Date Received 4-3-73

APT No 5913

T. C. No.

Map Date

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

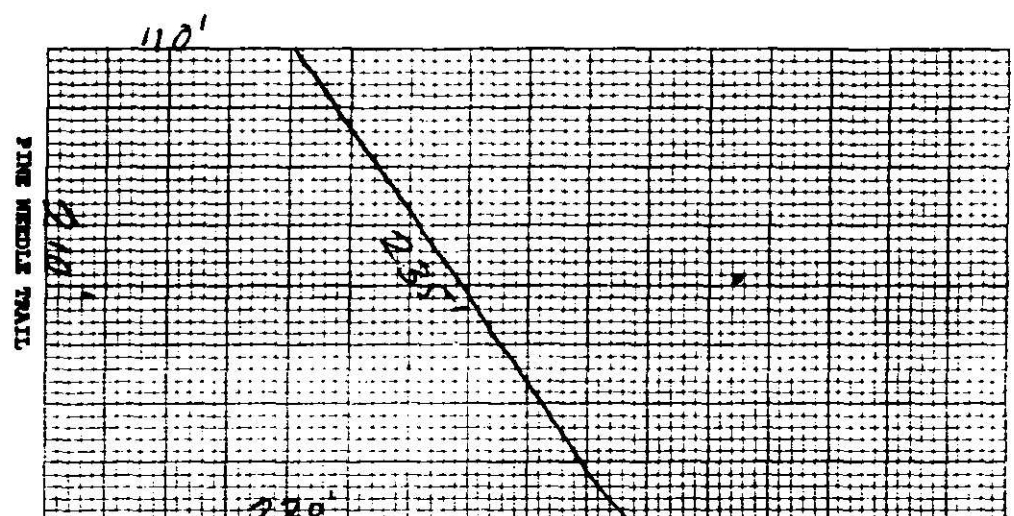
4) LOCATION OF PROPERTY Pine Needle [redacted] Trail
(STREET OR COUNTY ROAD)

5) SUBDIVISION Taraweeds LOT NO 19 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

BY: Douglas Madison
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. April 10, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 5913
T.C. No. 135-23-58
5-9-74

NAME OF OWNER Dellinger, Madison & Associates, Inc.

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

LOCATION OF LOT Pine Needle Trail, Lot 19-B

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	4-6-73	833 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

_____
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 2123

PTR No. 5913

T. C. No. 135-283-00

Map Date 8-9-72

Date Issued April 19, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

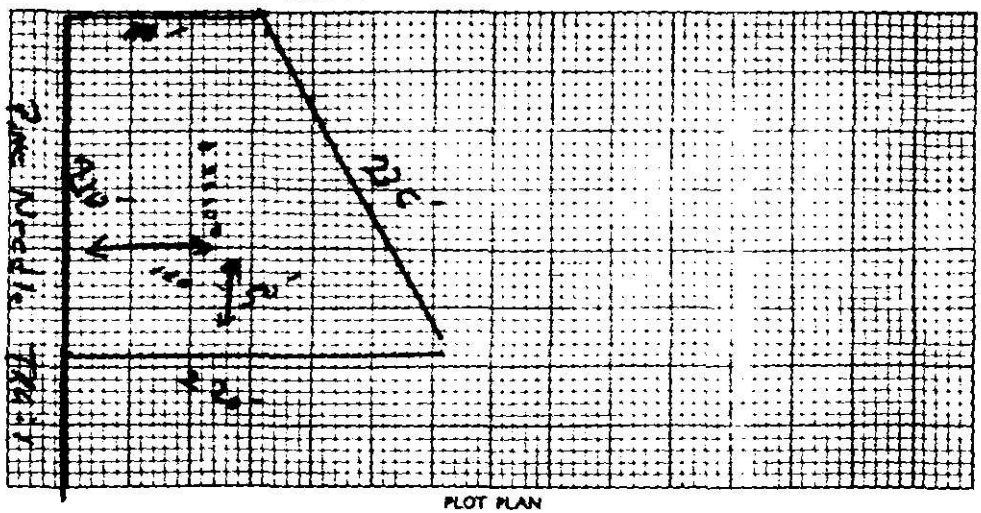
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

