

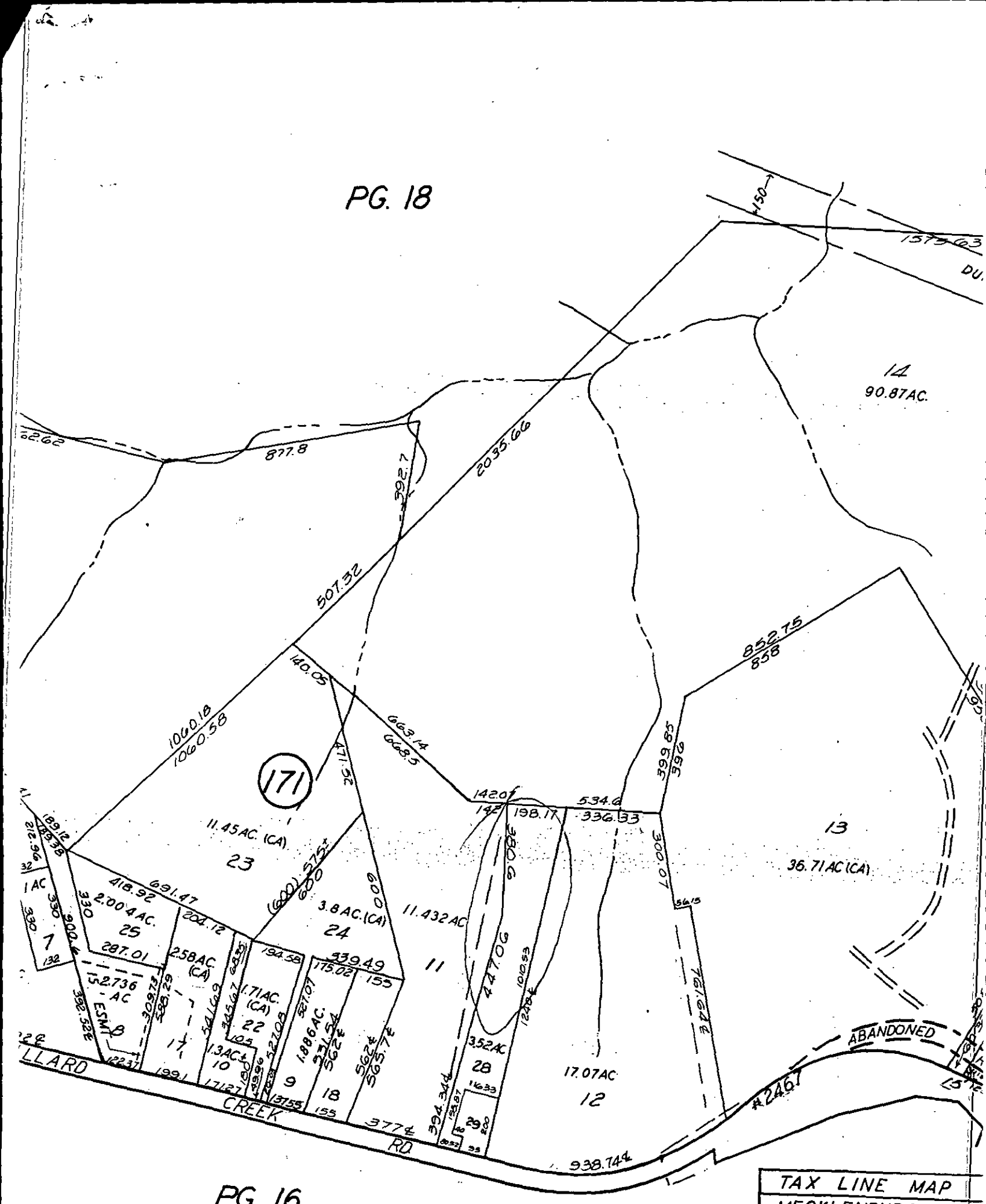
13317 MALLARD CREEK RD

02958111

1/3/2008

duponbj

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


PG. 18
150
1375.03
DU.
14
90.87AC.
62.62
877.8
392.7
2035.66
507.32
140.05
1060.18
1060.58
663.14
668.5
471.32
171
11.45AC. (CA)
23
142.01
142
198.17
534.6
336.33
852.75
858
399.65
396
13
36.71AC (CA)
300.07
56.15
189.12
189.38
212.96
32
1 AC
330
330
418.92
691.47
2.004 AC.
25
287.01
202.12
2.58AC (CA)
600
(600) 575±
3.8 AC. (CA)
24
11.432 AC
11
380.6
447.06
101.53
124.84
194.38
339.49
175.02
155
1.71AC. (CA)
22
345.67
345.67
527.07
1.886AC.
331.54
562±
562±
565.7±
3.52AC
28
14.33
17.07AC
12
761.02
ABANDONED
246.7
2.736 AC
ESMT
392.32±
309.73
288.29
17
1.3AC±
10
10.5
199.6
127.08
199.1
171.27
180
9
18
155
377±
394.34±
193.87
29
2.80
938.74±
CREEK
RD.
PG. 16
FOR TAX PURPOSES ONLY
TAX LINE MAP
MECKLENBURG COUN
REVISED 02-09-95

Mecklenburg County
Health Department

June 1, 1995

Phyllis Dalton
13317 Mallard Creek Road
Charlotte, NC 28262

Re: 13317 Mallard Creek Road
File: 3585B (tax parcel 029-171-28,PO)

Dear Ms. Dalton:

Receipt of the plans and specifications for a ground absorption system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a soil/site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal".

The results of the evaluation, a copy of which is attached, indicate that the site is **UNSUITABLE** for installation of a ground absorption sewage system for the following reasons:

.1940 TOPOGRAPHY AND LANDSCAPE POSITION
(d) Complex slope patterns and slopes dissected by gullies and ravines shall be considered UNSUITABLE with respect to topography.

.1941 SOIL CHARACTERISTICS (MORPHOLOGY)
(3)(B) Expansive Clay Mineralogy - Soils which have either very firm or extremely firm moist soil consistence, or have either very sticky or very plastic wet soil consistence, are considered to have predominantly 2:1 clay minerals (including mixed mineralogy clays) and shall be considered UNSUITABLE as to clay mineralogy.

.1943 SOIL DEPTH
(a) Soil depth - saprolite 6 inches - 24" deep from soil surface.

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.

(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

Due to the limitations on your site, this Department is not aware of any modifications or alternative measures that can be implemented to upgrade the classification from "unsuitable" to "provisionally suitable." Your application for an improvement permit must, therefore, be denied.

You have the right to an informal review of this decision by the environmental health supervisor of this health department and also by the regional staff of the Department of Environment, Health, and Natural Resources. You should contact the health department to arrange for this further review.

You may also wish to obtain the services of a private consultant to collect site-specific data and submit such data and a system design to the health department for technical review. A site may be reclassified to provisionally suitable provided written documentation, including engineering, hydrogeologic, geologic, or soil studies indicates to the local health department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

The substantiating data from these studies must indicate that:

A. The effluent (wastewater) will receive adequate treatment;

B. The effluent (wastewater) will not contaminate any ground water or surface water; and

C. The effluent (wastewater) will not be exposed on the ground surface or be discharged to surface waters where it could come into contact with people, animals or vectors.

Finally, you have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, N. C. 27611-7447. A copy of a petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within 60 days after the date of this notice. The hearing will be held in the county in which your property is located.

If you file a petition for a hearing, you must send a copy of the petition to Mr. John C. Hunter, Office of General Counsel, P. O. Box 27687, Raleigh, North Carolina 27611-7687.

Please call 336-5570 or write this office if you have questions or need additional assistance.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028584

File: 35853 (8400) Action 3

Parcel: PO 029-171-28 ☐ PC

Location: 13317 Mallard Creek Rd

Subdivision:

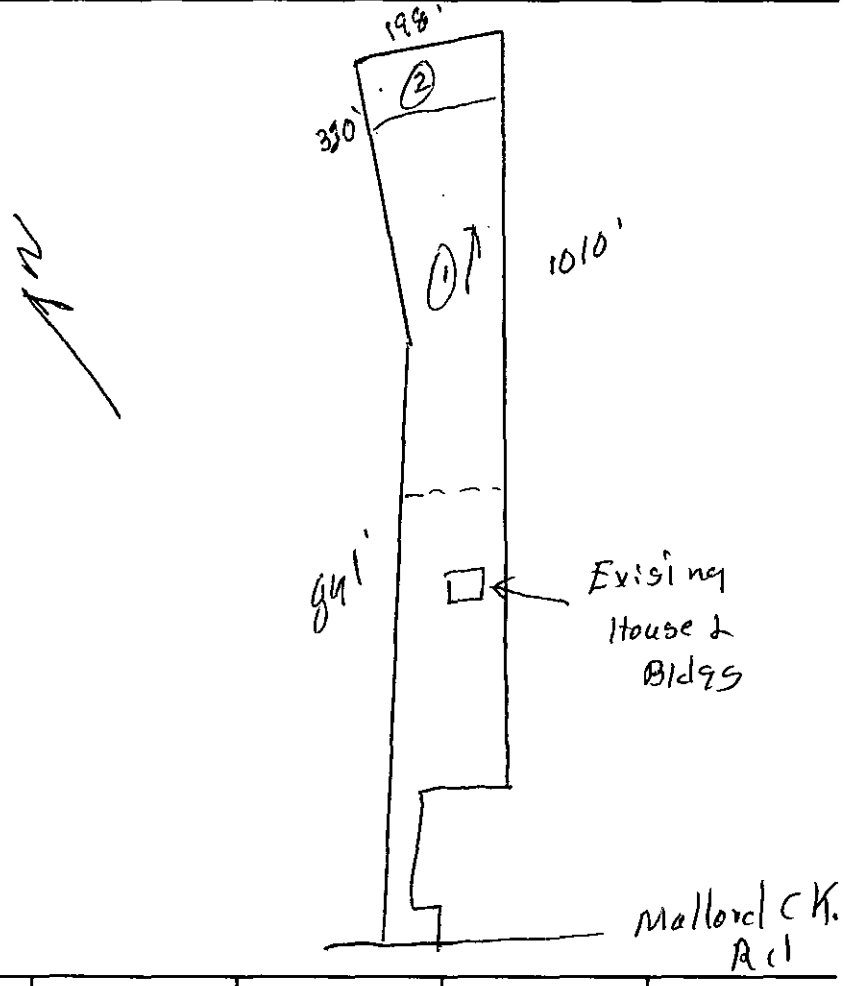
Lot: Block: Acres: Approx 2.0

Owner: Phyllis A. Dalton
Address: 13317 Mallard Creek Road
Charlotte, N.C. 28262

Comments: 100% Repair

Described by: William A. Marks

Date: 5-24-95



***** 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 2-10%	S PS (U) Complex Slopes	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive 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 >36" to S.W.	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 9-20"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >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	Series Not Determined	Complex Slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

35858

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #150 3/9/95 Ck #4509

☐ CRT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: DALTON (last) Phyllis (first) A (mi)
ADDRESS: 13317 Mallard Crk Rd PHONE: 704, 547-0490
CITY: Charlotte STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 029-171-28
STREET ADDRESS: 13317 Mallard Crk Rd Char-N.C.
ZONING:

PROPERTY OWNER:
NAME: DALTON (last) Phyllis (first) A (mi)
ADDRESS: 13317 Mallard Crk Rd PHONE: (__) 547-0490
CITY: Charlotte STATE: NC ZIPCODE: 28262

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT SIZE (in acres):

☑ SOIL TEST - INDIVIDUAL LOT (D)
☑ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ 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: 3 NUMBER OCCUPANTS: 3
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: Phyllis A Dalton Date: 5-19-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... 6/9/95 Met Mrs Dalton on lot. Property investigated for possible septic system approval. No area located. Referred Mrs Dalton to private consultants. PBW

☐ 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 Date

Director or Authorized Section Head Date

WATER : 122791

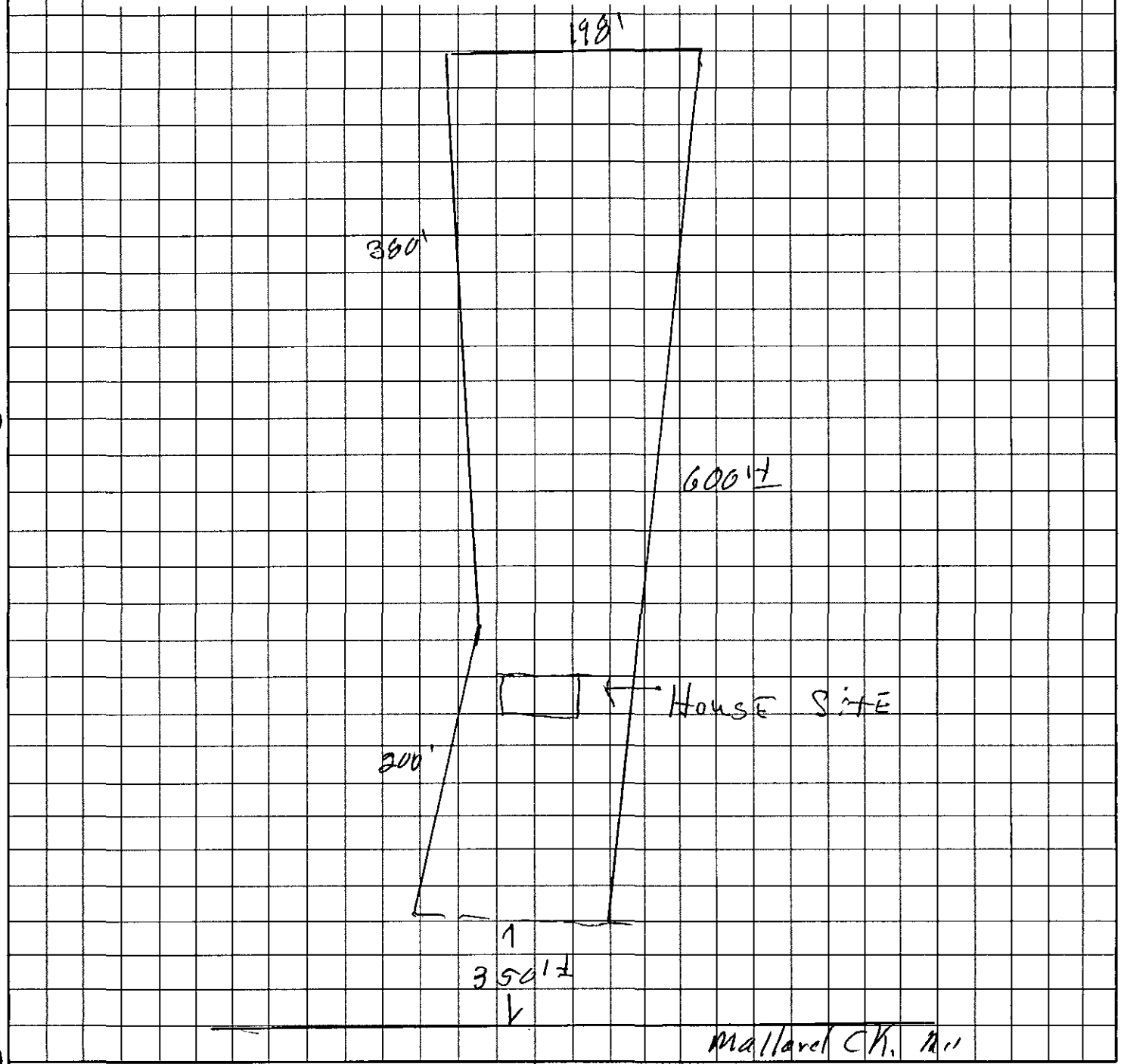
PROPOSED PLOT PLAN

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

FILE: 3585B

TC: PO 029-171-28

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.



Phyllis B Dalton
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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