


17037 JETTON RD

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

[] 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 File # 63677

PERSON FILING APPLICATION:
NAME: Neff (last) W. Rodger (first) (mi)
ADDRESS: 17037 Jetton Rd PHONE: (704 892-1959
CITY: Cornelius STATE: NC ZIPCODE: 28031

Date:

PROPERTY OWNER:
NAME: Neff (last) W. Rodger (first) (mi)
ADDRESS: 17037 Jetton Rd PHONE: 704 892-1959
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION-(FROM ENGINEERING FORM):
001-081-01
TAX/PARCEL NUMBER: 001-751-04
STREET ADDRESS:
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 16 LOT SIZE (in acres): 0.75

TYPE APPLICATION (check one):

[] 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)
[X] deck

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 [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: W. Rodger Neff Date: May 2, 2003

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... O.K. to use existing system for a deck addition.

[] 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

Tommy Mitchell R.S. 5/8/03
Environmentalist Date

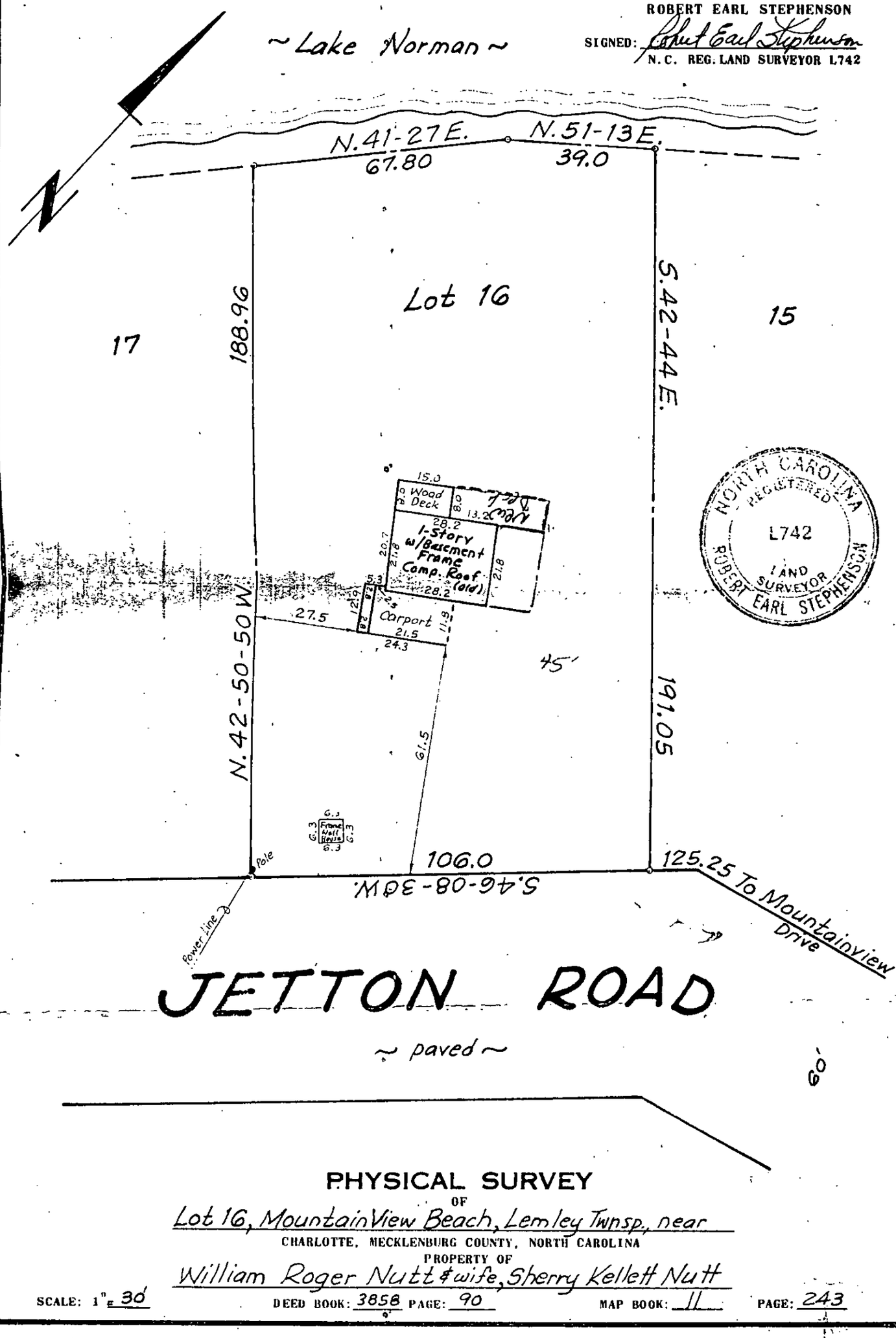
WATER : 122791

THIS IS TO CERTIFY THAT ON THE 23rd DAY OF May 1978. I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS, AND BUILDINGS ARE AS SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

ROBERT EARL STEPHENSON

SIGNED: Robert Earl Stephenson

N.C. REG. LAND SURVEYOR L742




NORTH CAROLINA REGISTERED L742 LAND SURVEYOR ROBERT EARL STEPHENSON

# PHYSICAL SURVEY

OF

Lot 16, MountainView Beach, Lemley Twnsp, near

CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

PROPERTY OF

William Roger Nutt & wife, Sherry Kellett Nutt

SCALE: 1" = 30'

DEED BOOK: 3858 PAGE: 90

MAP BOOK: 11 PAGE: 243

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 05/02/03 | **Amount:** | 100.00 |
| **Receipt #:** | 16157 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHECK 2976 | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | W.RODGER NUTT |
| **Attn:** | |
| **Address:** | 17037 JETTON ROAD |
| **Address:** | |
| **City/State/Zip:** | CORNELIUS, NC 28031 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>17037 JETTON ROAD | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | | | | | |

Date Issued 21 July 1976 Serial No. 0003

C of A (s) No. 6367

T. C. No. 001-081-04

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## ENVIRONMENTAL HEALTH DIVISION

John R Atkisson

CERTIFICATE OF COMPLETION

## CERTIFICATE OF APPROVAL
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner McLeod (LAST) Michael (FIRST) Ray (MIDDLE)

Location of Property Sutton Road, Cornelius, N.C.

Application Number 630 Permit Number 6367

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material precast

Total Length of Drain Tile 450 Number of Lines 5

Depth of Filter Material 36" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 21 July 1976 (DATE) Tank Inspected 21 July 1976 (DATE)

Nitrification Field Inspected 21 July 1976 (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: installed as permitted - considerable amount of rock - large ones set aside bottom of drain field leveled with soil

John R Atkisson
Environmentalist

EHD-S-76

Environmental Health Department's Copy

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Date Issued 8 July 1976 Serial No. 7642 ICAR(S) Permit No. 6367

T. C. No. _____

Map Date _____

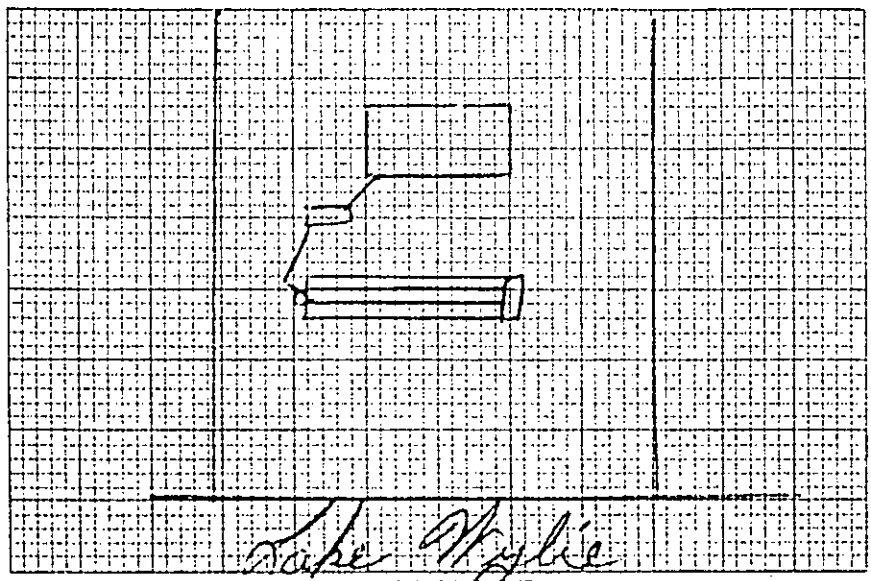
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### 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 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 application 6367, dated 6/17/76 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 6 Aug 1976 after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Lenght 450

Number of Lines 5

Distance from House 15'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER McLeod, Michael Ray

LOCATION OF PROPERTY Selton Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: in bed 12½ x 45 x 36" plus aeration pit on end

John R. Thomson

Division or Section Head

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY