File # 21842

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: _____ (last) _____ (first) _____ (mi)
ADDRESS: _____ PHONE: ( ) _____
CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 041-331-10
STREET ADDRESS: 16701 Statesville Rd.
ZONING:

PROPERTY OWNER:
NAME: Goodyear Thomas & Ivey Rogers Jr. (last) (first) (mi)
ADDRESS: 16701 Statesville Rd. PHONE: (704) 892-4965
CITY: Cornelius STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[ ] 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 (A)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Garage
[ ] 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: 2 NUMBER OCCUPANTS:

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: Robert E Thomas Date: 1-27-93

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
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

LIES

Thru 2-1-93

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122797

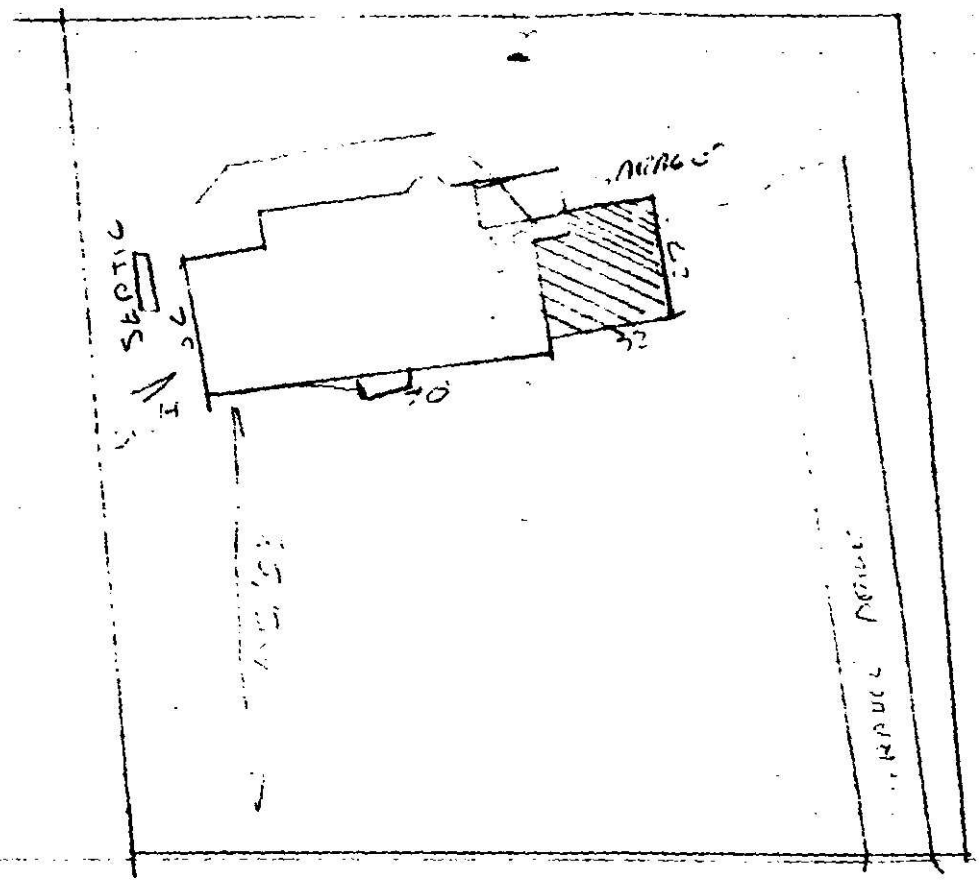
PROPOSED PLOT PLAN

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

FILE: 21442

TC: 141-331 10

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 7/11/93 JPC

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

Date Received 1-22-85

MECK COUNTY DEPARTMENT OF
RECEIVED
JAN 22 1985
ENVIRONMENTAL HEALTH

APT No. 21842
T. C. No. 001-331-10
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Michael Naramore c/o Mady Construction Co., Inc.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 20347 Walter Henderson Rd., Davidson, NC ZIP 28036

3) PHONE NO. Home ~~568-2240~~ Office 568-7740

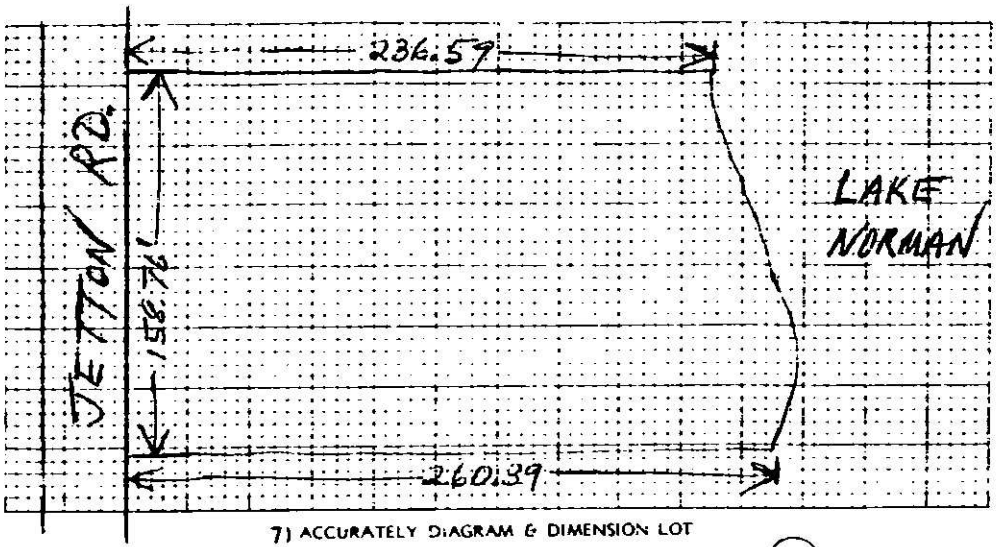
4) LOCATION OF PROPERTY 16701 Jetton Road (Section 2)
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 294 BLOCK NO. _____

MAP BOOK NO 17 PAGE NO 549

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Michael Naramore
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21812

T.C. NO. 01-331-11

(Ground Absorption Sewage Disposal)

Michael Mammone

OWNER: Ms Mecklenburg Co.
ADDRESS: 2631 Miller Henderson Dr. Davidson NC 28036
LOCATION OF SITE: 16101 Jetton Road

PLAT NO: L 294
LOT SIZE: 40,746

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 5-8%	S (PS) U 2-5%	S (PS) U 2-8%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS U clay	S PS U clay	S PS U clay	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U
4. SOIL DEPTH (inches)	S (PS) U 30-40"	S (PS) U 30-40"	S (PS) U 24-36"	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U 24-36"	S (PS) U 24"	S Rocks present PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Ground water	S Depression PS U	S (PS) U 24-36" To ground water	S PS U
7. OTHER (Specify)	S PS U See Rec't #1	S PS U	S PS U See Rec't #2	S PS U
8. SOIL GROUP	II A	II A	III A	
9. SITE CLASSIFICATION	Provisionally Suitable	Provisionally Suitable	Unsuitable	
10. SOIL SERIES	Cecil	Impression	Rock Rt Area	

S - Suitable PS - Provisionally Suitable U - Unsuitable

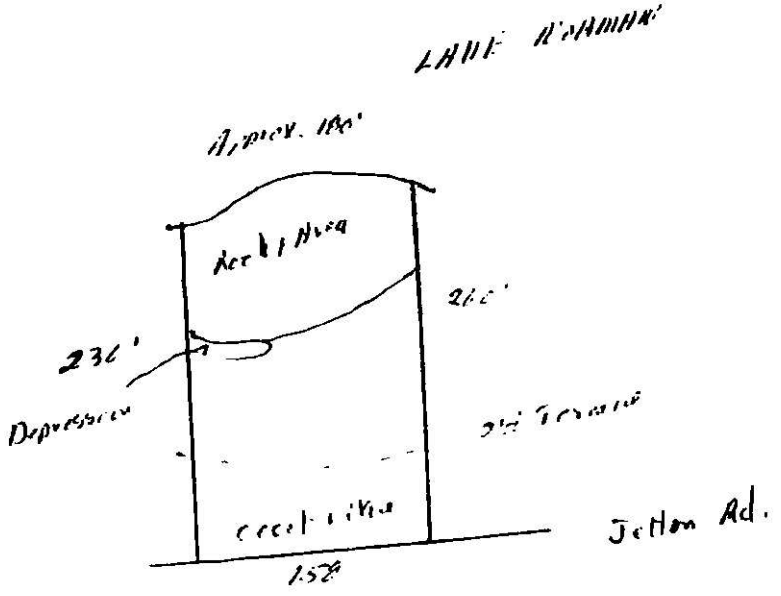
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: #1 Some but limited area - system might require lift pump. #2- additional investigation to be done (auger holes) & will give more information regarding soil depth and type.

Described by: William H. Martin
Title: Soil Scientist

Date: 1-31-95

DEPARTMENT OF
ENVIRONMENTAL
RECREATION



Serial No. 6052

SIR No. 21842

T. C. No. 001-331-10

Map Date L

Date Issued 2-4-85

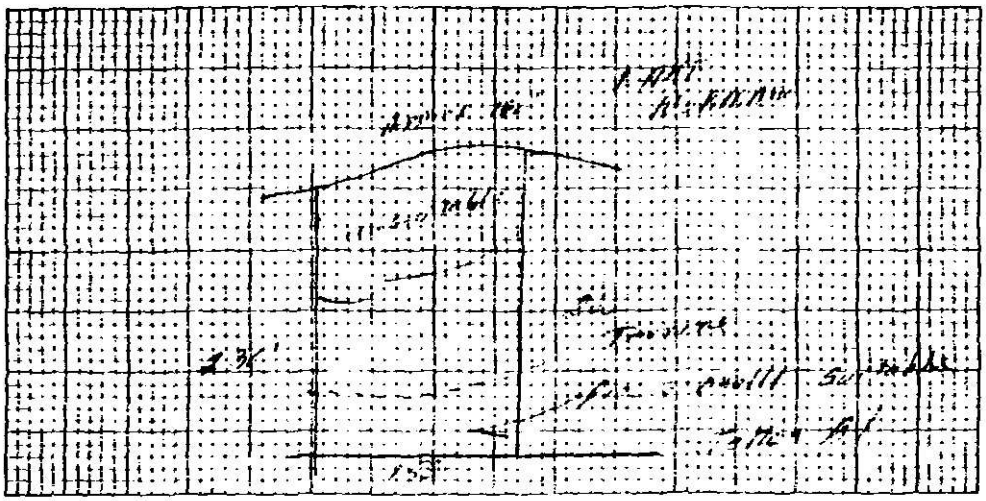
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Naramore, Michael
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER % Mady Construction CO: 20347 Walter Henderson Rd., Davidson, NC ZIP 28036

LOCATION OF PROPERTY 16701 Jetton Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 294 BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was PROVISIONALLY SUITABLE. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install construct alter ... the system must be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any installation or alteration of the wastewater treatment system on the said lot.
2. The size of the system ... shall be determined by the Mecklenburg County Department of Environmental Health based on the investigation noted on the plot plan obtained above, and on the size and type of building constructed thereon.
3. This approval is void only if the system ... installed in the immediate area ... acceptable for system installation on the above plot.
4. This approval ... is granted ... on the lot which ... the same ... Mecklenburg County Department of Environmental Health ... accepted as acceptable for system installation ...

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the newer revised laws, rules and regulations been in effect on the issue date.

William K. Harden
Soil Scientist

Environmental Health Director or
Authorized Section Head

EHD-5-74

Environmental Health Department's Copy

Date Issued 9-3-85

Serial No. 8862

SIR No. 21842

T. C. No. 001-331-10

Map Date L. CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Redden, (LAST) Thomas & Patricia (FIRST, MIDDLE)

ADDRESS OF OWNER P.O. Box 177, Mt. Mourne, NC ZIP 28123

LOCATION OF LOT 16701 Jetton Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number ~~21842~~. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Sanitarian

Environmental Health Director, or Authorized Section Head

EHD-5-74

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 21842

TC: 01-331-10 L

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
[illegible]

JOB LOCATION

① ADDRESS: 16701 (STREET NO.) Jetton Rd (STREET) ② FILE: 21842

③ CITY: Huntersville ④ TAX PARCEL NO.: 01-331-10

⑤ SUBDIVISION: Lake Norman Recreation Lots ⑥ LOT: 294 ⑦ BLOCK: Sec. 2

OWNER

⑧ NAME: Thomas (FIRST) & Patricia (MIDDLE) H Redden (LAST)

⑨ MAILING ADDRESS: PO Box 177

⑩ CITY: Mt Mourne ⑪ STATE: NC ⑫ ZIP: 28123

⑬ PHONE: (WORK) 554-0088 ⑭ (HOME) 664-6312

REQUEST

This request is for a(n):

⑮ ☑ New installation 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? 3

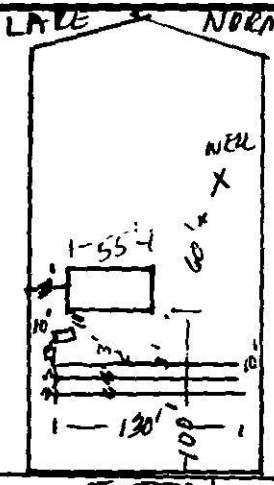
㉕ Type? _____

㉓ Maximum occupancy? 4

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats? _____



1500 gal tank
390 LF DRAIN LINE - 10' OFF EACH SIDE LINE 15' AWAY FROM HOUSE

JETTON RD

㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ 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: Thomas H Redden Patricia H Redden

Date: 8/27/85

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

C of A (s) No. 21842

Date Issued 2-27-96 **Serial** 8337 T C. No. 001-331-10

L ORT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner REDDEN (LAST) THOMAS (FIRST) (MIDDLE)

Location of Property 16701 JETTON RD

Application Number 21842 Permit Number 21842

Inspection Data:

Liquid Capacity of Tank 1500 ST + 1000 IT Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 3 1'

Water Supply Source well Distance from Water Source 50' +

Excavation Inspected 2-27-96 (DATE) Tank Inspected 2-27-96 (DATE)

Nitrification Field Inspected 2-27-96 (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 1496, 1500 ST, 1000 OT, P1, CON, 1200 SFT, 12G, CEIC

Environmentalist

EHD-S-74

Environmental Health Department's Copy

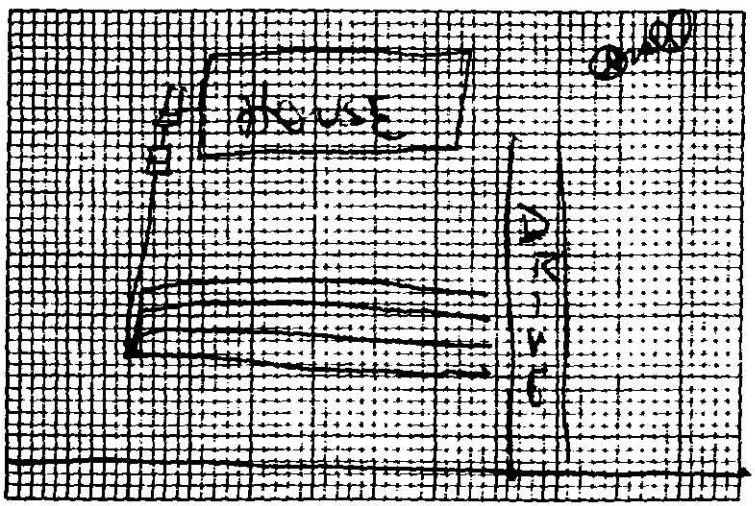
Date Issued 2-25-96 Serial No. 08988 ICAR(S) Permit No. 21842

T. C. No. 001331-10

Map Date ✓

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 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 21942, dated 8-27-85 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 3-25-96, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank ST 1500 + AT 1000

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER REDDEN, THOMAS

LOCATION OF PROPERTY 16701 JETTON 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.

4 line x 100' long x 3' wide x 12" stone

Comments:

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 a 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.

EHB-5-76

Environmental Health Department's Copy