Date Received 8-6-73

RECEIVED
AUG - 6 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 6796
T. C. No. 135-283-17
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

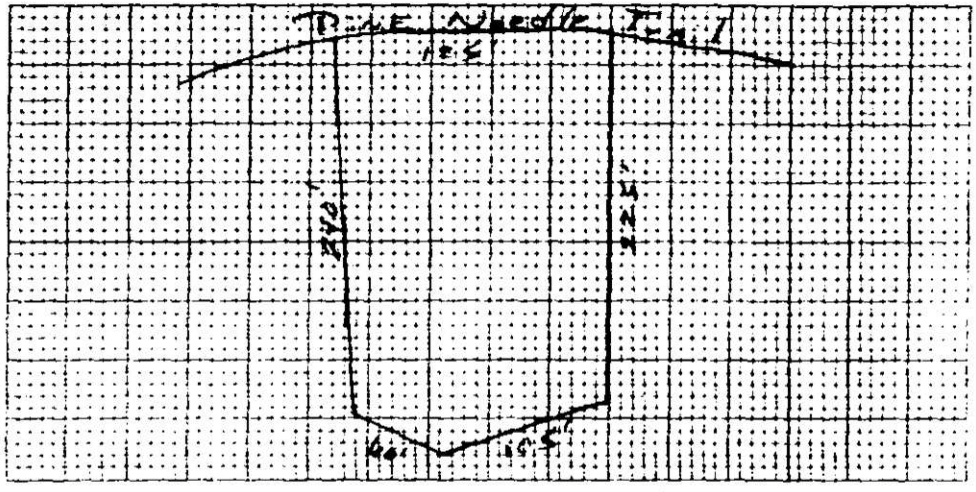
4) LOCATION OF PROPERTY Pine Needle Trail
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 22 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 Robert W. Dellinger Asst Sec

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3895

PTR No. 6796
T.C.
T C No. 135-283-0017
Map Date 8-9-72 5-1-74

Date Issued December 27, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

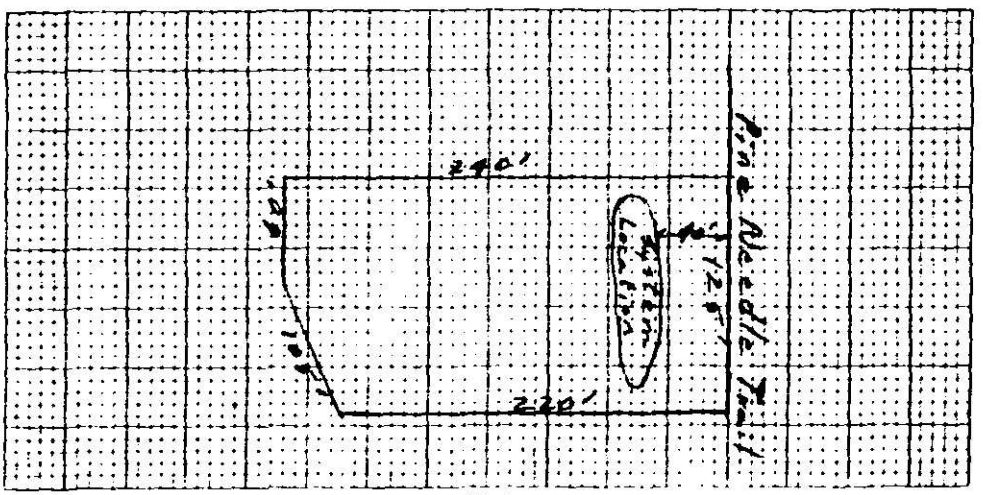
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Pine Needle Trail
STREET OR COUNTY ROAD

SUBDIVISION Tarawoods LOT NO 22 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 soil 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 issued 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 building 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.

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

FORM NO. E-2-9-1 W. Everette Lynn, Jr.
Soil Scientist

HEALTH DEPARTMENT'S COPY

Date Issued January 25, 1974

Serial No. 3804

LA No 6796
Prev.

T C No ~~195-015-10~~ 135-283-17

Map Date ~~2-14-74~~ 5-9-74

IMPROVEMENTS PERMIT

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 S. Sharon Amity Road ZIP 28211

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

SUBDIVISION Tarawoods LOT NO 22 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 6796. 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

John R Robinson
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-30-74

(CARTS) Application No 6796

T C No 135-03-0417

Map Date 8-9-72 5-9-74

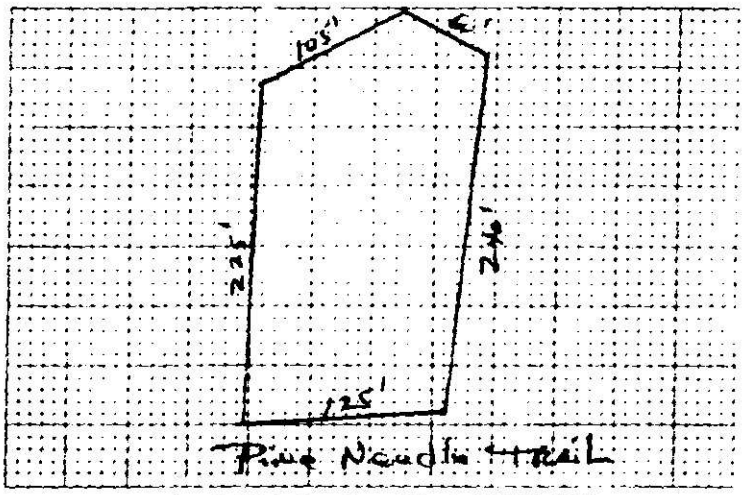
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Do the Total Maximum 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. Community System
Well X
C. Community System
Sewage System
Has the well been located on property? Yes X No
Is the well located on property? Yes X No
Community water Yes X No

(10) FHA Case No.

