Date Received 9-19-73

APT No 7011

T C No 195-017-24

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER DELLINGER (LAST) Madison & Assoc. INC (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 411 S Sharon Amity Rd Charlotte, N.C. ZIP 28211

3) PHONE NO Home — Office 364-7155

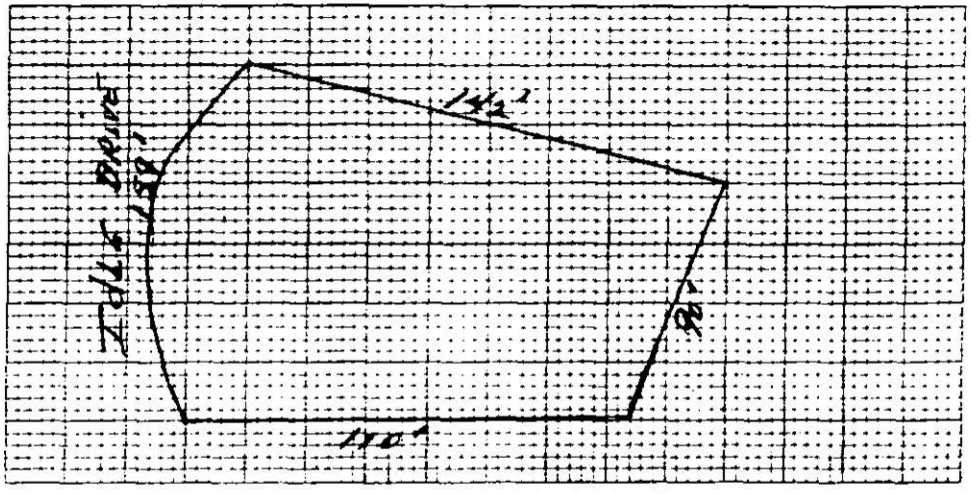
4) LOCATION OF PROPERTY Idle DRIVE (STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 14 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

Michael L Lachman, Vice President
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No 7011

T C No 195-01-14

Date Issued October 22, 1973

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

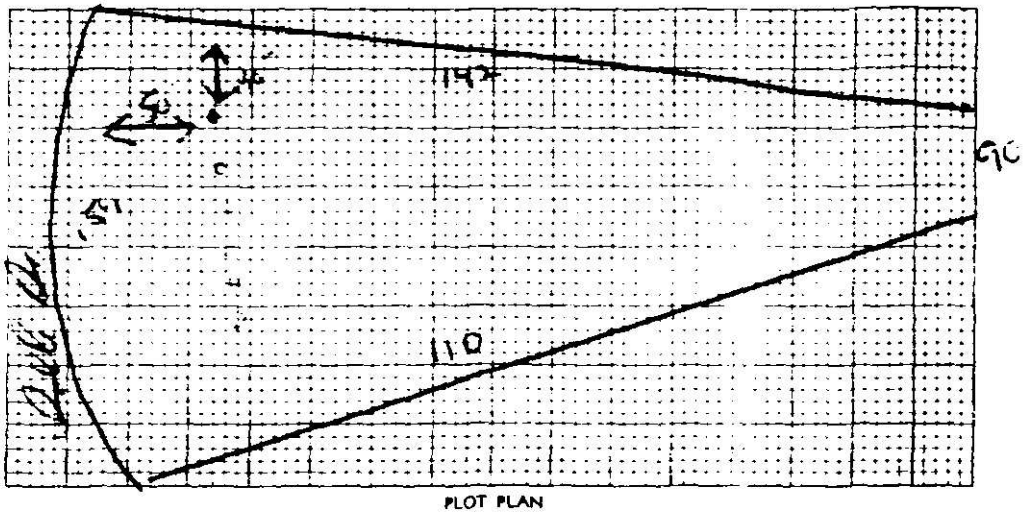
PERCOLATION TEST REPORT

NAME OF OWNER Dellinger, Madison & Associates, 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 LOT NO 14 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 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 wells) 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. Johnson

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 10-22-73

ICAR'S Application No 7011-24

T C No 195-01-10

Map Date 12 14 23

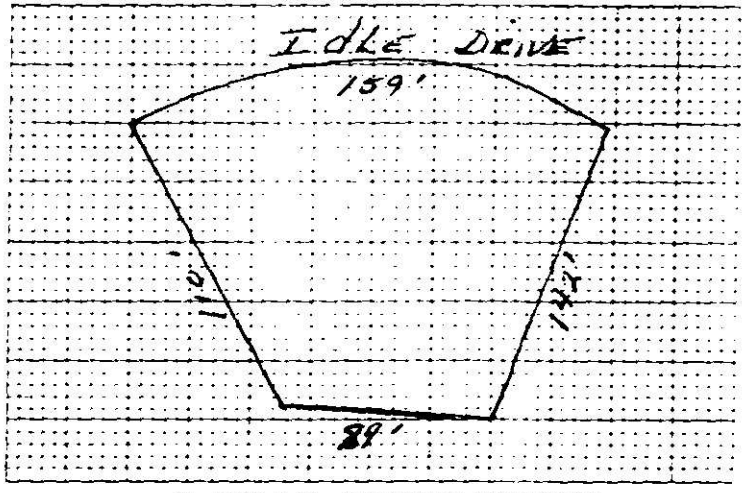
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ___
B Government ___
C Community
Well X
Government ___
Sewage System
Public Sewer ___ No
Private Sewer ___ No
Community Sewer Yes X 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 ___ IDLE DRIVE (STREET OR COUNTY ROAD) ___

17) SUBDIVISION Idlewood Lot No 14 Block No B

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___ PR760

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 9/21/73

20) PTR NUMBER (See Instructions) 7011

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.

10-17-73
DATE OF APPLICATION

M L Rodman, Vice President
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 23, 1973

Serial No. 3547

LA No. 7011

T C. No. ~~195-017-24~~

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, Madison & Assoc., Inc.
(LAST / 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 14 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 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 7011. 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. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 30 Jan 1974 Serial No. 4812 ICAR(S) Permit No. 7011

T. C. No. 195 017-24

Map Date 12-14-23

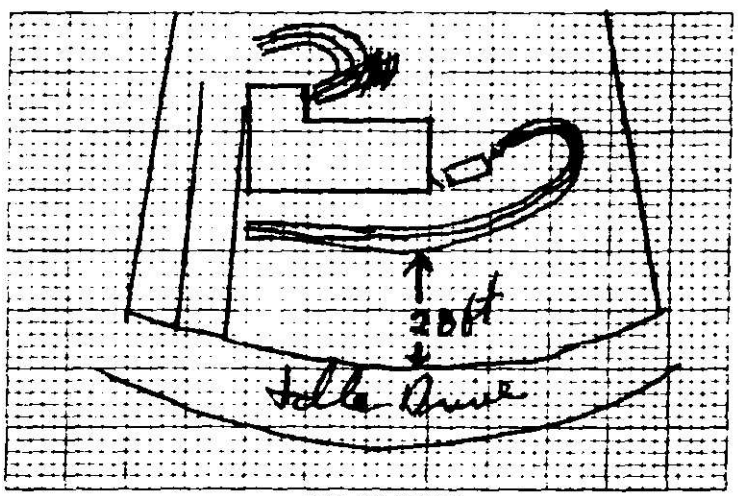
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 7011, dated 10-17-73 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 1 MAR '74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction Concrete

Absorption and/or Nitrification Lines

Total Line Lenght 600 + vacation

Number of Lines 5 (12½ X 125) lot

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Dellinger Madison & Assoc, Inc.

LOCATION OF PROPERTY Idle Drive 14 B

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: wash line in bed 7½ X 33 X 12"

NO EXCAVATION WHILE SOIL IS SATURATED

Division or Section Head

John R Atkinson
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

Serial 4457

C of A (s) No. 7011

Date Issued 26 Jul 74

T C No 195-C17-24

Map Date 12-14-73

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 Gillespie, Madison & Associates
LAST FIRST MIDDLE

Location of Property Old Dowd

Application Number 7011

Permit Number 7011

Inspection Data:

Liquid Capacity of Tank 1500

Tank Material PE

Total Length of Drain Tile 600'

Number of Lines 5 @ 95' X 120' X 17"

Depth of Filter Material 17"

Cover Depth 15"

Water Supply Source Community

Distance from Water Source N.A.

Excavation Inspected 26 Jul 74
DATE

Tank Inspected 26 Jul 74
DATE

Nitrification Field Inspected 26 Jul 74
DATE

Washing Machine Line Inspected, If Applicable 26 Jul 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 System (Conv.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY

B·

SEE INSTRUCTIONS ON BACK

Date Received 8-23-74

ICAR(S) Application No 7011

T C No 195-017-24

Map Date 12-14-73

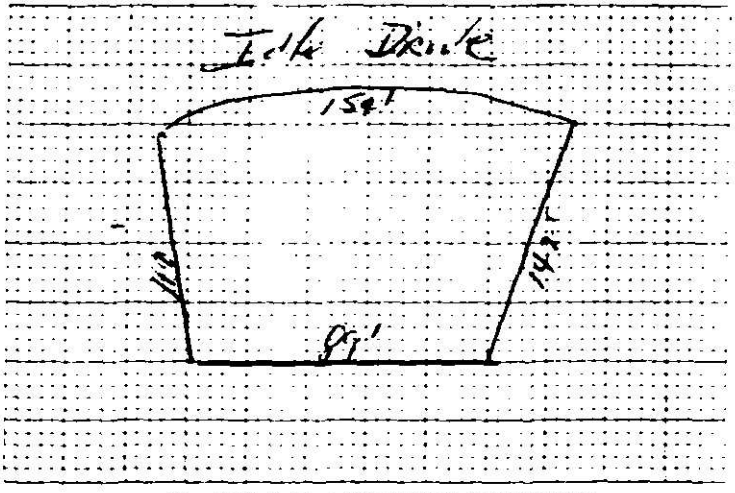
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Install or Construct [ ] Alter or Repair [X] an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4) No. of bedrooms 3

5) Business Use Maybe
Employees

6) Washing Machine [✓] Yes [ ] No

7) Garbage Disp. [✓] Yes [ ] No

8) Dishwasher [✓] Yes [ ] No

9) Water Supply
A) Public Water
B) Community
C) Individual Well [✓]
D) Community Well

Sewage System
Public Sewer [✓] No

Community Sewer Yes [✓] No

11) FHA Case No.

12) VA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Mershon (LAST) John (FIRST) R (MIDDLE)

14) ADDRESS OF OWNER 13812 Idle Dr Dellinger Medical Assoc

15) PHONE NO Home ___ Office 364-7155

16) LOCATION OF SYSTEM 13812 Idle Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No. 14 Block No G

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? [✓] YES [ ] NO DATE RUN 9-21-73

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

8-19-74
DATE OF APPLICATION

Jane A. Mershon
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 6691 ICAR (S) Permit No 7611

Date Issued 3-[illegible]-74 T C No. 42-[illegible]

Map Date [illegible]

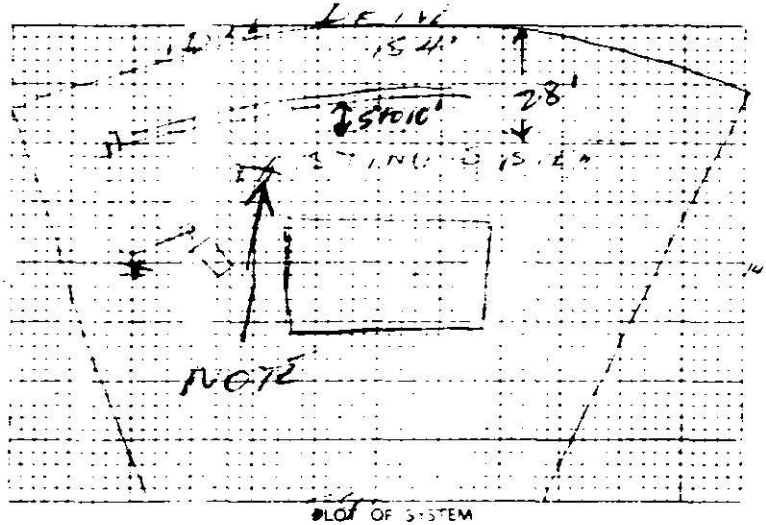
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 7611, dated 3/[illegible]/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 [illegible] after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Distribution Lines

Total Line Length [illegible]

Number of Lines [illegible]

Distance to Creek 20'+

Distance from Property Line ___

Distance from Well ___

NAME OF OWNER JOHN R. MEESHON

LOCATION OF PROPERTY 1382 IDLE DR.

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 NOTE: EXCAVATE TO EXISTING LINES ABOVE STEP OFF (DAM) & DETERMINE IF THEY ARE SATISFACTORY. IF REPAIR IS NECESSARY CONNECT TO D.B. BOX 1" ABOVE ALL EXISTING OUTLETS.

Division or Section Head [signature] Environmentalist(s) [signature]

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

[illegible] DEPARTMENT'S COPY

Date Issued 27 Sep 74

Serial No.

C of A (s) No. 7011

T C No 75-017-24

Map Date Mar 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Murdock, Jake B.
(LAST, FIRST, MIDDLE)

Location of Property 13812 Idle Acre

Application Number 7011 Permit Number 7011

Inspection Date:

Liquid Capacity of Tank — Tank Material Hybrid

Total Length of Drain Tile 150' Number of Lines 2(5' x 75' x 12")

Depth of Filter Material 17" Cover Depth 18" - 24"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 26 Sep 74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 26 Sep 74 (DATE)

Washing Machine Line Inspected, If Applicable — (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 Lyste (Cont'd)

M. L. Eisley
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT

Date Issued 2/25/75 Serial No. ICAR (S) Permit No 5011

T C No 695 01 124

Map Date 2-14-75

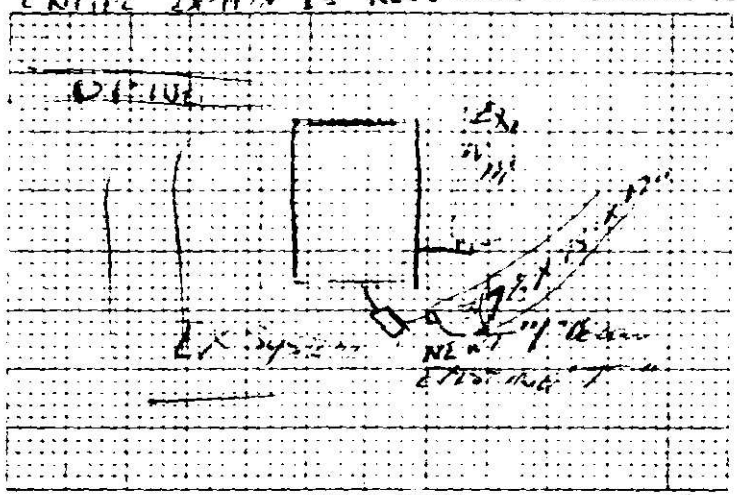
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 5011 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 3/11/75 after which date this permit shall be null and void REPAIR PERSON'S DOWN BY DETERMINING IF LATTER DRAIN IS RECEIVING A HOLDING FOR MAT. ABSORPTION



PLOT OF SYSTEM

Percolation Rate 2 MPI

Liquid Capacity of Tank 1

Tank Construction

Absorption and/or Nitrification Lines

Total Line Lenght 225

Number of Lines 3 (75 x 5 x 3rd)

Distance from House 10'

Distance from Property Line 10'

Distance from Well Covered

NAME OF OWNER Prop. MECKLENBURG

LOCATION OF PROPERTY Fairview Dr. 148

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 Call Mr. Wheatley for more Directions to locate Repair Tile to access the Latter Line if Necessary

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

Date Issued 4-25-75 Serial No. ICAR (S) Permit No. 741

T C No. 95.017-24

Map Date 2-4-75

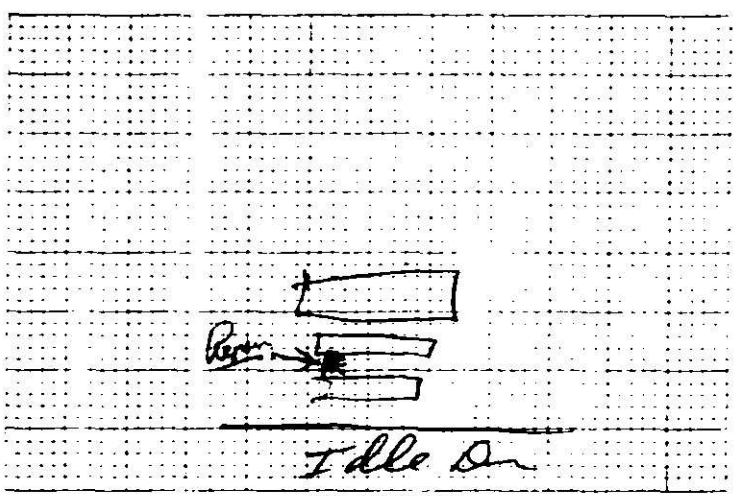
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5-25-75, 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 _____

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER Jack Mershon

LOCATION OF PROPERTY 3812 Idle Dr

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 * Installing Cement dam in place of earthen dam

Division or Section Head _____

Environmentalist Richard Shotton

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