Date Received 9 25 73

APT No 7037

T C No 195-016-11

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

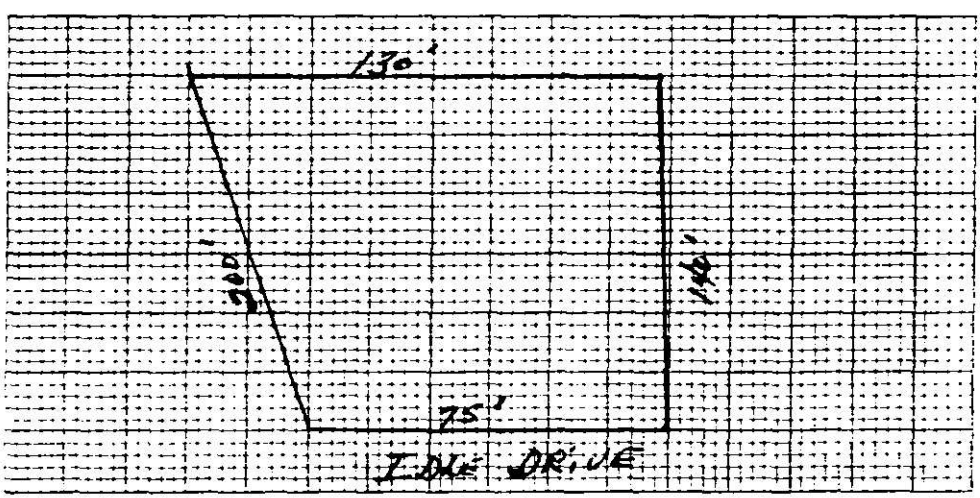
4) LOCATION OF PROPERTY Idle Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 2 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

Marshall L Rodgers, Vice President
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No 7037

Date Issued October 22, 1973

T C No. 196-01[illegible]-10

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

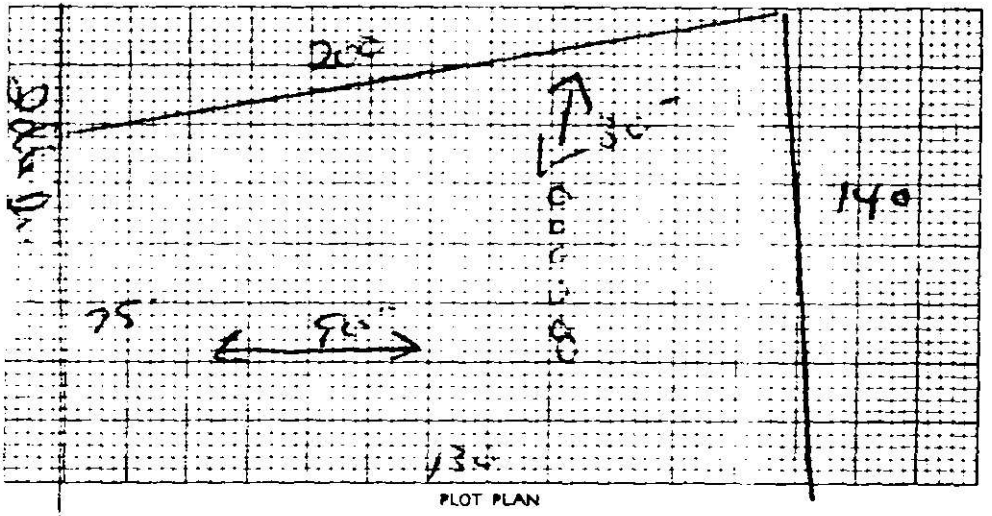
PERCOLATION TEST REPORT

NAME OF OWNER Dellinger, Madison & 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 2 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 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.

John A. Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

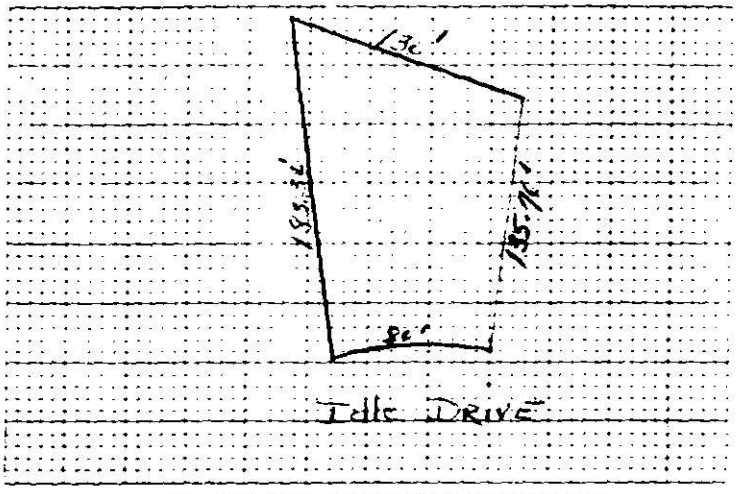
Date Received 8-14 74 SEE INSTRUCTIONS ON BACK CAR 1574 Application No 7037
T C No 145-019-10
Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT 195-016-11
ENVIRONMENTAL HEALTH DIVISION 12-14 73

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 ... 5
5 ... C
6 Water ... Yes ✓ No
7 Gas ... Yes ✓ No
8 Drain ... Yes ✓ No
9 ...
A ...
B ...
C ... ✓
D ...
E ...
F ... No
G ... Yes ✓ No
H ...
I ...
J ...

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

14) ADDRESS OF OWNER 411 S Sharon Amity Rd - Charlotte, N C 28211

15) PHONE NO Home ____ Office 364-7155

16) LOCATION OF SYSTEM Tate Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Tallwood Lot No 2 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 10/9 73 PR-760

20) PTR NUMBER See Instructions) 7037

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.

8-14-74
DATE OF APPLICATION

OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4375

LA No 7037

Date Issued August 16, 1974

T C No 195-016-11

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 (LAST) Madison & Assoc., Inc. (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 2 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 7037. 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

V. I. Utterback
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued

ICARIS Permit No

T C No

Map Date

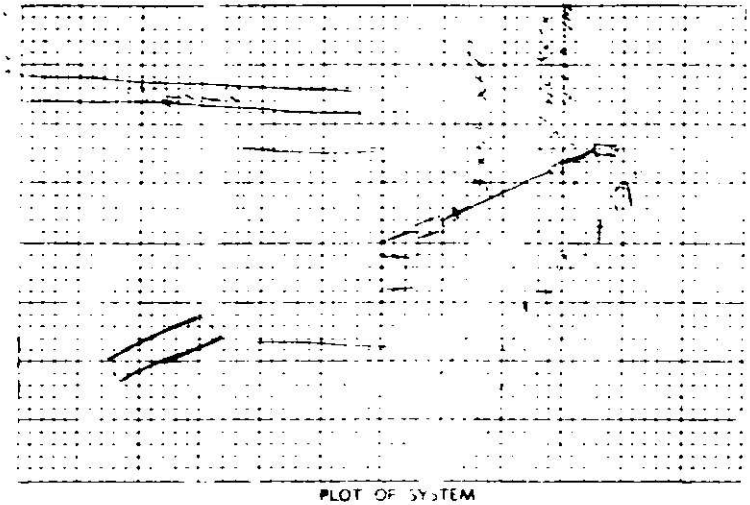
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 , after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Irrigation Lines

Total Line Length

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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

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

WHITE COPY

Date Issued 11 Feb 75 Serial No. [redacted]

C of A (s) No 7037

T C No 95-016-11

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 Dellinger * Madison (LAST, FIRST, MIDDLE)

Location of Property Idle Drive Lot 2-E

Application Number 7037 Permit Number 7037

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines Six

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 11 Feb 75 (DATE) Tank Inspected 11 Feb 75 (DATE)

Nitrification Field Inspected 11 Feb 75 (DATE)

Washing Machine Line Inspected If Applicable 11 Feb 75 (DATE)

The undersigned has [illegible] the individual Septic Tank System with subsurface soil absorption effluent disposal [illegible] and it has been ✓ installed or constructed [illegible] stipulated [illegible] in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health [illegible] 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 [illegible] 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 [illegible] 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 [redacted]

A M Reynolds
Environmentalist

FORM NO E-6-9-1-72

[illegible] DEPARTMENT [illegible]