Date Received 9-5-73

APT No. 6944 PD 48

T C No. 195-015-PD

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 411 S. Sharon Am. ty ZIP 28211

3) PHONE NO Home ____ Office 364-7155

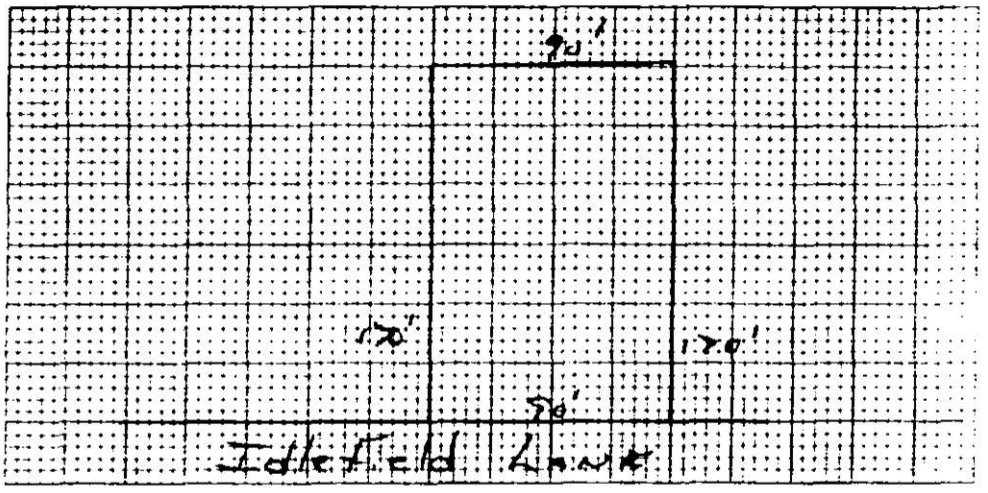
4) LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 30 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

M L Dellinger, Vice President
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

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

Telephone 374-2113

Date Issued
1. September 6, 1973
2. _____
3. _____

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

SDR No. 6944 48
T.C. No. [illegible]-015-10
12-14-73

NAME OF OWNER Dellinger, Madison & Assoc., Inc.

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP _____

LOCATION OF LOT Idlefield Lane, Lot 30-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.	9-6-73	200 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 9-6-73 - 1) holes not marked, 2) lot not marked, 3) holes not 36 inches deep

Thomas R. Ward
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
R-19-8-16-70

Serial No. 3877

PTR No 6966
P.O. 48
T C No 195-015-30
Map Date 12-14-73

Date Issued December 12, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

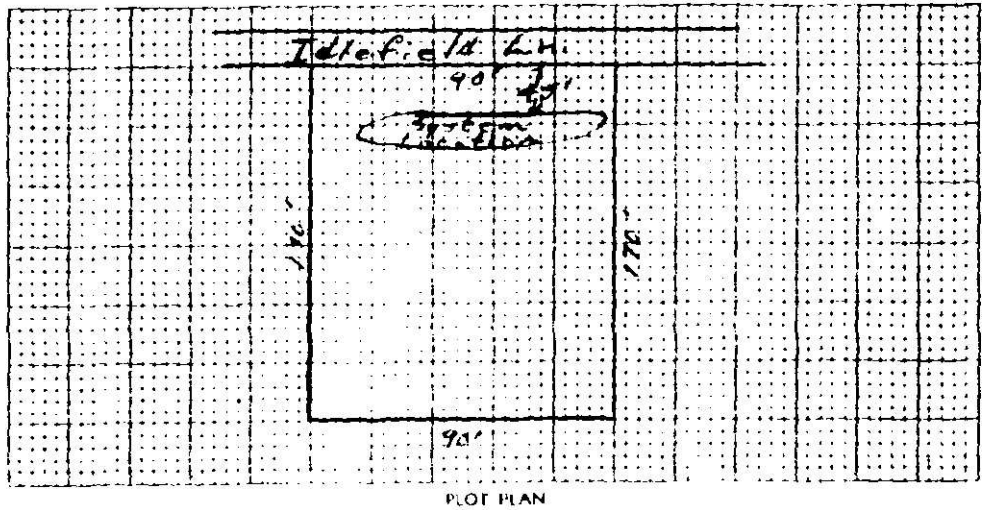
PERCOLATION TEST REPORT

NAME OF OWNER 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 30 BLOCK NO C



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 soil is approved for the installation of an individual septic tank sewage 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 proposed system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of building or of the sewage treatment system on the subject lot.
2. The size of the septic tank and treatment system which must be installed will be determined by the Health Department prior to issuance of a permit on the basis of the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only for the soil conditions encountered 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 Gregory Jr. — Soil Scientist

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

FORM HD E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-13-74

ICAR (S) Application No 6944

T C No 195-015-10

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

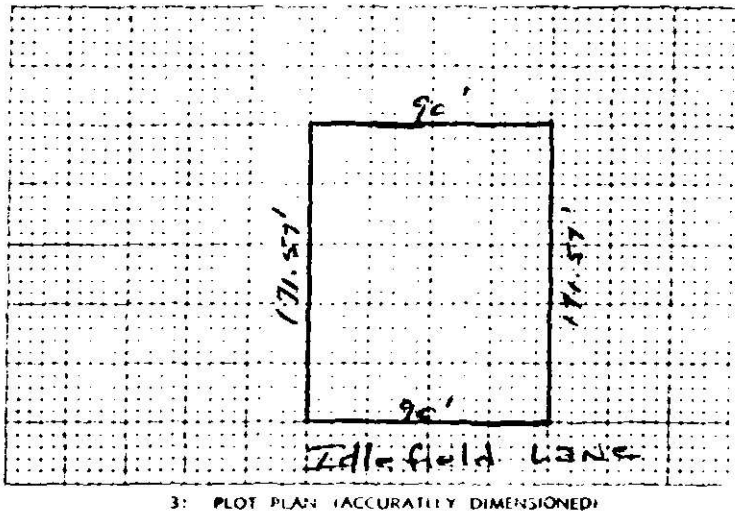
195-015-48

12 14 73

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



4) No. of Bedrooms 3

5) Living Units Multiple Employee 0

6) Washing Machine ✓ Yes No

7) Garbage Disposal ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well
B) Community System
1) Well ✓
2) Municipal System

10) Public Water Yes ✓ No

11) Property Abuts Public Sewer Yes ✓ No

12) FHA Case No.

13) VA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

15) NAME OF OWNER Dellinger Madison & Anne Jr. & C
LAST FIRST MIDDLE

16) ADDRESS OF OWNER 411 S. Sharon Amity Rd Charlotte, N.C. 28211

17) PHONE NO Home — Office 364-7155

18) LOCATION OF SYSTEM Idlefield Lane
STREET OR COUNTY ROAD

19) SUBDIVISION Idlewood Lot No 30 Block No C

Map Book No — Page No —

20) DEED REFERENCE — DEED BOOK — AT PAGE —

21) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 12-14-73 PERC

22) PTR NUMBER (See Instructions) C-944

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 9-12-74

OWNER Madison Dellinger

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Sept. 16, 1974

Serial No. 4431

LA No. 6944

T C No 195-015-48

IMPROVEMENTS PERMIT

Map Date 12-14-73

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 & Associates, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF LOT Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 30 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 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 6944. 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

Environmentalist

John R Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5978 ICAR(S) Permit No.

Date Issued

T C No

Map Date

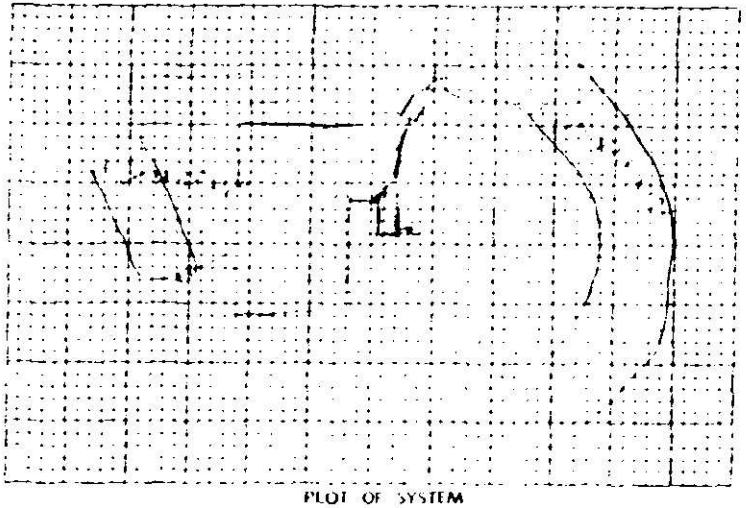
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Length

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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.

E-5-9-1-72

Serial No. 5578

C of A (s) No. 6944

Date Issued 18 Dec 74

T C No. 195-015-48

John R. Atkinson
CERTIFICATE OF COMPLETION

Map Date 14 Dec 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Atkinson (LAST) Madison (FIRST) & Anna Lee (MIDDLE)

Location of Property Idlefield Lane (Lot 30-C)

Application Number 6944 Permit Number 6944

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600' + 150' WM Number of Lines 3 (75' x 50' x 17") 6 (15' x 26' x 12")

Depth of Filter Material 12" Cover Depth 24-48"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 18 Dec 74 (DATE) Tank Inspected 18 Dec 74 (DATE)

Nitrification Field Inspected 18 Dec 74 (DATE)

Washing Machine Line Inspected, If Applicable 18 Dec 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, 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, maintaining 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 which were the permit issue in addition to those listed below under comments. This Certificate of Approval shall be void and of no effect 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 County Septic (Caste)

M D Eudy
Environmentalist

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

HEALTH EDUCATION