


15320 SHARPE RD

13932102

5/21/2007

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: 4564 A DATE: 10/9/91

TC: _____ ☐ L ☑ CRT

SERIAL Nº 13680

Name of Owner Jeff Biddy Juris.: _____

Address of Property 15320 Sharpe Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'+

Cover Depth 12"

Water Supply Source Community

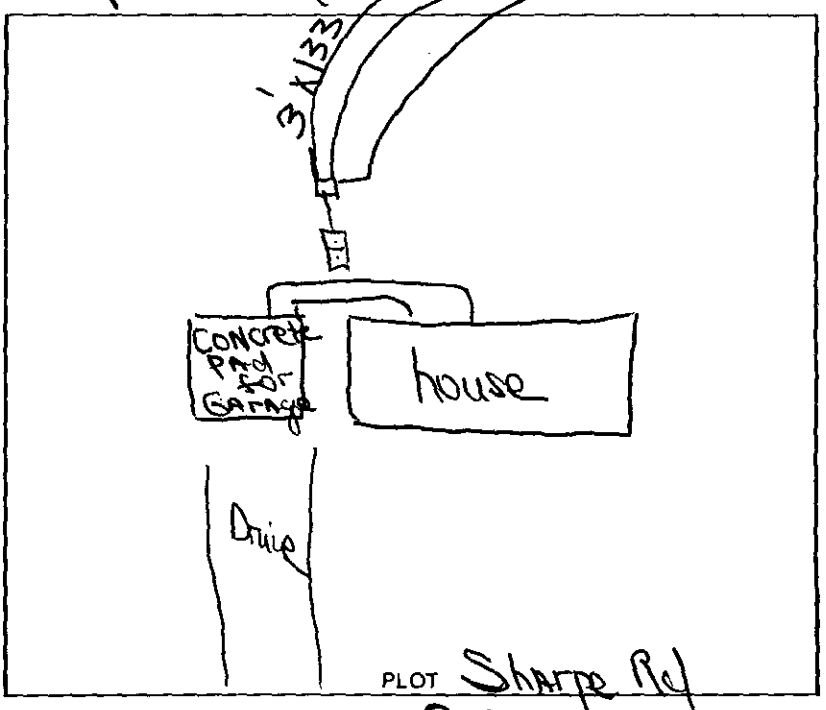
Distance to Water Source —

Excavation Inspected 10/9/91

Tank(s) Inspected 10/9/91

Wash Line Inspected _____

High Water Alarm Inspected _____




Design: 1999 1500 ST Sep, 1200 SFT 12" @ Gravel CTR# 82

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: System designed for 3 bedroom home

Judy A. Kuss R.S.
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

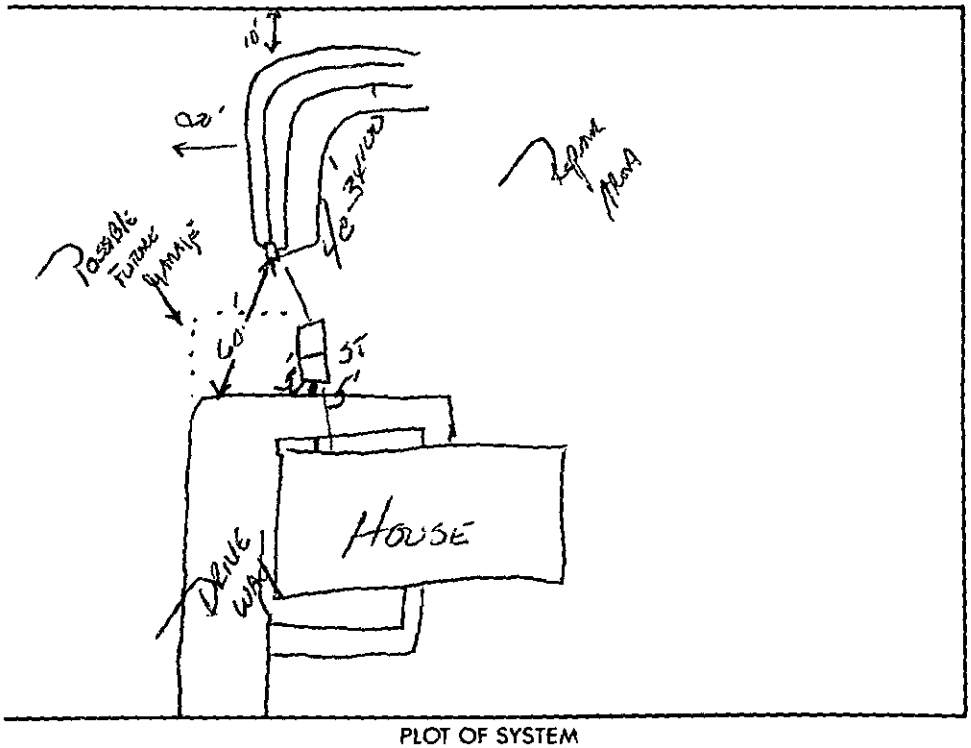
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4564A DATE: 10-3-91

TC: _____ ☑ L

SERIAL Nº 13692

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 10-3-91. All work shall be completed on or before 11-3-91, 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 1500 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 10 inches

Distance from House ≥ 5 feet

Distance from Property Line ≥ 10 feet

Distance from Well - feet

NAME OF OWNER Jeff Biddy

LOCATION OF PROPERTY 15320 Sharpe Rd.

Comments: Install 4 Lines @ 3/4100., Set Stank 5' From Foundation & 5' From Driveway Pad (See Figure 1). Begin Lines 100' From Rear Side Walk and Curve Lines on Rear Portion of Lot.

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 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

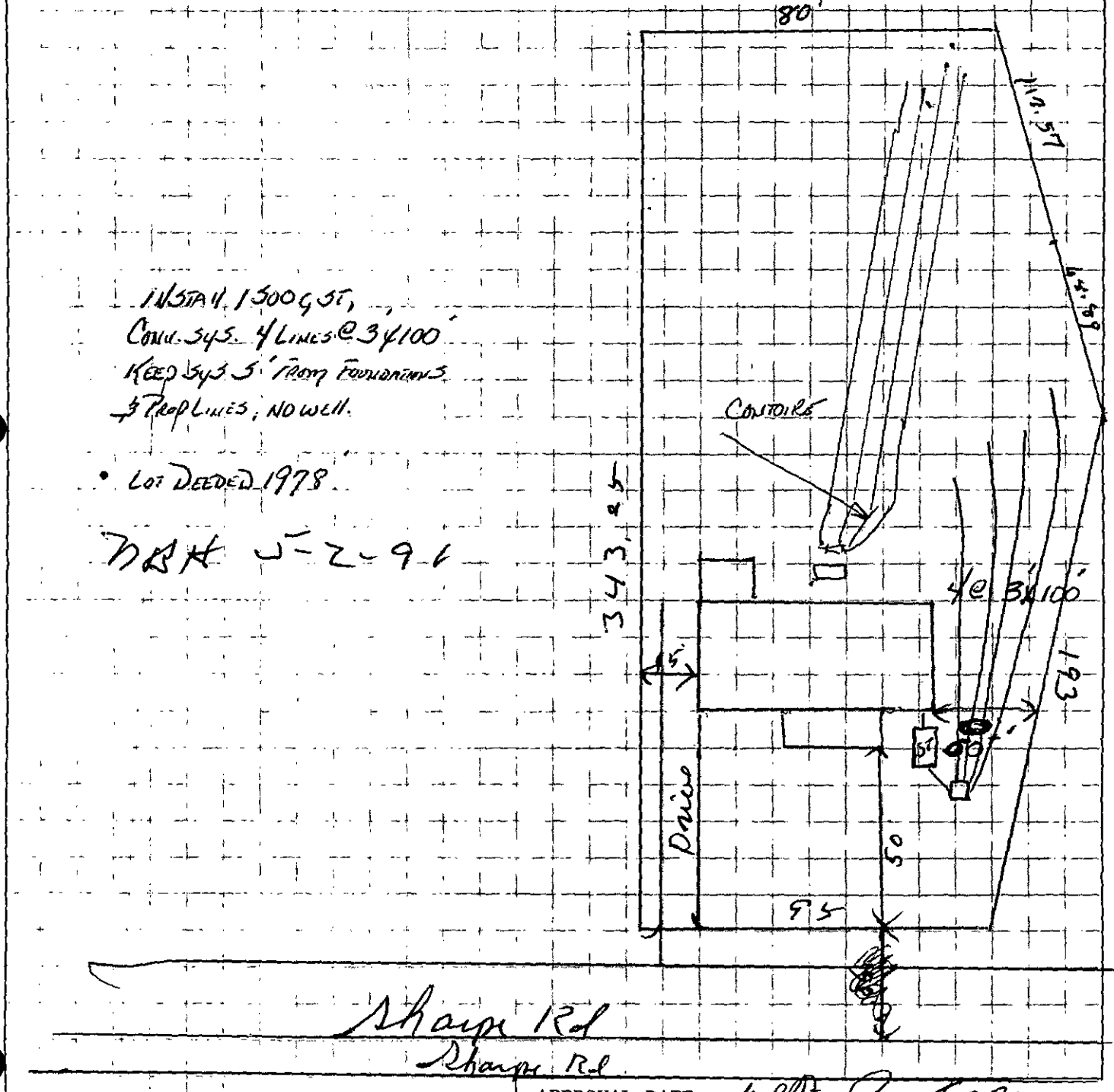
# PROPOSED PLOT PLAN

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

FILE: 4564A

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.




INSTALL 1500 GAL. SEPTIC, CONV. SYS. 4 LINES @ 3'x100' KEEP SYS 5' FROM FOUNDATIONS + 3 PROP LINES; NO WELL.

• LOT DEEDED 1978

NBH 5-2-91

Sharpe Rd

APPROVAL DATE 5-2-91

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

# 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.

15344

(OFFICE USE ONLY)
FILE: 7443A 4864A
TC: 139-321-99
SERIAL: № 21911 ~~CRT~~ CRT

**JOB LOCATION**

① ADDRESS: ~~10220~~ 15320 Sharpe Rd (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: Country Hills ⑥ LOT: Z ⑦ BLOCK: 4

**OWNER**

⑧ NAME: ~~KATH~~ KATH-HILL ENTERPRISES (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 1124 E 10th St.

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28215

⑬ PHONE: (WORK) 377 5988 ⑭ (HOME) 537 0375

**REQUEST**

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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? 6 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: K B Hall Hill

Date: 4-23-91

## 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 ~~48~~ 60 months from the date of issuance.

Environmentalist _____ Date 5-3-91

Director or Authorized Section Head _____ Date 5-3-91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

6/9/88 Pd 100 - Ck# 71245 DL

# 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: 4564A

TC: 139-321-02

SERIAL: № 16212 ☐ L ☐ CRT

## JOB LOCATION

① ADDRESS: 15320 Sharpe Road (STREET NO. STREET) ② FILE:

③ JURISDICTION: Mecklenburg County ④ TAX PARCEL NO.: 139-321-02

⑤ SUBDIVISION: Country Hills ⑥ LOT: 2 ⑦ BLOCK: 4

## OWNER

⑧ NAME: Ed Griffin Company (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: P. O. Box 10010

⑩ CITY: Charlotte, N. C. ⑪ STATE: N. C. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 537-4254 ⑭ (HOME)

## REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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? 2 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

## WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☐ Community well

D ☒ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: ED GRIFFIN COMPANY By: Anna Kaye Williams, Sec

Date: June 9, 1988

## 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.

Environmentalist / Date

Director or Authorized Section Head / 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
Department of Environmental Health

May 27th, 1988

Ed Griffin Company
P. O. Box 10010
Charlotte, NC 28212

RE: Property located at 15320 Sharpe Road
FILE: 4564A
PARCEL: 13932102

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15221) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 15221

File: 4564A  Action 2

Parcel: 13932102  ☐ PC

Location: 15320 Sharpe Road

Subdivision:

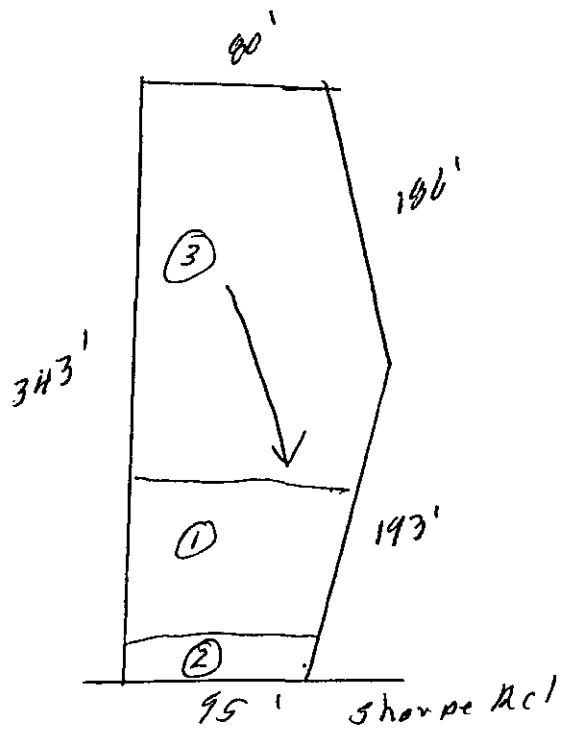
Lot: Block: Acres: .83

Owner: Ed Griffin Company
Address: P. O. Box 10010
Charlotte, NC 28212

Comments: _____

Described by: William R. Mauldin

Date: 5-26-99




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

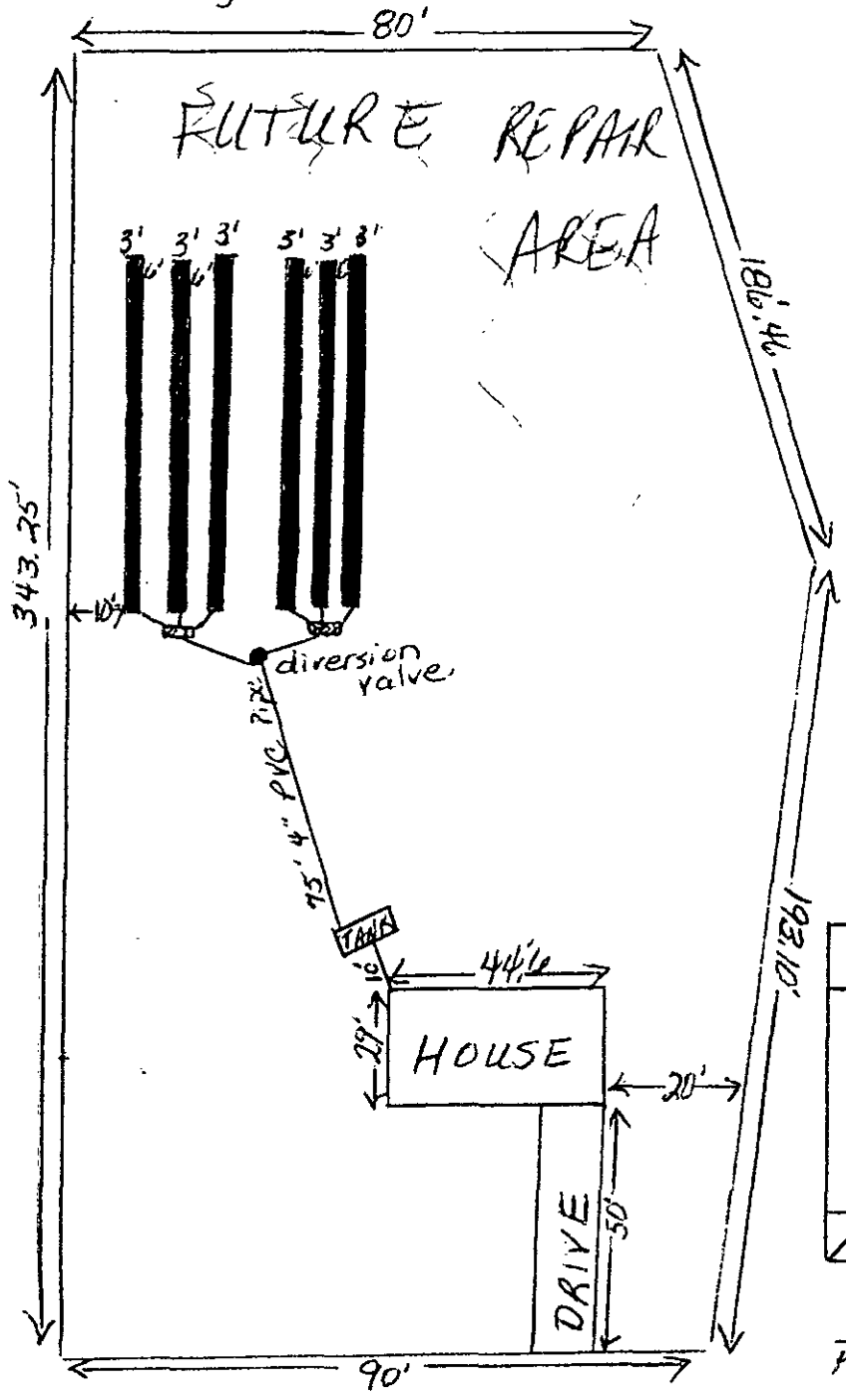
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-10% | (S) PS U 2-10% | S PS U 2-10% | S PS U | S PS U | S PS U |
| Texture | S (PS) U some 2-clay | S PS (U) 2-clay | S PS (U) mixed 2-clay | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S (PS) U Blocky | S PS (U) compacted | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" To water | S (PS) U >36" To water | S PS U — | S PS U | S PS U | S PS U |
| Depth | S PS (U) 15-24" | S PS (U) 18-26" | S PS (U) 20" TO 73' Fill | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >36" | S (PS) U >36" | S PS (U) compacted layers | S PS U | S PS U | S PS U |
| Available Space | S PS (U) Restricted | 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 | IVA Pacolet-Enon | IVB Enon-Lilo | Fill | | | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

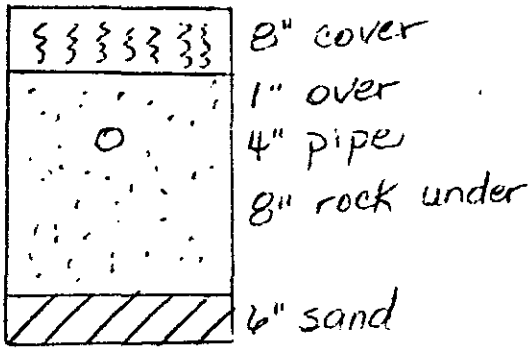
# PROPOSED ALTERNATE SEPTIC TANK SYSTEM

Owner - Ed Griffin Company
Address - P.O. Box 10010, Charlotte, NC 28212
Location - 15320 Sharpe Road
System - 1500 gal. tank, 6" sand, 12" rock w/diversion valve, 6 single lines 100' each
Total Bottom Area - 1800 sq. ft.
Total Line Length - 600' drain line

SIR NO. 4564A
TC NO. 13932102
DATE 6-9-88




5-26-88




Proposed by:
Steve Lee
Bud Lee Septic Tank

# APPLICATION FOR SOIL INVESTIGATION

5/12/88 PD 30-
CK#71031 DK

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

(OFFICE USE ONLY)

FILE: 4564A

TC: 139-321-02

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 12 1988
ENVIRONMENTAL HEALTH
DIVISION

**JOB LOCATION**

① ADDRESS: 15320 Sharpe Road, Charlotte, N.C. 28212

② SUBDIVISION: Country Hills ③ LOT: 2 ④ BLOCK: 4

⑤ PARCEL REFERENCE: BOOK NO.: 18 PAGE NO.: 288 PARCEL NO.: 139-321-02

⑥ DEED REFERENCE: BOOK NO.: 3070 PAGE NO.: 495

**OWNER**

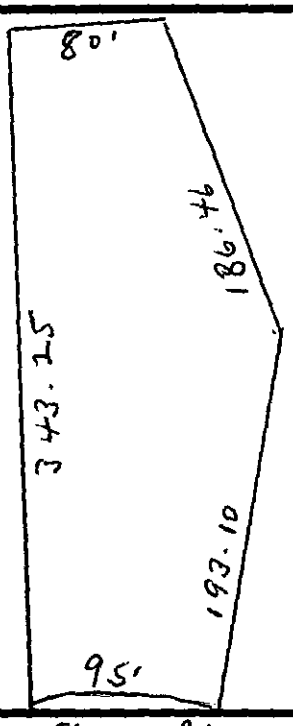
⑦ NAME: Ed Griffin Company
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P. O. Box 10010,

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-4254 (HOME)

⑬ Accurately diagram and dimension lot.




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.

Ed Griffin Company

Signed: Alma Kay Williams, Sec.

Date: May 10, 1988

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

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

48'
TO

4.00 Ac

N14°-52'-04"E 723.61

777.82'

S25°-03'-27"W

20'

26'

25' R

S 87°-22'-00"E 314.06'

℄

60' R/W

LAKEVIEW RD.

JOHN E MELDING HALL

N

Dwelling Foundation / Set tank & pump required by P.O

1000 GALLON / 1500 gal
2001 Chamber

Bill Shoar
8/16/88

290.82

N83°-24'-05"W
111.0'

x Well
50'
Big Elbow

32

3' x 50'

TANK & DRAIN AREA

REPAIR AREA

| | |
|---|---|
| MODULAR OFFICE<br>BILLY SHORAR<br>6624 LAKEVIEW ROAD | SCALE<br>1" = 40'<br>8-8-88 |