Date Received 8-20-73

APT No. 6864
P.D.

T. C. No. 031-201-01

Map Date 11-18-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER KINLEY (LAST) BILLY (FIRST) NONE (MIDDLE)

2) ADDRESS OF OWNER 5824 WILKERSON BLVD - CHARLOTTE ZIP 28208

3) PHONE NO. Home 392-9636 Office _____

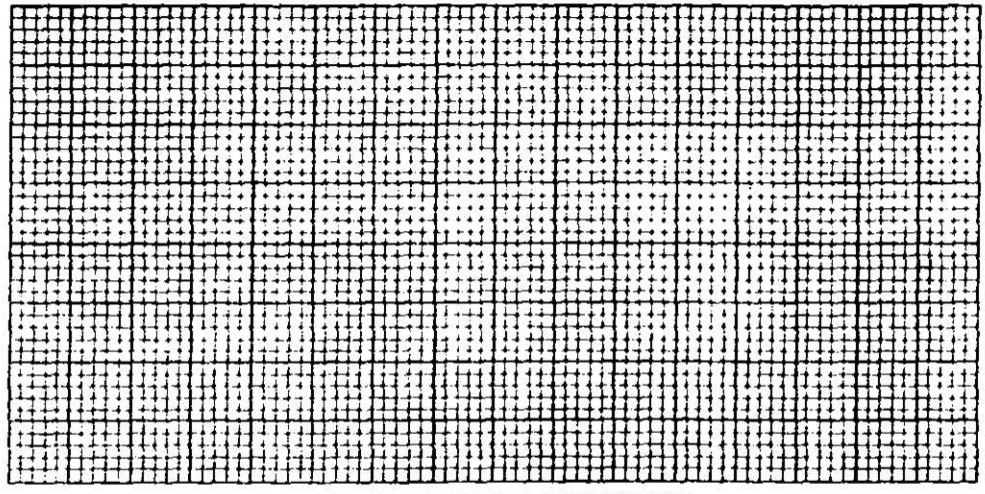
4) LOCATION OF PROPERTY HARWOOD LANE (STREET OR COUNTY ROAD) Tr # 2

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

Billy Kinley
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. August 24, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6864
T.C. No. P.O. 031-201-01
11-10-72

NAME OF OWNER Finley, Billy

ADDRESS OF OWNER 5624 Wilkinson Blvd. ZIP 28208

LOCATION OF LOT Harwood Lane, Trailer #2

The lot described above has been disapproved for the installatic of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	8-23-73	220 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

John R. Atkinson
Environmentalist

(Stencil No.)
MED 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 3592

PTR No. 5984
P.O.
T C No 031-201-01
Map Date 11-10-72

Date Issued September 12, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

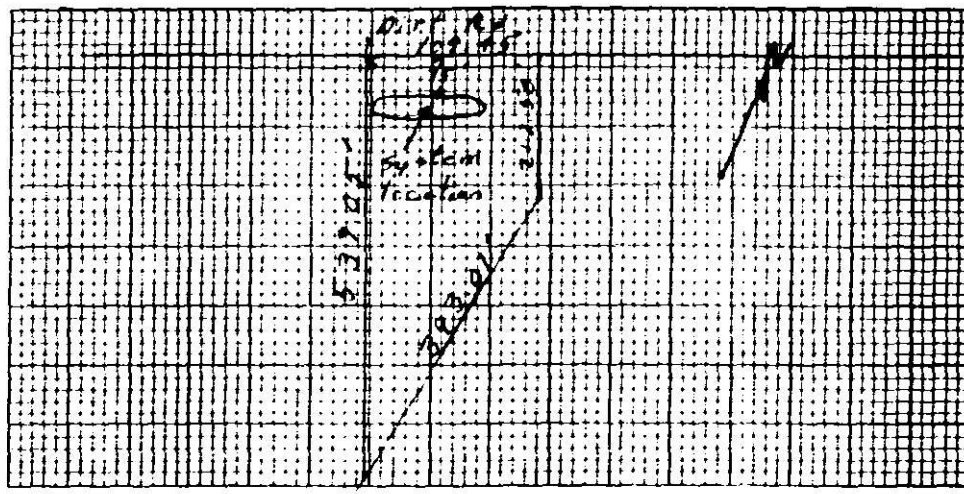
PERCOLATION TEST REPORT

NAME OF OWNER Kinley (LAST) Billy (FIRST) (MIDDLE)

ADDRESS OF OWNER 5824 Wilkinson Boulevard ZIP 28208

LOCATION OF PROPERTY Harwood Lane (trailer #2) (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



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 60 * 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 treatment 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.

* Results based on soil analysis

W. Everette Lyons, Jr. Soil Scientist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON EACH

Date Received 8-20-73

ICAR(S) Application No 6861

T C No 031-201-01

Map Date 11-10-72

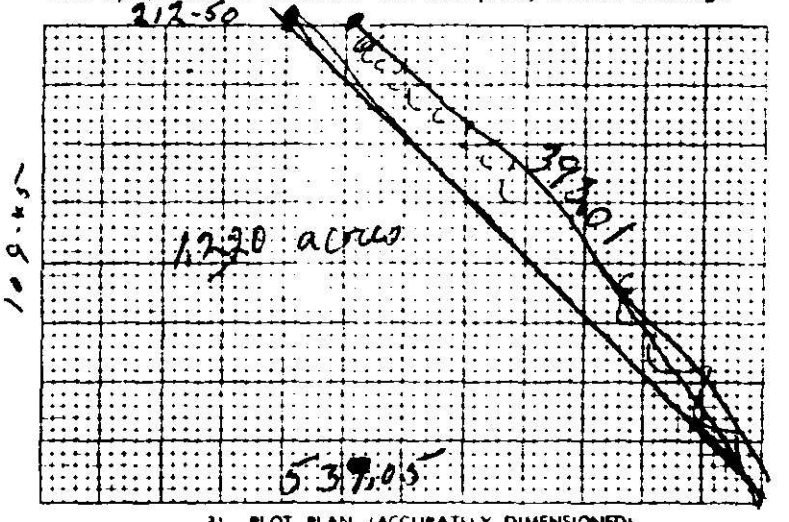
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 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 Kinley (LAST) Billy (FIRST) Gene (MIDDLE)

14) ADDRESS OF OWNER 5824 Wilkerson Blvd Charlotte

15) PHONE NO Home 392 9636 Office

16) LOCATION OF SYSTEM Hazelwood Lane (STREET OR COUNTY ROAD) Tr # 2

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.

DATE OF APPLICATION

OWNER Billy Kinley

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3407

Date Issued September 12, 1973

LA No. 6864
P.O.
T. C. No. 031-201-01

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) Billy (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER 5824 Wilkinson Boulevard ZIP _____

LOCATION OF LOT Harwood Lane (trailer #2)
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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 60 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 6864. 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

S. P. Bridgeman
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 9/28/73

Serial No. 4328

ICAR(S) Permit No. 6864

T. C. No. 03L 201-0

Map Date

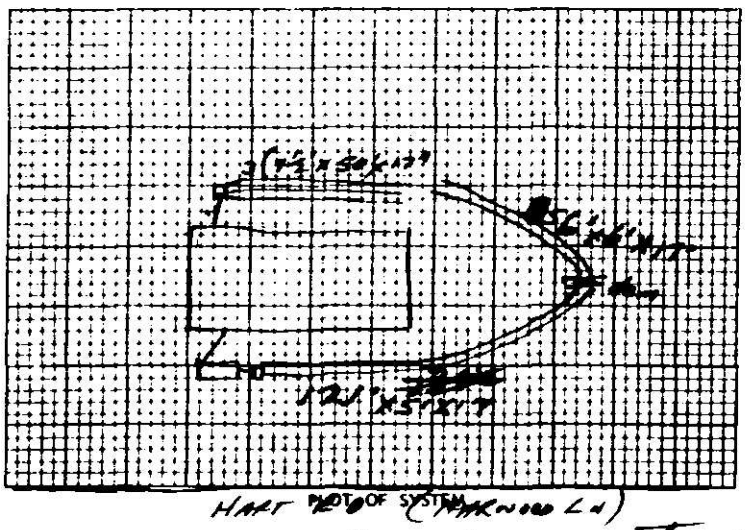
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 6864, dated 8/20/73 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 10/25/73, after which date this permit shall be null and void.



Percolation Rate 60 mpi

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

	ST	WM
Total Line Length	400'	150
Number of Lines	2	3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER BILLY KINLEY TR. #2

LOCATION OF PROPERTY S/S OFF HARTWELL

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:

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 10/2/73 Serial 3997 C of A (s) No. 6864

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 KINLEY (LAST) BILLY (FIRST) _____ (MIDDLE)

Location of Property HACK RD (WHITEWELL LN) TLR. #2

Application Number 6864 Permit Number 6864

Inspection Date:

Liquid Capacity of Tank 1000gal Tank Material PC

Total Length of Drain Tile ST 400 WM 150 Number of Lines ST 2 WM 3

Depth of Filter Material 17"+ Cover Depth 12"

Water Supply Source IND WELL Distance from Water Source 150'+

Excavation Inspected 10/2/73 (DATE) Tank Inspected 10/2/73 (DATE)

Nitrification Field Inspected 10/2/73 (DATE)

Washing Machine Line Inspected, If Applicable 10/2/73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: _____

L. P. Bridgeman

(Authorized Agent)

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

HEALTH DEPARTMENT'S COPY

Date Received 5/10/76

ICAR (S) Application No. 6864

T. C. No. 031-20101

Map Date ——

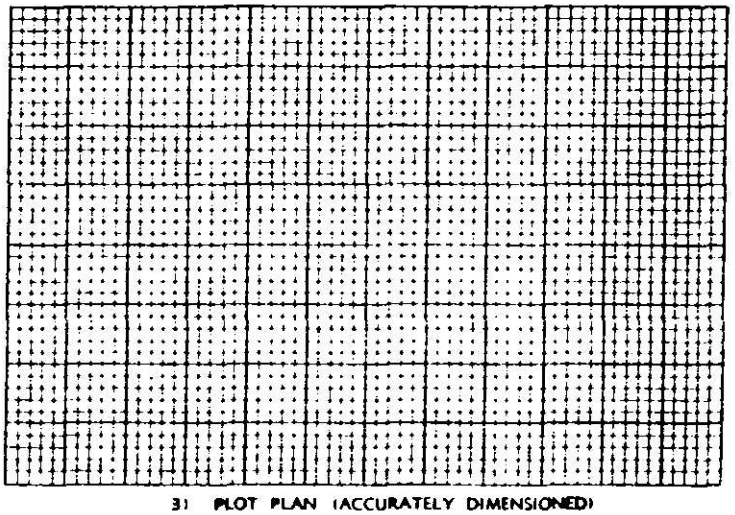
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 3
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 Kinley (LAST) Billy (FIRST) ____ (MIDDLE)

14) ADDRESS OF OWNER Rt 6, Box 747 W 10 Charlie 28208

15) PHONE NO. Home 392-9636 Office ____

16) LOCATION OF SYSTEM 208 Hart Rd (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 9/12/73 → 60

20) PTR NUMBER (See Instructions) 6864

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 ____

OWNER James Kinley

FORM NO. E-4-4-2M-6-785

HEALTH DEPARTMENT'S COPY

Serial No. 5908

LA No. 6864

Date Issued 5/11/76

T. C. No. 031-201-01

Map Date -

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) Billy (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 6, Box 747 W 1 Charlotte ZIP 28208

LOCATION OF LOT 208 Hart Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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 6864. 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 "Applicotion 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 EXISTING SYSTEM. EXCHANGING ONE MOBILE HOME FOR ANOTHER

M. L. Kirby
Environmentalist

John M. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY