

16021 JETTON RD

00133134

12/19/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 638B/8509A DATE: 8/18/93

TC: 001 331 34 ☐ L ☒ CRT

SERIAL Nº 15307

Name of Owner (Builder Marlon C. Helms) Melinda Enges Juris.:

Address of Property 16021 Jetton Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 135' PPBPS SL + 100' WB

Number of Lines @

Cover Depth 10"

Water Supply Source well

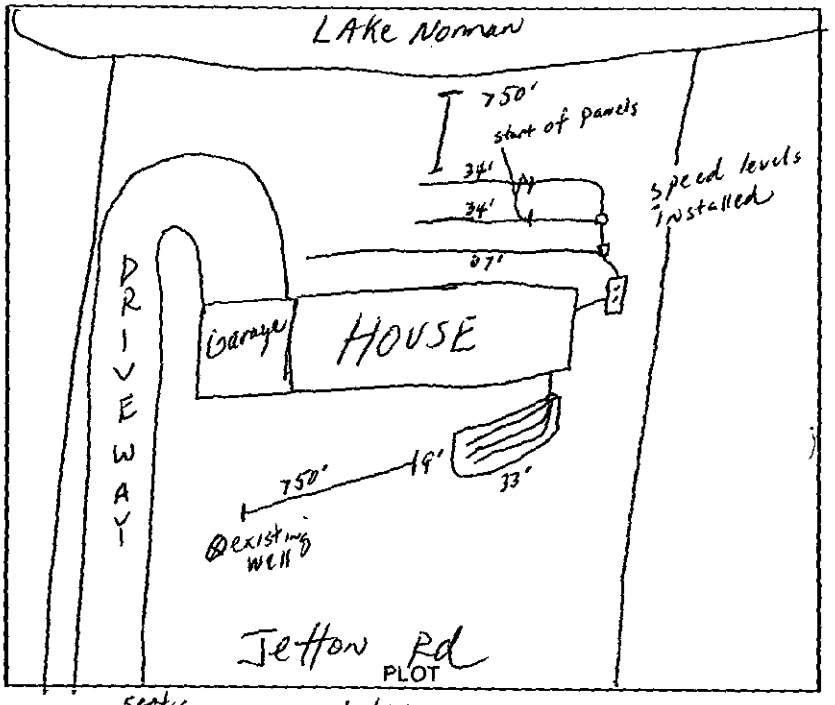
Distance to Water Source >750'

Excavation Inspected 8/18/93

Tank(s) Inspected 8/18/93

Wash Line Inspected 8/18/93

High Water Alarm Inspected –



Design: 1993 Alteration, 1500ST, 135' PPBPS Septic line, 300SFB Washer Bed 18" Stone CTR# 74

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: Original Plot Plan design altered because old septic bed location was further over than indicated. Existing septic bed excavated and lines placed >10' away. Alteration designed for 3 bedroom house.

Type IV

Philo L. Walker R.S.
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: 638B/8509A DATE: 8/6/93

TC: 001 331 34

SERIAL Nº 15218

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 10/15/92. All work shall be completed on or before 9/6/93, 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.

septic system to be installed in accord with approved plot plan.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 200' feet

Number of Lines 3

Depth of Stone – inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

PLOT OF SYSTEM

NAME OF OWNER Melinda Enges

LOCATION OF PROPERTY 16021 Jetton Rd

Comments: Septic system to be installed in accord with approved plot plan. 200' Gravity panel System. Existing 1500 ST to be replaced with new 1500 ST.

Judy A. Weir for S. Daniel
Division or Section Head

Philo S. Walker R.S.
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

PD 250.00 chk 10/2/92 D.J.T.

