

17001 YOUNGBLOOD RD

21728111

1/2/2008

duponbj

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

217-071-03 217-071-34

#100 Cash 11/12/04

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

HD 1056651

~~78782~~ [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 David
(704)336-5102 file 32843

PERSON FILING APPLICATION:
NAME: SUHAREWICZ (last) GEORGE (first) (mi)
ADDRESS: 17001 YOUNGBLOOD RD PHONE: (704) 588 8346
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-281-11
STREET ADDRESS:
ZONING:

PROPERTY OWNER:
NAME: George Suharewicz (last) (first) (mi)
ADDRESS: 17001 YOUNGBLOOD RD PHONE: 704 5888346
CITY: Charlotte STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Garage Addition with Bonus RM/Deck

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
[X] 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 [X] Deck/Patio [ ] Bedrooms [X] 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: G Suharewicz Date: 10.04.04

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.

...ADDITION APPROVED

O.K. TO USE EXISTING SYSTEM.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

RS 11/16/04
Environmentalist Date

WATER : 122791

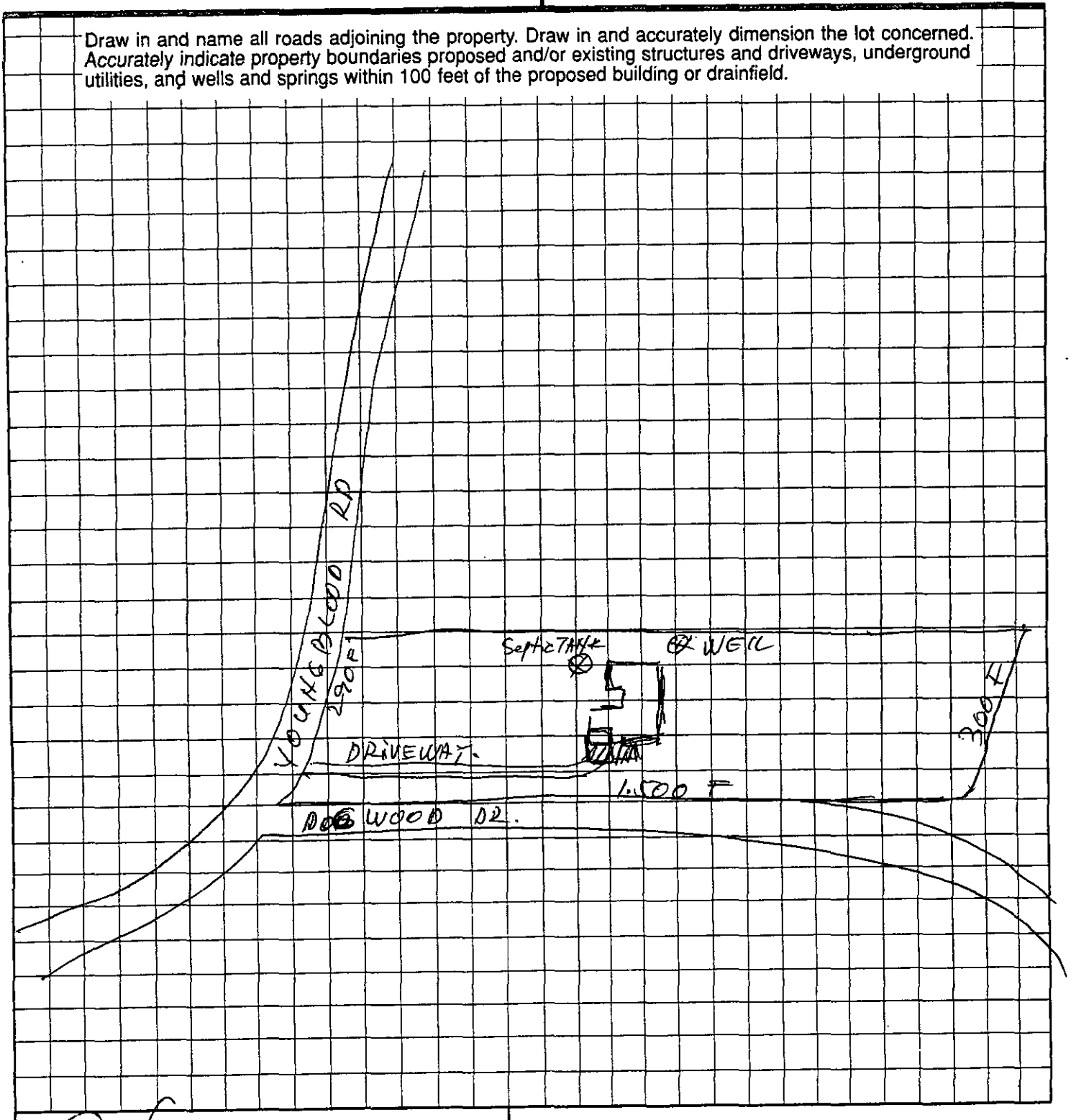
PROPOSED PLOT PLAN

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

FILE: 3284B

TC: 217-281-11

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 32848 DATE: 3/12/97

TC: 217-071-03 ☐ L ☒ CRT

SERIAL Nº 17073

Name of Owner George Suhareanu Juris.: _____

Address of Property 17001 Youngblood Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source NOT INSTALLED YET

Distance to Water Source MIN. 50'

Excavation Inspected 3/12/97

Tank(s) Inspected 3/12/97

Wash Line Inspected 3/12/97

High Water Alarm Inspected —

PLOT

Design 1500 ST, 1200 SQFT, 12"G, CECIL-LIKE CTR# Otwe LEE

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: Type II

Toni Higgins Burney, R.S.
Environmental Health Specialist

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

3284B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Suhareanu, George (last) (first) (mi)

ADDRESS: 12101 Swallow Lane PHONE: 704-588-8346

CITY: Charlotte STATE: NC ZIPCODE: 28273

PROPERTY OWNER: Being purchased from the H. E. Kiser Family Trust

NAME: Freeland, Curtis L. (Trustee) (last) (first) (mi)

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

PARCEL NUMBER: 217-08[illegible]-03

STREET ADDRESS: 17001 Youngblood Rd.
Charlotte, NC

ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 10 LOT SIZE (in acres): 8.64 Lot 10

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (S)
[ ] 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 N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
[X] Private Well (P)

PLANNED ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [X] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

I, 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: G Suhareanu Date:

OFFICE:

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 the 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.

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUA
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Improvement permit issued for 3 bedroom conventional w/ Conventional repair.

JW Hartwell, RS 9-27-94
Environmentalist Date

JWartwell for SDorsett 9-28-94
Director or Authorized Section Head Date

WATER : 122

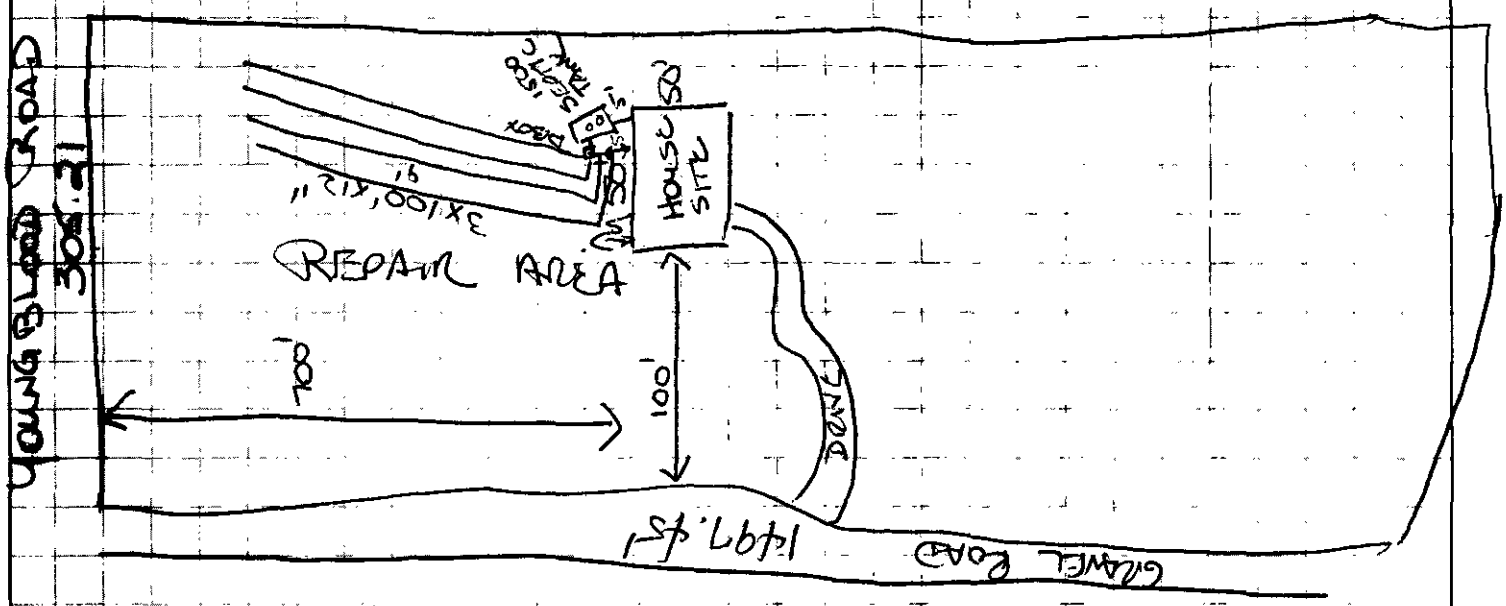
PROPOSED PLOT PLAN

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

FILE: 017-071-03

TC: 3284B

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. (1) D BOX
3. 24 TRENCHES @ 3'x100'x12"
4. REPAIR AREA REQUIRED.
5. WELL SHALL BE A MINIMUM OF 50' TO A MAXIMUM OF 100' AWAY FROM ANY PART OF SEPTIC SYSTEM.
6. PLUMBING ON GRADE AND LOCATED TO ESTABLISH GRAVITY FLOW FROM SLAB FOUNDATION.

G. Lythgoe

APPROVAL DATE 9/27/94

J Newell

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

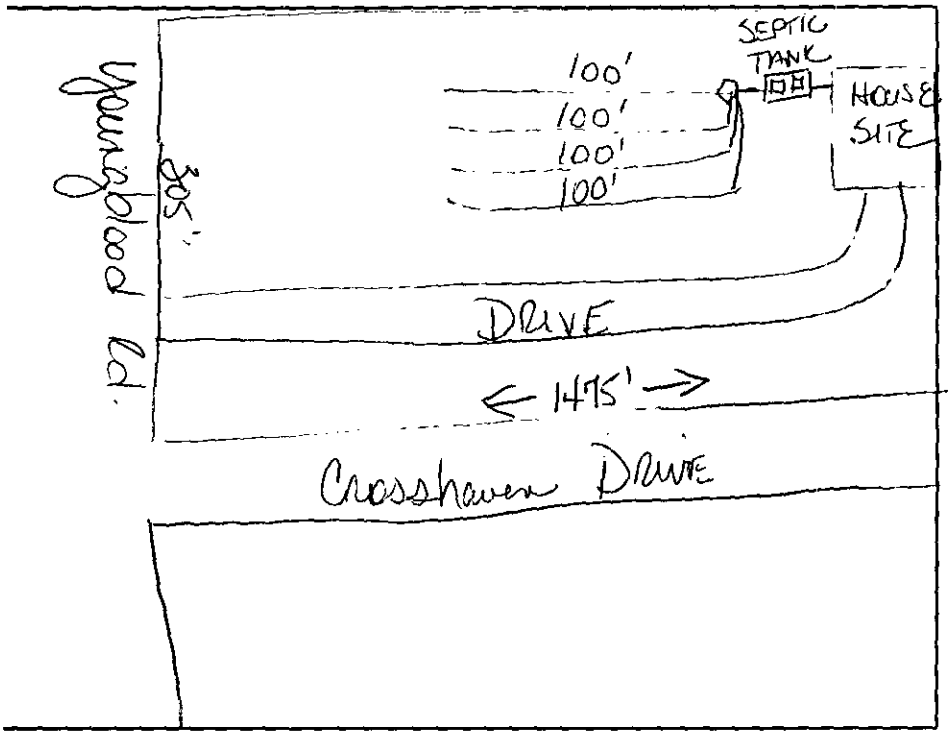
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 32848 DATE: 3/10/97

TC: 217-071-03 L

SERIAL Nº 17133

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 3/10/97. All work shall be completed on or before 4/10/97, 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 P.C.C.

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 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 NOT INSTALLED YET feet

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

NAME OF OWNER George Subaracnu

LOCATION OF PROPERTY 17001 Youngblood Rd.

Comments: 1500 SEPTIC TANK, 1200 SQ FT, 4 TRENCHES @ 3 X 100' X 12".

Lori Higgins Burney, R.S.
Environmental Health Specialist

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

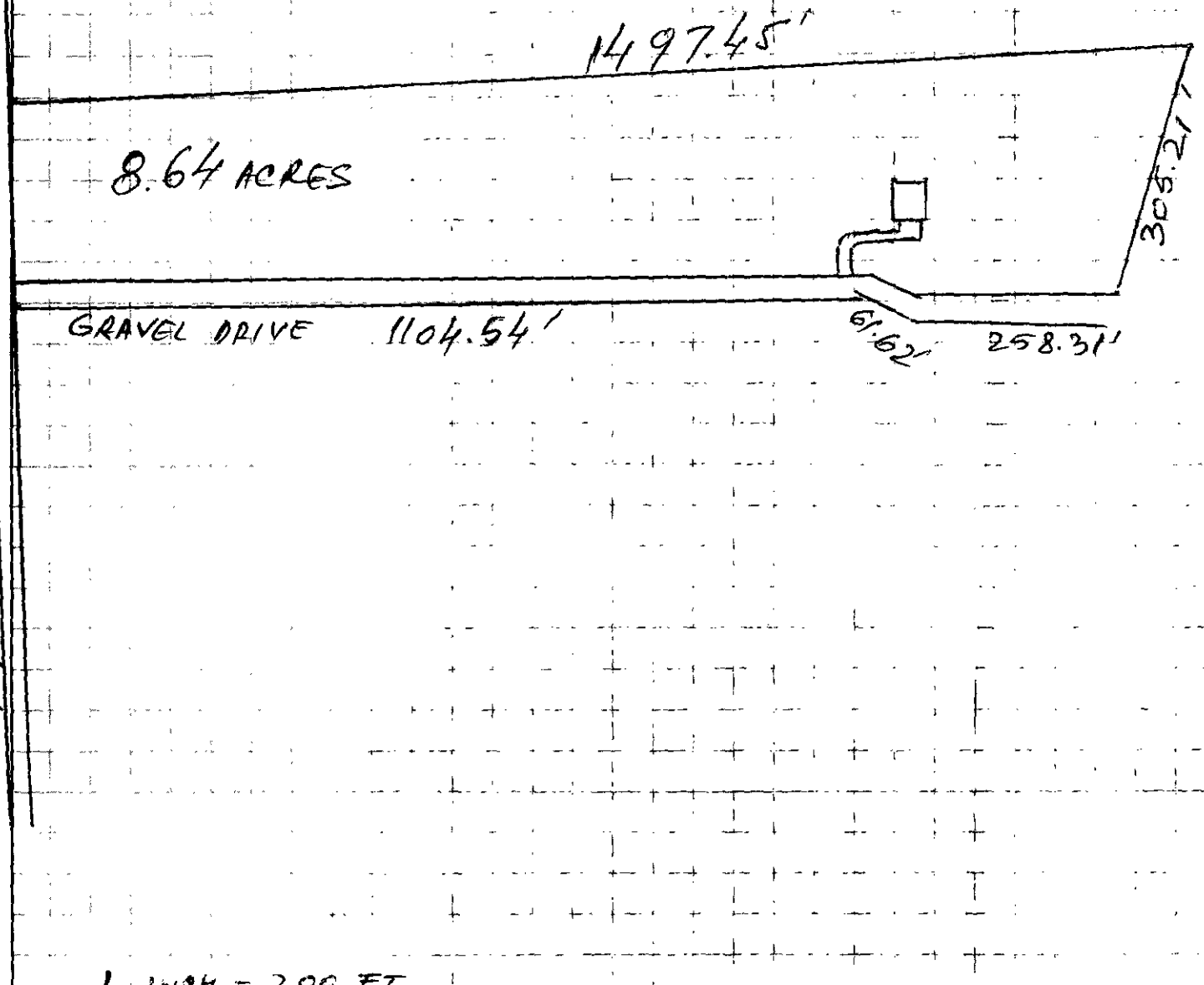
PROPOSED PLOT PLAN

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

FILE: 3284B

TC: 217-~~085-03~~ 071-03

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.



1 INCH = 200 FT

APPROVAL DATE _____

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

COUNTY HEALTH DEPARTMENT
REPORT
20477

File: 3294B

Action: Init

Parcel: 90 317-07123

☐ PC

Youngblood Road

Acres: Approx. .3 inc.

E Heirs Family Trust
Canal Road, 106
Lee, N.Y. 26276

Septic .3 gpd/sq ft
additional area

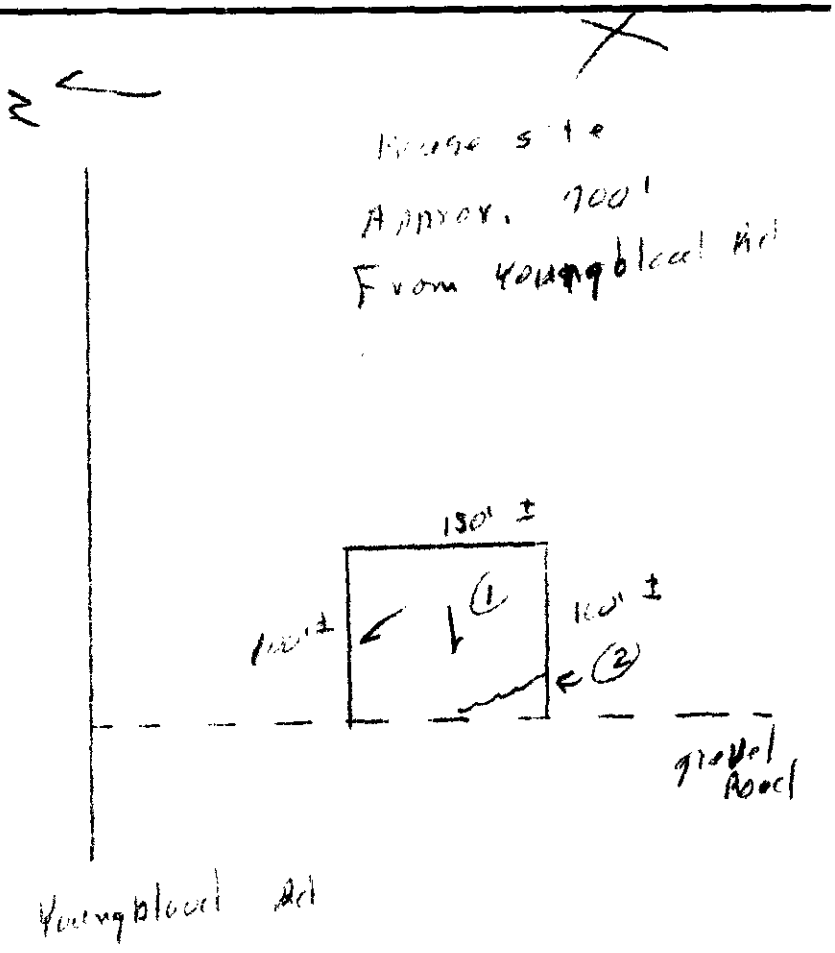
William A. Maslin
7-94

LOCATION KEY ***

U = Unsuitable

...table

...below indicates the suitability of



	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
	S (PS) U 2-8%	S PS (U) old Terrace	S PS U	S PS U	S PS U	S PS U
	S (PS) U sensitive clay	S PS U	S PS U	S PS U	S PS U	S PS U
	S (PS) U sub & Block	S PS U	S PS U	S PS U	S PS U	S PS U
	S (PS) U soil Witness	S PS U	S PS U	S PS U	S PS U	S PS U
	S (PS) U 36-46"	S PS U	S PS U	S PS U	S PS U	S PS U
	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	Cecil Hills	old Terrace				
	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

COUNTY HEALTH DEPARTMENT
ATION REPORT
BER 20477

File: 3284 B Action 1

Parcel: po 217-07103 ☐ PC

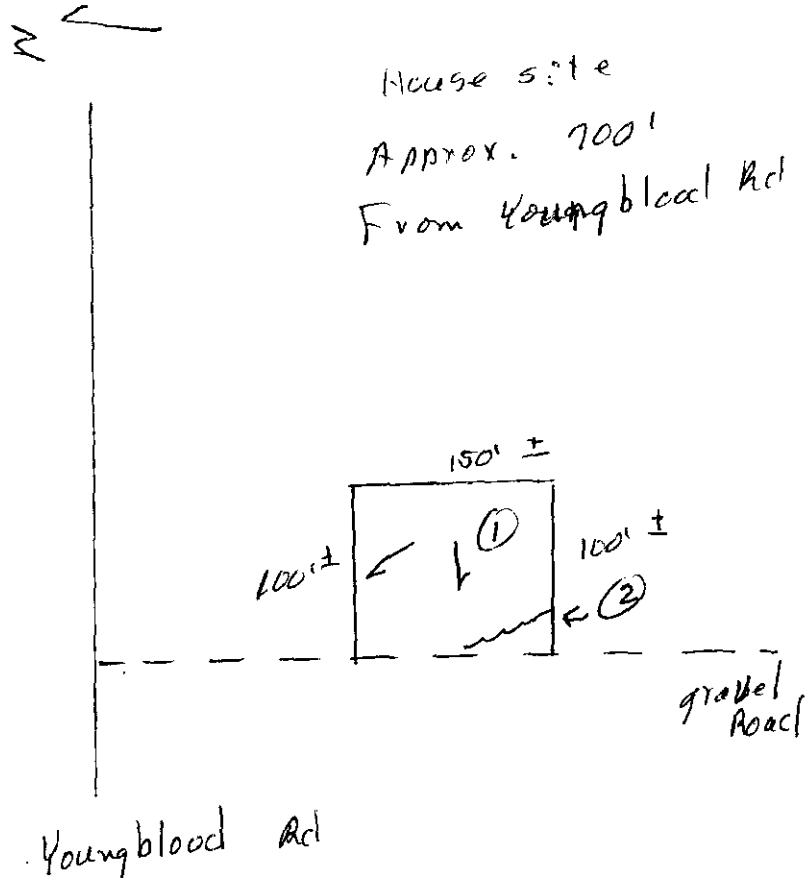
17001 Youngblood Road

Block: Acres: Approx. 3 ino.

E. Meier Family Trust
1901 Carmel Road, 106
Charlotte, N.C. 28226

100% Repair .3gpd/ft²
96, additional area
00

William A. Mallin
2-22-94



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

- **Suitable** U = Unsuitable
- **Conditionally Suitable**

"Classification" below indicates the suitability of program.

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
	(S) PS U 2-6%	S PS (U) old Terrace	S PS U	S PS U	S PS U	S PS U
tly Ex	S (PS) U pansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
sub	S (PS) U Block)	S PS U —	S PS U	S PS U	S PS U	S PS U
40" To	S (PS) U soil Wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
	S (PS) U 36-46"	S PS U —	S PS U	S PS U	S PS U	S PS U
isons	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
e	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Series	IV Cecil-Lilo	Old Terrace				
	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U