

19515 YOUNGBLOOD RD WEST

21719150

5/15/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4020 A DATE: 4/28/89

T 217-191.50 ☐ L ☐ CRT

SERIAL № 11805

Name of Owner Mitchell, James Juris.:

Address of Property 18315 Youngblood Rd

Inspection Data:

Tank Material

Total Length of Drainfield 200'

Number of Lines 2 @ 100

Cover Depth 18"

Water Supply Source well

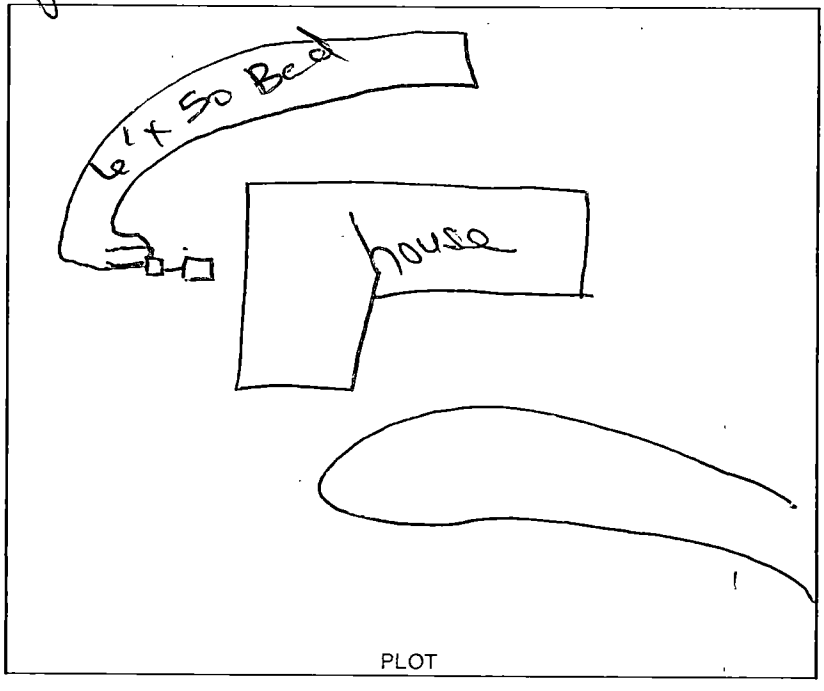
Distance to Water Source > 50

Excavation Inspected 4/28/89

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



PLOT

Design: 1989 Repair CTR# 16

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:

Judy J. Kuss R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

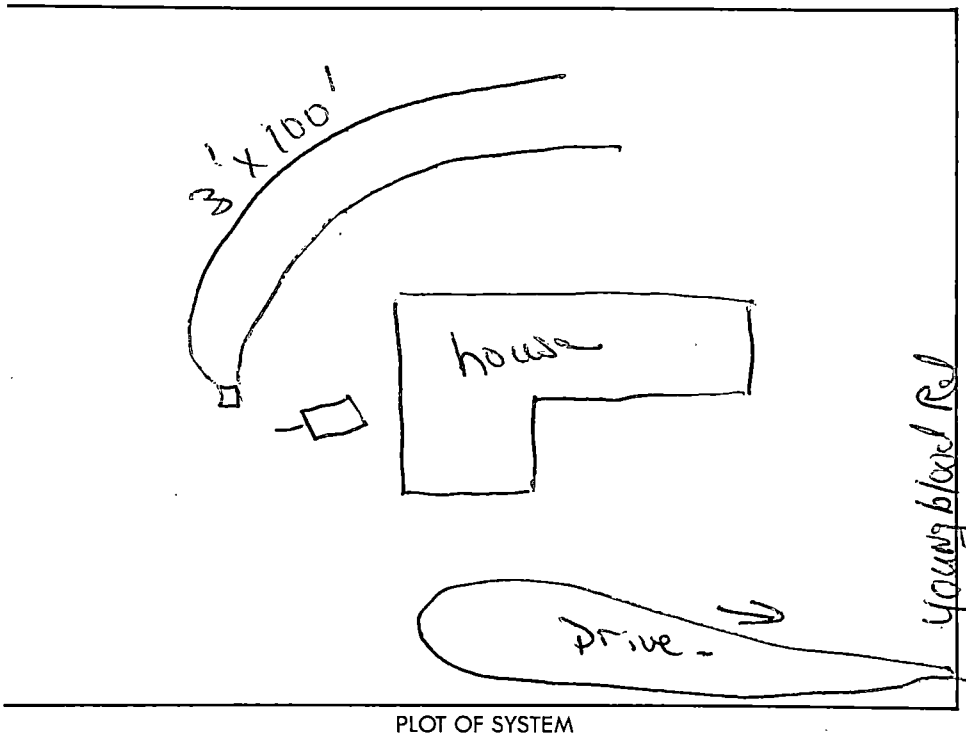
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4020A DATE: 4/11/89

TC: 217-191-50 ☒ L

SERIAL № 12555

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 4/3/89. All work shall be completed on or before 5/11/89, 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 Department of Environmental Health 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 3 feet

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Mitchell James

LOCATION OF PROPERTY 18315 Youngblood Rd.

