SEE INSTRUCTIONS ON BACK

Date Received 9-5-73

MECK COUNTY HEALTH DEPT.
RECEIVED
SEP 5 1973
ENVIRONMENTAL HEALTH DIVISION

CAR(S) Application No 6913
T C No 195-017-19
Map Date 12 14 73

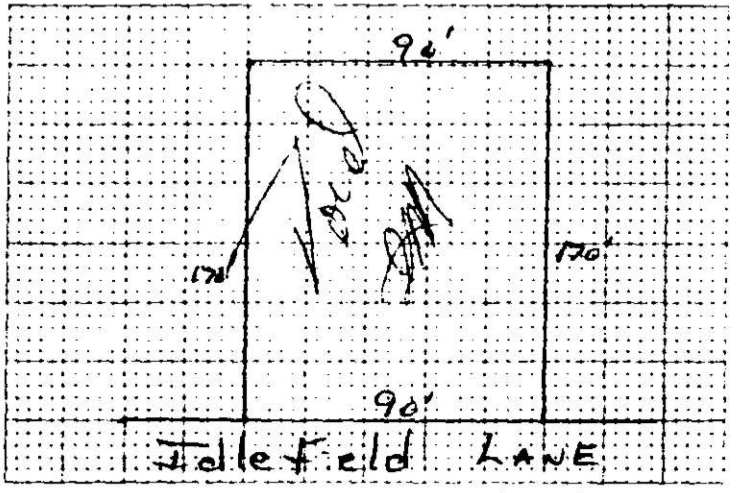
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

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 4
5) Income Use Max. No. Employees 0
6) Washing Machine X Yes ____ No
7) Garbage Disp. X Yes ____ No
8) Dishwasher X Yes ____ No
9) Water Supply
A) Individual Well
B) Government ____
C) Community ____
1) Well ____ X
2) Government ____
Sewage System
If public water ____ Yes X No
If public water ____ Yes ____ No
Community sewer Yes X No
11) FHA Case No. ____
12) VA Case No. ____

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

14) ADDRESS OF OWNER 411 S. Sharon Amity

15) PHONE NO Home ____ Office 364-7155

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

17) SUBDIVISION Idlewood Lot No 9 Block No B

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 8/16/73

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the content 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

8/31/73
DATE OF APPLICATION

OWNER M L Rodman, Vice President

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: July 18, 1974

TO: John Adkisson

FROM: W. Everette Lynn, Jr. wel
Soil Scientist

SUBJECT: APT #6912 (Dellinger & Madison)
Lot No. 9, Block B, Idlefield Lane
7-17-74

The lot consists of cut and fill material.

The fill occurs on the rear half of the lot (away from Idlefield Lane). This fill consists of highly compacted clayey material which has very little porosity or natural structural development. These factors result in inadequately slow permeability and percolation rate.

The soil on the front portion of the lot (adjacent to Idlefield Lane) has been cut to considerable depth. The resulting compaction and traffic has resulted in limited permeability and percolation rate (true mean perc. rate of 90 min./in.).

Based on this investigation, it is recommended that the lot be granted conditional approval for installation of a septic tank system. System design should be based on a 90 min./in. perc. rate.

WEL:jdg

Serial No. 4550

PTR No. 6912

Date Issued July 19, 1974

T C No 195-017-19

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

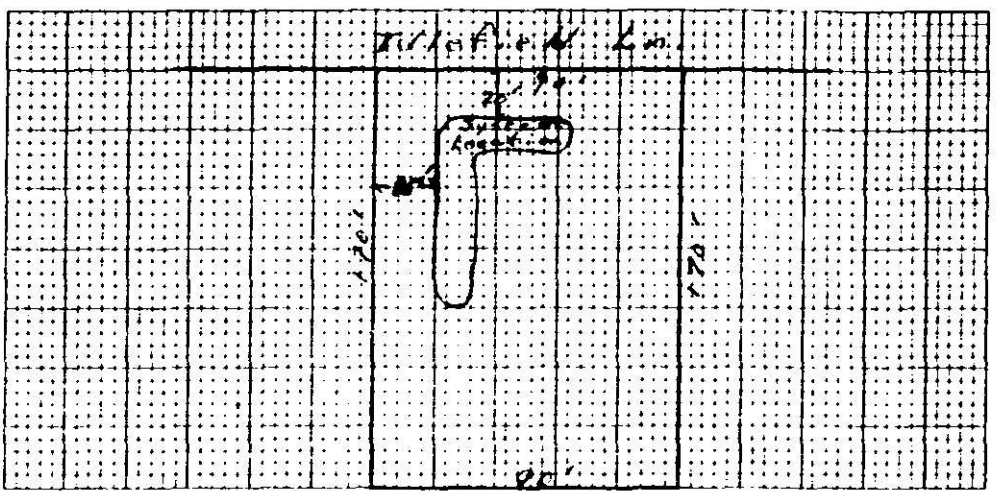
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 9 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 90*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.

John A. Abbesson
Director, Environmental Health Division or Authorized Section Head

W. Keith Lyons Jr.
Soil Scientist

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2/25/75

MECK COUNTY HEALTH DEPT BACK
RECEIVED
FEB 25 1975

ICAR (S) Application No 6912

T C No 195-077

Map Date 12/14/72

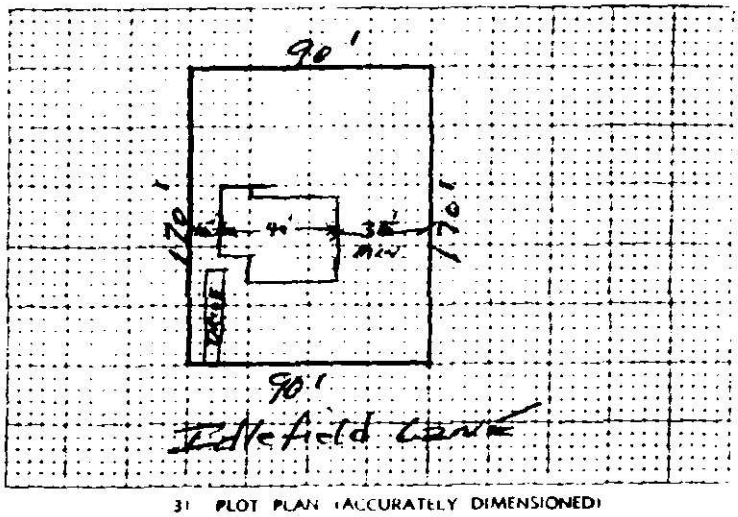
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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) Income Type Multi-Family Employees 0

6) Washing Machine ✓ Yes No

7) Garbage Disp ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water supply

A Individual Well

B Community System

C Municipality System

1 Well on property ✓

2 Connected to public water Yes ✓ No

If not connected to public water, is property within 200 feet of community sewer Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Dellinger (LAST) Madison & Assoc Inc (FIRST) (MIDDLE) Charlotte 28212

14) ADDRESS OF OWNER 5501 Executive Center Dr Suite 223

15) PHONE NO Home ___ Office 568-4140

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

17) SUBDIVISION Idlewood Lot No 9 Block No B

Map Book No ___ Page No ___

18) DEED REFERENCE -- DEED BOOK ___ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7-19-74

20) PTR NUMBER (See Instructions) 6912

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

2-21-75
DATE OF APPLICATION

OWNER [signature]

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

HEALTH DEPARTMENT'S COPY

Date Issued July 19, 1974 **Serial No. 4297** LA No. 6912

T. C No. 195-017-19

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

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

LOCATION OF LOT Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 9 BLOCK NO B

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 90 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 6912. 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

L. P. Dingman
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4-21-75 Serial No. 6304 ICAR (S)-Permit No. 6812

T C No 195-017-11

Map Date 12-14-73

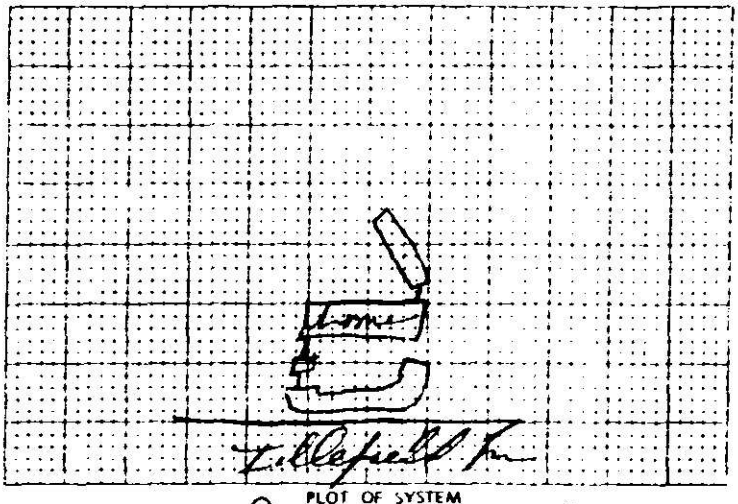
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6812, dated 2-25-75 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 5-21-75, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 60 @ 5' 150'

Number of Lines 6 (15 x 100 x 17") 3 (7½ x 50 x 12")

Distance from House 10

Distance from Property Line 10

Distance from Well Comm

NAME OF OWNER Dellinger & Modisa

LOCATION OF PROPERTY Littlefield Ln 96

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 Aeration pit 2½ x 7 x 4' 9" Stone

Heath

Division or Section Head

Richard Gaston
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

Date Issued 5-6-75

Serial No. 5830

C of A (s) No. 6912

T C No 95-07-17

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 Dellinger E Medlin (LAST, FIRST, MIDDLE)

Location of Property Idlefield Dr 9-B

Application Number 6912 Permit Number 6912

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600±150' Number of Lines 6(15'x100'+17") 3(17½'x50'+17")

Depth of Filter Material 17" Cover Depth 24-30"

Water Supply Source Comm Distance from Water Source —

Excavation Inspected 5-6-75 (DATE) Tank Inspected 5-6-75 (DATE)

Nitrification Field Inspected 5-6-75 (DATE)

Washing Machine Line Inspected, If Applicable 5-6-75 (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 issued 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 2½ x 7' x 4' 1 Com Hyatt

Richard Gordon
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT COPY