Date Received 5-11-73

APT No 6229
[redacted]-017-21
T. C No 195-[illegible]
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 Charlotte ZIP 28211

3) PHONE NO. Home — Office 364-7155

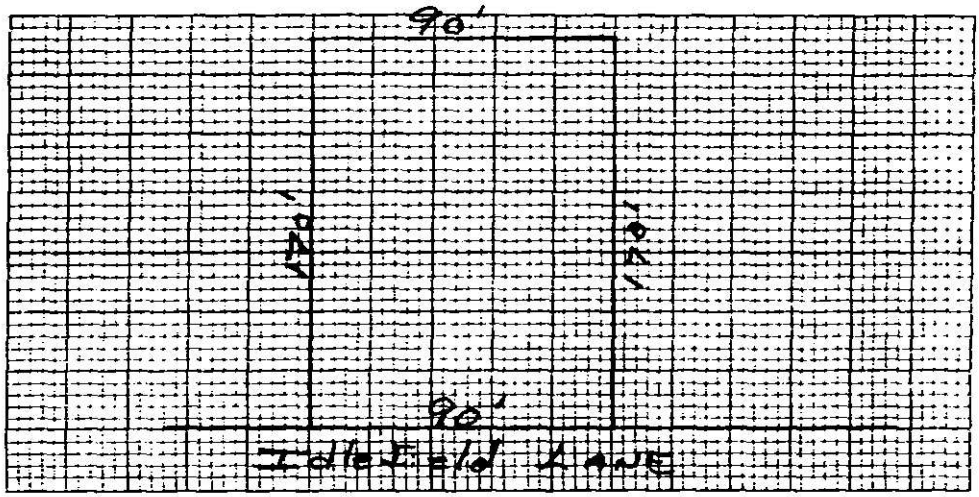
4) LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO. 11 BLOCK NO. 25

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

Harry D. Dellinger Jr.
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. September 6, 1973
2. October 19, 1973
3. _____

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

SDR No. 6229
T.C. No. [redacted] 195-[redacted]

017-21
72-14-73

NAME OF OWNER Dellinger, Madison & Assoc., Inc.

ADDRESS OF OWNER 413 South Sharon Amity Road ZIP 28211

LOCATION OF LOT Idlefield Lane, Lot 1198

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. | 8-22-73 | 120 min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 8-19-73 - Test holes not located in correct area.

John R. Robinson Jr.
Environmentalist
for Tom Ward

(Stencil No.)
HHD 398
8/70

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

Serial No. 3876

PTR No. 6229

T C No 195-016-10

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

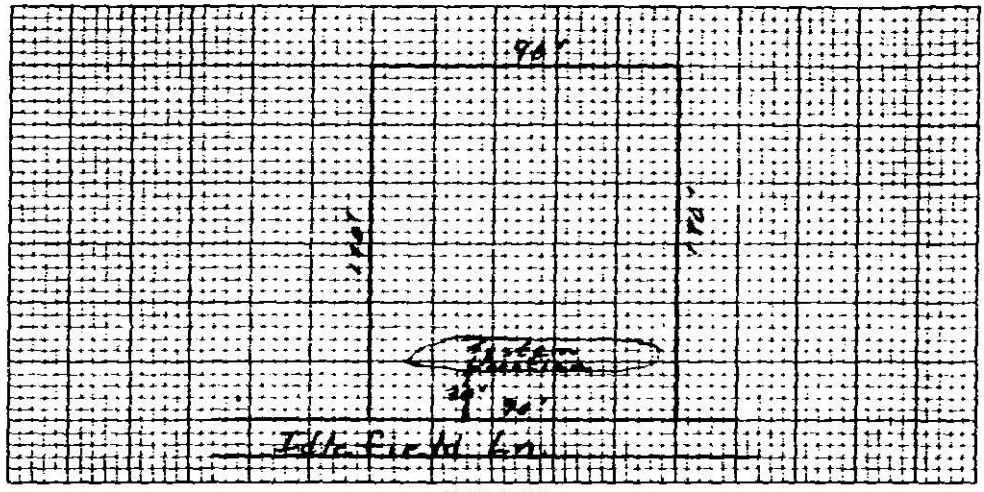
## PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. Sharon Amity Rd. ZIP

LOCATION OF PROPERTY Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO. 11 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 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.

*Results determined by soil analysis.

W. Everette Lyon Jr. — Soil Scientist

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

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-9-74

ICARIS Application No 6229

T C No 195 - 017-21 / 015-70

Map Date 12-14-73

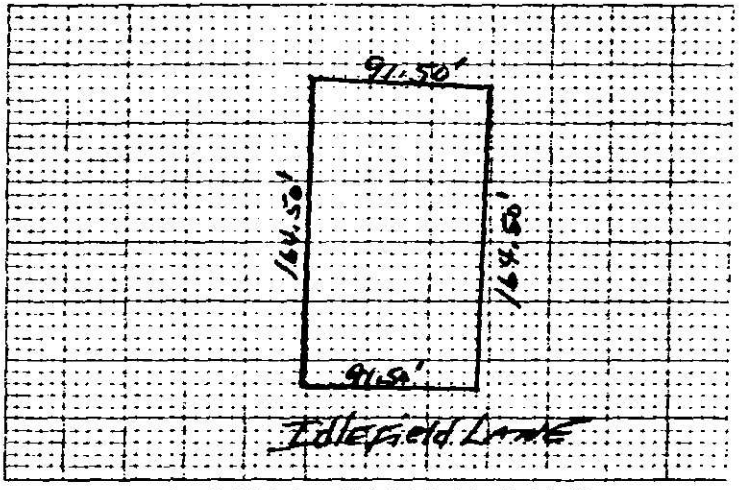
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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

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) Individual Well ___
- B) Governmental System ___
- C) Community System
  - 1 Well source X
  - 2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer Yes ___ X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) 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 28211

15) PHONE NO Home — Office 364-7155

16) LOCATION OF SYSTEM Idle Field Lane
(STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No. 11 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 12-11-73 PR→60

20) PTR NUMBER (See Instructions) 6229

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.

1-8-74
DATE OF APPLICATION

Douglas Madison Jr. Pres.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3745

LA No. 6229

Date Issued January 9, 1974

T C No 105-015-10

IMPROVEMENTS PERMIT

Map Date 2-14-73

# 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 Idlefield Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Idlewood LOT NO 11 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 6229. 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.

John R. Atkinson
Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 5783 ICAR(S) Permit No. G229

Date Issued 26 Sep 74

T C No 195-015-10

Map Date 14 Feb 73

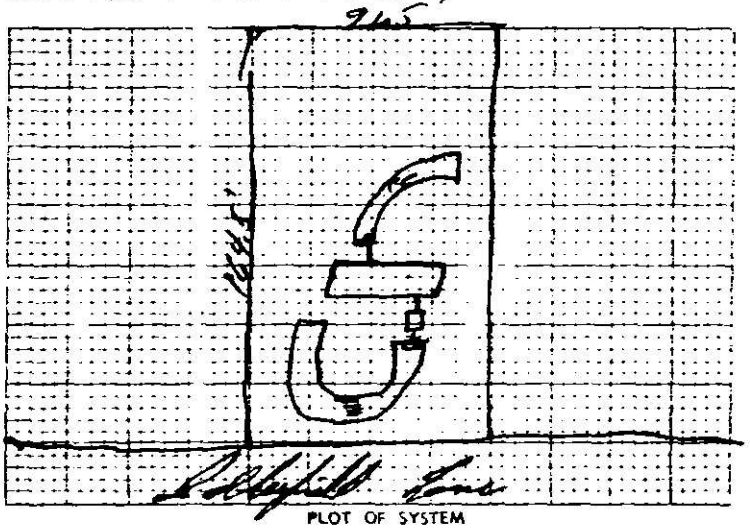
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 G-229, dated 9 Sept 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 26 Oct 74, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate CO

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600' + 150' (6 @ 25' x 30" x 17") + 600'

Number of Lines 6 (6 @ 25' x 100' x 12")

Distance from House 40'

Distance from Property Line 10'

Distance from Well —

NAME OF OWNER Dillingham, Madison & Associates, Inc.

LOCATION OF PROPERTY Schofield Lane (Lot 11-C)

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 (Conte)

Division or Section Head

Environmentalist M. M. Bixby

* 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

Date Issued 10/7/74

Serial No. 5337

C of A (s) No. 6229

T C No. 195-015-10

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 MADISON & ASSOS. INC (FOR SALE)
LAST FIRST MIDDLE

Location of Property LOT 11 B IDLEFIELD LN.

Application Number 6229 Permit Number 6229

**Inspection Data:**

Liquid Capacity of Tank 1500 gal ST WM Tank Material PC

Total Length of Drain Tile 600 450 Number of Lines 10

Depth of Filter Material 17" Cover Depth 28"

Water Supply Source ~~Private Well~~ COMM Distance from Water Source —

Excavation Inspected 10/3 & 10/7/74 DATE Tank Inspected 10/3/74 DATE

Nitrification Field Inspected 10/3 & 10/7/74 DATE

Washing Machine Line Inspected, If Applicable 10/7/74 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: PERMIT REVISED SEE PLOT PLAN

K R Gardner
Environmentalist

FORM NO E-6-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10/3/14

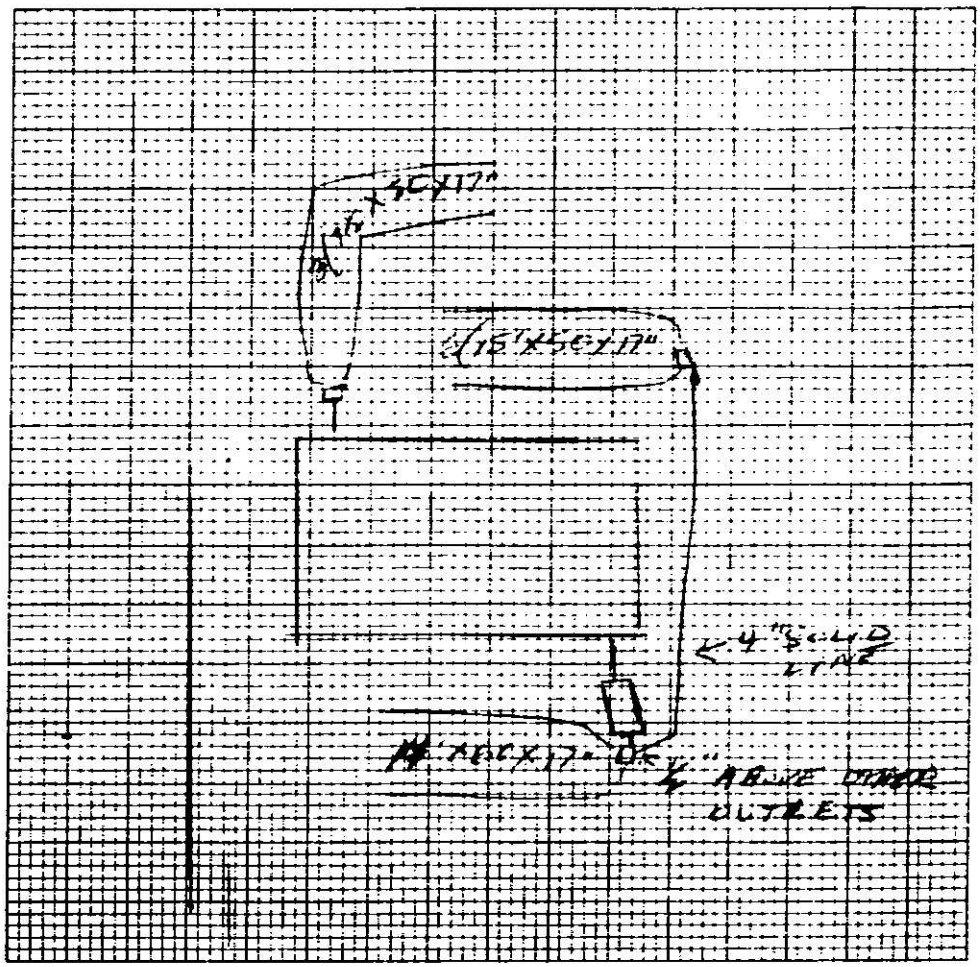
C of A (s) No. 6229

T C No 195615.10

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**PLOT PLAN SHEET**




PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Environmentalist

FORM NO. E-7-7-1-70

**HEALTH DEPARTMENT'S COPY**