

9001 BLAKENEY HEATH RD

22922213

8/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

FROM : HENRI BICKETT PHONE NO. : 704 543 7569 F01

CHARLOTTE-MECKLENBURG UTILITIES 81923

DATE: 8-17-06

RECEIVED FROM: John A & Roberta C Turner Jr

Three Thousand and Seventy Six $ 3076 00

FOR: Connection Fee 4" Sewer

9001 Blakeney Heath Rd Pineville

RECEIVED BY:

CASH ☐

CHECK ☒ 268

TO: CHRIS SHERRILL

704-336-6894

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

August 1, 2006

Mr. John Turner
9001 Blakeney Heath Road
Charlotte, NC 28277

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 9001 Blakeney Heath Road
Health Department file number: **18293**

Dear Property Owner or Owner's Agent:

On July 31, 2006 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated July 3, 2006, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Chris Sherrill
Environmental Specialist

Encl: (1) Application

FEE: 200.00 CK # 8186
DATE: 7/3/06
CRT [ ]

10 13

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 01/05

FILE #: 18293

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: JOHN TURNER
ADDRESS: 9001 BLAKENEY HEATH RD
CITY: CHARLOTTE
STATE: NC ZIP: 28277
PHONE: 704-542-7869
ALTERNATE PHONE: 704-562-6352

PROPERTY OWNER: Chris

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

JOB LOCATION INFORMATION

TAX/PARCEL #: 229-222-13
STREET ADDRESS: 9001 BLAKENEY HEATH RD
CITY: CHARLOTTE
STATE: NC ZIP: 28277
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 2

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)

NUMBER OF BEDROOMS: 4
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.

X John Turner — Owner's/Agent's Signature
X 7/3/06 — 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

PROPOSED ADDITION LESS THAN 5FT FROM SEPTIC TANK; APP. DENIED.

Christopher M Shirley 7/31/06
EHS Signature — Date

1705

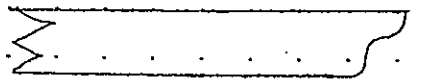
ER RESPONSIBILITIES:

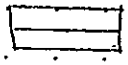
ANY TREES OR SHRUBS IN WAY OF PROJECT
OR STRINING

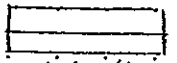
PLAN "A"

