

14710 YOUNGBLOOD RD

21724106

6/29/2007

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: 7365A DATE: 4/30/92

TC: 217-021-37 ☐ L ☑ CRT

SERIAL № 12849

Name of Owner Jessrey Bafford Juris.:

Address of Property 14710 Youngblood Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

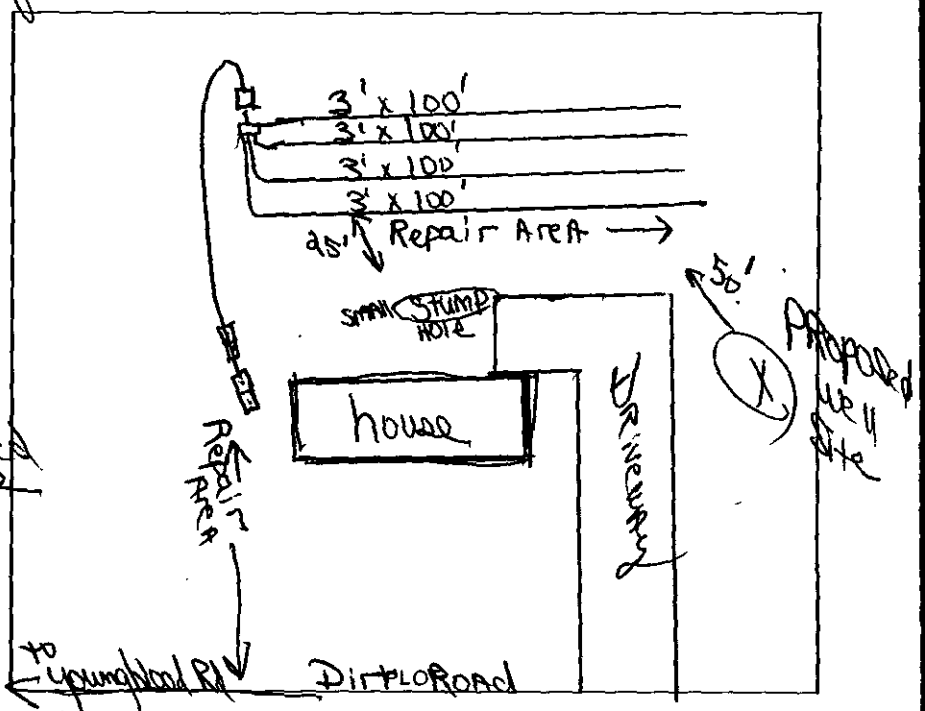
Distance to Water Source Not Installed → 50' minimum Required

Excavation Inspected 4/29/92, 4/30/92

Tank(s) Inspected 4/29/92

Wash Line Inspected

High Water Alarm Inspected



Design: 1992 1500 SF Conv. 1200 SF + 12" Gravel CTR# 95

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. Could pump information on file.

Judy Kuse R.S.
Environmentalist

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

Add 50 00
Basic VLW 11-30-98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

400 X CRT

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

(704)336-5102 736A

PERSON FILING APPLICATION:
NAME: EVANS (last) Randy (first) (mi)
ADDRESS: 14710 Youngblood PHONE: 704 583-9559
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 11-30-98

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-021-37
STREET ADDRESS: 14710 Youngblood Rd
Charlotte, NC 28278
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 LOT SIZE (in acres): 1.2

TYPE APPLICATION (check one):

[redacted]
[] 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)
[redacted]

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: 2

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
X 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: [signature] Date: 11-30-98

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.

...Approval granted for a detached garage (Garage already built) use existing system

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

Philip A Walker RS 12/2/98
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

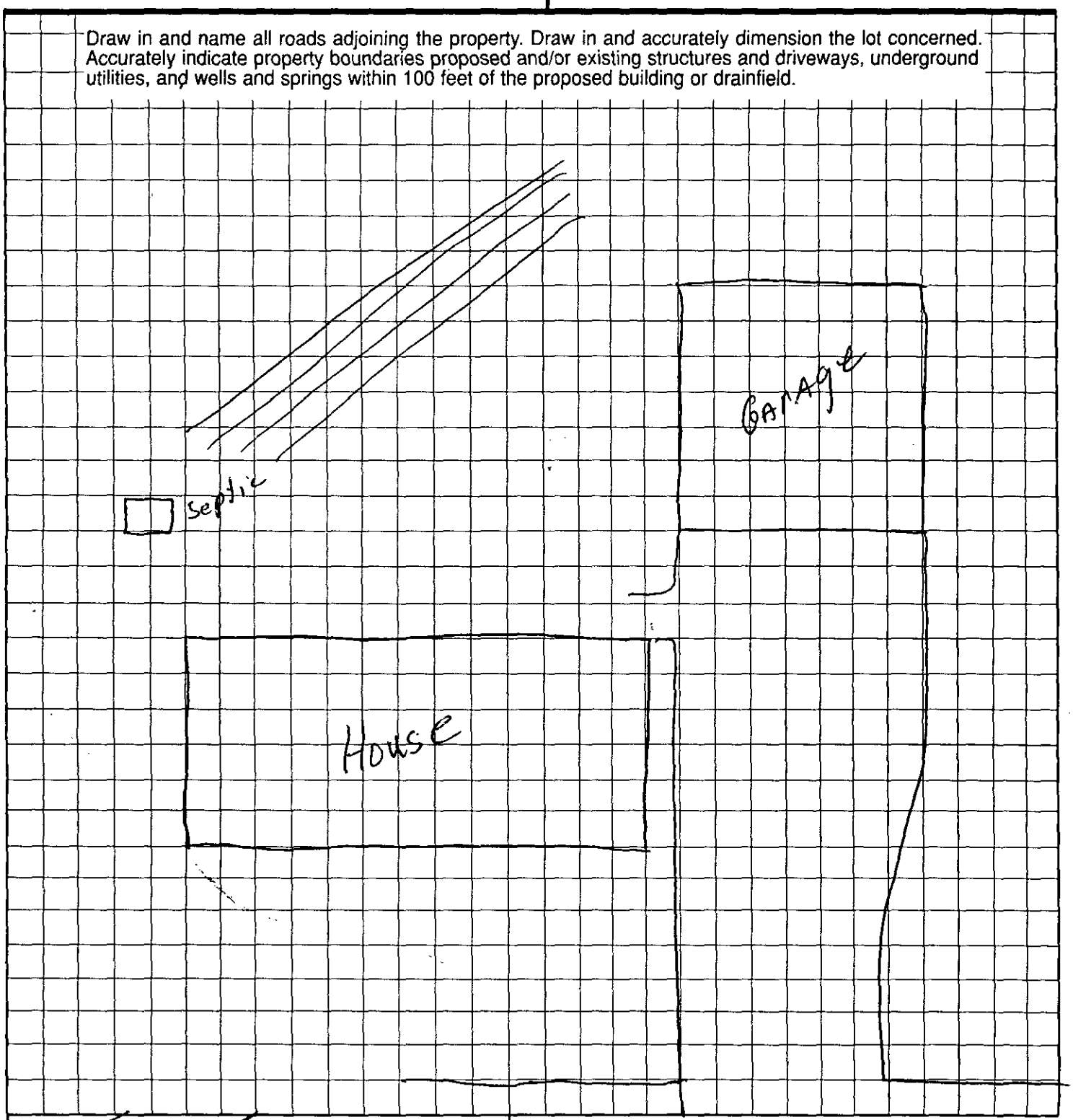
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: BldA

TC: 217-021-37

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 11-30-98

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

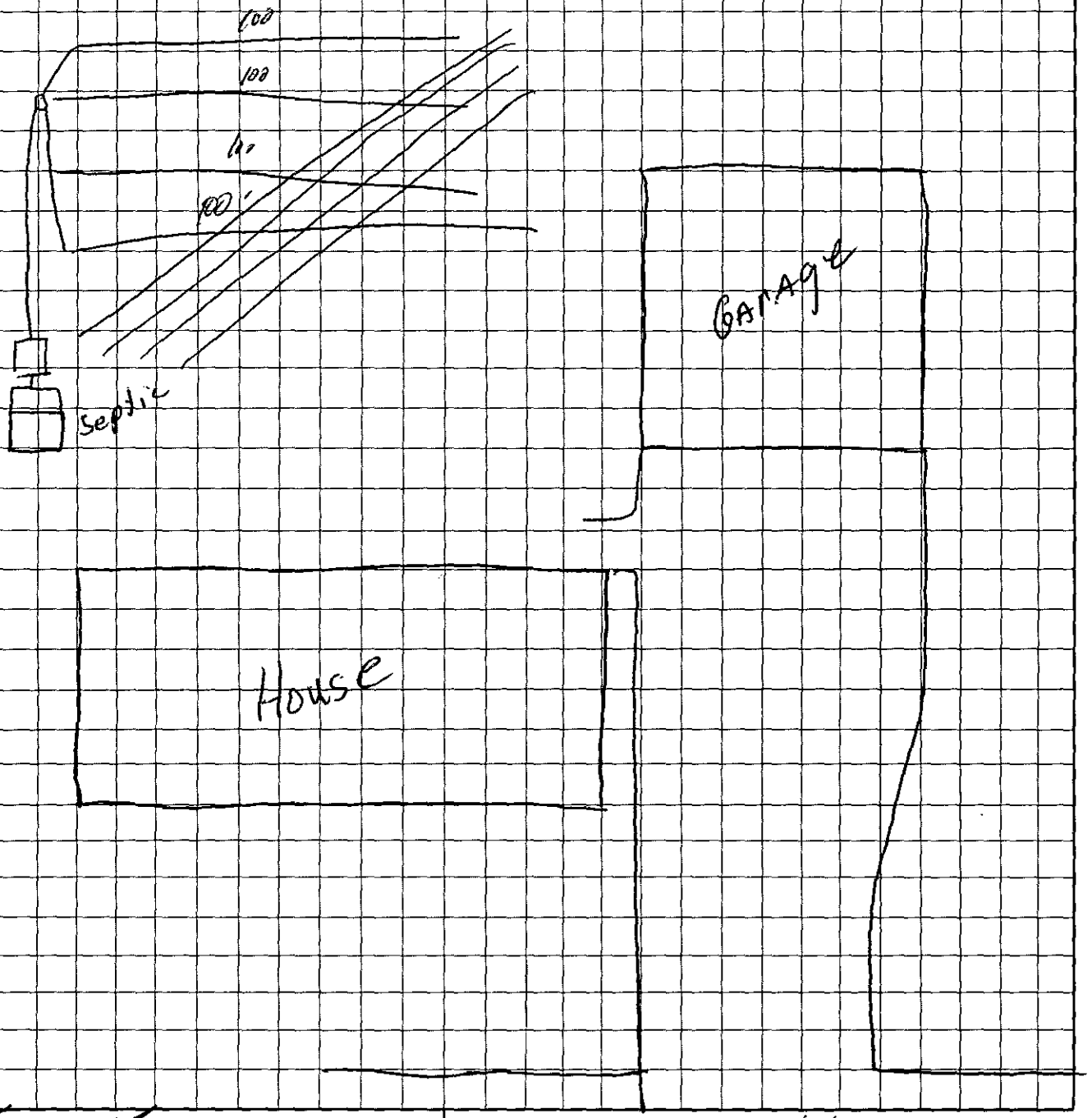
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

7365A

FILE: 7365A

TC: 217-021-37

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 11-30-98

APPROVAL DATE DSW 12/3/98

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

L2400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

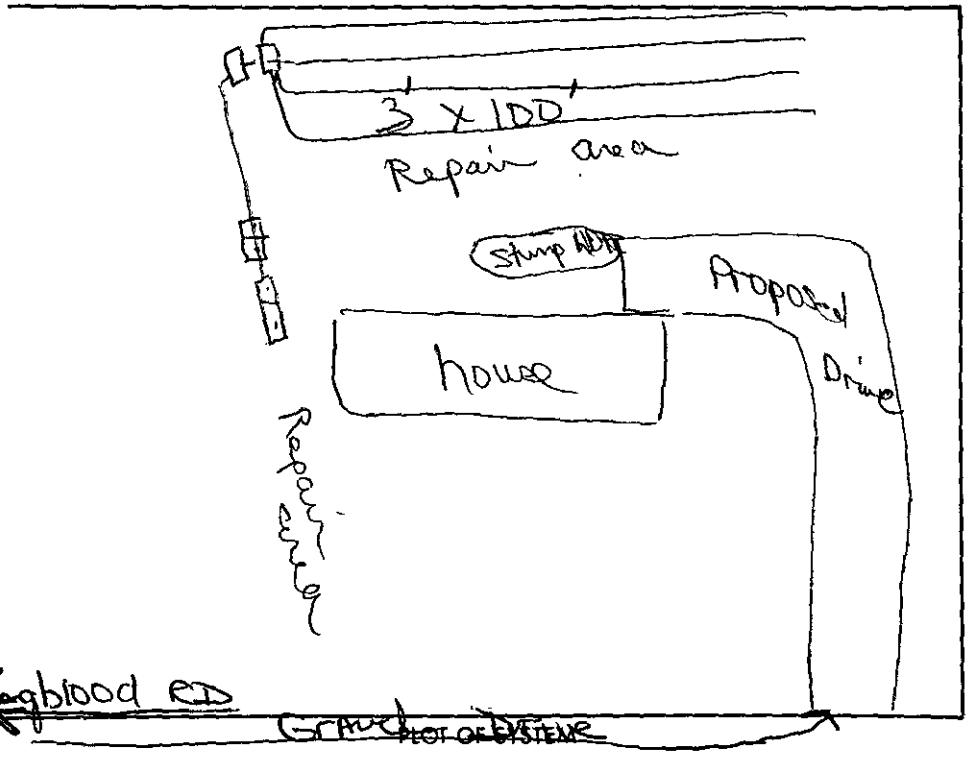
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7365A ~~7365A~~ DATE: 11/92

TC: 217-0237 DL

SERIAL Nº 13896

Permission is hereby given to K 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 10/4/91. All work shall be completed on or before 5/1/92, 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 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 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 NOT IN feet
50' MIN. required

NAME OF OWNER Brasford Jeffrey

LOCATION OF PROPERTY 14710 Youngblood Rd

Comments: INSTALL System with Lift Pump Station & D-Boxes
4 Trenches 3' X 100', 12" Stone

Division or Section Head

Judy J. Kuier RS
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

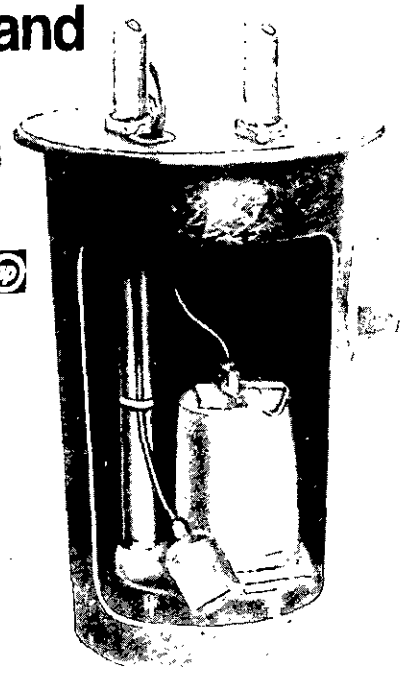
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Installation and Operation Instructions

Goulds

MODELS

3885
3885D
3886
3886D



IMPORTANT

1. Inspect unit for damage. Report damage to carrier.
2. Electrical supply must be a separate branch circuit with proper fuses or circuit breakers, wire size, etc., conforming to National and Local Electrical Codes. Power supply voltage, phase and controls must match pump nameplate.
3. **Always** disconnect electrical power supply when handling pump or controls.
4. Do **not** use pump in swimming pools or hazardous liquids.
5. Liquid temperature not to exceed 160°F. (71°C)
6. Do **not** remove ground prong or use extension cords.
7. Use Goulds Pumps accessories.

Pump & Piping

1. Thread discharge pipe into discharge connection. If a check valve is used try to avoid installing it vertically. Position horizontally or at a 45° angle with valve pivot on top. This guards against small solids lodging on valve preventing it from opening. Drill a 3/16" hole in discharge pipe 2" above pump discharge connection to prevent air locking the pump. A gate valve should be installed in the system, after the check valve, to permit removal of pump or check valve for servicing. A union should be installed between check valve and pump.
2. **Rotation:** Check rotation after wiring is complete. Rotation must be counter-clockwise looking into pump suction.
   Caution: Do not feel for rotation. Will cause severe injury.
3. **Single-phase** pumps have built-in thermal overload protection with automatic reset. **Three-phase** units must be protected by a starter with proper overload protection:

Furnas Overloads Sizes Starter Size 00, 14BF32BCB1				
HP, Ph., Volts	HP	Volts	Heaters	
			E	K
0532	½	230	E41	K32
0534		460	E29	K22
0732	¾	230	E48	K39
0734		460	E38	K28
1032	1	230	E51	K43
1034		460	E41	K32
1532	1½	230	E55	K50
1534		460	E46	K36

Basin

Basin should have a sturdy bottom to give legs of pump adequate support. Leg height elevates pump above bottom of basin to allow effluent to reach suction opening.

When using basins without hubs, attach 4" cast iron inlet hub as required. For duplex basins, seal second hub if not used.

Basin Cover

Remove protective strip from gasket and press onto recessed portion of basin rim. With a pointed tool, poke holes through gasket into tapped holes. Do not damage threads. Route electrical cords through appropriate opening in basin cover.



Fit basin cover over discharge pipe. Power cords are sealed with split rubber stopper. Rubber ring is placed over discharge pipe and compressed between pipe and cover by the flange (chamfered side down) to form a seal. Thread vent pipe into flange on basin cover.

Manual Operation

On pumps equipped with a molded plug, insert into a suitable outlet controlled by a switch. If a separate controller is used, turn "Hand-Off-Auto" switch to "Hand" operation.

Automatic Operation

1. Diaphragm Control Switch: A pressure activated switch providing automatic operation with 6" differential in liquid level. Turns on when liquid is 10" above bottom of switch and turns off at 4" above bottom of switch.

Caution: This switch has a vent tube which must be unobstructed and protected from moisture, dirt, etc. Mount power cord so vent tube points down.

NOTE: 1/3-1/2HP, 1ϕ pumps require Switch only.
3/4-2HP, 1ϕ pumps require a Contactor.
All 3ϕ pumps require a Mag Starter.

2. Mercury Switches: Single float switches. As the liquid-level rises or falls, the float changes angle until the mercury switch makes or breaks the circuit. See NOTE 1A above.

Float Switch Model	Application	HP Range	Electrical Rating	Wiring Configuration
A2-3	Pilot Duty	1/3-5	Single or Three Phase w/Contactor or Starter	Bare Leads
A2-5	Direct Connection, Differential Level	1/3-1/2	115 V.1 Phase	3-Prong Series Plug
A2-6		1/3-3/4	230 V.1 Phase	
A2-7	Pilot Duty, Differential Level	1/3-5	Single or Three Phase w/Contactor or Starter	Bare Leads
A2-9	Direct Connection, Differential Level	1/3-1/2	115 V.1 Phase	3-Prong Series Plug

Dual-Seal Units

Two (2) Mechanical Shaft Seals are separated by an oil-filled seal chamber. If Lower seal begins to leak, Upper seal will still be lubricated by oil in the motor cover and is protecting the motor. Normal operation can continue until prompt replacement of Lower seal which is now being temporarily lubricated by the water/oil emulsion in the seal chamber.

Lubrication

Caution: *Disconnect all electrical power when handling pump* or controls.

Important: *Submersible pump/motor units are oil-filled. On a* regular schedule, depending on usage, check oil quantity and condition as follows:

Caution: If there has been leakage, the motor cover may be under pressure. Hold a rag over inspection plug to prevent splatter when loosening it. Take a sample of the oil with a dipstick. If oil is emulsified (cream-like), or watery, it indicates a leak.

For Dual-Seal Unit, lay unit on side and also make same checks of oil in lower seal chamber through its inspection plug.

Possible causes of leakage: loose inspection plug, loose cable entry, leak at O-ring joint(s), worn shaft seal(s).

Have problem corrected and motor cover cavity refilled to 90% full (½" minimum above motor).

For Dual-Seal Unit, the lower seal cavity must also be refilled to 90% full.

Limited Warranty

This warranty applies to all pumps and related accessories manufactured and/or supplied by Goulds.

Any part or parts found to be defective within the warranty period shall be replaced at no charge to the buyer or any subsequent owner during the warranty period. The warranty period shall exist for a period of twelve (12) months from date of installation or eighteen (18) months from date of manufacture, whichever period is shorter.

A user who believes that a warranty claim exists must contact the authorized Goulds dealer from whom the equipment was originally purchased and furnish complete details regarding the claim. The dealer is authorized to adjust any warranty claims utilizing Goulds Customer Relations Department and its distributor organization.

This warranty excludes:

(a) Labor, transportation and related costs incurred by the consumer to make the allegedly defective equipment available to the dealer for inspection.

(b) Re-installation costs of repaired equipment.

(c) Re-installation costs of replacement equipment.

(d) Consequential damages of any kind.

(e) Reimbursement for loss caused by interruption of service.

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148
Form No 486-2SF Litho in U.S.A.

Problem Tracing Guide

PROBLEM	PROBABLE CAUSES	CORRECTIVE ACTION
Pump Will Not Shut Off. **Note:** Before trouble shooting automatic control, check to see that pump operates on manual control. If it does, automatic controls are at fault, If not, fault is in pump or power supply.	Diaphragm Switch Weak rubber diaphragm Plugged vent tube Dirt or sediment lodged between retainer ring and rubber diaphragm causing contacts to remain closed.	Replace switch. Clear vent tube of any obstruction. Clean area around rubber diaphragm.
	Pump is air locked.	Shut power off for approximately 1 minute, then restart Repeat several times to clear air from pump. If system includes a check valve, a 1/16" hole should be drilled in discharge pipe approximately 2" above discharge flange connection.
	Liquid inflow matches pump capacity.	Larger pump required
Pump Runs But Does Not Discharge Liquid	Check valves installed backwards.	Check flow indicating arrow on check valve body to insure it is installed properly.
	Check valve stuck or plugged.	Remove check valve and inspect for proper operation
	Lift too high for pump.	Check rating table.
	Inlet to impeller plugged.	Pull pump and clean.
	Wrong rotation.	Change rotation.
	Pump is air locked.	(See corrective action above)
Pump Does Not Deliver Rated Capacity	Lift too high for pump.	Check rating table.
	Low voltage, speed too low	Check for proper supply voltage to make certain it corresponds to nameplate voltage.
	Impeller or discharge pipe is clogged.	Pull pump and clean. Check pipe for scale or corrosion
	Impeller may be rotating in the wrong direction.	**Single Phase Units** — Shut off power and allow impeller to stop rotating. Turn pump on again, and pump should self-correct rotation. Long discharge pipe without check valve allows liquid to drain back to sewage basin, rotating impeller backwards. If pump starts while impeller is rotating in the wrong direction, it will continue to operate in that direction **Three Phase Units** — Interchange any two (2) power lead connections.
	Impeller wear due to abrasives or corrosion.	Replace worn impeller
Pump Cycles Continually	No check valve in long discharge pipe allowing liquid to drain back into basin.	Install a check valve in discharge line
	Check valve leaking.	Inspect check valve for correct operation.
	Sewage basin too small for inflow.	Install larger size sewage basin

SK

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 200.00
CK # 0219
10-4-91
HB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7365A
TC: 217-021-37
SERIAL: № 0019945
☐ CRT

JOB LOCATION

① ADDRESS: 14710 (STREET NO.) Youngblood Road (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 217-021-37
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Jeffrey (FIRST) R. (MIDDLE) Bradford (LAST)
⑨ MAILING ADDRESS: 14101 Fountain Lane
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28278
⑬ PHONE: (WORK) 588-3602 ⑭ (HOME) 588-2133

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? 4 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: Jeffrey R. Bradford
Date: 10-7-91

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 60 months from the date of issuance.

