

17207 JETTON RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Pd $60.00 CK # 1083 11/17/95 DK CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

18151

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: R+G DECKS

NAME: Dennis Michael W
(last) (first) (mi)

ADDRESS: 1320 EAGLE LANDING PHONE: (704) 394-5215

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: KIMREY Bryce
(last) (first) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-752-13 ~~001-083-12~~

STREET ADDRESS: 17207 JETTON RD.
HUNTERSVILLE NC 28078

ADDRESS: 17207 JETTON RD. PHONE: 704 892-4791

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

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: 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)
[ ] 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) ENLARGE DECK
[ ] 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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: [signature] Date: 11-17-95

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

...11/22/95 USE EXISTING SYSTEM FOR DECK ADDITION/EXPANSION.

Lisa B. Mialik RS 11/22/95
Environmentalist Date

11/28/95 Phone consultation with Peggy Finley @ DEM regarding proximity of well to drainfield (appears to be within 50'). Per ms. Finley - no action would be taken by her office.

[signature] [signature] 12-8-95
Director or Authorized Section Head Date

11/28/95 PC with property owner, Bryce Kimrey. referred him to DEM over well concerns. Recommended that exist. storage building be relocated off end of drainfield. jsm

WATER : 122791

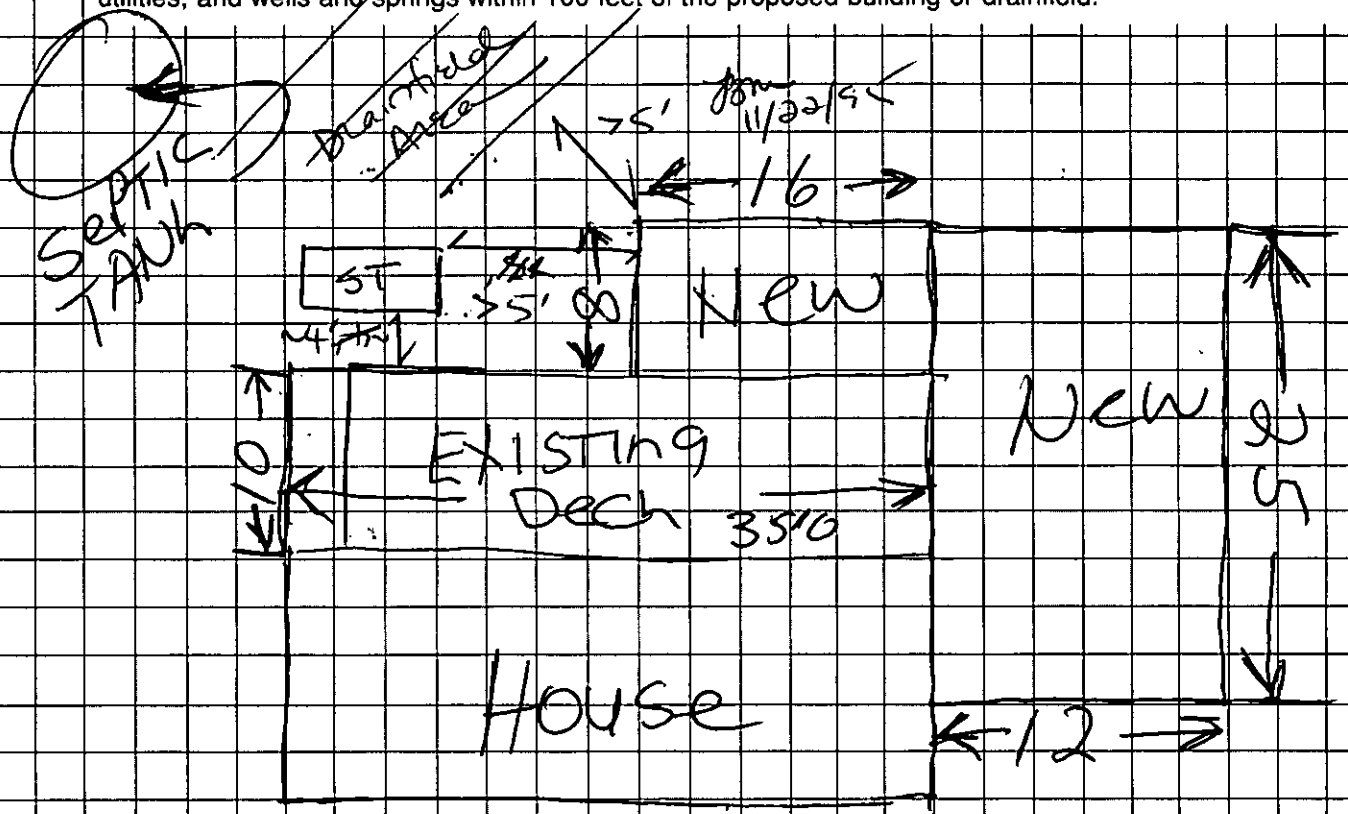
PROPOSED PLOT PLAN

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

FILE: 18151

TC: 001-083-12

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.



Use existing system for deck addition/expansion.

N & Decks

