

16901 YOUNGBLOOD RD

21728109

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1628B DATE: _____

TC: 217-071-33 ~~4~~ 4 CRT

SERIAL Nº 16703

Name of Owner Richard S. Owen Juris.: _____

Address of Property 16901 Youngblood Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 300

Number of Lines 3 1 @ 13 panels 1 @ 17 panels 1 @ 18 panels

Cover Depth Average 12"

Water Supply Source WELL NOT INSTALLED YET

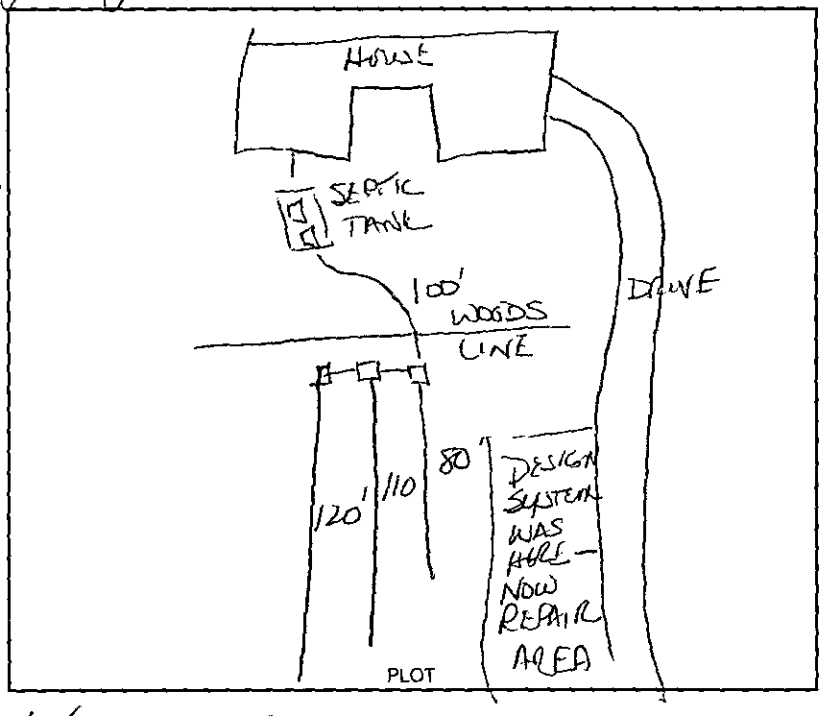
Distance to Water Source ≥ 100'

Excavation Inspected _____

Tank(s) Inspected 12/24/96

Wash Line Inspected —

High Water Alarm Inspected —



Design INSTALLED BY PLAN SUBMITTED BY CONTRACTOR, CTR# MIKE FAUCKNER

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- ☐ installed or constructed
- ☑ in accordance with the permit issued submitted
- ☐ altered or repaired
- ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: NOTE: TO FILE ~~CA~~ INSTALLED ~~REL~~ LOCATED FIELD AREA IN REPAIR LOCATION. WITH AN INFILTRATOR, WITH DROP BOXES. REQUIRED BY BILL MARLIN & MYSELF ON 12/24/96 TO INSTALL A SWELL ABOVE SYSTEM TO DIVERT SURFACE WATER & ~~WATER~~ DRAINAGE AT DRIVE TO ALLOW FOR WATER TO DRAIN AWAY FROM DRIVEWAY. COVER OVER SYSTEM TO SLOPE WATER AWAY FROM SYSTEM

Joni Higgins Bunney, RS
Environmental Health Specialist

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

File 1638B

INFILTRATOR® SYSTEMS INC

Leading the way in septic and stormwater chamber systems

This is to certify that

Mike Faulkner

Of

982 Anderson Rd
Rockhill, SC 29730

has satisfactorily completed the training program required by Infiltrator® Systems Inc., to install chambers manufactured by Infiltrator® Systems Inc. This certificate qualifies installer to install Infiltrator® Systems Inc., products only.

This certificate was issued and sealed this 26th day of December 1996

Infiltrator® Systems Inc. reserves the right to withdraw this certificate if company policies and procedures are violated

Certification No. NC 907

x Richard H. Crumley
Richard H. Crumley
Regional Manager

x Terry D. Blalock
Terry D. Blalock
North Carolina Area Manager

DEC-31-96 TUE 10:00 AM J.E. Faulkner FROM 1ST FL

SEAL
L-2624
LAND SURVEYOR
JACK R. CHRISTIAN

N 76°24'38" W
305.22'

N 75°32'12" W
787.57' TO
CONC. MON.

Attn/ Tom Bunney or Quinn

Re: # 1638-B

LOT 8

S 06°12'16" E

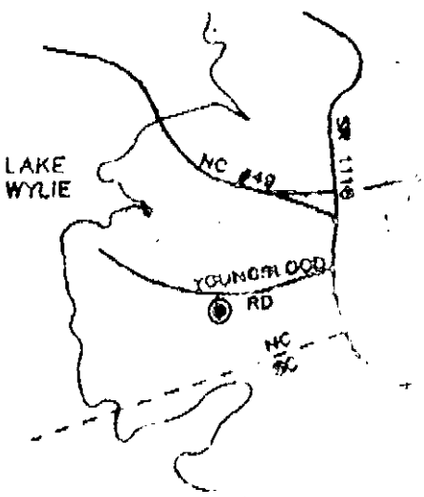
N 05°07'36" W

LOT 7

10.25 Acres

LOT 9

VICINITY MAP



FOUNDATION
1" = 50'

15' A...

590.57'

GRAVEL

3PB 33'

257.43'

N 85°50'59" E

YOUNGBLOOD ROAD
S.R. #1102
60' PUB R/W

Plan approved by Jerry Blalock - Inspector based on WWS-93-2-R1 memo 8/25/94 - II. a+c and V. dtc - JRB, 12/24/96

GRAPHIC SCALE

100 200

SURVEY

13901 Youngblood Road, Charlotte NC
File No. 1632-03

I Richard Omer am aware that my septic system was moved from the original location approved by the Mecklenburg County Health Department. I realize that I will take sole responsibility for the system with regard to any future claims or problems.

Richard Omer

12-26-96
Date

Permit Number 1638B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 1638B

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
~~NO~~ YES Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: NONE

Additional Conditions:
1. WELL SHALL BE A MINIMUM OF 50' FROM SEPTIC SYSTEM OR ANY SOURCE OF POLLUTION.
2. Gravity flow shall be maintained at all times or pump is required
3. This permit is valid for 5 years.

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date: 11-20-96

Owner/Agent Signature — Date: 11-20-96

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

C/C# 6742 $60.00

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/21/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-19-96 PERMIT NO: 1638B
PARCEL NO: 217-071-35

JOB LOCATION ADDRESS: 16901 Youngblood Rd.
PROPERTY OWNER: Richard S Driver
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Joe Higgins Bunny DATE: 11-19-'96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1638B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: ① Installation Approval Required by a Registered Contractor.
② Gravity flow shall be established.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

M S Dan M — 11-20/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16868 DATE: _____

TC: 217-071-33 L ± CRT

SERIAL NO: 16705

Name of Owner Richard S. Owen Juris.: _____

Address of Property 16901 Youngblood Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 300

Number of Lines 3 1 @ 100 Lands
1 @ 80 Lands
1 @ 18 Lands

Cover Depth Average 12"

