

15630 YOUNGBLOOD RD

21702144

12/31/2007

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: 2724B DATE: 8/3/99

TC: 217-021-44 ☒ L ☒ CRT
217-021-46

SERIAL No. 17889

Name of Owner Shannon Miller, Bldr. Juris.: _____

Address of Property 15630 Youngblood Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source >100'

Excavation Inspected 8/3/99

Tank(s) Inspected 8/3/99

Wash Line Inspected _____

High Water Alarm Inspected 8/3/99

PLOT

Design 1999, 1500ST, 1000DT, PI, 1200SFT, 12"6, Manifold CTR# 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 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: System designed for 3 bedroom home.
Installed with out INSTALLATION Layout.
TYPE III B

Richard Kiser RS / Tommy Mecklenburg
Environmental Health Specialist

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

CK# 1615

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/9/99 RC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/22/99. **PERMIT NO:** 2724B
PARCEL NO: 217 021 44, 16

JOB LOCATION ADDRESS: 15630 Youngblood Rd
PROPERTY OWNER: Don Caldwell
BUILDING CONTRACTOR: Shannon Miller Cons,
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Phila S. Walker RS **DATE:** 2/22/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2724B, 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: Lift pump required, Pressure manifold distribution

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.

× Shannon Miller 3/9/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

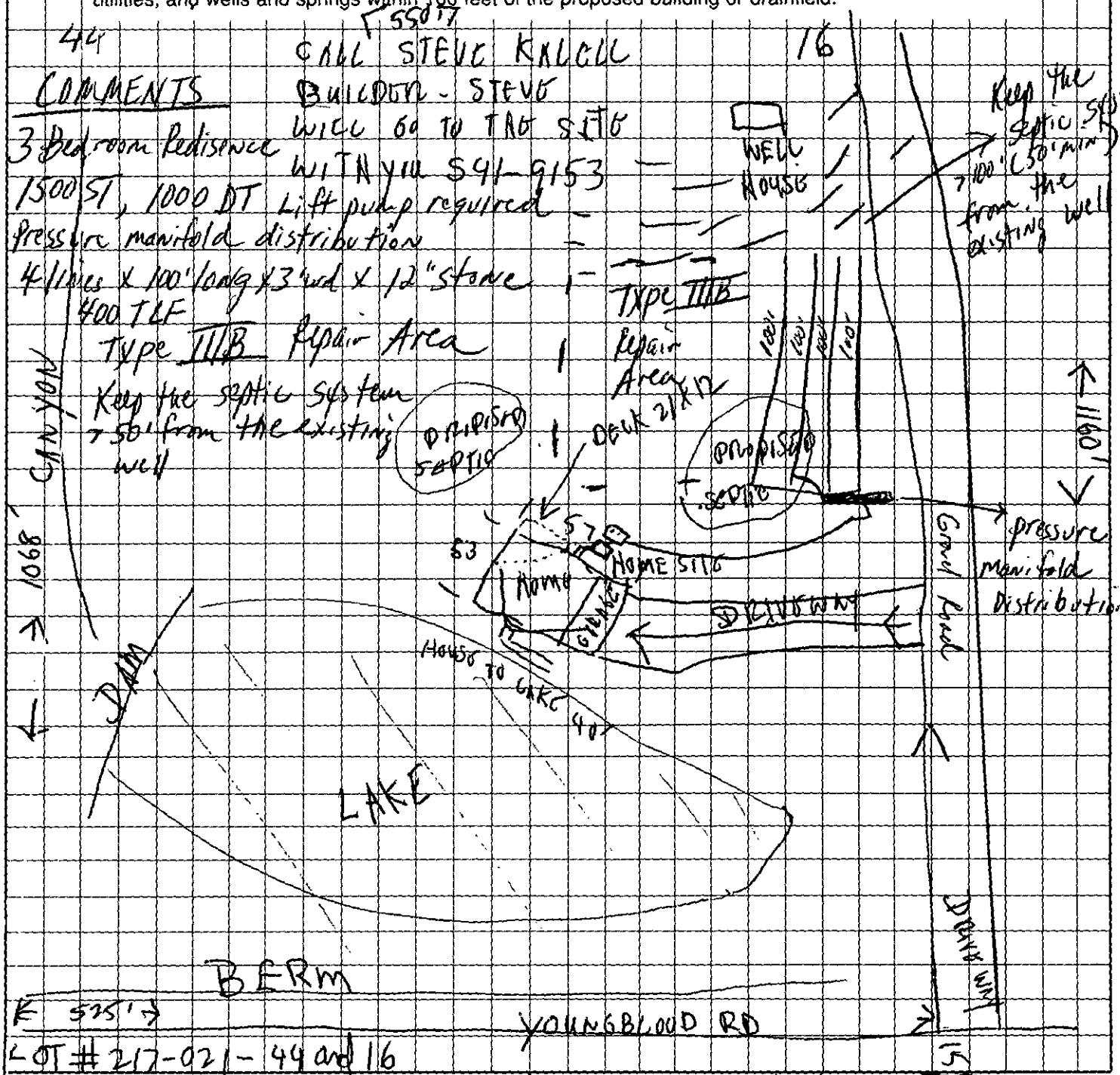
PROPOSED PLOT PLAN

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

FILE: 27246

TC: 217-021-16, 44

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.



Donald J Caldwell
OWNER/AGENT SIGNATURE

DATE 12/17/98

APPROVAL DATE JW 2/22/99

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

Permit Number: 2724B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 217 021 44, 16 + 217

- 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)
Yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: yes Type: pond Minimum separation distance: >50'

Site modifications required:

Additional Conditions: Lift pump required, pressure manifold distribution. Keep the septic system >50' from the pond and any wells.

Repair Area System Type Type (circle one): I II (III) IV V VI .25 LTAR	✓ 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

1440 Absorption Area (Sq ft) 480' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 th 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 effe 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 Departme
- This Improvement permit is transferable.

Philip S Walker RS 2/22/99
DEHNR Authorized Agent Date

× Raymond McDe 3/9/99
Owner/Agent Signature Date

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

IWWS-100195

FEE: 100.00 CK #1165
DATE: 12/17/98

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

[ ] CRT

TYPE APPLICATION: X 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 #: 2724B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-021-44 and 217-021-16

STREET ADDRESS: 15600-30 YOUNGBLOOD RD, CT. NC

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5-217-021-(44) or 217-021-(16)

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):

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

HEATED SQUARE FOOTAGE: 2550

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 2

CLOSING DATE TO BE DETERMINED

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X 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
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATER
DESIGNATED WETL

2724B

S. E. M

PROPERTY OWNER:

NAME: CALDWELL DON J.
(LAST) (FIRST) (MI)

New Builder

ADDRESS: PO#8296 ~~1800~~

CITY: BARTLETT STATE: IL ZIP: 0010

DAYTIME PHONE: (630-540-1180

Shannon Call/46
588-
363-6

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECOR

An Improvement Permit is subject to suspension or revocation if site this application is falsified or changed. The undersigned, owner, or "Job Location" has read the foregoing application, acknowledges tha Mecklenburg County Health Department to enter onto the property f

SIGNED: Donald J Caldwell

New agent for per tel call fr

MECKLENBURG COUNTY
ENVIRONMENTAL
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRY

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

#1 (40)

Sheet: _____
Property ID: 217-021-44, 16
Lot #: _____
File #: 21243

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Don T. Caldwell APPLICANT: _____
ADDRESS: Box # 8296, Bartlett, Tenn. DATE EVALUATED: 1-29-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .27 ac
LOCATION OF SITE: York Road PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .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 &LTAR
1	LS	0-6"	gr/sl	Fr/SE/SP/NS/NP	44" TO soil wetness	44"	N/A	None	PS .275/F2 IV
		6-34"	SBK/sc	Fi/SE/SP/SP					
		34-44"	SBK/sc	Fr/SE/SS/SP					
2	LS	0-7"	gr/sc	Fr/SE/SS/SP	46" TO soil wetness	46"	N/A	None	PS .275/F2 IV
		7-41"	SBK/c	Fi/SE/SP/SP					
		41-46"	SBK/sc	Fr/SE/SS/SP					
3	LS	0-12"	gr/sl	Fr/SE/SP/NS/NP	40" TO soil wetness	40"	N/A	None	PS .25/F2 IV
		12-15"	SBK/sc	Fr-Fi/SE/SS/SP					
		15-40"	SBK/C some platy @ 37"	Fi/SE/SP/SP					
4	LS	0-5"	gr/sl	Fr/SE/SP/NS/NP	46" TO soil wetness	46"	N/A	None	PS .25/F2 IV
		5-8"	SBK/scl	Fr-Fi/SE/SS/SP					
		8-46"	SBK/sc some platy @ 40"	Fi/SE/SP/SP					
5	LS	0-6"	gr/scl	Fr/SE/SP/SS/SP	43" TO soil wetness	43"	N/A	None	PS .3/F2 IV
		6-27"	SBK/sc	Fi/SE/SP/SP					
		27-43"	SBK/scl	Fr/SE/SS/SP					
6	LS	0-6"	gr/sl	Fr/SE/SP/NS/NP	46" TO soil wetness	46"	N/A	None	PS .3/F2 IV
		6-46"	SBK/sc	Fi/SE/SP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	.3/F2	.25/F2
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marks 1-29-99
OTHER(S) PRESENT: LSS

* see comments

FILE # 27243

COMMENTS Not sure if 1066 Repair system use .391 ft² if in DE goes near road, .25 for lower down

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	

