

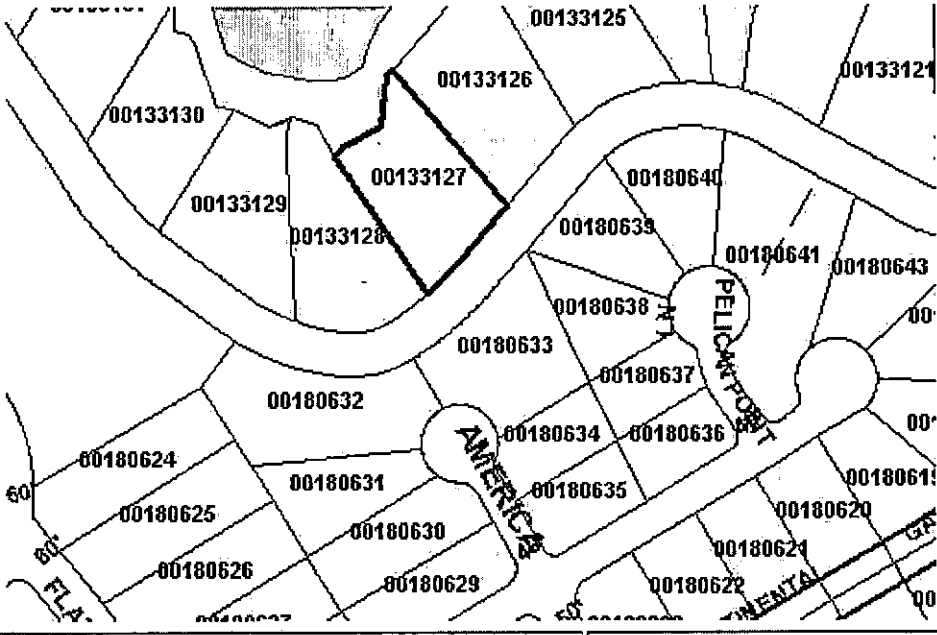
16229 JETTON RD

00133127

12/27/2007

duponbj

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



Parcel-Id#: 00133127 GIS Map#: 00133127	Legal Desc.: L275 SEC 2 M17-548
Account Type: INDIVIDUAL	Deed Book/Page: 07666/532 Date: 2/14/1994
Owner: FLOWE THOMAS WEBSTER	Sales Price: $122500
Add. Owner: SHERRY HENRY WF	Sales Date: 2/14/1994 Qualified Sale: Y
Mailing: 16229 JETTON RD	Neighborhood Code: 00101
Address:	Historic Desig.: Farm Desig.:
City: CORNELIUS	Deed Acreage: 0 Assessed Acreage: 0.76
State: NC ZIP: 28031	Assessed Land Value: $210000
Location: 16229 JETTON RD Get Directions	Total Assessed Value: $245250
Municipality: CORNELIUS	Tax Bill Information: Click Here!

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~2158~~ 2159B / 9330A DATE: 2/21/94

TC: 001 331 27B ☐ L ☒ CRT

SERIAL Nº 15823

Name of Owner Thomas Flowe Juris.:

Address of Property 16229 Jetton Rd

Inspection Data:

Tank Material PCC

Total Length of Bed System Drainfield 240 SFB

Number of Lines 4 @ 60'

Cover Depth 20" - 34"

Water Supply Source existing well

Distance to Water Source 56'

Excavation Inspected 2/21/94

Tank(s) Inspected 2/21/94

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1994, Alteration, 1500ST, 240SFB, 18"stone A. Cornelius CTR#

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: Alteration designed for house renovation 3 bedroom
Existing tank abandoned

P. Walker R.S. for S. Daniel
2/21/94

Philo S. Walker R.S.
Environmentalist

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

400 ✗

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

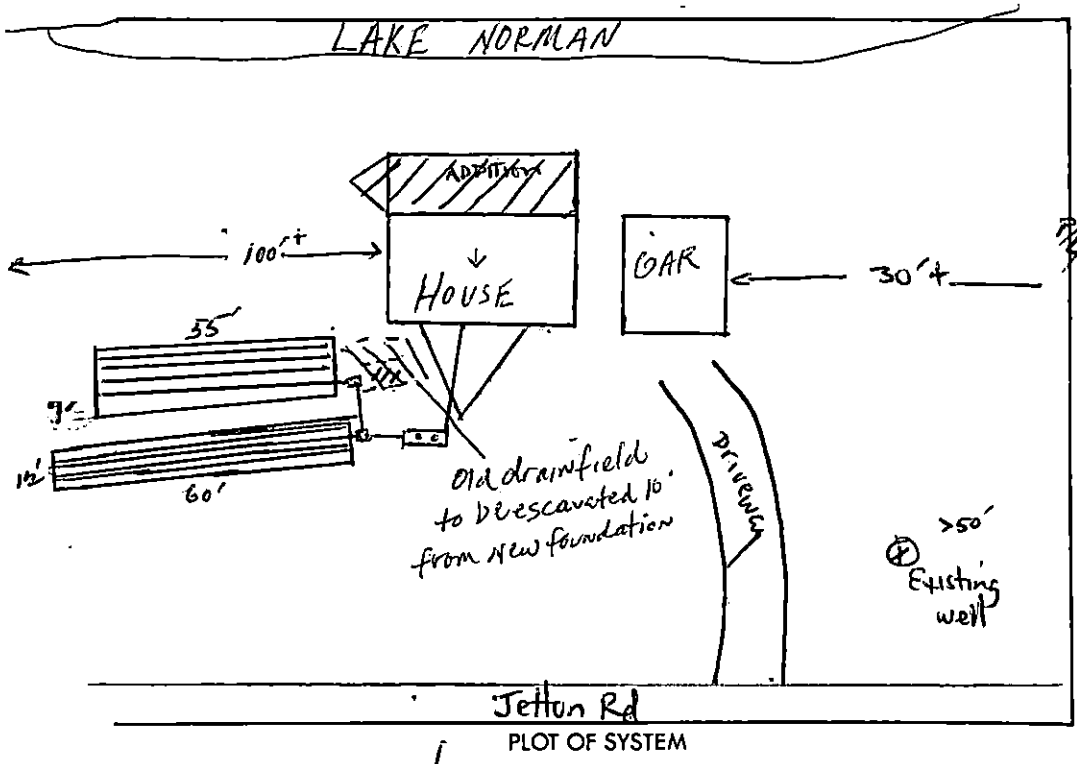
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2159B / 9330A DATE: 2-14-94

TC: 001-331-27B

SERIAL Nº 15648

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 2-3-94. All work shall be completed on or before 3-14-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ 15A NCAC ~~18A~~ 18A .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 _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

~~Trench~~ Bed Width 12' feet

Total Line Length 240 feet

Number of Lines 4

Depth of Stone 18" inches

Distance from House >5 feet

Distance from Property Line >10' feet

Distance from Well >50 feet

NAME OF OWNER Thomas Howe

LOCATION OF PROPERTY 16229 Jetton Rd

Comments: 1500 gallon S.T., Bed System (12'W x 60'L x 18" stone)
(1) Existing S. Tank To Be Properly Abandoned. Keep Septic System >50' from Well,
(3) Existing Bed To Be Fed From New D-Box (3) Keep Septic system >50' from High Water Mark (4) Old drainfield to be excavated 10' from new foundation & back with fresh soil.

P. Walker P.S. for S. Denil 2/14/94
Division or Section Head

Philip A. Walker
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.

215 98/9330A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 150 CK 3588 2/3/94

[] 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: FLOWE (last) THOMAS (first) W (mi)

ADDRESS: 2115 SHERWOOD AVE PHONE: (704) 335-5414

CITY: CHARLOTTE STATE: NC ZIPCODE: 28207

Date: 2/3/94

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-331-27B

STREET ADDRESS: 16029 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: 275 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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) (L.R. + TB, R. + BATH)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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: T W Flowe Date: 2/3/94

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.

... Use existing system

septic system alterations inspected 2/21/94

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

Philo S. Walker 2/21/94
Environmentalist Date

P. Walker R.S. for S. Daniel 2/21/94
Director or Authorized Section Head Date

WWATER : 122791

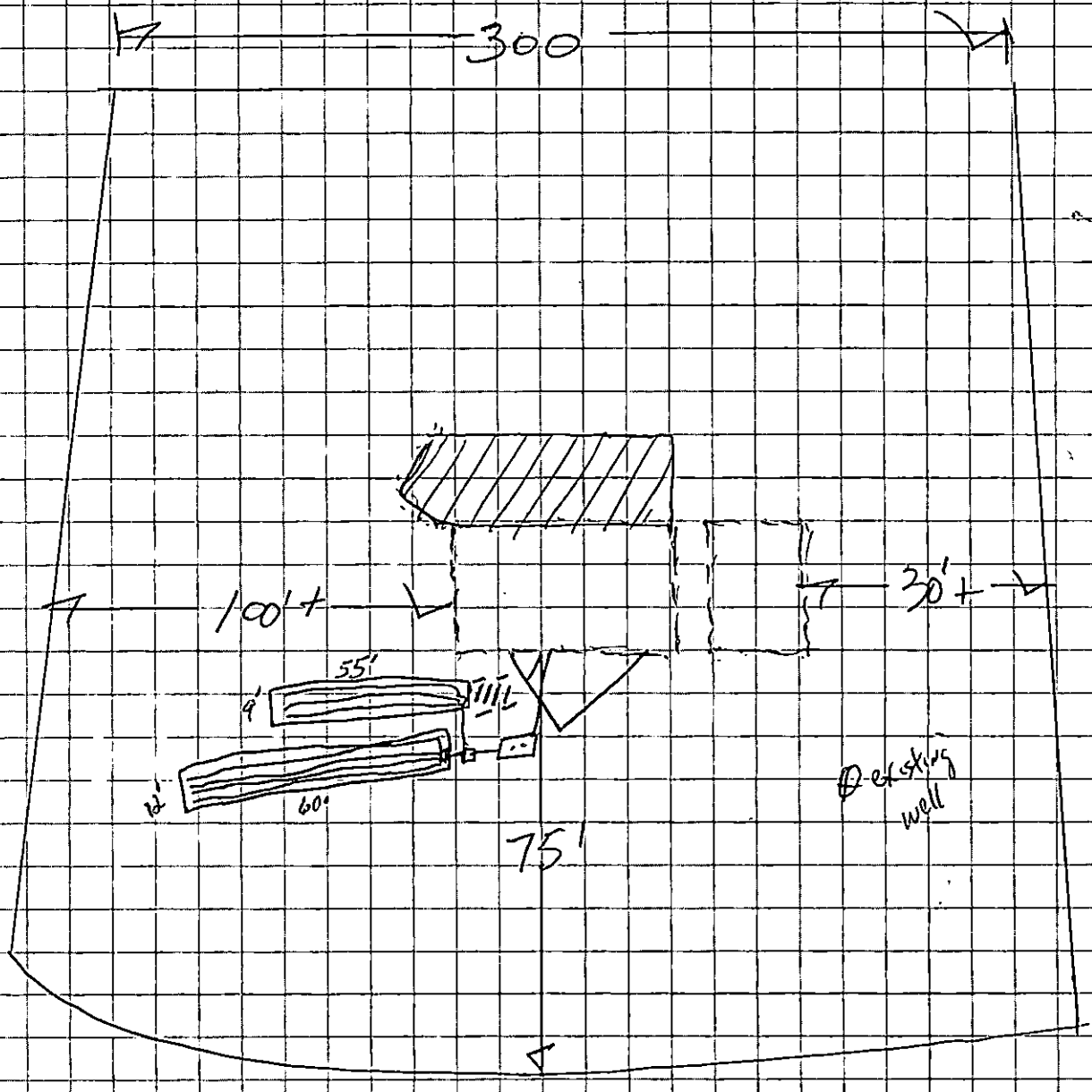
PROPOSED PLOT PLAN

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

FILE: 2159B ~~[illegible]~~

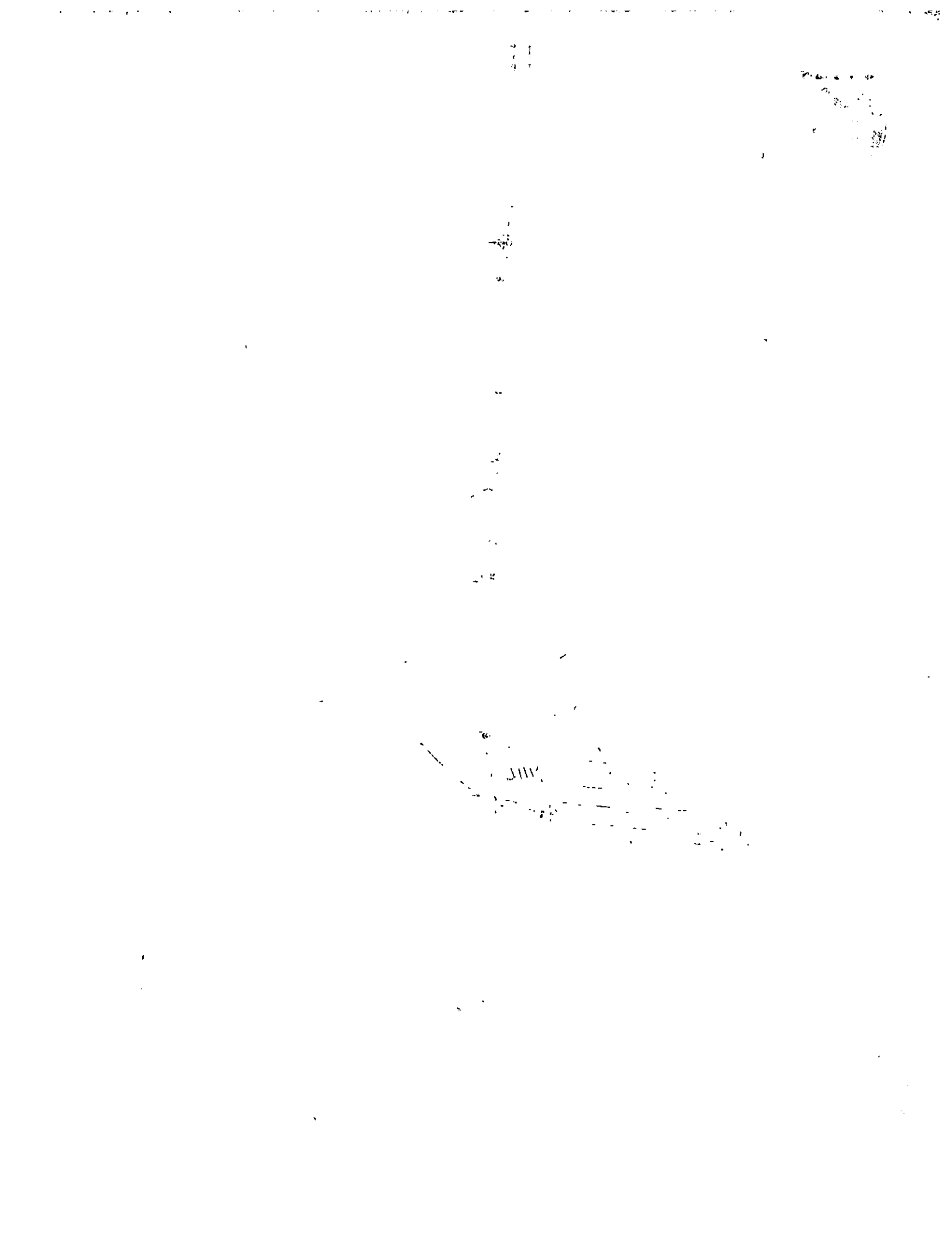
TC: 001-331-27B

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 PW 21494

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



DATE 2/2/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-331-27B
PARCEL NUMBER

16229 Jetton Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	____ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ APPROVED BL 2-2-94	____ NOT APPROVED
3. WATERSHED PROTECTION	✓ APPROVED	____ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	✓ APPROVED	____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	✓ NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	✓ NO

REMARKS: Addition min. F.F.E. 761.0

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91