Date Received 6-28-74

APT No 8176

T C No 135 281-09

Map Date 5 9 74

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 411 S. Sharon Amity Rd. Charlotte, NC ZIP 28211

3) PHONE NO Home -- Office 364-7155

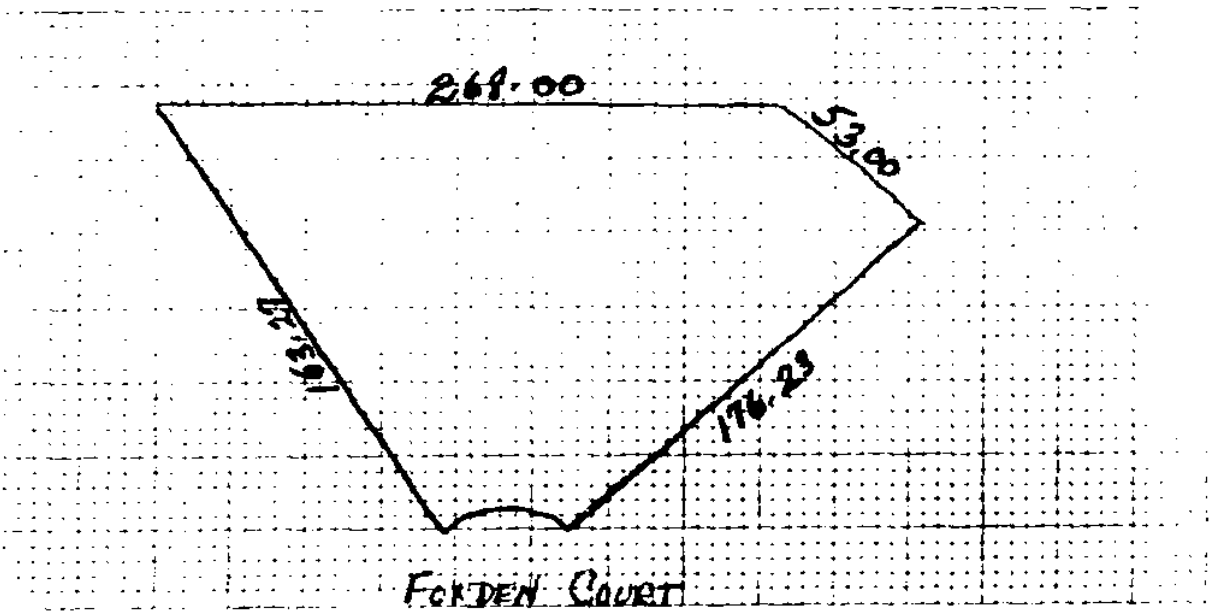
4) LOCATION OF PROPERTY Foxden Court
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 10 BLOCK NO A

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 on the property described hereinafter and described for the purpose of determining the suitability of the soil on the property for the installation of a septic tank wastewater treatment system with subsurface absorption effluent disposal.




7) ACCURATELY DIAGRAM & DIMENSION LOT

H. Dellinger
OWNER

FORM NO. EH-SW-72

HEALTH DEPARTMENT'S COPY

Serial No 4578

PTR No 8176
P.O.
T C N: 135-281-09

Date Issued May 3, 1974

Map Date 5-9-74

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

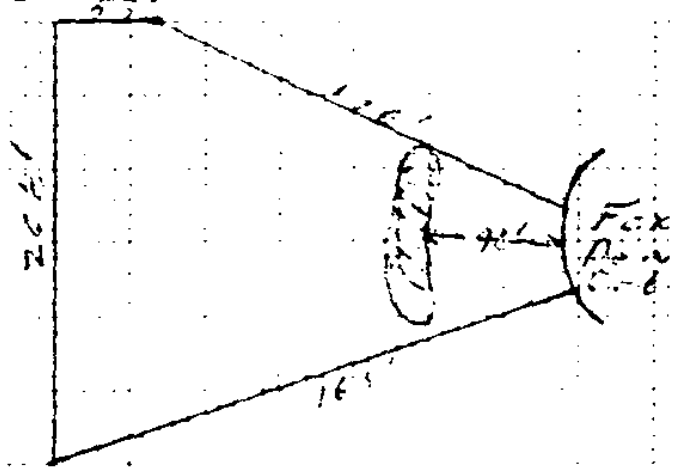
## PERCOLATION TEST REPORT

NAME OF OWNER Bellinger, Madison & Associate, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Ryden Tract

SUBDIVISION Ryden Woods LOT NO 2 BLOCK NO A




...the Mecklenburg... ...that portion... ...for the installa... ...ption effl...

A ...
B ...
...to the ... ...the Health De... ...type of Public ...
structures there.
... was run ... performed on the ... which ... suitable for the ...

...rules and regulations ... Health which were ... the completion of the ... and not have been grant... ed had the new or revised laws, rules and regulations been in effect on the issue date.

*Results determined by soil analysis.

John R Adkinson
Director Environmental Health Division or
Authorized Section Head

FORM NO E-2 (Rev. 7-72) Soil Scientist

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received

ICAR S Application No 8176

T C N 175-281-09

Map No 59 34

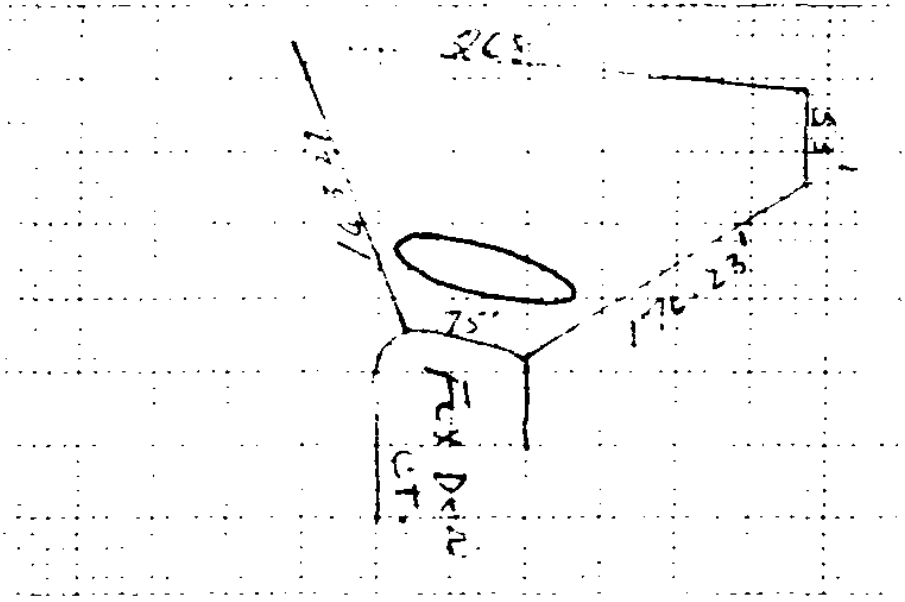
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**Application for an**
**Installation, Construction Alteration, and/or Repair Permit**
**Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge**

This application applies to the Mecklenburg County Health Department regulations

X New Alteration or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge




PLOT PLAN APPROXIMATELY DIMENSIONED

13 NAME OF OWNER DELLINGER, MADISON & ASSOC. INC.
5501 Executive Center Drive
Charlotte, North Carolina 28212

14 ADDRESS OF OWNER P.O. Box 563240

15 PHONE NO Home Office

16 LOCATION OF SYSTEM 4754 Fox Drive Ct.
STREET OR SUBDIVISION

17 SUBDIVISION Thornwoods Lot No 16 Block No 4

Map Book No — Page No

18 DEED REFERENCE - DEED BOOK AT PAGE SB 3760

19 HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN 12 74

20 PIN No Map Book and Page No 59/34

The undersigned agrees that he has read this application and knows the contents thereof and that this application for a permit and all data hereto attached are to become a part of the permit if issued. He certifies that all of the above statements are true

5-26-75
DATE OF APPLICATION

Robert W. Dellinger Jr.
OWNER

Dellinger Madison

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

LA No 8176

Serial No. 4990

T C N: P. O. 135-281-09

Date Issued 5-29-75

Map Date 5-9-74

# 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 **5501 Executive Center Drive, Suite 223 Charlotte, N. C.** ZIP **28212**

