

16505 JETTON RD

00133117

7/9/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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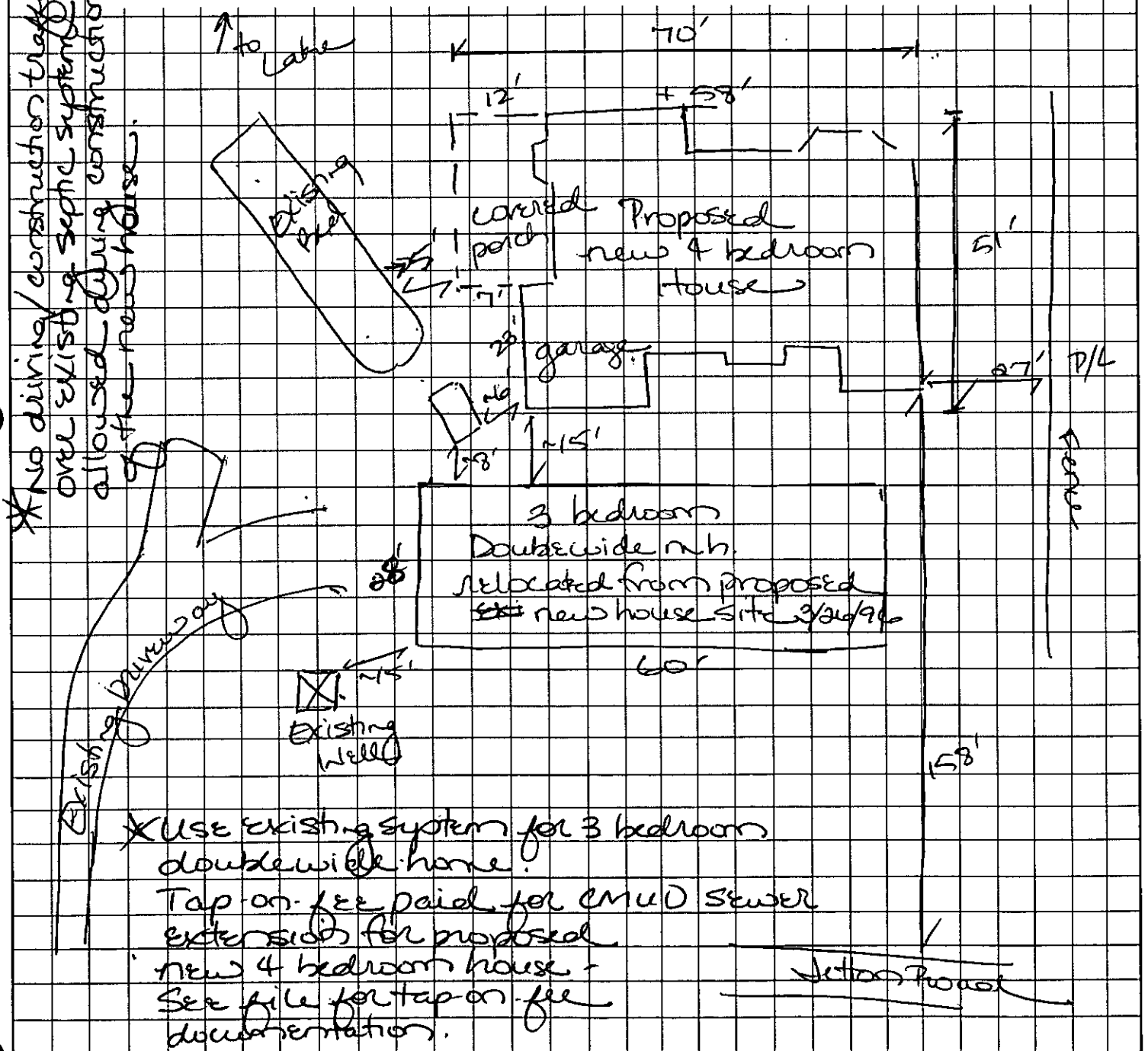
PROPOSED PLOT PLAN

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

FILE: 14081

TC: 001 - 331 - 17A

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.



Robert J. Mayard Jr.
OWNER/AGENT SIGNATURE

DATE 4-2-96

APPROVAL DATE ~~3/29/96~~ 4/2/96 Joan B. Mialik RS

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

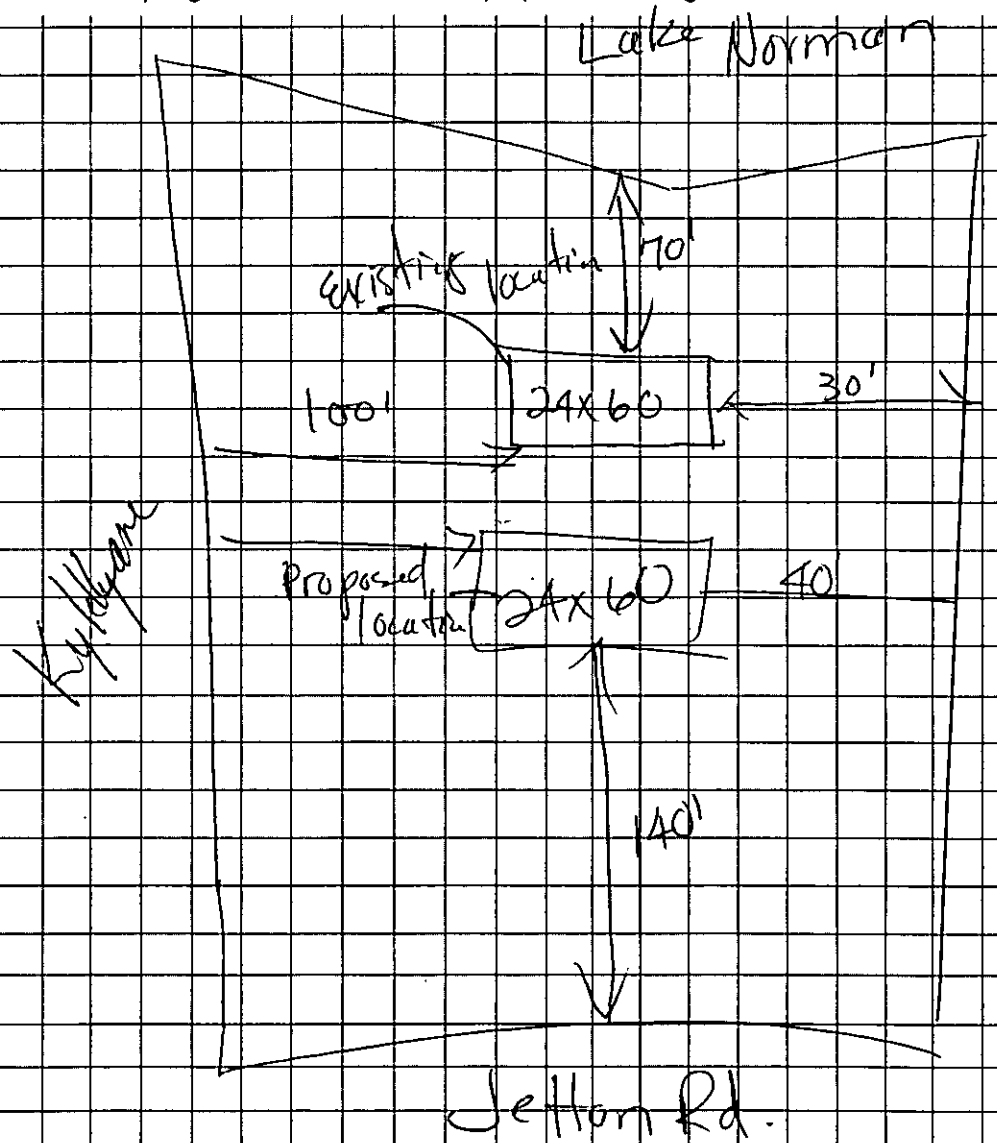
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As submitted by Jayne S Morgan

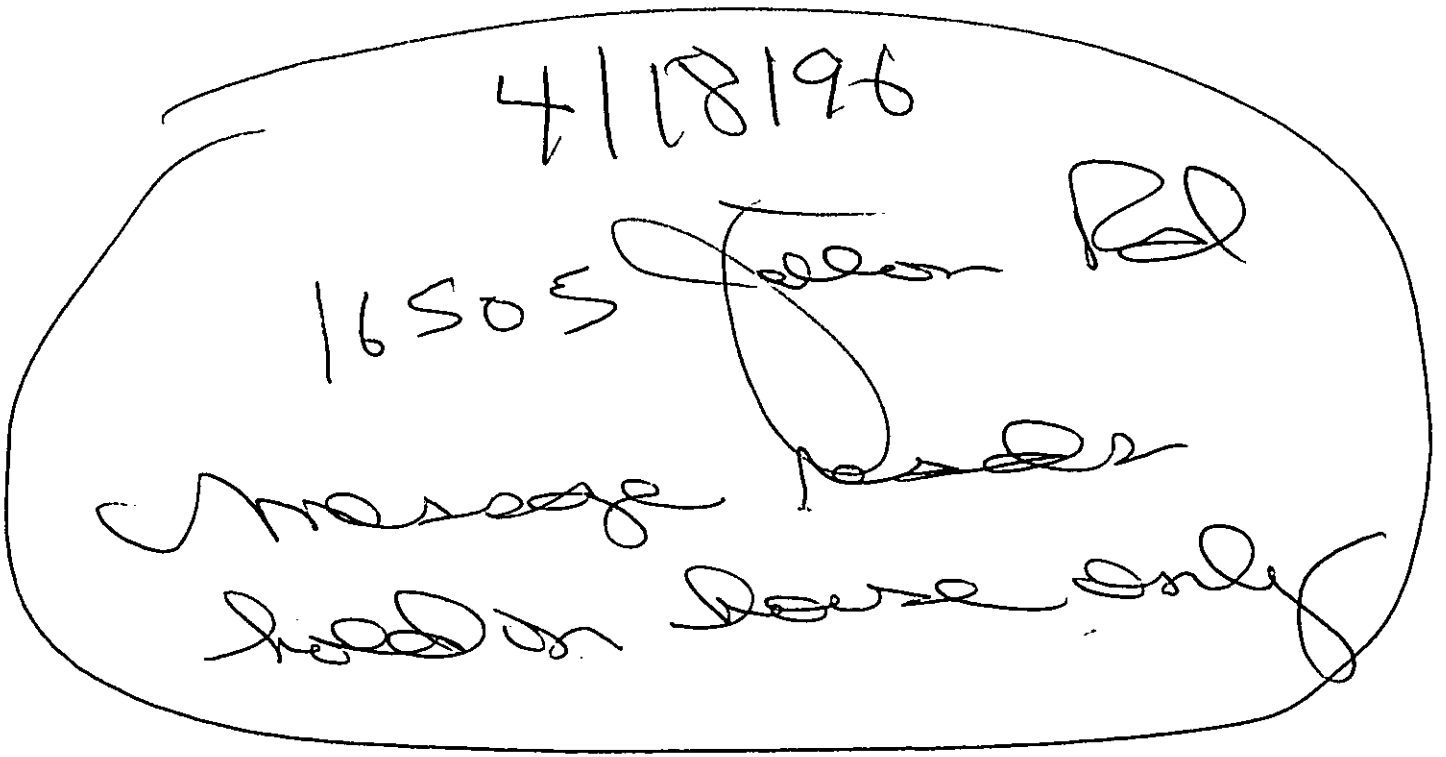
Robert D Morgan 3/27/96

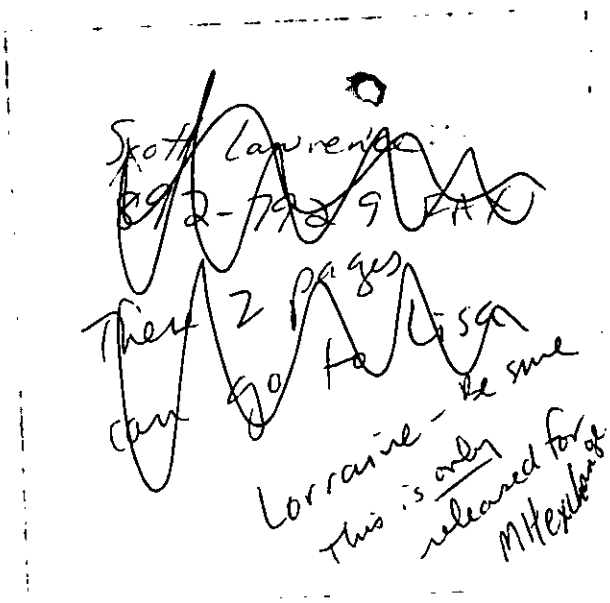
OWNER/AGENT SIGNATURE

DATE 3/29/96

APPROVAL DATE _____

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


4/18/96
1505
Message
Read on house only


Scott Lawrence
892-7[illegible]9 FAX
There 2 pages
Lorraine - Please
This is only
released for
MH exhibit

3/27/96 5878 $50.00 14081 [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Morgan (last) Jayne (first) S (mi)
ADDRESS: 16505 Jetton Rd. PHONE: 704 892-7682
CITY: Cornelius, NC. STATE: NC ZIPCODE: 28031

Date:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-331-17 A
STREET ADDRESS: 16505 Jetton Rd.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 2871 Lot 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D). [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5
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: Jayne Morgan Date: 3/27/96

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.

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

4/2/96 Use existing system for 3 bedroom double wide mobile home. Tap-on-fee paid for CMUD sewer extension for proposed new 4 bedroom house - see file re: tap-on-fee documentation. IWWS held in computer for house so that sewer connection can be verified. CMUD to be ready 9 months from 2/96 or sooner 9/96

Lisa B. Mialik RS 4/2/96
Environmentalist Date

S Bateman for S Shamil Program Chief 4-8-96
Director or Authorized Section Head Date

* To move M.H. see letter on last page and Proposed for new home # of Bedrooms

WWATER : 122791

* * *

ENGINEERING

5100 Brookshire Boulevard
Charlotte, NC 28216
Main phone: 399-2221
Fax Number: 393-2219

TO: Lisa Malak

336-6894

FAX NO.:

FROM: V. Johnson

DATE: 4-1-96

Number of pages including cover sheet: 2

Comments:

File 14081

CITY OF CHARLOTTE,NC
CHARLOTTE - MECKLENBURG UTILITY DEPARTMENT

APPLICATION FOR SANITARY SEWER CONNECTION - PROJ NO: APPL NO: 39715
(WTR APPL NO: 00000)

DATE: DEC/29/1995 WATER SERVICE NO.: 174138 LOT: BLOCK: MAP: E2324

SIZE-CONNECTN: 4 TYPE-WASTE: RESIDENTIAL SERVICE: OUTSIDE STREET: PAVED

SEWER CONTRACT #: . COST:$ 1,260.00 CAPACITY FEE:$ 350.00 TOTAL:$ 1,610.00

CAP. FEE. PD.: Y INSTALLED (D C): M DEPT-TRNSFR: N
LOCATION: 16505 JETTON RD APT- CORNELIUS ON -N- SIDE

BETWEEN KYLE LN AND EVANSTON LN

REMARKS: HOLD FOR EXTENSION 379-95-826
1-1/2" LP SEWER TAP
P.S.REP:68

I HEREBY MAKE APPLICATION FOR THE INSTALLATION OF SANITARY SEWER CONNECTION AT THE ABOVE NAMED LOCATION, AND AGREE TO ABIDE BY SUCH RULES AND REGULATIONS AS HAVE BEEN, OR THAT MAY BE ADOPTED BY THE CITY OF CHARLOTTE. ALL APPLICATIONS ARE SUBJECT TO FINAL VERIFICATION IN THE FIELD BY THE CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT.

SIGNED: _____ SIGNED: _____
PROPERTY OWNER APPLICANT

MAIL ADDITIONAL BILLING TO: NAME:

ADDRESS:

TELEPHONE: (704)892-7682 CITY:

APPLICANT:

NAME:

ADDRESS

METER NO. _____ READING _____

MAIL BILLS C/O:

NAME: ROBERT L MORGAN JR

ADDRESS: 16505 JETTON RD

CITY: HUNTERSVILLE NC 2807

DATE LATERAL INSTALLED: _____

LATERAL LOCATION _____ FLOW INDICATOR: _____

JOB REPORT NO: _____ CREW CHIEF: _____

File 14081

Hwy Mod 12/7
1-5-96 $1,610.00
Huntersville Utility Mgt

CHARLOTTE

November 24, 1995

Mr. & Mrs. Bob Morgan
16505 Jetton Road
Huntersville, N.C. 28078

SUBJECT: SANITARY SEWER AN WATER TO SERVE 16505 JETTON ROAD

Dear Mr. & Mrs. Morgan:

SEWER AND WATER EXTENSION POLICY

This program provides for CMUD funded extension of sewer mains and water mains along streets to serve existing residential dwellings or vacant lots which are zoned for residential construction. Application of this program is subject to availability of funds and other qualifications described below. Applications are accepted and projects initiated on a first come, first serve basis.

This program is applicable to water or sewer mains along existing, publicly maintained streets within the CMUD service area. Publicly maintained shall mean NC DOT SR numbered roads, NC or US numbered highways, or city streets which are eligible for Powell Bill Funds.

This program is only available to renters or owners of residential dwellings or vacant lots. It is not available to child-care facilities, retail establishments, medical buildings, churches, non-profit organizations, other government units commercial buildings, industrial facilities, or any new construction or new development which is not residential in nature.

Extensions under this program must average at least one applicant per 1000 linear feet of main.

Low pressure sewer systems are required only in zones designated by CMUD.

In the event that the funds appropriated for any fiscal year are not adequate to satisfy the requests received by CMUD, City Council may at its discretion, appropriate additional funds to this program. If adequate funds are not available when an application is made for an extension, the customer will be offered any other available, funded, programs for which the required extension will qualify. If no other programs are available, or if the customer declines to use another program, the customer will be required to reapply when or if additional funds are appropriated.

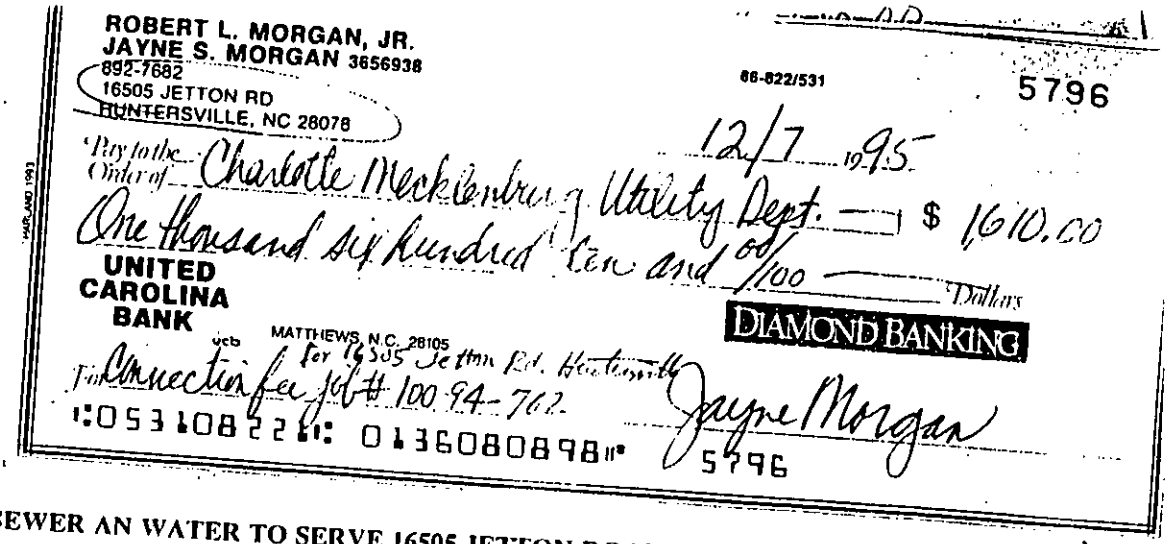
Upon completion and acceptance of the necessary wastewater facilities in the Peninsula Phase 16, job number 100-94-702, an extension of a low pressure sewer system can be initiated by the applicant paying the connection fee of **$ 1,610.00**. Water is currently within the 1,000 linear feet requirement and the applicant can initiate the water main extension by paying the connection fee of **$ 673.00**. Please note that an applicant for an extension may not cancel a service or extension request once the applicable fees have been paid and these fees are not refundable. The planning, design, permits and construction time table is approximately nine months from the date of application.

If you require additional information, please contact me at 399-2221.

Sincerely,
CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

Robert A. Spires
Customer Service Manager

File 14081



Mr. & Mrs. Bob Morgan
16505 Jetton Road
Huntersville, N.C. 28078

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Sincerely,
CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

Robert A. Spires
Customer Service Manager

File 14081

#1610.00

Robert L. Jr., & Jayne S. Morgan
16505 Jetton Rd.
Huntersville, N.C. 28078

December 14, 1995

Charlotte Mecklenburg Utility Department
Robert A. Spires, Customer Service Manager

Re: Sanitary Sewer and Water to serve 16505 Jetton Road

Please find attached our two checks for an extension of water main and low pressure sewer system pursuant to your letter November 24, 1995, (copy attached.) The checks are for the prescribed connection fees: $1610.00 for sewer connection and $673.00 for water connection, to our residence at 16505 Jetton Rd.

My N.C. drivers license number is 3639120 and my social security number is 245-02-4621.

Please contact me at home at 704-892-7682 or at my office at 704-875-5676 with any questions.

Sincerely,

Robert L. Morgan, Jr.

File 14081

Date Received 3-11-85

MECK COUNTY DEPARTMENT
SEE INSTRUCTIONS ON BACK
RECEIVED
MAR 11 1985
ENVIRONMENTAL HEALTH

CAR(S) Application No. 14081

T. C. No 001-331-17

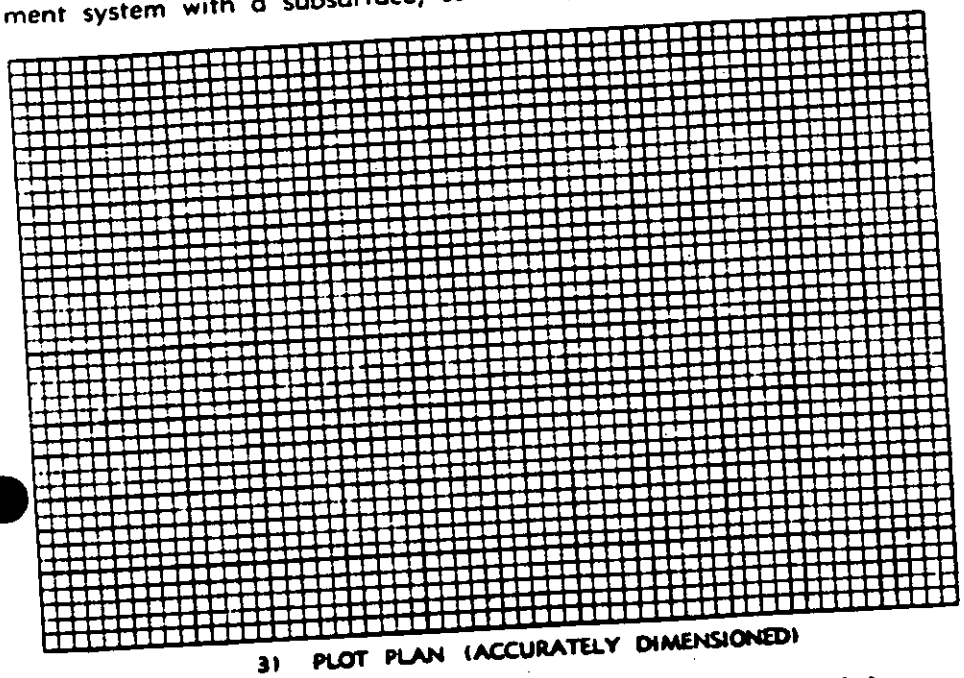
Map Date

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: use existing system.

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ✓ Yes ___ No

4) No. of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply:
   A) Individual Well ✓
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____
10) Sewage System:
   House located within 200 feet of public sewer ___ Yes ___ No
   House located within 200 feet of community sewer ___ Yes ___ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER WARNER WEBB SQUIRES (LAST)
14) ADDRESS OF OWNER Rt 2 Box 5410 Huntersville, N.C. 28078
15) PHONE NO. Home 892-3536 Office 528-5637 OR 4522
16) LOCATION OF SYSTEM ~~Hwy~~ 73 16505 Jetton Rd. (STREET OR COUNTY ROAD)
17) SUBDIVISION _____ Lot No. _____ Block No. _____
Map Book No. _____ Page No. _____
18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____
19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES _____ NO DATE RUN _____
20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3-8-85
DATE OF APPLICATION

Warner W. Squires
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Received _____ Apt. No. (S) _____ Application No. (W) 14081

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL-WATER SUPPLY PERMIT

NAME OF OWNER Hansch Squires (LAST) Elizabeth Warner (FIRST) Poplin Webb (MIDDLE)

ADDRESS OF OWNER 2500 Freedom Dr. Charlotte NC ZIP 28208

PHONE NO. Home 392-2132 Office 392-2132

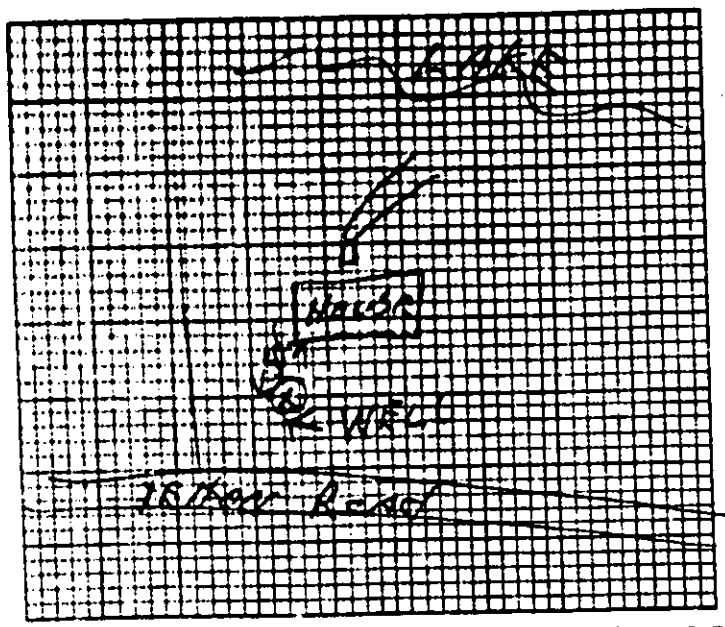
LOCATION OF PROPERTY Setton Road (STREET OR COUNTY ROAD)

WELL CONTRACTOR McCall LICENSE NO. B-1053

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply.

_____
DATE OF APPLICATION

Mrs. Anne W. Squires
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks: _____

Application approved and permit hereby granted

Permit No: 14081

G. W. Campbell 7/5/78
ENVIRONMENTALIST

EnD-5-76

Environmental Health Department's Copy

Serial No. 1889

PTR No. 14081

T C No. 001-331-17

Map Date 12-21-77

Date Issued 5/24/78

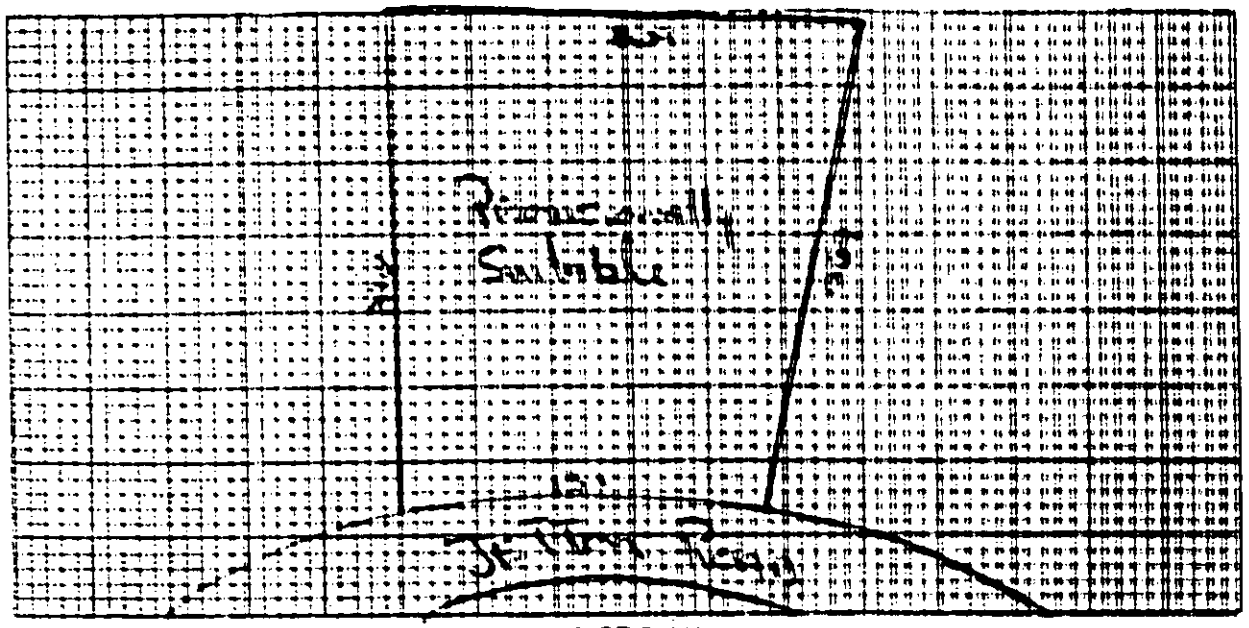
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Harsen (LAST) Elizabeth (FIRST) Poplin (MIDDLE)

ADDRESS OF OWNER 710 State Street, Charlotte, N. C. ZIP 28208

LOCATION OF PROPERTY Jetton Road (STREET OR COUNTY ROAD)

SUBDIVISION Lake Norman, Sect. 2 LOT NO. 287 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 specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any 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 herein, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as 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, and/or repair of such a system.

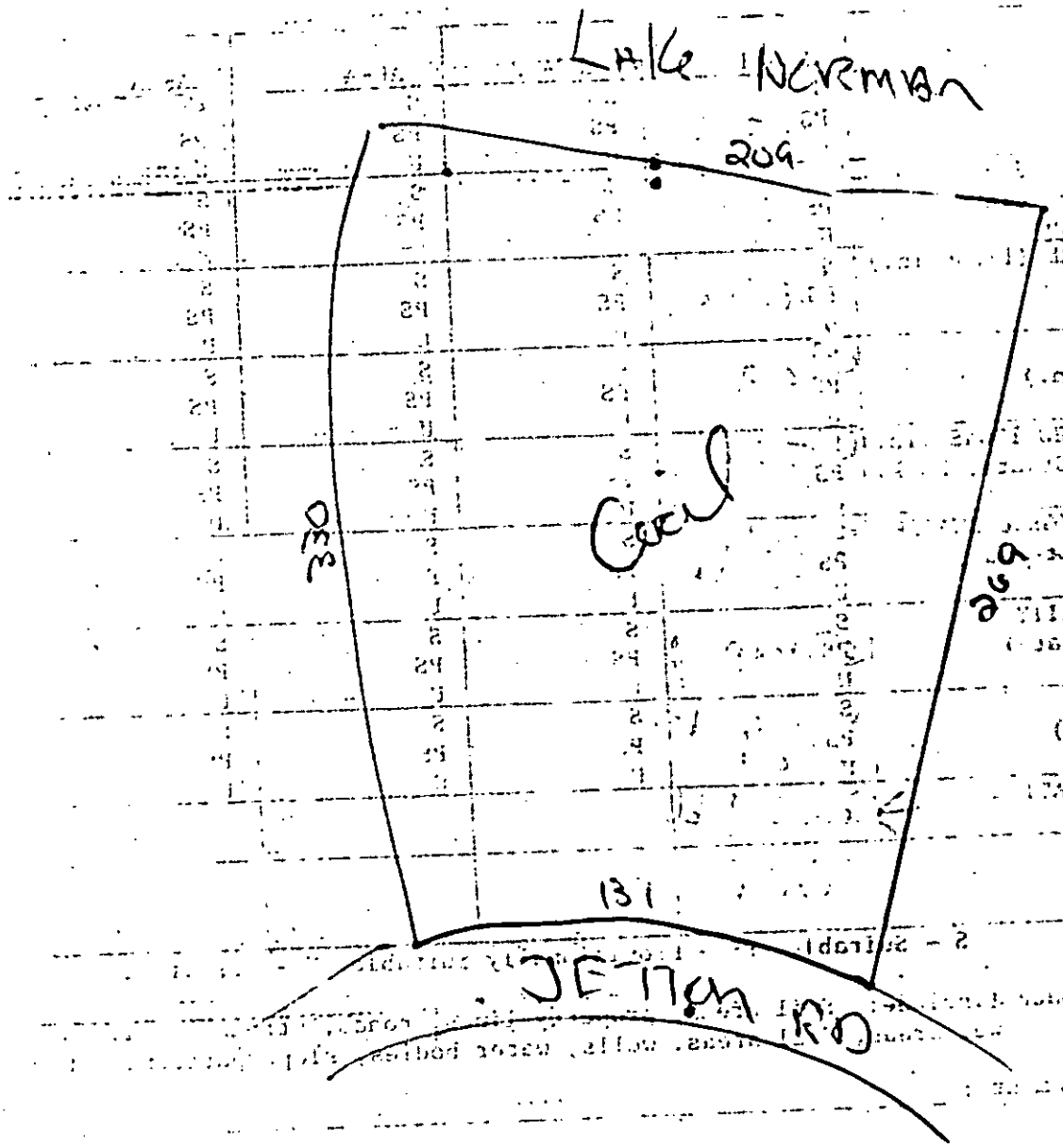
This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time 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.

J M Ausenbaugh
Environmentalist

John R Adkisson
Environmental Health Director or Authorized Section Head

EnD-5-76

Environmental Health Department's Copy


Lake Norman
209
330
Cecil
269
131
JETTON RD

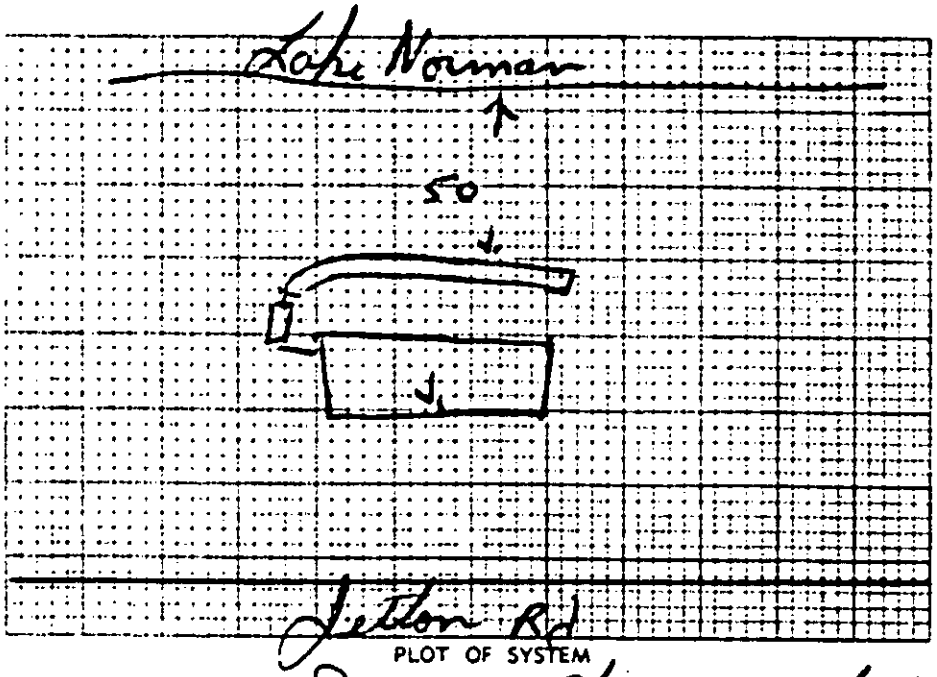
Date Issued 13 June 1978 **Serial No. 1583** ICAR(S) Permit No. 14081

T. C. No. 001-331-17

Map Date 12-21-77

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 waste-water 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 _____, dated _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate prov suitable

Liquid Capacity of Tank 1500

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Length 330 l/ft

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Squires, Warner W.

LOCATION OF PROPERTY Jetton Rd Sec 2 Lot 287

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.**

Comments in bed

15'x66'x12"

Division or Section Head _____ Environmentalist John R Atkinson

* 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.

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 14081

Date Issued 12 June 78 Serial No. 1089

T. C. No. 001-331-17

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Squires, Warren H. (LAST, FIRST, MIDDLE)

Location of Property Jetton Rd. Lot 287

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 gal — Tank Material pre cast

Total Length of Drain Tile 330 — Number of Lines 5

Depth of Filter Material 12" — Cover Depth 15"

Water Supply Source well — Distance from Water Source 50'+

Excavation Inspected — (DATE) — Tank Inspected 6/14/78 (DATE)

Nitrification Field Inspected 6/14/78 (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: system in bed 15'x66'x12"

John R. Robinson
Environmentalist

EHS 5-76

Environmental Health Department's Copy