Lift pump may be required

Environmentalist — Date 10/15/91

Director or Authorized Section Head — Date 10-15-91

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

SK

Pd 200.00
Ck # 0219
10-4-91
#3

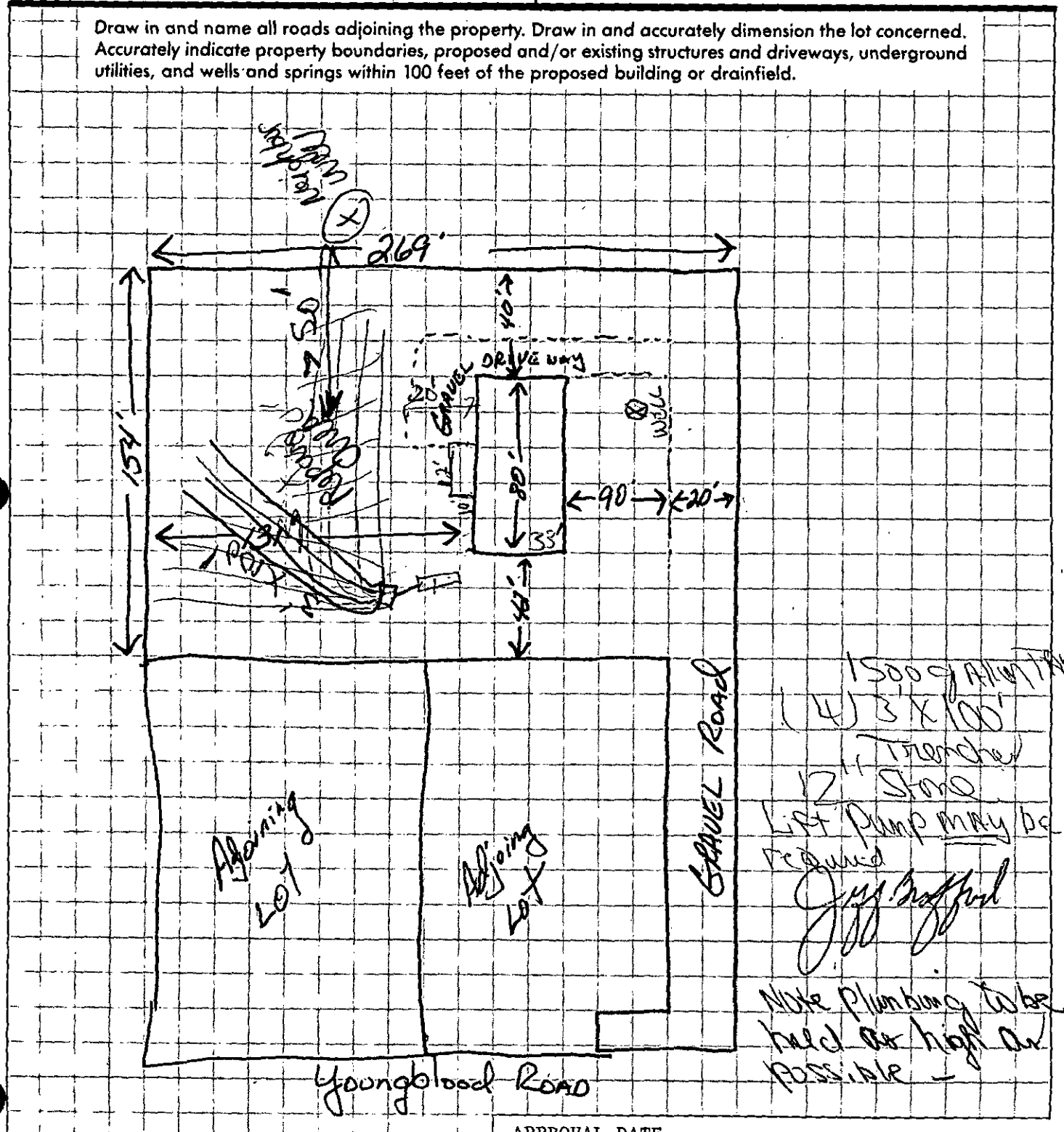
PROPOSED PLOT PLAN

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

FILE: 7365A

TC: 217-021-37

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.



1500 gal Tank
(4) 3 x 100'
12" Trenches
12" Stone
Lift Pump may be required
Jeff Bafford

Note Plumbing to be held as high as possible -

APPROVAL DATE _____

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

Mecklenburg County
Health Department

April 19th, 1991

Jeffrey R. Brafford
14101 Fountain Lane
Charlotte, NC 28278

RE: Property located at Youngblood Road Lot 3
FILE: 7365A
PARCEL: 217-021-37

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 17104) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17104

7365A

217-021-37

File:

Action 1

Parcel:

PC

Location:

Subdivision: Younblood Road

Lot: Lot 3 Block: Acres: .95

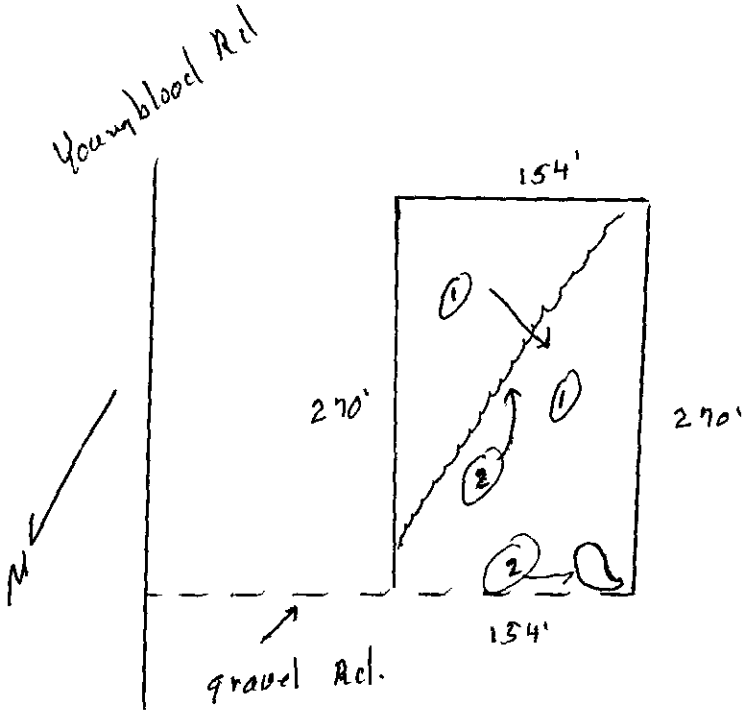
Owner:

Address: Jeffrey R. Brafford
14101 Fountain Lane
Charlotte, NC 28278

Comments: 100% Repair

Described by: William A. Mullis

Date: 4-12-91



***** 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) complex slopes	S PS U	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 >48"	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	10 Cecil-Like	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7365A

TC: 217-021-37

☐ PC ☐ REPT

$200 + 2
Paid
50.
04/09/91
BJ

JOB LOCATION

① ADDRESS: Youngblood Rd. S.R. 3100

② SUBDIVISION: _____ ③ LOT: 3 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 3917 PAGE NO.: 899

OWNER

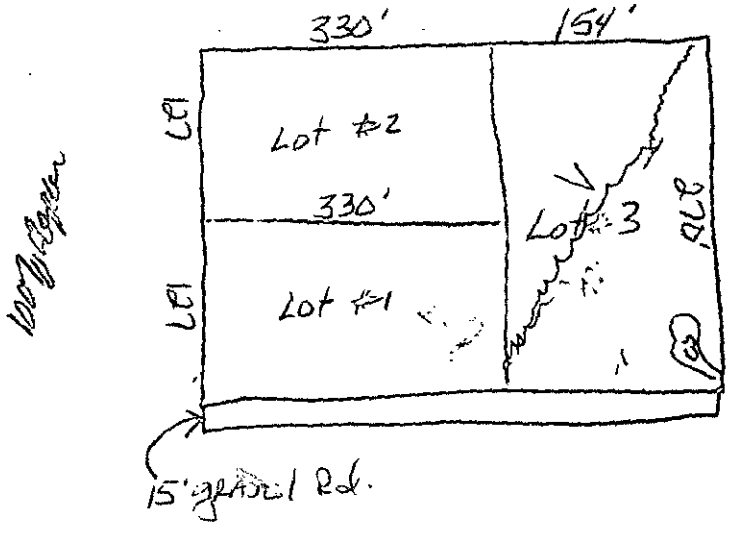
⑦ NAME: Jeffrey (FIRST) R. (MIDDLE) Bradford (LAST)

⑧ MAILING ADDRESS: 14101 Fountain Lane

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28278

⑫ PHONE: (WORK) 588-3602 (HOME) 588-2133

⑬ Accurately diagram and dimension lot.



154
270
10780
308
48,580

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jeffrey R. Bradford

Date: 4-9-91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

Lot #3

Paid $50.00 04/09/91 EJ

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

(OFFICE USE ONLY)

FILE: 13654

TC: 217-021-37

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Youngblood Rd.

② SUBDIVISION: _____ ③ LOT: 3 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 3917 PAGE NO.: 899

OWNER

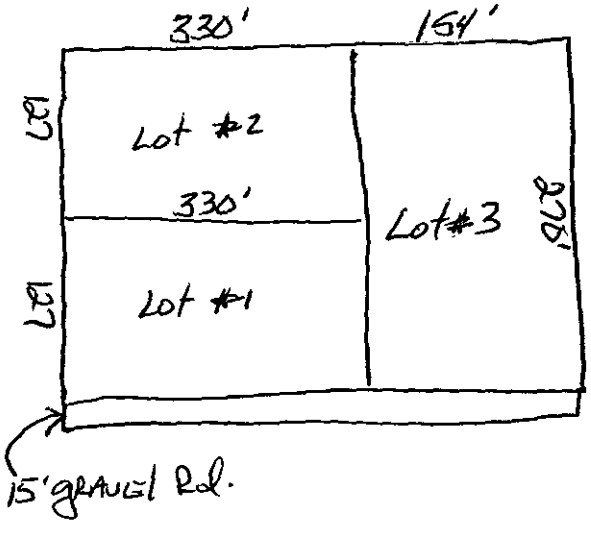
⑦ NAME: Jeffrey (FIRST) R. (MIDDLE) Bradford (LAST)

⑧ MAILING ADDRESS: 14101 Fountain Lane

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28278

⑫ PHONE: (WORK) 588-3602 (HOME) 588-2133

⑬ Accurately diagram and dimension lot.



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MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 04/09/91

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Pool Test
Fee #73654
Wynnewood Rd
Pool #3

Fee: $ 50.00 ck # 494

50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by