COPY

* RAFTER END CUT DETAIL

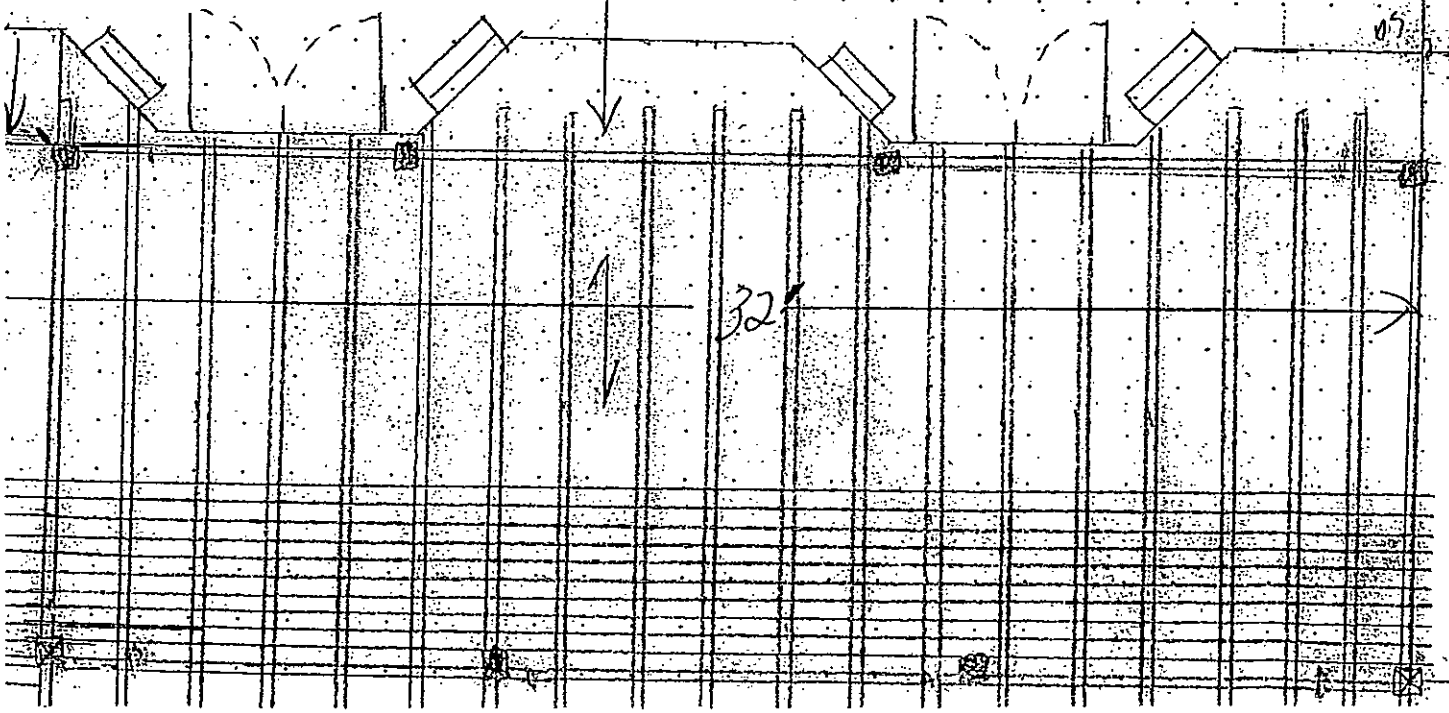


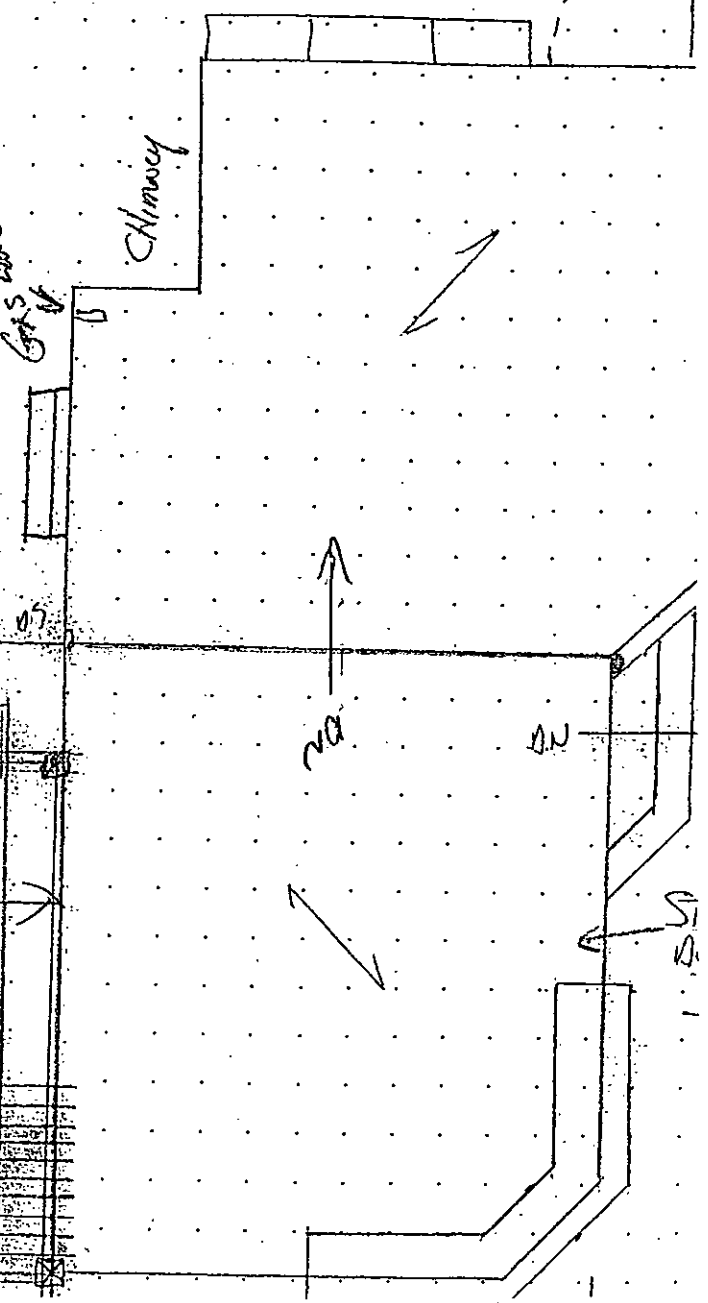




* PLEASE NOTE DECKING DIRECTION AND ADJUST FRAME STRUCTURE.

DESIGN WAS
= ADDED 4' of DECK
PLEASE RE-CALCULATE:





FEE: 100.00 CK #1073
DATE: 7/3/06
CRT [ ] $186

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PHONE: 704-542-7869
ALTERNATE PHONE: 704-562-6852

PROPERTY OWNER: Chris

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

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X John Turner 7/3/06
Owners/Agent's Signature Date

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EHS Signature Date

1705

ER Responsibilities:

ANY Trees or shrubs in way of Project
g OR STAINING

PLAN "A"

COPY

* RAFTER END CUT DETAIL

11' 0"

* PLEASE NOTE DECKING DIRECTION AND ADJUST FRAME STRUCTURE.

Design was
= Added 4' of deck
Please Re-calculate:

32'

Chimney

Gas line

N/A

DN