

7700 ELLENCROFT LN

10802158

6/6/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = !DAutomationHC39M

Mecklenburg County
Health Department

May 24, 1999

Faron F. Faulk
7700 Ellencroft Lane
Charlotte, NC 28215

RE: 7700 Ellencroft Lane

Dear Mr. Faulk:

Thank you for your phone call in response to the Mecklenburg County Health Department's septic system inspection fee notice. Enclosed you will find copies of the Installation Permit and Operation Permit for the wastewater treatment and disposal system that serves your residence. The Operation Permit was issued February 27, 1990 which makes it a Type IIIb system that the Health Department is required, by the State, to inspect at least once every 5 years.

As we discussed, our department is obligated to comply with State mandates regarding septic system inspections. The Mecklenburg County Board of Health has exercised its power pursuant to the North Carolina General Statute 130A-39(g) to impose fees for services in order to offset county dollars for program operation. These inspections are very important towards protecting our groundwater resources and the overall health and well being of the citizens of Mecklenburg County.

It is the goal of our program to protect our environment while not burdening the citizenry with undue financial hardships. If you have any questions concerning this matter please do not hesitate to call me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosures

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Faron F. & Sheri W. Faulk
7700 Ellencroft Lane
Charlotte, NC 28215

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedroom	System Type
Faron F. & Sheri W. Faulk	7700 Ellencroft Lane	108-021-58	5929A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

RECEIVED
6/9/99

BILL INFORMATION

Current Date	Billing Date	Payment Due Date
5/20/99	4/13/99	5/13/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☒ *Please check if you have a well.*

6-9-99
HLO
OK

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Lanny Thupon
336 5563

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment: residence
5929A — Permit/Project No.
7700 Ellencroft Lane — Location
Type of Establishment
360gpd — Design Flow
Faron F. Faulk, 7700 Ellencroft Lane, Charlotte, 28215 — Owner/Agent
Address
Phone
N/A — Operator
Address
Phone
Remarks: IIIb system

	Yes	No	REMARKS
1. ESTABLISHMENT: Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM: No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): Tank risers accessible and surface water diverted?	☐	☑	risers at grade - evidence of leakage in the past
Tanks and access manholes structurally sound, watertight?	☐	☑	could not verify
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommended that septic tank be pumped every 3-5 years
4. RAW SEWAGE LIFT STATION (if present): Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS: Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	older piggy-back electrical setup not enclosed in weather proof box
Elapsed time readings: _____ _____			
SIPHON SYSTEMS: No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS: No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS: Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: System looks good - riser could be raised.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 6-9-99 SIGNED: Larry B. Thompson, J., RS. AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

April 13, 1999

Faron F. and Sheri W. Faulk
7700 Ellencroft Lane
Charlotte, NC 28215

Dear Mr. and Mrs. Faulk:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

Mecklenburg County
Health Department

May 24, 1999

Faron F. Faulk
7700 Ellencroft Lane
Charlotte, NC 28215

RE: 7700 Ellencroft Lane

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It is the goal of our program to protect our environment while not burdening the citizenry with undue financial hardships. If you have any questions concerning this matter please do not hesitate to call me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

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: 5929A
TC: _____
SERIAL: № 18936

$200.00 pd. ✓

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 7700 (STREET NO.) ELLENCROFT (STREET) LANE ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 108-021-23, 22

⑤ SUBDIVISION: ELLENCROFT ⑥ LOT: 4 ⑦ BLOCK: 1

OWNER

⑧ NAME: Robert (FIRST) Chris (MIDDLE) Economos (LAST)

⑨ MAILING ADDRESS: P.O. BOX 2251

⑩ CITY: MATTHEWS ⑪ STATE: N.C. ⑫ ZIP: 28106

⑬ PHONE: (WORK) 704-536-6937 ⑭ (HOME) 704-362-3409

REQUEST

This request is for a(n):

⑮ ☑ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? _____

㉓ Maximum occupancy? 4

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: _____

Date: 8/1/89

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. Lift station required

B. R. Ferguson — Environmentalist — 8-2-89 — Date

Jim Gunn — Director or Authorized Section Head — 8-3-89 — Date

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5929-A DATE: 2-27-90

TC: 108-021-2322 ☒ L ☐ CRT

SERIAL № 13110

Name of Owner Robert Economos Juris.:

Address of Property 7700 Ellencroft Ln.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 134'

Cover Depth 12"-24"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 2-27-90

Tank(s) Inspected 2-27-90

Wash Line Inspected

High Water Alarm Inspected 2-27-90

PLOT

Design: 1990, 1500ST, 1000DT, PI, CON, 1200SFT, 12", Cecil CTR# 167

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 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: Installed for 3 bedrooms

B.R. Ferguson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

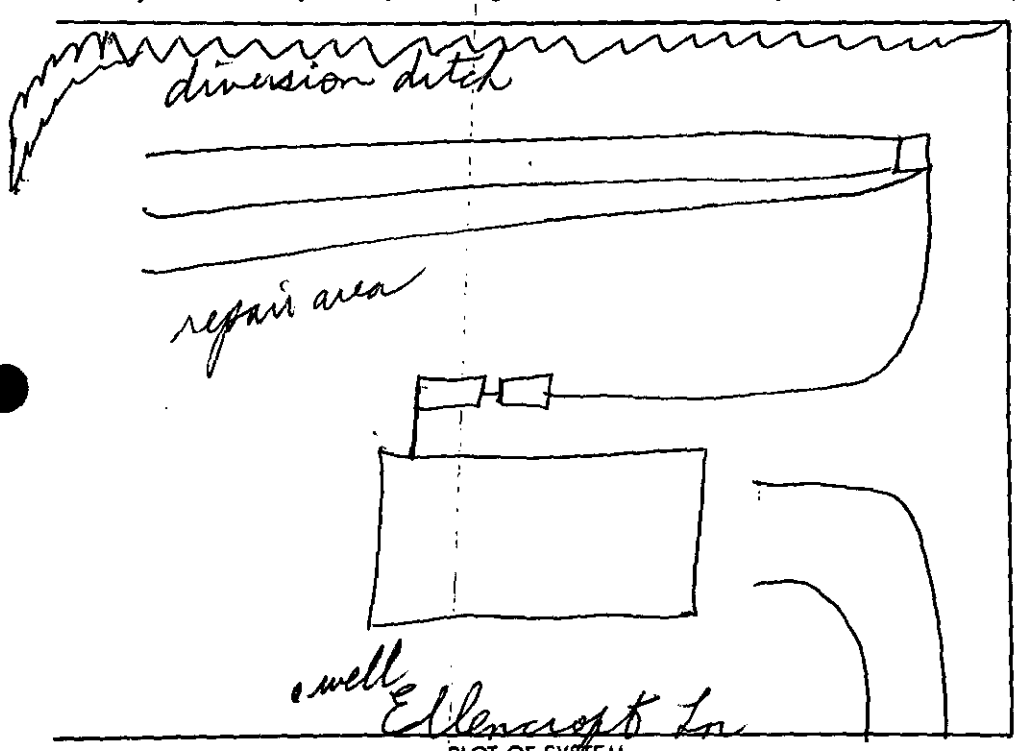
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5929-A DATE: 1-24-90

TC: 108-021-23,22 PL

SERIAL Nº 14565

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 8-1-89. All work shall be completed on or before 2-24-90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1000 gallons

Tank Construction Pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Robert Economos

LOCATION OF PROPERTY 7700 Ellencroft Ln.

Comments: 3 lines 3'X134'X12" stone

Division or Section Head

B. R. Ferguson
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.

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

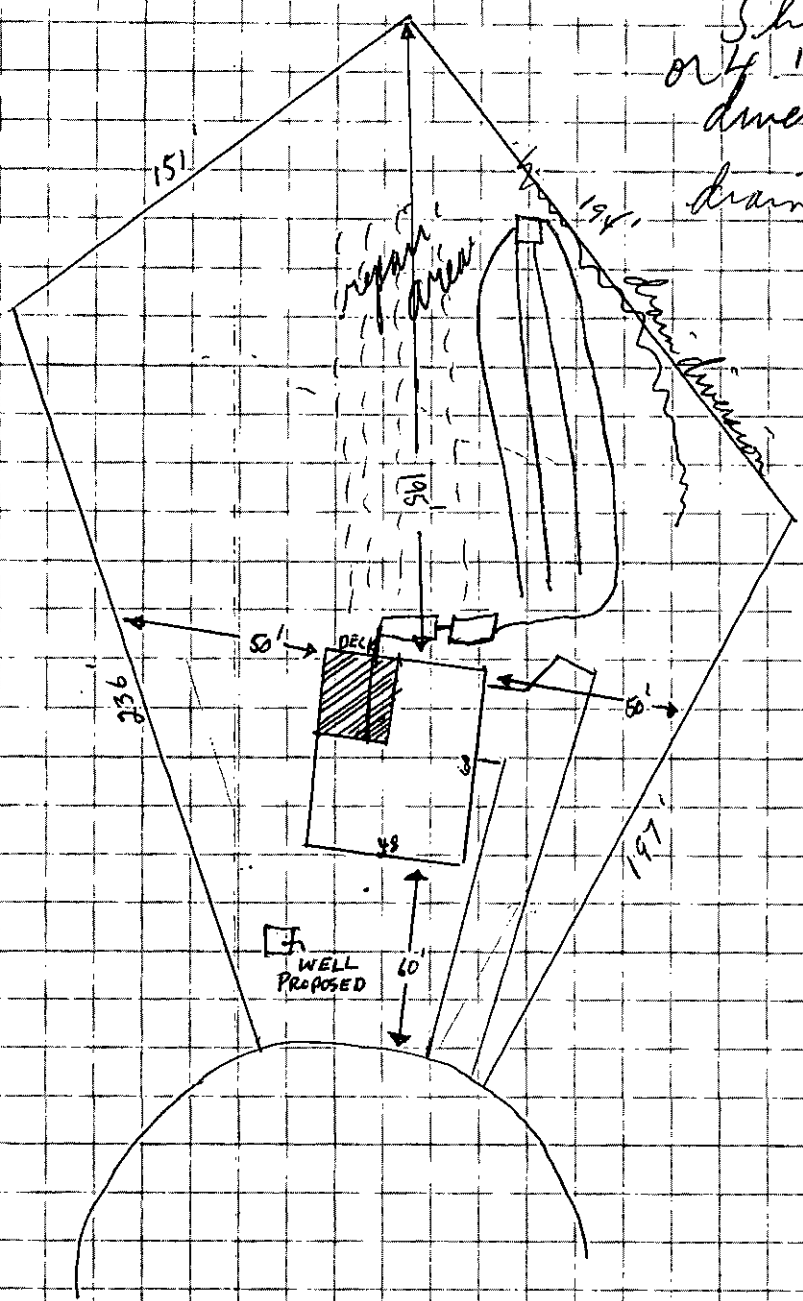
PROPOSED PLOT PLAN

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

FILE: 5929-A

TC: _____

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.



Signed: _____

Date: 8/1/88

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 8/1/89

NAME/COMPANY: Cranamos & Associates

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Imm. - New

File # 5929A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 1 1989

FEE: $200.00

CK # 1011
$200.00

C. Noble
Completed By

Collected By

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 31st, 1989

Robert Economos
PO Box 2251
Matthews, NC 28106

RE: Property located at Ellencroft Lane
FILE: 5929A
PARCEL: 10802123

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 12148) 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,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12148

File: 5929A Action 1

Parcel: 20 108-021-23 ☐ PC

Location: 7700 Ellencroft Lane

Subdivision:

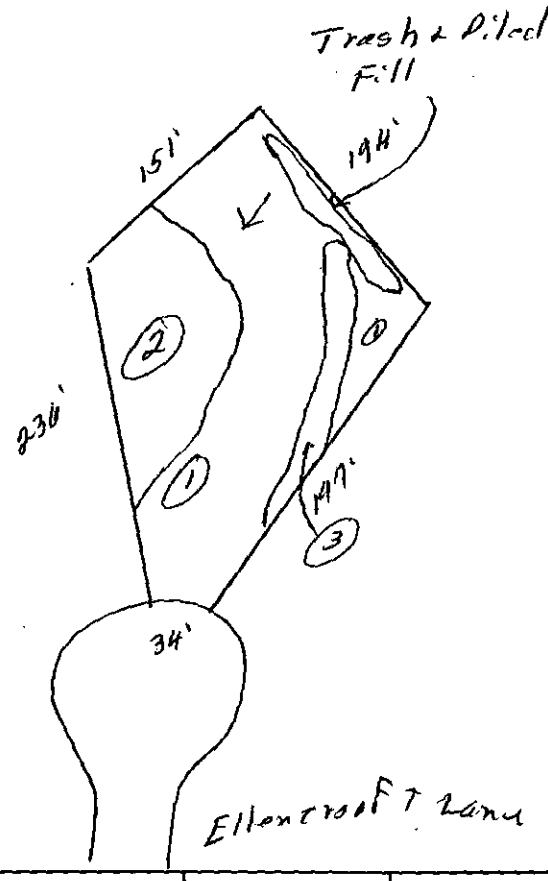
Lot: 4 Block: 1 Acres: Approx. 1.0

Owner: Robert C. Economos
Address: P.O. Box 2251
Matthews, NC 28106

Comments: System may need lift pump
Recommend interceptor drain be
installed above drainfield

Described by: William A. Marlin

Date: 7-29-89



***** 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) complex Slopes	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 >36"	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 >36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	10A Cecil/Ho	Depression	Complex Slopes			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: ~~5929~~ 5929A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 7700 Ellencroft LANE

② SUBDIVISION: ELLENCROFT ③ LOT: 4 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: ~~108~~ 108 PAGE NO.: 02 ~~108~~ PARCEL NO.: 23

⑥ DEED REFERENCE: BOOK NO.: 23 PAGE NO.: 193

OWNER

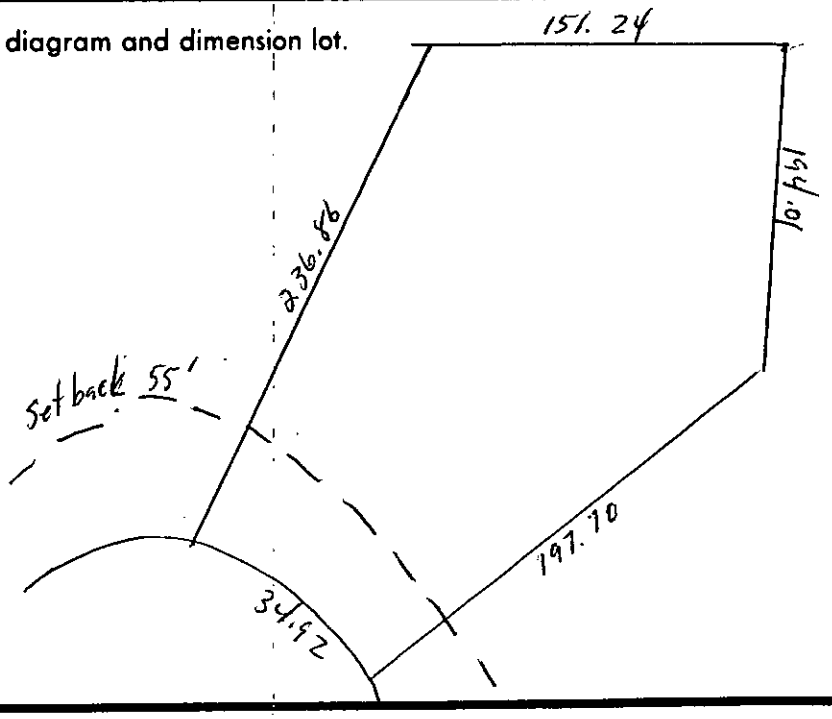
⑦ NAME: ~~ECONOMOS~~ ROBERT (FIRST) C. (MIDDLE) ECONOMOS (LAST)

⑧ MAILING ADDRESS: P.O. BOX 2251

⑨ CITY: MATTHEWS ⑩ STATE: N.C. ⑪ ZIP: 28106

⑫ PHONE: (WORK) 704-536-6937 (HOME) 704-536-6937

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: _____

Date: 7/18/89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/21/89

NAME/COMPANY: Ecomat Associates

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Soil

1 acre

5929A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 21 1989

FEE: 40.00

CK# 1005
71.40

Completed By

Collected By