Date Received 8-6-73

MECK COUNTY HEALTH D PT.
RECEIVED
AUG - 6 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 6787 PC
T C No 135-28A-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 Road Charlotte, NC ZIP 28211

3) PHONE NO Home _____ Office 364-7155

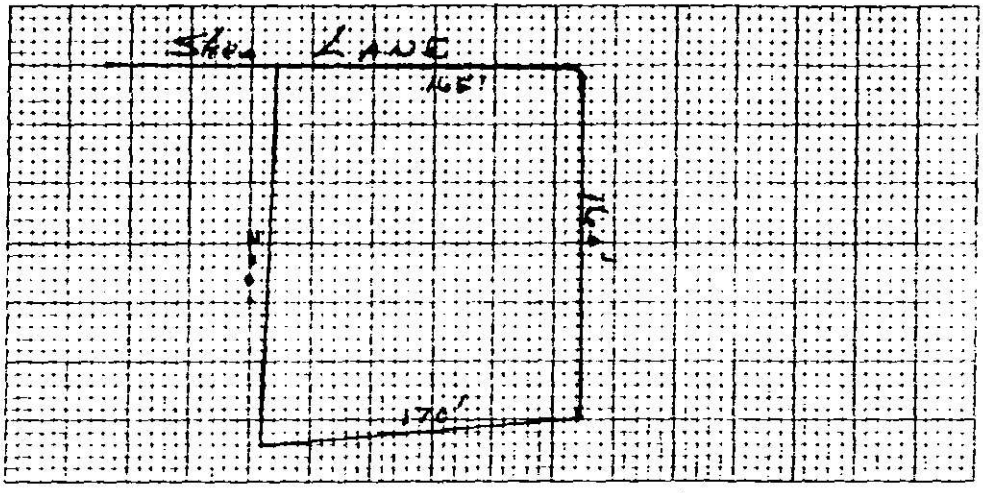
4) LOCATION OF PROPERTY Shea Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 2 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

M L Rodman, Vice President
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3433

PTR No. 6787 C.O. ~~Prior 281-69~~

T C No 135-~~221-00~~

Map Date ~~8-9-72~~

Date Issued August 8, 1973

~~5473~~ 5473

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

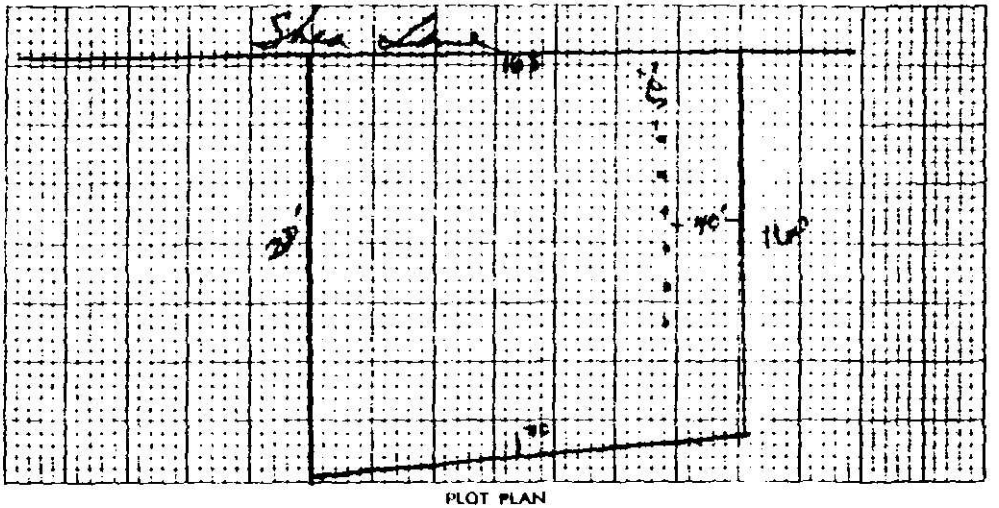
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. Sharon Amity Road, Charlotte ZIP 28211

LOCATION OF PROPERTY Shea Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 2 BLOCK NO. B



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.

John R. Gibson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2 4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 6 28 74

APT No. 6787

T. C. No. 135-281-09

Map Date 5-9 73

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

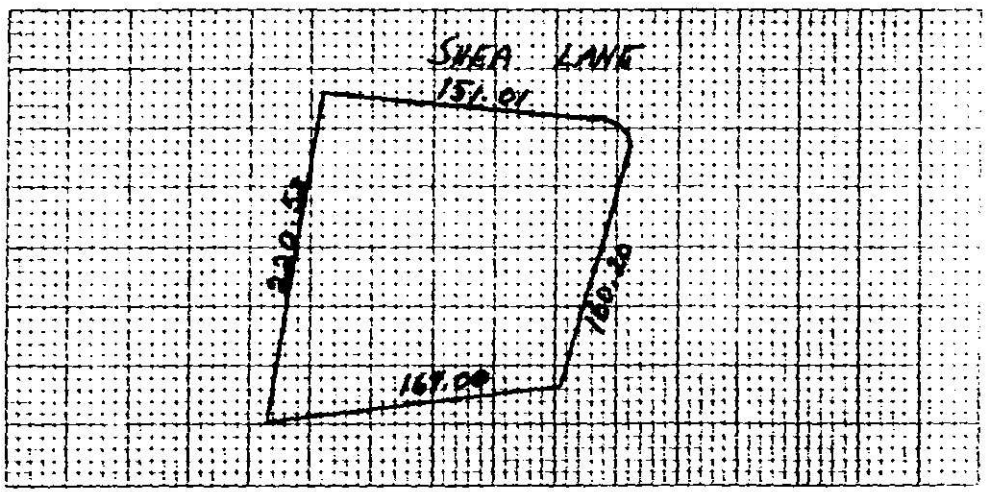
4) LOCATION OF PROPERTY Shea Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 2 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