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

SUBDIVISION Tarawoods LOT NO 19 BLOCK NO. B



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 54 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 R. Thuesson

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 4-20-73

ICAR(S) Application No 5913

T C No 135

Map Date 8-9-72

5-4-74

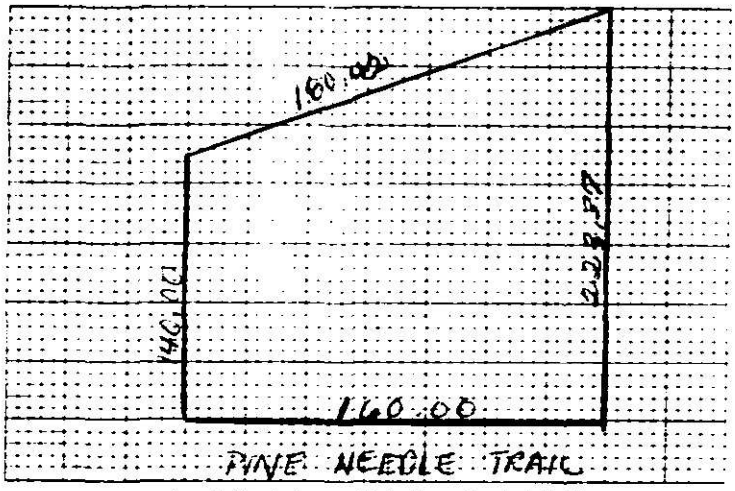
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X
B) Government ___
C) Community ___
1) Well ___
2) Government ___

Sewage System
House located within 200' of public sewer X Yes ___ No
House located within 200' of community sewer Yes X No

11) FHA Case No ___

12) VA Case No ___

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

14) ADDRESS OF OWNER **411 S. Sharon AmityRoad, 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 **19** Block No **B**

Map Book No -- Page No. --

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

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN **4/18/73** PR> 54

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.

April 16, 1973
DATE OF APPLICATION

BY: Doug Dellinger
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2773

Date Issued April 20, 1973

LA No 5913
P.O. 50
T C No. 135-283-00
5-9-74
Map Date 8-8-72

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 South Sharon Amity Road ZIP 28211

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

SUBDIVISION Tarawoods LOT NO 19 BLOCK NO B

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 54 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 5913. 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 contoined 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 DEPARTMENT'S COPY

Serial No. 3964

Date Issued 7-10-73

ICAR(S) Permit No. 5513

T. C. No. 135-

Map Date ~~5-9-72~~ 5-9-74

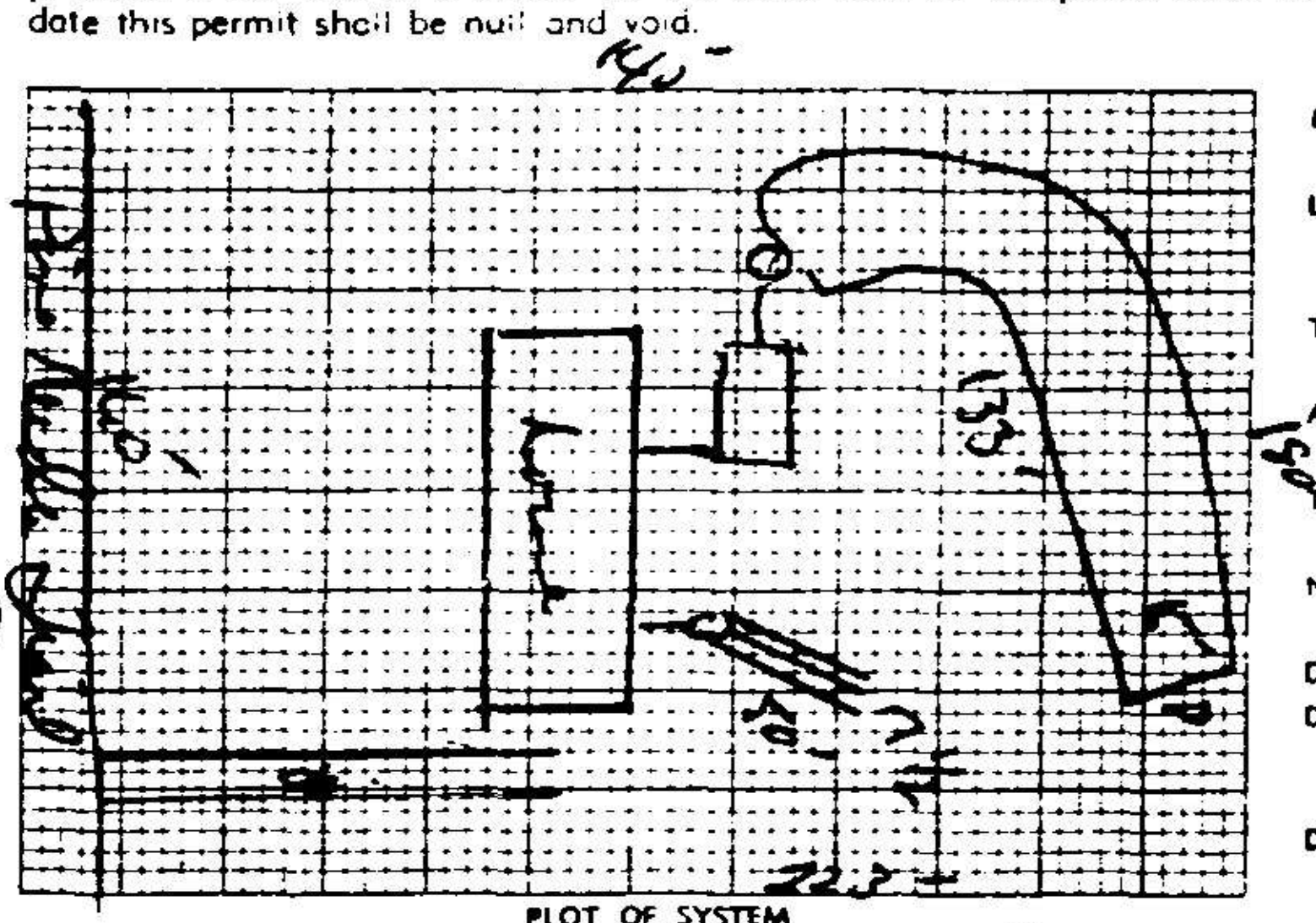
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste-water 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 5513 dated 4-20-73 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 8-10-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Total Line Lenght 795'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Dellinger, Madison [illegible]

LOCATION OF PROPERTY 193 - Pine Needle Trail

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' X 133' - [illegible]
washed 7½" X 50' X 19" stone
Howard Hyatt, Contractor

Division or Section Head ____________

Thomas R. Ward
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 Issued 7-31-73 Serial No. 3688 C of A (s) No. 5913 283-56

T C No 135

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

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 & Agnes (LAST FIRST MIDDLE)

Location of Property 198 - Pine Needle Trail

Application Number 5913 Permit Number 5913

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Concrete

Total Length of Drain Tile 795 Number of Lines 6

Depth of Filter Material 17" Cover Depth 12"

Water Supply Source Common Distance from Water Source NA

Excavation Inspected 7-31-73 (DATE) Tank Inspected 7-31-73 (DATE)

Nitrification Field Inspected 7-31-73 (DATE)

Washing Machine Line Inspected, If Applicable 7-31-73 (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(s) 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 Howard Haigler

