Date Received 41773

APT No. 6044

T C No 135-283-04

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 411 S. Sharon Amity Rd., Charlotte, NC ZIP 28211

3) PHONE NO Home -- Office 364-7155

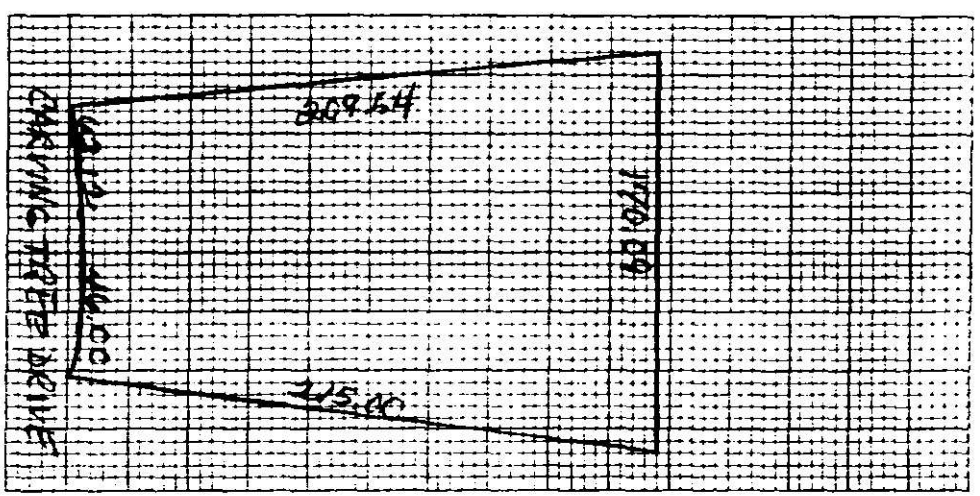
4) LOCATION OF PROPERTY Carving Tree Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 34 BLOCK NO. C

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

BY: Douglas Madison
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. April 19, 1973
2. _____
3. _____

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

SDR No. 6044 213-04
T.C. No. ~~No. 135-201-09~~ 5-9-74
5-9-74

NAME OF OWNER Bellinger, Madison & Associates, Inc.

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

LOCATION OF LOT Carving Tree Drive, lot 34-C

The lot described above has been disapproved for the installation 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.	4-18-73	260 min/in
X	2.	~~7-5-73~~	120 min/in
X	3.	7-13-73	100 min/in

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

Thomas R. Wade
Environmentalist

(Stencil No.)
EHD 398

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

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. July 23, 1973
2. _____
3. _____

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

SDR No. 6044 283-04
T.C. No. ~~C.B. 135-201-09~~ 8-9-72 5-9-74

NAME OF OWNER Bellinger, Madison & Associates, Inc.

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP _____

LOCATION OF LOT Carving Tree Drive, Lot 34-C

The lot described above has been disapproved for the installation 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.	7-[illegible]-7[illegible]	300 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

Thomas R. Ward
Environmentalist

(Stencil No.)
EHD 398
8/70

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

SEE INSTRUCTIONS ON BACK

Date Received 7 20 73

ICAR (S) Application No. 6044 04

MECK COUNTY HEALTH DEPT. RECEIVED

T. C. No. 135-28804

Map Date 8-9-73 3-9-74

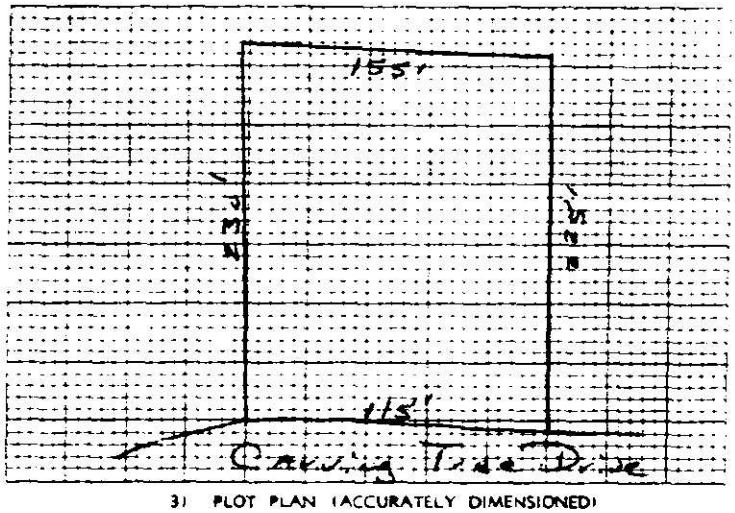
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 3

5) Business Use — Max. No. Employees 0

6) Washing Machine [X] Yes [ ] No

7) Garbage Disposal [X] Yes [ ] No

8) Dishwasher [X] Yes [ ] No

9) Water Supply
   A) Individual Well [ ]
   B) Governmental System [ ]
   C) Community System
      1) Well source [X]
      2) Governmental 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 DOELINGER, MADISON & ASSOCIATES, INC.
(LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 411 South Sharon Amity

15) PHONE NO Home _____ Office 364-7155

16) LOCATION OF SYSTEM Carving Tree Drive
(STREET OR COUNTY ROAD)

17) SUBDIVISION Tarawoods Lot No. 34 Block No. C

Map Book No — Page No. —

18) DEED REFERENCE — DEED BOOK — AT PAGE —

19) HAS A PERCOLATION TEST BEEN RUN? [X] YES [ ] NO DATE RUN 7/19/73

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

Michael L Doelinger
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

APT #6044

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

SEPTIC TANK AGREEMENT

Date January 22, 1974

57

I acknowledge that I have been informed by the Mecklenburg County Health Department that the property described as

Lot 34, Block C, of Tarawoods Subdivision, as recorded in Map Book 135, Page 28, of the Mecklenburg County Registry (tax code number 135-283-04 10-11-73)

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

REAL ESTATE BOOK 3650 PAGE 0258

1974 JAN 23 PM 2 39
REGISTERED
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

X Unsuitable soil - inadequately slow percolation rate (120 minutes per inch).

Owner Dellinger, Madison & Associates, Inc.

Owner Attested Henry Stephen Dellinger
Vice-President

Attested Robert W Lee
Asst. Sec.

Seal

State of North Carolina
County of Mecklenburg

I, Donna Lynn Bradley a notary public of Mecklenburg County, North Carolina, Certify that Robert W. Lee personally came before me this day and acknowledged that he or she is the Asst. Sec. of Dellinger, Madison & Associates, Inc., a corporation and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its Vice President, sealed with its corporate seal, and attested by himself or herself as its Asst. Sec.

Witness my hand and official seal, this the 22nd day of January 1974.

Donna Lynn Bradley

My commission expires March 29, 1977

Drawn By
EHD 507
11/16/73

REAL ESTATE

3650 0259

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Donna Lynn Bradley

a Notary Public of said County and State
is certified to be correct. This 23 day of January 19 74
Charles E. Crowder, Register of Deeds. By: Mary A. Rice
DEPUTY

Mail to:
John Atkinson
Environmental Health Dept.
1300 Blythe Blvd.
Charlotte, N.C.

REAL ESTATE

2.00
2.50

SEE INSTRUCTIONS ON BACK

Date Received 4/23/75

ICAR IS: Application No 6044

T C No 135-281-09

Map Date 8-9-72

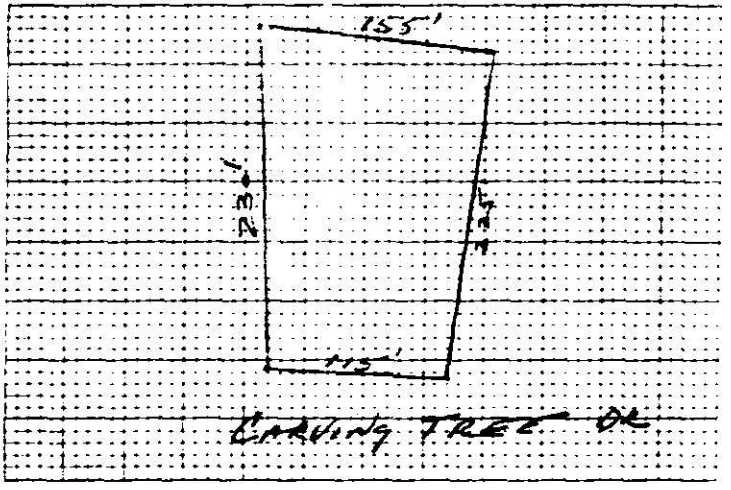
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 5 ___

5 Business Use Max No Employees 0 ___

6 Washing Machine ✓ Yes ___ No

7 Garbage Disposal ✓ Yes ___ No

8 Dishwasher ✓ Yes ___ No

9 Water Supply
A Individual Well ___
B Government ___
C Community System ___
1 Well ✓
2 Government ___

Sewage System
Is property located within 200' of public sewer ✓ No
Is property located within 300' of community sewer Yes ✓ No

11 FHA Case No ___

12 VA Case No ___

13) NAME OF OWNER Dellinger Madison & Assoc Inc
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 551 Executive Center Dr Suite 223 Charlotte 28212

15) PHONE NO Home ___ Office 568 4140

16) LOCATION OF SYSTEM 4616 Carving Tree Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Tanglewood Lot No 34 Block No C

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7-19-73

20) PTR NUMBER (See Instructions) 6044

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.

4-9-75
DATE OF APPLICATION

H. Stephen Dellinger
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 23, 1975

Serial No. 4835

IMPROVEMENTS PERMIT

LA No. 6044

T C. No. 135-281-09

Map Date 8-9-72

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 Dellinger -Madison & Assoc., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 5501 Executive Center, Drive, Suite 223 ZIP _____

LOCATION OF LOT 4610 Carving Tree Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 34 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 *, 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 6044. 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.

*Agreement card signed and presented for recording on January 22, 1974

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 30 July 75 Serial No. [illegible] C of A (s) No 6044

T C No 135-283-09

Map Date

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Dellinger & Madison (LAST, FIRST, MIDDLE)

Location of Property Carving Tree Lot 34-C

Application Number 6044 Permit Number 6044

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 600' #150' Number of Lines @ 15'X150'

Depth of Filter Material 17" Cover Depth

Water Supply Source Community Distance from Water Source 100+

Excavation Inspected 30 July 75 (DATE) Tank Inspected 30 July 75 (DATE)

Nitrification Field Inspected 30 July 75 (DATE)

Washing Machine Line Inspected, If Applicable 30 July 75 (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 aeration pit O.K

G. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY