Date Received 8-6-73

MECK COUNTY HEALTH DEPT.
RECEIVED
AUG - 6 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 6789

T.C No 135-281-09

Map Date 8-9-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 411 S. Sharon Amity Road, Charlotte, NC ZIP 28211

3) PHONE NO Home _____ Office 364-7155

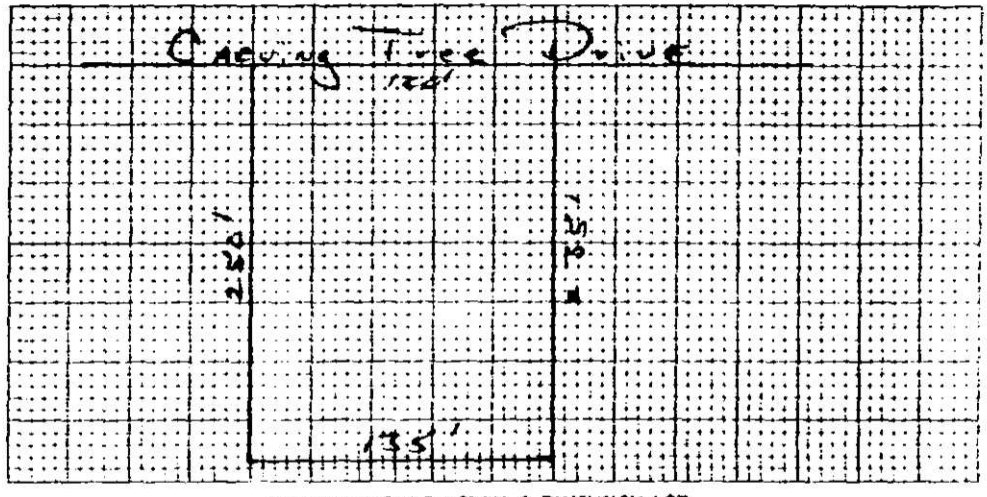
4) LOCATION OF PROPERTY Carving Tree Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 4 BLOCK NO 8

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

W. L. Rodman, Vice President
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3635

PTR No. 6789
P.O.
T C No. 135-201-09
Map Date 8-9-72

Date Issued August 8, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

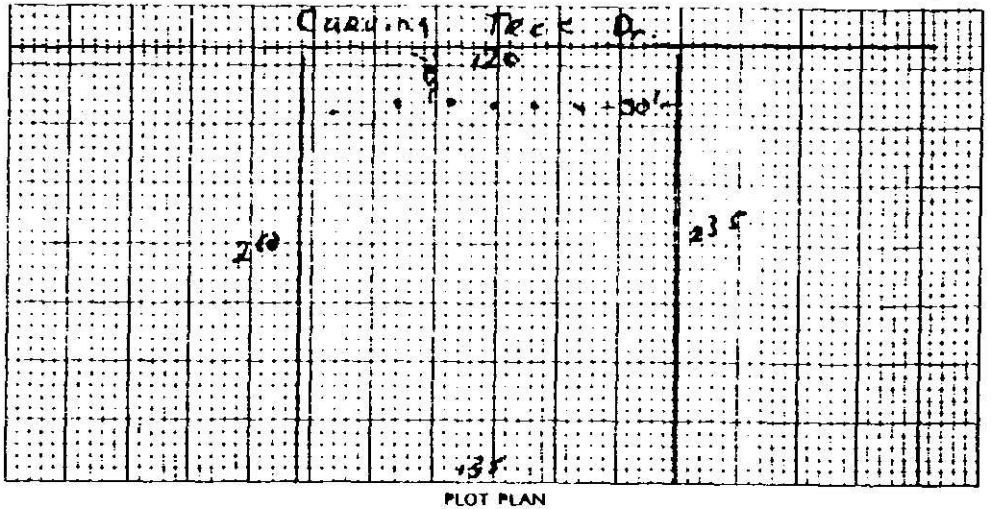
PERCOLATION TEST REPORT

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 Tarawoods LOT NO 4 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 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 void 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 R. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4 1-71

HEALTH DEPARTMENT'S COPY

Date Received 6-28-74

APT No. 6789
T C No. 135-28-09
Map Date 5-9-74

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

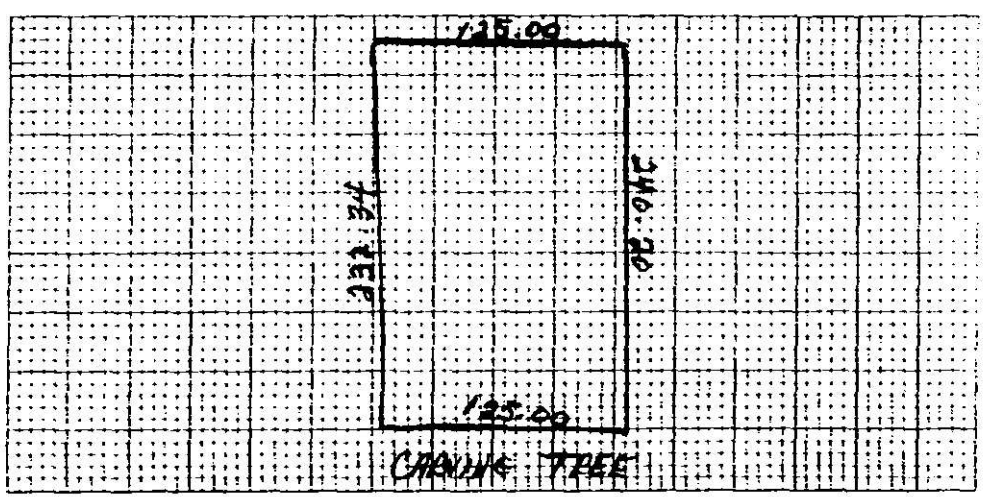
4) LOCATION OF PROPERTY Carving Tree drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO 4 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

A. Dellinger
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4/23/73

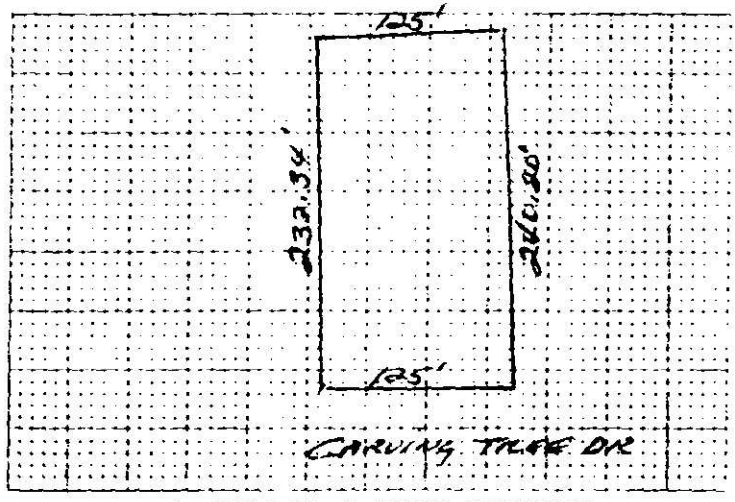
ICAR(S) Application No 6789
T C No 135-84-09
Map Date 8-9-72

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



4) No. of Bedrooms 3
5) Estimated Water Consumption 0
6) Water Softener ✓ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water supply
A) Individual Supply
B) Government Supply
C) Community System
1) Well ✓
2) Government Supply
Sewage Collection
Public Sewer ___ Yes ✓ No
Private Sewer ___ Yes ___ No
Community System Yes ✓ No
11) FHA Case No ___
12) VA Case No ___

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER ENGINEER, MADISON & ASSOC., INC. MIDDLE
14) ADDRESS OF OWNER 5101 Executive Center Drive, Suite 200 EAST
Charlotte, N. C. 28212
Ph: 563-4140

15) PHONE NO Home ___ Office

16) LOCATION OF SYSTEM 4331 CARVING TREE DR
STREET OR COUNTY ROAD

17) SUBDIVISION TARRWOODS Lot No 4 Block No B

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 8-8-73

20) PTR NUMBER (See Instructions) 6789

The undersigned person hereby agrees that he has read the foregoing application and that the content 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 4/22/73 OWNER J. Stephen Dilling

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received

ICAR (S) Application No. 6789

T C No 135-231-09

Map Date 8-9-72

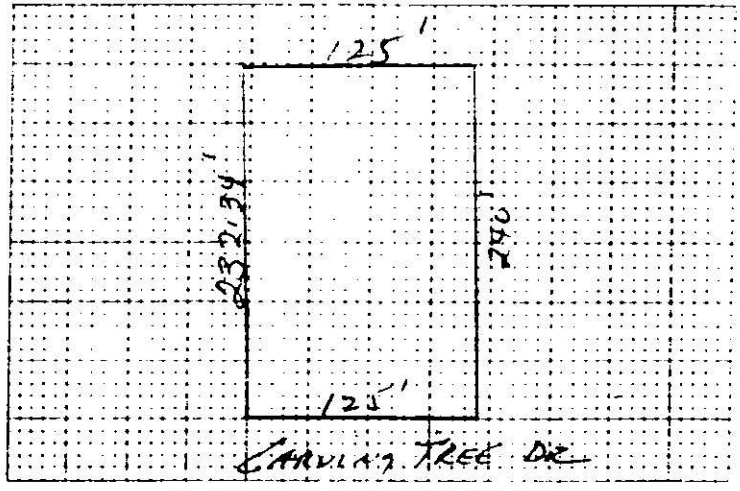
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) After 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 4

5) Type water Well Yes Public Yes X No

Community sewer Yes X No

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply
A Individual Well
B Government
C Community System
1 Well
2 Government

10) EHA Case No

12) FA Case No

13) NAME OF OWNER DELLINGER, MADISON & ASSOC., INC. (LAST) (MIDDLE)

14) ADDRESS OF OWNER 5501 Executive Center Drive, Suite 203
Charlotte, N. C. 28212
Phone 568 4140

15) PHONE NO Home Office

16) LOCATION OF SYSTEM 4EC1 Carving Tree DR
STREET OR COUNTY ROAD

17) SUBDIVISION Timberlands Lot No 4 Block No B

Map Book No Page No

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN 8-8-73

20) PTR NUMBER (See Instructions) 6789

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 5/23/75

OWNER Robert Madison for Dellinger, Madison

REV '72 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 23, 1975

Serial No. 4836

IMPROVEMENTS PERMIT

LA No 6789

P.O. T C No 135-281-09

Map Date 8-9-72

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 6501 Executive Center Drive, Suite 223 ZIP

LOCATION OF LOT 4801 Carving Tree Road
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods LOT NO 4 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 60Min./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 6789. 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 6Oct75 Serial No. 6909 ICAR(S) Permit No. 6789

T C No

Map Date

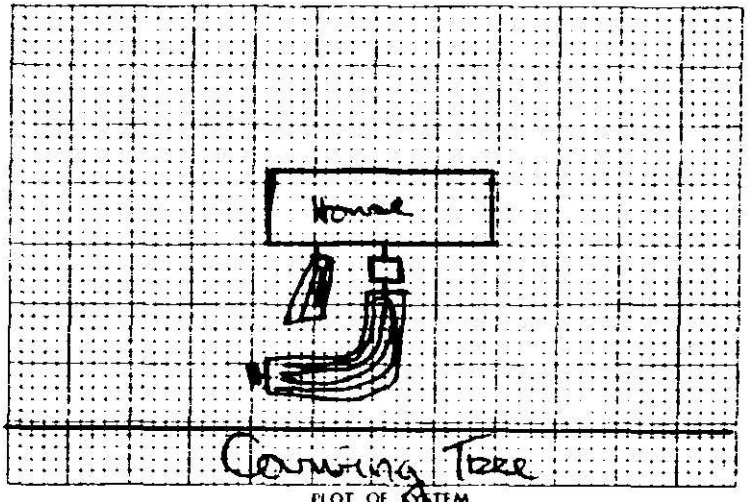
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6789, dated 5-23-75 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 6789, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600' & 150'

Number of Lines (6) 15'x100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dellinger & Madison

LOCATION OF PROPERTY 4821 Carving Tree 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 washer 7½'x50'
aeration pit 2½'x7'x4' stone

Division or Section Head

G.M. Reynolds
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 NO. E-5-4 2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 10 Oct 75 Serial No. 6349 C of A (s) No 6789

CERTIFICATE OF COMPLETION P.O. T C No 135-28109

Map Date

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) (MIDDLE)

Location of Property 4801 Canning Tree Dr.

Application Number 6789 Permit Number 6789

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (6) 15' X 100'

Depth of Filter Material 12" Cover Depth 36"

Water Supply Source Com. water Distance from Water Source 100'+

Excavation Inspected 10 Oct 75 (DATE) Tank Inspected 10 Oct 75 (DATE)

Nitrification Field Inspected 10 Oct 75 (DATE)

Washing Machine Line Inspected, If Applicable 10 Oct 75 (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, approved 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 properly operate. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit 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 aeration pit O.K.

R. M. Reynolds
Environmentalist

FORM NO. E-6-9-1-72