

14327 YOUNGBLOOD RD

21911127

1/2/2008

duponbj

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

Soil site evaluation

FEE: ~~$70.00~~ $75.00
DATE: 11/28/95

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

1 1 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 #: 33975

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 219-111-03 po

STREET ADDRESS: 14327 Youngblood Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER:

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:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASEMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES ☒ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Wallace (LAST) Roger (FIRST) A. (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 14427 Youngblood Rd.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC. ZIP: 28278	
DAYTIME PHONE: (704) 588-0409	

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: Roger A. Wallace DATE: 11/28/95

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3397B DATE: 3/22/96

TO: 219-111-03 ☐ L ☒ CRT

SERIAL Nº 15994

Name of Owner Roger Wallace Juris.:

Address of Property 14327 Yarmouth Rd

Inspection Data:

Tank Material 1500/PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 36

Water Supply Source WELL

Distance to Water Source 3/22/96

Excavation Inspected 3/22/96

Tank(s) Inspected 3/22/96

Wash Line Inspected —

High Water Alarm Inspected 3/22/96

PLOT

Design: 1500ST, 1000PT, 1P, 1200SQFT, 12"G, CECIL/IKE CTR# W.T Norwood

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: Type III - Goulds Pump

Tom Higgins Bunn, R.S.
Environmentalist

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/22/13
Receipt #: 85791
Check / Auth #: CASH
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: WALLACE ROGER ALLEN
Attn:
Address: 14327 YOUNGBLOOD RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod		1	100.00	100.00

Outstanding Balances

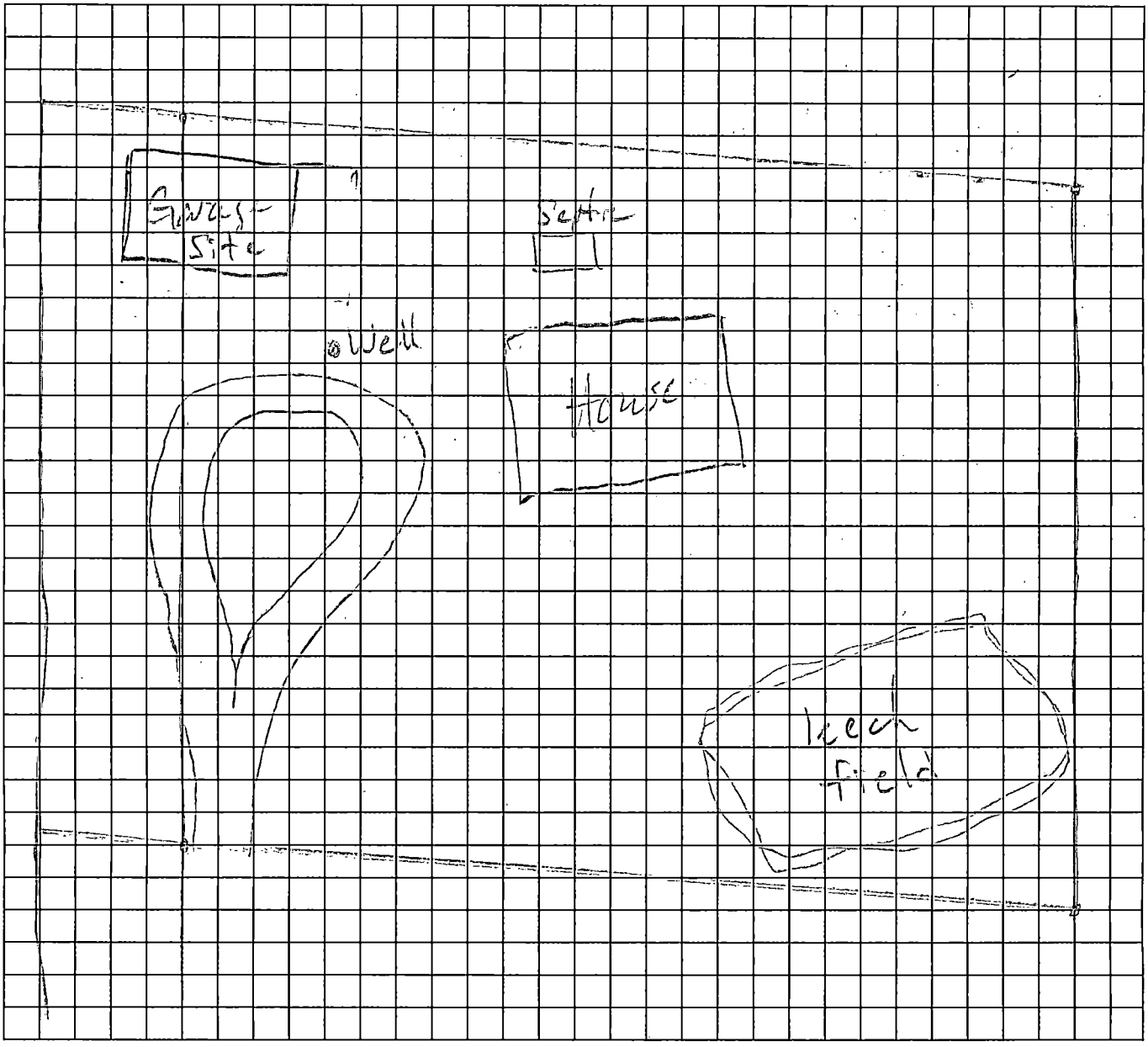
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
			100.00	1,142.15	

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

OK to use existing system
See attached approval
Joshua R. Sillus 10/24/13
REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

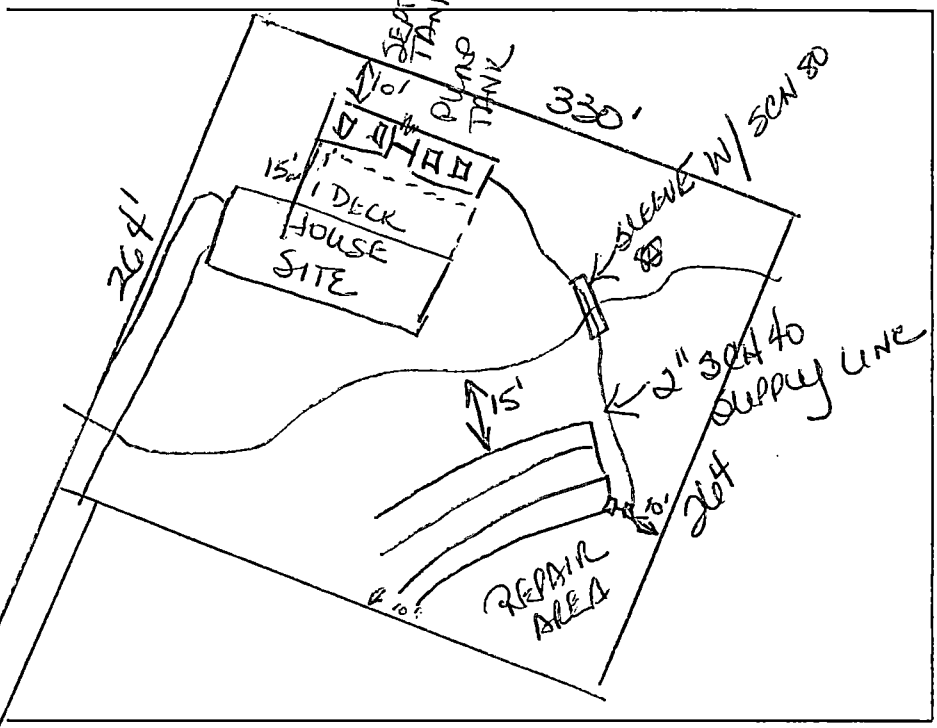
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3397B DATE: 3/14/96

TC: PO 219-111-03 L

SERIAL Nº 16635

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 3/14/96. All work shall be completed on or before 9/14/96, 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 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous NO

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10' feet

Distance from Well 50' feet

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

NAME OF OWNER Roger A. Wallace

LOCATION OF PROPERTY 14537 Youngblood Rd.

Comments: 1500 ST, 1000 PT, WITH (1) WASHER BOX & (1) D BOX WITH 4 LINES @ 3' X 100' X 12". LINE ACROSS ditch SHALL be INCASED 10' PVC TO EACH SIDE OF THE DITCH W/ SCH 80 6" PVC AND POSSIBLY REPACKED WITH SOIL.

Jane Heggie Bunny, R.S.
Environmental Health Specialist

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

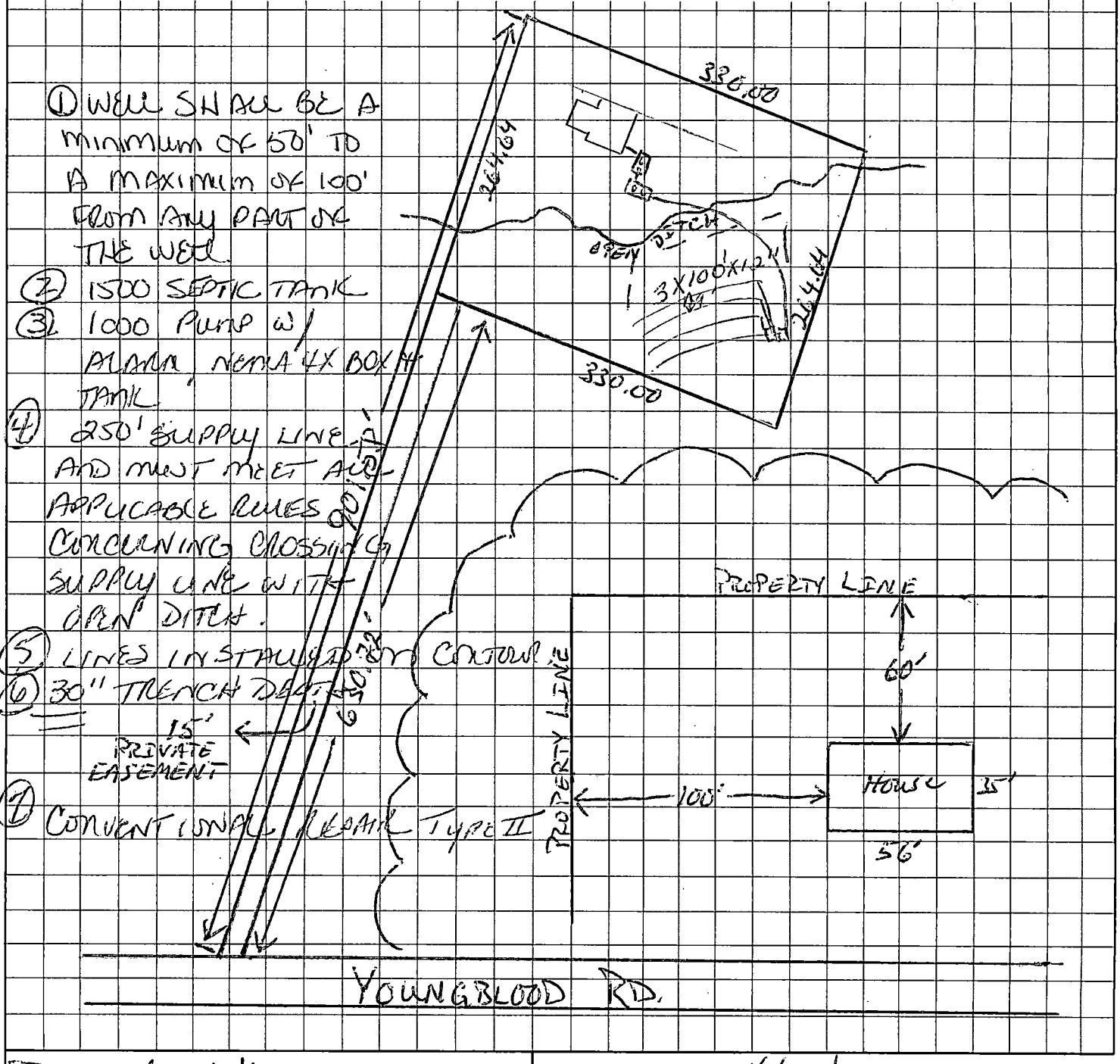
PROPOSED PLOT PLAN

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

FILE: 33976

TC: PO 219-111-03

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.



Roger A. Wallace
OWNER/AGENT SIGNATURE

DATE 12/16/94

APPROVAL DATE 4/18/95

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 12-16-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 219-111-03

ASSIGNED ADDRESS 14327 Youngblood Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: GAC

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

33978

PD 158.00 CHK 12/14/94
DB 1548 ☐ CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: 12-16-94

PERSON FILING APPLICATION:
NAME: WALLACE (last) ROGER (first) A. (mi)
ADDRESS: 14437 YOUNGBLOOD RD PHONE: (704) 588-0409
CITY: CHARLOTTE STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: PO 219-111-03
STREET ADDRESS: 14327 Youngblood Rd
ZONING:

PROPERTY OWNER:
NAME: WALLACE (last) ROGER (first) A. (mi)
ADDRESS: 14437 YOUNGBLOOD RD PHONE: (704) 588-0409
CITY: CHARLOTTE STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 1 Charlotte ☐ 2 Davidson ☐ 3 Cornelius ☐ 4 Pineville ☐ 5 Matthews ☐ 6 Huntersville ☐ 7 Mint Hill

LOT NUMBER:
LOT SIZE (in acres): 2.000 ACRES

TYPE APPLICATION (check one):
☐ 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)
☐ 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: 3 NUMBER OCCUPANTS: 4
SYSTEN 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: X Roger A. Wallace Date: X 12-16-94

NOTICE:

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 by this Department.

...This permit is not transferable.

... 3 Bedroom Conventional

☒ 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 4/18/95

WATER : 12279

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028474

File: 33 978 Action 1

Parcel: PO 219-111-03 ☐ PC

Location: 14 327 Youngblood Rd

Subdivision:

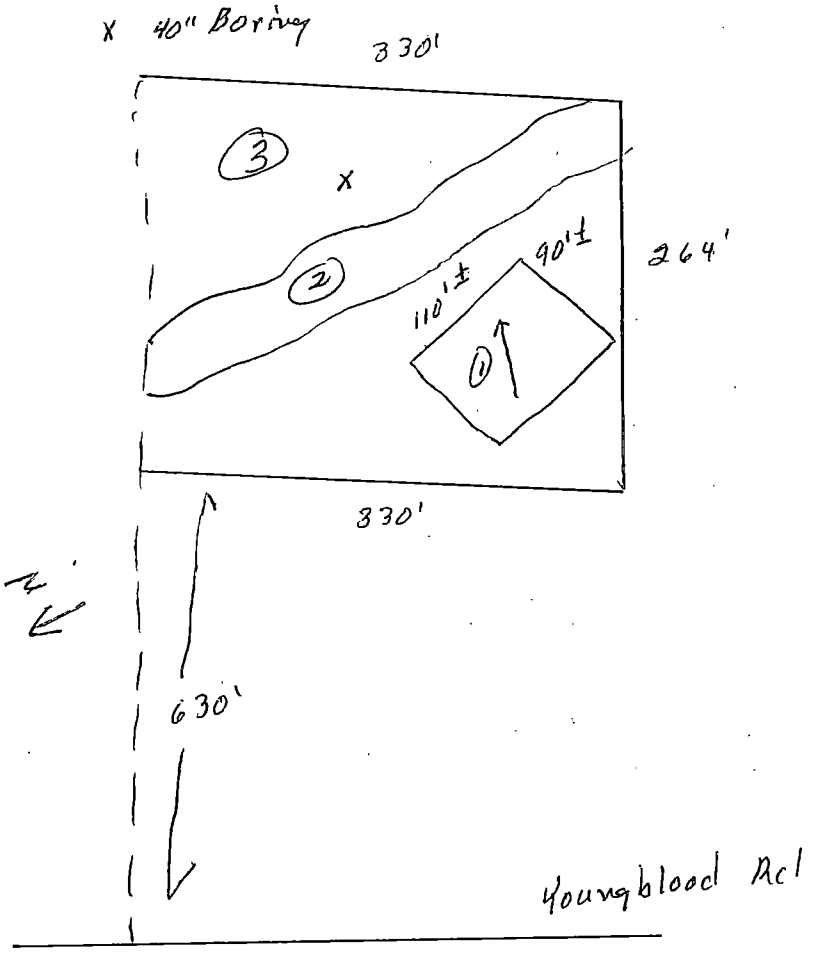
Lot: Block: Acres: Approx. 1.0 ac.

Owner: Roger A. Wallace
Address: 14437 Youngblood Rd
Charlotte, N.C. 28278

Comments: 100% Repair, 3 gal/ft²/day LTAR, system would require pump. additional space potentially available in area 1 soils

Described by: William R. Marks

Date: 2-27-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) gullied Area	(S) PS U 6-12%	S PS U	S PS U	S PS U
Texture slightly Expansive clay	S (PS) U	S PS U —	S (PS) U slightly Ex. clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage 7 40" To soil	(S) PS U Wetness	S PS U —	S (PS) U 7 40" To Soil Wetness	S PS U	S PS U	S PS U
Depth	S (PS) U 7 42"	S PS U —	S PS (U) 19-28"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 42"	S PS U —	S (PS) U 7 36"	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S (PS) U limited	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-ville	gullied Area	IV Pacolet-ville			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

3397B

MECKLENBURG COUNTY
HEALTH DEPARTMENT App #6490

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☒ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
☒ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: ROGER ALLEN WALLACE
ADDRESS: 14327 YOUNGBLOOD RD
CITY: CHARLOTTE
STATE: NC ZIP: 28278
PHONE: 704-588-0035
ALTERNATE PHONE: 864-350-1709
E-MAIL: rwallace1290@gmail.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 219-111-27
STREET ADDRESS: 14327 YOUNGBLOOD RD
CITY: CHARLOTTE
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☒ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION 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.

Roger A Wallace
Owner's/Agent's Signature

10/22/13
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11