

16332 GREENFARM RD

00912505

5/30/2007

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: 5119A DATE: 5/14/90

TC: 009122 07 PO ☐ CRT

SERIAL Nº 13289

Name of Owner THE HOWEY CO. Juris.:

Address of Property 16332 GREENFARM RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source 150

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500ST, CON, 1200SFT, 12"G, CECIL CTR# 154

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: 4 bedrm. . 4 application RATE. TO bE TIED into CMUD SEWER UPON AVAILABILITY. Notification REQUIRED.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

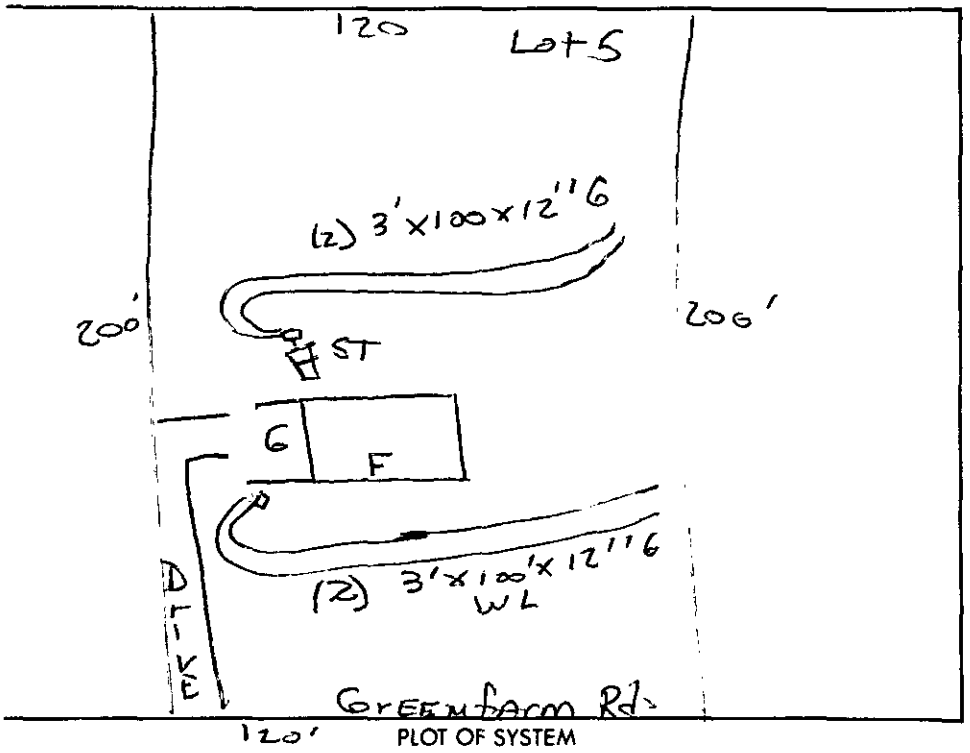
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5119 A DATE: 5/4/90

TC: 609 122 07 PP ☐ L

SERIAL Nº 13294

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 8/3/89. All work shall be completed on or before 6/4/90, 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 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well ~~C/bolt~~ CMUD feet

NAME OF OWNER ~~1633~~ THE HOWEY Co.

LOCATION OF PROPERTY 16332 ~~Greenfarm~~ Rd.

Comments: 4 bedrm. home, ASSIGNED. 4 application DUE to CMUD SEWER DUE IN 90 days. OWNERS must tap ON to CMUD. LETTER ON file.

S. Daniel RS
Division or Section Head

Tim Whitaker, 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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 8/4/89

NAME/COMPANY: Tim Hennessy Co. Inc

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: (2) [illegible]

[illegible]

MECK[illegible]
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 4 1989

FEE: 40.00

CK# C21609
$400.00

Completed By

Collected By

PROPOSED PLOT PLAN

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

FILE: 5119A

TC: _____

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.

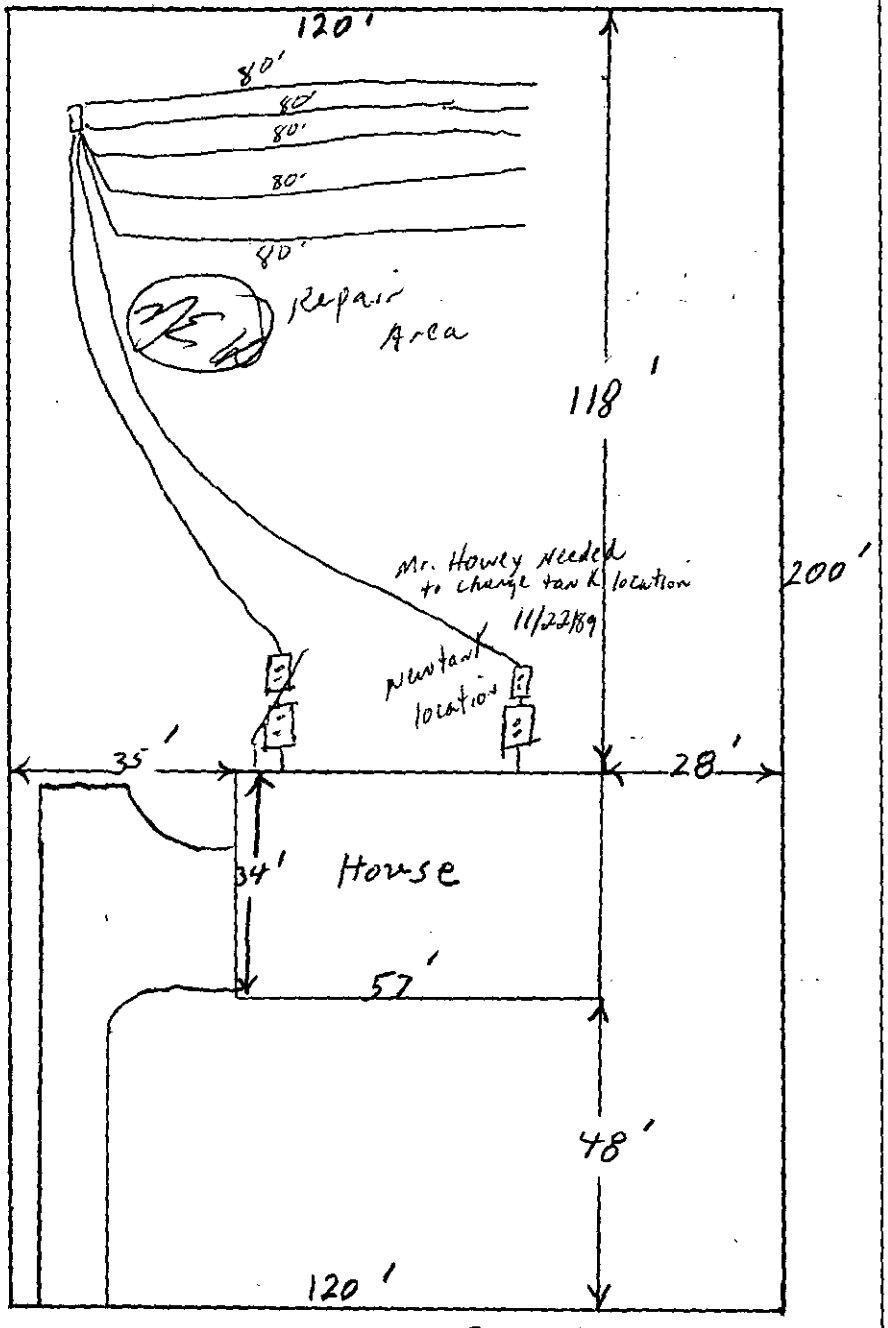
Lot 5

16332 Greenfarm Rd.

1500 ST
1000 DT

5 Trenches x 80' long = 400' total

Lift station required



Signed: Henry E. Howey

Date: 8-3-89

2006

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: 5119A
TC: _____
SERIAL: № 17509
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 16332 GREENFARM ROAD (STREET NO. / STREET) ② FILE: 5119A
③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 00912207PO
⑤ SUBDIVISION: Greenfarm phase II ⑥ LOT: 5 ⑦ BLOCK: _____

OWNER

⑧ NAME: The Howey Co. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 6805-C Fairview Road
⑩ CITY: Charlottte ⑪ STATE: N. C. ⑫ ZIP: 28210
⑬ PHONE: (WORK) 892-5817 ⑭ (HOME) 892-5817

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type? _____
㉓ Maximum occupancy? 8
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☒ Municipal system
C ☐ Community well
D ☐ Community system

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 MECKLENBURG COUNTY HEALTH DEPARTMENT to enter the property for the purpose of processing this request.

Signed: Denny E. Howey
Date: 8-3-89

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.

Lift station required

Philip L. Walker, 8/8/89
Environmentalist — Date

Director or Authorized Section Head — 8-9-89
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

Basil G. Deltu, M.D., M.P.H.
Health Director

November 16th, 1988

The Howey Company
6805-C Fairview Road
Charlotte, NC 28210

RE: Property located at 16332 Greenfarm Road 5
FILE: 5119A
PARCEL: 00912207 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15719) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15719

File: 5119A Action 1

Parcel: 00912207 PO ☐ PC

Location: 16332 Greenfarm Road

Subdivision:

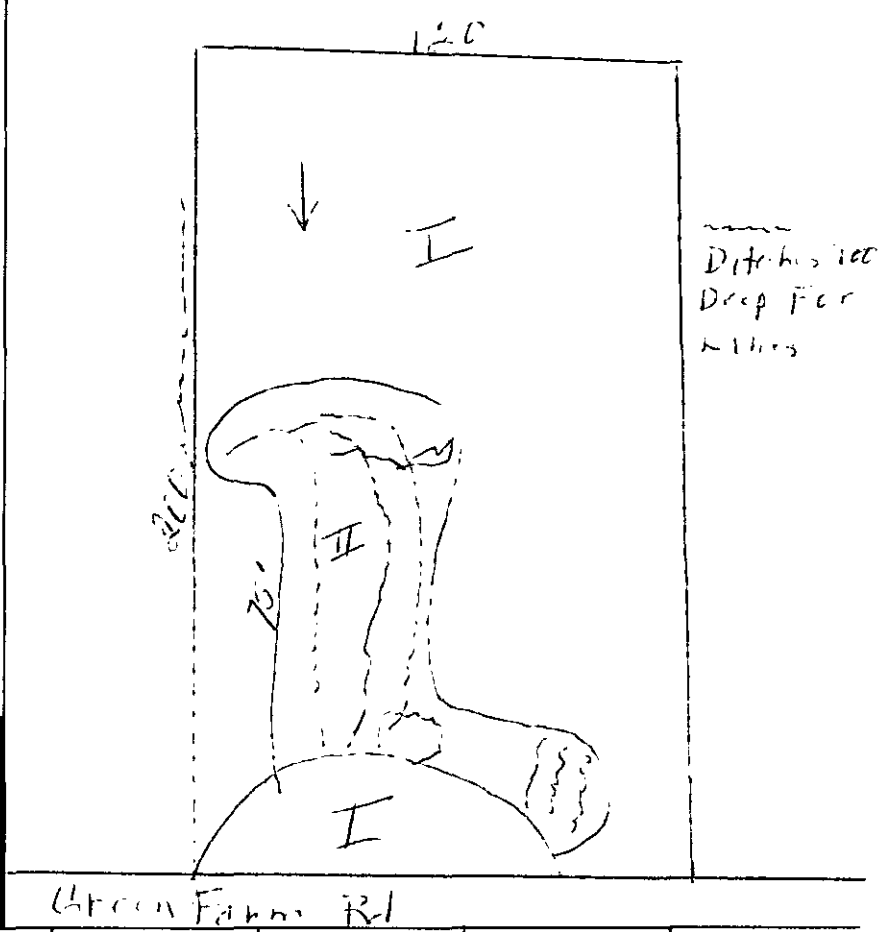
Lot: 5 Block: Acres: .56

Owner: The Howey Company
Address: 6805-C Fairview Road
Charlotte, NC 28210

Comments: Lift Station Needed
To get To Back of Lot.

Described by: W. B. Ramsey

Date: 11-13-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 3-6	S PS (U) Ditched	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 45-48	S PS (U) Wetness *	S PS U Depth with in 24" Rock Fragments in Ditch	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space limited	S (PS) U *	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIc (Enon)	IIc (Enon)				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

1300 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

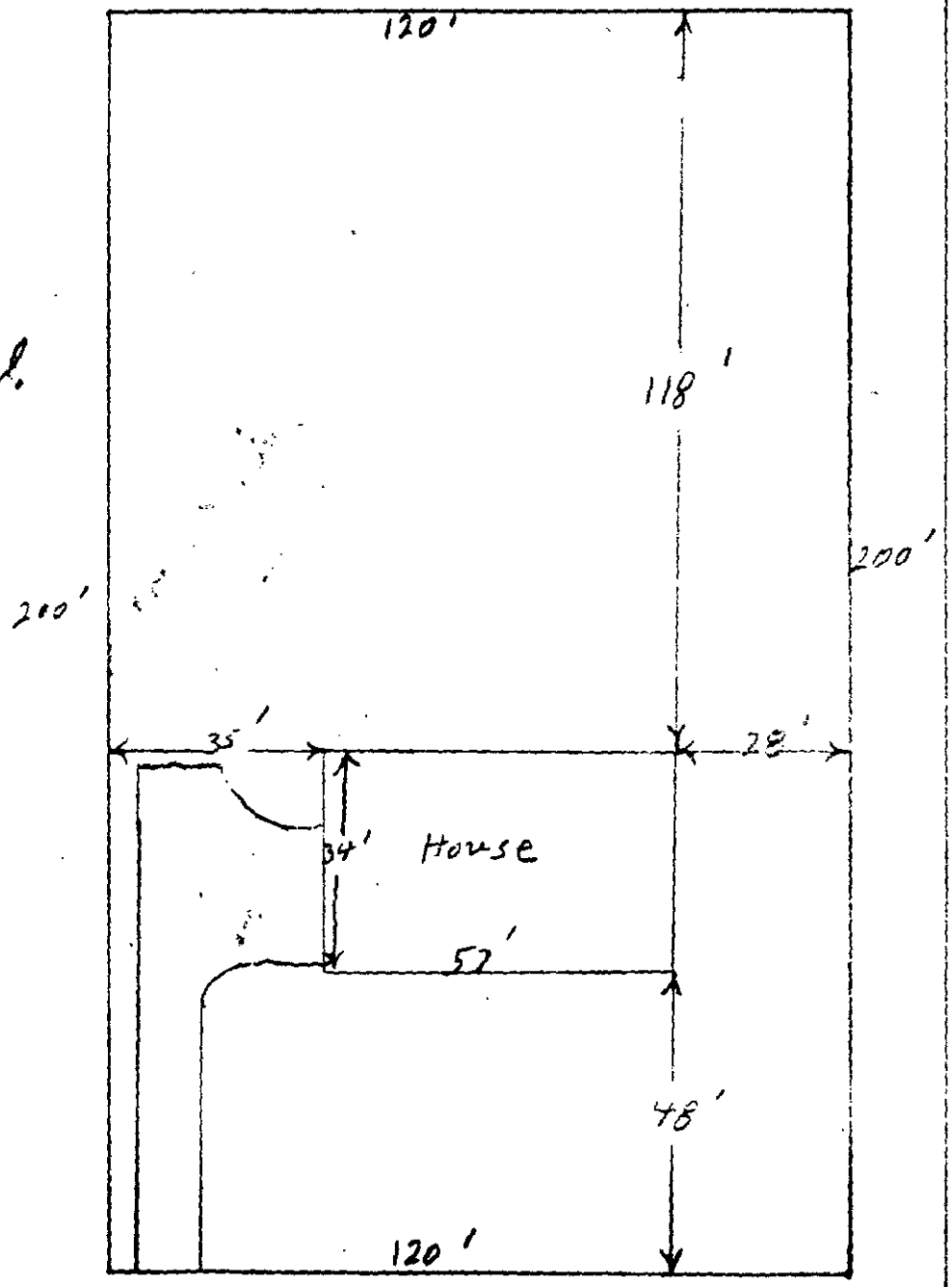
FILE: _____

TC: _____

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.

Lot 5

16332 Greenfarm Rd.



Signed: _____

Date: _____

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5119A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16332 Lot 5 - Phase II - Greenfarm Road - Off Sam Furr Between Hwy 21 & Hwy 115

② SUBDIVISION: Greenfarm ③ LOT: 5 ④ BLOCK: Phase II

⑤ PARCEL REFERENCE: BOOK NO.: 009 PAGE NO.: 122 PARCEL NO.: 07-PO

⑥ DEED REFERENCE: BOOK NO.: 4999 PAGE NO.: 0165

OWNER

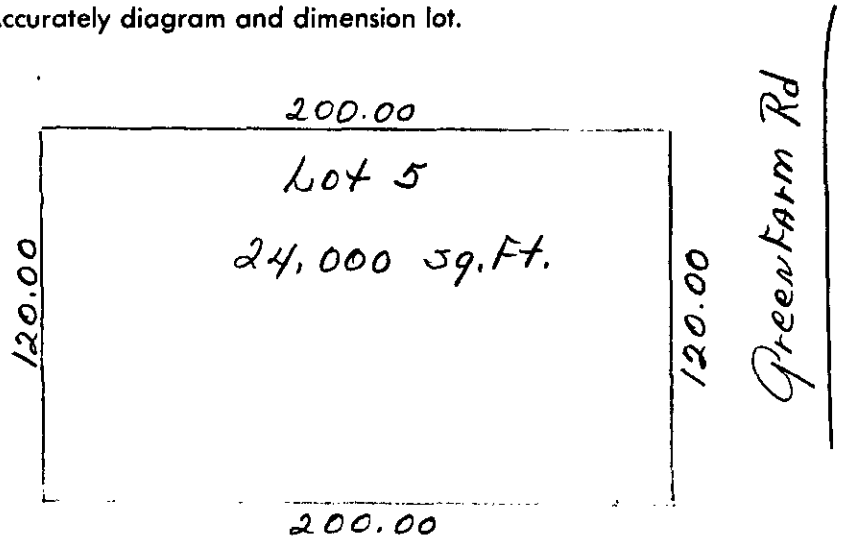
⑦ NAME: The Howey Co., Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6805-C Fairview Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28210

⑫ PHONE: (WORK) 365-6805 (HOME) 892-5817

⑬ Accurately diagram and dimension lot.



SCALE 1" = 60'

SEE MAP ATTACHED

⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ralph F. Howey, Pres.

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

Date: ~~January 5, 1989~~ 10-20-89

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 10/20/88

Name/Company The Harvey Co.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
#5119A - 5125A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 20 1988

Fee: $210.00 CR# 15268 $210.00

Completed by

Collected by