Comments: Repair to System: INSTALL 2 Trenches 3' x 100' 12" Stone Straw Cover.

Division or Section Head

Environmentalist Judy J Rusin R.S

* 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~~.

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

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR

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

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(OFFICE USE ONLY)
FILE: 4020A
TC: ENVIRONMENTAL HEALTH DIVISION
SERIAL: No. 17944 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 18315 Youngblood Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: LAKE WYLIE, N.C. ④ TAX PARCEL NO.: 217-191-50
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: JAMES (FIRST) B. (MIDDLE) MITCHELL (LAST)
⑨ MAILING ADDRESS: 9700 NICKLEBY CT.
⑩ CITY: CHLT. ⑪ STATE: N.C. ⑫ ZIP: 28210
⑬ PHONE: (WORK) 552-8507 ⑭ (HOME) 542-5577

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
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? 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 on the property for the purpose of processing this request.

Signed: James B. Mitchell
Date: 4-3-85

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.

SERVICE REQUEST/WORK ORDER

Tax Code: _____ Emergency? Y N

Date: 2/15/89 Hour: 12:20

Section: OPWD Log No.: _____

REQUESTING PERSON: _____ Tel. No. _____

8-5

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 18311 Youngblood Rd City _____ Zip _____

SERVICE REQUESTED: Sewage running through back yard from house next door

ASSIGNED TO: Kiser **TAKEN BY:** KAT

DATE	ACTIVITY REPORT
2/16	This is an old complaint that was supposedly resolved - Old file Pulled up no repair indicated
3/	Site Visit - Appears to be malfunctioning Again -

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ **RECALL DATE:** _____

Section Head's Signature Date

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 13 1987
ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 4020A
TC: _____
SERIAL: Nº 14720
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16815 (STREET NO.) Youngblood (STREET) Rd. ② FILE: _____
③ JURISDICTION: Charlotte, N.C. ④ TAX PARCEL NO.: 217-191-50
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: James (FIRST) B. (MIDDLE) Mitchell (LAST)
⑨ MAILING ADDRESS: 9700 Nickleby Ct.
⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28210
⑬ PHONE: (WORK) 552-8507 ⑭ (HOME) 542-5577

REQUEST

This request is for a(n):

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㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? _____
㉕ Type? _____
㉓ Maximum occupancy? _____
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____
Date: 10/12/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 Environmental Health or an authorized section head in order to be valid.

MECKLENBURG COUNTY

Department of Environmental Health

September 30, 1987

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

James B. and Judith M. Mitchell
9700 Nickleby Court
Charlotte, NC 28210

Dear Mr. Mitchell:

During a recent investigation of your property at 16815 Youngblood Road (parcel 217-191-50), Charlotte, North Carolina, it was found that the septic tank system was not functioning properly and that effluent was leaking to the surface of the ground, creating an insanitary condition. This is in violation of the General Statutes of the State of North Carolina and the regulations as prescribed by Mecklenburg County.

You are hereby given notice to correct this situation by October 15, 1987. Legal action may be taken if you fail to correct this situation.

An application to repair is enclosed for your convenience. Fill out the application to repair and return it to this department. After the completed application to repair has been received in this office, you may reach me at 376-4603 to set up an appointment to permit the needed repair.

Sincerely,

Judy J. Kiser
Registered Sanitarian
On Premises Waste Disposal Section

ROUTING SLIP

To:_____ Department:_____

PLEASE

- ☐ Note & have Sec'y file
- ☐ Note & return to me
- ☐ Note & see me about this
- ☐ For your approval
- ☐ Take appropriate action
- ☐ Make recommendations
- ☐ See me ☐ Call me
- ☐ Sign ☐ Please answer
- ☐ For your information
- ☐ Per our conversation
- ☐ Per your request
- ☐ Request further information

REMARKS:

Date_____ From:_____

Mr. Mitchell says he bought property that was divided & part (small portion) of his drainfield is on Barrett Klutz Property —

mr. Klutz is planning on drawing up an easement to provide same area and repair 9/5/17

16803 Youngblood Rd.

Site visit showed very small amount of gravel or if they may have hit the end of drainfield they had packed earth back to contain until repaired.

P-540 154 686

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 153-506

STICK [redacted]E STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make inquiry.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. [X] Show to whom delivered, date, and addressee's address. 2. [ ] Restricted Delivery.

3. Article Addressed to:

James B. & Judith M. Mitchell
9700 Nickleby Court
Charlotte, N. C. 28210

4. Article Number

P 540 154 686

Type of Service:

[ ] Registered [ ] Insured
[X] Certified [ ] COD
[ ] Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

-7-87

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
- **Complete items 1, 2, 3, and 4 on the reverse.**
- **Attach to front of article if space permits, otherwise affix to back of article.**
- **Endorse article "Return Receipt Requested" adjacent to number.**

CHARLOTTE, NC 282
PM
7 OCT
1987

U.S.MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

ENVIRONMENTAL HEALTH DIVISION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 3

Print Sender's name, address, and ZIP Code in the space below.

Judy J. Kiser
Mecklenburg County Health Department
1200 Blythe Boulevard
Charlotte, N. C. 28203