

14315 YOUNGBLOOD RD

21911124

5/16/2007

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: 4133A DATE: 3/29/89
TC: 219-111-03 P.O. ☐ L ☑ CRT
SERIAL № 11736

Name of Owner Stikeleather + Focht Juris.:
Address of Property 14315 Youngblood Rd

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 24"
Water Supply Source Well
Distance to Water Source 100'
Excavation Inspected 3/29/89
Tank(s) Inspected 3/29/89
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1989 1500 St Sm. 1200 SFT 12" S Cecil 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: System Designed for 3 bedroom home.

Judy J. Weir R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

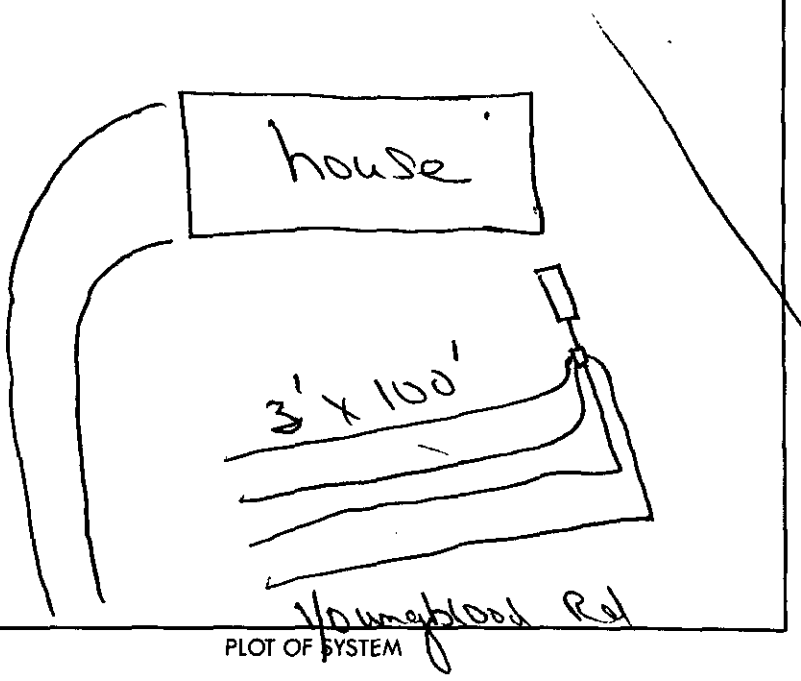
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4133A DATE: 2/28/89

TC: 219-111.03 PO ☐ L

SERIAL Nº 12359

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 8/10/88. All work shall be completed on or before 3/28/89, 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 1500 gallons

Liquid Capacity of Dosing Tank ~~1000~~ Not Required gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

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

NAME OF OWNER Stikeleather + Focht

LOCATION OF PROPERTY 14315 Youngblood Rd

Comments: Install 4 Trenches 3' x 100', 12" Stone Straw Cover.

Division or Section Head

Environmentalist

* 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

8/5/88 Pd 150 - Ck#2166 DR

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)

FILE: 4133A

TC: 219-111-03 PO

SERIAL: No 16687 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 14315 (STREET NO.) Youngblood (STREET) Rd ② FILE: 4133A.

③ JURISDICTION: Meck ④ TAX PARCEL NO.: 219111 03 PO

⑤ SUBDIVISION: N/A ⑥ LOT: 1 ⑦ BLOCK: ____

OWNER

⑧ NAME: STIKELEATHER (FIRST) AND FOCHT (MIDDLE) (LAST)

⑨ MAILING ADDRESS: P.O. Box 410204

⑩ CITY: CHARLOTTE, ⑪ STATE: NC ⑫ ZIP: 28241

⑬ PHONE: (WORK) 588-8088 ⑭ (HOME) 588-8088

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? 5 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 onto the property for the purpose of processing this request.

Signed: LC Stikeleather

Date: Aug 8, 1988

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 8/18/88

Director or Authorized Section Head — Date 8-19-88

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

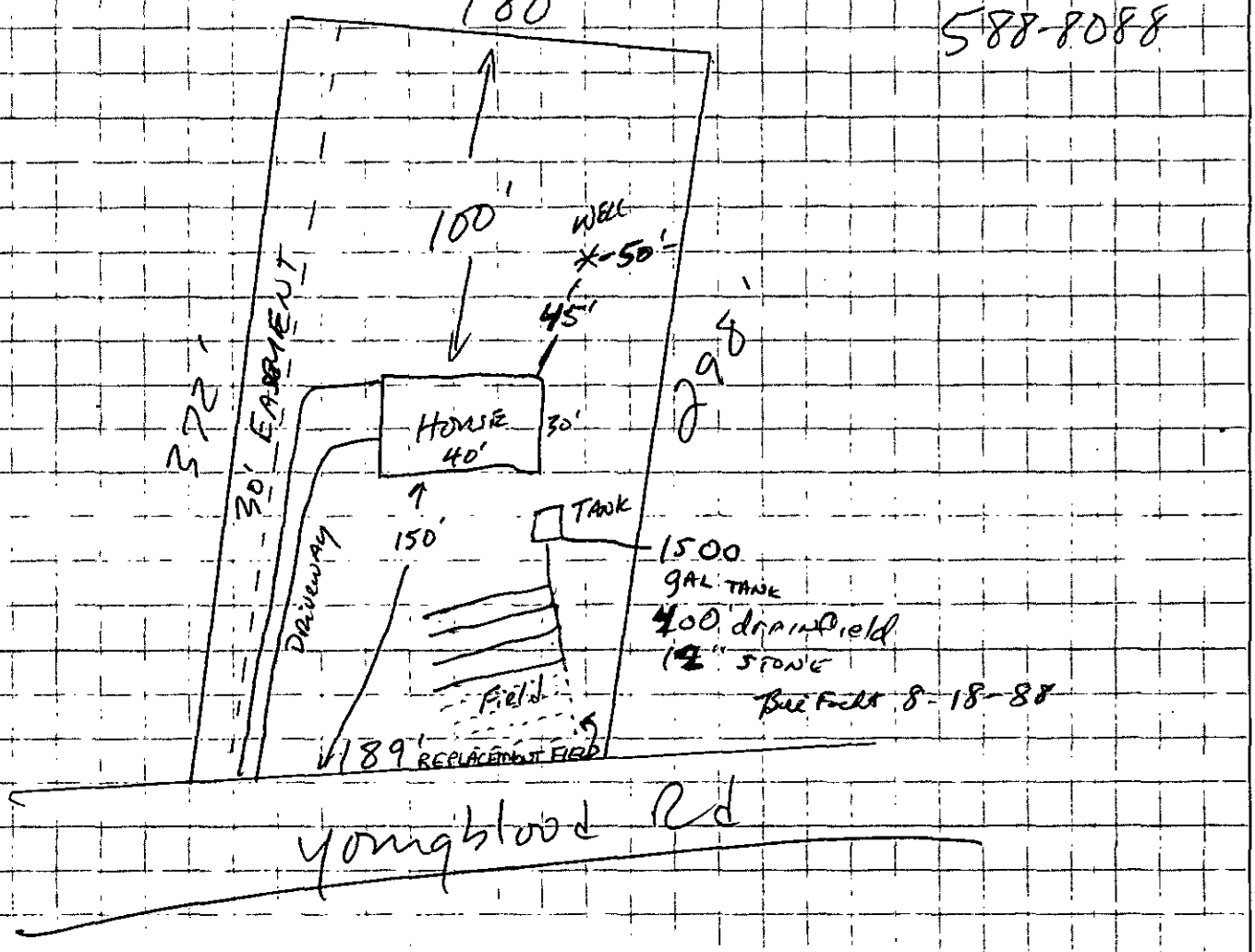
PROPOSED PLOT PLAN

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

FILE: 4133A

TC: 219-111-03 P0

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.



Signed: R S Strickland

Date: Aug 5, 1988

MECKLENBURG COUNTY

Department of Environmental Health

December 28th, 1987

Stikeleather and Focht
500 Archdale Drive, Suite 122-H
Charlotte, NC 28217

RE: Property located at 14315 Youngblood Road 1
FILE: 4133A
PARCEL: 21911103 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14807) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

11-12-87

Meck

219-111-03po
14315 Youngblood Rd

L+l

N/A

✓
✓
✓

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14807

File: 4133A Action 1

Parcel: 21911103 PO ☐ PC

Location: 14315 Youngblood Road

Subdivision:

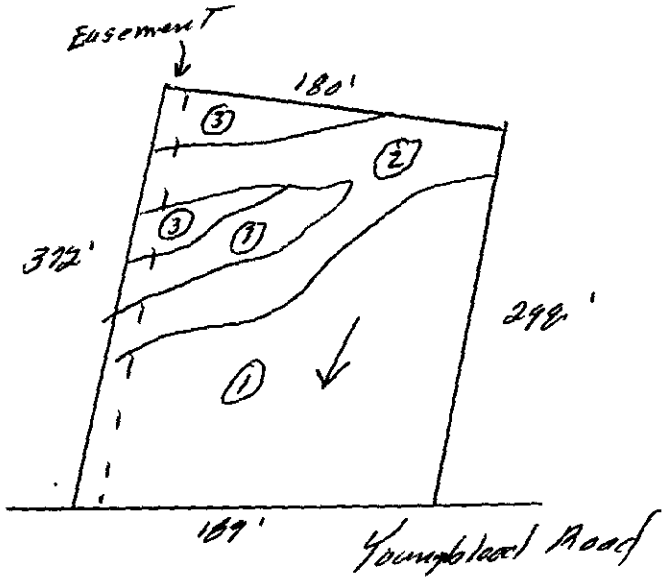
Lot: 1 Block: Acres: Approx 1.4

Owner: Stikeleather and Focht
Address: 500 Archdale Drive, Suite 122-H
Charlotte, NC 28217

Comments: _____

Described by: _____

Date: _____



***** 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 2-10%	S PS (U) Complex Slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U To 36" water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	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	10A Enon 1-4%	Complex Slopes	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

11/16/87 pd 30.00

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4133A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 14315 YOUNGBLOOD ROAD

② SUBDIVISION: N/A ③ LOT: #1 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 219 PAGE NO.: 111 PARCEL NO.: 03 PO

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: STIKELEATHER AND FOCHT
(FIRST) (MIDDLE) (LAST)

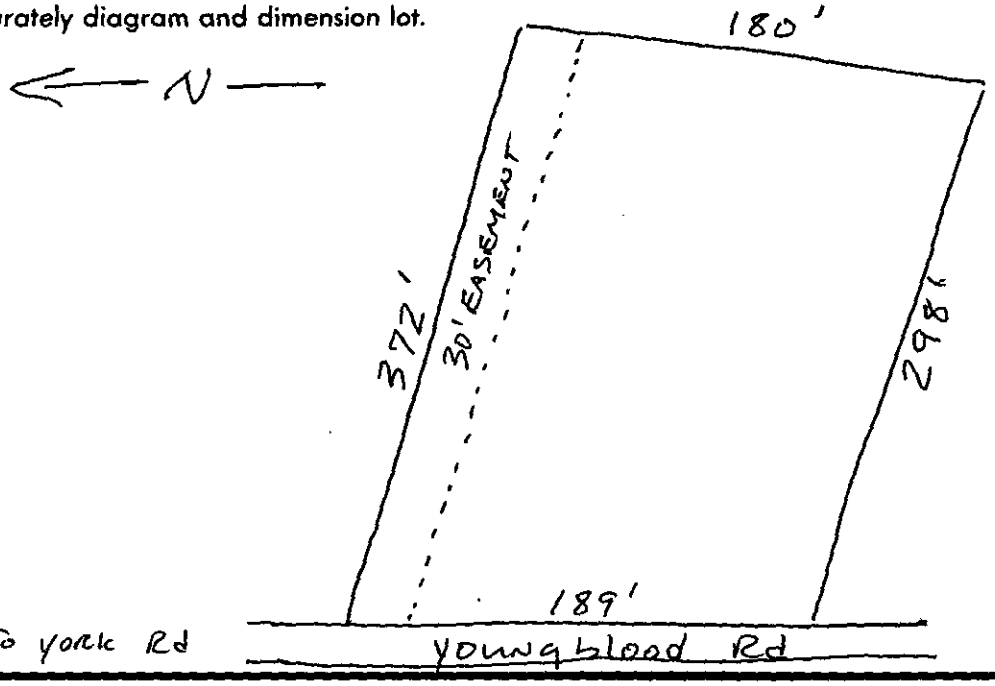
⑧ MAILING ADDRESS: 500 ARCHDALE DR SUITE 122-H

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28217

⑫ PHONE: (WORK) 523-9099 (HOME) 588-7200

⑬ Accurately diagram and dimension lot.

LOT #1



⑭ 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: James C Stikeleather PRESIDENT

Date: NOV 16, 1987

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