Date Received 3-26-73

APT No 5835

T C No 135-283-45

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 SOUTH SHARON AMITY RD. ZIP 28211

3) PHONE NO Home --- Office 364-7155

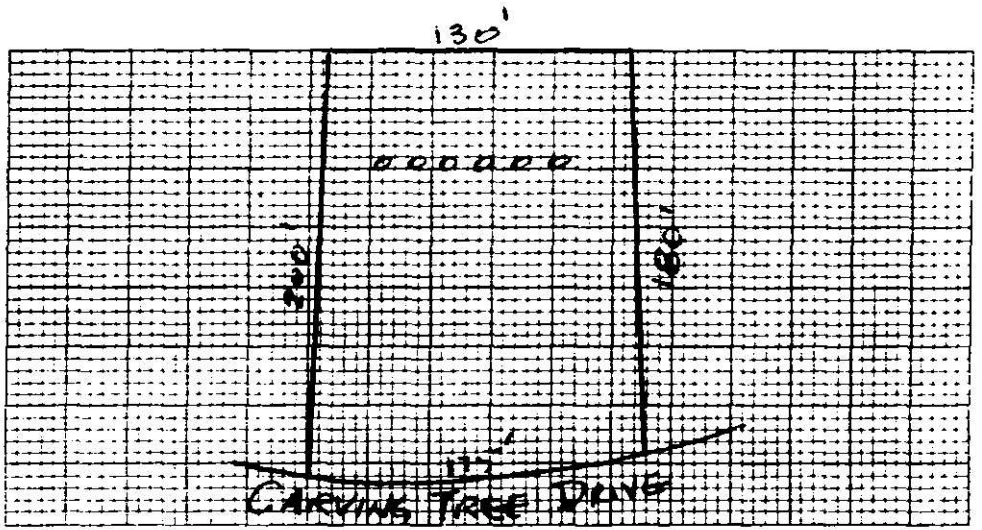
4) LOCATION OF PROPERTY CARVING TREE DRIVE, MINT HILL, N.C.
(STREET OR COUNTY ROAD)

5) SUBDIVISION TARAWOODS LOT NO 24 BLOCK NO B

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

By Wm. D. Millsaps
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]3

PTR No. 5835
Lot No. 45
T C No 135-283-09
5-9-73
Map Date 4-27-73

Date Issued August 23, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

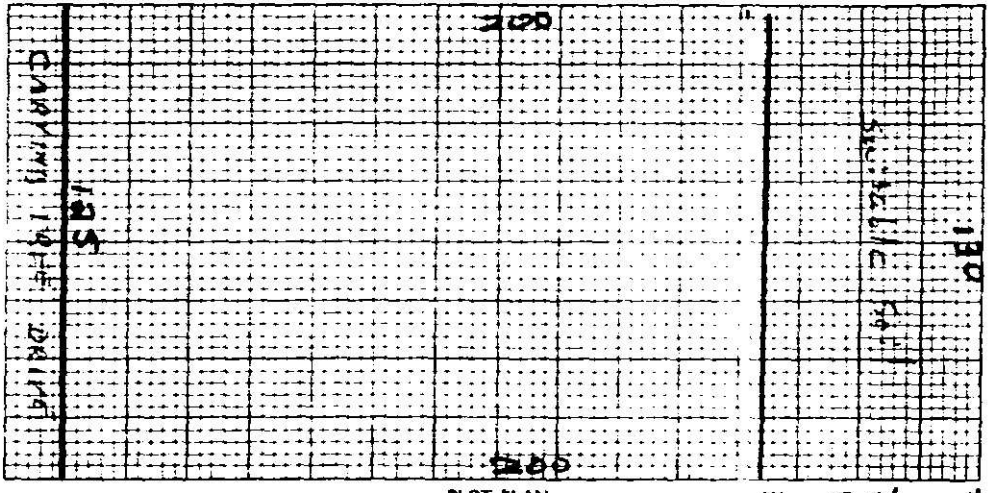
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Carving Tree Drive, Mint Hill, N.C.
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 24 BLOCK NO 5



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 *. 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 ~~were~~ determined by soil analysis

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

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

W. Garth [illegible]
Soil Scientist

~~HEALTH~~ DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. 7-2-73
2. _____
3. _____

SDR No. 5835 45
T.C. No. 135-283-09
4-27-73
5-9-74

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

NAME OF OWNER Dellinger-Madison & Associates, Inc.

