Date Received 12-10-73

APT No. 7316

T. C No. 195-016-07

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED
DEC 1973
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER DELLINGER MADISON & ASSOC., INC.
LAST FIRST

2) ADDRESS OF OWNER 411 S. Sharon Amit-y Rd. Charlotte, N.C. ZIP 28211

3) PHONE NO Home -- Office 364-7155

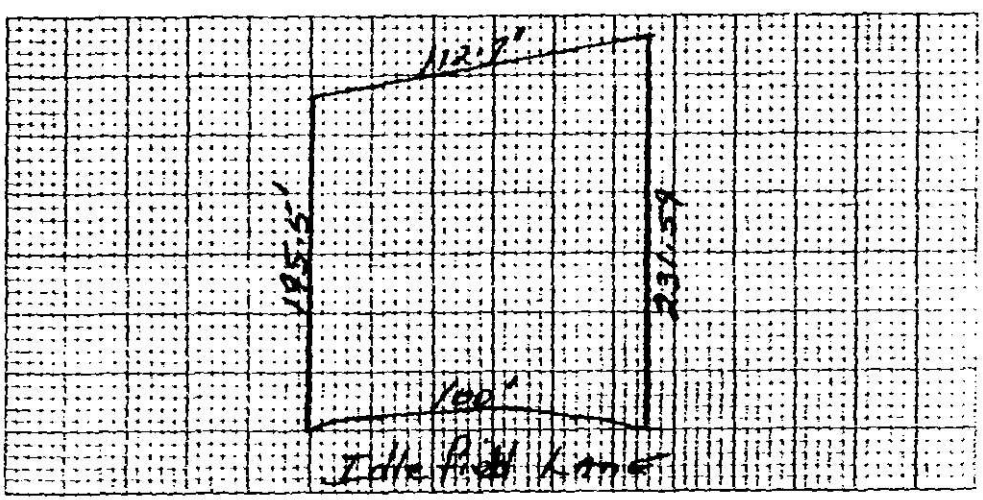
4) LOCATION OF PROPERTY Idlefield Lane
STREET OR COUNTY ROAD

5) SUBDIVISION Idlewood LOT NO 6 BLOCK NO E

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

M L Ledbetter, Vice Pres
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3882

PTR No 6 7316
P.O. 07
T C No 195-016-10

Date Issued December 12, 1973

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

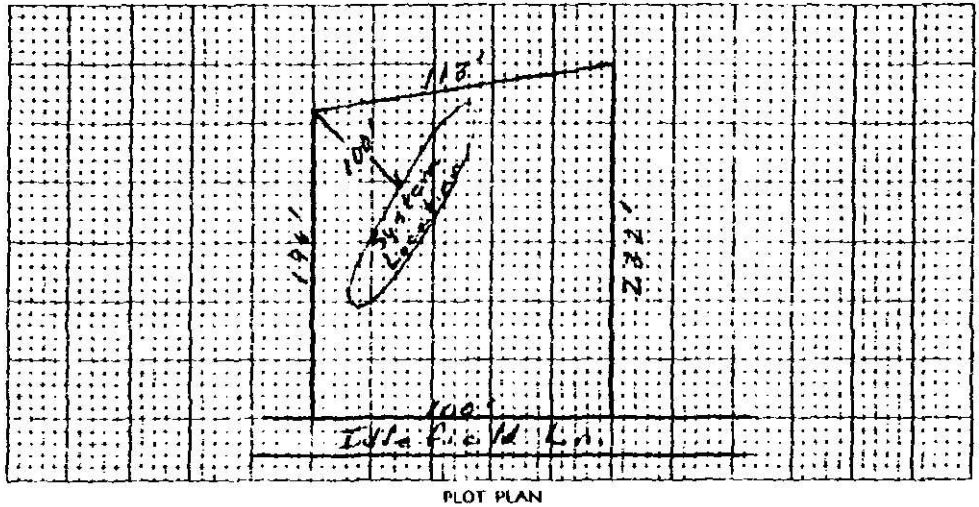
PERCOLATION TEST REPORT

NAME OF OWNER Dellinger, Madison & Assoc., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 411 S. Sharon Amity Rd. ZIP 28211

LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 6 BLOCK NO B



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*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 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 determined by soil analysis.

