Date Received 12-10-73

APT No. 7318

T. C. No. 195-016-05

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC - 1973
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

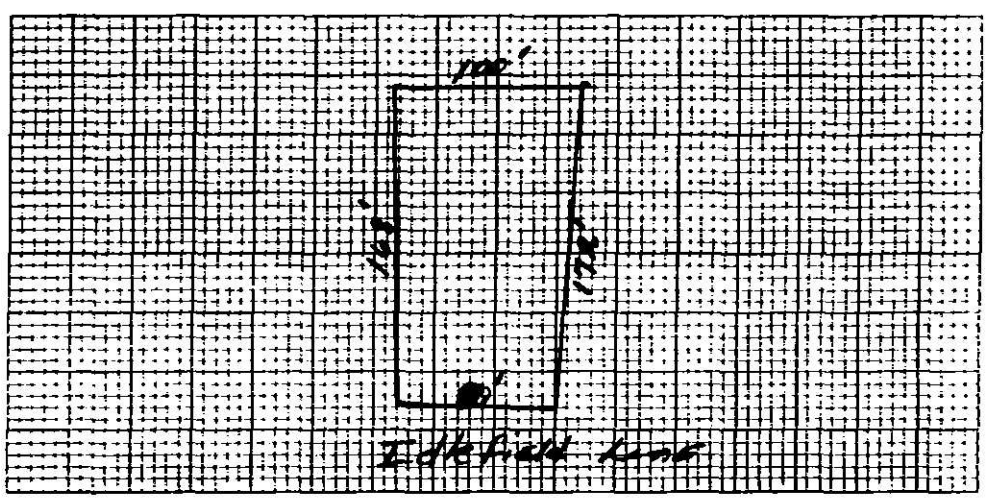
4) LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO. 8 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

M L Rodman, Vice Pres
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3884

PTR No. 7318
R-20. 016-05
T. C. No 195-025-10

Date Issued December 12, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

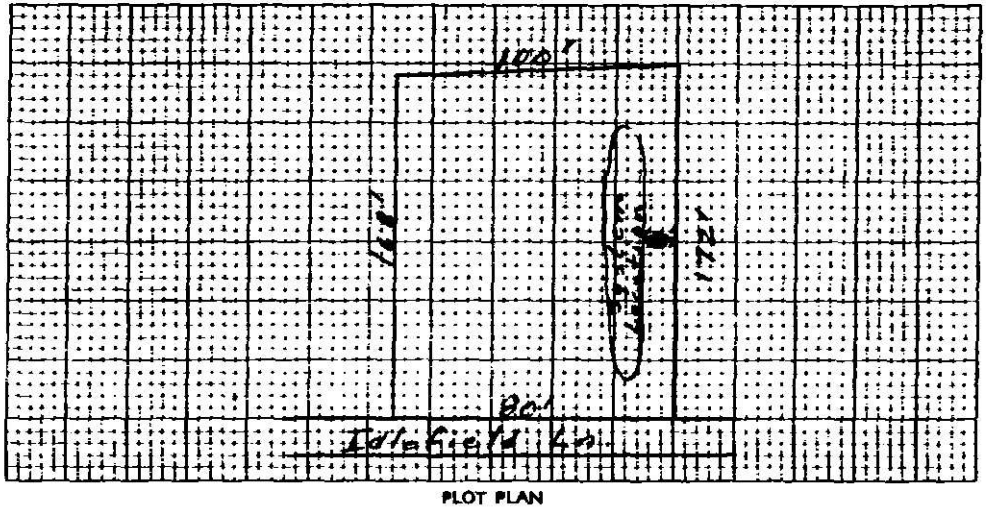
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP 28211

LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood Sub. LOT NO. 8 BLOCK NO. E



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 percolaton 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.

W. Gwatkin, Lynn, Jr. — Soil Scientist

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

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received

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NOV 2 1974

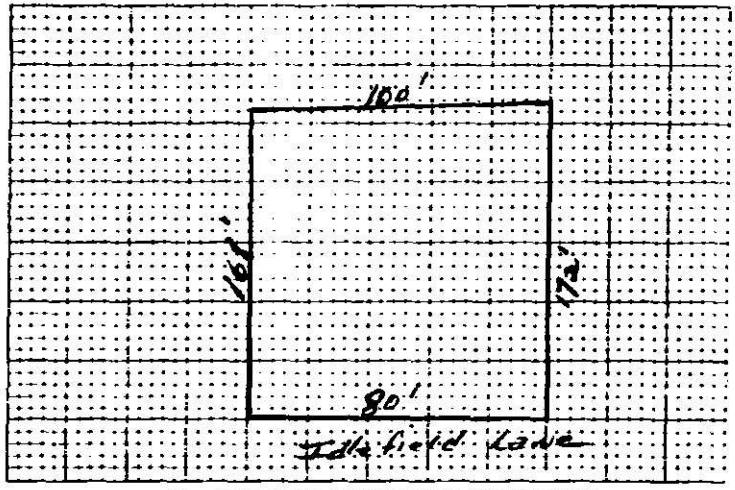
ICAR(S) Application No 7318
T C No 195-015-10
Map Date 4-14-73

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3
5) Business Use Max No Employees 0
6) Washing Machine ✓ Yes ___ No
7) Garbage Disp ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ___
B) Government System ___
C) Community System
1) Well ✓
2) Government ___
10) 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 Dellinger Madison Assoc INC.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5501 Executive Center Dr Suite 223 - Charlotte 28212

15) PHONE NO. Home ___ Office 568-4140

16) LOCATION OF SYSTEM 13423 Idlefield Lane
STREET OR COUNTY ROAD

17) SUBDIVISION Idlewood Lot No. 8 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 12/11/73 1060

20) PTR NUMBER (See Instructions) 7318

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-4-8-1-72

HEALTH DEPARTMENT'S COPY