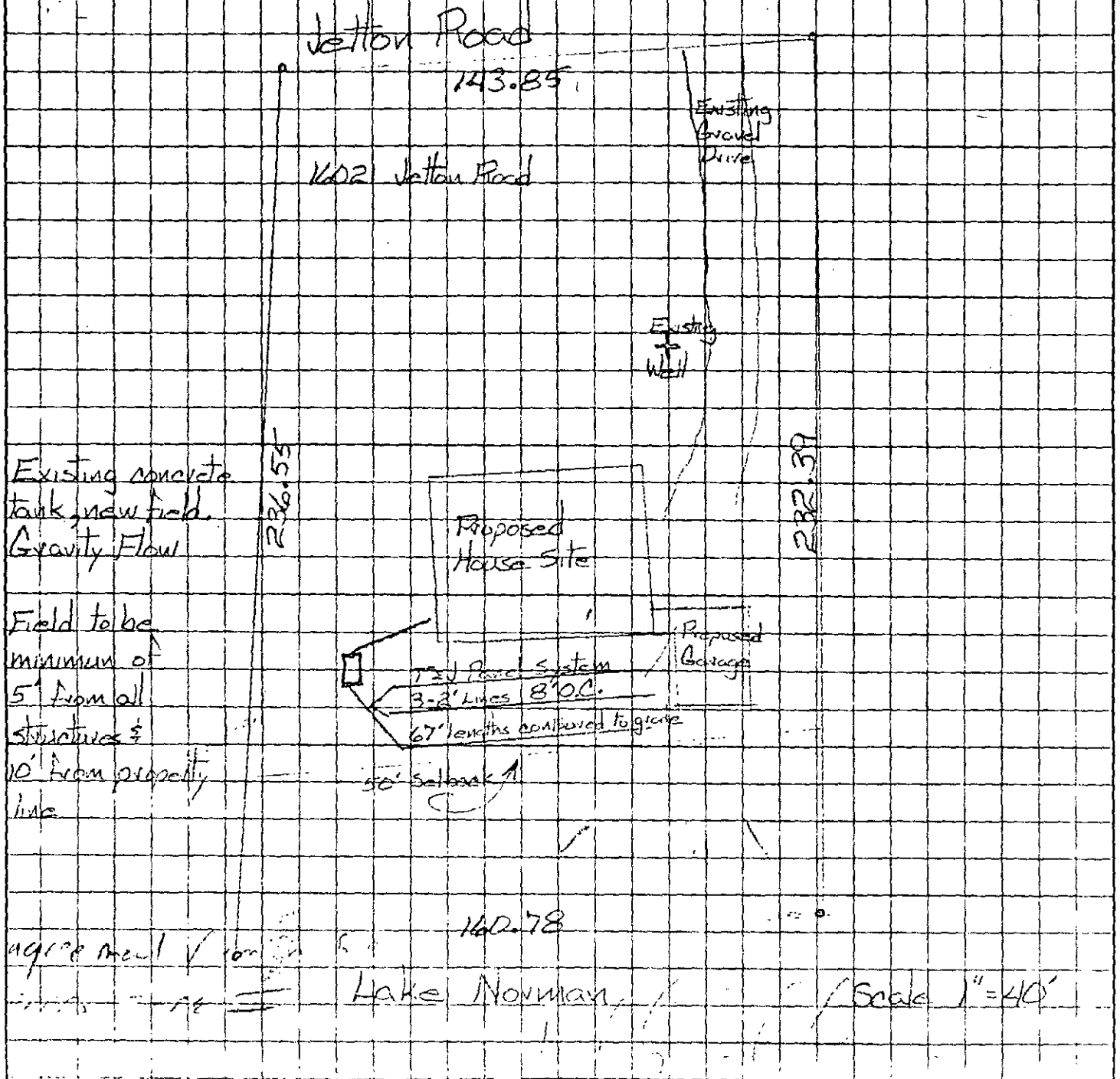
PROPOSED PLOT PLAN

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

FILE: 638B/8509A

TC: 001-331-34A

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.



APPROVAL DATE _____

TO: [redacted]RONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 9-9-92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #001-331-34A

ASSIGNED ADDRESS 16021 JETTON RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	/ *	
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank / S.F. Home.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: B. McCorkle

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

638B/85OPA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pdc 5.00 9/9/92 JCK 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: Helms (last) Marion (first) C (mi)
ADDRESS: 9331 Albemarle Rd PHONE: (H) 537-3443
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 9-9-92

PROPERTY OWNER:
NAME: Enges (last) Melinda (first) (mi)
ADDRESS: 16021 Jetton Rd PHONE: (704) 892-7445
CITY: STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-331-34A
STREET ADDRESS: 16021 Jetton Rd.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 26OA LOT SIZE (in acres): .75

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)
[x] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[x] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Replace mobile home w/house
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] 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: 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)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [x] 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: Marion C. Helms Date: 9-9-92

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.

... agreement form on file

PPBPS TYPE III

[x] 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 2-2-93 Date

WWATER : 122791

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 16, 1992

Mr. Marlon C. Helms
9331 Albemarle Road
Charlotte, NC 28277

Re: 16021 Jetton Road
File: ~~8509-A~~
Parcel: 001-331-34

Dear Mr. Helms:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

-The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Occupants to utilize maximum water conservation measures wherever possible.

-Effectively rake and lime all trench sidewalls.

-Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Although the 100% repair area is not required, the maximum feasible remaining area, as determined by this department, shall be allocated for system repair.

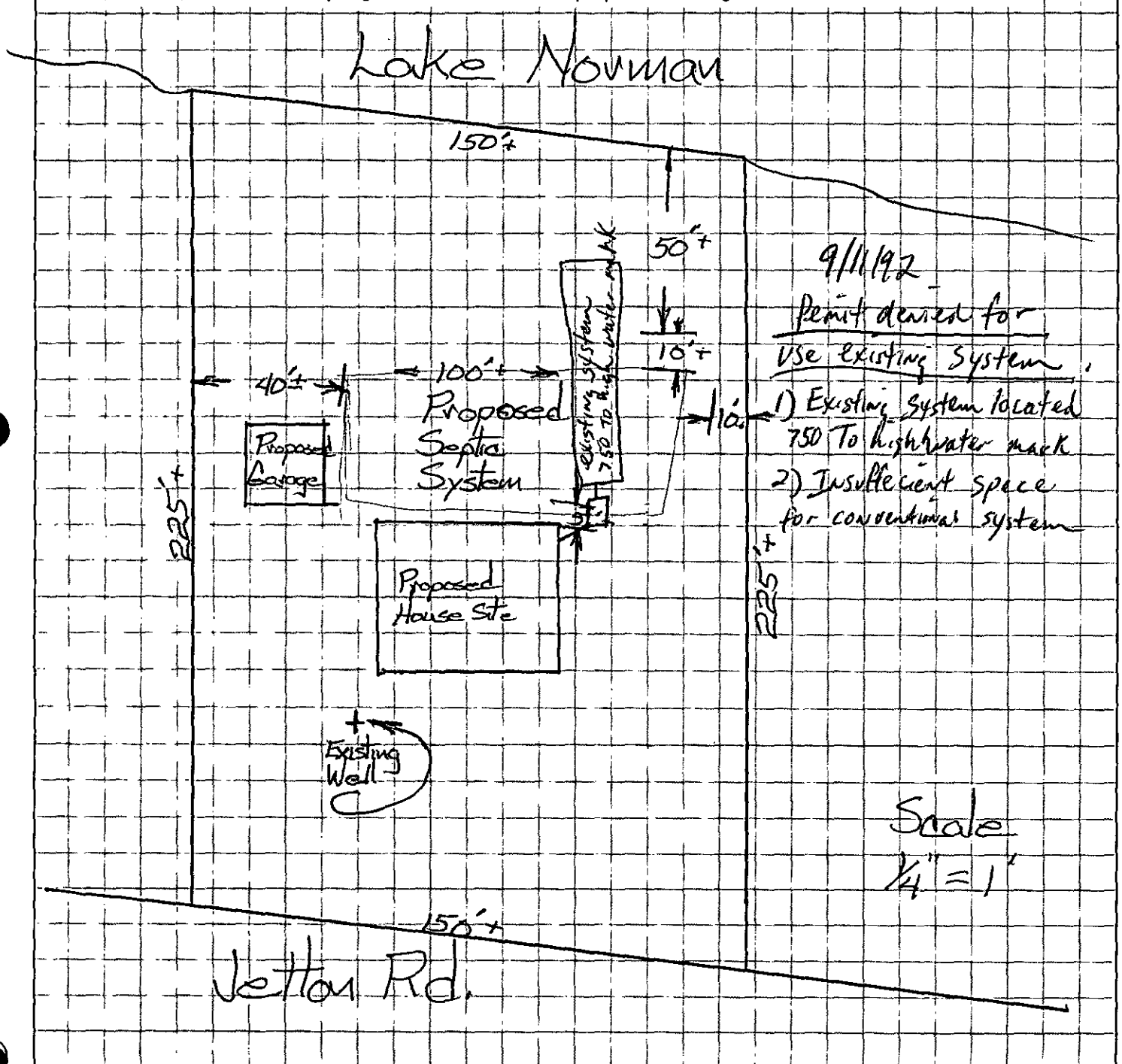
PROPOSED PLOT PLAN

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

FILE: 6388 | 8509A

TC: 001-331-34A

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.



APPROVAL DATE _____

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 6. 1992

Melinda Enges
16021 Jetton Road
Davidson, NC 28036

File: 638B/8509A
Parcel: 001-331-34
Subject: Improvement Application Denial

Dear Mrs. Enges:

Receipt of the plans and specifications for use of existing sewage disposal system for the above property is hereby acknowledged. Upon receipt of the information a review was made of the material on file and site evaluation was conducted. The plan was then reviewed in conjunction with provision of 15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal." The plans as submitted are disapproved because of failure to comply with the following rule(s):

1). .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.

2). .1950 Location of Sanitary Sewage Systems
(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(6) Any other stream, canal, marsh, or other surface waters, high water mark; 50 feet.

However, should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for and 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 16, 1992

Mr. Marlon C. Helms

6/5/88

My Commission Ex This 1 day of February, 19 93

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Hazel L. Elmore Deputy Register of Deeds

0000-7185 0448

Upon execution and recording with the Register of Deeds Division Office Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Marlon C. Helms
9331 Albemarle Rd
Charlotte NC 28227
Re: 16021 Jetton Rd.
File: 8509-A
Parcel: 001-331-34

Dear Mr Helms,

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Although the 100% repair area is not required, the maximum feasible remaining area, as determined by this department, shall be allocated for system repair.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

G/kgb

Enclosures - 3 Septic Tank Agreement Forms

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

~~May 07, 1992~~

~~Lisa and Robin Pemberton~~ Melinda Enges
~~19039 Mountainview Drive~~ 16021 Jetton Rd
~~Huntersville, NC 28078~~ Davidson NC 28036
6388/8509A 16021 Jetton Rd
File #: ~~10248 (19701 Shearwater Place Drive)~~
Parcel #: ~~001-091-54~~ 001 331 34
Subject: ~~Improvement Application~~ Denial

Dear ~~Ms. & Ms. Pemberton:~~ mrs Enges

Receipt of the plans and specifications for use of existing sewage disposal system ~~a conventional 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 site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .1900, "Law and Rules for Sanitary Sewage Collection, Treatment and Disposal". The plans as submitted are disapproved because of failure to comply with the following rule(s):

(1) .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.

(see 2 notebook page)

~~b) Sites shall have sufficient available space for a repair area equal to the area determined in RULE .1945 (A) of this section.~~

However, should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Philo S Walker R.S.

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

CC: Marlon Helms

Upon execution and recording with the Register of Deeds Division Office Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 02/01/93

Date	Time	Inst #	Type	Book	Page	Trx	Amount
02/01/93	11:00	182	NOTC	7185	448	FEE	6.00
02/01/93	11:00					TOT	6.00
02/01/93	11:00					CASH	20.00
02/01/93	11:00					CHNG	14.00

BK: 07185 PG: 0448/0448 $:0182 6.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 02/01/93 11:00

8509A

COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

Billy N. Martin
Patricia W. Martin
Gregory W. Eanes
Melinda M. Eanes

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1957(c)

The undersigned, _____ owner of property located at 16021 Jetton Rd, ("the site") and described in an instrument recorded in Book 3146 at Page 153, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1957(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1957(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 30th day of January, 1993.

Melinda M. Eanes (SEAL)
Gregory W. Eanes (SEAL)
Patricia W. Martin
Billy N. Martin

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, GRADY H. WILLIAMS, a Notary Public for said County and State, do hereby certify that Melinda M. Eanes, Patricia W. Martin, Gregory W. Eanes, Billy N. Martin personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 30 day of Jan, 1993.

Grady H. Williams
Notary Public

My Commission Expires 3-31-95

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____