LOCATION OF LOT **4932 Foxden Court** (STREET OR COUNTY ROAD)

SUBDIVISION **Taraweods** LOT NO **10** BLOCK NO **A**

MAP BOOK NO PAGE NO

The above described lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank with subsurface soil absorption effluent discharge system. Percolation tests made on the lot indicate a percolation rate of **.60 min/in** and a satisfactory inspection of the soil conditions on the lot indicated in the Application for Installation, Construction, Alteration and/or Repair Permit number **8176** The approval is subject to the following terms and conditions:

1. That the septic tank and 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, altered 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 which may have been issued to authorize construction on the said lot 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

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 7663

ICAR-S: Permit No. 8176

Date Issued: 2-2-76

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### INSTALLATION CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

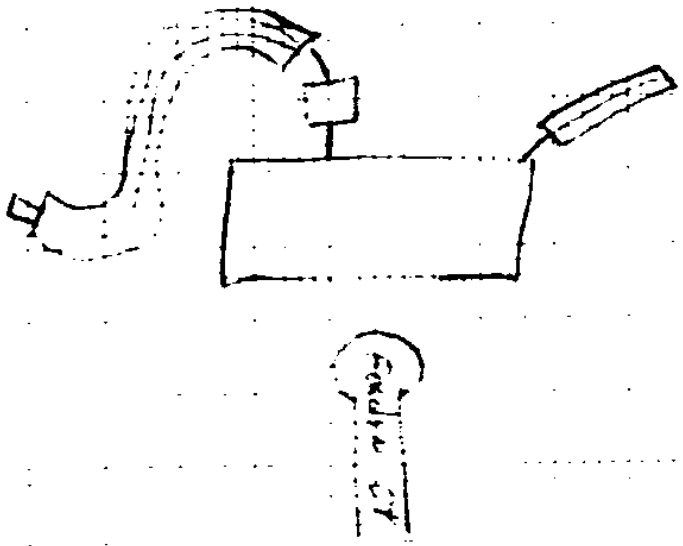
**Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge**

After or Repair ... tank waste
... 8176
8-2-76

6L

...
...

6L 15%
4 - 3
12
12'




NAME ... The Hudson Co
... Foxden Ln. Matthews, N.C.

... requirements as set forth ... the ... the grantor ... system can be ... required un...

... used

Comments: Septic Tank - In bed 15' X 100' X 17
Washer - In bed 25' X 50' X 17

Environmentalist

... new system ... and by the division of ... Health Director to be valid. Only the signature of the Env... ... where an existing system is being altered or repaired.

**HEALTH DEPARTMENT COPY**

Date Issued 9 July 76 Serial No. 7113 C of A (s) No 8176

T C No

W.P. Date

John M Pearson
SECRETARY OF COMMISSION

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Mashburn Co (LAST) (FIRST) (MIDDLE)

Location of Property Fox Den Court

Application Number 8176 Permit Number 8176

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' - 150' Number of Lines 6 - 3

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source Community Distance to Water Source 100'

Excavation Inspected 9 July 76 (DATE) Tank Inspected 9 July 76 (DATE)

Notification for Final Inspection 9 July 76 (DATE)

Watering Machine Line Inspected If Applicable 9 July 76 (DATE)

This application is approved for one Individual Septic Tank System with ... gallon septic tank and ... lineal feet of trench. Bottom area and at least ... square feet of absorption area required. The system is approved in accordance with the permit application dated ... and signed by Mr. Mashburn. Septic tank effluent may be discharged to the trench system. This Certificate of Approval is issued with the understanding that this system will provide adequate sewage disposal service for the property mentioned above. This Certificate of Approval is void after ... days unless the sewage disposal system is completed and approved. This Certificate of Approval is for the property described above only and is not transferable to any other property. Any change in the plans and specifications of the sewage disposal system must be approved by the Health Department before such change is made. This Certificate of Approval is void if any misrepresentation is contained in the application for this system. Any additions or changes made to the property which would increase the requirements for sewage disposal must be approved by the Health Department before such additions or changes are made.

Comments 15' X 100 X 17" Septic Tank
7½' X 50 X 17" Washer

Environmentalist

FORM NO. E-2M-6-75

**HEALTH DEPARTMENT COPY**