(11) VA Case No.

(13) NAME OF OWNER Dellinger, Madison & Associates, Inc.
LAST 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 Pine Needle Trail
STREET OR COUNTY ROAD

(17) SUBDIVISION Tarawoods Lot No 22 Block No C

Map Book No -- Page No --

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

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

(20) PTR NUMBER (See Instructions) 6796

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

1-24-74
DATE OF APPLICATION

C Dellinger Madison Jr
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received — RECEIVED — NOV 21 1974

ICAR (S) Application No 6796

T C No 195-10-015-1C

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

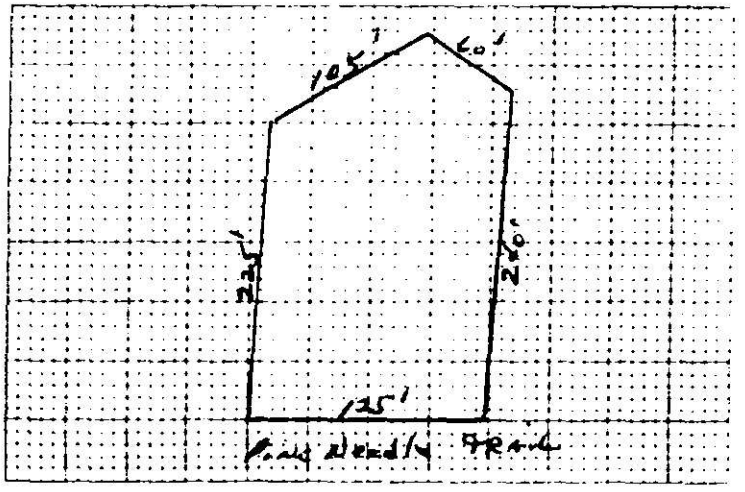
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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

revised (3)



(3) PLOT PLAN (ACCURATELY DIMENSIONED)

4 No of bedrooms 3

5 Business Use Max No Employees 0

6 Water, Machine ✓ Yes ____ No

7 Garbage Disp ✓ Yes ____ No

8 Dishwasher ✓ Yes ____ No

9 Water supply
A ____
B Community ____
C Community ____
D Well ✓
E ____
Type of system ____
If public sewer (10) ✓ Yes ____ No
House located within ____ feet of
Community sewer Yes ✓ No

11 FHA case No ____

12 VA Case No ____

(13) NAME OF OWNER Dellinger (LAST) Madison + Associates (FIRST)

(14) ADDRESS OF OWNER 5501 Executive Center Dr Suite 223 (MIDDLE) Charlotte NC 28212

(15) PHONE NO Home — Office 568-4140

(16) LOCATION OF SYSTEM 4801 Pine Needle Trail (STREET OR COUNTRY ROAD)

(17) SUBDIVISION Tarawoods Lot No 22 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 1-25-74

(20) PTR NUMBER (See Instructions) 6796

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

11-21-74
DATE OF APPLICATION

OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued [illegible]

Serial No. 6144

ICAR (S) Permit No. [illegible]

T C No [illegible]

Map Date [illegible]

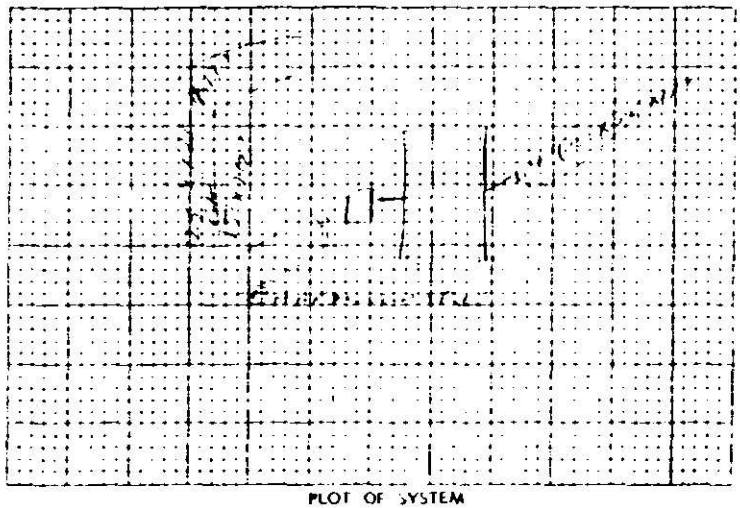
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 [illegible], dated [illegible] 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Lenght [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 [illegible]

Division or Section Head

Environmentalist [illegible]

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-5-9-1-72

Serial No. 5622

C of A (s) No. 6796

Date Issued 2/27/75

T C No 195-015-10

Map Date 2-14-73

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 MADISON & ASSO (FOR SALE) (LAST, FIRST, MIDDLE)

Location of Property PINE NEEDLE TRAIL (LOT 27C

Application Number 6796 Permit Number 6796

Inspection Date:

Liquid Capacity of Tank 1500gal Tank Material PC

Total Length of Drain Tile 600 wm 150 Number of Lines 3T 5 wm 4

Depth of Filter Material 17" Cover Depth 4' 3'

Water Supply Source IND WELL Distance from Water Source COMM

Excavation Inspected 2/6/75 (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 or 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 CO. ST. SVC. PIT MIDWAY DRAIN AT DEEPEST PT.

L P Bridgeman

Environmentalist

FORM NO E-6-8-1-72

U.S. GOVERNMENT PRINTING OFFICE