


14401 MALLARD CREEK RD

02909104

12/27/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

2400

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

FILE: 2107B/9278A DATE: 2-2-94

TC: 029-091-04 ☒ L ☐ CRT

SERIAL№ 15841

Name of Owner Stowe's Chapel Baptist Church Juris.:

Address of Property 14401 Mallard Creek Rd.

**Inspection Data:**

Tank Material —

Total Length of Drainfield 140'

Number of Lines 2 @ 70'

Cover Depth 12"-16"

Water Supply Source well

Distance to Water Source ≈55'

Excavation Inspected 2-2-94

Tank(s) Inspected —

Wash Line Inspected 2-2-94

High Water Alarm Inspected —

PLOT

Design: 1994 Washer Repair, 420 sq ft, 12" stone, sand/silt, washer box installed. CTR# 70 Osborne-~~Winstons~~

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~~ 18A .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: Repair to washer line - was a straight pipe to surface of ground before. House is 20yr+ in age Type II

T. Walker for S. Daniel
2/25/94

Environmentalist

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

D240

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2078/8278A

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

PERSON FILING APPLICATION:

NAME: AKINS (last) VAN (first) J (mi) TRUSTEE

ADDRESS: 8255 OLDHOLLAND PHONE: (704) 547-0095

CITY: HARRISBURG STATE: NC ZIPCODE: 28075

Date:

PROPERTY OWNER:

NAME: STOWE'S CHAPEL BAP CHURCH (last) (first) (mi)

ADDRESS: 14401 MALLARD CREEK PHONE: (__) NONE

CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 029-091-04

STREET ADDRESS: 14401 Mallard Creek Rd

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

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)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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: 3 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):
[] 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: Van J Akins Date: 12/30/93

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.

... Repair permit issued

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

S K Bateman 12-30-93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

(* Repair from N & D cards)

# PROPOSED PLOT PLAN

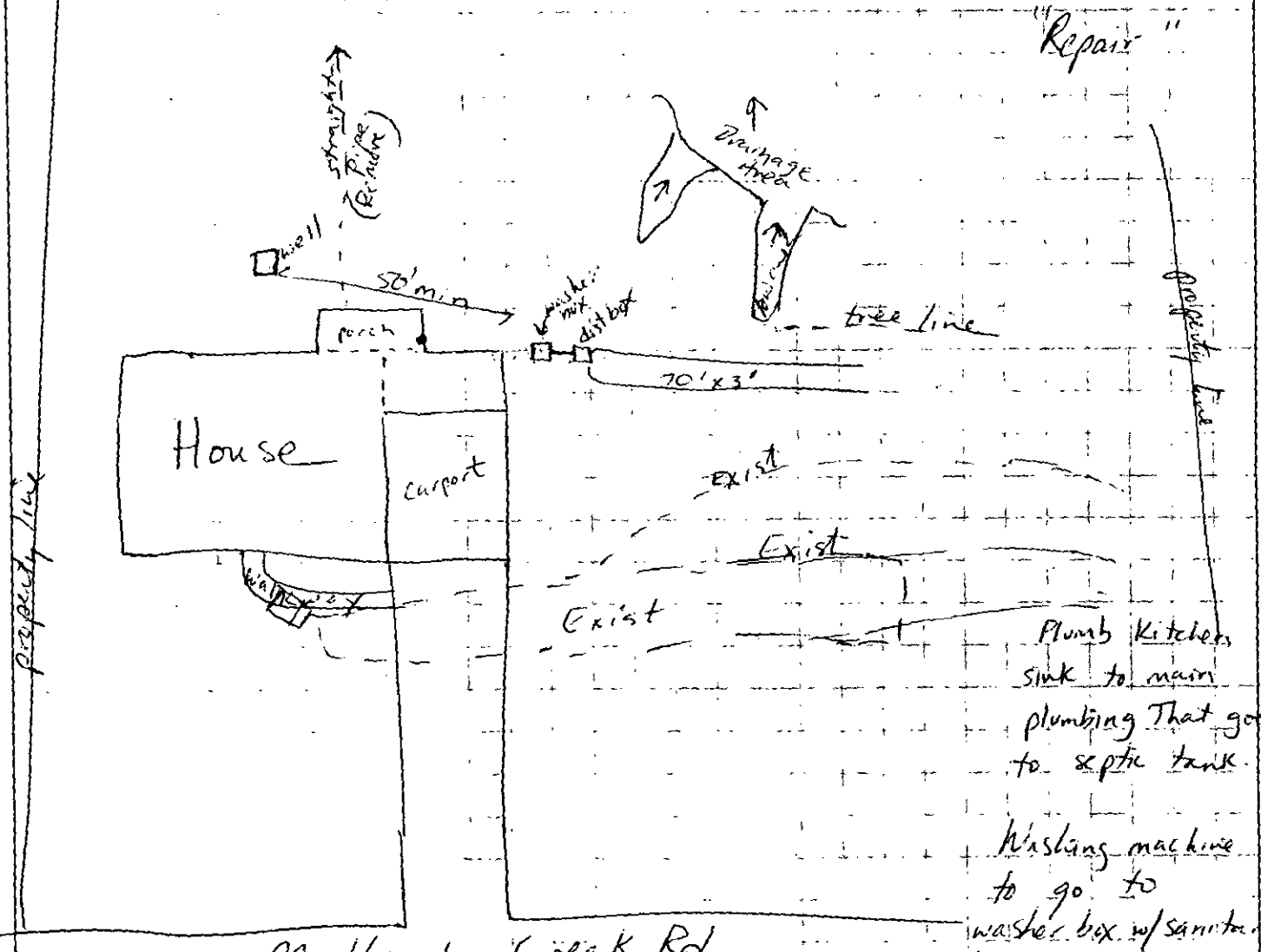
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2107B/9278A

TC: 029-091-04

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.




Plumb Kitchen sink to main plumbing That goes to septic tank.

Washing machine to go to washer box w/ sanitary tee to distribution box. Add 2 lines at 3'x70'x12" st each. 12" soil cover over drainlines. Stay out if lower as shown

Following NC plumbing code for plumbing line That goes from house to washer box and for sink to get Connected to main plumbing line

Larry Hawkins
owner/agent sign + date

APPROVAL DATE Susan Satterwhite 10-30-93

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

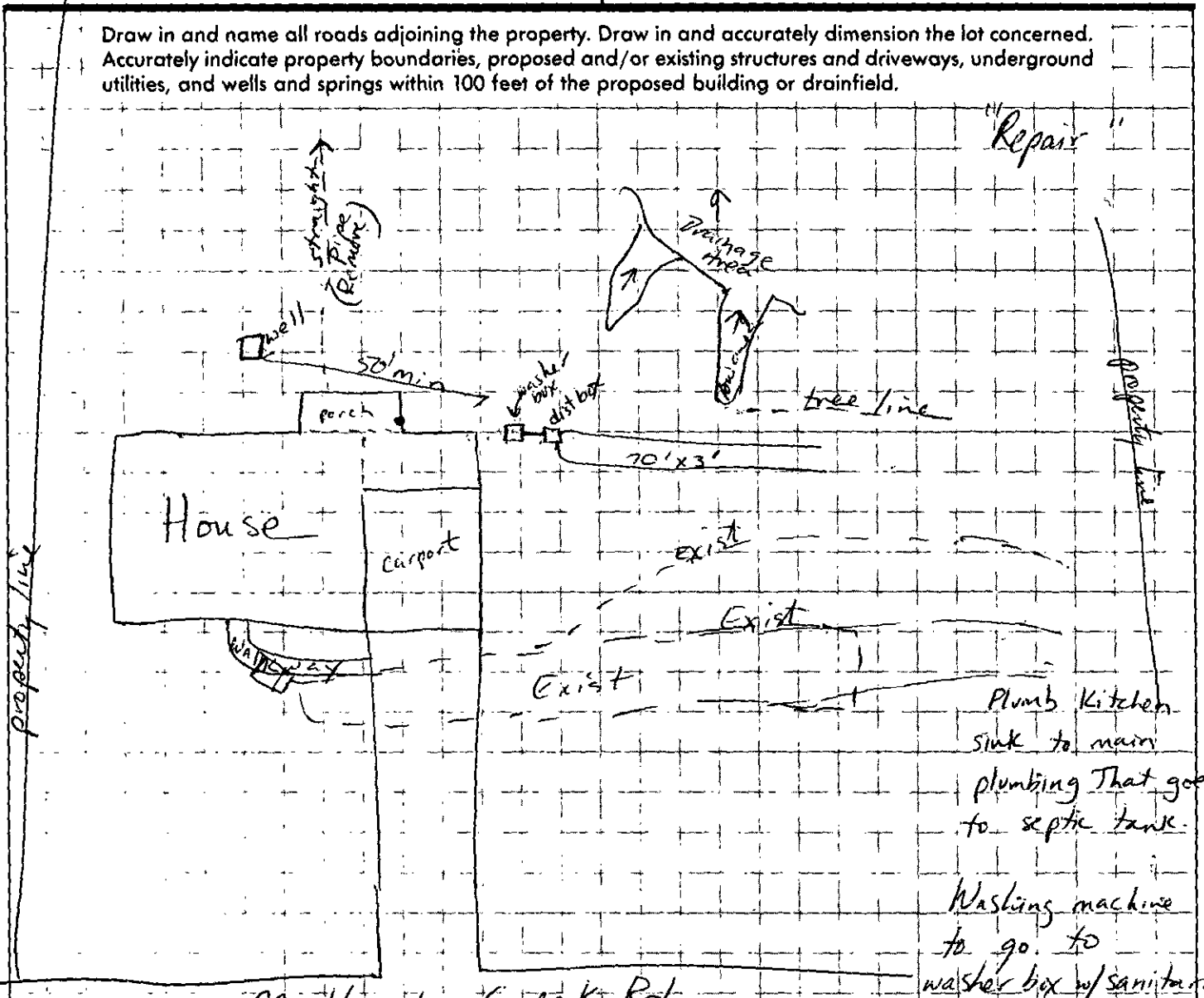
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
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700 NORTH TRYON STREET
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Plumb Kitchen sink to main plumbing That goes to septic tank.

Washing machine to go to washer box w/ sanitary tee to distribution box. Add 2 lines at 3' x 70' x 12" stone each. 12" soil cover over drainlines. Stay out of low areas as shown

Following NC plumbing code for plumbing line That goes from house to washer box and for sink to get Connected to main plumbing line.

Van A Helms
owner/agent sign & date

APPROVAL DATE Susan Gentry 12-30-93

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

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

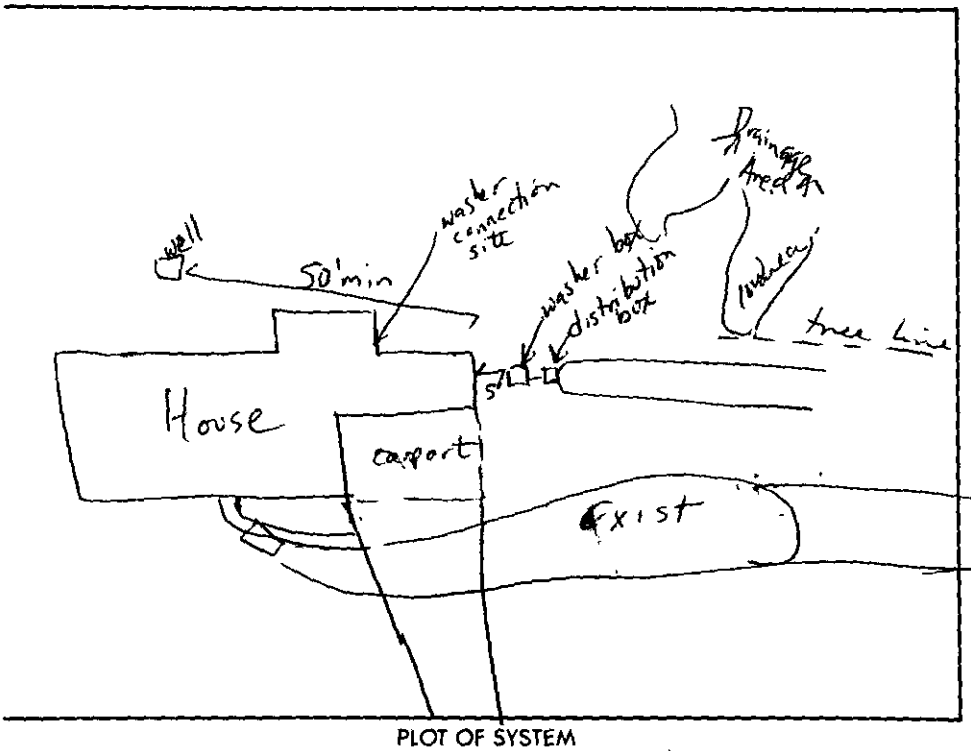
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2107 B/9278A DATE: 1-4-94

TC: 029-091-04 ☐ L

SERIAL № 15599

Permission is hereby given to ____ Install or Construct, X 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 1-4-94. All work shall be completed on or before 2-4-94, 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 140' feet

Number of Lines 2 at 70' each

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10'+ feet

Distance from Well 50' min feet

NAME OF OWNER Stowe's Chapel Baptist Church

LOCATION OF PROPERTY 14401 Mallard Creek Rd.

Comments: Keep off of existing septic system. New drainfield to have 12-16" soil cover. Install plumbing pipe to washer box w/tee according to NC State Plumbing Code. Kitchen sink to be plumbed to main plumbing going to septic tank.

P. Watkins P.S. for S. Daniel 1/6/94
Division or Section Head

Susan Santerman
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