Date Received 4-3-73

APT No 5910

T C No. 135-283-58

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

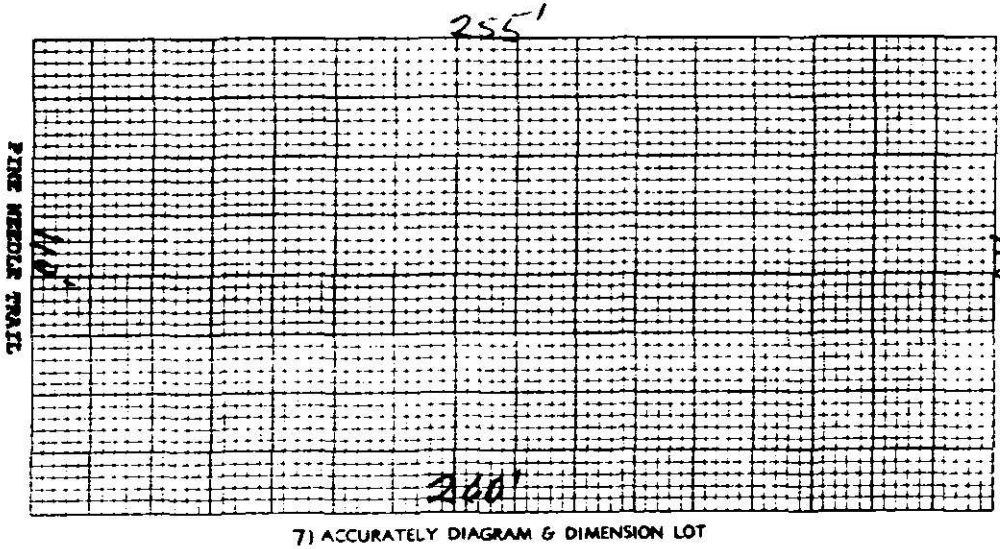
4) LOCATION OF PROPERTY PINE NEEDLE TRAIL
(STREET OR COUNTY ROAD)

5) SUBDIVISION Tarawoods LOT NO. 11 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

BY: Douglas Madison
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]4

PTR No. 5910

T. C. No. 135-283-02

Map Date 5-9-74

Date Issued April 10, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

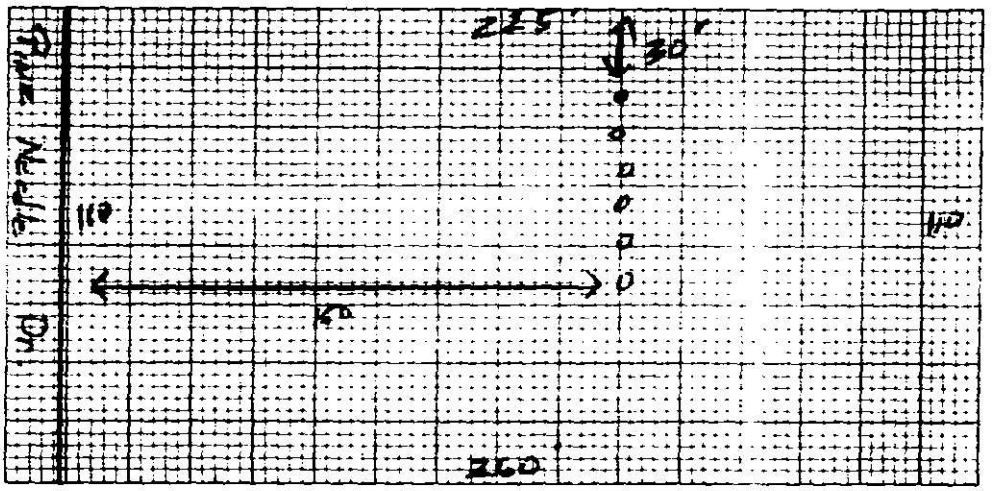
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 411 S. SHaron Amity Road ZIP 28211

LOCATION OF PROPERTY Pine Needle Trail
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods 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 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 R. Atkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 7-26-73

SEE INSTRUCTIONS ON BACK

Application No 5910

T C No 135-28

Map Date 5-9-74

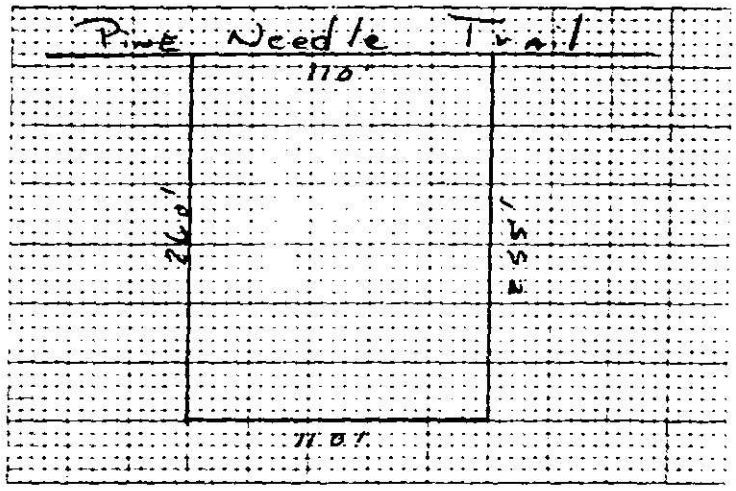
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

5) Business Use - Max No Employees 0

6) Washing Machine X Yes ___ No

7) Garbage Disposer X Yes ___ No

8) Dishwasher X Yes ___ No

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

10) Sewage System
Main Public Sewer ___ X No
Septic Tank ___
Community Sewer Yes ___ X No

11) FmHA 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 Charlotte, N.C.

15) PHONE NO Home ___ Office 364-3155

16) LOCATION OF SYSTEM Pine Needle Trail
STREET OR COUNTY ROAD

17) SUBDIVISION Tara Woods Lot No 11 Block No B

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___ PR 60

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 4/5/73

20) PTR NUMBER (See Instructions) 5910

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.

7/9/73
DATE OF APPLICATION

Michael L Kedman
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 11, 1973

Serial No. 2723

LA No. 5910
Pg. 58
T. C. No. 135-283-00
5-9-74
Map Date 8-8-72

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 411 South Sharon Amity Road ZIP 28211

LOCATION OF LOT Pine Needle Trail
(STREET OR COUNTY ROAD)

SUBDIVISION Tarawoods 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 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 5910. 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.

Thomas R. Ward
Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 7-31-73 Serial No. 4107 ICAR(S) Permit No. 5710 283-9

T C No. [redacted] 13 5 24

Map Date 8-4-24 59-74

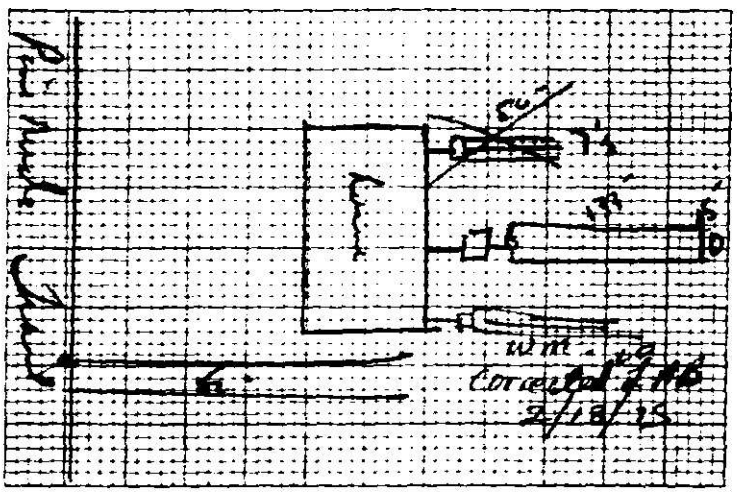
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5910 dated 4-20-1[illegible] 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 8-31-73, 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

Absorption and/or Nitrification Lines:

Total Line Length 755'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10

Distance from Well 100' N/A

NAME OF OWNER Dellinger, Mackin & Cason

LOCATION OF PROPERTY 11-B Pine Needle Trail

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: 75' x 133' x 17" stone around SD

with 7½" x 50' x 17" stone

Howard Wyatt

Division or Section Head

Thomas P. Ward

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 No. 3710

C of A (s) No. 5910 333-58

Date Issued 8-4-73

T. C. No. [illegible]

Map Date [illegible] 5-9-74

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 & Anne (LAST, FIRST, MIDDLE)

Location of Property 11-B Pine Needle Trail

Application Number 5910 Permit Number 5910

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material precast concr.

Total Length of Drain Tile 795' Number of Lines 6

Depth of Filter Material 17" Cover Depth 3'

Water Supply Source comm. water Distance from Water Source —

Excavation Inspected 8-2-73 (DATE) Tank Inspected 8-2-73 (DATE)

Nitrification Field Inspected 8-2-73 / 8-6-73 (DATE)

Washing Machine Line Inspected, If Applicable 8-2-73 / 8-6-73 (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: Installed by Howard Haigler

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 3/21/75

Serial No. [illegible]20

ICAR(S) Permit No. 5910

T C No. 135-283-58

Map Date 5-2-24

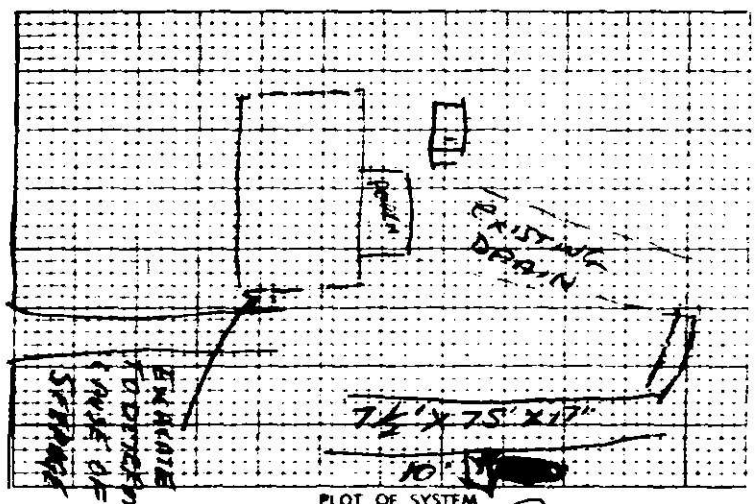
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4/25/25, after which date this permit shall be null and void



Percolation Rate REPAIR

Liquid Capacity of Tank 1/1

Tank Construction 1/1

Absorption and/or Nitrification Lines

Total Line Lenght 225 lft

Number of Lines 3

Distance from House 20

Distance from Property Line 16

Distance from Well COMM

NAME OF OWNER M. R. CORBIN

LOCATION OF PROPERTY 4635 PINE NEEDLE TRL LOT 118

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 OVERFLOW TO REPAIR ABOVE END OF EXISTING LINES

JA/KMB

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.

E-5-9-1-72

[illegible] DEPARTMENT'S COPY