Serial No. 3892

PTR No. 6799

Date Issued December 27, 1973

T C No 135-283-00/4

Map Date 8-9-72-9-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

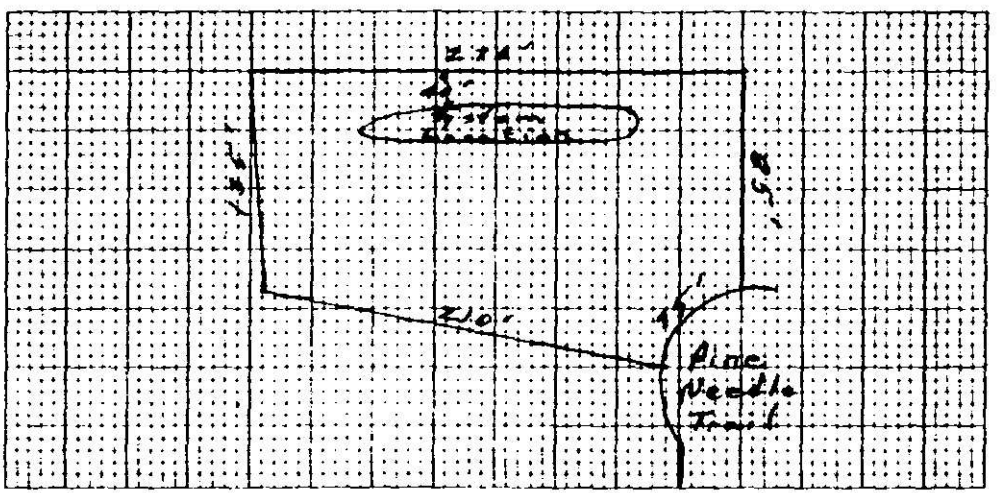
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Pine Needle Trail (STREET OR COUNTY ROAD)

SUBDIVISION Tarawood LOT NO 25 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 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 A. Robinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 7-22-74

ICARIS Application No 6799

T C No ~~[illegible]~~

Map Date 8-4-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

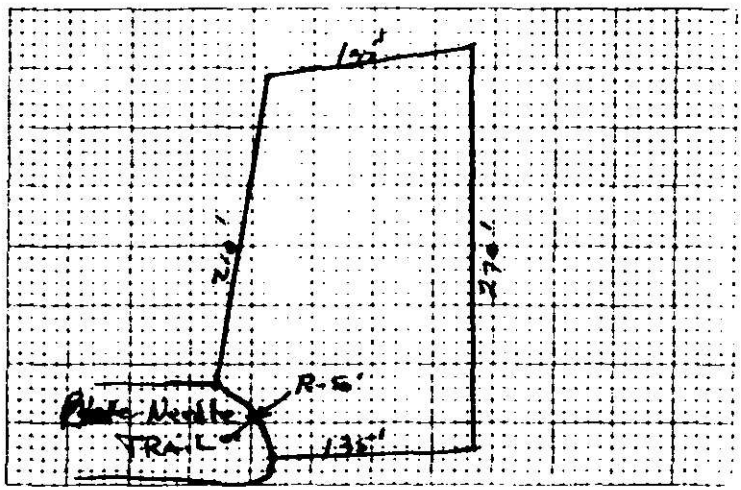
135-283-14

5-9-74

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 3

5) Business 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 Well
B) Government
C) Community
1) Well
2)

Sewage System
Is property within ___ feet of public sewer 1) ___ X No
Is property within ___ feet of community sewer Yes X No

11) FHA Case No ___

12) VA Case No ___

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

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

15) PHONE NO Home ___ Office 364-7155

16) LOCATION OF SYSTEM 4827 Pine Needle Trail (STREET OR COUNTY ROAD)

17) SUBDIVISION Tanglewood Lot No 25 Block No C

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___ SB 60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN [illegible]

20) PTR NUMBER (See Instructions) 6799

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

7-16-74
DATE OF APPLICATION

OWNER John T. Shepherd
Sales manager

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 22, 1974

Serial No. 4305

LA No. 6799

T. C. No. 135-283-14

IMPROVEMENTS PERMIT

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 411 South Sharon Amity Road ZIP 28211

LOCATION OF LOT 4827 Pine Needle Trail
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 25 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 60 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 6799. 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

M. L. Bailey
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 0837 ICAR(S) Permit No. 6799

Date Issued 24 Oct 74 T C No 135-283-N

Map Date 2 May 74

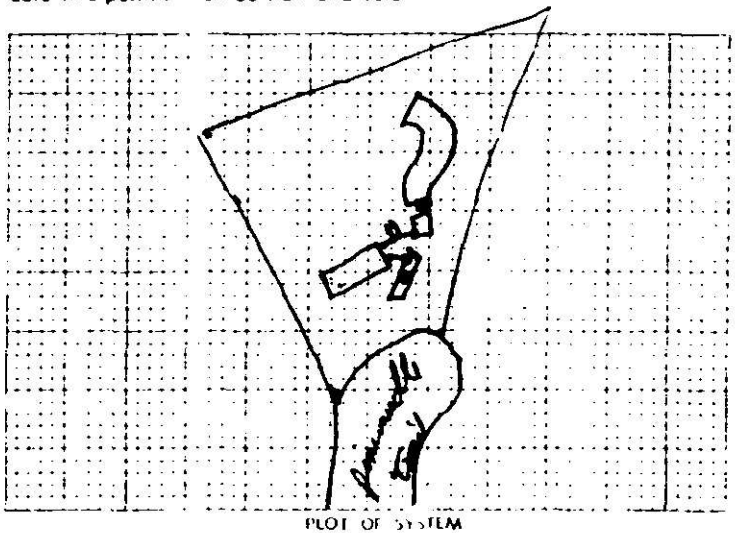
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6799, dated 22 July 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 24 Oct 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600'+150' 4"A
3 (78' X 50' X 17")

Number of Lines 6 (15' X 100' X 12")

Distance from House 10'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Hillinger, Madison & Assoc. Inc.

LOCATION OF PROPERTY 4827 Pine Needle Trail (Lot 25-C)

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 (Conv)

Division or Section Head

Environmentalist M. D. Kirby

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-S-9-1-72

Serial No. 5455

C of A (s) No. 6799

Date Issued 30 Oct 74

T C No 135-283-14

Map Date 9 May 74

John A Johnson
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 Ballinger (LAST) Medion (FIRST) & Associates, Inc. (MIDDLE)

Location of Property 4822 Sir Hall Trail (Lot 25-C)

Application Number 6799 Permit Number 6799

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC (3 @ 7' x 36' x 17")

Total Length of Drain Tile 600' & 150' LWW Number of Lines 6 (15' x 100' x 12")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source Community

Excavation Inspected 30 Oct 74 (DATE) Tank Inspected 30 Oct 74 (DATE)

Nitrification Field Inspected 30 Oct 74 (DATE)

Washing Machine Line Inspected, if Applicable 30 Oct 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 and approved in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect at 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, firm or corporation owning or using such system from any liability resulting from the failure of the system or its parts. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit as well as in addition to those listed below under comment. 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 (Gate)

M. A. Bailey
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY