

7123 MALLARD CREEK RD

04321505

12/18/2007

duponbj

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

[redacted]

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Brocon, Inc.

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

(704)336-5102 5728

PERSON FILING APPLICATION:
NAME: Fields (last) Robert (first) L (mi)
ADDRESS: 8000 Briarbrook Dr PHONE: (704) 563-6603
CITY: Charlotte STATE: NC ZIPCODE: 28212

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 043-215-05
STREET ADDRESS: 7123 Mallard Creek Rd
ZONING:

PROPERTY OWNER:
NAME: Love (last) Jim (first) (mi)
ADDRESS: 7123 mallard Creek PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 7-34 + 52-7 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1960

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Attached Garage / Great Room / Bathroom
[redacted]

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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)
[X] 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: Robert L. Fields Date: 7/16/99

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.

...7-16-99 OK TO USE EXISTING SYSTEM

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

Environmentalist 7-9-99 Date

WWATER : 122791

PROPOSED PLOT PLAN

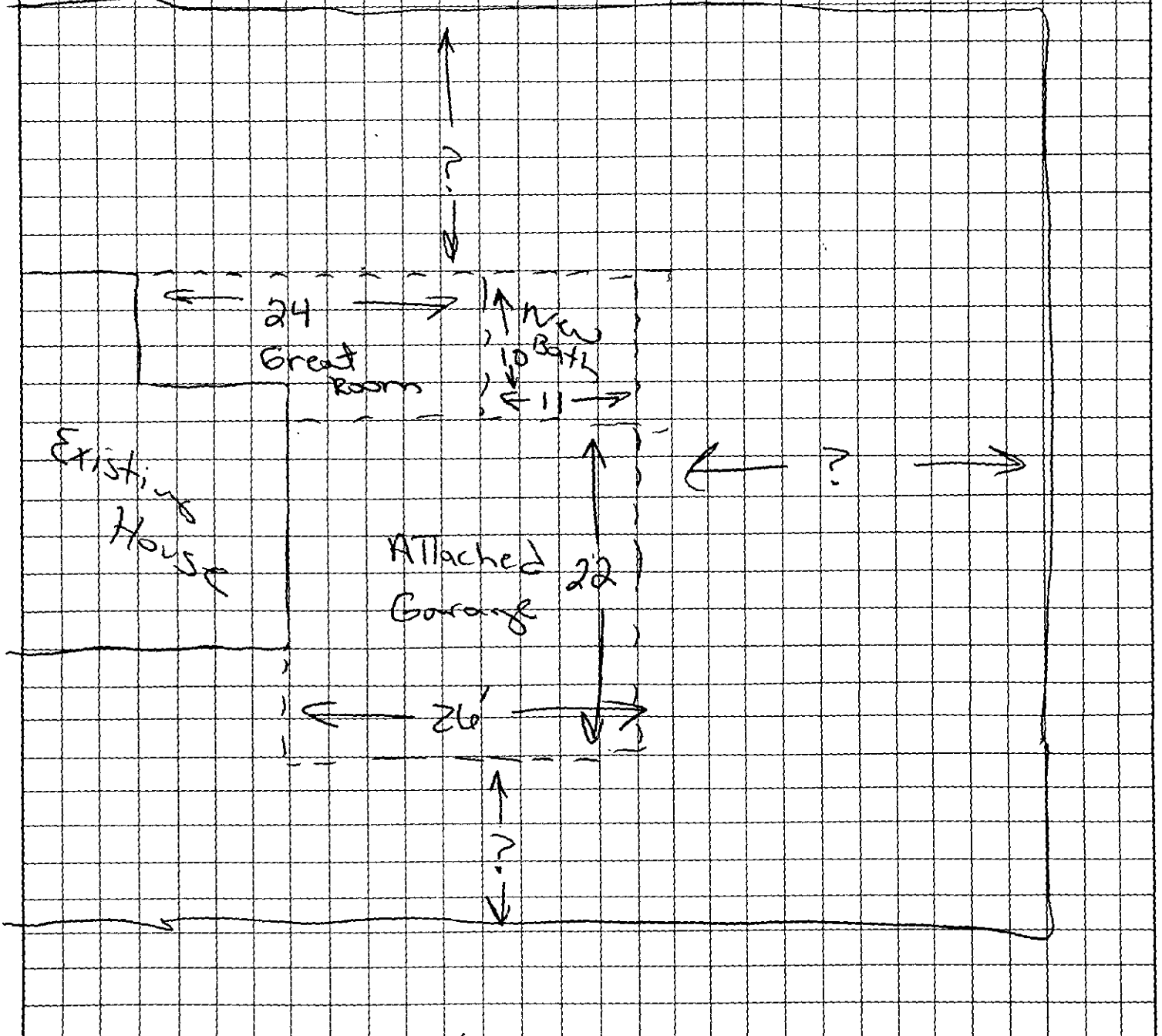
COPY

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

FILE: 5728

TC: 043-215-05

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.



Robert D. Finder / owner Jim Lore
OWNER/AGENT SIGNATURE

DATE 7/6/99

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: MAY 7, 1993

Ref: 7123 MALLARD CREEK ROAD FILE #572B

SUBJECT: Refund

(Mr./Mrs./Co.) MRS AGNES LOVE originally paid $150.00

for IMP/PERMIT ADDITION WITH CHANGE IN SEPTIC SYSTEM on AUGUST 11, 1992

(FEE FOR CHANGE IN SEPTIC SYSTEM IS $150.00) .

A refund should be issued for $100.00 because

THERE WAS NO CHANGE IN SEPTIC SYSTEM

(FEE FOR NO CHANGE IN SEPTIC SYSTEM IS $50.00) .

Please make check payable to: MRS AGNES LOVE

P. O. BOX 26394

CHARLOTTE, NC 28221

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File 572B/844BA

pd $150 CK 8-11-92 #1209 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 8/11/92

PERSON FILING APPLICATION:

NAME: LOVE (last) JAMES/AGNES (first) (mi)

ADDRESS: P.O. Box 26394 PHONE: (704) 596-2747

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28221

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 043-014-04

STREET ADDRESS: 7123 MALLARD CRK. RD.

ZONING:

PROPERTY OWNER:

NAME: AGNES D. + (last) (first) (mi)

ADDRESS: PHONE: (__) __

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 5½

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply): OMIT BEDROOM Jim Rowe 9-17-92
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [X] Storage Building [ ] Deck/Patio [X] Bedrooms \Bath + [ ] Other GARAGE

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: Agnes D. Love Date: 8/11/92

NOTICE:

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...This permit is not transferable.

... Use existing system

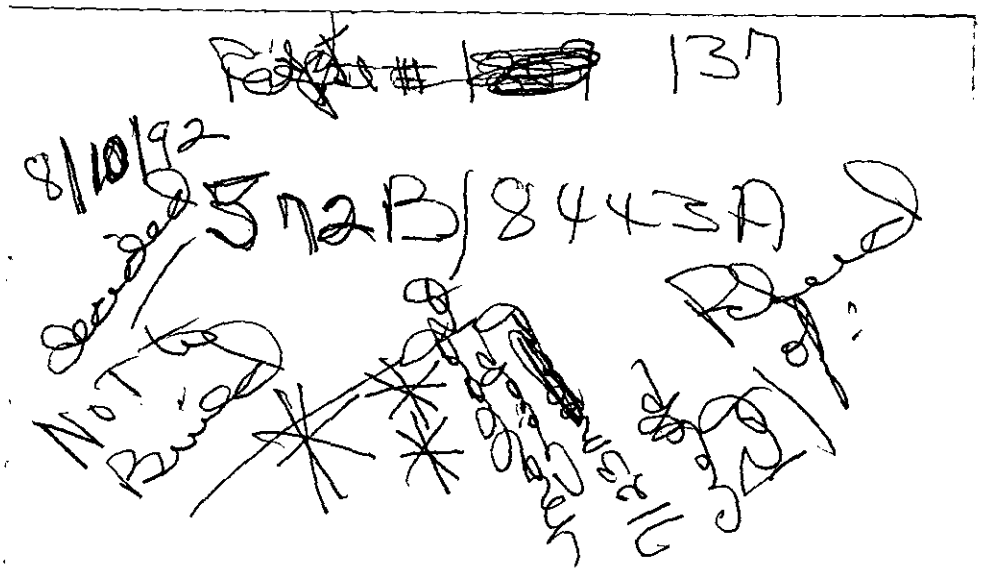
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

B.K. Ferguson 9-18-92
Environmentalist Date

[signature] 9-22-92
Director or Authorized Section Head Date

adjusted $ $100.00 due Paid on 4/29/93 Check #22791

- Per L. Whitaker - Clients can get $75 back if they decide within 1 year from todays date they do not want bedroom with addition.


137
8/10/92
572B/8443A

DRAFT

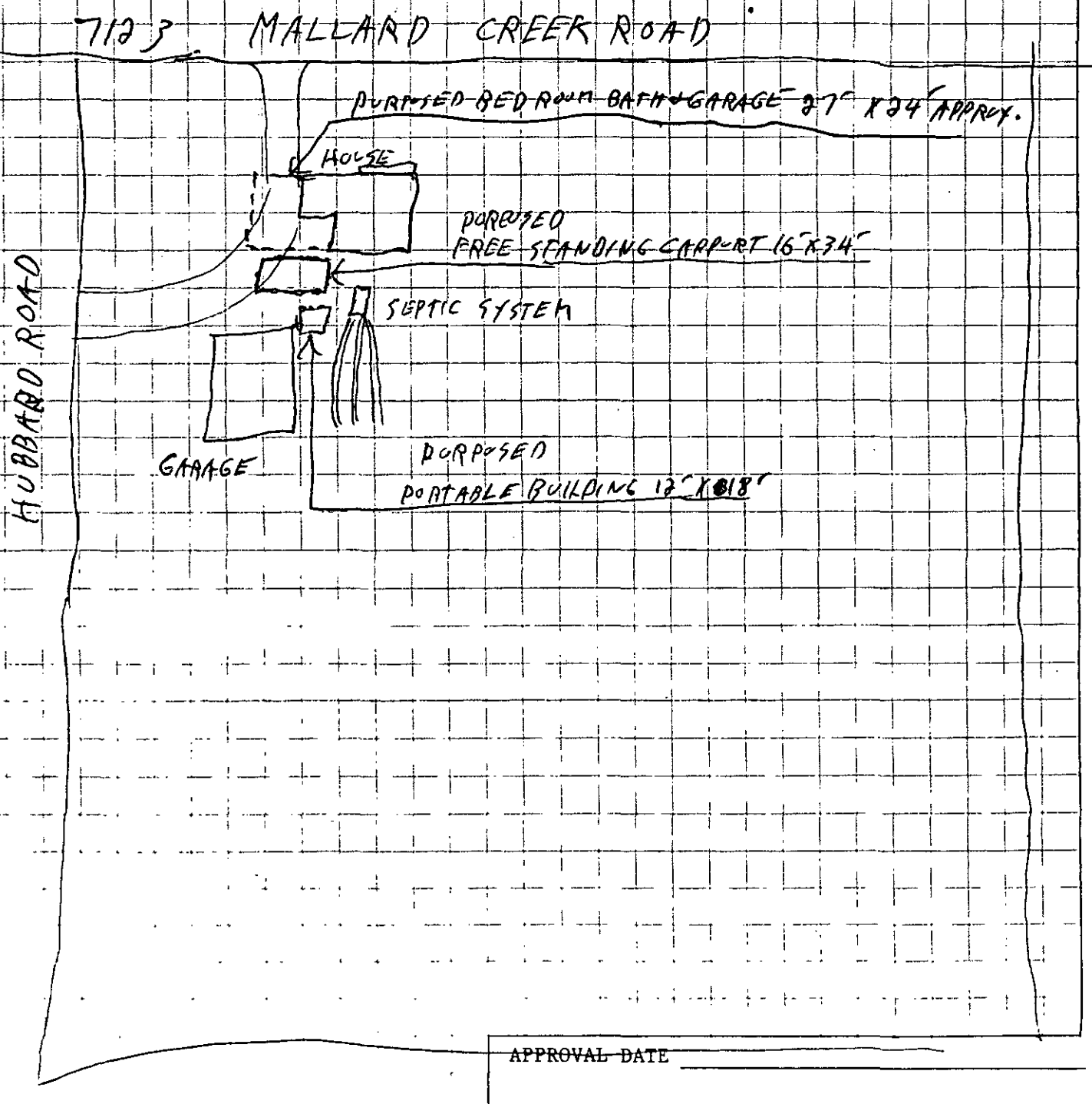
PROPOSED PLOT PLAN

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

FILE: 572B/8443A

TC: 043-04-04

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APPROVAL DATE _____

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File 572B/8443A

pd $150 6-11-92 #1209 [ ] CRT

DRAFT

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

(704)336-5102

Date: 8/11/92

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ZONING:

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NAME: ~~AGNES D. +~~ (last) (first) (mi)

ADDRESS: PHONE: ( )

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8/14/92 Stopped by property. Will call back when zoning approved; RW

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Paid $75 back

if no system added for Bedroom. Policy on 9-10-92 CM

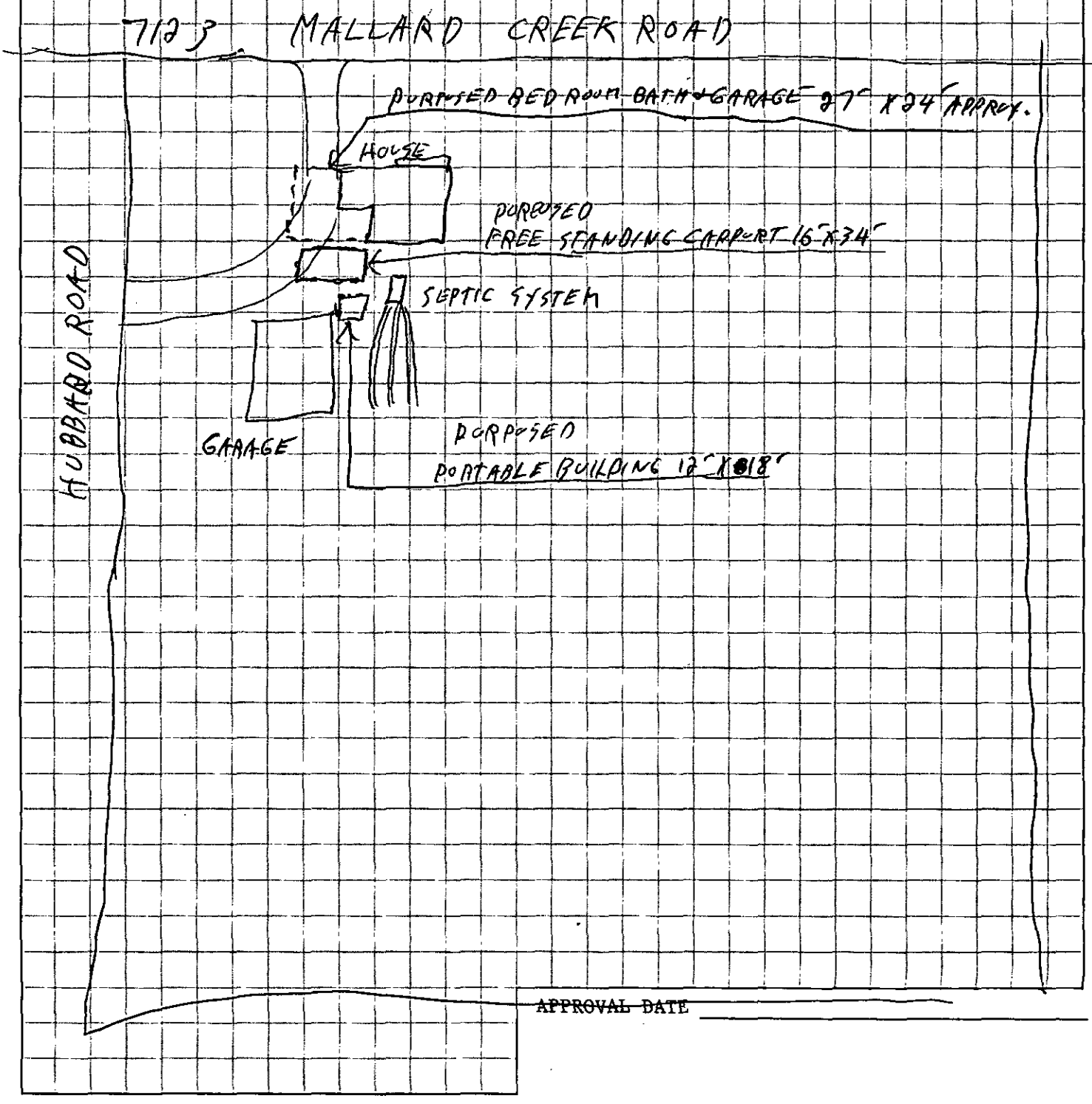
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
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PHONE (704) 336-5102

FILE: 572B/8443A

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~~APPROVAL DATE~~ _____

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