Date Received 8-29-73

MECK COUNTY HEALTH DEPT.
RECEIVED
AUG 29 1973

ICAR(S) Application No 6911
T C No
Map Date

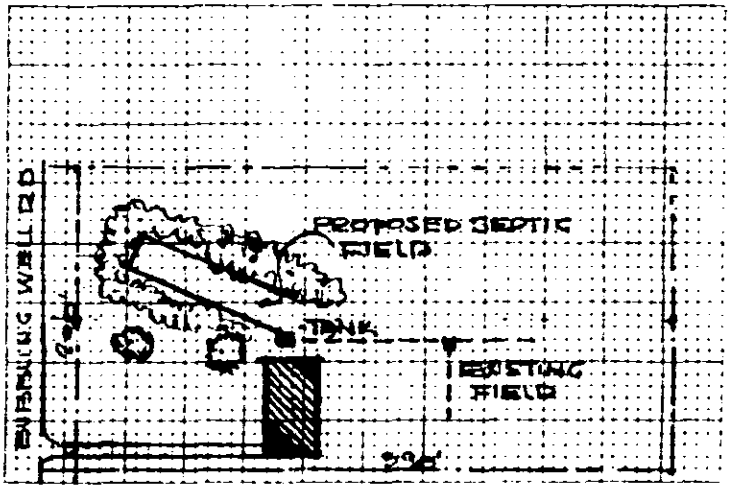
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3
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 system
C) Community system
1 Well owned
2 Government agency
Sewage System
House located within 200 feet of public sewer Yes ✓ No
House located within 200 feet of community sewer Yes ✓ No
11) FHA Case No
12) VA Case No

13) NAME OF OWNER HODGE (LAST) CECIL (FIRST) RUDOLPH (MIDDLE)

14) ADDRESS OF OWNER 440 BUBBLING WELL RD

15) PHONE NO Home 841-6665 Office 283-2908 MONROE NC

16) LOCATION OF SYSTEM 440 BUBBLING WELL RD (STREET OR COUNTY ROAD)

17) SUBDIVISION SANDS CIRCLE Lot No 18 Block No B

Map Book No 7 Page No 421

18) DEED REFERENCE -- DEED BOOK AT PAGE * DEED IN LOCK BOX NOT AVAILABLE AT THIS DATE

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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

27 AUG 73
DATE OF APPLICATION

Cecil R. Hodge
OWNER

REV 1-1 E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-5-73 Serial No. 4308 ICAR (S) Permit No. 6911

T. C. No.

Map Date

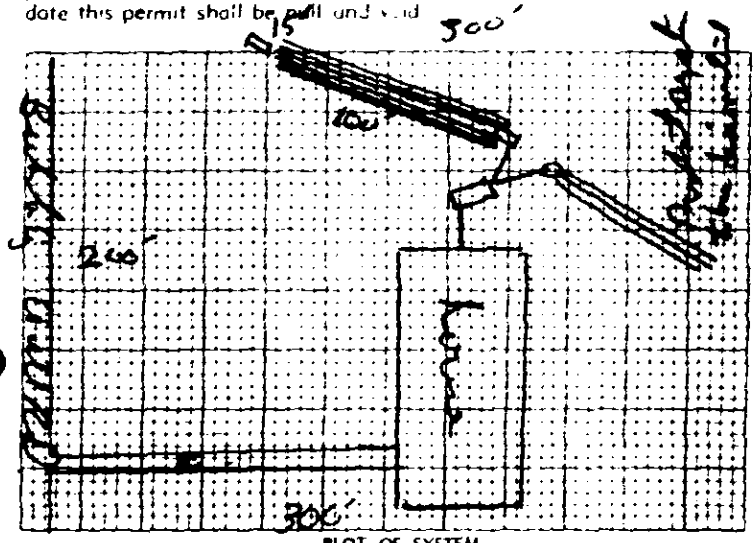
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6911, dated 8-28-73 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 10-5-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction pre cast con.

Absorption and/or Nitrification Lines:

Total Line Lenght 600'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Cecil Rudolph Hodge

LOCATION OF PROPERTY 440 Bubbling Well Rd.

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: 15'x100'x17" stone - aerobic pit on and - to replace present system that will be covered up by New Lake - Wilson of Monroe N.C. - contact

Thomas R. Ward

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.

FORM NO. E 5-4 1 71

HEALTH DEPARTMENT'S COPY

Date Received 12-17-23

APT No. 6912
P0017-19
T. C. No. 195-~~04-10~~

Map Date 12-19-23

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 Rd Charlotte NC ZIP 28211

3) PHONE NO Home — Office 364-7155

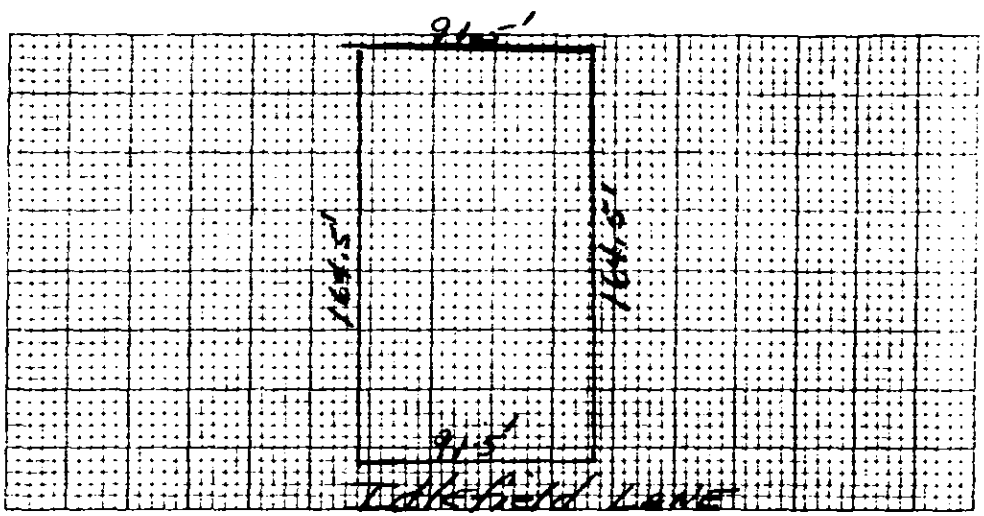
4) LOCATION OF PROPERTY Idlewood Ln.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 9 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

Michael L Rodman, Vice President
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

600'