Date Received 4-17-73

APT No 6043

T C No 135-28305

Map Date 3-7-74

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 Rd., Charlotte, NC ZIP 28211

3) PHONE NO. Home -- Office 364-7155

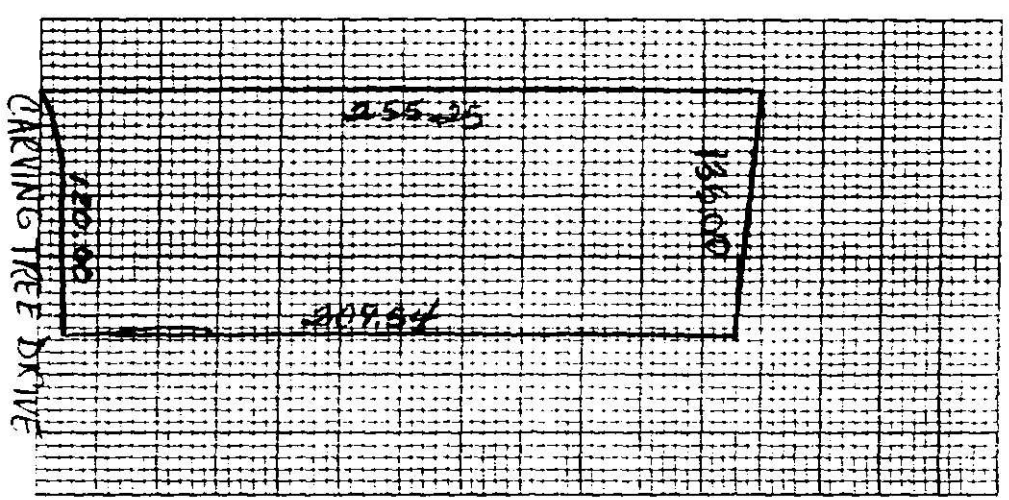
4) LOCATION OF PROPERTY Pine Needle Trail @ Carving Tree Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 33 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 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 19, 1973
2. _____
3. _____

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

SDR No. 6043 283-05
T.C. No. ~~No. 135-281-09~~ 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 & Carving Tree Drive, Lot 33-C

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.	4-18-73	120 min/in
X	2.	7-5-73	120 min/in
X	3.	7-13-73	300 min/in

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

Thomas R. Ward
Environmentalist

(Stencil No.)
MED 398
8/70

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

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

Telephone 374-2113

Date Issued
1. July 23, 1973
2. _____
3. _____

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

SDR No. 6043 283-05
T.C. No. R-0. 135-~~283-00~~
~~8-9-72~~
5-9-74

NAME OF OWNER Dellinger, Madison & Assoc, Inc.

ADDRESS OF OWNER 411 South Sharon Amity Road ZIP _____

LOCATION OF LOT Carving Tree Drive, Lot 33-C

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.	7-19-73	399 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.
R-19-8-14-70

Date Received 2-4-74

SEE INSTRUCTIONS ON BACK
MECK COUNTY HEALTH DEPT.
RECEIVED
FEB 04 1974

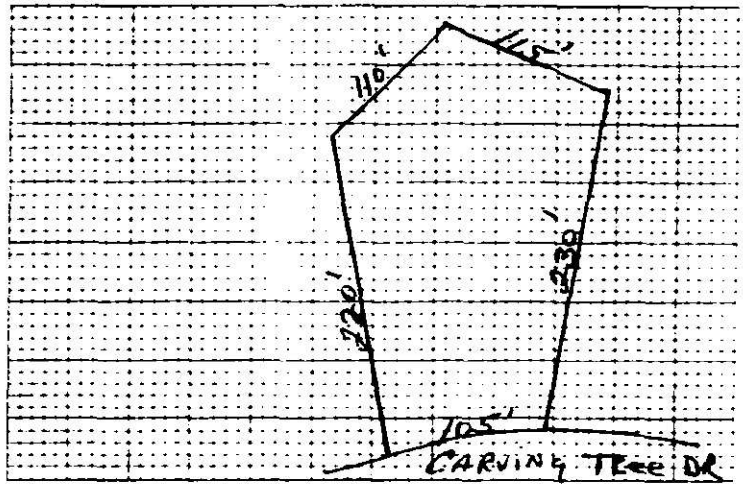
ICAR(S) Application No 6043-05
T C No 185-28-09
Map Date 2-5-74 5-9-74

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 Bedrooms 3
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
Well on site X
Other ___
Sewage System
Public sewer ___ Yes X No
Community sewer ___ Yes ___ No
11) FHA Case No ___
12) 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 364-7155
16) LOCATION OF SYSTEM Carving Tree Dr (STREET OR COUNTY ROAD)
17) SUBDIVISION Tarwoods Lot No. 33 Block No. C
Map Book No ___ Page No. ___
18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___
19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN PR? 120
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.

2-1-74
DATE OF APPLICATION

OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

[redacted] STATE OF [redacted] APT # 6043

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

REAL [redacted] BOOK [redacted]

SEPTIC TANK AGREEMENT

3650 0260

Date January 22, 1974

58

I acknowledge that I have been informed by the Mecklenburg County Health Department that the property described as

Lot 33, Block C, of Tarawoods Subdivision, as recorded in Map Book _____, Page _____, of the Mecklenburg County Registry (tax code number 135-283-05)

10-11-73

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

X Unsuitable soil - inadequately slow percolation rate (120 minutes per inch).

1974 JAN 23 PM 2 39
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

Owner Dellinger, Madison & Associates, Inc.

~~Owner Attested~~ Henry Stephen Dellinger
Vice-President

Seal

Attested Robert W Lee
Asst. Sec.

State of North Carolina
County of Mecklenburg

I, Donna Lynn Bradley a notary public of Mecklenburg County, North Carolina, Certify that ~~Henry Stephen Dellinger~~ Robert W. Lee personally came before me this day and acknowledged that he or she is the Vice-President of Dellinger, Madison & Associated, Inc., a corporation and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its Vice-President, sealed with its corporate seal, and attested by himself or herself as its ~~Vice-President~~ Asst. Sec.

Witness my hand and official seal, this the 22nd day of January, 1974.

Donna Lynn Bradley

My commission expires March 29, 1977

Drawn by
EHD 507
11/16/73

REAL ESTATE BOOK

3650 0261

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Donna Lynn Brader,

a Notary(ies) Public of said County and State
is/are certified to be correct. This 23 day of January, 19
Charles E. Crowder, Register of Deeds, By: [signature]
DEPUTY

Mail To: John Atkinson
Environmental Health Dept.
200 Blythe Blvd.
Charlotte, N.C.

2.50

Serial No. 3816

LA No 6043
P.O. 05
T C No 135-283-00
7-9-74
Map Date 8-8-72

Date Issued February 4, 1974

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

ADDRESS OF OWNER 411 S. ~~Sam~~ Sharon Amity Road ZIP 28211

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

SUBDIVISION Tarawoods LOT NO 33 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 120*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 6043. 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

*Agreement Card signed and recorded January 23, 1974 in book 3650 at page 0260.

John R Atkisson
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 7

ICAR(S) Permit No. ~~6043~~ 313-05

Date Issued 30 Apr 74

T C No 135 ~~[illegible]~~

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

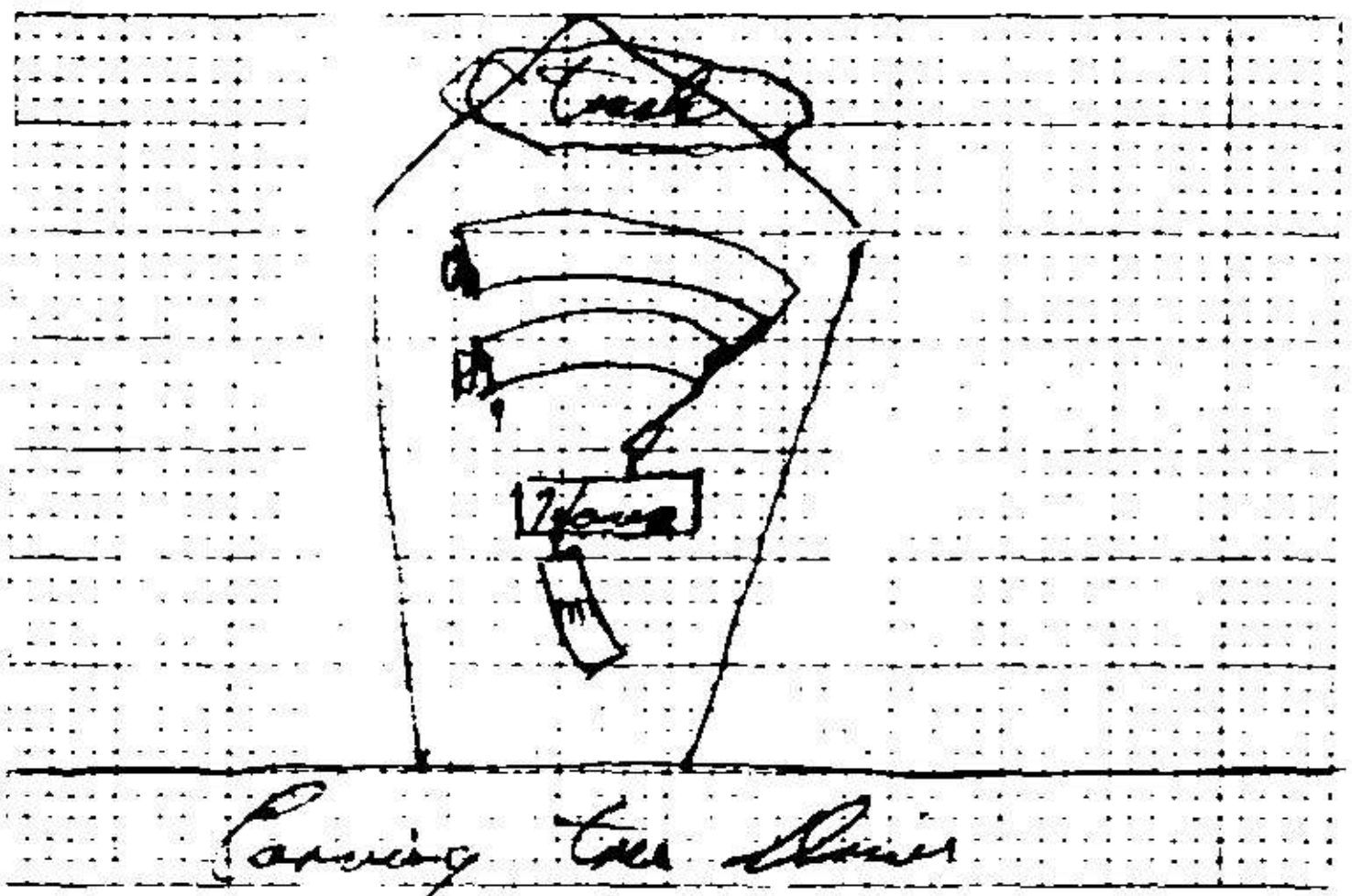
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6043, dated 1 Feb 74 and this permit shall be void and of no effect if the information provided in the application is not true or erroneous. All work shall be completed on or before 30 May 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 120

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 1200' + 200' W.M. 4 (10'X50'X17")

Number of Lines (2) 6 (15'X100'X42")

Distance from House 10'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Tillinger, Madison, & Associates, Inc

LOCATION OF PROPERTY Calvin Tree Drive (Plat 33-5)

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 (Cont.)

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 NO. E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial 4740

C of A (s) No. 6043

Date Issued 3-7-74

T C. No. 135-283-05 5-9-74

Map Date

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, Madison, & Associates, Inc
(LAST) (FIRST) (MIDDLE)

Location of Property Evening Tree Drive (Lot 33-C)

Application Number 6043 Permit Number 6043

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material [illegible]

Total Length of Drain Tile 1200 + 200 'ung Number of Lines? (6 5' runs' x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 3 May 74 (DATE) Tank Inspected 2 May 74 (DATE)

Nitrification Field Inspected 2 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 3 May 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 (Cont.)

Note: The lot had a percolation rate of 120 min

Environmentalist

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

HEALTH DEPARTMENT'S COPY