Date Received 5-2-73

APT No. 6167

T. C. No. 195-015-61

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 Amity, Charlotte ZIP 28211

3) PHONE NO. Home — Office 364-7155

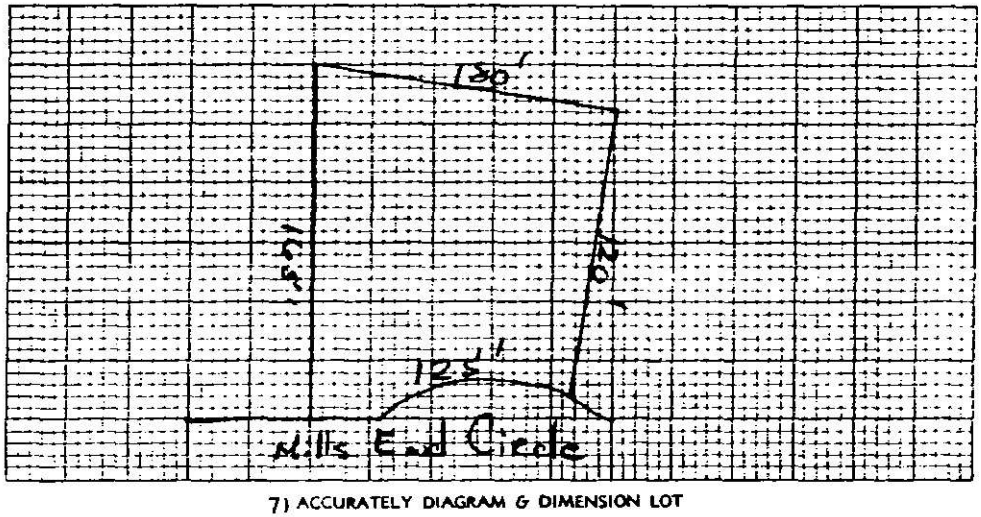
4) LOCATION OF PROPERTY Mills End Circle
(STREET ON COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO. 17 BLOCK NO. C

MAP BOOK NO. — PAGE NO. —

6) DEED REFERENCE: DEED BOOK — PAGE NO. —

Applicotion 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

OWNER Douglas Madison

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. May 9, 1973
2. _____
3. _____

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

SDR No. 6167
T.C. No. 195-015-61
12-14-73

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

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP _____

LOCATION OF LOT Mills End Circle, Lot 17-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.	5-8-73	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.)
MED 398
r/70

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

Serial No. 3143

PTR No. 6167
~~P-0.~~ 61

T. C. No. 195-015-10

Date Issued May 29, 1973

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

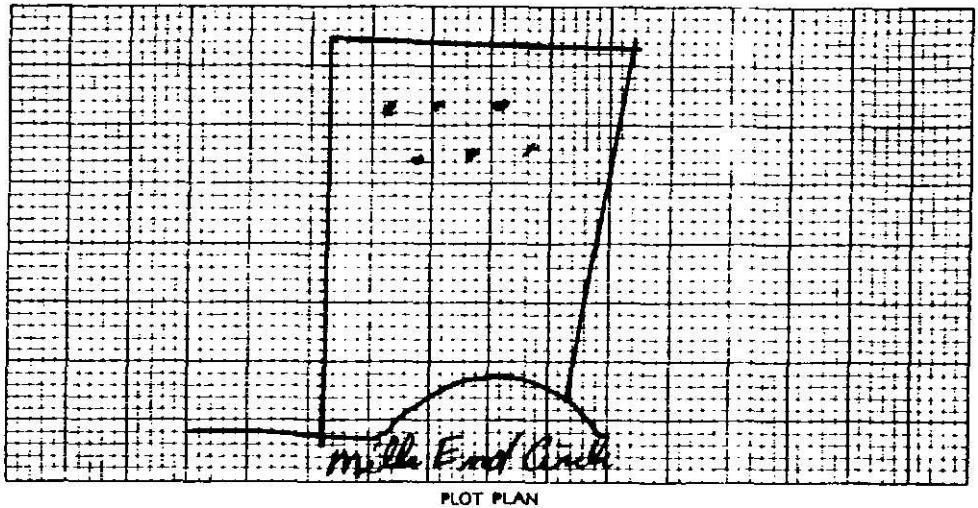
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP

LOCATION OF PROPERTY Mills End Circle (STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO. 17 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 56 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.

John R. Dickson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-29-73

ICAR(S) Application No 6167

T C No 195-015-61

Map Date 12-14-73

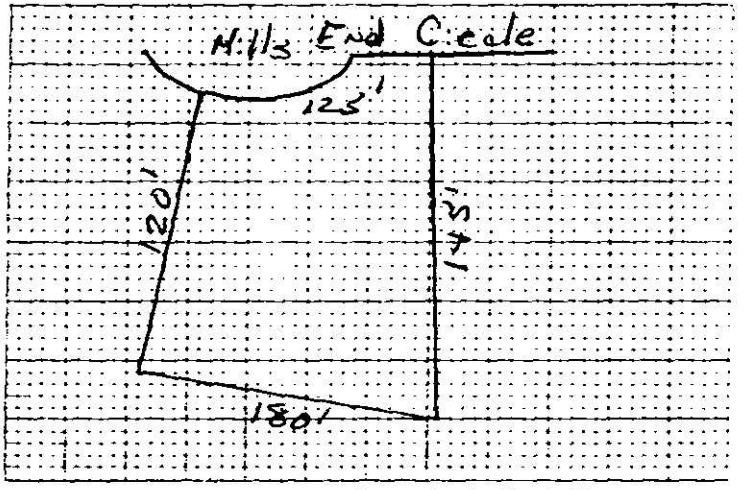
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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) Building 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 System ___
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 Dellinger Madison & Assoc., Inc. (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 411 S. Sharon Amity, Charlotte, N.C.

15) PHONE NO Home ___ Office 364-7155

16) LOCATION OF SYSTEM Mills End Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No. 17 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 5/25/73

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.

5/28/73
DATE OF APPLICATION

Doug Madison
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 29, 1973

Serial No. 2986

LA No. 6167
P.O.
T. C. No. [illegible] 61
195-015-[illegible]
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 S. Sharon Amity Road ZIP _____

LOCATION OF LOT Mills End Circle
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 17 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 56 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 6167. 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. Johnson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E 3-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6 6 74

ICAR(S) Application No 6167 -61

T C No 195-015-10

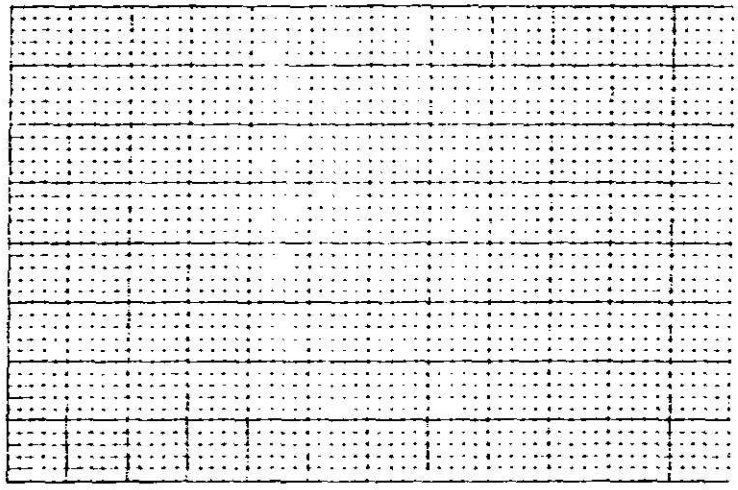
Map Date 12-14 73

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) ___ Install or Construct 2) X Alter or Repair an individual ~~septic~~ Water Bay tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — 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 System ___
C) Community System
1. Well source ✓
2. Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Strange (LAST) Kenneth (FIRST) D. (MIDDLE)

14) ADDRESS OF OWNER 13708 Mills End Circle Dellinger Madison & Assoc

15) PHONE NO. Home ___ Office 364-7155

16) LOCATION OF SYSTEM 13708 Mills End Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No. 17 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 5-29-73

20) PTR NUMBER (See Instructions) 6167

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.