Water Supply Source Well
NOT INSTALLED YET

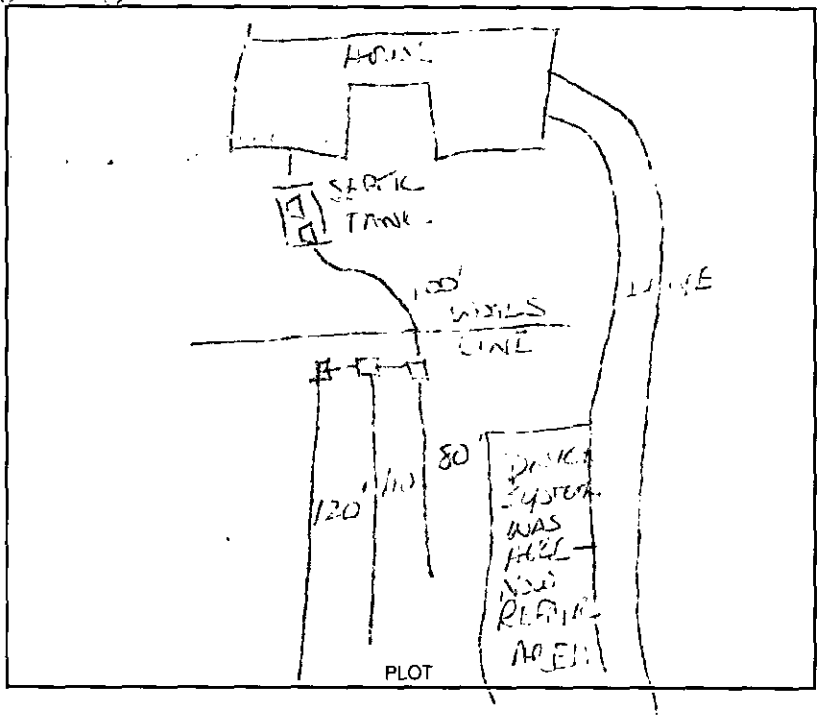
Distance to Water Source ± 100'

Excavation Inspected _____

Tank(s) Inspected 12/24/96

Wash Line Inspected —

High Water Alarm Inspected —



Design _____ CTR# _____

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: NOTE: IF NOT TO INSTALLED ALONG AREA IN REPAIR AREA MUST HAVE AN INTERCEPTOR WITH DROP BOXES. REPAIRS BY ANY MATERIAL VARIANCE OR MODIFICATION TO INSTALLED SYSTEM. IF DIRECT SUBSURFACE DRIP IRRIGATION, PUMP TANK, TO BE INSTALLED. ALL LINES TO BE SLOPED AT 1/4" PER FOOT.

Environmental Health Specialist

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

Date 12-31-96

# of Pages 2

Attention ~~Miss Glenn~~ Tom Bunney

From Mike Faulkner

Re Owner Septic System File # 1638-B
16911 Youngblood Rd

COMMENTS Here are the 2 letters you Requested on Owner Septic System. For Tom Bunney's Appeal of

Please call (803) 366-4338 if you did not receive the number of copies indicated or if you have any questions.

Our FAX number is (803) 366-1742 or (803) 366-5974

543-1224

12/31/96
Lorraine
This is everything
Tom B requested
to release
Occupancy

217-071-32

1638B

Att / Toni Bunnell

Mecklenburg County
Health Department

REGISTRATION FOR THE PURPOSE OF CONDUCTING A BUSINESS

TO INSTALL/CONSTRUCT/ALTER/REPAIR/DESIGN

SEWAGE TREATMENT AND DISPOSAL SYSTEMS

IN MECKLENBURG COUNTY

BUSINESS NAME: A - E. Excavating

OWNER: Buck Warlick

ADDRESS: 1382 Cameron Rd
York S.C. 29745

PHONE NUMBER: 803 - 417 - 4572 ***BUSINESS***
803 - 628 - 6040 ***HOME***

SUBMITTED IN COMPLIANCE WITH SECTION .1937(g) OF THE NORTH CAROLINA ADMINISTRATIVE CODE.

OWNER

11-22-96
DATE

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Mecklenburg County
Health Department

REGISTRATION FOR THE PURPOSE OF CONDUCTING A BUSINESS

TO INSTALL/CONSTRUCT/ALTER/REPAIR/DESIGN

SEWAGE TREATMENT AND DISPOSAL SYSTEMS

IN MECKLENBURG COUNTY

VESS
E: A - Z Excavating

R: Buck Warlick

ESS: 1382 Cameron Rd
York S.C. 29745

NUMBER: 803-417-5777
803-628-6012

SUBJECT TO ALL APPLICABLE RULES AND REGULATIONS OF THE STATE OF NORTH CAROLINA AND SECTION 1937.2 OF TITLE 15A NORTH CAROLINA ADMINISTRATIVE CODE.