A. Dellinger
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR(S) Application No 6787

T C No 135-23-49

Map Date 8-1-72

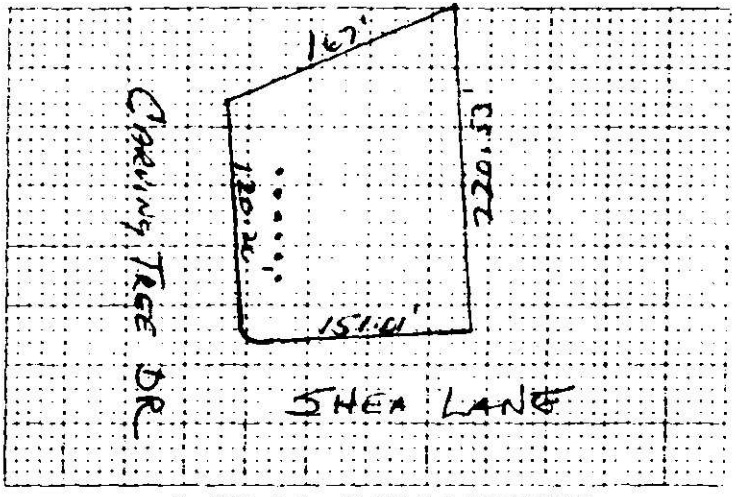
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of Bedrooms 3

5) Public water Main Available Yes No

Employee E

6) Washing Machine Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water supply

Approved for

1) Community system

2) Connection to existing

Well

3) Community system

4) Other system

Public water Yes ✓ No

Private water Yes No

Holding tank for Yes No

Connected to sewer Yes ✓ No

11) EHA Code No.

12) SA Code No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER BELLINGER, MADISON & ASSOC., INC. FIRST MIDDLE

14) ADDRESS OF OWNER 5501 Executive Center Drive, Suite 223
Charlotte, N. C. 28212
Ph: 568-4140

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM 4624 SHEA Lane
STREET OR COUNTY ROAD

17) SUBDIVISION TARWeeds Lot No 2 Block No B

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 7-3-73

20) PTR NUMBER (See Instructions) 6787

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.

DATE OF APPLICATION 5-26-75

OWNER Robert W Bellinger
Madison

E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5-29-75

Serial No. 4992

LA No. 6787

T C No P. O. 135-231-09

Map Date 8-9-72

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 4624 Shea Lane
STREET OR COUNTY ROAD

SUBDIVISION Tarawoods LOT NO 2 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 **6787**. 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

R.M. Reynolds
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

6787

Date Issued 3 Dec 75

Serial No. 7079

ICAR(S) Permit No. ~~8105~~ RMR

T C No. 80-135-231-09

Map Date 8-9-73

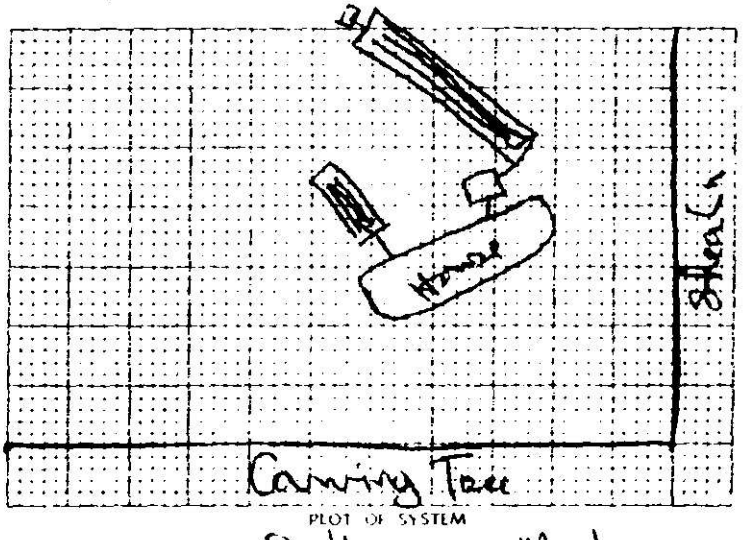
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given t ✓ 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 8135 6737 RMR dated 5-26-75 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 3 Jun 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Lenght 600' & 150'

Number of Lines (6) 15' x 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER D. Ilinger & Madison

LOCATION OF PROPERTY ~~4th & Canning Tree~~ 4634 Sheehawk

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: washer line 75' x 50'
aeration pit 2'6" x 2' x 4' stone

G. M. Reynolds
Environmentalist

Division / Section Head

If this permit is for the installation or construction of a new system, it must be signed by the division or 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. EHS 4 2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6796

C of A (s) No 6787

Date Issued 24 Mar 76

T C No 135-[redacted]-49

Map Date 3 Dec 75

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 Dellinger A Madison (LAST FIRST MIDDLE)

Location of Property [redacted] 4624 Shea Ln.

Application Number 6787 Permit Number 6787

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 24"

Water Supply Source Community Distance from Water Source 100'

Excavation Inspected 24Mar76 (DATE) Tank Inspected 24Mar76 (DATE)

Nitrification Field Inspected 24Mar76 (DATE)

Washing Machine Line Inspected, If Applicable 24Mar76 (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 well 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 Aeration Unit

E.M. Reynolds
Environmentalist

FORM NO E-6-9-1-72