6-4-74
DATE OF APPLICATION

Kenneth D. Strange (Mills)
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 9-26-74 SEE INSTRUCTIONS ON BACK ICAR 65 Application No 6167

T C No 195-015-61

Map Date 12-14-73

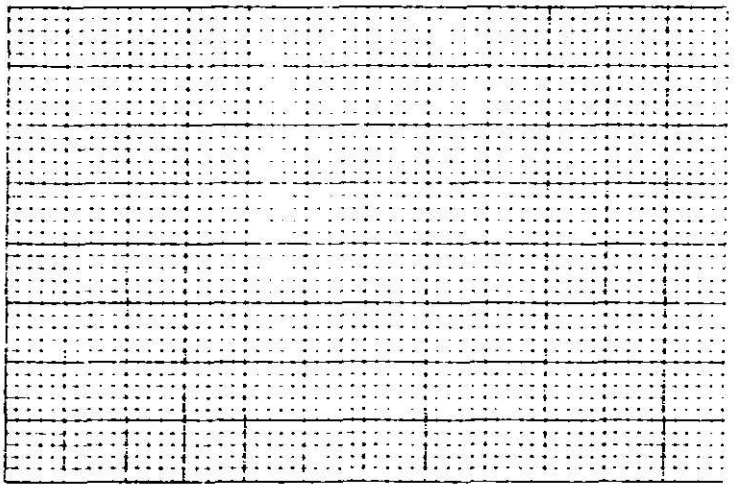
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ___ Install or Construct 2) X Alter or Repair an individual ~~septic~~ Washer Pit tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedroom 3

5) Business Use - Max No Employees 6

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ✓ Yes ___ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source ✓
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FmHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Strange (LAST) Kenneth (FIRST) D (MIDDLE)

14) ADDRESS OF OWNER 13708 Mills End Circle Dellinger Matheson & Assoc.

15) PHONE NO Home ___ Office 364-7155

16) LOCATION OF SYSTEM 13708 Mills End Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No. 12 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 5/25/73

20) PTR NUMBER (See Instructions) 6167

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.

9-26-74
DATE OF APPLICATION

Kenneth D. Strange
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8-29-73

Serial No. 4258

ICAR (S) Permit No 6167

T. C. No. 195-015-61

Map Date 12-14-73

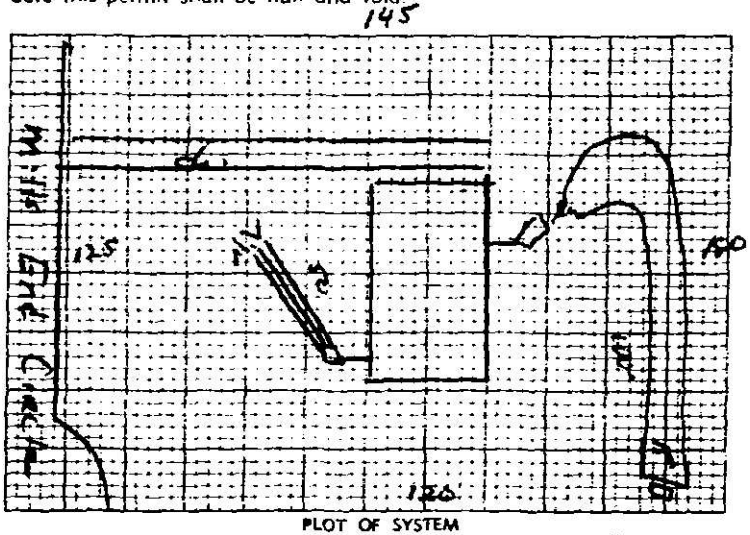
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 6167, dated 8-29-73 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 9-29-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast Con.

Absorption and/or Nitrification Lines:

Total Line Lenght 600'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Dellinger Machine + Assoc.

LOCATION OF PROPERTY 17c Mills End Circle

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: 15 x 100' - aerate pipe laid
washed 2½" x 50 x 1½" stone
Howard Hazlett, Contractor

Division or Section Head

Environmentalist Thomas R. Wall

* 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.

FORM NO E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9-10-73

Serial 3893

C of A (s) No. 6167

T. C. No. 195-015-61

Map Date 12-14-73

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 + Assoc. (LAST, FIRST, MIDDLE)

Location of Property Lot 17 C Mills End Circle

Application Number 6167 Permit Number 6167

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material Precast Conc.

Total Length of Drain Tile 600' Number of Lines 6

Depth of Filter Material 17" Cover Depth 21"

Water Supply Source Comm. well Distance from Water Source 100'+

Excavation Inspected 9-10-73 (DATE) Tank Inspected 9-10-73 (DATE)

Nitrification Field Inspected 9-10-73 (DATE)

Washing Machine Line Inspected, If Applicable 9-10-73 (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: Installed by Howard Hayall

