Date Received 12-10-73

APT No 7317

T. C No 195-016-06

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED
DEC 1973
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 Rd. Charlott-e, N.C. ZIP 28211

3) PHONE NO Home -- Office 364-7155

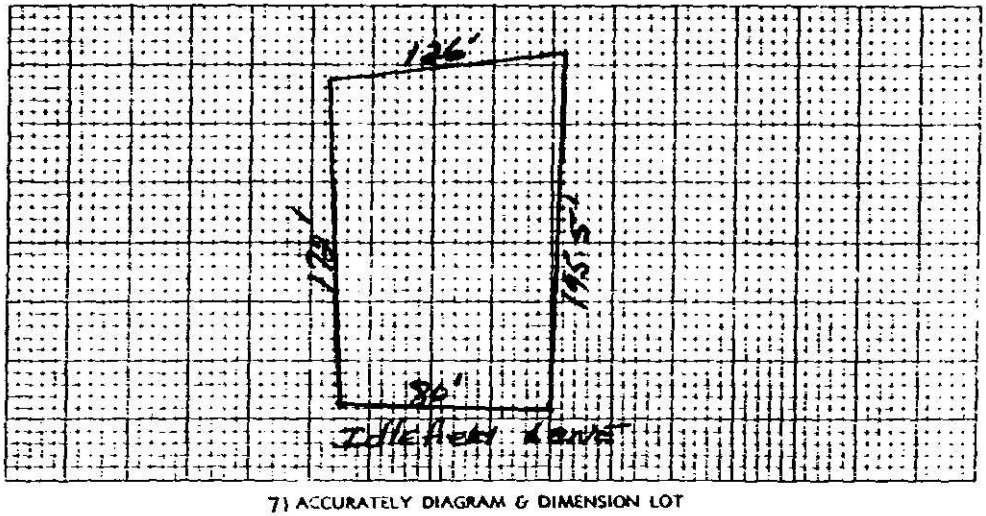
4) LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 7 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

M L Rodman, Vice Pres
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3883

PTR No 7317
P.O.016-06
T C No 195-012-10
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

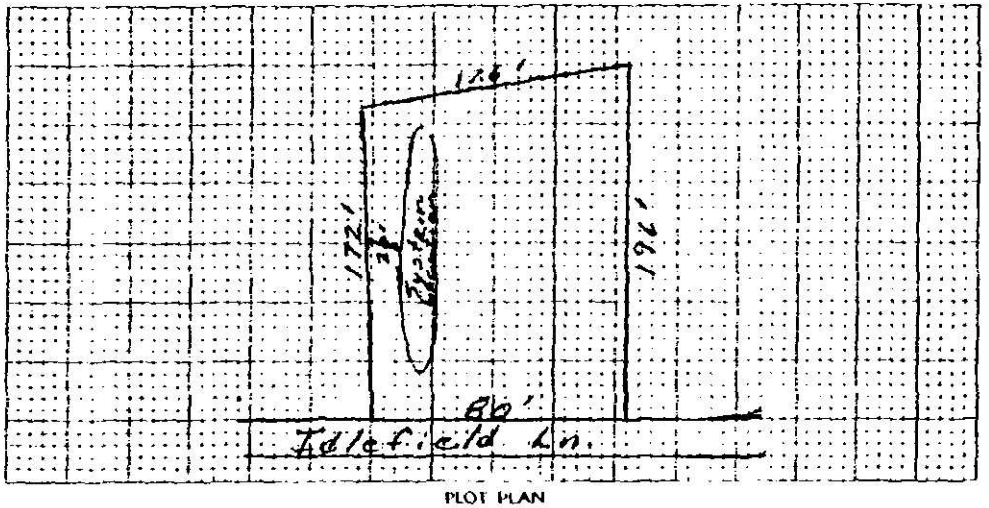
PERCOLATION TEST REPORT

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 7 BLOCK NO E



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 plat.

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 sub-surface, 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 Lyman Jr. — Soil Scientist

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

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received _____ SEE INSTRUCTIONS ON BACK

RECEIVED NOV 1974

CARES Application No 7317

T C No 195-015-10

Map Date 2-14-73

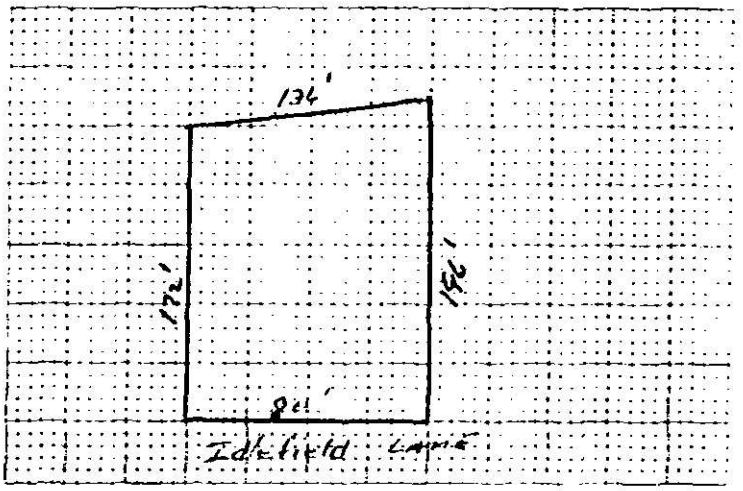
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

3

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

14) ADDRESS OF OWNER 5501 Executive Center Dr Suite 223 Charlotte 28212

15) PHONE NO Home — Office 568-4140

16) LOCATION OF SYSTEM 13929 Idlefield Lane
STREET OR COUNTY ROAD

17) SUBDIVISION Idlewood Lot No 7 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) 7317

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.

11-21-74
DATE OF APPLICATION

OWNER [signature]

REV 10 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3-24/75

Serial No. 1987

ICAR(S) Permit No. 2317

T C No 19,501S-1C

Map Date 2-17-73

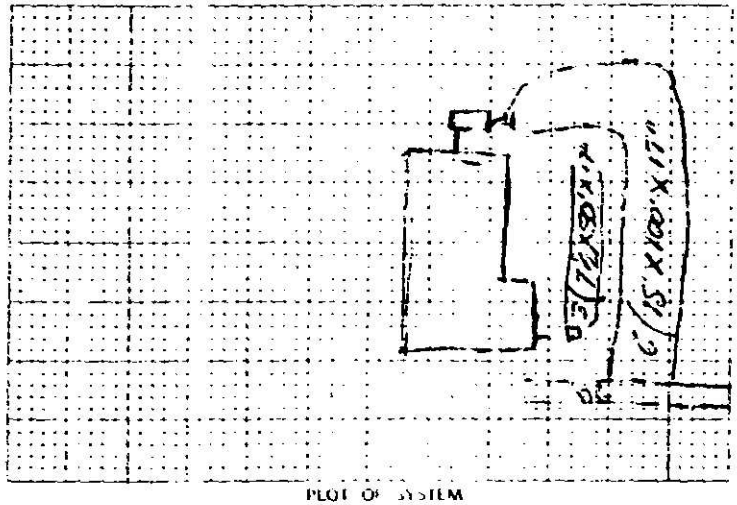
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 2317, 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 4/25/75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 Min.

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines WIN

Total Line Length SI 600 150

Number of Lines 6 3 X

Distance from House 10

Distance from Property Line 10

Distance from Well 100 ft.

NAME OF OWNER DELLINGER-MADISON HOMES INC

LOCATION OF PROPERTY LOT 7E - 13429 IDLEFIELD LN.

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 Co. St. Sim

Division or Section Head JA/ 195

Environmentalist J P Bigman

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-5-8-1-72

Date Issued 3/27/75

Serial No. 5875

C of A (s) No 2317

T C No 75-015-C

Map Date 2-14-75

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 Hbg. Inc (Fern Sites)
LAST FIRST MIDDLE

Location of Property 407 75 13429 Idlewild Rd.

Application Number 7317 Permit Number 2317

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PVC

Total Length of Drain Tile 300 150' Number of Lines 6 3

Depth of Filter Material 12" Cover Depth 28"

Water Supply Source Char-Mec Comm Distance from Water Source

Excavation Inspected 3/26/75 DATE Tank Inspected 3/26/75 DATE

Nitrification Field Inspected 3/26 & 27/75 DATE

Washing Machine Line Inspected, If Applicable 3/26/75 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 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 or 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 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

Environmentalist

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