W

Date Received 2-22-72

APT No 3244

T C No 195-C13 32

Map Date 12-19-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Dellinger, Mason & Basic, Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 121 Greenwich Rd #200, Charlotte ZIP 28211

3) PHONE NO Home — Office 364-7155

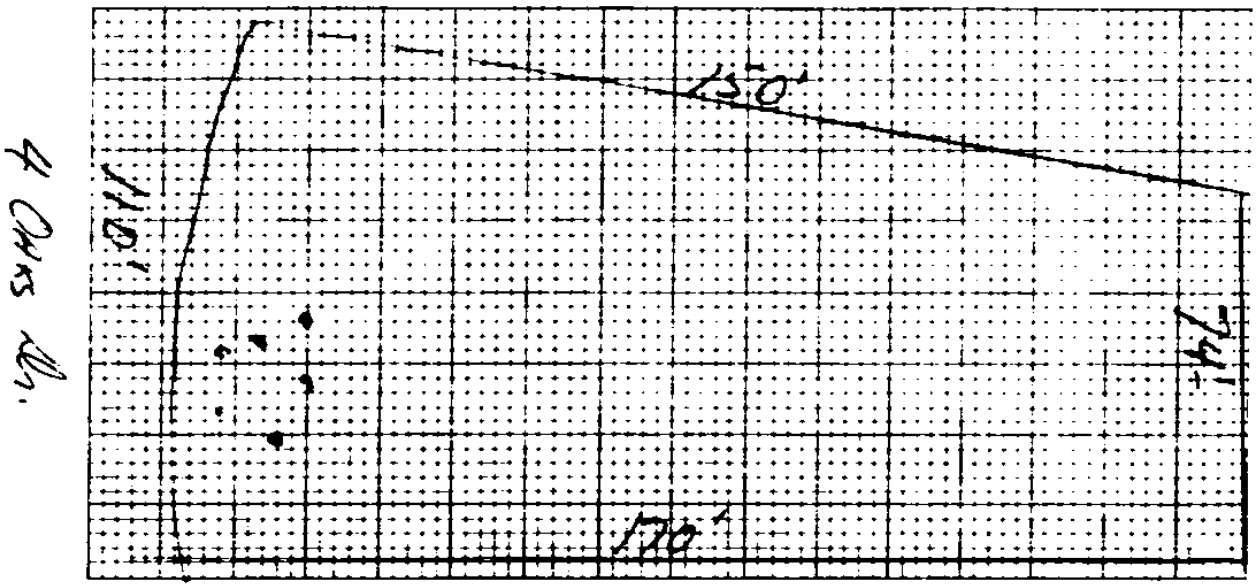
4) LOCATION OF PROPERTY Idlewood Rd @ Thomas Rd
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 2 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 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 Douglas Mason
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]5

PTR No. 3244
P.O.

