Date Received 9 25 73

APT No 7039

T C No 195-016-09

Map Date 12-14-78

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 411 S Sharon Amity Rd Charlotte N C ZIP 28211

3) PHONE NO Home — Office 364-7155

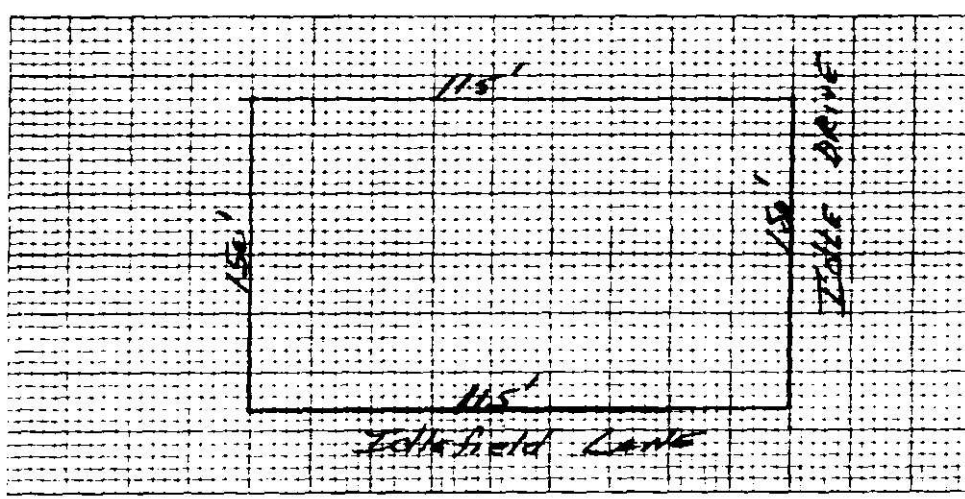
4) LOCATION OF PROPERTY Idlefield (STREET OR COUNTY ROAD) Lane

5) SUBDIVISION Idlewood LOT NO 4 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

Michael L Dellinger, Vice President
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 12-10-73

APT No 7039

T C No 195-016-09

Map Date 6-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED
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 Amity Rd. Charlotte, NC ZIP 28211

3) PHONE NO Home -- Office 364-7155

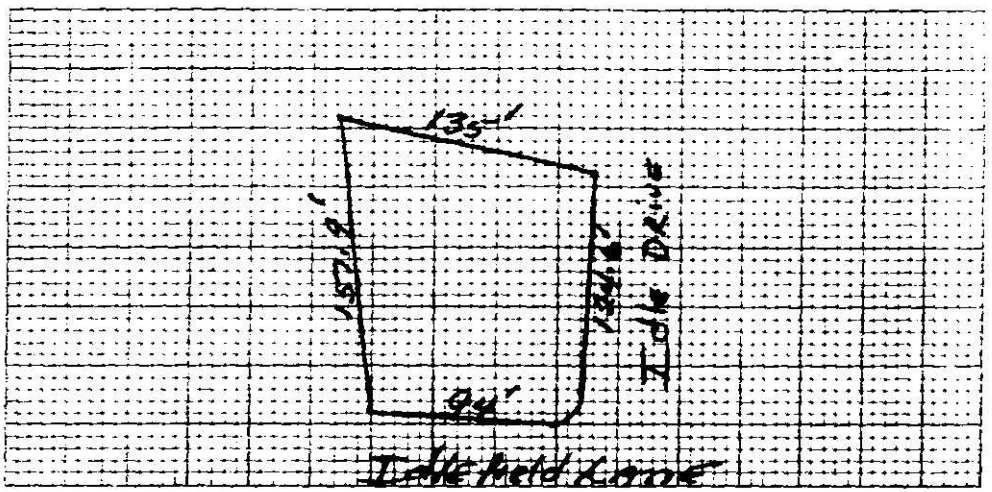
4) LOCATION OF PROPERTY Idlefield Lane
STREET OR COUNTY ROAD

5) SUBDIVISION Idlewood LOT NO 4 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

Michael L Kalman, Vice President
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENTS COPY

Serial No. 3880

PTR No 7039
Rec.
T C No 195-016-09
195-016-10
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

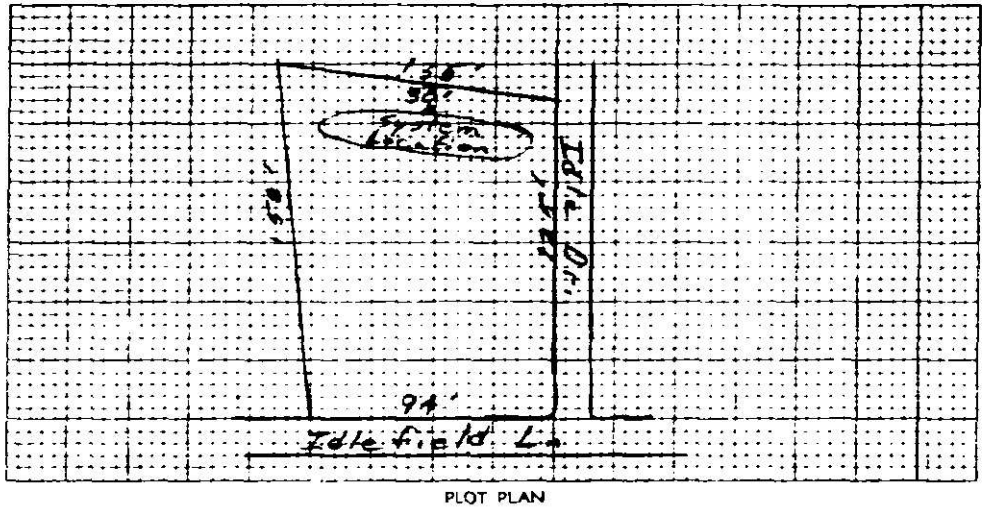
PERCOLATION TEST REPORT

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 4 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 R. Dickson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-5-1-72

HEALTH DEPARTMENT'S COPY

Date Received 9-20-74 SEE INSTRUCTIONS ON BACK ICARUS Application No. 7039

T C No 195-06-09

Map Date 12-14-73

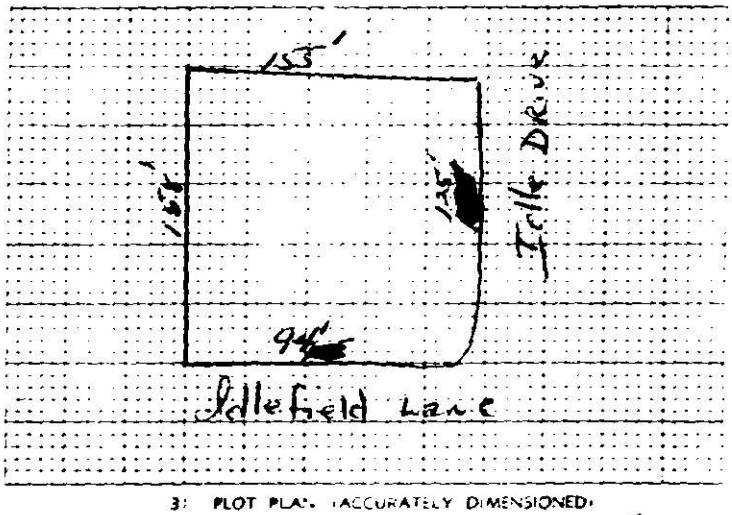
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

X Install or Construct ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3 No. of Bedrooms
Employees 2
Washing Machine Yes
Garbage Disposal No
Dishwasher No
Water Supply
We
Yes No
No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Dellinger Madison V (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 411 S. Sharon Amity Rd Charlotte NC 28211

15) PHONE NO Home — Office 366-[redacted] 7155

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

17) SUBDIVISION Idlewood Lot No 4 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 ⇒60

20) PTR NUMBER (See Instructions) 1034

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

9-19-74
DATE OF APPLICATION

C Dwight Madison Jr.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-20-74

Serial No. 4447

IMPROVEMENTS PERMIT

LA No 7039

T C No 195-016-09

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

ADDRESS OF OWNER 411 South Sharon Amity Road, Charlotte ZIP 28211

LOCATION OF LOT Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 4 BLOCK NO E

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 60min/in. or 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 7039. 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

John D. Atkisson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. ? ICAR(S) Permit No. [illegible]

Date Issued [illegible] T C No [illegible]

Map Date [illegible]

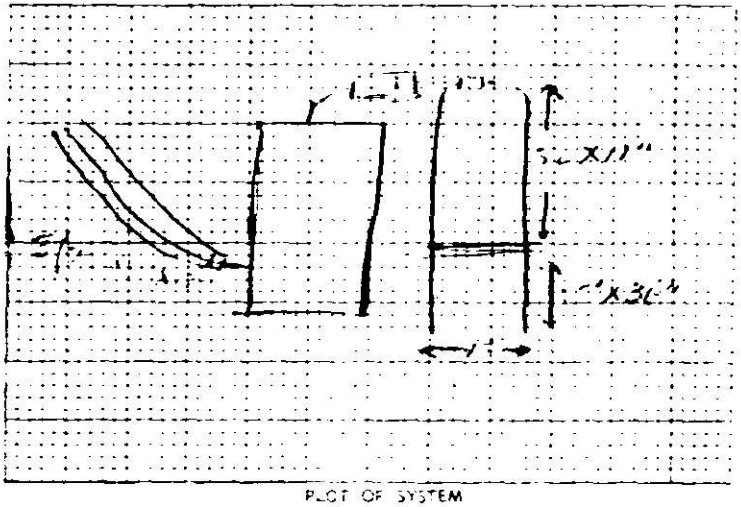
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 [illegible] dated [illegible] 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 [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 [illegible]

Division or Section Head [illegible] Environmentalist [illegible]

If this permit is for the installation or construction of a new system, it must be signed by the division or a section chief 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. [illegible]

C of A Ist No 7039

Date Issued 12/9/75

T C No 195-016-09

Map Date 12/14/73

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 (FOR SALE) DELLINGER (LAST) MADISON (FIRST) ASS. INC (MIDDLE)

Location of Property (LOT 46) IDLEFIELD LN-

Application Number 7039 Permit Number 7039

Inspection Date:

Liquid Capacity of Tank 1500 gal

Tank Material PC

Total Length of Drain Tile ST 600 WM 150

Number of Lines ST 6 WM 3

Depth of Filter Material 17"

Cover Depth 24"

Water Supply Source COMM

Distance from Water Source —

Excavation Inspected 12/3/74 (DATE)

Tank Inspected 12/3/74 (DATE)

Nitrification Field Inspected 12/3 & 12/6/74 (DATE)

Washing Machine Line Inspected If Applicable 12/3/74 (DATE)

The undersigned has inspected the individual Septic Tank System with subsurface soil absorption effluent disposal as described above and it has been X installed or constructed altered in compliance 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 using the property 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 set forth in 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 DRAIN FIELD FLOODED BEFORE COVERING. CONTRACTOR WAITED UNTIL WATER RECEDED & MORE AGGREGATE ADDED BEFORE COVERING SEE REVISED LAYOUT

L O Blackman

Environmentalist

FORM NO E-6-9-1-72

In DELINQUENT'S COPY

Date Issued 11-20-74

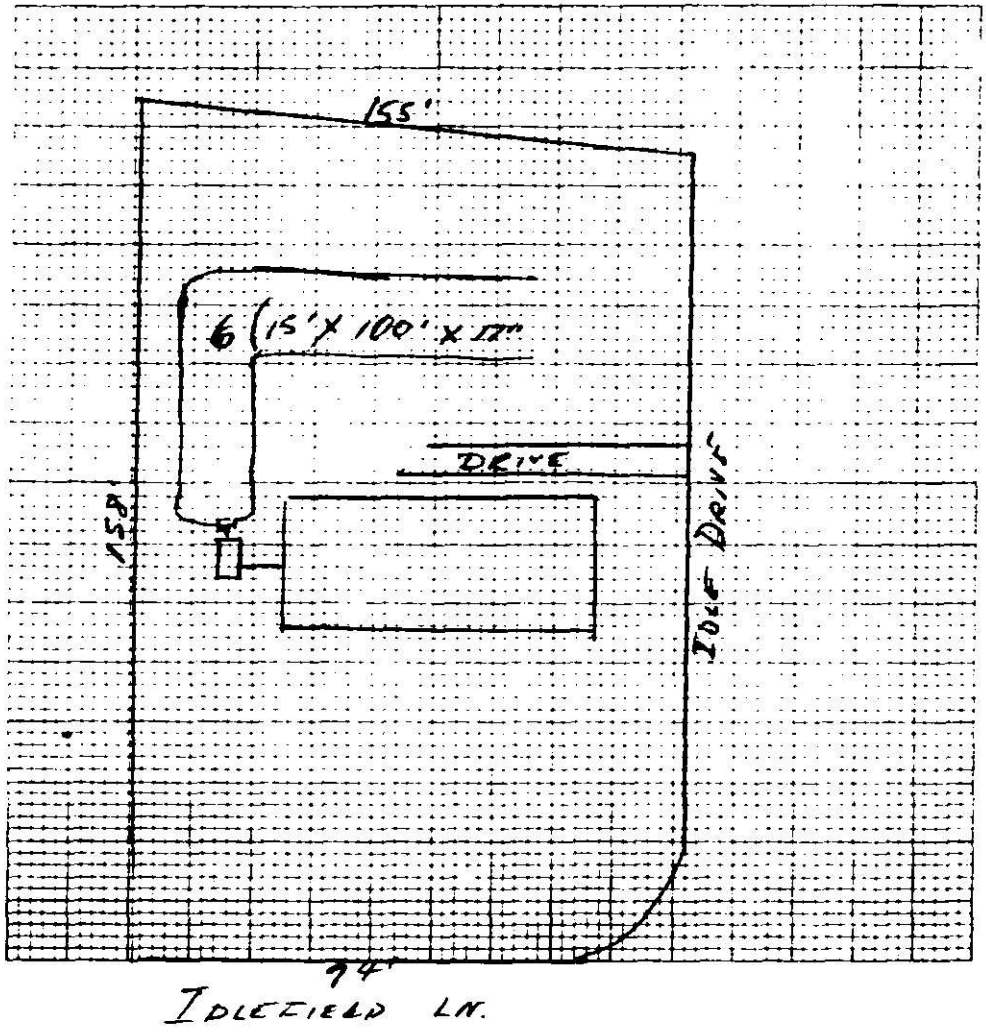
C of A (s) No. 7037

T C No. 195-016-09

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

L. P. Bridgeman

Environmentalist

FORM NO E 7-1-70

HEALTH DEPARTMENT'S COPY