Date Received 5-14-73

APT No 6237

T. C. No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER KINLEY (LAST) LESTER (FIRST) JAMES (MIDDLE)

2) ADDRESS OF OWNER RT 13 BOX 392 ZIP 28213

3) PHONE NO. Home 596 2631 Office 596 7121

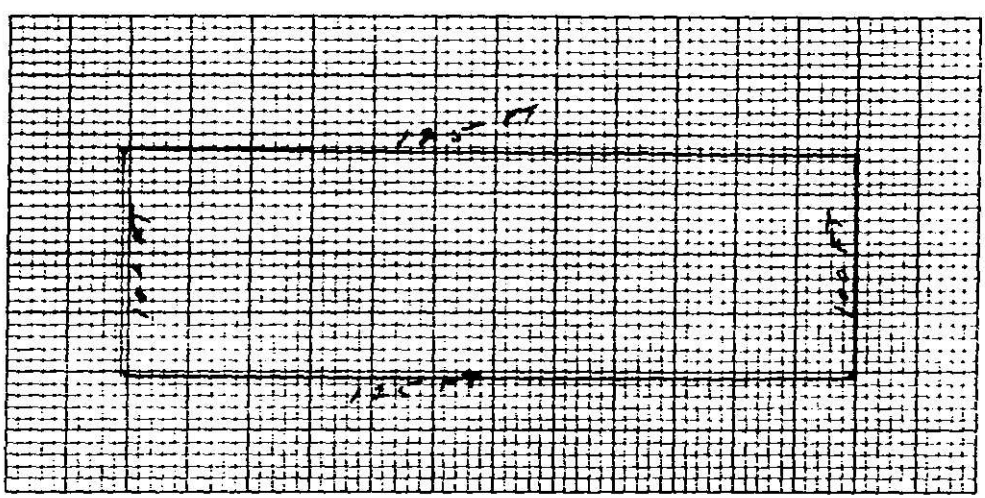
4) LOCATION OF PROPERTY LABORDE ST (STREET OR COUNTY ROAD)

5) SUBDIVISION HOLLY VISTA LOT NO. C BLOCK NO. #6

MAP BOOK NO. #3 PAGE NO. 625-626

6) DEED REFERENCE: DEED BOOK 2726 PAGE NO. 234

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an 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

Lester James Kinley
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3109

PTR No. 6237

Date Issued May 22, 1973

T C No. 037-229-38

Map Date ~~xxxxxx~~ 11-10-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

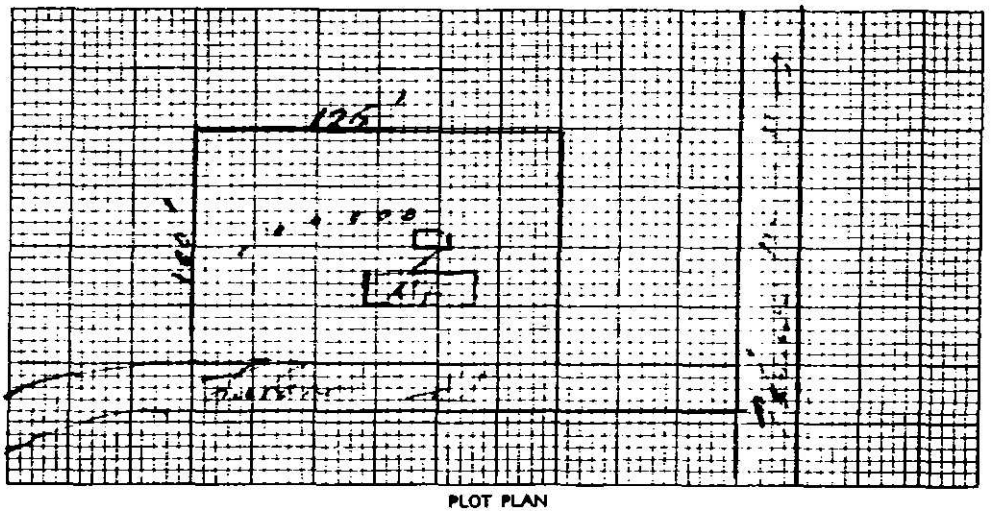
PERCOLATION TEST REPORT

NAME OF OWNER Kinley (LAST) Lester (FIRST) James (MIDDLE)

ADDRESS OF OWNER Route 13, Box 392 ZIP 28213

LOCATION OF PROPERTY Laborde St. (STREET OR COUNTY ROAD)

SUBDIVISION Holly Vista LOT NO 6 BLOCK NO. C



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 40 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 teratment 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 O. Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-14-73

