B

SEE INSTRUCTIONS ON BACK

Date Received 1-23-73

ICAR (S) Application No 6719

T C No

Map Date

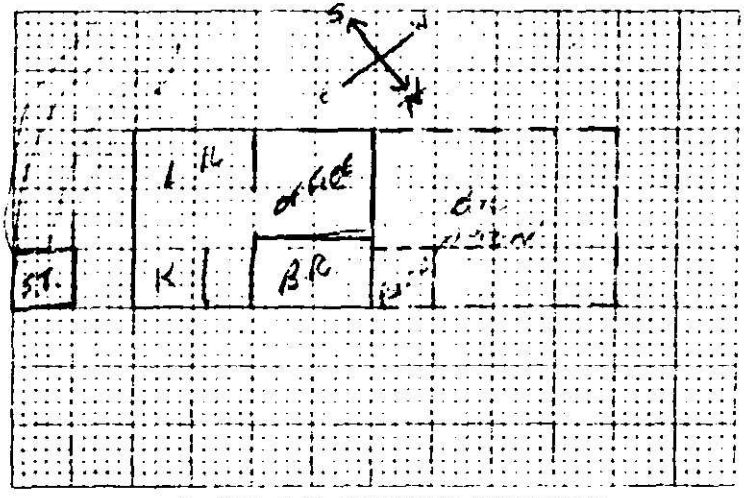
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

4) No of Bedrooms 2

5) Business Use Max No Employees

6) Washing Machine Yes ✓ No

7) Garbage Disposal ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well ✓
B) Government
C) Community System
1 Well
2 Government

10) Sewage System
House Sewer
of public sewer Yes ✓ No
Distance to Community Sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Hunicutt William Gilmer Jr
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2011 Cassington Place Charlotte NC 28211

15) PHONE NO Home 366-7065 Office 366-0350

16) LOCATION OF SYSTEM Lake Wylie Off Tuckaseegee Road
STREET OR COUNTY ROAD

17) SUBDIVISION Lake Wylie Acres Lot No 1 Block No

Map Book No Page No

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

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

1-23-73
DATE OF APPLICATION

WG Hunicutt Jr
OWNER

FORM No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 10, 1973 Serial No. 3272

LA No 6719

T C No. 217-121-03 C

Map Date 7-72

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 Hutcheson (LAST) William (FIRST) Gilmer, Jr. (MIDDLE)

ADDRESS OF OWNER 2011 Cassamia Pl. ZIP 28211

LOCATION OF LOT off Youngblood Road (Cozy Cove Road) (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

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 * , 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 6719. 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

* Present system satisfactory

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 7-23 73

RECEIVED
JUL 23 1973

APT No 6720
T C No 135-283-21
Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ZIP 28211

3) PHONE NO Home — Office 364-7155

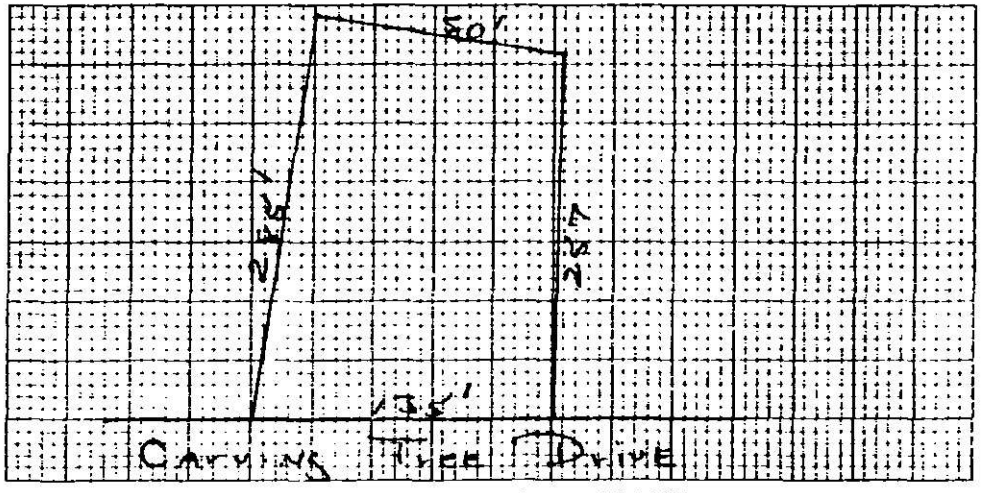
4) LOCATION OF PROPERTY Carving Tree Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tacawoods LOT NO 18 BLOCK NO. C

