

21621 NORMAN SHORES DR

00143121

7/9/2007

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: 7643 A DATE: 12/22/92

TC: 001 43121 ☐ I ☑ CRT

SERIAL № 15606 400 ☑

Name of Owner Tom J. Starrette Juris.:

Address of Property 21621 Norman Shores Dr

Inspection Data:

Tank Material —

Total Length of Bed Drainfield 270'

Number of Lines 3 @ 90

Cover Depth 30"

Water Supply Source well

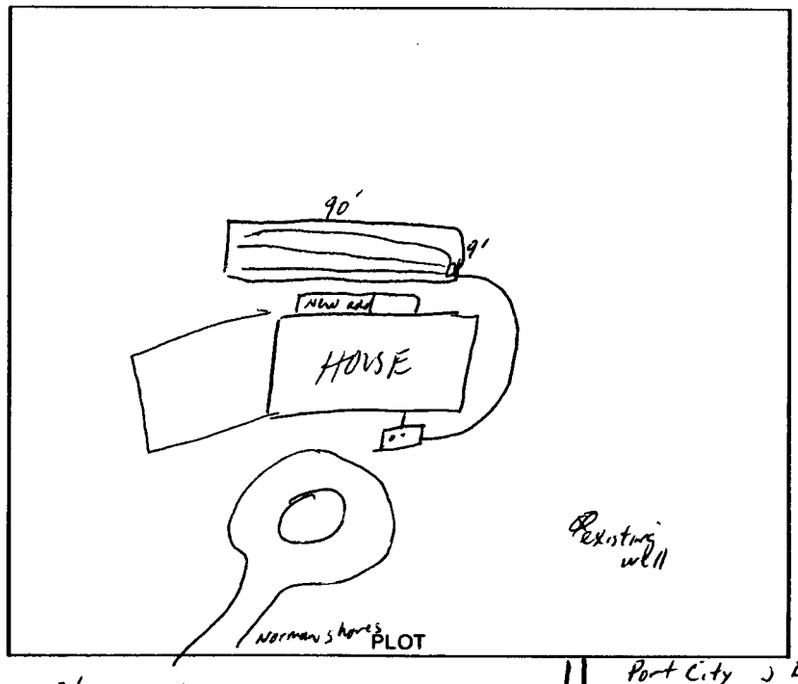
Distance to Water Source >50

Excavation Inspected 12/22/92

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1992, Alteration Bed System 4'wd x 90'long x 18"stone

CTR# Port City 3 Boles Grading

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 altered for 2 bedroom house

Type II - Alteration

Philo S. Walker R.S.
Environmentalist

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

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FILE: 7643A DATE: 12/22/92

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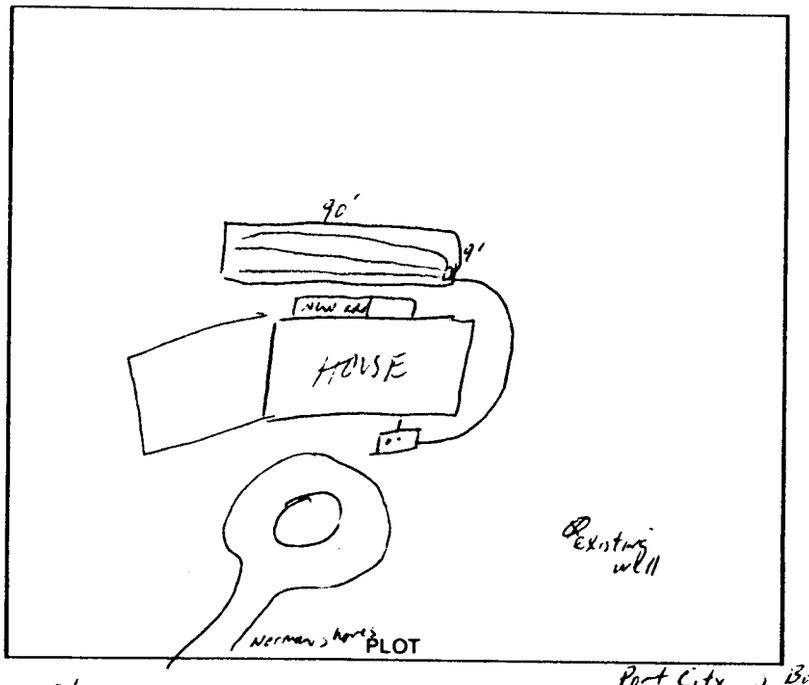
Distance to Water Source >50

Excavation Inspected 12/22/92

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1992, Alteration Bed System 4'wd x 90'long x 18"stone CTR# Port City 3 Miles Grading

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COMMENTS: System altered for 2 bedroom house

Philip S. Walker R.S.
Environmentalist

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U
Applicant STARRETTE J T Appl.Date 12/22/92 Updated 01/08/93
Mail Addr 21621 NORMAN SHORE DR Phone 704 892-8564
City DAVIDSON State NC Zipcode 28036
Prop Ownr STARRETTE J T
Mail Addr 21621 NORMAN SHORE DR Phone 704 892-8564
City DAVIDSON State NC Zipcode 28036 Township
Tax Map No. 00143121 Road 21621 NORMAN SHORE DR Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App R Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 02 No. Occupants 002 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status F Sites 1
Planned Future Additions (Y/N) Fee 0050.00 EHS Assigned 17034
Directions: TYPE II

Date Appl. Recd. 12/15/92 Date Insp. 12/22/92 Insp. Status V
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. 12/22/92 Date Cert.Iss. 12/22/92 Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7643A Operat. Permit (Y/N)
2/18/93 11:56:36
17-78 SA MW KS IM II S1 S1037498 KB

U
Applicant STARRETTE J T Appl.Date 12/09/92 Updated 12/17/92
Mail Addr 21621 NORMAN SHORE DR Phone 704 892-8564
City DAVIDSON State NC Zipcode 28036
Prop Ownr STARRETTE J T
Mail Addr 21621 NORMAN SHORE DR Phone 704 892-8564
City DAVIDSON State NC Zipcode 28036 Township
Tax Map No. 00143121 Road 21621 NORMAN SHORE DR Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App X Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 02 No. Occupants 002 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0050.00 EHS Assigned 17034
Directions: REPAIR APPLICATION SUBMITTED AT SAME TIME AS ADDITION

Date Appl. Recd. 12/09/92 Date Insp. 12/09/92 Insp. Status O
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7643A Operat. Permit (Y/N)
2/18/93 11:54:20
01-03 SA MW KS IM II S1 S1037498 KB

U
Applicant STARRETTE J T Appl.Date 12/15/92 Updated 12/17/92
Mail Addr 21621 NORMAN SHORE DR Phone 704 892-8564
City DAVIDSON State NC Zipcode 28036
Prop Ownr STARRETTE J T
Mail Addr 21621 NORMAN SHORE DR Phone 704 892-8564
City DAVIDSON State NC Zipcode 28036 Township
Tax Map No. 00143121 Road 21621 NORMAN SHORE DR Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App I Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 02 No. Occupants 002 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
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Planned Future Additions (Y/N) Fee 0050.00 EHS Assigned 17034
Directions: REPAIR APPLICATION SUBMITTED AT SAME TIME AS ADDITION

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Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7643A Operat. Permit (Y/N)
2/18/93 11:58:29
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

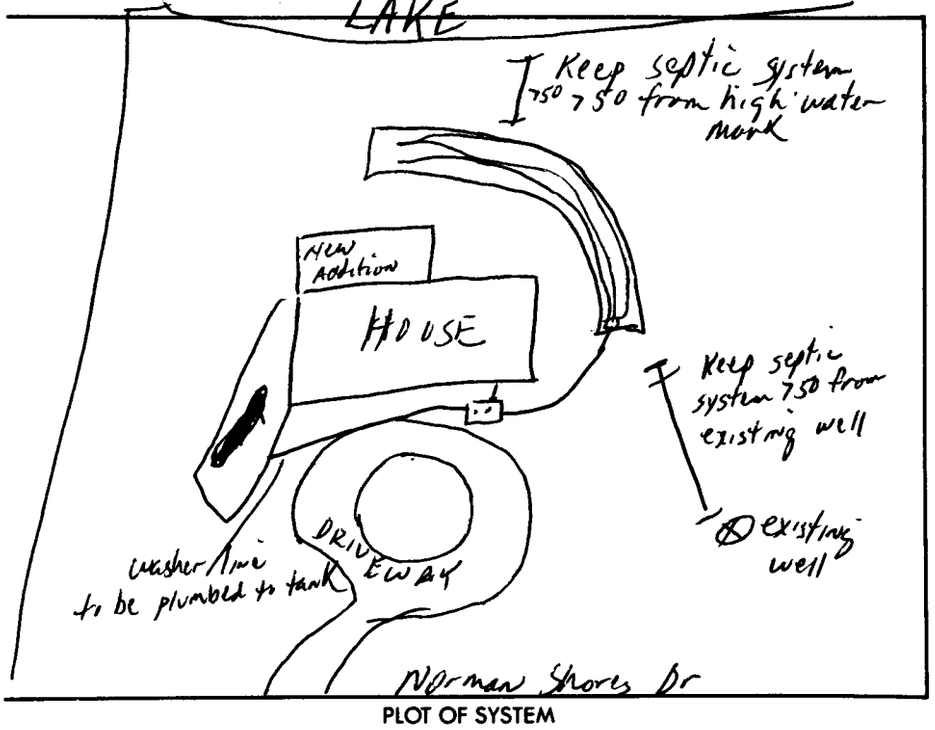
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7643A DATE: 12/15/92

TC: 001 431 21

SERIAL Nº 13597

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 12/8/92. All work shall be completed on or before 11/15/93, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

~~Trench Width~~ Bed 9' feet

Total Line Length 90' (270' Total) feet

Number of Lines 3

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Tom J Starrette

LOCATION OF PROPERTY 21621 Norman Shores Dr

Comments: Bed system 9'wd x 90'long x 18" stone
washer line to be plumbed to septic tank / Keep septic system >50 from well

Judy J Klein R.S.
Division or Section Head

Philo S. Walker 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

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7643-A
TC: 001-431-21
SERIAL: № 0019618 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 21621 (STREET NO.) Norman Shores Drive (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-431-21
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Alton (FIRST) Dempsey (MIDDLE) Fryer III (LAST)
⑨ MAILING ADDRESS: 469 Ledbury Road
⑩ CITY: Severna Park ⑪ STATE: md ⑫ ZIP: 21146
⑬ PHONE: (WORK) 301-926-1216 Ext #28 ⑭ (HOME) 301-544-4985

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit WL
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? 2
㉕ Type? _____
㉓ Maximum occupancy? 4
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: Alton D Fryer III
Date: 7/23/91 *

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 60 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.

7643A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 12/8/92 BT
5000 CHK
[] 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

PERSON FILING APPLICATION:
NAME: Starrette (last) J (first) Tom (mi)
ADDRESS: 21621 Norman Shores Dr PHONE: (704) 8928564
CITY: Davidson STATE: NC ZIPCODE:

Date: 12-8-92

PROPERTY OWNER:
NAME: Starrette (last) J (first) Tom (mi)
ADDRESS: 21621 Norman Shores Dr PHONE: (704) 8928564
CITY: Davidson STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-431-21
STREET ADDRESS: 21621 Norman Shores Dr
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [✓] 2 Davidson [] 4 Pineville [] 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 (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)
[✓] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
SUNROOM / Extending BRm
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [✓] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2
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)
[✓] 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: Tom Starrette Date: 12-8-92

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

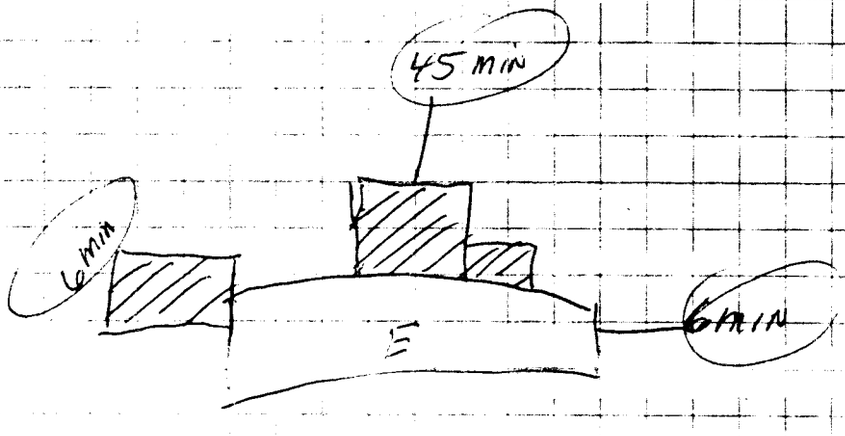
PROPOSED PLOT PLAN

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

FILE: 7643A

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.



Normandy Shores Dr.

APPROVAL DATE _____

DATE 12/8/92

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

#001-431-21
PARCEL NUMBER

21621 Norman Shores Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

lot 9
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ **APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	✓ WRT 12/8/92 **APPROVED**	**NOT APPROVED**
3. EROSION CONTROL REGULATIONS	✓ **APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	✓ **NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	✓ **NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	✓ **NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	✓ **NO**

REMARKS: Addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pence

REVISED 1/91

Don't know
what current
status is.

T.W.