W. Everette Lyons Jr. — Soil Scientist

John W. Addison — Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received NOV 1974 | ICAR(S) Application No 7316

T C No 195-05-10

Map Date 2-14-73

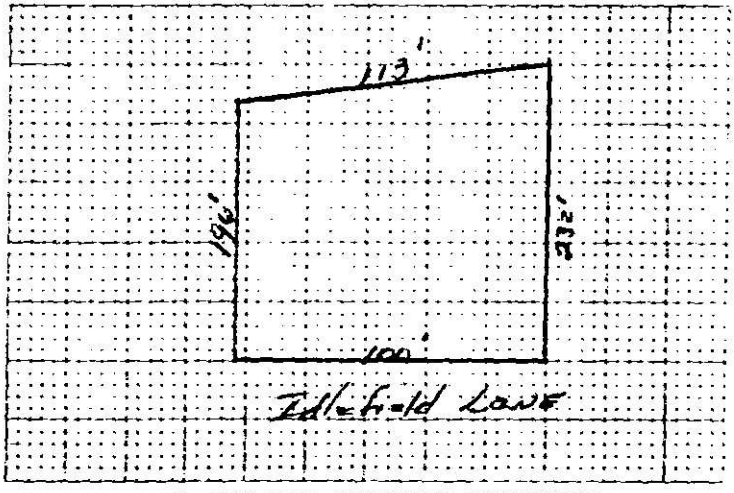
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Equivalent Units ___ Max No 6
Employees ___

6) Washing Machine ✓ Yes No

7) Garbage Disposal ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well ___
B) Government System ___
C) Community System
1) Well ✓
2) Government ___
Private System
Public Water Available Yes ✓ No
Public Water Available Yes ___ No ___
Community Sewer Yes ✓ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Dellinger Madison & Associates Suite 223 Charlotte 28212
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5501 Executive Center DR

15) PHONE NO Home ___ Office 568-4140

16) LOCATION OF SYSTEM 13435 Idlefield LANE
STREET OR COUNTY ROAD

17) SUBDIVISION Idlewood Lot No 6 Block No E

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 12-11-73 2:00

20) PTR NUMBER (See Instructions) 7316

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 11-21-74

OWNER Douglas Madison Jr.

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 11 Mar 75 Serial No. 6179 ICAR(S) Permit No 7316
T C No M5-015 +
Map Date 2-4-73

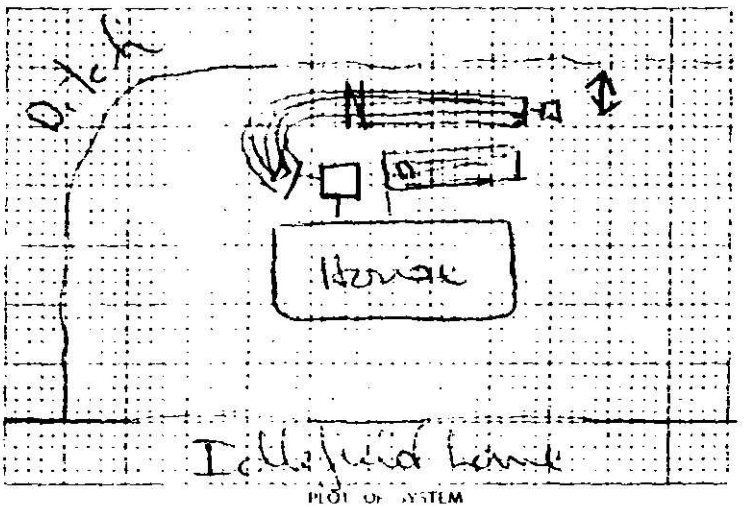
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7316, dated 11-21-74 and this permit shall be void and of no effect if the information provided in the application is not true and correct in all respects. All work shall be completed on or before 11 Mar 75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Distribution Lines

Total Line Length 600' & 150'

Number of Lines

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dr Ingram Madison

LOCATION OF PROPERTY 1345 Iddlefield Lane

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 trenches 7½'x50'
excavation put 24½'x12'x4' stone
* Bed must be minimum 25' from ditch.

Division of Sanitation Head

C M Reynolds
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 necessary when an existing system is being altered or repaired.

Form E-5-9-1-72

Serial No. 5677

Cof A (s) No 7316

Date Issued 3-25-75

T C No 145-015-10

Map Date 3-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner (For Sale) DELLINGER MADISON ASSN. INC
LAST FIRST MIDDLE

Location of Property 12435 DEERFIELD LN.

Application Number ~~7316~~ 7316 Permit Number 7316

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material PVC

Total Length of Drain Tile 600' 150' Number of Lines 6 3

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Comm. Distance from Water Source ~

Excavation Inspected 3/26/75 DATE Tank Inspected 3/26/75 DATE

Nitrification Field Inspected 3/26 & 28/75 DATE

Washing Machine Line Inspected, If Applicable 3/26/75 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 or 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 and 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 C. S. T. Svc. DAM @ 45' from D. Bldg.

Environmentalist

FORM NO E-6-9-1-72

Date Received JUN 29 1978

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No 7316

T C No 195-01-07

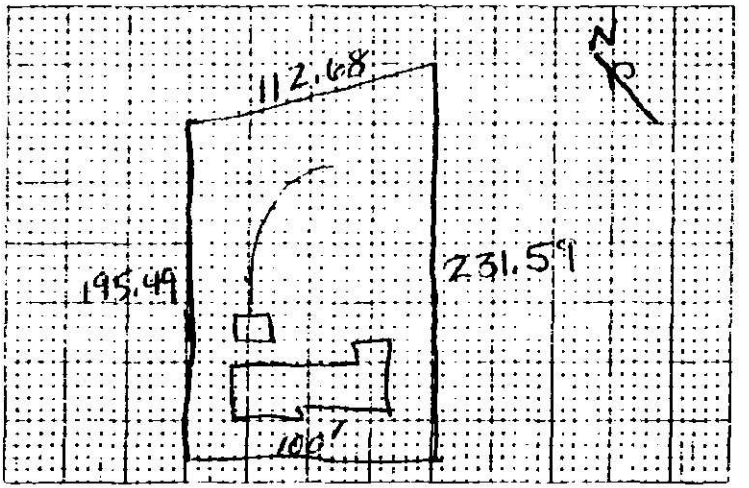
Map Date 12-14-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No
4) No. of Bedrooms 3
5) Business Use Max. No. Employees NC
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. 243527

13) NAME OF OWNER Abele (LAST) Donald (FIRST) Charles (MIDDLE)

14) ADDRESS OF OWNER 13435 Idlefield Lane, Matthews N.C

15) PHONE NO. Home 847-8184 Office 371-3317

16) LOCATION OF SYSTEM Idlefield Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood IV Lot No. 6 Block No. E

Map Book No. 17 Page No. 97

18) DEED REFERENCE — DEED BOOK 3746 AT PAGE 877

* 19) HAS A SOIL INVESTIGATION BEEN RUN? * YES NO DATE RUN

* 20) PTR NUMBER (See Instructions)

*I do not now even had any of this information.

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.

June 27 1978
DATE OF APPLICATION

Donald C Abele
OWNER

EHD-5-76

Environmental Health Department's Copy

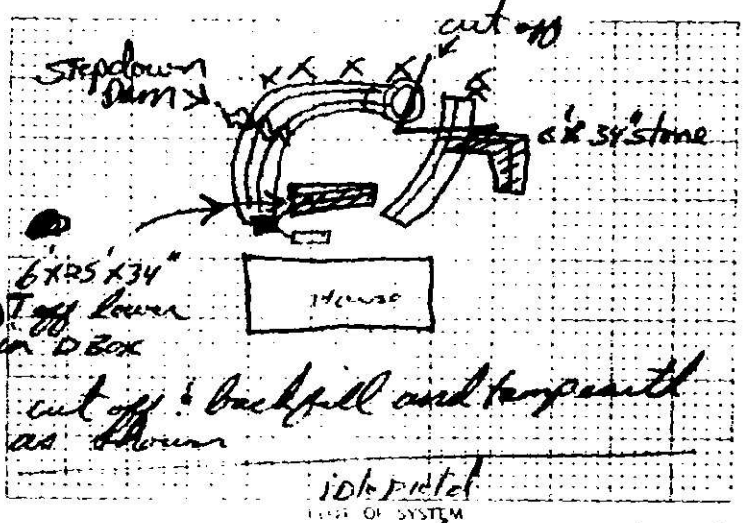
Date Issued 6 July 78 Serial No. 1754 ICARIS Permit No. 7316

T C No 195-06-07

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted to 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 7316 dated 6/30/78 and shall be void and of no effect if the information provided in the application is found to be false. All work shall be completed on or before 6 August 78 after which date this permit shall be void.



Permeability Rate

Liquid Capacity of Tank Repair

Tank Construction

Absorption and or Nitrification Line

Total Line Length 100' & 50' (U.M.)

Number of Lines 2 & 2

Distance from House 20'

Distance from Property Line 10'

Distance from Well N/A

NAME OF OWNER Donald C. ABele

LOCATION OF PROPERTY 13435 Idlefield Ln

This system shall meet all requirements as set forth in the Regulations of the Mecklenburg County Board of Commissioners in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered inaccessible for inspection. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person Company now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Division Head or Supervisor

Environmentalist Stephen J Ward

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 11 Oct 78 **Serial No. 2023** C of A 1st No. 7316

T C No 195-016-07

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH COMMISSION

CERTIFICATE OF CORRECTION

CERTIFICATE OF APPROVAL

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

Name of Owner Abele (LAST) Donald (FIRST) C. (MIDDLE)

Location of Property 13435 Idlefield Ln.

Application Number 7316 Permit Number 7316

Inspection Data:

Liquid Capacity of Tank Repair Tank Material PC Conc

Total Length of Drain Tile 100' ; 50' Number of Lines 3 ; 3

Depth of Filter Material 34" Cover Depth 20" - 36"

Water Supply Source Community Distance from Water Source 1200'

Excavation Inspected ——— (DATE) Tank Inspected ——— (DATE)

Nitrification Field Inspected 11 Oct (DATE)

Washing Machine Line Inspected, If Applicable 11 Oct (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 Health Commission 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 these 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 Single — dam reconstructed

Steve Wood
Environmentalist

EHD-S-76

Environmental Health Department's Copy