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

OWNER M L Lodman

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3897

PTR No 6720

T C No 135-283-00

Map Date 8-9-72

Date Issued December 27, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

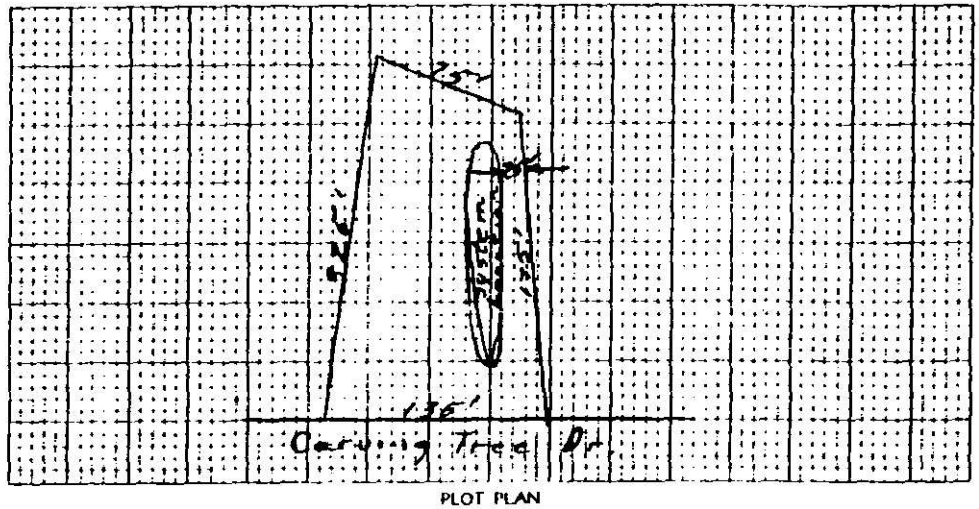
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Carving Tree Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 18 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 45*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 issued date

*Results determined by soil analysis.

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

W. Scott Cypress, Jr.
Soil Scientist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-7-74

ICAR (S) Application No 6120

T C No 135-253-04

Map Date 5-9-74

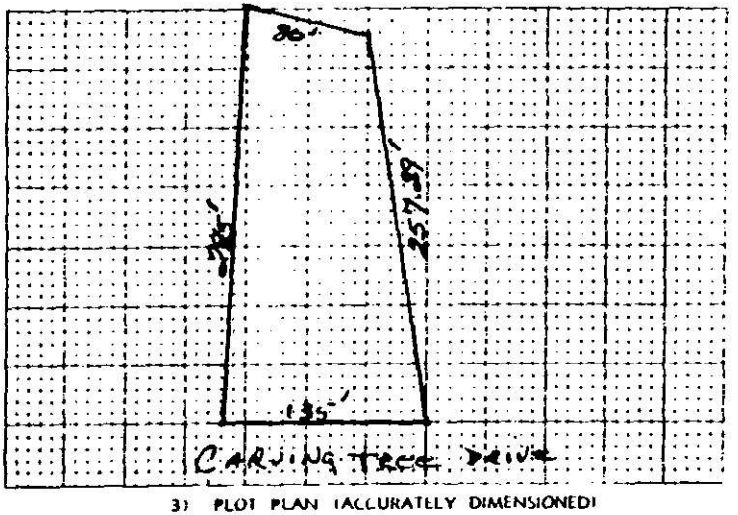
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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 Water System
- C) Community System
  - 1 Well Supply X
  - 2 Government Water System

10) Sewage System
- House located within 200 feet of public sewer ___ Yes X No
- House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ____

12) VA Case No ____

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

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

15) PHONE NO Home ____ Office 364-7155

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

17) SUBDIVISION Takawoods Lot No 18 Block No C

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN APR 45

20) PTR NUMBER (See Instructions) 6120

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.

1-4-74
DATE OF APPLICATION

Harry Dellinger
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued January 7, 1974

Serial No. 3742

IMPROVEMENTS PERMITS

LA No. 6720

T. C. No 135-28-69

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

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF LOT Carving Tree Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 18 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 45 min./in 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 6720. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENTS COPY

SEE INSTRUCTIONS ON BACK

B

Date Received 12/6/74

ICAR (S) Application No 6720

T C No 135-291-09

Map Date 5-9-72

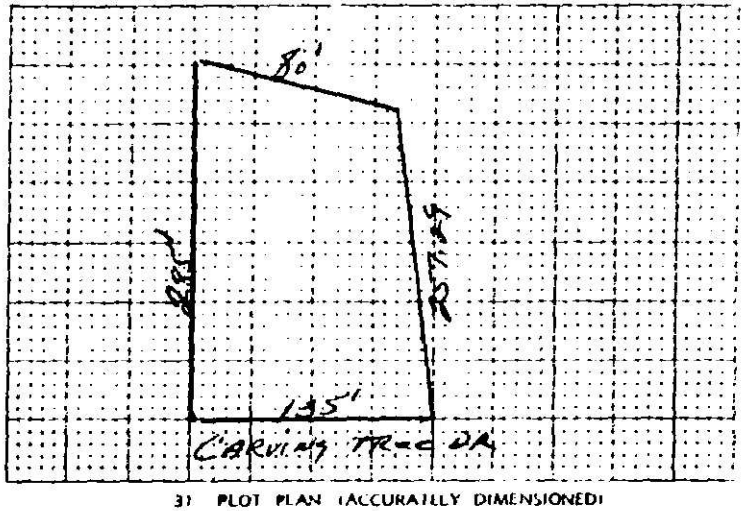
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of bedrooms 3

5) Business Use Max No Employees 0

6) Washing Machine ✓ Yes No

7) Garbage Disposal ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well
B) Governmental System
C) Community System
1) Well owned by
2) Governmental System

10) Sewage System
Home located within 200 feet of public sewer Yes ✓ No
Home located within 200 feet of community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Dellinger (LAST) Wade (FIRST) Assoc Inc (MIDDLE)

14) ADDRESS OF OWNER 5501 Executive Center DR Suite 220 Charlotte 28212

15) PHONE NO Home ____ Office 568-4140

16) LOCATION OF SYSTEM 4720 Carving Tree DR (STREET OR COUNTY ROAD)

17) SUBDIVISION Thirlmeads Lot No 18 Block No C

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) 6720

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

12-6-74
DATE OF APPLICATION

Douglas Wade Jr. Pres
OWNER

FORM No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 6145 ICAR(S) Permit No

Date Issued

T C No

Map Date

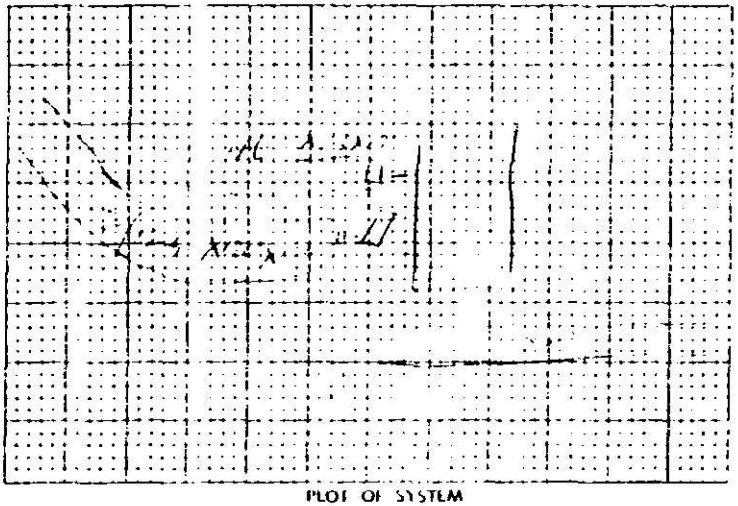
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 , after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Lenght

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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

Division or Section Head

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.

Rev. E-5-9-1-72

Date Issued 2/27/75

Serial No. 5621

C of A (s) No 6720

T C No 05-481-09

Map Date 8-7-72

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 (LAST) MADISON (FIRST) A50 (FOR SALE) (MIDDLE)

Location of Property LOT 16 4720 CARVING TREE DR

Application Number 6720 Permit Number 6720

Inspection Date:

Liquid Capacity of Tank 1500 gal (ST) (WM) Tank Material PC

Total Length of Drain Tile 540 150 Number of Lines 5 1 (WM)

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source COMM Distance from Water Source -

Excavation Inspected 2/27/75 (DATE) Tank Inspected 2/27/75 (DATE)

Nitrification Field Inspected 2/27/75 (DATE)

Washing Machine Line Inspected, If Applicable 2/27/75 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge 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, 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 CO. ST. SYS.

INSTRUCTED TO ADD COVER TO BOTH DRAINS @ END WITH EXCESS SOIL (SLIGHTLY SHALLOW)

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY