Date Received 9-25-73

APT No 7036

T C No 195-016-12

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

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, NC ZIP 28211

3) PHONE NO Home — Office 364-7155

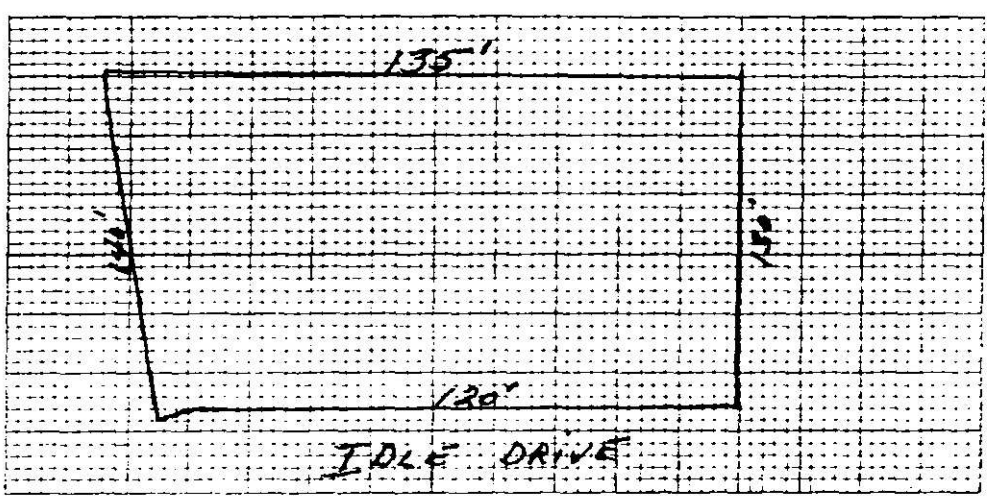
4) LOCATION OF PROPERTY IDLE DRIVE
(STREET OR COUNTY ROAD)

5) SUBDIVISION IDLEwood LOT NO 1 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

Michael L Rodman, Vice President
OWNER

FORM NO E-1-5-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 7036
Sub. 12
T C No 195-016-18
Map Date 12-14-73

Date Issued October 22, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

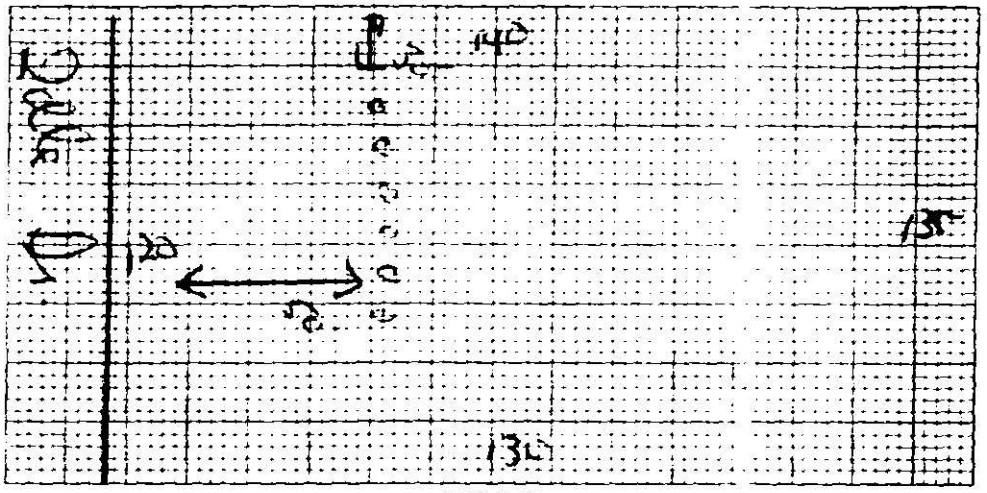
PERCOLATION TEST REPORT

NAME OF OWNER Dellinger, Madison & Assoc., 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 1 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 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 W. Atkinson
Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 4-18-74

MECKLENBURG COUNTY HEALTH DEPT.
RECEIVED
1974
ENVIRONMENTAL HEALTH DIVISION

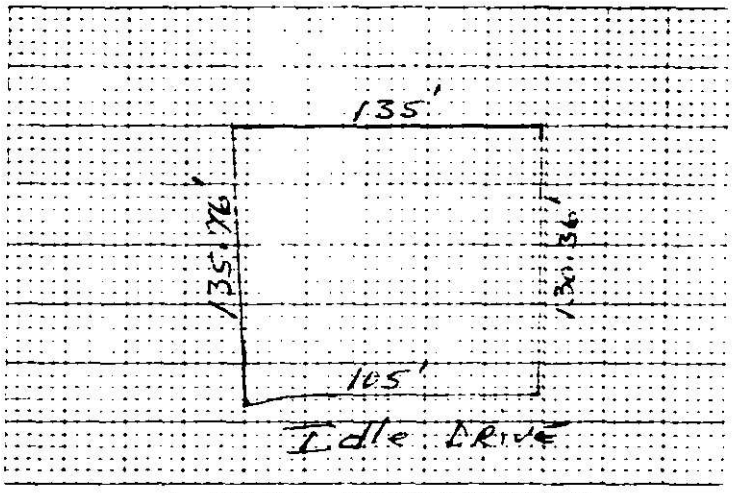
CARIS Application No 7036
T C No 195-016
Map Date 12 14 73

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 or parts 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 (Type) 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 Governmental System
C Community System
Well X
Governmental
Grease Trap
Yes X No
Yes X No
FHA Case No.
VA Case No.

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

14) ADDRESS OF OWNER 411 S Sharon Amity Rd Charlotte, NC

15) PHONE NO Home ___ Office 364-7155

16) LOCATION OF SYSTEM 13815 Idle Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No. 1 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 10-19-73 (RX60)

20) PTR NUMBER (See Instructions) 7036

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.

4-17-74
DATE OF APPLICATION

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3986

LA No 7036

Date Issued April 18, 1974

T C No 195-016-12

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

LOCATION OF LOT 13815 Idle Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 1 BLOCK NO E

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 7036. 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

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2 Jul 74

Serial No. [illegible]

ICAR(S) Permit No 7036

T C No 195-016-12

Map Date 14 [illegible] 73

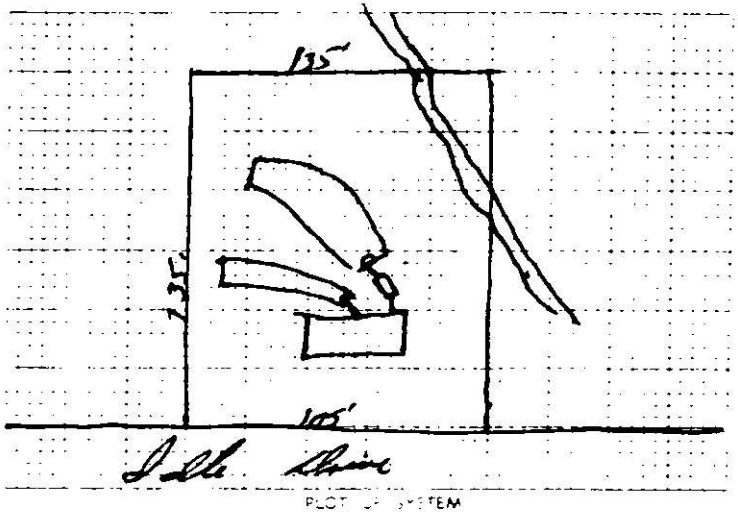
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 following dual 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 7036 dated 18 Apr 74 and if the permit shall be void and of no effect if the work is not provided in the application to [illegible]. All work shall be completed on or before 2 Aug 74 after which date this permit will be null and void.



PLOT OF SYSTEM

Proposed Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600' + 150' 6in 3(4'x25'x3C") 6(15'x50'x3C")

Number of Lines

Distance from Lake 10'

Distance from Property Line 10'

Distance from Well County

NAME OF OWNER Dellinger, Melvin, & Associates Inc.

LOCATION OF PROPERTY 9315 Lake Shore (Lot 1-E)

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 of Sanitation Head

M. L. Eady
Environmentalist

If this permit is for installation or construction of a new system it must be signed by the division or a representative of the Health Department to be valid. Only the signature of the Environmentalist is required on existing system is being altered or repaired.

Form E-5-9-1-72

Serial No. 5055

C of A (s) No 7036 RC

T C No 195-016-12

Date Issued 7-11-74

Map Date 2-14-73

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

Location of Property 13815 Idle Dove (Lot 1-E)

Application Number 7036 Permit Number 7036

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material R.C. (30"x25'x36")

Total Length of Drain Tile 600'+150' Wm Number of Lines 6 (15"x50'x36")

Depth of Filter Material 36" Cover Depth 18"

Water Supply Source Community Distance from Water Source N.A.

Excavation Inspected 7-11-74 (DATE) Tank Inspected 7-11-74 (DATE)

Nitrification Field Inspected 7-11-74 (DATE)

Washing Machine Line Inspected, If Applicable 7-11-74 (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 nor hold harmless the owner, agent, or any person 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 as well as 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 (Contractor)

M. A. Kirby
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 4/7/75

SEE INSTRUCTIONS ON BACK

ICAR Application No 7636

T C No 95 SW 12

Map Date 12/4/73

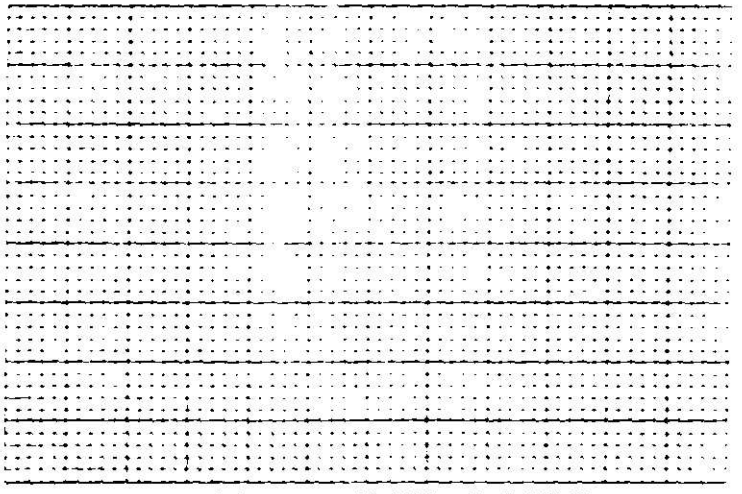
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6

6) Washing Machine ✓ Yes No

7) Garbage Disposal ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply

A. Individual Well

B. Governmental System

C. Community or Area System

1. Well ✓

2. Governmental System

Sewage System

A. Public or Community System ✓ No

B. Individual Septic Tank System

1. Community System Yes ✓ No

2. FHA Case No.

3. VA Case No.

13) NAME OF OWNER Mercer (LAST) Larry (FIRST) F (MIDDLE)

14) ADDRESS OF OWNER 13815 Idle Drive Dellinger Midway Addition

15) PHONE NO Home — Office 568-9140

16) LOCATION OF SYSTEM — (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No 1 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 10-22-73

20) PTR NUMBER (See Instructions) 7636

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.

4-2-75
DATE OF APPLICATION

John Larry Mercer
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4-29-75 Serial No. ICAR (S) Permit No. 7036

T C No 195-016-12

Map Date 12-18-73

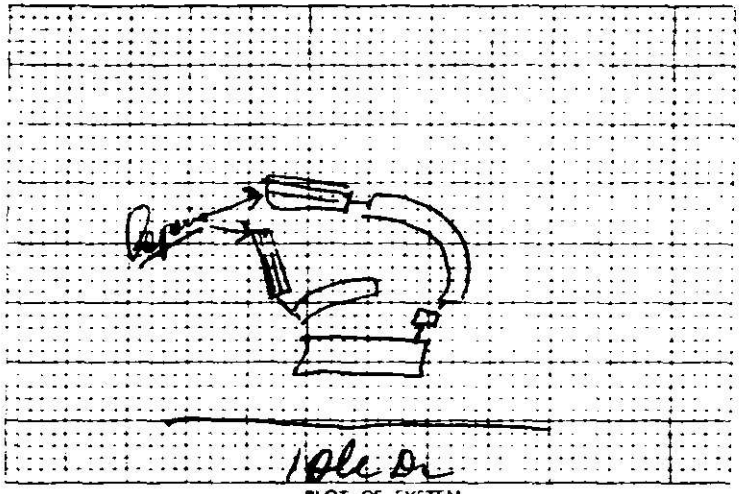
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7036 dated 4-7-75 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 5-29-75, 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 400' / 100'

Number of Lines 4/10 x 25' x 45" 2 5 x 16' x 18"

Distance from House 10

Distance from Property Line 10

Distance from Well Comm

NAME OF OWNER Meador, Larry F.

LOCATION OF PROPERTY 13815 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 Connect Washing machine to Drain Box

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 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

DEPARTMENT'S COPY