Date Received 9/15/77 Inch. Sub. Apt. No. (S) _____ Application No. (W) 6387

T. C. No. 215-161-07

Map Date 10/16/72

RECEIVED
SEP 15 1977

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Good (LAST) Robert (FIRST) Benton (MIDDLE)

ADDRESS OF OWNER 601 Shelton Street ZIP 28211

PHONE NO. Home 366-9351 Office 897-8514

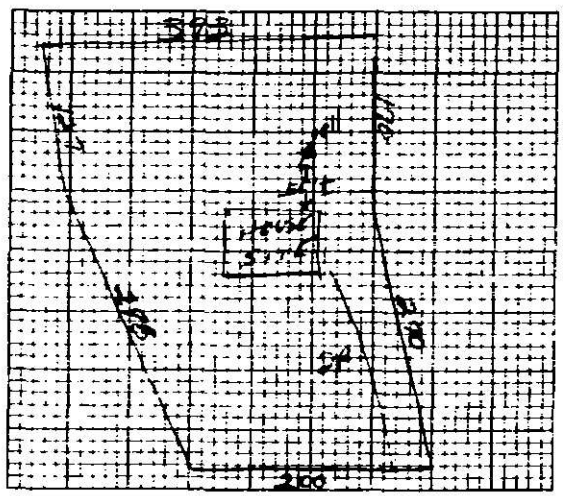
LOCATION OF PROPERTY 14212 Idlewild Road (STREET OR COUNTY ROAD)

WELL CONTRACTOR _____ LICENSE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ~~home~~ individual, semi public, or _____ public water supply.

September
DATE OF APPLICATION

Robert B. Good
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks _____

Application approved and permit hereby granted

Permit No: 6357

ENVIRONMENTALIST

EHD-S-76

Environmental Health Department's Copy

Date Received 5-30-73

APT No 6387

T. C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Morningstar Realty, Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 14400 Springwater Drive ZIP 28105

3) PHONE NO. Home _____ Office 847-6127

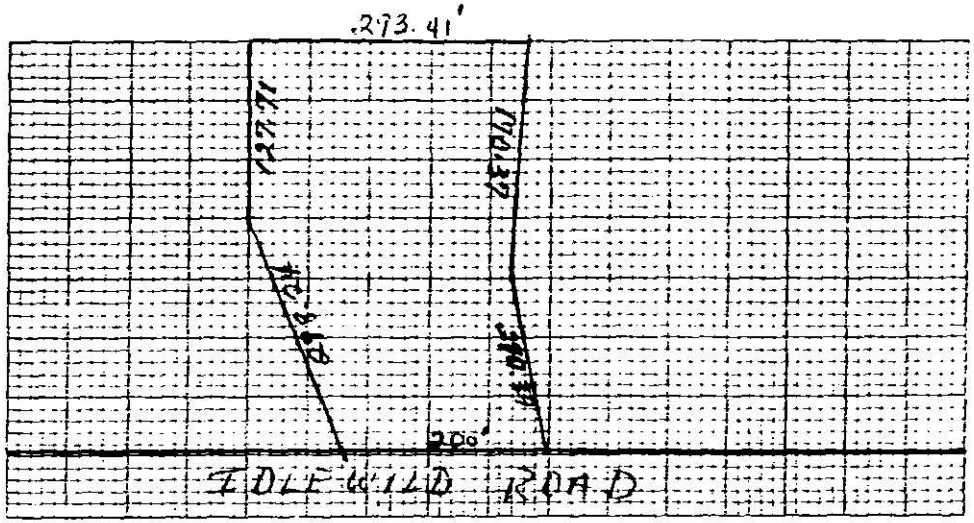
4) LOCATION OF PROPERTY Idlewild Road
(STREET OR COUNTY ROAD)

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

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 3326 PAGE NO 459

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

Morningstar Realty, Inc.
By: Travis V. Simpson
(OWNER)

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

HEALTH DEPARTMENT'S COPY

Serial No. 3278

PTR No 6387
P.O.
T C No. 215-161-07
Map Date 10-16-72

Date Issued June 13, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

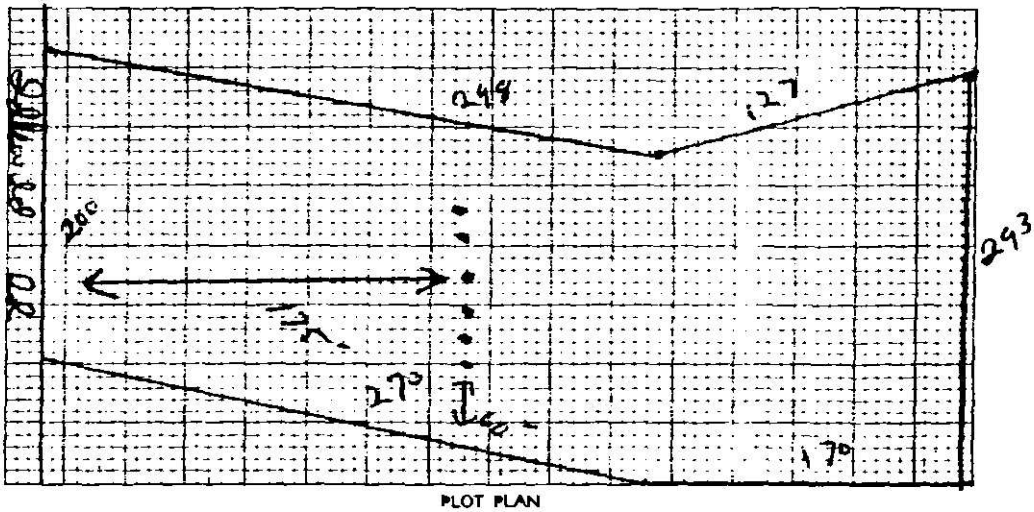
PERCOLATION TEST REPORT

NAME OF OWNER (LAST) Morningstar Realty, Inc. (FIRST) (MIDDLE)

ADDRESS OF OWNER 14400 Springwater Drive ZIP

LOCATION OF PROPERTY Idlewild Road (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 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 D. Atkinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

W /

SEE INSTRUCTIONS ON BACK

Date Received 8/31/77

ICAR(S) Application No 6387

T C No 215-16107

Map Date 10 16 72

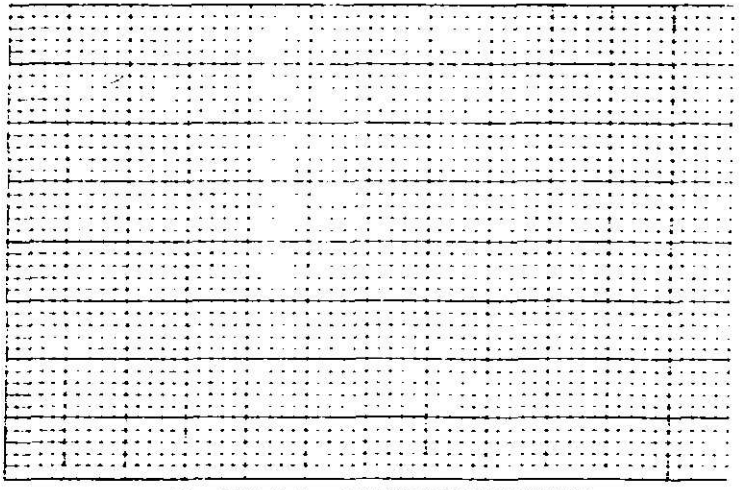
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 4

5) Business Type ___ Max No. 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 Owner ___
2) Government Agency ___

10) Sewage System
House drain is more than 200 feet of public sewer ___ Yes ✓ No
House drain is more than 200 feet of community sewer ___ Yes ___ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Good (LAST) Robert (FIRST) Benton (MIDDLE)

14) ADDRESS OF OWNER 611 Shelton Street

15) PHONE NO. Home 366 9551 Office 847-8514

16) LOCATION OF SYSTEM 14212 Davidson Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No. ___

Map Book No [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK 3663 AT PAGE 429

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6-12-73 Pk 60

20) PTR NUMBER (See Instructions) 6387

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 Robert B. Nadd

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 1141

LA No. 6387

Date Issued August 31, 1977

T. C. No. P.O.215-161-07

Map Date 10-16-72

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Gadd (LAST) Robert (FIRST) Benton (MIDDLE)

ADDRESS OF OWNER 601 Shelton Street, Charlotte, NC ZIP 28211

LOCATION OF LOT 14212 Idlewild 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 Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 6387. 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 soil investigation 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

Environmentalist

Environmental Health Director, or Authorized Section Head

EHC-S-76

Environmental Health Department's Copy

Date Issued 1 April 75

Serial No. 1495

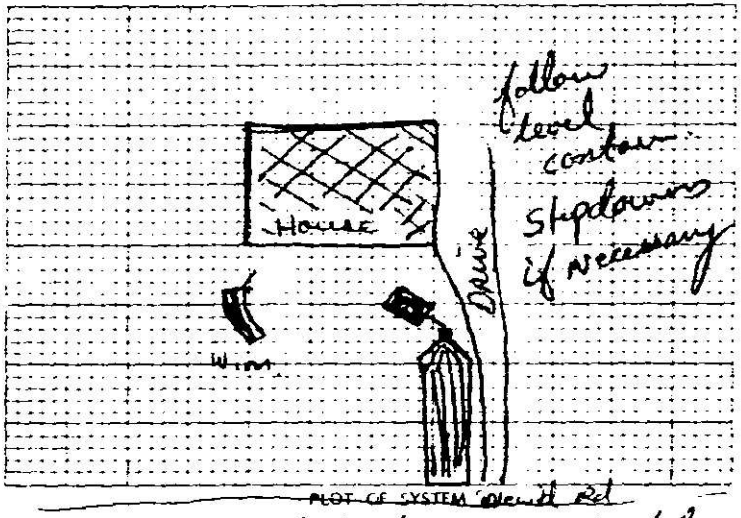
ICAR(S) Permit No. 6387

T C No 215-161-03

Map Date 10-16-22

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 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 6387, dated 8/31/77 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 4 May, after which date this permit shall be null and void.



PLOT OF SYSTEM Idlewild Rd

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction Reinf Concrete

Absorption and or Nitrification Lines

Total Line Length 660' & 167'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Robert B. Gadd

LOCATION OF PROPERTY 14212 Idlewild Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are 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 uninspectable or can be used. **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 now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Comments

(15'x132'x17" stone) S.I.

W.M. (12'x42'x17" stone)

Division or Section Head

Environmentalist Stephen J. Wood

* 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 18 April 28 **Serial No. 1478** C of A (s) No. 6387

T C No 215-161-07

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Cadd (LAST) Robert (FIRST) B (MIDDLE)

Location of Property 14212 Tallewild Rd.

Application Number 6387 Permit Number 6387

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast

Total Length of Drain Tile 66' & 162' Number of Lines 5 & 4

Depth of Filter Material 12" Cover Depth 18" - 24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 13 April (DATE) Tank Inspected 18 April (DATE)

Nitrification Field Inspected 16 April (DATE)

Washing Machine Line Inspected, If Applicable 18 April (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 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 Perk test - Staple

Environmentalist Stephen J. Wood

EHD-5-76

Environmental Health Department's Copy