Date Issued March 2, 1972

T C No 195-013-28.32

Map Date ~~1-9/1/70~~ 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

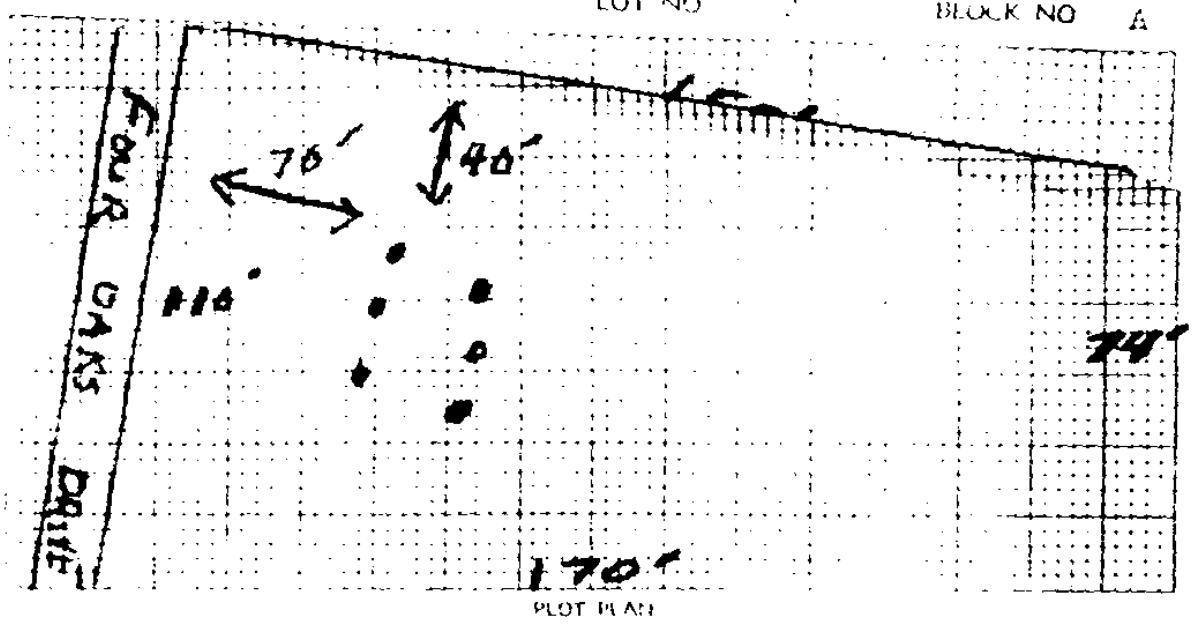
PERCOLATION TEST REPORT

NAME OF OWNER Collinson, Madison & Associates, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 121 Woodlawn Road ZIP 28211

LOCATION OF PROPERTY [illegible] Road [illegible] mi. on [illegible]
STREET OR COUNTY ROAD

SUBDIVISION [illegible] LOT NO 2 BLOCK NO A



PLOT PLAN

1 of 5

This is to certify that a percolation test has been run and is satisfactory as approved 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 51 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 issuance of any construction of building permit for the wastewater treatment system on the said lot.
2. The size of the application area for the treatment system which must be installed was determined by the Health Department by the percolation test and the percolation rate obtained above, and not by the size and type of building constructed thereon.
3. The approved soil absorption system is to be installed in the immediate area where the percolation test was run.
4. Prior to the issuance of any permit, filling, or construction on the lot, no change is to be performed on the lot which in the judgment 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.

[signature]
Director, Environmental Health Division or
Authorized Section Head

FORM NO E 2-4-1 71

HEALTH DEPARTMENT COPY

Serial No. [illegible]5

PTR No. 3244
P.O.
T C No 195-013-28.52

Date Issued March 7, 197[illegible]

Map Date ~~1-9/3/70~~ 12 19 73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

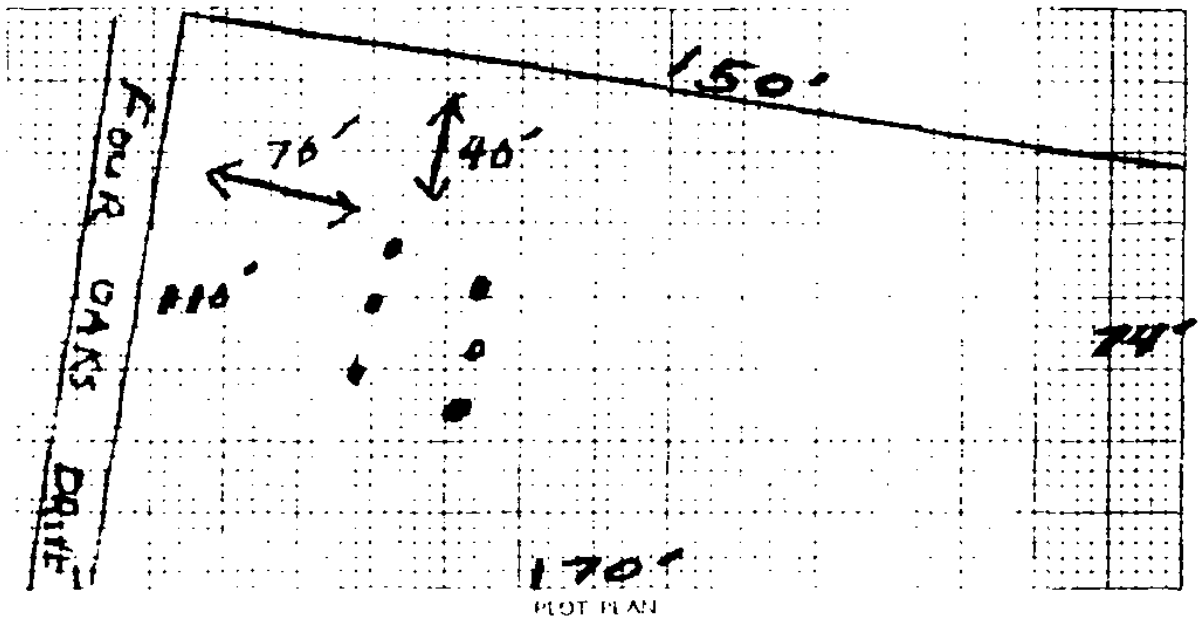
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER [illegible] Emerald Road ZIP 28211

LOCATION OF PROPERTY [illegible]ewell Road & Thompson Road
STREET OR COUNTY ROAD

SUBDIVISION [illegible] LOT NO 2 BLOCK NO A



PLOT PLAN

16.5

This is to certify that a percolation test has been run and that site is approved by the Mecklenburg County Health Department on the lot described above. The said test was conducted in that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 51 min/in. The said lot is approved for the installation of an individual subsurface tank wastewater treatment system with surface or 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 is to be determined by the Health Department pursuant to regulations based on the percolation rate obtained above and 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 installation of utilities) is performed on the lot which, in the judgment 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.

[signature]
Director, Environmental Health Division or
Authorized Section Head

FORM NO E 2 4 1 71

HEALTH DEPARTMENTS COPY

Date Received 7-13-72

ICAR(S) Application No. 3244

T C No. 195-013

Map Date 9-75

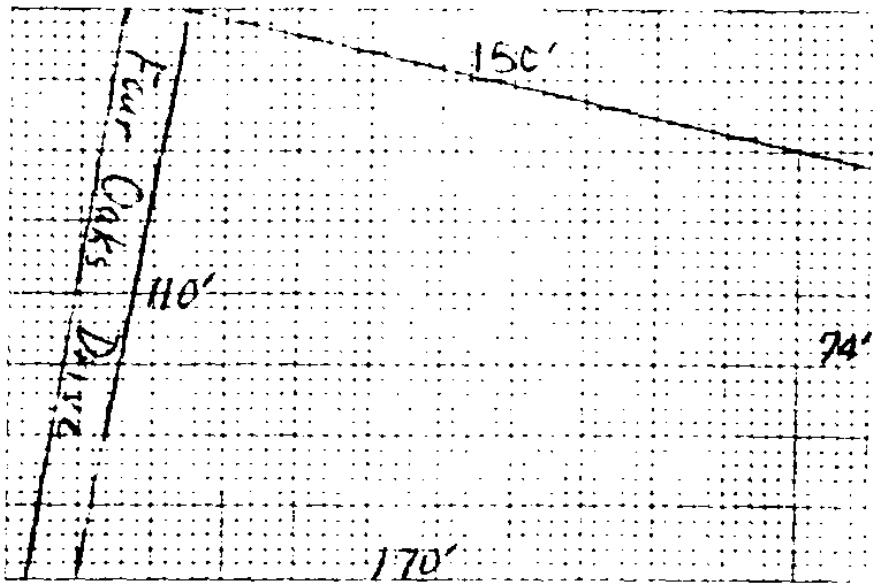
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

a. Number Bedrooms 3
Building Use Max No Emp/Pers
b. Washing Machine Yes No
Garbage Disposal Yes No
c. Dishwasher Yes No
d. Water Supply
A. Individual Well
b. Governmental System
c. Community System
Well Source
2. Governmental Source
Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of community sewer Yes No
e. FHA Case No.
f. VA Case No.

13) NAME OF OWNER Gallinger, Adams & Associates, Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 112 Beverly Road

15) PHONE NO. Home -- Office 366-7355

16) LOCATION OF SYSTEM 3419 Thompson Road
STREET OR COUNTY ROAD

17) SUBDIVISION Briarwood Lot No 2 Block No

Map Book No -- Page No --

18) DEED REFERENCE -- DEED BOOK -- AT PAGE --

19) HAS A PERCOLATION TEST BEEN RUN? X YES NO DATE RUN 3-22-72

20) PTR NUMBER (See Instruction 5) 3244

The undersigned person(s) agree(s) that he has read the foregoing application and that the statements herein are true to the best of his knowledge and belief and that any permit applied for herein may be revoked and of no effect if any of the above facts are not true.

7 March 1972
DATE OF APPLICATION

OWNER George Madison

HEALTH DEPARTMENT'S COPY

Date Received _____

ICAR(S) Application No. 3244

T C No. 195-01332

Map Date 12-19-73

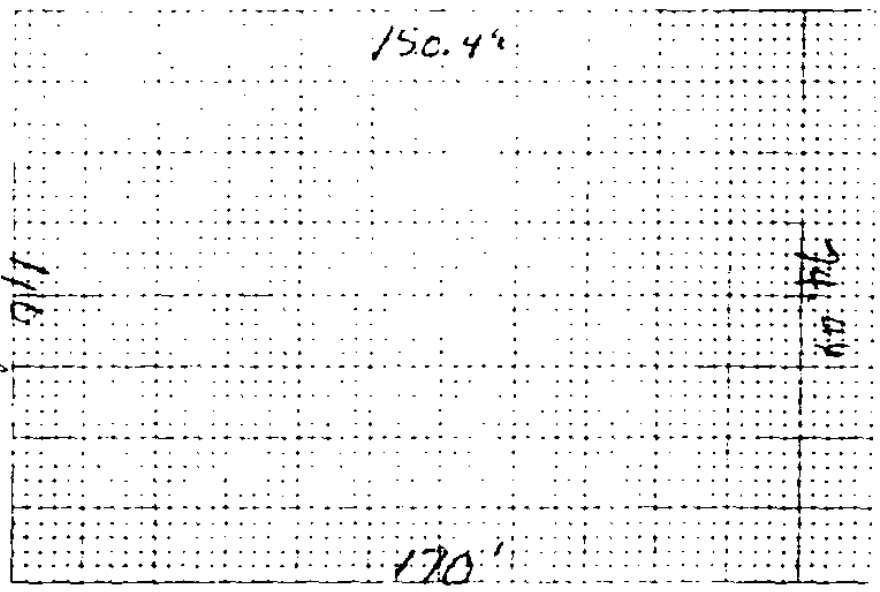
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, hereinafter referred to as 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 subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Number of Bedrooms 4

5) Number of Mobile Homes ____

6) Family Unit 0

7) Washing Machine X Yes ____ No

8) Garbage Disposal ____ Yes ____ No

9) Dishwasher X Yes ____ No

10) Water Supply
A) Individual Well No
B) Governmental System ____
C) Community System
1 Well Source X
2 Governmental Source ____

11) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No

12) FHA Case No. ____

13) VA Case No. ____

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

14) ADDRESS OF OWNER 121 Greenwich Road, Suite 207, Charlotte, NC 28211

15) PHONE NO Home -- Office 364-7155

16) LOCATION OF SYSTEM Four Oaks Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Idlewood Lot No. 2 Block No A

Map Book No ____ Page No ____

18) DEED REFERENCE - DEED BOOK ____ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 3-7-72

20) PTR NUMBER (See Instructions) 3244

The undersigned property owner 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.

September 21, 1972
DATE OF APPLICATION

By Douglas Madison
OWNER

FORM NO. E-4-1

HEALTH DEPARTMENT'S COPY

Date Issued June 16, 1972

Serial No. 1769

LA No 3244

T C No 195-013-~~20~~ 32

Map Date ~~9/17/70~~ 12/19/73

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 121 Greenwich Road ZIP

LOCATION OF LOT Idlewild Road @ Thompson Road
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 2 BLOCK NO A

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 51 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 3244. 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 permits 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 Gibbon
Director, Environmental Health Division or Authorized Section Head

FORM NO E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3210

ICAR (S) Permit No. 30461

T C No 765-003-32

Mail Date 12 14 73

1-2-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

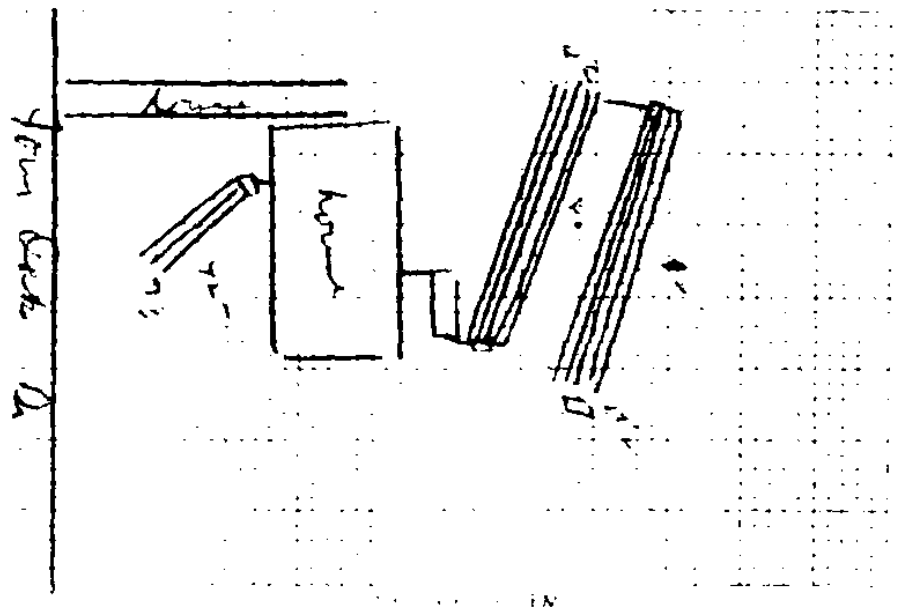
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

✓

Alter or Repair the residual septic tank waste- ... herein at the de- ... after which



Permit Fee $ 5

Liquid capacity of Tank 1500 gal

Type of Construction pre cast

Approximate Length of Absorption Lines

Total Square Feet 245

Number of Lines 5

Length of Lines 10

Depth of Trench 3'

Distance from Well NA

NAME OF OWNER Dellinger & Martin & Assoc. Inc.

LOCATION OF PROPERTY Lot 2-A Fern Lake Dr.

... requirements as set forth in the Regulations of the Mecklenburg ... the date of the granting of this permit. A certificate of ap- ... before any system can be ... or otherwise rendered un- ...

... Blocks 12 & 13 - 4 units per 712½ sq ft

... 2 units per 712½ sq ft

Thomas R. Ward

Environmentalist

... installation of a new system must be signed by the division or a ... in order to be valid. Only the signature of the Environ- ... required where an existing system is being altered or repaired

... OWNER'S COPY

Serial No. 3039

C of A (s) No. 3244

Date Issued 1-26-73

T C No 165.013.32

Map Date 9-1-70
12-1-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Dellaja Martin (LAST) (FIRST) & Assoc. Inc. (MIDDLE)

Location of Property Lot 2-1 Fern Oak Dr.

Application Number 3244 Permit Number 3244

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material Precast con.

Total Length of Drain Tile 795' Number of Lines 5

Depth of Filter Material 17" Cover Depth 8' - 15"

Water Supply Source Comm. Water Distance from Water Source —

Excavation Inspected 1-26-73 (DATE) Tank Inspected 1-26-73 (DATE)

Nitrification Field Inspected 1-26-73 (DATE)

Washing Machine Line Inspected, If Applicable 1-26-73 (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 Installed by Roger Stahl Co

See change sheet.

Thomas R. Ward
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 1-26-73

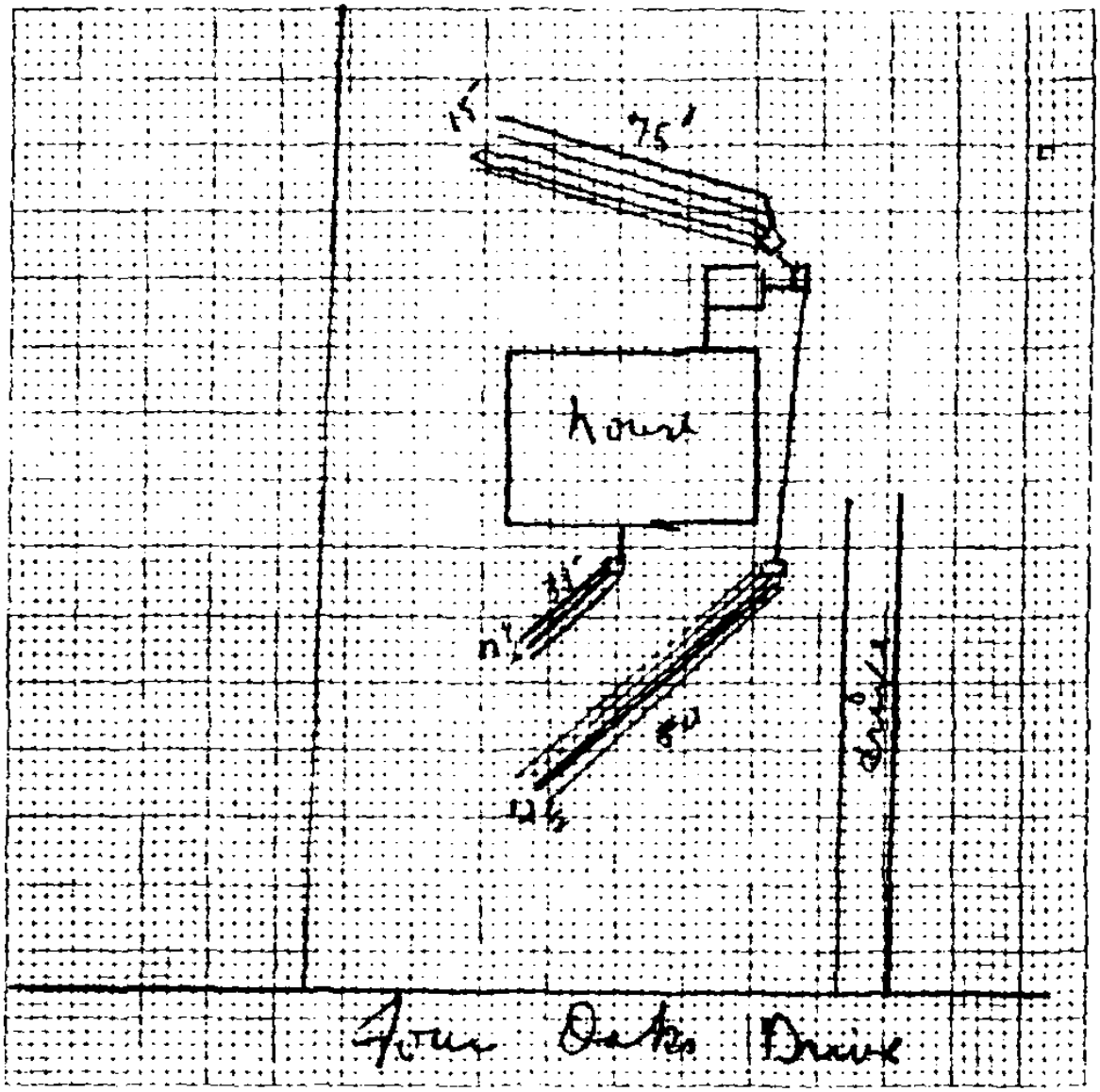
C of A (s) No 3244

T C No 42-013

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Thomas R. Ward

Sanitarian

FORM No. [illegible]

HEALTH DEPARTMENT'S COPY