

13521 MALLARD CREEK RD

02958113

6/18/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6530 A DATE: 4-21-94

TC: 029-171-29 ☒ L ☒ CRT

SERIAL No. 15944

Name of Owner Phyllis Dalton Juris.:

Address of Property 13533 Malland Creek Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 5 @ 54'

Cover Depth 8"-16"

Water Supply Source well

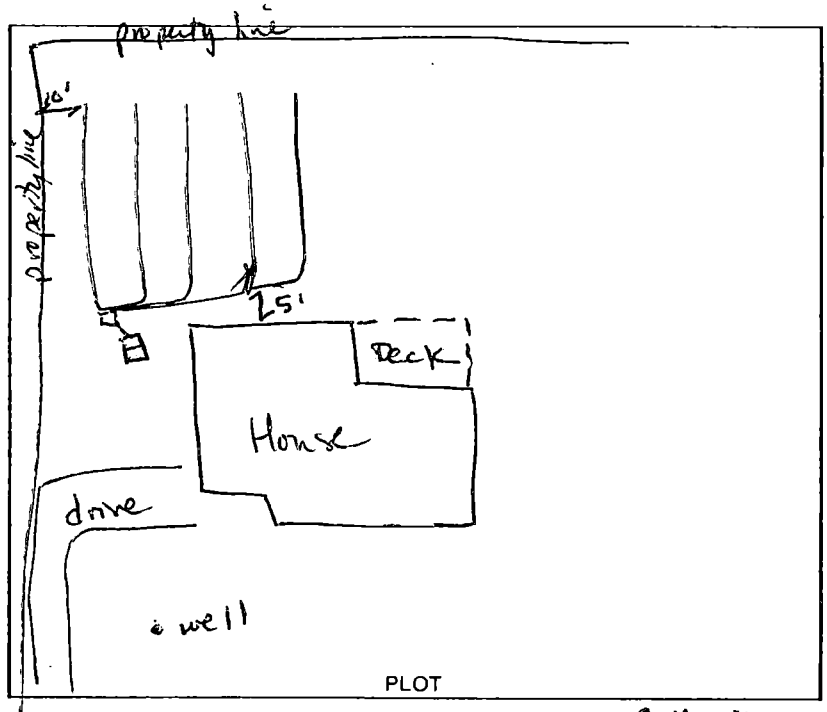
Distance to Water Source 90'

Excavation Inspected 4-21 & 4-22-94

Tank(s) Inspected 4-21-94

Wash Line Inspected ———

High Water Alarm Inspected ———



PLOT

Design: 1994, 1500 gst, 810 sq ft drainfield at 5 lines at 3'x54'x12" stone, cast/line C. Morrison CTR# 80

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of ~~10 NCAC 10A .1900~~ 1937, 1824 in addition to those listed below under "COMMENTS." This document 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: 2 bedroom house Type II

Must keep any building foundation min 5' from septic tank system.

Pump to repair area.

J. Walker for S Daniel
4/28/94

Susan Peterson
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

APPROVAL

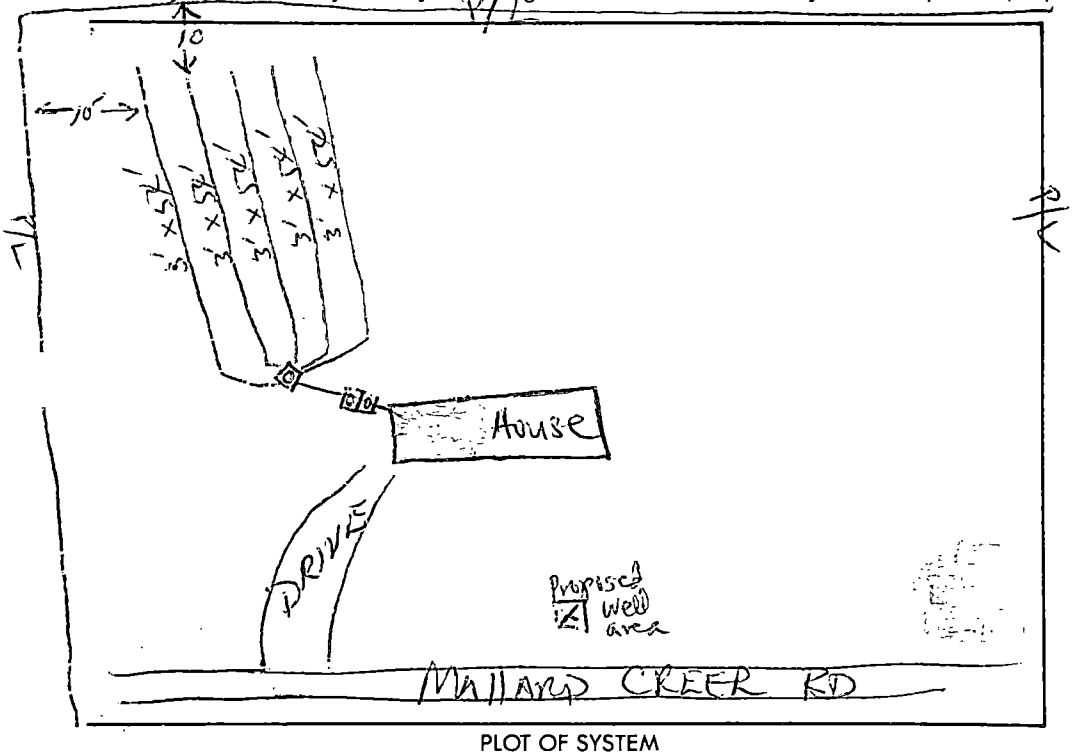
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6530 A DATE: 4-19-94

TC: 029-171-29 ☐ L

SERIAL Nº 15893

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 the application dated 12-13-93. All work shall be completed on or before 5-19-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15 NCAC ~~10~~ 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 270 feet

Number of Lines 5 @ 54'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

NAME OF OWNER Phyllis Dalton

LOCATION OF PROPERTY 13337 Mallard Creek Rd

Comments: 1500 gal Septic Tank 5 lines x 3' wide x 54' lng, 12" stone (12" - 16" Covers)
Keep Well a Minimum of 50' from any Part of Septic System. Keep septic system min. of 5' off house foundation & min. of 10' off property lines
If Necessary bring in acceptable soil material to level area out. Mound to accommodate septic tank.

T. Walker Env. Supv. 4/25/94
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

See original application * #13331

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

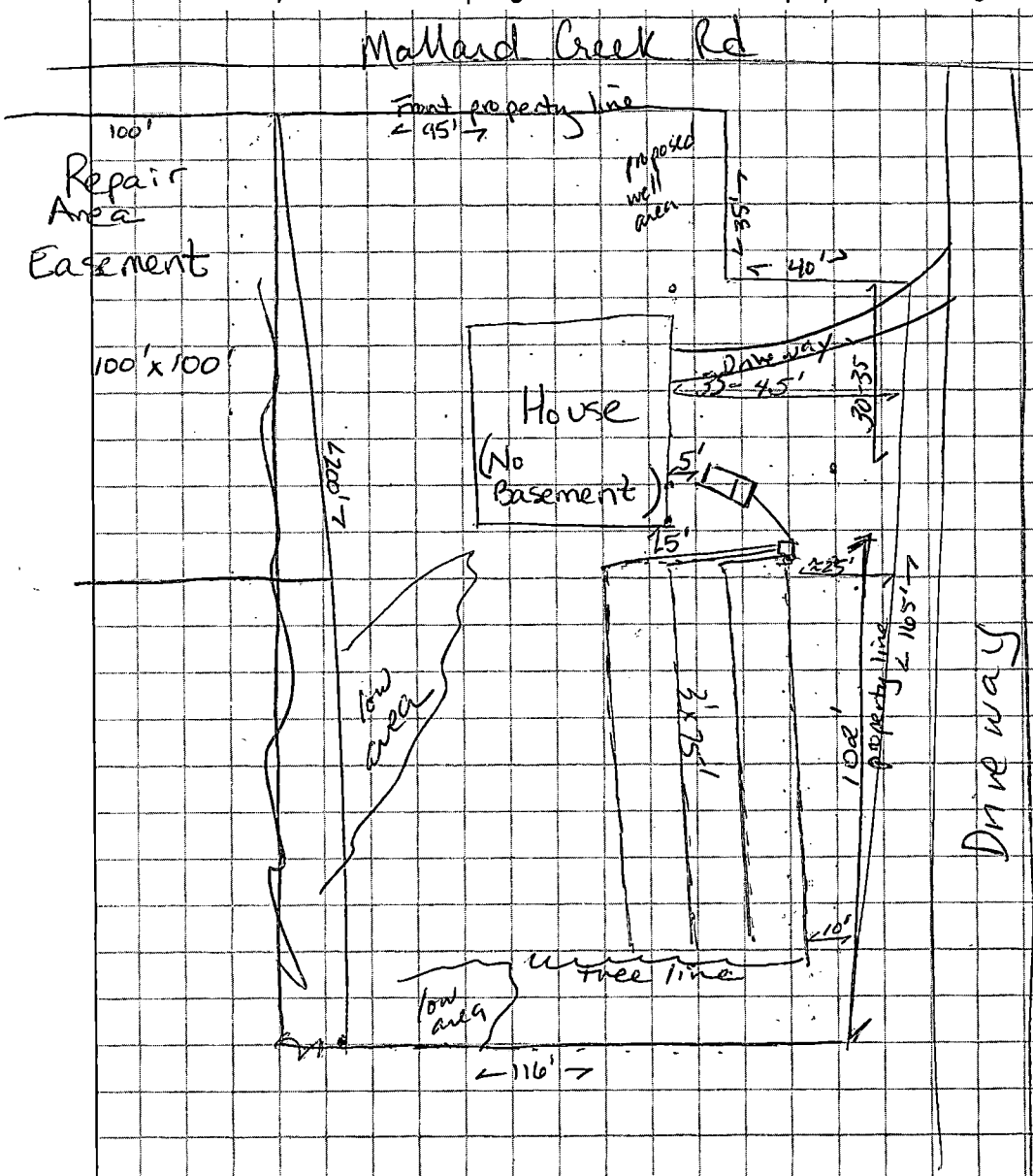
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6530 A

TC: 029-171-29

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



This permit voids any other permit issued on this lot.

1500 g septic tank
2 bedroom house with No basement
810 sq ft drainfield at 4 lines at 3'x 75'x12" each
12" soil cover
Keep well min 50', preferably 100', from any part of septic tank system or it's repair area.
Keep driveway off septic tank system.
Stay out of low area
Plumb to accomodate septic tank system
Repair area has easement - see file for copy of easement

Helen Green
property owner / agent + sign related

APPROVAL DATE Susan Satterwhite 12-29-93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

P.D Original permit expired

$100.00 CHK 518 12/17/93 PY. ☒ CRT

File 6530A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: GREEN (last) HELEN (first) K (mi)
ADDRESS: 13317 MALLARD CRK. Rd PHONE: (704) 547-0490
CITY: Charlotte STATE: NC ZIPCODE: 28262

Date:

PROPERTY OWNER:
NAME: DALTON (last) PHYLLIS (first) F (mi)
ADDRESS: 13317 MALLARD CRK. Rd PHONE: (704) 547-0490
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 029-171-12
STREET ADDRESS: 13331 MALLARD CRK Rd
CHARLOTTE, NC 28262
ZONING:

Township (check one):
☒ 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:
JOHN T. FINK PROPERTY

LOT NUMBER: 13331 LOT SIZE (in acres): 0.54 AC.

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) move ON
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) ☒ HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop ☒ None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: BR, Vio J Dalton Date: 12-13-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... 2 bedroom system, pump to repair area, easement on file

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Patterson 12-29-93
Environmentalist Date

F. Wilkes R.S. for S. Daniel 12/30/93
Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

March 13th, 1990

John Fink
13521 Mallard Creek Road
Charlotte, NC 28213

RE: Property located at Mallard Creek Road
FILE: 6530A
PARCEL: 02917112

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17657) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17657

File: 6530A
Parcel: 02917112

Action 2
PC

Location: Mallard Creek Road
Subdivision:

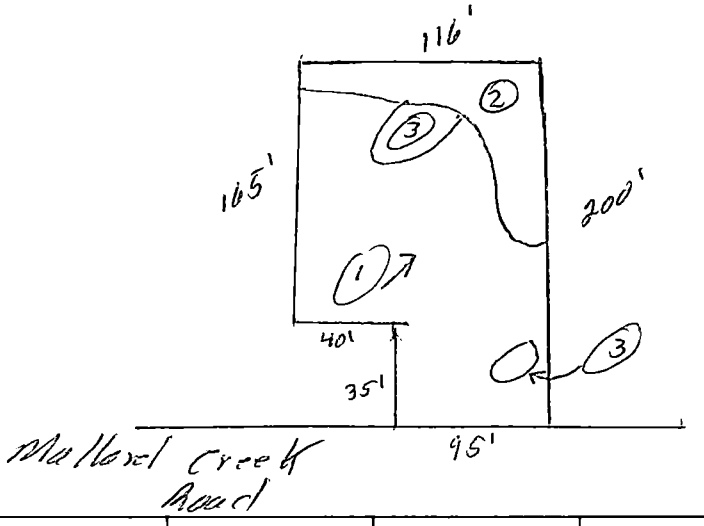
Lot: Block: Acres: .54

Owner:
Address: John Fink
13521 Mallard Creek Road
Charlotte, NC 28213

Comments: 100% Repair + well

Described by: _____

Date: _____



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7.36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7.36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV cecil-Lloyd	complex slopes	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

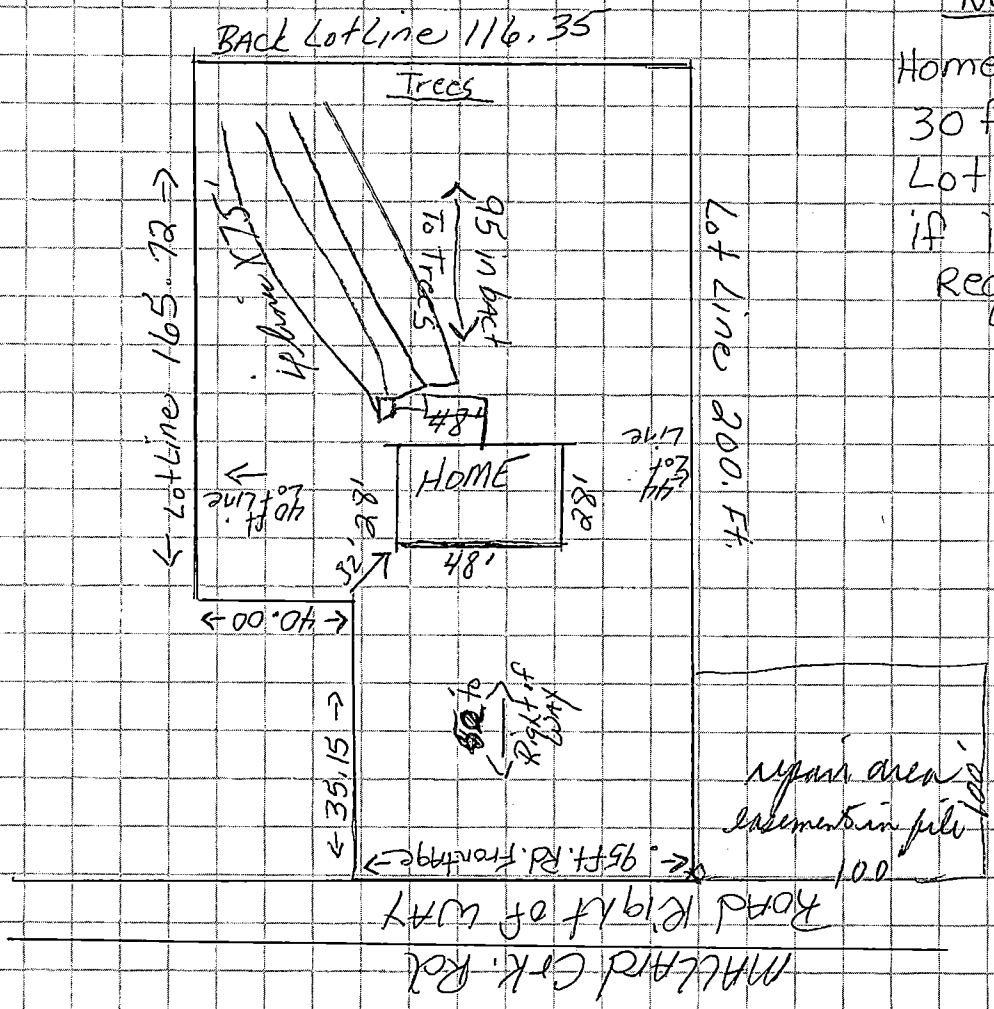
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 65-30A

TC: 029-171-52

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



NOTE!
Home can be set 30 ft CLOSER to the Lot Line AT 165.72 if it will improve Requirments

Signed: Helen K. Green

Date: March 12, 1990

PRESENTED FOR REGISTRATION
90 APR 25 AM 10:08
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

000044

COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 30th day of March, 19 90, by and between

GRANTORS	GRANTEES
JOHN J. FINK and wife HELEN T. FINK	PHYLIS A. DALTON PAUL L. GREEN and wife HELEN GREEN ~~12006~~ ~~1206~~ CRABAPPLE LANE HUNTERSVILLE, N.C. 28078

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of _____, Mallard Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 029-171-12, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Mallard Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 029-171-12, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

said easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

This instrument was prepared by: LACY W. BLUE, Attorney at Law

Mail after recording to: Mr. and Mrs. Paul K. Green
~~1206~~ Crabapple Lane, Huntersville, N.C. 28078

12006

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____
(Corporate Name)

BY: _____

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

John J Fink (SEAL)
John J. Fink

Helen T Fink (SEAL)
Helen T. Fink

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that John J. Fink, and wife Helen T. Fink, Grantors, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 30th day of March, 1990.

My Commission Expires: 2/10/93 Teresa H. Parker
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that __he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires:_____ _____

Notary Public

_____ (SEAL)
(Corporate Name) Paul L. Green

BY: _____ _____ (SEAL)

_____ President

_____ (SEAL)
Helen Green

ATTEST:

_____ (SEAL)
Phyllis A. Dalton

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Paul L. Green, Helen Green, Phylis A.Dalton, Grantees personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 30th day of March, 1990.

My Commission Expires: 2/10/93 _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires: _____ _____
Notary Public

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

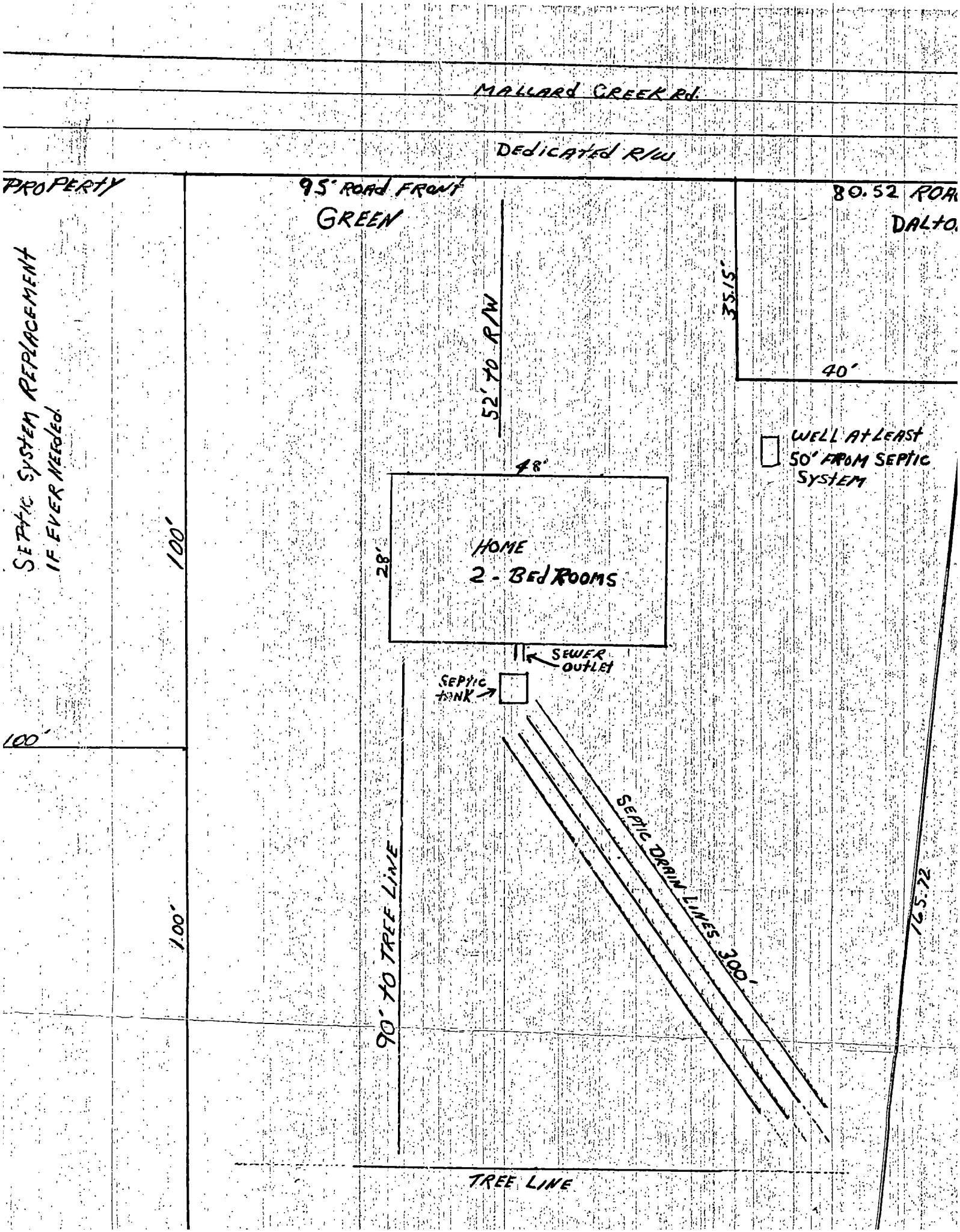
Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

DESCRIPTION OF EASEMENT

All of that certain lot of land situated in Mallard Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

From the South Easterly corner of property deeded to Phylis A. Dalton, Deed Book 6216, Page 204, in the Mecklenburg Public Registry, N32-34-36E 30 feet to an iron in the right of way of Mallard Creek Road, which is the point of beginning; thence N32-34-36E 100 feet; S57-25-24E 100 feet; S-32-34-36W 100 feet; N57-25-24W 100 feet to a new iron in the right of way of Mallard Creek Road, which is the point of beginning.

Which is shown on that survey made on March 6th, 1990 by C. Clark Neilson, registered surveyor.


MALLARD CREEK Rd.
Dedicated R/W
PROPERTY
95' ROAD FRONT
GREEN
80.52 ROA
DALTO
35.15'
40'
52' TO R/W
WELL AT LEAST
50' FROM SEPTIC
SYSTEM
48'
HOME
2 - BEDROOMS
28'
SEWER
OUTLET
SEPTIC
TANK
SEPTIC DRAIN LINES 300'
SEPTIC SYSTEM REPLACEMENT
IF EVER NEEDED
100'
100'
100'
90' TO TREE LINE
165.72
TREE LINE

116.33

Paul or Helen Green

875-1161

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-12-90

Name/Company: Robert Green

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: D.P. Mews

13

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID File # 6530A

MAR 12 1990

Fee: $ 200.00

cse # 4279
#200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

B.R. Fe

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 6530A
TC: _____
SERIAL: № 20085
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: ~~13317~~ 13331 MALLARD CREEK Road (STREET NO. / STREET) ② FILE: 6530A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 029-171-12

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: HELEN (FIRST) KERR (MIDDLE) GREEN (LAST)

⑨ MAILING ADDRESS: 12006 CRABAPPLE LANE

⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP: 28079

⑬ PHONE: (WORK) (704) 875-9722 ⑭ (HOME) (704) 875-1151

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type? _____

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Helen K. Green

Date: March 12, 1990

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

B. R. Ferguson — Environmentalist — 4-2-90 — Date

_____ — Director or Authorized Section Head — 4-03-90 — Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

March 20th, 1990

John Fink
13521 Mallard Creek Road
Charlotte, NC 28213

RE: Property located at Mallard Creek Road
FILE: 6530A
PARCEL: 02917112

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17675) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17675

File: 6530 A Action 1

Parcel: 029-171-12 PC

Location: Mallard Creek Road

Subdivision:

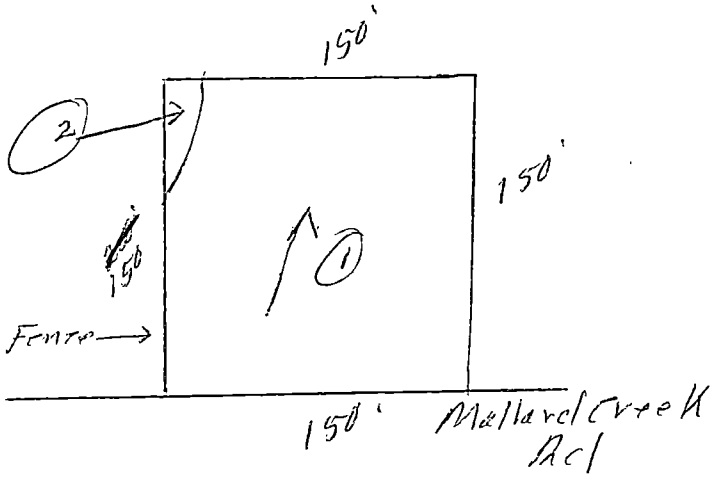
Lot: Block: Acres: .5

Owner: John Fink
Address: 13521 Mallard Creek Road
Charlotte, NC 28213

Comments: _____

Described by: William R. Moore

Date: 3-20-90



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" TO WATER	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-Lilo	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-16-90

Name/Company: Wells Green

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applic for ⊕
Soil Investigat

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 16 1990

Fee: $ 40.00

Ck #4236
#40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 6530A

TC: 029-171-12

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 13521 MALLARD CREEK Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 029-171-12

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

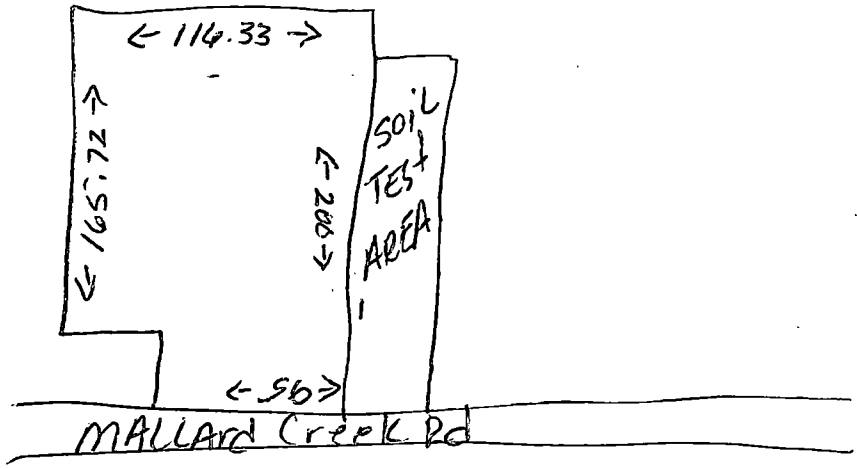
⑦ NAME: John (FIRST) J (MIDDLE) FINK (LAST)

⑧ MAILING ADDRESS: 13521 MALLARD Creek Rd.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 547-0045

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: John J Fink

Date: 3-16-90

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 5.12.90

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER # 029-171-12 PO

ASSIGNED ADDRESS 13331 MALLARD CREEK RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: SEPTIC TANK.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: B. McGinnis

OPWEAR 06-88

NEW ADDRESS /X/*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2/19/90

Name/Company: John Sink

c/o Name of Property Owner

12006 Rockhaven Lane
Huntersville, NC 28078

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: Soil
Water
5/35

MECKLENBURG ~~COUNTY~~
HEALTH DEPARTMENT
ENVIRONMENTAL ~~HEALTH DIVISION~~
PAID

FEB 20 1990

Fee: $ 410.00

CR# 4264
410.00 CR

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5435 6530A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 13521 MALLARD CREEK Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 029-171-12

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

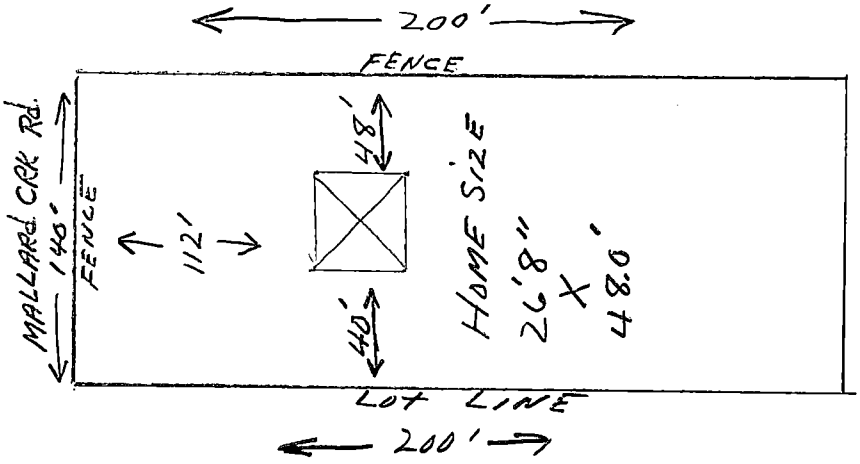
⑦ NAME: John J. & Helen J. Fink
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 13521 Mallard Creek Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28273

⑫ PHONE: (WORK) 547-2218 (HOME) 547-0045

⑬ Accurately diagram and dimension lot.



TOTAL SIZE FOR LEASED LOT IS 175' FRONT BY 200' DEEP.

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: John J. Fink & Helen J. Fink

Date: 2-17-1990

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