ADDRESS OF OWNER 411 South Sharon Amity Road, Charlotte ZIP 28211

LOCATION OF LOT Carving Tree Drive, Pint Hill Lot 24-B

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.	[illegible]	[illegible] min/in
X	2.	7-5-73	180 min/in
X	3.	7-13-73	75 min/in

_____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

Thomas R. Ward
Environmentalist

(Stencil No.)
MHD 398
8/70

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

SEE INSTRUCTIONS ON BACK

Date Received 6/7/73

ICAR'S Application No 5835

~~Auto~~ T C No 135-29-04

Map Date ~~4-27-73~~ 5-9-74

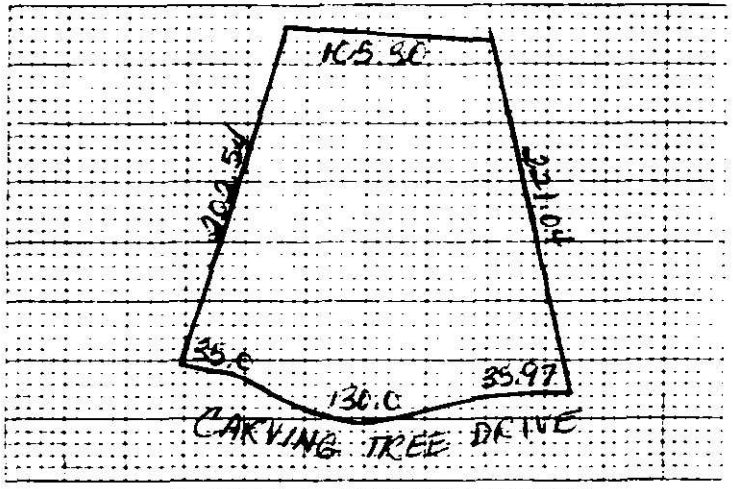
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Estimated Water Use per Employee 0

6) Water, Main X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply
A. Public or Private X
B. Community ___
C. Individual
Well ___
Spring ___
D. Other (specify) ___

10) Public Sewer ___ Yes X No

11) Mobile Home Park ___ Yes ___ No

12) Campground Sewer ___ Yes X No

13) FHA Case No. ___

14) VA Case No. ___

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

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

15) PHONE NO Home ___ -- ___ Office **364-7155**

16) LOCATION OF SYSTEM ___ **Carving Tree Drive** (STREET OR COUNTY ROAD)

17) SUBDIVISION **Tarawoods** Lot No **24** 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 **4/18/73**

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.

April 16, 1973
DATE OF APPLICATION

BY: Douglas Madison
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 23, 1973

Serial No. 3345

LA No 5835
~~P.O.~~ 45
T. C. No 135-285-09
5-9-74
Map Date ~~4-27-73~~

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

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

LOCATION OF LOT Carving Tree Drive, Mint Hill, N.C.
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 24 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 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 5835. 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.

Thomas R. Ward
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 22 Jan 1974 Serial No. 4807 ICAR(S) Permit No. 5835-45

T C No. 135-28-24

Map Date 4-20-73 5-9-74

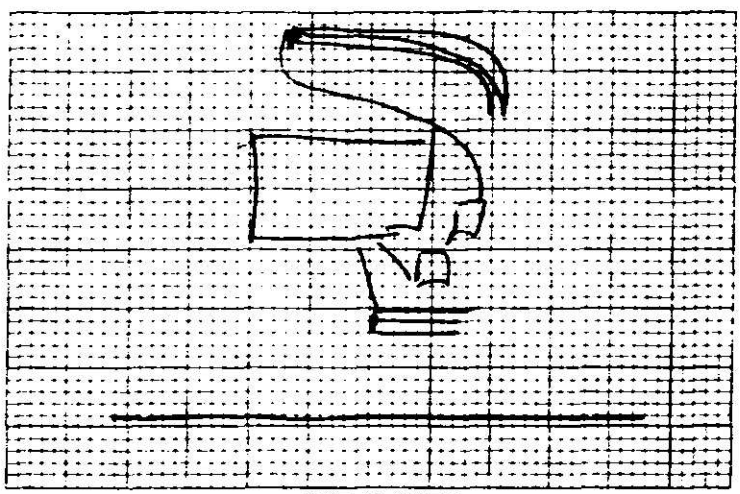
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5836, dated 4-16-73 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 2-22-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 600

Number of Lines 5 (10½ x 120) 120/LL

Distance from House 10

Distance from Property Line 10

Distance from Well NA

NAME OF OWNER Allenjer Madison & Assoc Inc

LOCATION OF PROPERTY Carving Tree Drive (24-B)

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: wash line in bed 7½ x 50' x 12" - lift station in accordance with approved plans.

Division or Section Head

John R Adkinson
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.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY