Date Received 8-16-73

ICAR(S) Application No. 6850

T. C. No. _____

Map Date

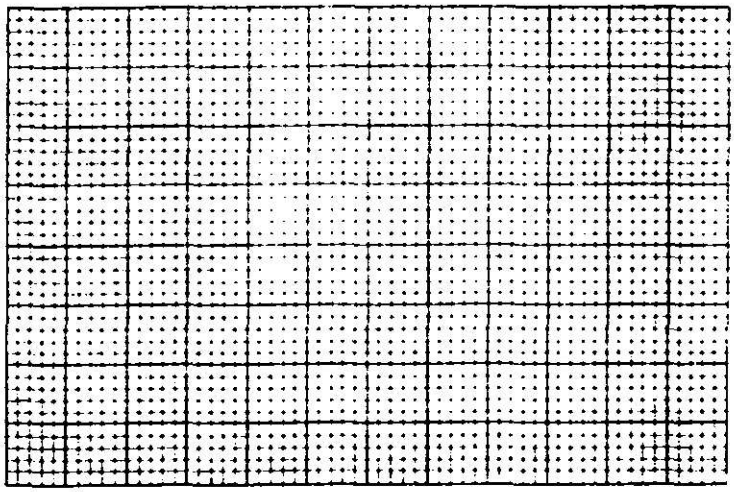
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___

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 agent David Kinney
LAST FIRST MIDDLE

14) ADDRESS OF OWNER agent 3326 Statesville Ave

15) PHONE NO. Home _____ Office 333-3541

16) LOCATION OF SYSTEM Lot #4 David Kinney Farm 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 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.

Aug 15 - 73
DATE OF APPLICATION

David Kinney agent
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4202

ICAR (S) Permit No. 6850

Date Issued 16 Aug 73

T. C. No. 009-141-05

Map Date Aug 73

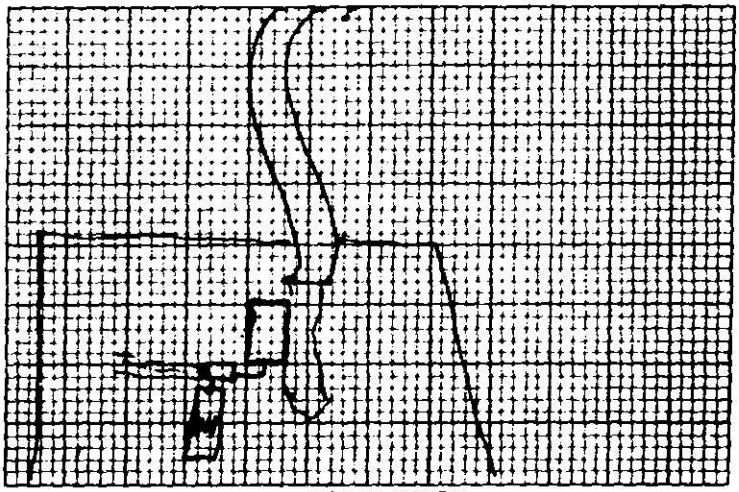
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ___ Install or Construct, X After 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 6850, dated 16 Aug 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 16 Aug 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 Length 200'

Number of Lines 4 (@ 50' X 17")

Distance from House 20'

Distance from Property Line 50'

Distance from Well 50'

NAME OF OWNER David Kinney (Agent)

LOCATION OF PROPERTY David Kinney Farm Road

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: Claudius Morrison (Contr)

_____
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

Serial 3799

C of A (s) No. 6850

Date Issued 17 Aug 73

T. C. No. 009.141-05

Map Date 14 Aug 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner E (LAST) David (FIRST) Kenny (Agent) (MIDDLE)

Location of Property David Kenny Sonia Road

Application Number 6850 Permit Number 6850

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Asphalt

Total Length of Drain Tile 200' Number of Lines 4 (10'x50'x17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 50'

Excavation Inspected 17 Aug 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 17 Aug 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: Landscape Mountain (Contr.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY