SEE INSTRUCTIONS ON BACK

Date Received 12-3-13

ICAR(S) Application No 7229

T C No 053 015 20 21

Map Date 12 - B

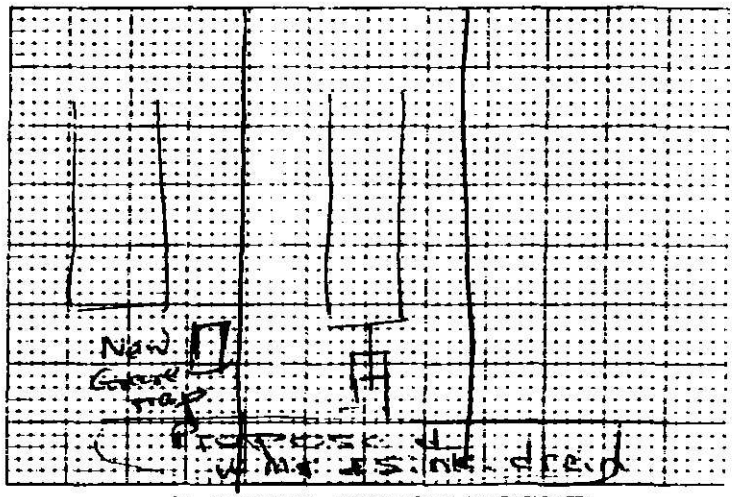
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Garbage Disposal Yes No

Dishwasher Yes No

MOBILE HOME PARK OFFICE ADD TO PRESENT LINE

9 Water Supply
A Individual Well ___
B Government System ___
C Community System
1 Well Source ___
2 Government 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 KAYNE RD MOBILE HOME PARK (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER Box 8231 CHAR 28214

15) PHONE NO. Home 399-1673 Office 399-6322

16) LOCATION OF SYSTEM Lot # 2 3 4 Chapelhill Cr. (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.

11/30/13
DATE OF APPLICATION

KAYNE ROAD MOBILE PARK
By David E. Kay
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5160 ICAR(S) Permit No. 72 [illegible]

Date Issued [illegible]

T C No. 053-[illegible]

Map Date 4/24/74

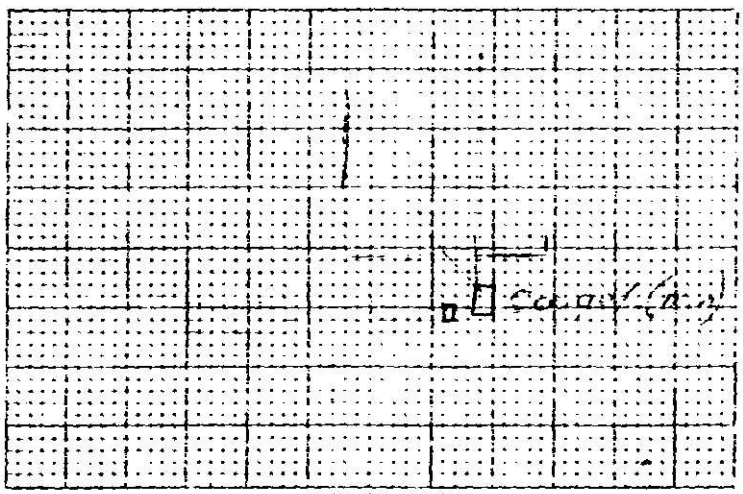
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible], dated [illegible] 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

Division or Section Head [illegible] Environmentalist [illegible]

* 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-S-0-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6-20-74 Serial No. 4909 C of A (s) No. 7279

T C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner KELLY (LAST) DAVIS (FIRST) (RHYNE RD MOBILE HOME PARK) (MIDDLE)

Location of Property LOTS 2, 3 & 4

Application Number 7279 Permit Number 7279

Inspection Data:

Liquid Capacity of Tank GREASE TRAP 1000 gal (SCCG) Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 (10' X 75' X 1')

Depth of Filter Material 17" Cover Depth 24"+

Water Supply Source COMM WELL Distance from Water Source 100'+

Excavation Inspected 6-20-74 (DATE) Tank Inspected 6/20/74 (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 6/20/74 (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, X 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 as well as 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: THIS SYSTEM MAY NOT BE ADEQUATE SOIL APPEARS IMPERMEABLE

Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY