

3321 ZELDA LN

19332308

5/20/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2100 DATE: 12/22/03

TC: 193 323 08 ☒ L ☐ CRT

SERIAL 19444

Name of Owner Stefan & Jacqueline E. ~~Ploszak~~ Ploszak Juris.: _____

Address of Property 3321 Zelda LN

Inspection Data:

Tank Material Existing

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source >10'

Excavation Inspected 12/22/03

Tank(s) Inspected Existing

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 2003, Repair, INO, EZ Flow 200' CTR# Stanley Septic Tank

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to the existing system. Type IIIg EZ Flow.

1966

Phillip A Walker RS
Environmental Health Specialist

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

Need Repair Application

1/06/03
spoke w/ Mrs. Ploszak.
She will mail repair appt
today

off Idlewild 2100



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19332308	INDIVIDUAL		

704 860 5537

William 263 8186

Owner(s)

704 957 6318

Owner Name	Mailing Address	City/State
PLOSZAK STEFAN A	3321 ZELDA LN	MATTHEWS NC 28105
JACQUELINE E PLOSZAK (SP)	3321 ZELDA LN	MATTHEWS NC 28105

845 8823

Legal Information

w 384 5160

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L3B &4E &P3A BB U/M	MATTHEWS		FIRE SERVICE E	IDLEWILD	3.23

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
87600	71400	200	159200				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Jul 20 2000	195000			IMP	11438 - 419	DEED STAMPS	11438-419	SHERRILL BENNIE JACK

Land Use

Use	Units	Type	Neighborhood	Assessment
1000	3.23	AC	T301	71400

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1966	3321 ZELDA LN MATTHEWS

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2782	1885	CRAWL SPACE	FACE BRICK -	AVERAGE 03	87600

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		3	2		0

Sub Areas

1) Need application

12/15/03 met William Lenier on property suggested 200' repair to system

Homeowner will call w/decision.

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1885
1	PORCH - ENCLOSED - UNFINISHED (NO HEAT)	216
1	PORCH - OPEN - FINISHED	161
1	CARPORT - FINISHED	520

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 39%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1966	STORAGE	1	1	200

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	159200	0
Apr 2 2001	2001	Correction of Land Area: Acreage/Sw ftg/	153720	
Aug 28 1998	1998	Equalization of Value	158590	
Jan 5 1998	1998	Countywide Revaluation	175190	
Jan 2 1991	1991	Countywide Revaluation	103650	

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

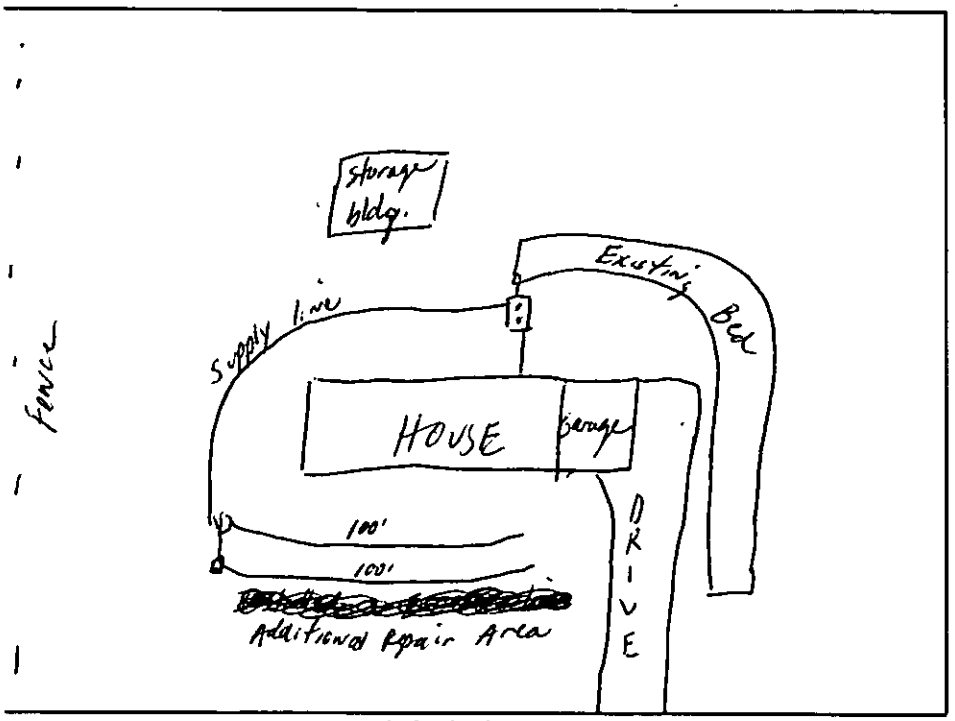
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2100 DATE: 12/17/03

TC: 193323 08 ☐ L

SERIAL 19519

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 _____. All work shall be completed on or before 1/17/03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 200' feet

Number of Lines 2 (100')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet
on city water

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Stefan & Jacqueline E. Ploszak

LOCATION OF PROPERTY 3321 Zelda LN

Comments: Repair, Install 2 lines x 100' long x 3' wd. Feed supply line from side tank Knockout.

Phillip A. Walker RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 7-16-71

ICAR(S) Application No. 2100

T. C. No. _____

Map Data _____

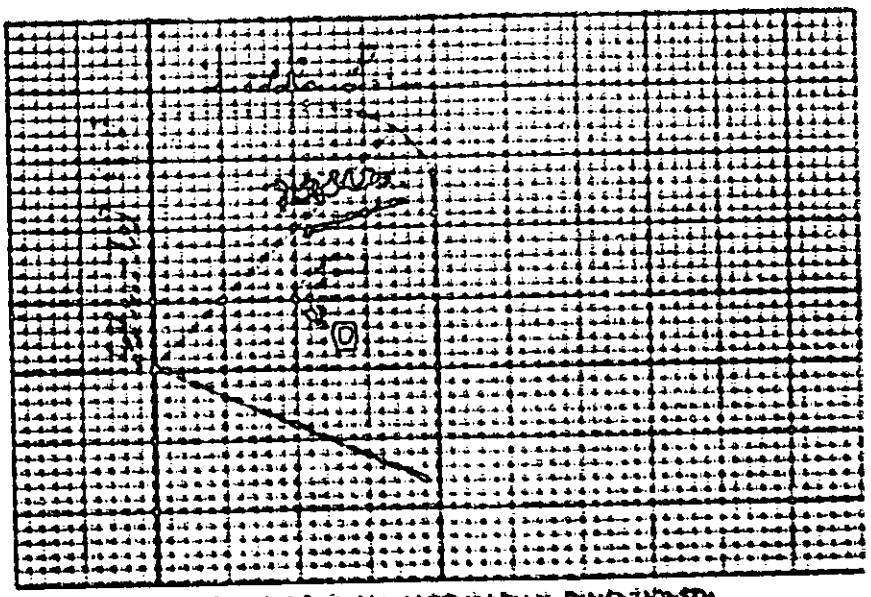
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) _____ 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 3

5) Business Use — Max No Employees _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disposal ✓ Yes _____ No

8) Dishwasher _____ Yes _____ No

9) Water Supply:
   A) Individual Well ✓
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____

10) Sewage System:
   House located within 200 feet of public sewer _____ Yes _____ No
   House located within 200 feet of community sewer _____ Yes _____ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER _____ J
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____
(STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

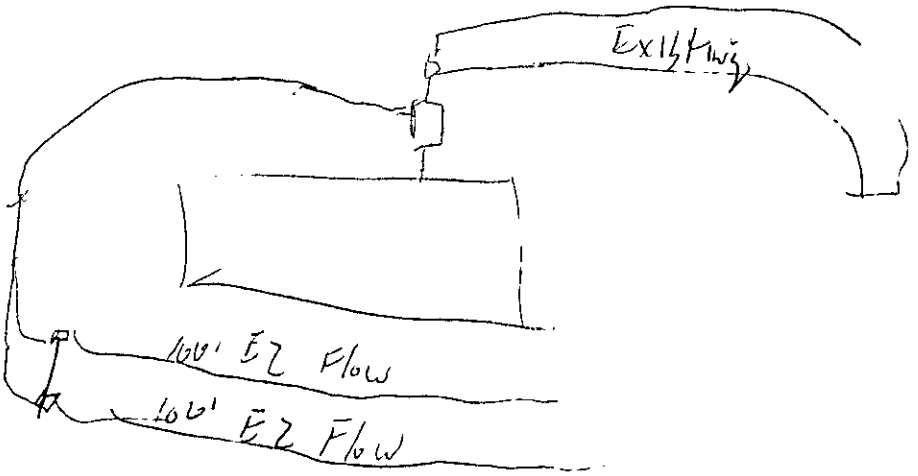
20) PTR NUMBER (See Instructions) _____

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.

_____ Jessie J. Stovall
DATE OF APPLICATION OWNER

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

HEALTH DEPARTMENT'S COPY


Ex 1½ Flex
100' EZ Flow
100' EZ Flow