Thomas R. Ward
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

K

Date Received 4-5-74

MECK COUNTY HEALTH DEPT. RECEIVED 5 1974 ENVIRONMENTAL HEALTH DIVISION

(CARS) Application No 5913
T C No 135-283
Map Date 8-9-72

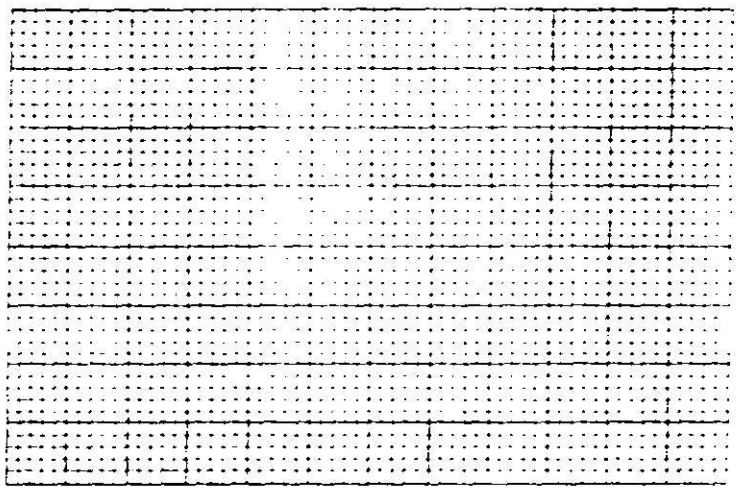
MECKLENBURG COUNTY HEALTH DEPARTMENT 5-9-74
ENVIRONMENTAL HEALTH DIVISION

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

Water Box



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 Public or Community
B Governmental
C Community System
Well X
Spring
Shared System
Private Well Serving 2 Homes
If Public Water Available X No
Have Application for Public Water been Made
Commitment Letter Yes X No
10) FHA Case No
12) VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Philip W. Yeargby Jr (LAST, FIRST, MIDDLE)
14) ADDRESS OF OWNER 4638 Pine Needle Trail Dellinger Madison & Assoc
15) PHONE NO. Home ___ Office 364 9155
16) LOCATION OF SYSTEM Same (STREET OR COUNTY ROAD)
17) SUBDIVISION Tarwood Lot No 19 Block No. B
Map Book No. ___ Page No. ___
18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___
19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 8-9-72
20) PTR NUMBER (See Instructions) 5913

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.

3-28-74
DATE OF APPLICATION

Mrs. Philip W. Yeargby
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5057 ICAR(S) Permit No 5913

Date Issued 5 Apr 74 T C No 135-283-09

Map Date 9 May 72

5-9-74

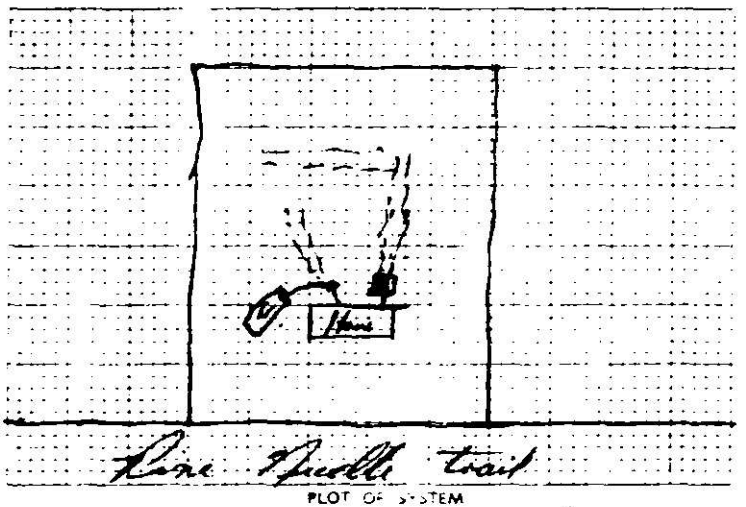
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5913, dated 5 Apr 74 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 5 May 74, 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 Length 100'

Number of Lines 2(5'x16'x48")

Distance from House 15'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Beasley, Libby W. Jr.

LOCATION OF PROPERTY 4638 Lone Thistle Trail (Pinewood)

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 Faculty Septic (Coats) (Lot 19-B)

Division or Section Head

Environmentalist W. D. 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-5-8-1-72

YELLOW: DEPARTMENT'S COPY

Serial 4660

C of A (s) No. 5913

383.56

Date Issued 16 Apr 74

T C. No. 135-

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Busby (LAST) P. Billy (FIRST) W. Jr (MIDDLE)

Location of Property 4638 Rea Knolls Road (Toward)

Application Number 5913 Permit Number 5913

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Septic

Total Length of Drain Tile 100' WAS Number of Lines 2(5 x 16' x 48")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected _____ (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 16 Apr 74 (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(s) 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 Sys (Cont)

M. A. Kirby
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY