Date Received 7 20 73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 2[illegible] 1973

APT No 6708

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 South Sharon Amity Road, Charlotte, NC ZIP 28211

3) PHONE NO Home _____ Office 364-7155

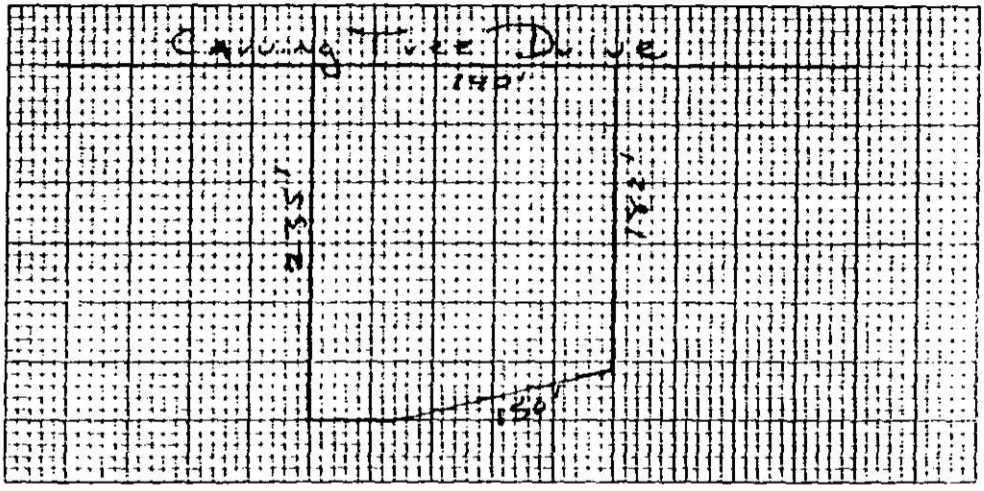
4) LOCATION OF PROPERTY Carving Tree Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO. 8 BLOCK NO. 13

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 on 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 Michael L Rodman

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

HEALTH DEPARTMENT'S COPY

Date Received 7-20-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 23 1973

APT No 6709

T C No 135-213-22

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Dellinger Madson & Assoc., Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 411 S. Sharon Amity ZIP 28211

3) PHONE NO. Home — Office 364-7155

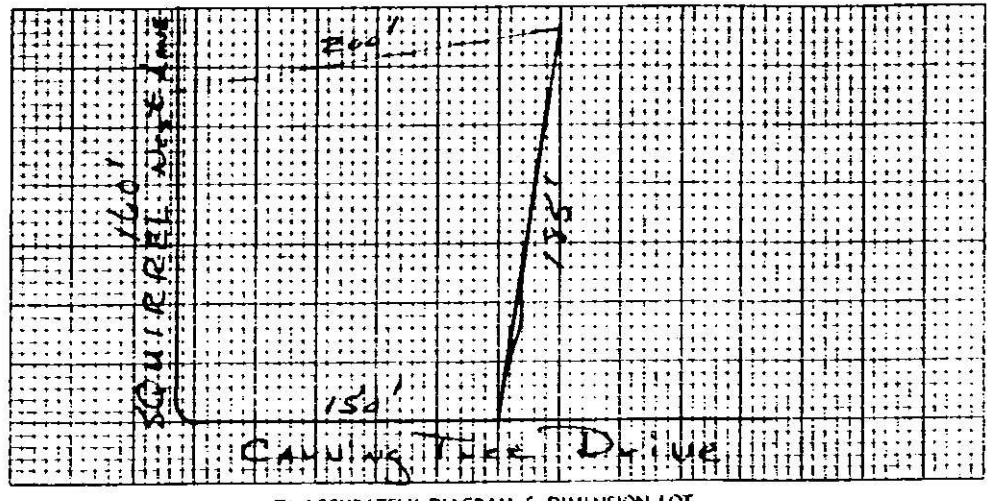
4) LOCATION OF PROPERTY Carving Tree Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION TARAwoods LOT NO 17 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 on 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 Michael L Rodman

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3899

PTR No 6709
P.O. 22
T C No 135-283-00
7-9-74
Map Date 8-9-72

Date Issued December 27, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

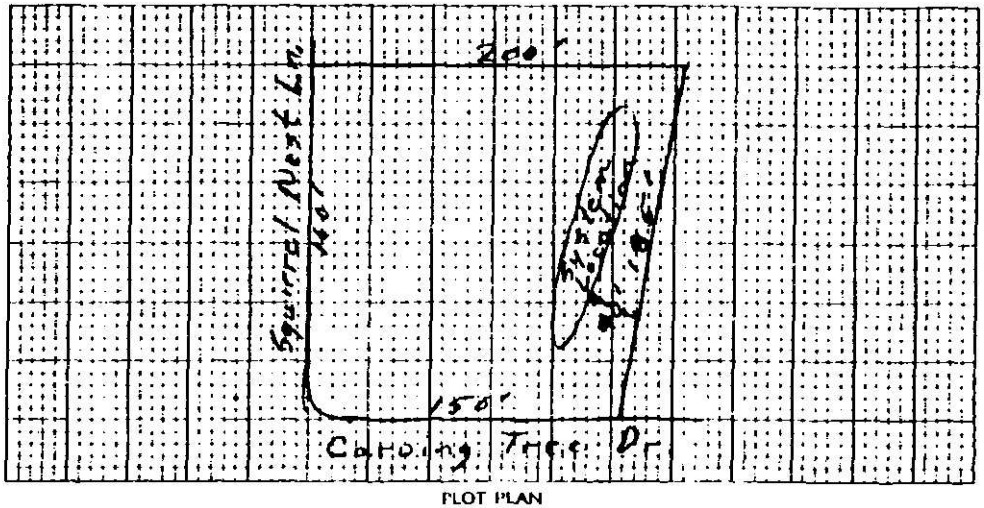
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Carving Tree Drive
STREET OR COUNTY ROAD

SUBDIVISION Tarawood LOT NO 17 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 45* 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 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 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.

*Results determined by soil analysis.

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

W. Grantham Lyon, Jr.
Soil Scientist

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 12-27-73

ICAR(S) Application No 6709

T C No 155 213-22

Map Date 8-7-72 5-9-74

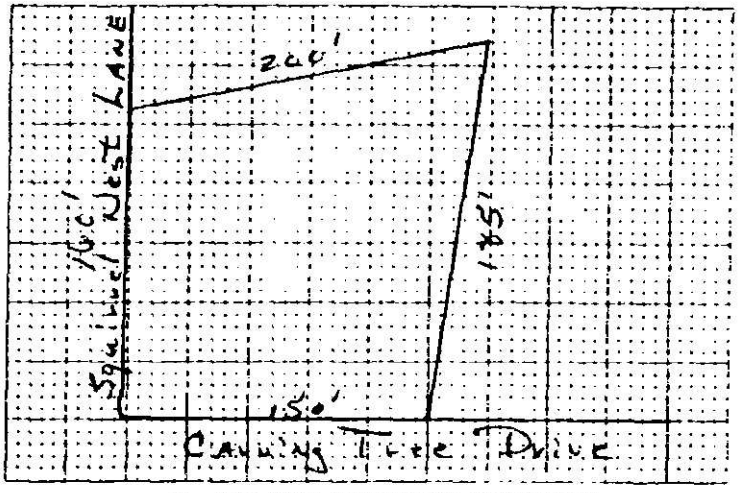
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 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
B) Government System ____
C) Community System
1 Well owned X
2 Government ____

10) Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet 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 South Sharon Amity Charlotte, NC 28211

15) PHONE NO Home ____ Office 364-7155

16) LOCATION OF SYSTEM Carving Tree Drive
STREET OR COUNTY ROAD

17) SUBDIVISION TARAwoods Lot No 17 Block No C

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____ pg 45

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 7/19/73

20) PTR NUMBER (See Instructions) 6709

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

DATE OF APPLICATION 12-27-73

OWNER M L Dellinger, Vice President

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued December 27, 1973 **Serial No. 3712**

LA No. 6709
P.O. 22
T C. No 135-283-09
5-9-74
Map Date 8-9-72

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 & Associates, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP _____

LOCATION OF LOT Carving Tree Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO. 17 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 45 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 6709. 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.

Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5056 ICAR(S) Permit No 6769

Date Issued 5 Apr 74 T C No 175-

Map Date 5-9-74

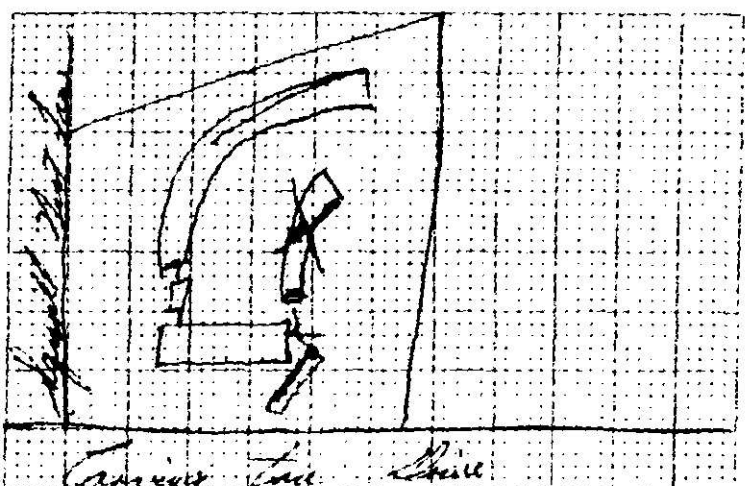
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6769, dated 27 Dec 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 5 May 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Length 75' + 150' (with 3 Cpl's 150' (17") 3 Cpl's 150' (17")

Number of Lines 6 CLS 132 (17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well Community

NAME OF OWNER Gillespie, Mahaun, & Associates, Inc.

LOCATION OF PROPERTY Conway Lane Chesil (Lot 17-C)

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 W. L. 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.

E-5-9-1-72

Serial 4662

C of A (s) No. 6709

T C No. 13-5-281-09 283-22

Map Date 5-4-74

Date Issued 16 Apr 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 Dellinger, Marion & Rose, Inc. (LAST, FIRST, MIDDLE)

Location of Property Conway Ave. (Lot 17-C)

Application Number 6709 Permit Number 6709

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PE (3 @ 53" x 50" x 17")

Total Length of Drain Tile 245 + 150' (ea) Number of Lines 6 (15' x 133 x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 16 Apr 74 (DATE) Tank Inspected 16 Apr 74 (DATE)

Nitrification Field Inspected 16 Apr 74 (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 System (Conv.)

Note: The washing machine drain field was selected to the front yard as is marked on permit.

M. D. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY