Expired 08/3513

PH 305176

FEE: 100
DATE: 12/4/09
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 133.99

JAM 4458

**TYPE APPLCATION:**

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

**PERSON FILING APPLICATION:**

NAME: James A Starnes
ADDRESS: 8219 Starnes-Randall Rd
CITY: Charlotte NC
STATE: NC ZIP: 28215
PHONE: 7045369726
ALTERNATE PHONE: 7043617050

**PROPERTY OWNER:**

NAME: Same
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**

TAX/PARCEL #: 11113116
STREET ADDRESS: 8219 Starnes-Randall Rd
CITY: Charlotte NC
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

**TOWNSHIP:**

- ☒ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

**WATER SUPPLY:**

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☒ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

**RESIDENTIAL PROPERTY TYPE:**

- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

**OCCUPANCY (both fields are required):**

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:**

TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☑ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**

- ☒ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☒ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

James A Starnes 12-4-09
Owner's/Agent's Signature Date

*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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

System has enough drainfield to accomidate bedroom OK,
Jeremy Whitford 12-11-2009
EHS Signature Date

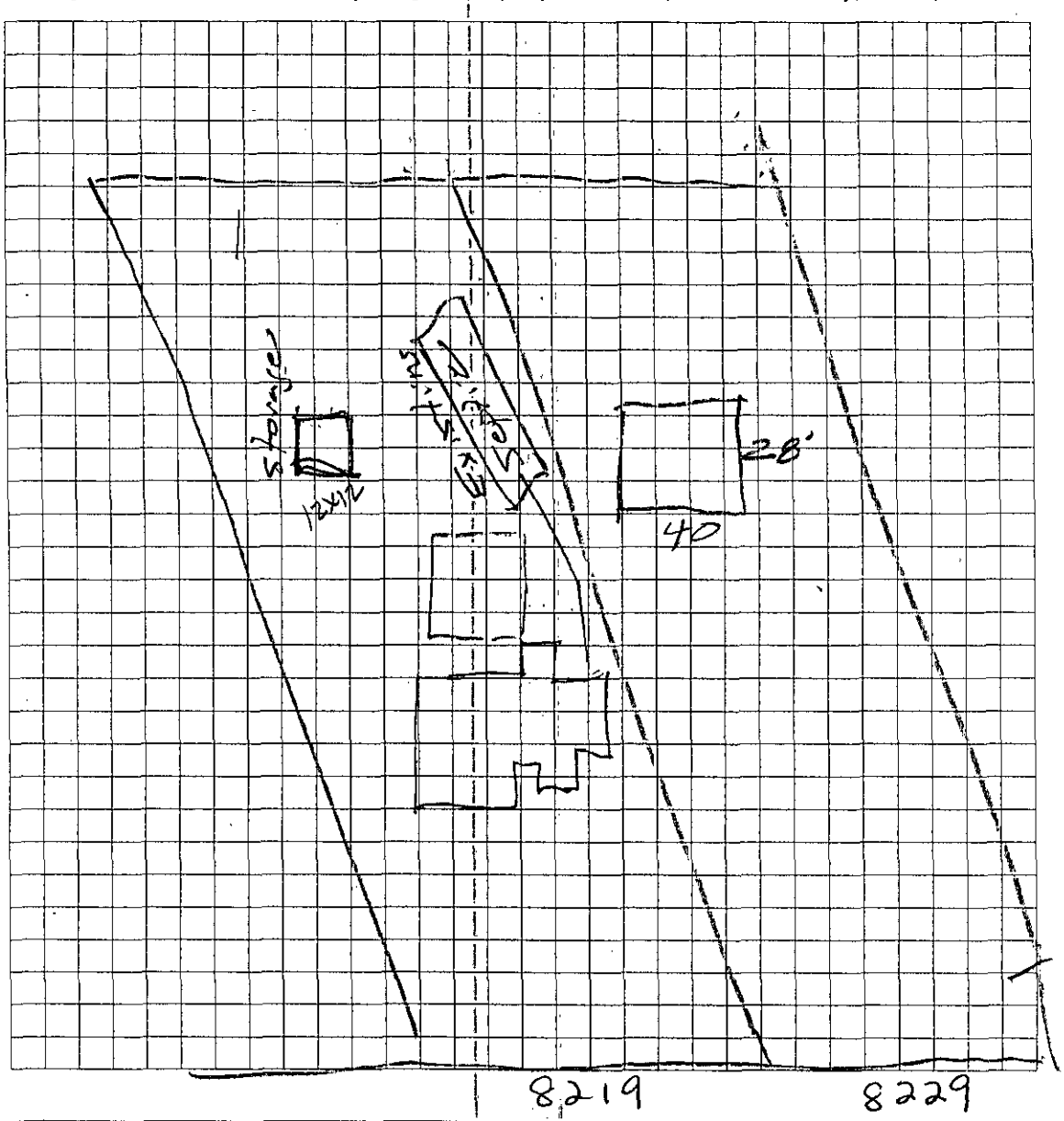
Note - Currently 2 lots to be combined
Garage to be on now 8229, future
Shed to go on 8219 w/existing house

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 13399
Date _____

# PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




Owner/Agent Signature James R Starr

Date 4-12-09

* Currently 2 lots to be combined. Proposed garage to go on what is now known as 8229, future shed to go to 8219 where existing house is located.

LBC 12/15/04

13399
3/31/R

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

D460 pd $75 5/2/94 ck #6048

CI/CERT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Starnes James Anthony (last) (first) (mi)
ADDRESS: 8219 Starnes Randall Rd PHONE: (__) 536 9726 3350016
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-131-36
STREET ADDRESS: 8219 Starnes Randall Rd
Charlotte, NC
ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: (__)
CITY: STATE: ZIPCODE:

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

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) SAME PM
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (M)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Emily Lim - Bathroom
[] MODIFIED ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)
Garage 5080

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: 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)
[] 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: 5-2-94

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.

...No change initial # of bedrooms

See original application for improvement permit on file. Do not drive, pave or park over any part of septic tank system.

[] 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

[signature] 5-25-94
Environmentalist Date

[signature] 5/27/94
Director or Authorized Section Head Date

WATER : 122791

# PROPOSED PLOT PLAN

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

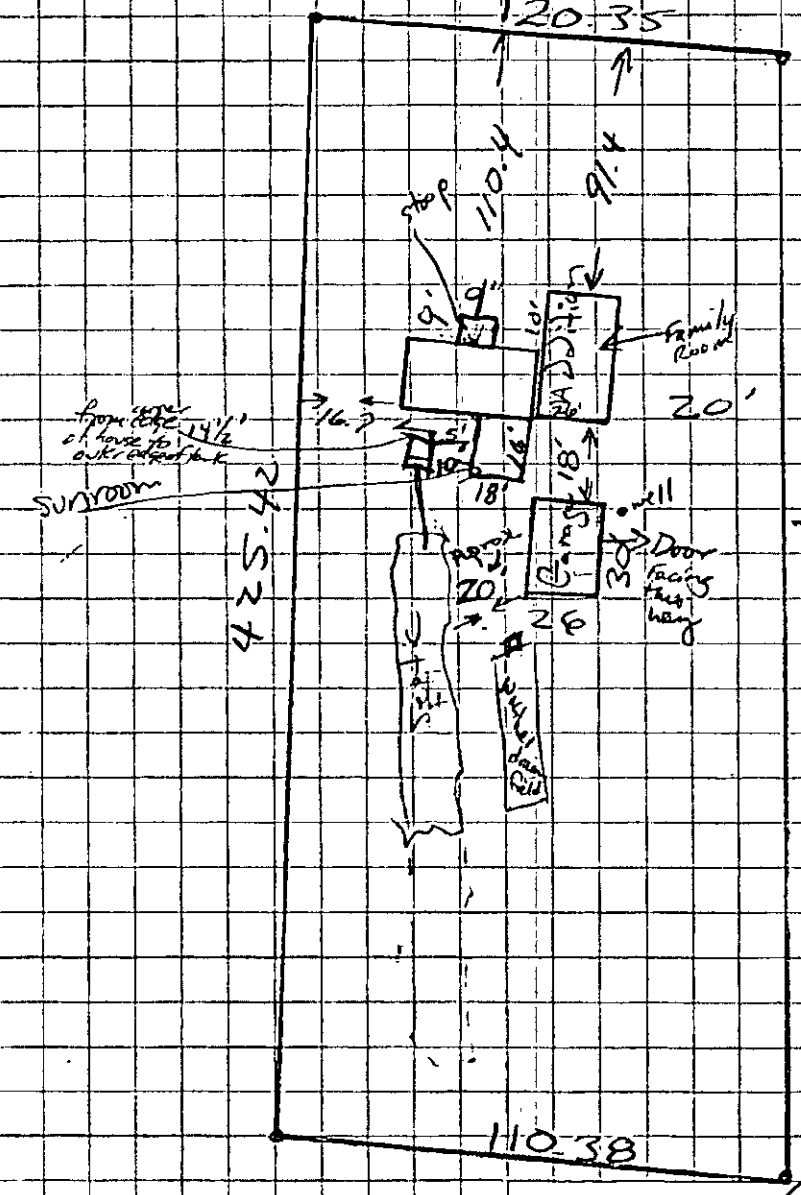
13399
~~FILE:~~ 3131B

TC: 111-13/-36

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.

8219 Starnes Randall Rd Parcel # 111-131-36
Charlotte N.C.

(Address had changed from 7924 Starnes Randall Rd.




No change in total # of bedrooms. Pool was removed 5-25 Do not drive pave or park on septic tank system. Stoop, Sunroom, family room & detached garage approved as shown. Recommend well be min 25' from proposed bldg foundation. Keep min 5' from any part of septic tank system & nearest drainfield with proposed bldg foundation

APPROVAL DATE S Bateman 5-25-94

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

Date Issued 10-24-80

Serial No. 4319

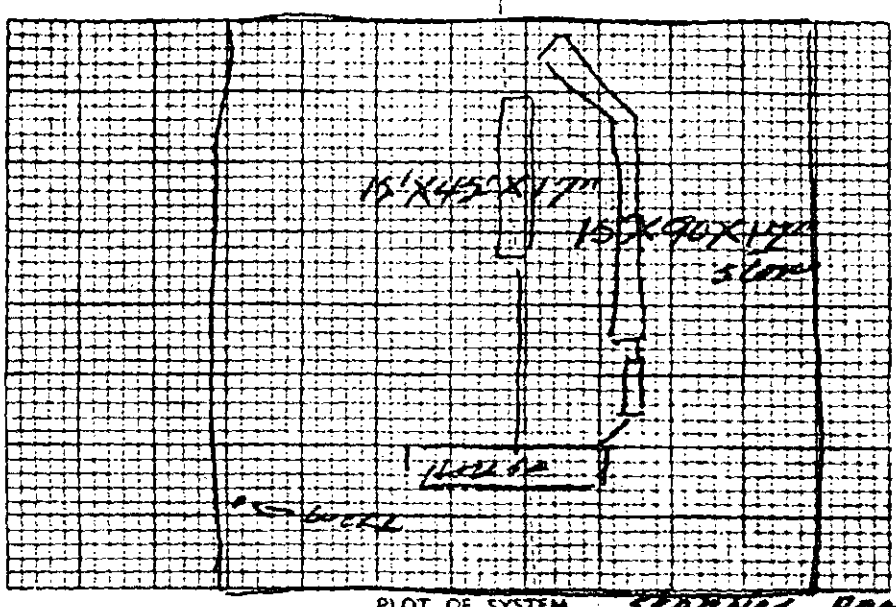
ICAR/SI Permit No. 13312

T C No 111-137-36

Map Date 111-13[illegible]

# 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 13394 dated 9-30-80 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 11-24-80 after which date this permit shall be null and void.




PLOT OF SYSTEM Starnes Randall Rd.

Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and/or Nitrification Lines:

Total Line Length 440-167

Number of Lines 5-4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER James Anthony Starnes

LOCATION OF PROPERTY Starnes Randall 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.

Comments: Septic Tank Field 15'X90'X17" Stone
Washing Machine Field 12'X42'X12" Stone

Division or Section Head

Michael Edwards
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.

EHD-S-76

Environmental Health Department's Copy

8219 111-137-36 1924 Johnson & Hill

124.0'
425.42'
101.4'
New Entry
9'
3.0'
17.6'
9'
17.4'
23.6'
27.0'
24.0'
FOUNDATION
40.0'
16.7'
24.0'
2.0'
26'
16'
Addition
24'
2.0'
3.0'
Sun Room
16
18
Entry
10'
26'
30'
Garage
20'
250'
175' from Back of Garage to Street