ICAR(S) Application No 6237

T C No

Map Date

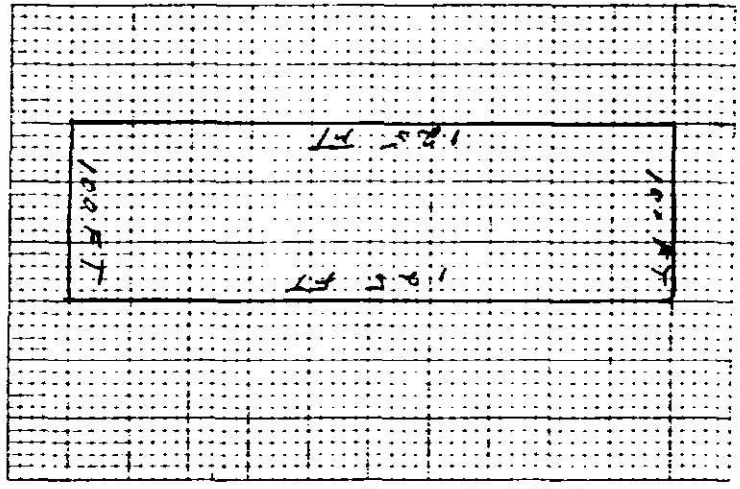
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X (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)

4) No of Bedroom 2

5) Business Use — Max No Employees

6) Washing Machine — Yes X No

7) Garbage Disposal — Yes X No

8) Dishwasher — Yes X No

9) Water Supply
- A) Individual Well
- B) Government System
- C) Community System
  - 1 Well source X
  - 2 Government source

10) Sewage System
House located within 200 feet of public sewer — Yes X No
House located within 200 feet of community sewer — Yes X No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER KINLEY (LAST) LESTER (FIRST) JAMES (MIDDLE)

14) ADDRESS OF OWNER RT 13 Box 392

15) PHONE NO. Home 596 2631 Office 596 7121

16) LOCATION OF SYSTEM [redacted] LABURDE ST (STREET OR COUNTY ROAD)

17) SUBDIVISION HOLLY VISTA Lot No. C Block No. #6

Map Book No. #3 Page No. 625 626

18) DEED REFERENCE — DEED BOOK 2726 AT PAGE 234

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES X 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.

5-10-73
DATE OF APPLICATION

Lester James Kinley
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2957

LA No 6237

Date Issued May 22, 1973

T. C. No. 037-229-38

Map Date 11-10-72

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 Kinley (LAST) Lester (FIRST) James (MIDDLE)

ADDRESS OF OWNER Route 13, Box 392 ZIP 28213

LOCATION OF LOT Laborde St. (STREET OR COUNTY ROAD)

SUBDIVISION Holly Vista LOT NO 6 BLOCK NO. C

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 40 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 6237. 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.

M. A. Kirby
Environmentalist

John R. Allison
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

[illegible] RTMENT'S COPY

Serial No. 3715

Date Issued 22 May 73

ICAR (S) Permit No. 6237

T C No. 037-229-38

Map Date 10/Jan 22

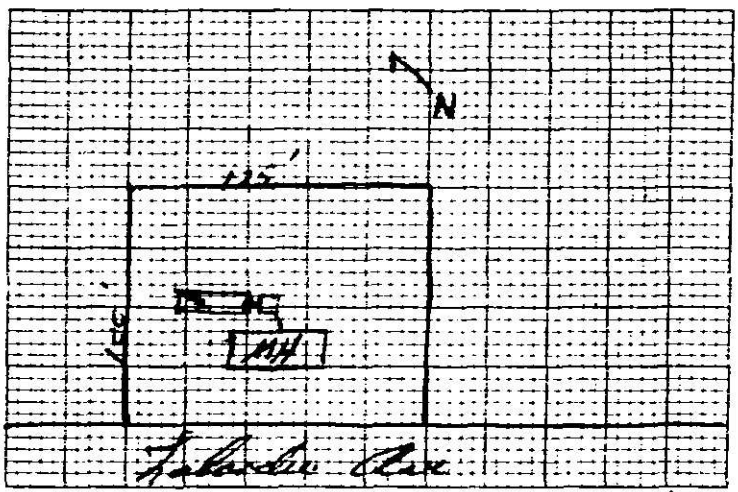
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6237, dated 10 May 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 22 June 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ____

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 4(10'x25'x12")

Distance from House 15'

Distance from Property Line 20'

Distance from Well 25'

NAME OF OWNER Kinley, Luther James

LOCATION OF PROPERTY Sabrina St. (7710)

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: Gedwin (Contr.)

Division or Section Head

M. A. Kinley
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 NG E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3382

C of A (s) No. 6232

Date Issued 25 May 73

T. C. No. 037-229-38

Map Date 10 Nov. 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Kinley (LAST), Keith (FIRST), James (MIDDLE)

Location of Property Lakeside St. (Lot C)

Application Number 6237 Permit Number 6237

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PE

Total Length of Drain Tile 300' Number of Lines 4 (10' x 25' x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source [redacted] 75'

Excavation Inspected 24 May 73 (DATE) Tank Inspected 22 May 73 (DATE)

Nitrification Field Inspected 24 May 73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: Sodium (Cont.)

M. L. Kinley

Environmentalist

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

HEALTH DEPARTMENT'S COPY