Date Received 92573

APT No 7038

T C No 195-016-10

Map Date 12-14-73

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, N.C. ZIP 28211

3) PHONE NO Home ____ Office 364-7155

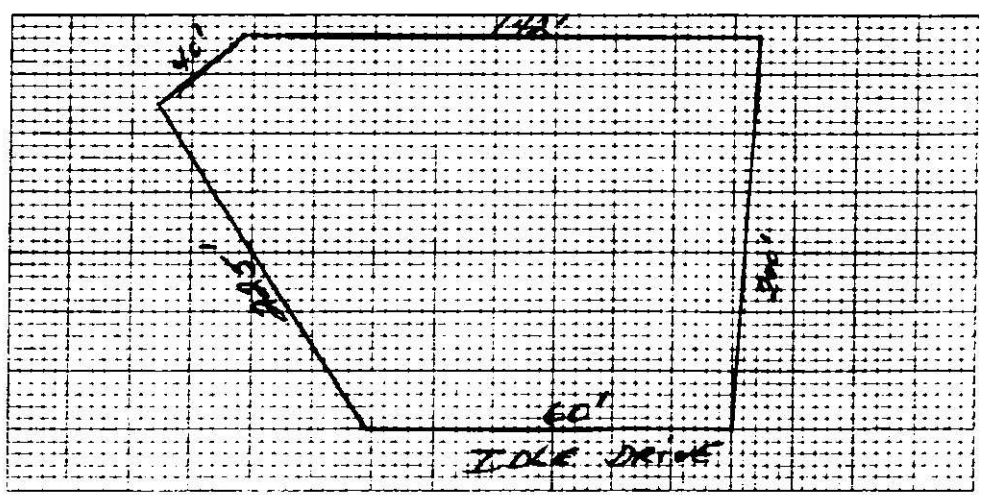
4) LOCATION OF PROPERTY Idle Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 3 BLOCK NO E

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

Serial No. [illegible]

PTR No 7038

Date Issued October 22, 1973

T C No 195-016-10

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

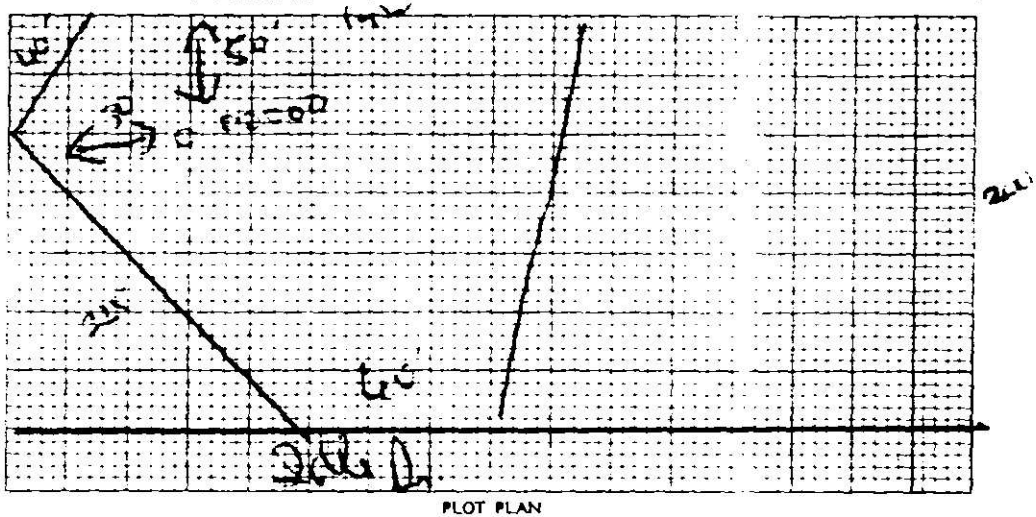
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Idle Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood S LOT NO 3 BLOCK NO F



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 teratment 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 M. Atkinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4 1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-14-74

ICAR(S) Application No 7038

T C No 195-015-10

Map Date 12 14 73

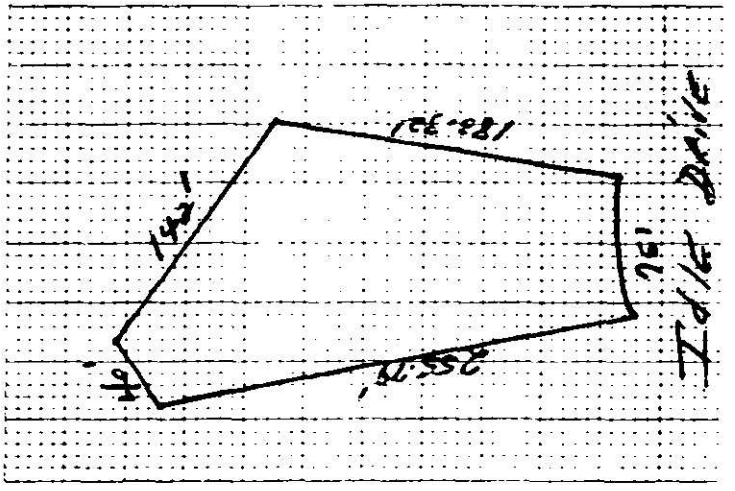
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Public Water Supply
B Community Water System
C Individual Water Supply
Well ✓

10 Swimming Pool ✓ No

11 Public Sewer Available Yes ✓ No

12 EHA Case No

13 VA Case No

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

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

15) PHONE NO Home ___ Office 364-7755

16) LOCATION OF SYSTEM Idle Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No 3 Block No E

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10-19 73 1K 260

20) PTR NUMBER (See Instructions) 7038

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 hereunder shall be void and of no effect if any of the above facts are not true

5-14-74
DATE OF APPLICATION

H. Dellinger
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 15, 1974

Serial No. 4062

LA No 7038
T C No 195-016-10

IMPROVEMENTS PERMIT

Map Date 12-14-73

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 (LAST), Madison & Assoc., Inc. (FIRST), (MIDDLE)

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF LOT Idle Drive (STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 3 BLOCK NO E

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 7038. 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

M. S. Leady
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued 2 July 74

ICAR(S) Permit No 7038

T C No 105-0616

Map Date 14 May 74

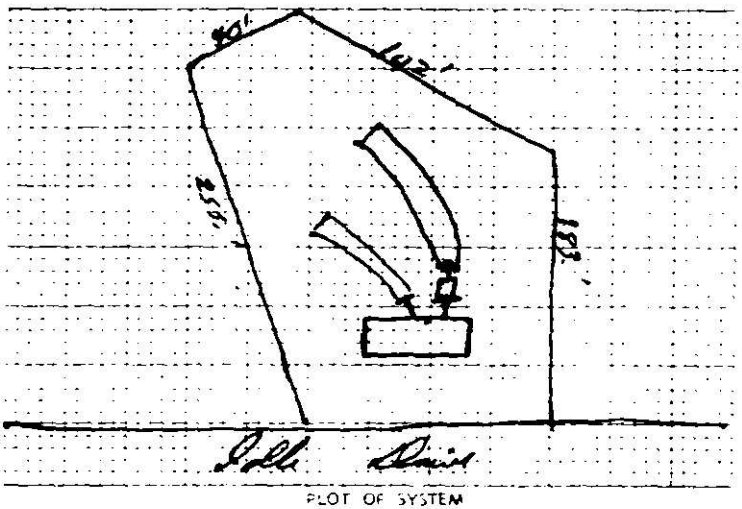
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7038 dated 14 May 74 and this permit shall be void and of no effect if the information provided in the application is found to be erroneous. All work shall be completed in accordance with 2 Aug 74 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Distribution Lines

Total Line Length 600' + 150' WM
3 (7' x 25' x 36")

Number of Lines 6 (5' x 60' x 36")

Distance from Water 10'

Distance from Property Line 20'

Distance from Well County

NAME OF OWNER DeLanger, Madsen & Associates, Inc.

LOCATION OF PROPERTY Idle Drive (Lot 3-E)

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 County Septic (Conti)

Division or Section Head

Environmentalist M. A. Kirby

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 E-5-9-1-72

Serial No. [illegible]

C of A (s) No 7038

Date Issued 7-11-74

P.O.T.C No 195-016-10

Map Date 2-14-74

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 Dellenger-Madison Associates, Inc.
(LAST, FIRST, MIDDLE)

Location of Property Idle Drive (Lot 3-F)

Application Number 7038 Permit Number 7038

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material P.C. 3(7½' x 25' x 36")

Total Length of Drain Tile 600' + 150' Mon Number of Lines 6 (15' x 50' x 36")

Depth of Filter Material 36" Cover Depth 18"

Water Supply Source Community Distance from Water Source N/A

Excavation Inspected 7-11-74 (DATE) Tank Inspected 7-11-74 (DATE)

Nitrification Field Inspected 7-11-74 (DATE)

Washing Machine Line Inspected, If Applicable 7-11-74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent disposal described above and it has been ✓ installed or constructed, [illegible] altered 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 is not to be construed as a guarantee that the system will operate properly or relieve any person now or hereafter owning, occupying 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 County Septic (Contractor)

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6/5/75

SEE INSTRUCTIONS ON BACK
MECK COUNTY HEALTH DEPT
RECEIVED
JUN 5 1975
ENVIRONMENTAL HEALTH DIVISION

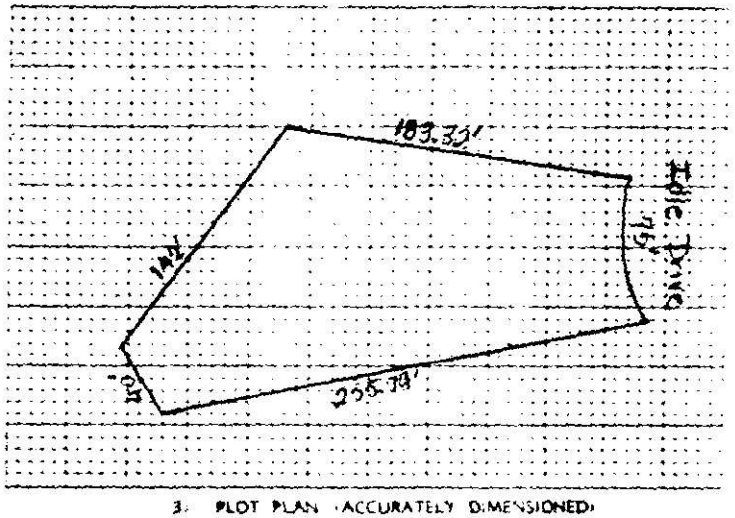
CAR/SI Application No [illegible]
T C No [illegible]
Map Date

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

( ) Install or Construct ( ) (X) 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 Estimated Water Use 0
Employees
6 Water Supply: X Yes No
7 Garbage Disposal: X Yes No
8 Dishwasher: X Yes No
9 Water Supply:
A Well
B Community
C Municipal We X
D Spring
E Other
10 Sewage Disposal:
A Septic Tank X
B Community
C Municipal
D Other
11 Any Soil Cuts: Yes X No
12 Is A Cistern Required?

13) NAME OF OWNER Jason, David F.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 13905 Idle Drive, Matthews, NC 28105

15) PHONE NO Home 847-8614 Office 372-6450

16) LOCATION OF SYSTEM 13905 Idle Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Idlewood Lot No 3 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 10-29-73

20) PTR NUMBER (See Instructions) 703F

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.

5-23-75
DATE OF APPLICATION

David F Bass
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible] ICAR (S) - Permit No _____

Date Issued _____ T C No _____

Map Date _____

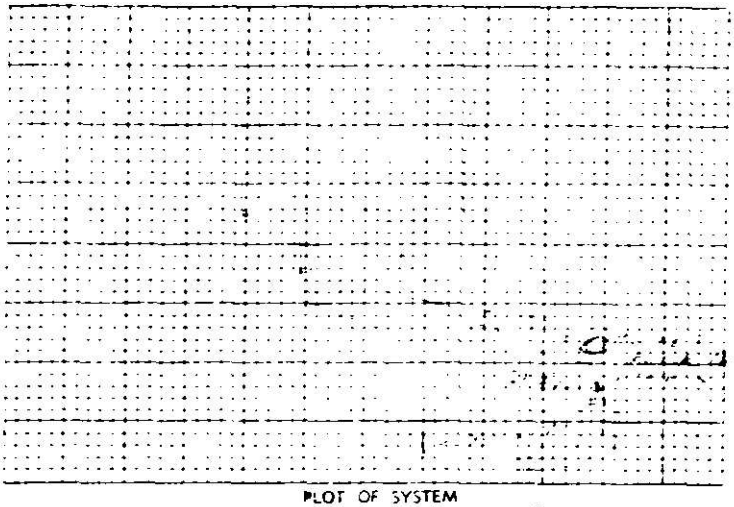
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Notification Lines

Total Line Length _____

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.

Form E-5-9-1-72