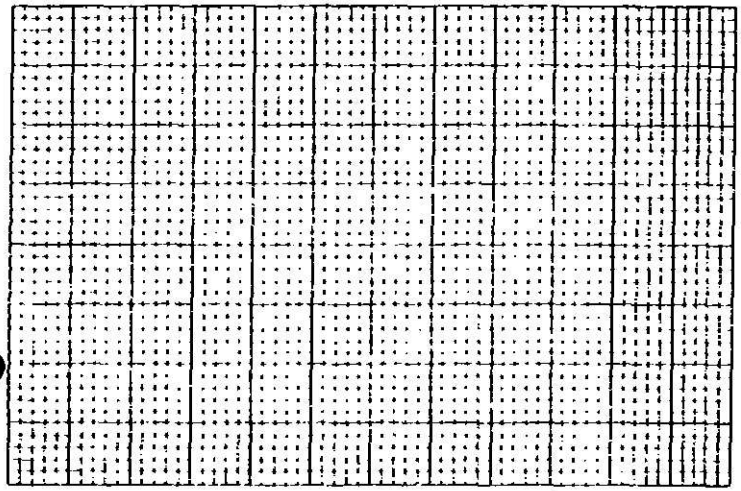
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No
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) 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 GASTON (LAST), HARRY (FIRST), ___ (MIDDLE)

14) ADDRESS OF OWNER Holbrooks Rd. RT. 1, Box 430

15) PHONE NO. Home 875 6914 Office ___

16) LOCATION OF SYSTEM Holbrooks Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

DATE OF APPLICATION August 10, 1979 OWNER Harry Gaston

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received _____

SEE CONSTRUCTION ON BACK

RECEIVED
APR 10 1981
ENVIRONMENTAL HEALTH

CAR(S) Application No. 16042

T. C. No. 019-101-03

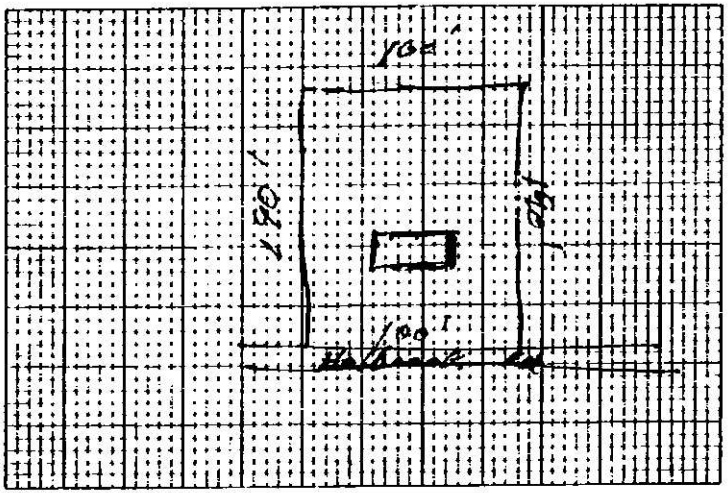
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

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) 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 Gaston (LAST) Harry (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 430 Huntersville NC 28078

15) PHONE NO. Home 875-6914 Office ___

16) LOCATION OF SYSTEM Holbrook Rd (STREET OR COUNTY ROAD) Huntersville

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3452 AT PAGE 182

19) HAS A SOIL INVESTIGATION 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.

4/8/81
DATE OF APPLICATION

Harry Gaston
OWNER

EHD-5-75 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 4/24/81

Serial No. 4714

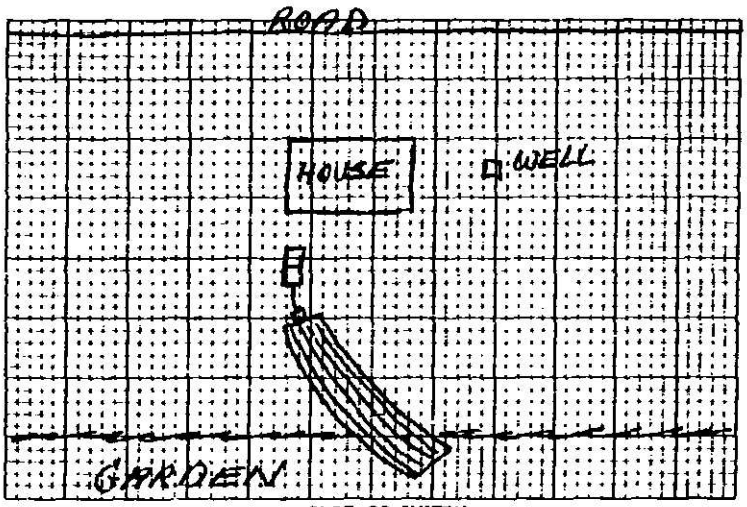
ICAR (S) Permit No. 16042

T C No 019-101-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 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 16042, dated 4/8/81 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 5/30/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1500 gal

Tank Construction precast concrete

Absorption and/or Nitrification Lines:

Total Line Length 220'

Number of Lines 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER HARRY GASTON

LOCATION OF PROPERTY Holbrook Road Huntersville

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

12'X55'X17" of STONE

Comments: _____

Division or Section Head _____

Environmentalist Adam Wingfield

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-74

Environmental Health Department's Copy

C of A (s) No. 16042

Date Issued 11/25/81 Serial 4872 T C No 019-101-03

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner GASTON (LAST) HARRY (FIRST) ____ (MIDDLE)

Location of Property 14700 Holbrooks ROAD

Application Number 16042 Permit Number 16042

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material precast

Total Length of Drain Tile 220' Number of Lines 4

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 11/25/81 (DATE)

Nitrification Field Inspected 11/25/81 (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 Health Commission 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

Environmentalist

EHO-5-76

Environmental Health Department's Copy