


5608 MALLARD DR S

10922209

5/13/08

marliwr

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

FEE: 50.00

DATE: 12/18/96

# APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: ~~338~~ 415

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 109-222-09

STREET ADDRESS: 5608 McALLard Dr South

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT 7 / BC

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

12/31/96 mr Forlidas stated he had put addl. fill soil on drainfield and broke the washer box in the process. Will have Serge call for appt on lot 1/3/97 met Serge & mr Forlidas on lot. D box was uncovered & not feeding into PEA. ~~Serge Cancel~~

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: problem was corrected on site.

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ✓ YES __ NO
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS * ✓ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

* Duke Power

**PROPERTY OWNER:**

NAME: (LAST) Forlidas (FIRST) Nick (MI)

ADDRESS: 5608 McAllard Drive South

CITY: Char STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) 536- 5599

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: ✓ Nick Forlidas DATE: ✓ 12/18/96

Built 1972

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

COPY

# Mecklenburg County
## Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
   109-222-09.

2) Provide the name of the original property owner.
   Nick J. Fotinos. (Same As Now)

3) Do you have visible sewage on the surface of the ground?
   No.

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?
   No.

5) Is there a separate wastewater line from your washing machine? Dishwasher?
   Yes.

6) Has your septic tank ever been pumped out? If so, approximately when?
   No.

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
   Yes. (7 Years Ago??) Box Instacon For Washing Ma

8) Approximately what year was your septic system installed? 1973.

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
   No.

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

I Think I Have Damaged This Box or A Line to the Box.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Serial No. 2680

Issued 5/23/72

ICAR(S) Permit No. 415

T. C. No 109-231-12

Map Date 1-28-74

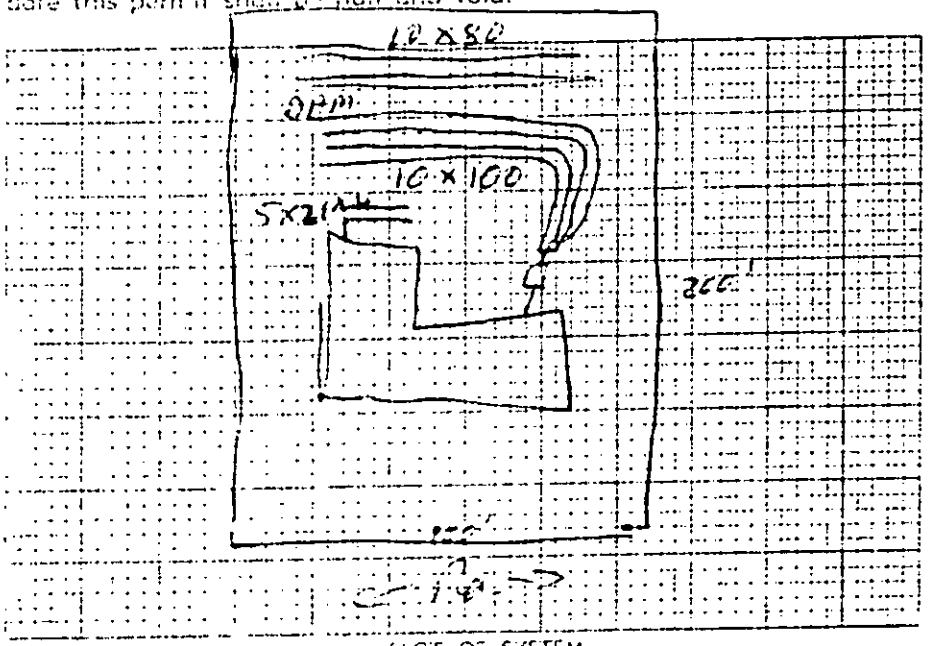
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

## INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste-water disposal 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 415, dated 5-11-72 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 8-30-72, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines:

Total Line Lenght 720 + 125

Number of Lines 4 + 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Vaughn, Earl B.

LOCATION OF PROPERTY 7541 Mallard Ln.

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: 10 X 100 + 10 X 80 S.I.

5 X 2 1/2 X 4 W.L.

Sanitarian Section Head

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

HEALTH DEPARTMENT'S COPY




Imaging Solutions and Services, Inc.

The following is a

# Poor Original

*The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.). Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up parameters and/or copying of the original) to obtain the highest possible image quality from this original.*

*ISSI Operations Center Staff*

Copyright 2004 Imaging Solutions and Services, Inc.

Cert. Issued No. [illegible]

Serial No. 2394

U.C. No. 104-29-42

Date Issued 5/23/22

Map Date 1-65-74

# MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

## CERTIFICATE OF APPROVAL

**Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Disposal**

Name of Owner Vaught (LAST) Earl (FIRST) [illegible] (MIDDLE)

Location of Property 2521 Mallard St

Application Number 415

Permit Number 2042

**Inspection Date:**

Liquid Capacity of Tank 1500

Total Length of Drain Tile 220+125

Depth of Filter Material 12"

Water Supply Source well

Excavation Inspected 5/23/22 (DATE)

Nitrification Field Inspected 5/23/22 (DATE)

Washing Machine Line Inspected, if Applicable 5/23/22 (DATE)

Tank Material [illegible]

Number of Lines 4

Cover Depth 2'

Distance from Water Source 50'

Tank Inspected 5/23/22 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent disposal 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 of 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 in addition to those listed below under comments. The 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

[illegible]
Sanitarian

[illegible]

FEE: DRAFT

DATE: _____

**APPLICATION FOR IMPROVEMENT PERMIT**
**FOR RESIDENTIAL SITE**
**INDIVIDUAL WATER AND WASTEWATER**
**SYSTEMS PROGRAM**

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: ~~338~~ 415

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 109-222-09

STREET ADDRESS: 9608 Mallard Dr South

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT 7 / BC

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ✓ YES ___ NO | WELL, SPRINGS OR WATERLINES | ✓ YES ___ NO |
| EXISTING WASTEWATER SYSTEMS | ___ YES ___ NO | DESIGNATED WETLANDS | ___ YES ✓ NO |
| EASTMENTS OR RIGHT-OF-WAYS * | ✓ YES ___ NO | | |

* Duke Power

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: (LAST) Fortidas (FIRST) Nick (MI) | NAME: (LAST) (FIRST) (MI) |
| ADDRESS: 9608 Mallard Drive South | DAYTIME PHONE: ( ) — |
| CITY: Char STATE: NC ZIP: 28227 | |
| DAYTIME PHONE: ( ) 536- 5599 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: ✓ Nick Fortidas DATE: ✓ 12/18/96.

Revised 1972

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

# Mecklenburg County
## Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
   109-222-09.

2) Provide the name of the original property owner.
   Nick J. Farinas. (Same As Now)

3) Do you have visible sewage on the surface of the ground?
   No.

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?
   No.

5) Is there a separate wastewater line from your washing machine? Dishwasher?
   Yes.

6) Has your septic tank ever been pumped out? If so, approximately when?
   No.

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
   Yes. (7 Years Ago??) Box Installed For Washing Mach

8) Approximately what year was your septic system installed? 1973.

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
   No.

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

I THINK I HAVE DAMAGED THIS BOX OR A LINE TO THE BOX.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236