Thomas R Ward
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 10 Jun 74

Serial No. 5408

ICAR(S) Permit No. 6167-01

T C No 195-015-

Map Date 12-14-73

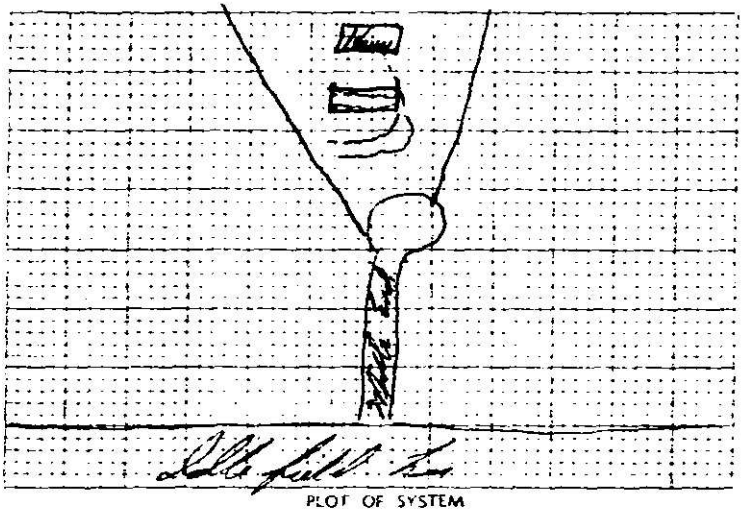
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6167, dated 4 Jun 74 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 10 July 74, 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 Lenght 100' WM

Number of Lines 2 (5' X 50' X 12")

Distance from House 25'

Distance from Property Line 20'

Distance from Well —

NAME OF OWNER Strange, Kenneth D.

LOCATION OF PROPERTY 13708 Mill End Circle (Hlmd)

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 County Septic (Cont)

Division or Section Head ____ Environmentalist [signature]

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.

Form No. E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5953

Date Issued 10/10/74

ICAR(S) Permit No. 6167

T C No. 195-015-61

Map Date 12/14/73

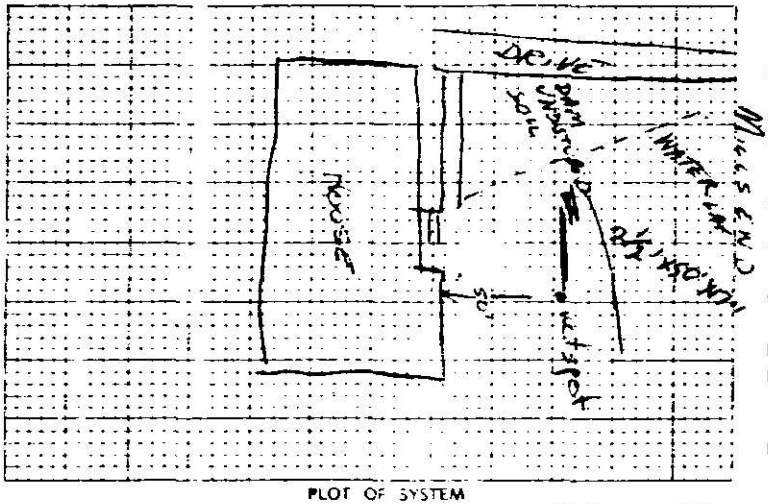
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 6167, dated 9/26/74 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 REPAIR W.M.

Liquid Capacity of Tank 1!

Tank Construction 11

Absorption and/or Nitrification Lines

Total Line Lenght 50'

Number of Lines 1

Distance from House 50'

Distance from Property Line 54- 15'+

Distance from Well COMM

NAME OF OWNER KENNETH D. STRANGE

LOCATION OF PROPERTY 13708 MILLS END CR.

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 NOTE EXCAVATE TO TOP OF EXISTING DRAIN BY HAND SHOVEL POCKET 6" ROCK ABOVE EXISTING DRAIN THENCE TO REPAIR. RUN ALL DRAIN ON LEVEL CONTOUR.

Division or Section Head JA/SPS

Environmentalist LCBrysman

* 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.

Form No. E-5-8-1-72

YELLOW FILE Copy

Date Issued 12 Jun 74

Serial No. 4927

C of A (s) No. 6167 61

T C No 195-015-10

Map Date 1-14-74 3-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Strange (LAST) Kenneth (FIRST) D. (MIDDLE)

Location of Property 13708 Mills End Circle Cotswold

Application Number 6167 Permit Number 6167

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 100' WM Number of Lines 2 (5 @ 50' x 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source Community

Excavation Inspected 12 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 12 Jun 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, 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 as 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: County Septic (Conte)

M. L. Busby
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY