Date Received 3-16-83

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
JAN 1 1983

SIR No. 19452

T. C. No 001-331-13

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER BOYER (LAST) MILES (FIRST) J. (MIDDLE)

2) ADDRESS OF OWNER 3818 CHAMPAIGN ST. ZIP 28210

3) PHONE NO. Home 552-1389 Office 373-8216

4) LOCATION OF PROPERTY JETTON RD. SR. 2151 (STREET OR COUNTY ROAD)

5) SUBDIVISION LAKE NORMAN LOT NO. 993 BLOCK NO. ~~331~~

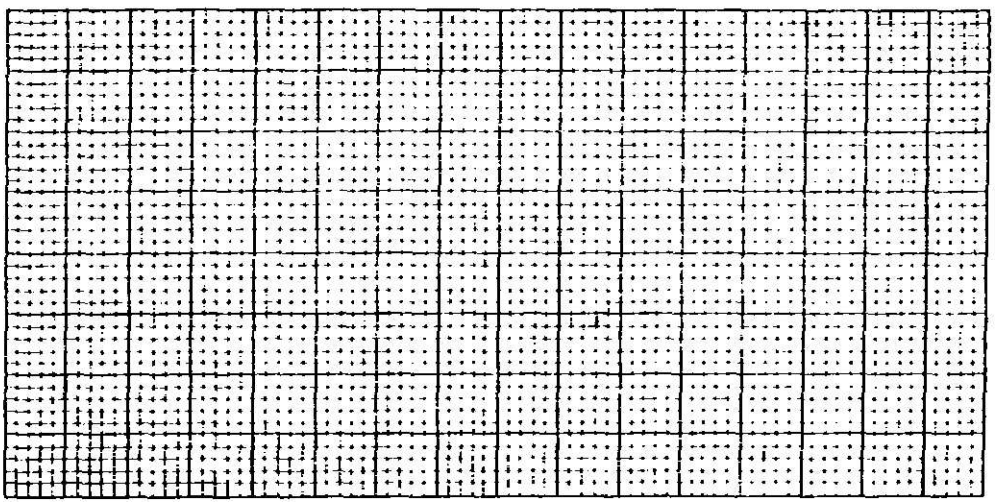
MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

TAX No. 001-331-13

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.

SEE ATTACHED DWG. No. C.F. 2-H-1



7) ACCURATELY DIAGRAM & DIMENSION LOT

Miles J Boyer
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19452

T.C. NO. 001-331-13

(Ground Absorption Sewage Disposal)

OWNER: Mike & Boyer
ADDRESS: 3818 Champaign St. Charlotte, N.C.
LOCATION OF SITE: Jetton Road

PLAT NO: Lot 993
LOT SIZE: 34,848

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-8%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-48"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U saprolite 30"+	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U >48" to ground water	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U See Note	S PS U	S PS U	S PS U
8. SOIL GROUP	IUA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil-Like			

S - Suitable PS - Provisionally Suitable U - Unsuitable

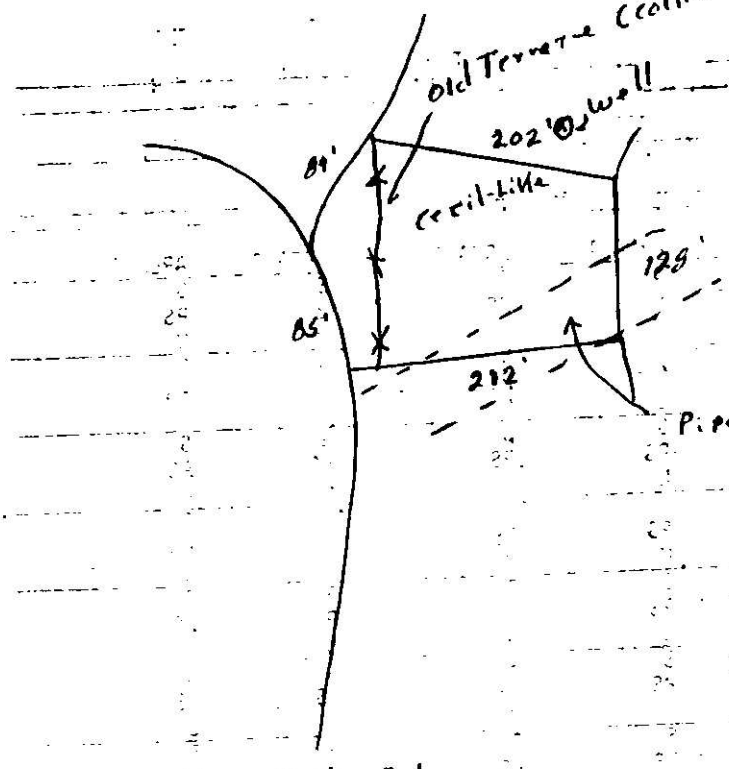
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: System may require lift station - dependent on house location

Described by: William A. Merlin
Title: Soil Scientist

Date: 3-31-83

EHD 539 (Revised: 6/82)


Old Terrace Collects Water
202' Well
89'
Cecil-Lilla
LAKE NORMAN
129'
85'
212'
Pipeline R/W
Jenon Rd

Serial No. 4944

PTR No. 19452

T. C. No. 001-331-13

Date Issued 4-7-83

Map Date

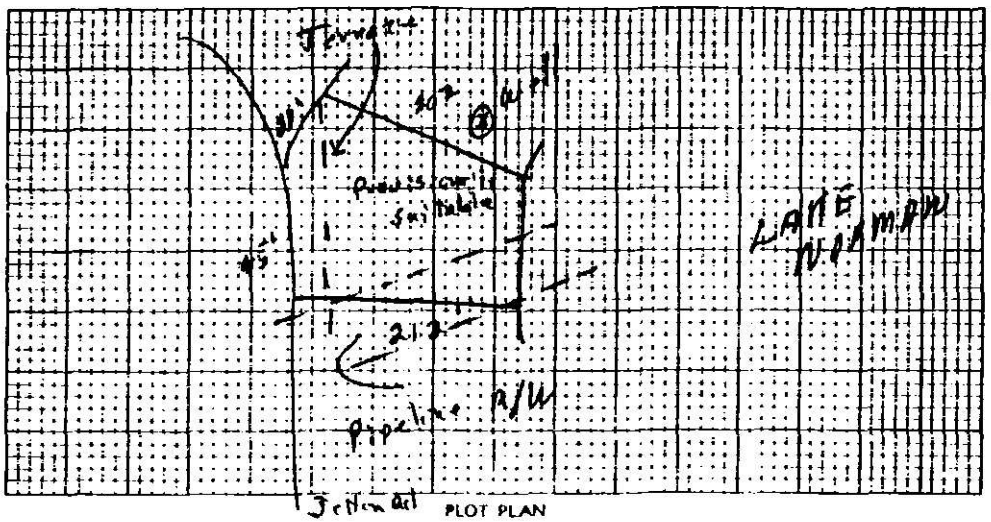
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Boyer, (LAST) Miles (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 3818 Champaign St., Charlotte, NC ZIP 28210

LOCATION OF PROPERTY Jetton Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plat. **Provisionally Suitable** The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install construct alter or repair the proposed system must be obtained from the Mecklenburg County Department of Environmental Health prior to the commencement of construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building proposed thereon.
3. This approval is said only of the system installation in the immediate area indicated acceptable for system installation on the above plat.
4. This approval is void if any grading filling or construction including the drilling of a well is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation construction alteration or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William A. Marlin
Soil Scientist

EHD-5-74

Mike Sexton
Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

Date Issued 11-6-84

Serial No. 7968

SIR No. 19452

T. C. No. 001-331-13

Map Date LCRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Boyer, (LAST) Miles (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 3818 Champaign St., Charlotte, NC ZIP 28210

LOCATION OF LOT 16607 Jetton Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 19452 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Jim Ellison
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 11-5-84

MECK. COUNTY DEPARTMENT OF [illegible] SEE INSTRUCTIONS ON BACK

CAR(S) Application No. 19452

T. C. No. 021-331-13

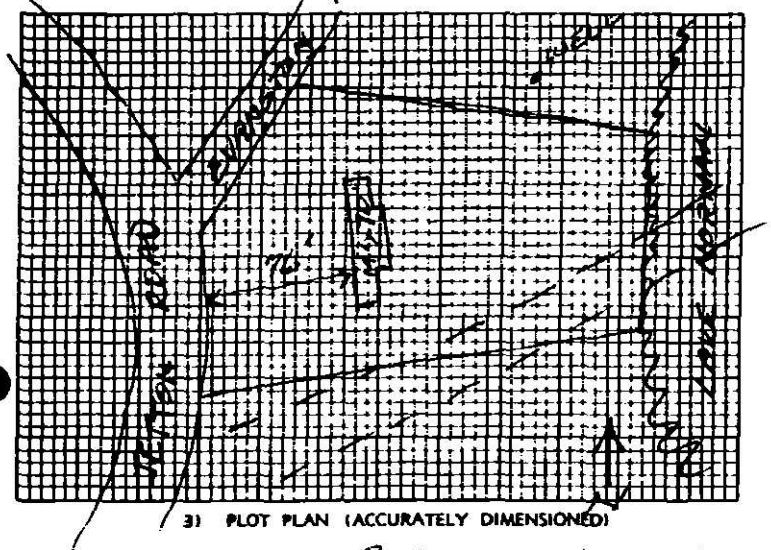
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge.


Tetton Rd.
Tetton Rd.
Tetton Rd.

Mecklenburg County

Department Of Building Standards
And Code Enforcement

P. O. Box 16040

Charlotte, North Carolina 28216

APPLICATION No. 19452

To: ENVIRONMENTAL HEALTH DEPARTMENT
8LYTH BLVD.
MECKLENBURG COUNTY
CHARLOTTE, N.C.

Reference: MOBILE HOME PLACEMENT

Dear MR. SEXTON,

The parcel of land located at 16607 Tolton Rd

and further identified by tax parcel number 001-331-13

is zoned R-R ( ).

Permitted uses in this district include: Mobil Home

If this office can be of further assistance, please contact us..

Very truly yours,

Dale M. Long

Zoning Inspector

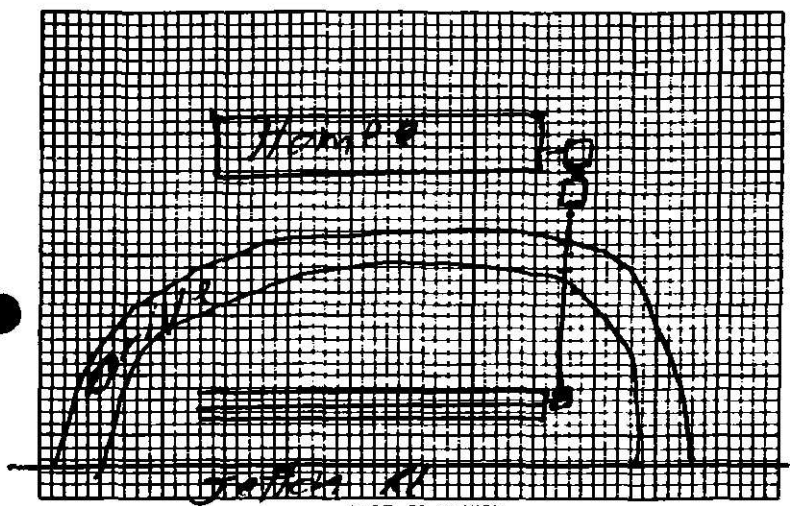
Date Issued 11-28-84 Serial No. 07750 ICAR(S) Permit No. 19452

T. C. No. 001-331-13

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 19452, dated 11-5-84 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 12-28-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV 9 1000 gal L.S.

Liquid Capacity of Tank 1500 gal S.T.

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 270'

Number of Lines Three

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Boyer, Miles J.

LOCATION OF PROPERTY 16607 Jetton Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Three Trenches 90' X 3' X 12" Stone; Lift Station

Comments:

B. Sandifer
Division or Section Head

Jim Trivison
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19452

Date Issued 12-7-94 Serial 7185 T. C. No. 001-331-13 LOT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Boyer (LAST) Miles (FIRST) J (MIDDLE)

Location of Property 16607 Jetton Rd

Application Number 19452 Permit Number 19452

Inspection Data:

Liquid Capacity of Tank 1500 gl / 1000 gls Tank Material PCC

Total Length of Drain Tile 270' Number of Lines three

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 250'

Excavation Inspected 12-7-84 (DATE) Tank Inspected 12-7-84 (DATE)

Nitrification Field Inspected 12-7-84 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge 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 Health Commission 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 now 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(s) in addition to those listed below under comments. This 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: _____

Jim Gaines
Environmentalist

EHD-S-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

25

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: 19452
TC: _____
SERIAL: No 19198
☐ L ☐ CRT

JOB LOCATION

Ø ADDRESS: 16607 (STREET NO) JETTON (STREET) RD.
③ FILE: 19452
③ JURISDICTION: _____
Ø TAX PARCEL NO.: 001-331-013
⑤ SUBDIVISION: _____
⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: MILES (FIRST) J. (MIDDLE) BOYER (LAST)
⑨ MAILING ADDRESS: 3818 CHAMPAIGN ST.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28210
⑬ PHONE: (WORK) 704-373-8216 ⑭ (HOME) 704-552-1389

EQUIPMENT

This request is for a(n):

● ☐ New permit
⑰ ☐ Autherization for mobile home exchange
⑯ ☐ Repair or alteration permit
⑱ ☐ Other (specify) PERMIT TO CONSTRUCT NEW HOME, USE EXISTING SYSTEM

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Type? _____
㉔ Maximum occupancy? 2
㉕ Maximum number of employees? _____
㉖ Basement? ☒ yes ☐ no
㉗ Maximum number of seats? _____

WATER SUPPLY

● Water supply from (present or proposed):

A ☒ Individual well (EXISTING)
B ☒ Municipal system (FUTURE CNMUD)
C ☐ Community well
D ☐ Community system

㉘ 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: Miles J Boyer
Date: 17 SEPT 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.

Environmentalist / Date

Director or Authorized Section Head / Date

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

2500

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

(OFFICE USE ONLY)
FILE: 19590 /
TC: _____
SERIAL: № 19206 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3430 GRAY MOSS RD. (STREET NO / STREET) ② FILE: _____
③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 227-242-34
⑤ SUBDIVISION: PROV. GRAY MOSS ⑥ LOT: 7 ⑦ BLOCK: 242

OWNER

⑧ NAME: JEFF (FIRST) _____ (MIDDLE) SHEPPARD (LAST)
⑨ MAILING ADDRESS: 3430 GRAY MOSS RD.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 846-1828 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Autherization for mobile home exchange
⑱ ☑ Other (specify) ADD SM. GARAGE

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 5
㉓ Type? _____
㉔ Maximum occupancy? 4
㉕ Maximum number of employees? _____
㉖ 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: Ronnie C. Harris Jr.
Date: 18 SEPT., 1989

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.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/18/89

Name/Company: R + R. Harris

Sanitation _____

Vector Control ✓

O.P.W.D. _____

Service: Mfg - add
19590

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 18 1989

cr # 2049
$25.00

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

K Hamilton
Completed by

Collected by

BILLING — WHITE

250

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: 19590
TC:
SERIAL: 1926
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3430 (STREET NO.) GRAY WOOD (STREET) RD. ② FILE:
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 227-242-34
⑤ SUBDIVISION: PROV GRAY WOOD ⑥ LOT: 7 ⑦ BLOCK: 242

OWNER

⑧ NAME: JEFF (FIRST) (MIDDLE) SHERMAN (LAST)
⑨ MAILING ADDRESS: 3350 GRAY WOOD RD
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 846-1128 ⑭ (HOME)

CONSULTANT

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) ADD SGL CARPORT

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉓ Type?
㉔ Maximum occupancy? 4
㉕ Maximum number of employees?
㉖ 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 [illegible]e contents of same are true, and authorizes agents of the [illegible]LENBURG COUNTY HEALTH DEPARTMENT to enter onto the [illegible]rty for the purpose of processing this request.

Signed: Jeffrey C. Sherman Jr.
Date: 18 SEPT., 1989

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.

Environmentalist / Date

Director or Authorized Section Head / Date

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