Date Received 1-2-73

ICAR(S) Application No. 5410

T C No.

Map Date

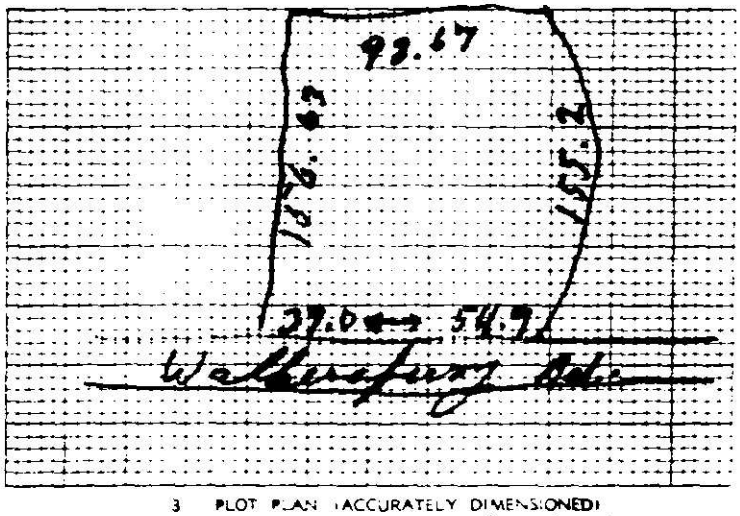
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 2

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 C. A. Hobshouser (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 3616 Rodwell dr

15) PHONE NO Home 392-0873 Office ___

16) LOCATION OF SYSTEM Parkwood Walkerbury Rd. (STREET OR COUNTY RD.)

17) SUBDIVISION Parkwood Lot No. 6 Block No. B

Map Book No 12 Page No. 173

18) DEED REFERENCE — DEED BOOK 3290 AT PAGE 9

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.

12-30-72
DATE OF APPLICATION

Claude Adolphus Hobshouser
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-1-74

ICARIS Application No 5410

T C No 113-121-06

Map Date 3-24-72

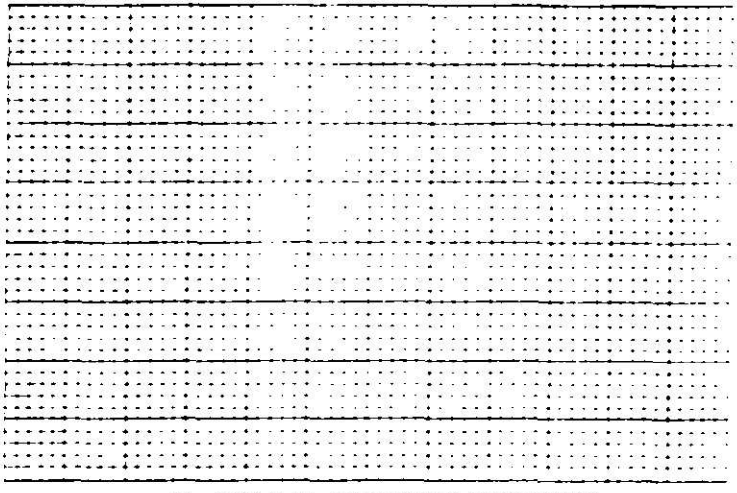
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 exchanging trailers



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 2

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. Community System
C. Connection to Public System
Well ✓
D. Other (Specify)

10) Is Property Subject to Periodic Flooding? Yes No

11) Is Property Subject to Ponding? Yes No

12) FHA Case No

VA Case No

13) NAME OF OWNER Holshouser (LAST) Charles (FIRST) A. (MIDDLE)

14) ADDRESS OF OWNER 1529 Duckworth Ave.

15) PHONE NO Home 334 2070 Office

16) LOCATION OF SYSTEM Wolkes Ferry Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Parkwood MHP Lot No 6 Block No B

Map Book No 12 Page No. 173

18) DEED REFERENCE — DEED BOOK 3290 AT PAGE 9

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.

8-1-74
DATE OF APPLICATION

Charles Holshouser Holshouser
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4357

LA No 5410

Date Issued August 8, 1974

T. C No 113-121-06

Map Date 3-24-72

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 Holshouser (LAST) Charles (FIRST) A. (MIDDLE)

ADDRESS OF OWNER 1529 Duckworth Avenue ZIP

LOCATION OF LOT Walkers Ferry Rd. (STREET OR COUNTY ROAD)

SUBDIVISION Parkwood MHP LOT NO 6 BLOCK NO B

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 * , 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 5410. 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

*May use present system (2 bedroom mobile home).

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-8-1-72

"TH DEPARTMENT'S COPY

Date Issued 20 Feb 1973

Serial No. 3307

ICAR(S) Permit No. 5410

T. C. No. 113-121-06

Map Date 3-24-72

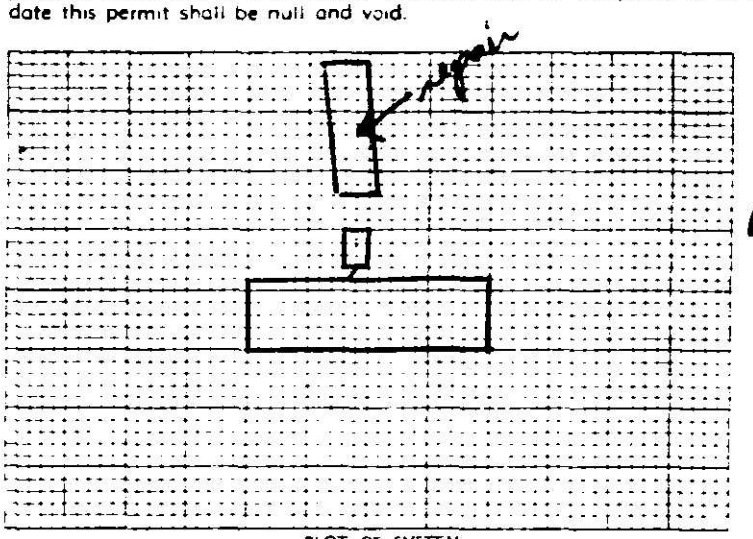
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby 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 5410, dated 1-2-73 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 2 May 1973, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Repair Data

~~Absorption and/or Nitrification Lines~~

Total Line Lenght 200 ft

Number of Lines 2 (5'x33'x4')

Distance from House 10'

Distance from Property Line 10'

Distance from Well N/A

NAME OF OWNER C A. Holshouser

LOCATION OF PROPERTY Parkwood Mobile Home Park Lot 6

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: remove 4" plastic hoe from home to storm drainage

John R Atkinson

Division or Section Head

Environmentalist

* 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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 29 March 1973 Serial No. 3077

C of A (s) No. 5410

T. C. No. 113-121-06

Map Date 3-24-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Holshouser (LAST) C. (FIRST) A. (MIDDLE)

Location of Property Parkwood Mobile Home Park Lot 6

Application Number 5410 Permit Number 5410

Repair

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 L/ft Number of Lines 2 (3-33x4)

Depth of Filter Material 4' Cover Depth 30"

Water Supply Source community Distance from Water Source NA

Excavation Inspected 3/29/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3/29/73 (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: remove pipe to road

John R Atkinson

(Environmentalist)

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

HEALTH DEPARTMENT'S COPY