OWNER/AGENT SIGNATURE

DATE 11-17-95

APPROVAL DATE 11/22/95 jm

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Serial No. 0767

ICAR(S) Permit No. 18151

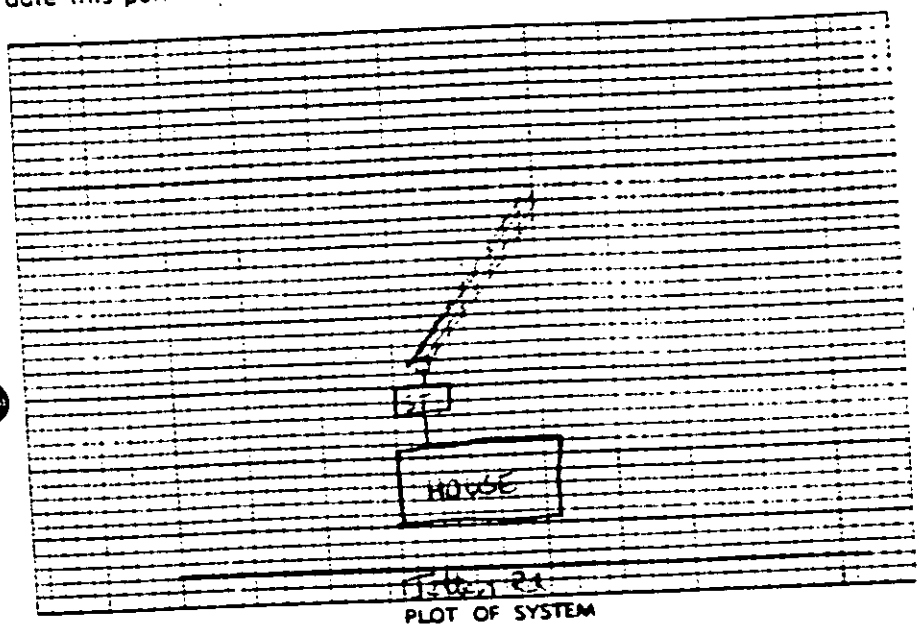
Date Issued 1-12-84

T C No 84-1-82

Map Date 11

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 sewage 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 1-5-84 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 1-12-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 5

Liquid Capacity of Tank 1000

Tank Diameter 5'6"

Absorption area or Number of Lines

Total Line Length 240'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'/10'

NAME OF OWNER Hecht Robert & Lou Melvin

LOCATION OF PROPERTY 17207 Tatton 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.

Four Trenches 75' x 3' x 12" stone

Comments:

D. Henderson
Division or Section Head

Lou Tesh
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

EHO-5-76

Environmental Health Director

Cert Auth No 1151

Date Issued 11-2-84 **Serial** 7103 T C No 84-252

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Heath, Ralph
LAST FIRST

Location of Property 13207 Sutton Rd

Application Number 18151 Permit Number 19154

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 300' Number of Lines Four

Depth of Filter Material 12" Cover Depth 12" to 18"

Water Supply Source Community Distance from Water Source >100

Excavation Inspected 11-1-84 Tank Inspected 11-1-84
DATE DATE

Tank Location Field Inspected 11-1-84
DATE

Washing Machine Line Inspected, If Applicable _____
DATE

This 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 is in no way a 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 written 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 _____

_____

_____

_____

_____

Sanitarian

Environmental Health Supervisor