[signature]

[signature]

Environmental Health Division
700 North Tryon Street Suite 214 Charlotte, North Carolina 28202-2236

J.E. Faulkner Homes, Inc.
382 Anderson Road - 21 By Pass
Rock Hill, South Carolina 29730

DATE 11-22-96

ATTENTION: Toni Bunney

LOCATION: Mecklenburg County Health Dept

From: Mike Faulkner (OWNER)

File # 1638 B 16901 Youngblood Rd Charlotte NC.

This is the Lot you Requested to have on file by your Contractor to do a Septic System in your name. He has your # he will call you and set an Appointment to Perform the System

(803) 366-4338
FAX # (803) 366 5974

Pages 1

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet
PROPERTY ID #: #1 16 36B
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

PO217-071-32
Lot #8

OWNER: William Reule
ADDRESS: 900 Harrel Ct, Charlotte
PROPOSED FACILITY: residence
LOCATION OF SITE: 11901 Youngblood Rd

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949):
DATE EVALUATED:
PROPERTY SIZE: 1.25
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope % 3-8% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS	0-25"	compacted/ Fi	/					US
2	LS	0-4"	gr/s/	Fr/SEXP/NS/NP	> 48" to chroma 2	48"	N/A	None	PS IV .39 F2
		4-38"	sBK/C-SC	Fr-Fi/SEXP/SP					
		38-48"	sBK/sCl	Fr/SEXP/SS/SP					
3	LS	0-6"	gr/s/	Fr/SEXP/NS/NP	> 48" to chroma 2	48"	N/A	None	PS IV .39 PS
		6-40"	sBK/C	Fr-Fi/SEXP/SP					
		40-48"	sBK/Cl	Fr/SEXP/SS/SP					
4	LS	0-10"	gr/s/	Fr/SEXP/NS/NP	> 48" to chroma 2	48"	N/A	None	PS IV .39 F2
		10-40"	sBK/C	Fr-Fi/SEXP/SP					
		40-48"	sBK/Cl	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Recommend Approval
EVALUATED BY: William A Reule 11-15-96

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION # 1636B
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: .25
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS 1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTA
5	LS	0-8"	gr/S/	Fr/SEXP/NS/NP	>46" to chroma 2	46"	NM	None	PS III .39 P2
		8-38"	SBK/SC	Fr-Fi/SEXP/SP					
		38-46"	SBK/SCL	Fr/SEXP/SS/SP					
6	LS	0-8"	gr/SL	Fr/SEXP/NS/NP	>46" to chroma 2	46"	NM	None	PS IV .39 P2
		8-36"	SBK/C	Fr-Fi/SEXP/SP					
		36-46"	SBK/SCL	Fr/SEXP/SS/SP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

OMMENTS: 1007b Repair

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

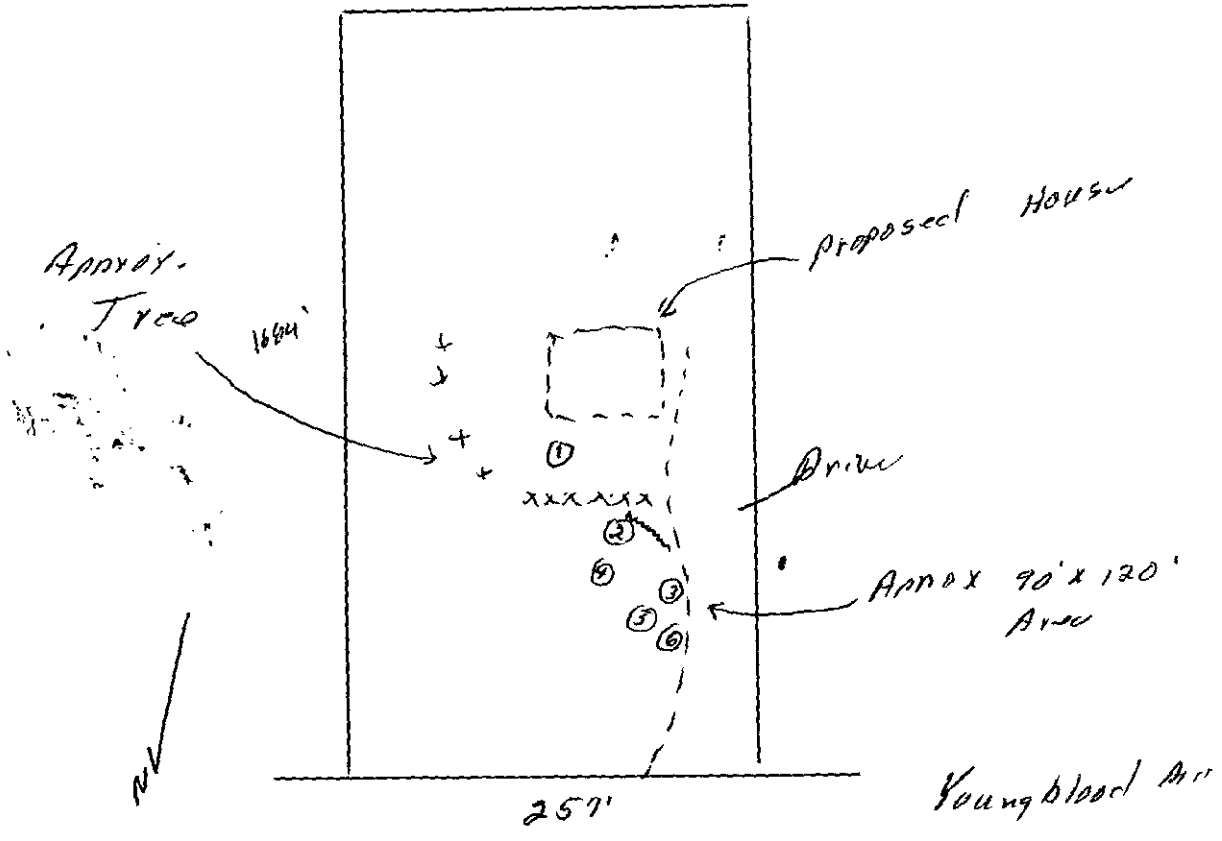
OILS	
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatio
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1636A



FEE: 100.00 Ck# 6737
DATE: 11-5-96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1638B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21707132

STREET ADDRESS: 16901 Youngblood Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #8

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 11-15-96

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1867 Sq Ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

- __ WITHOUT BASEMENT ON SLAB
- ✓ CRAWL SPACE
- __ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: Reule (LAST) William (FIRST) (MI)

ADDRESS: 900 Harvel Court

CITY: Charlotte STATE: NC ZIP: 28211

DAYTIME PHONE: ( ) 704 - 366-2716

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: OMER (LAST) Richard S (FIRST) (MI)

DAYTIME PHONE: ( ) 803 - 366-4338

(Ask For Mike)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Richard Omer / Mike Faulkner DATE: 11/5/96

Mecklenburg Faulkner
803-366-4338

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Contact

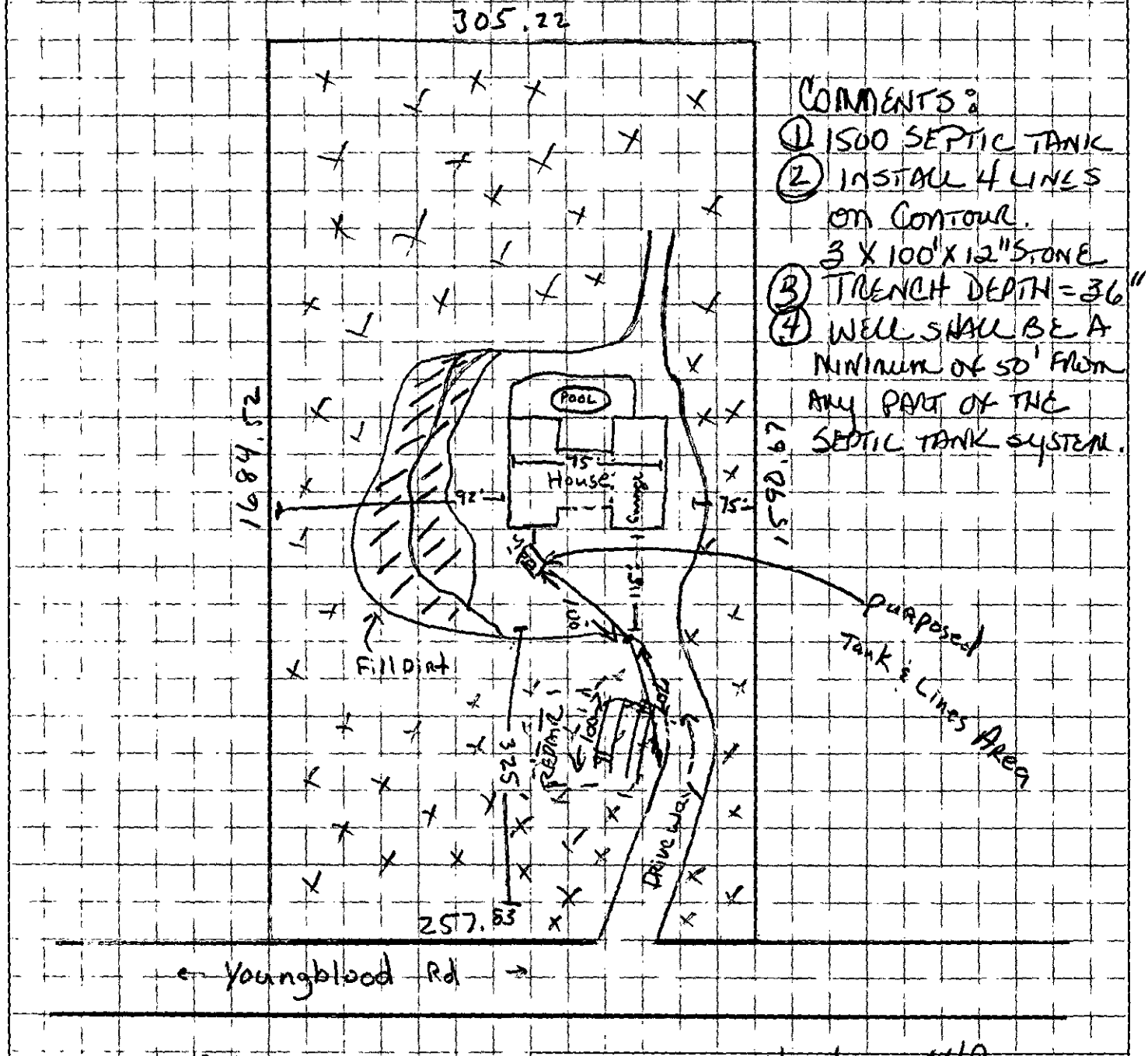
PROPOSED PLOT PLAN

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

FILE: 1638B

TC: 2170732

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.



COMMENTS:
1. 1500 SEPTIC TANK
2. INSTALL 4 LINES ON CONTOUR. 3 X 100' X 12" STONE
3. TRENCH DEPTH = 36"
4. WELL SHALL BE A MINIMUM OF 50' FROM ANY PART OF THE SEPTIC TANK SYSTEM.

APPROVAL DATE 11/21/96 JKB

M Sallmer 11-21-96

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

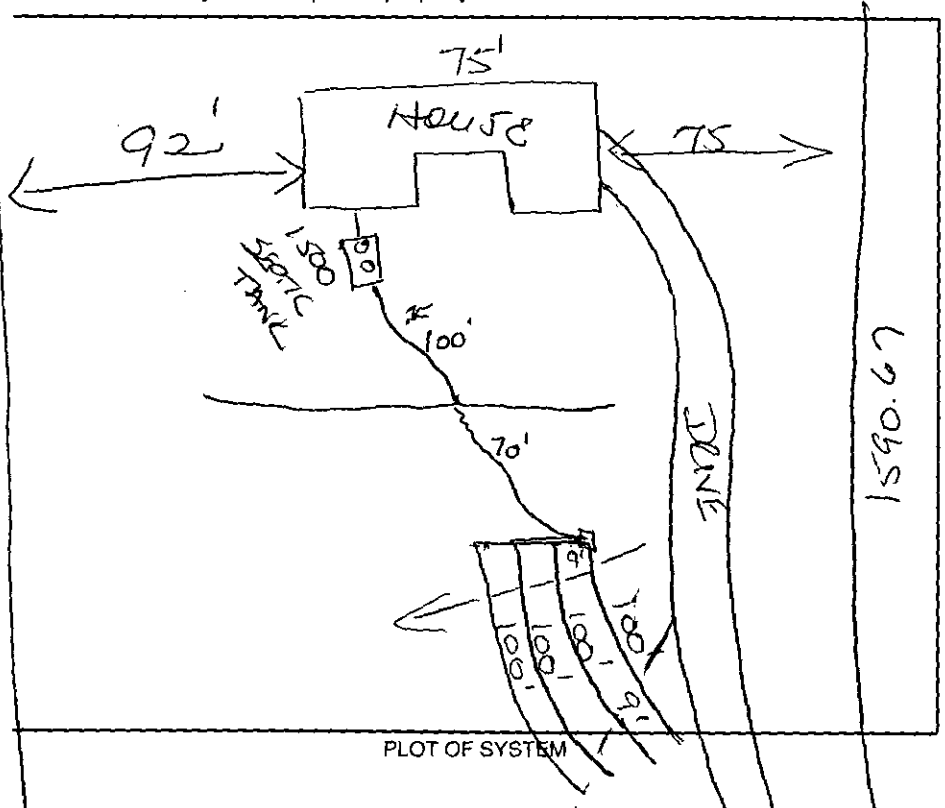
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1638B DATE: 12-5-96

TC: 2170132

SERIAL Nº 16954

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 12/5/96. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 PVC

Trench Depth 36

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Richard Omer

~~LOCATION OF PROPERTY~~ 16901 Youngblood Rd.

Comments: 1500 SEPTIC TANK (W) MIN SUPPLY LINE TO #4 LINES @ 3'X100'X12". INSTALLED ON CONTOUR

(Wilkinson)
(1) HANCOR Blvd
(2) ENVIROCHAMBER
X (3) INFILTRATOR

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 100.00 + 20.00

DATE: 11-5-96 67317

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

FILE #: 1638B

11-18-96 4:55 pm per phone conversation

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Wed, Nov 20 - 11:00am

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21707132

STREET ADDRESS: 16901 Youngblood Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #8

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
✓ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1867 sq ft

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 1

CLOSING DATE 11-15-96

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

COPY

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Reule (LAST) William (FIRST) (MI)

ADDRESS: 900 Harkel Court

CITY: Charlotte STATE: NC ZIP: 28211

DAYTIME PHONE: ( ) 704 - 366 - 2716

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: OMER (LAST) Richard S (FIRST) (MI)

DAYTIME PHONE: ( ) 803 - 366-4338

(Ask For Mike)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Richard Omer / Mike Faulkner DATE: 11/5/96

Mike Faulkner 803-366-4338

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Canary - Environmentalist's Copy Pink - Owner's Copy

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet
PROPERTY ID #: #1 16363
COUNTY: PO217-071-32
Lot #8

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William Reule
ADDRESS: 900 Harvel Ct, Charlotte
PROPOSED FACILITY: residence
LOCATION OF SITE: 16901 Youngblood Rd
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949):
DATE EVALUATED:
PROPERTY SIZE: 1.25
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope 1-3-8% 1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LT.
1	LS	0-25"	compacted/ Fi	/					US
2	LS	0-4"	gr/sl	Fr/SEXP/NS/NP	7 48" to chroma 2	48"	N/A	None	OS III .39
		4-38"	sBK/C-SC	Fr-Fi/SEXP/SP					
		38-48"	sBK/scl	Fr/SEXP/SS/SP					
3	LS	0-6"	gr/sl	Fr/SEXP/NS/NP	7 48" to chroma 2	48"	N/A	None	PS III .39
		6-40"	sBK/C	Fr-Fi/SEXP/SP					
		40-48"	sBK/cl	Fr/SEXP/SS/SP					
4	LS	0-10"	gr/sl	Fr/SEXP/NS/NP	7 48" to chroma 2	48"	N/A	None	PS III .39
		10-40"	sBK/C	Fr-Fi/SEXP/SP					
		40-48"	sBK/cl	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisional/Suitable
EVALUATED BY: William A. Wade 11-15-96

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION # 16369
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: .25
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
5	LS	0-8"	gr/SL	Fr/SE/AP/NS/NP	>46" to chroma 2	46"	NM	None	PS IV .39
		8-38"	SBK/SC	Fr-Fi/SE/AP/SS/P					
		38-46"	SBK/SCL	Fr/SE/AP/SS/SP					
6	LS	0-8"	gr/SL	Fr/SE/AP/NS/NP	>46" to chroma 2	46"	NM	None	PS IV .39
		8-36"	SBK/C	Fr-Fi/SE/AP/SS/P					
		36-46"	SBK/SCL	Fr/SE/AP/SS/SP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

OMMENTS: 100-0 Repeat

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	TPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Block
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SIC (Silt Loam Clay)				
(Terrace)					VPR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

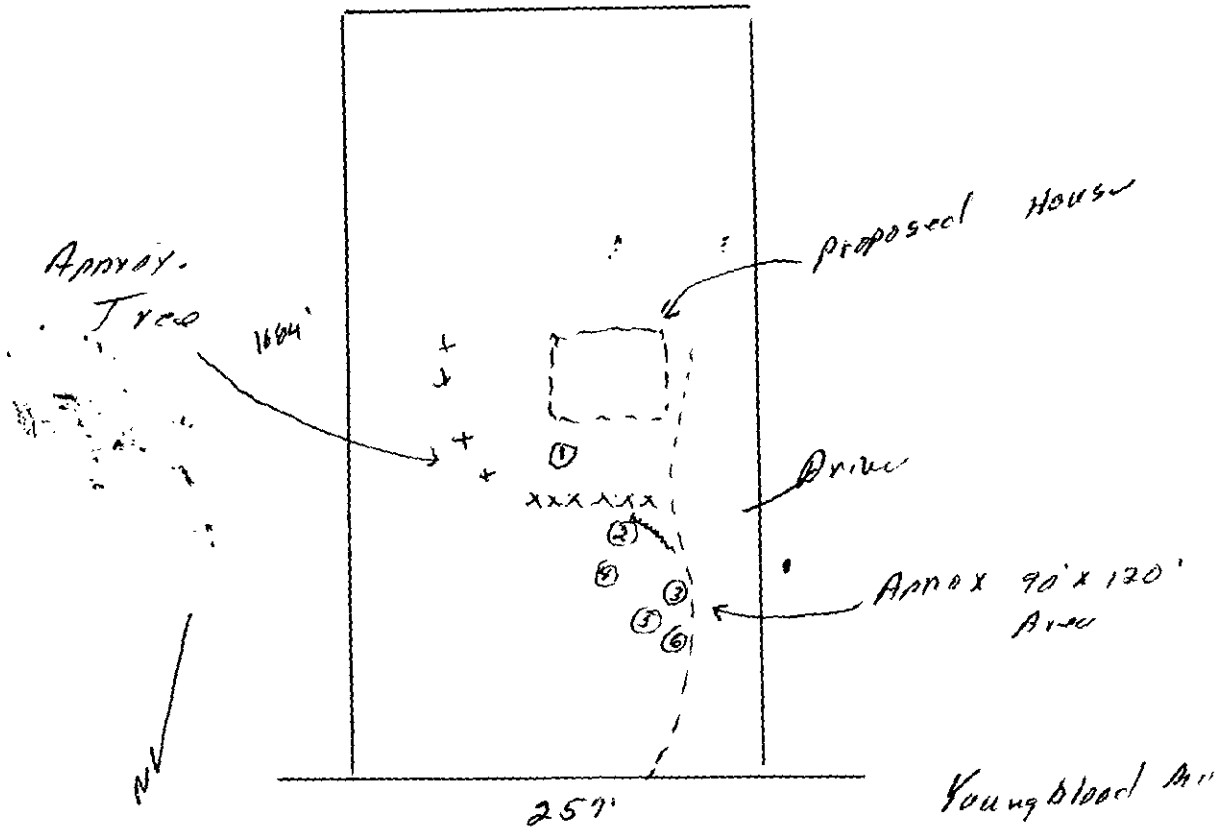
OILS	
ORIZON DEPTH	In inches below natural soil surface
EVEL OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROUTE	S(suitable) or U(unsuitable)
IH WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designat
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1636P



Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

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FROM: Innis DATE 1/13/97

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