## Groundwater & Wastewater Services
### Septic Project File & Data Review Worksheet

GWS File #: 803/B  WASPS App #: _____

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☒ Modified Plot Plan ☐

**I. File Review:**

| Rule or Law | | | | | |
|---|---|---|---|---|---|
| | **Permit Application** | | | | |
| .1937(d) | Is the Application complete | Yes ☒ | No ☐ | N/A ☐ | |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☒ | No ☒ | N/A ☐ | |
| .1937(d) | Is the Facility shown? | Yes ☒ | No ☒ | N/A ☐ | Repair |
| .1937(d) | Are appurtenances shown | Yes ☐ | No ☒ | N/A ☐ | |
| | **Site Evaluation Information** | | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1940 (a-g) | Slope % Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(2) | Structure type Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(2) | Consistence Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☒ | No ☐ | N/A ☐ | |
| .1937(m) | Are the Profile Locations Shown? | | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☒ | No ☐ | N/A ☐ | |
| & .1945(b) | Number of auger borings made: 1 | | | | |
| | Were sufficient auger borings made? | Yes ☒ | No ☐ | N/A ☐ | |
| .1939(d), .1955, .1956, .1957 | LTAR 0.275 | Yes ☒ | No ☐ | N/A ☐ | |
| | **Improvement Permit/Construction Authorization** | | | | |
| .1937(g) | Proposed System Type stated-Initial | Yes ☐ | No ☐ | N/A ☒ | |
| 130A-336(a) .1945(b) | Proposed System Type stated-Repair | Yes ☒ | No ☐ | N/A ☐ | |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☐ | No ☐ | N/A ☒ | |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☐ | No ☐ | N/A ☒ | |
| .1945(b) | Repair area shown | Yes ☒ | No ☐ | N/A ☐ | |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☒ | No ☐ | N/A ☐ | |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☒ | No ☐ | N/A ☐ | |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☒ | No ☐ | N/A ☐ | |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☒ | No ☐ | N/A ☐ | |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | Yes ☒ | No ☐ | N/A ☐ |
| .1937(g) | Trench depth indicated? | Yes ☒ | No ☐ | N/A ☐ |
| .1937(g) | Trench width indicated? | Yes ☒ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☒ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☐ | No ☐ | N/A ☒ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☒ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☐ | No ☐ | N/A ☒ Existing House |
| | **Operation Permit** | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | Yes ☒ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☒ | No ☐ | N/A ☐ |

**II. WASPS Review:**

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☑ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 12/11/12

OP issued date: 1/1/12

Review performed by: JAM

Date performed: 10/12/2012

MECKLENBURG COUNTY
HEALTH DEPARTMENT

8031B

**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ✓ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: _____
STREET ADDRESS: 3500 Fincher Blvd
CITY: Charlotte
STATE: NC ZIP: 28269
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
✓ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
✓ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 1534
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
✓ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ✓ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ○ YES ✓ NO | GRADING/SOIL REMOVAL PERFORMED | ○ YES ✓ NO |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | ✓ YES ○ NO | JURISDICTIONAL WETLANDS | ○ YES ✓ NO |
| WELLS, SPRINGS, OR WATER LINES | ○ YES ✓ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ○ YES ✓ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ○ YES ✓ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ○ YES ✓ NO |
| CHEMICAL/PETROLEUM STORAGE TANKS | ○ YES ✓ NO | KNOWN UNDERGROUND CONTAMINATION | ○ YES ✓ NO |
| WASTE STORAGE | ○ YES ✓ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | ○ YES ✓ NO |

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☐ N/A

12. **PROPERTY OWNER:**

NAME: Charles Watson
ADDRESS: P.O 691372
CITY: Charlotte
STATE: N.C ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 704-400-2034
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____



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

Revised on: 12/15/10

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. CW (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

**ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.** A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Charles Watson
Property Owner's or Owner's Legal Representative Signature

10-11-12
Date

---

*OFFICE USE ONLY*

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



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

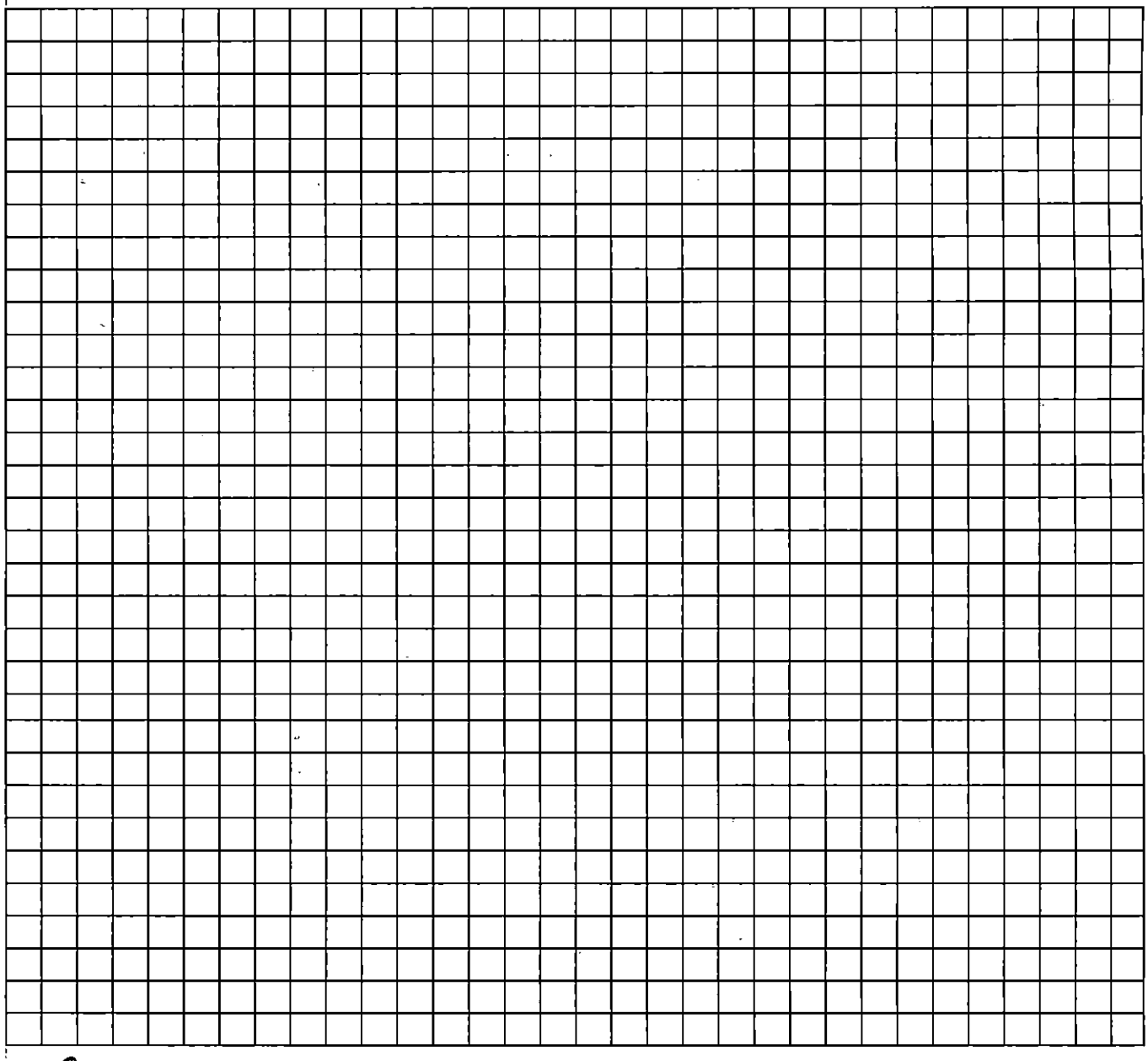
File #: _____

## 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 #: _____

Subdivision Name: _____ Lot #: _____



Charles Watson
Property Owner's or Owner's Legal Representative Signature

10-11-12
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: 12/15/10

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 045-241-07
COUNTY: MECK.

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: CHARLES WATSON
ADDRESS: P.O. BOX 691372
PROPOSED FACILITY: Residence
LOCATION OF SITE: 3500 FINCHER BLVD CHARLOTTE, NC 28269
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • Pit • Cut

APPLICATION DATE: 10/11/12
DATE EVALUATED: 10/11/12
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE:
PROPERTY RECORDED: 1965
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 5% | 0-6 | GR/SCL | FR/SS/SP/SEXP | >48" TO SOIL wetness | 48" | NA | NA | IV 0.275 G/D/FP2 |
| | | 6-38 | SBK/C | FI/S/P/SEXP | | | | | |
| | | 38-48 | SBK/CL | FI/S/P/SEXP | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | P.S. | P.S. |
| System Type(s) | IIa | IIa |
| Site LTAR | 0.275 | 0.275 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Jeremy Nicholson REHS
OTHER(S) PRESENT: CHARLES WATSON

COMMENTS:

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | SEXP (Slightly Expansive) | M (Massive) |
| D (Drainage Way) | | | | | EXP (Expansive) | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | **MOIST** | **WET** |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

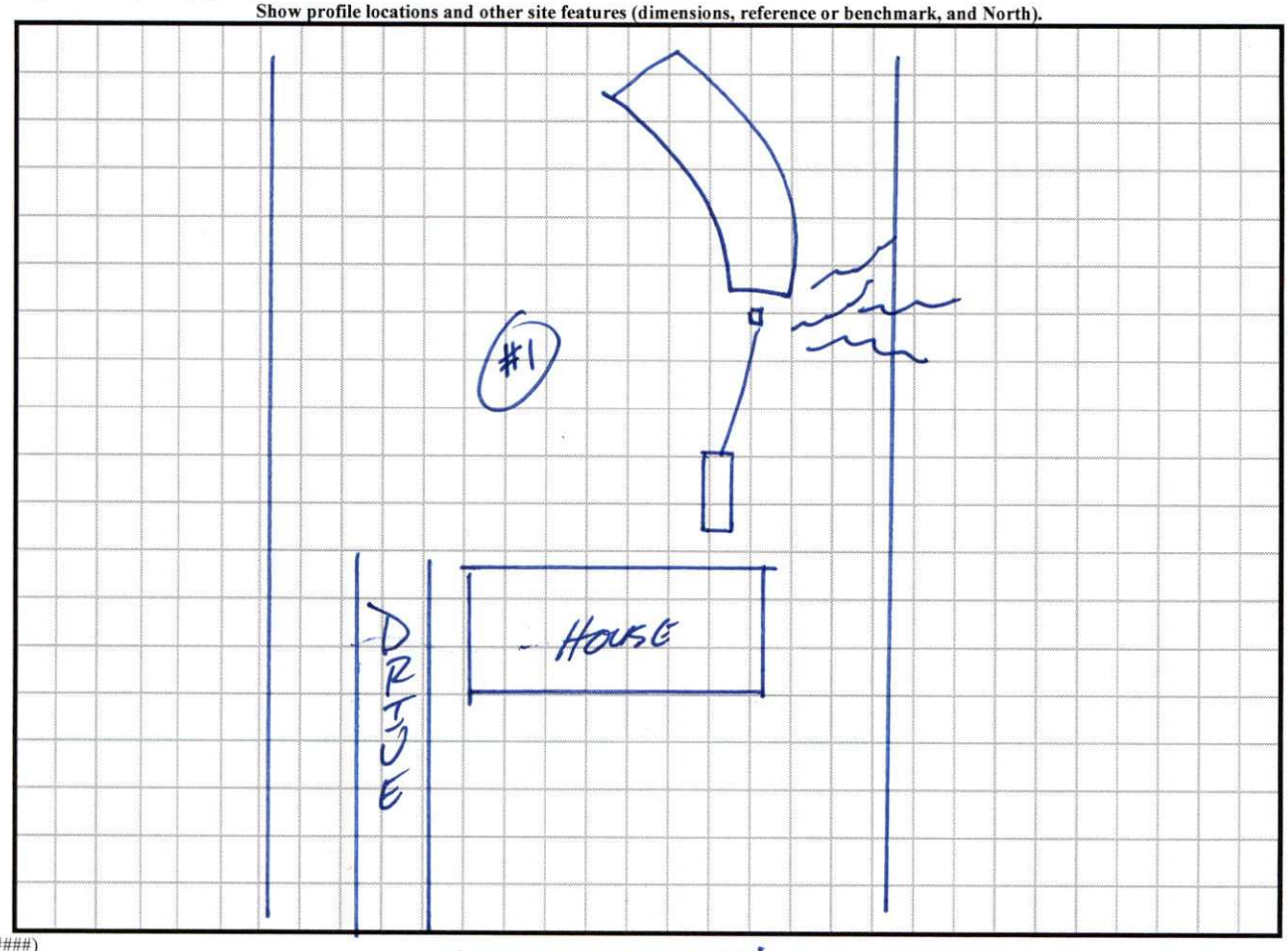
***NOTES***

| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




DENR (######)
Review (#####)

FINCHER BLVD

**Groundwater & Wastewater Services**
**700 N. Tryon St., Suite 211 Charlotte, NC 28202**
**Phone: 704-336-5103 Fax: 704-336-6894**
**http://groundwater.charmeck.org**

## Homeowner/Tenant Interview Form

*Please fill out completely to aid in the evaluation of your failing septic system.*

Name: Charles Watson Date: 10-11-12

Address: PO 691372 Phone: 704-400-2034 (Home/Cell)

Charlotte _____ (Work)

N.C. 28227 Email: _____

When was the septic system installed? 1965 Permit/File #: _____

Who installed the septic system? Dont No

When was the septic tank last pumped? Dont No

Who pumped the septic tank? Dont NO

How often have you had the tank pumped? _____

Where are the septic tank and drain field located on the property?

Back Yard

Briefly describe the problem you are experiencing with the septic system:

Smell

When did you first notice the problem? 6 Months Ago

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☐ No ☑

Explain:

How many people are living in the house? 1 Adults 4 Teens _____ Children

How much water do you use each day (provide estimate in gallons)? 200

Is the property served by public water? Yes ☑ No ☐

If yes, on average how much is your monthly water bill? $ 65

Do you have a dishwasher? Yes ☑ No ☐ How many times per week is it used? _____

Do you have a garbage disposal? Yes ☑ No ☐ How many times per week is it used? _____

Do you have a washing machine? Yes ☑ No ☐ How many times per week is it used? _____

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes ☐ No ☑

Do you have a water softener unit or water treatment system installed? Yes ☐ No ☑

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes ☐ No ☑

If yes, please indicate what type of fixtures have been added: _____

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

_____

Do you have an in-ground irrigation system? Yes ☐ No ☑

If yes, how often is the system used during a one week period? _____

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe:

Are there underground utilities located on the property? Yes ☐ No ☑

If yes, check ALL that apply: ☐ Power ☐ Phone ☐ Water ☐ Gas ☐ Cable TV

Charles Watson

Signature

# Mecklenburg County, North Carolina
## POLARIS
### Parcel Ownership and GIS Summary

P031B

*Date and Time: 10/10/2012 10:12:02 AM*

**Parcel ID #: 04524107 GIS ID #: 04524107**

| | |
|---|---|
| Owner Name: | CHARLES WATSON |
| Mailing Address: | PO BOX 691372<br>CHARLOTTE, NC 28227 |

**Property Characteristics**

| | |
|---|---|
| Legal Desc.: | L20 M6 919 |
| Land Area: | 1 LT |
| Fire District: | 00-CITY OF CHARLOTTE |
| Special District: | N/A |
| Account Type: | INDIVIDUAL |
| Municipality: | 1-CHARLOTTE |
| Property Use: | SINGLE-FAM |

**Deed Reference(s) and Sales Price**

22124-846 (4/26/2007) $41,000.00
21382-901 (11/20/2006) $92,000.00
19771-123 (12/16/2005) $0.00
06139-187 (10/24/1989) $70,000.00

**Situs Addresses Tied to This Parcel**

3500 FINCHER BV

**Site Location Information**

| | |
|---|---|
| Zoning Boundaries: | Contact Appropriate Planning Department or See Map. |

ETJ Area: CHARLOTTE

Charlotte Historic Districts: NO

Within Charlotte 6/30/2011 Annexation Area: NO

Census Tract #: 54.02

**Parcel Falls Inside a Water Quality Buffer?:** YES

**Post Construction District**

| | |
|---|---|
| Jurisdiction: | Charlotte |
| District: | Central Catawba |

Thursday 1:30

**FEMA Flood Information**

| | |
|---|---|
| FEMA Panel #: | [Geometry] |
| FEMA Flood Zone: | OUT |
| FEMA Panel Date: | 03/02/2009 |

**Community Flood Information**

| | |
|---|---|
| Community Flood Zone: | OUT |

**Regulated Watershed Information**

| | |
|---|---|
| Watershed Name: | IRWIN |
| Watershed Class: | |

**Building Photography**

**PHOTO #1**
**Location: 3500 FINCHER BV**



04524107 001

Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

**Powered by**

MECKLENBURG COUNTY GIS

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.




Print

Close

## Parcel Information

| Parcel ID | Account | Parent | Previous |
|---|---|---|---|
| 04524107 | INDIVIDUAL | | 04524107 |

## Owner(s)

| Owner Name | Mailing Address | City/State |
|---|---|---|
| WATSON CHARLES | PO BOX 691372 | CHARLOTTE NC 28227 |

## Legal Information

| Legal | Municipality | Annexed | Special District | Fire District | Acreage |
|---|---|---|---|---|---|
| L20 M6 919 | CHARLOTTE | | | CITY OF CHARLOTTE | 0 |

## Total Parcel Assessment & Exemptions

| Building | Land | Features | Total | Exemption | Year Approved | Review Date | Amount |
|---|---|---|---|---|---|---|---|
| 84200 | 16000 | 700 | 100900 | | | | |

## Sales Information

| Sale | Price | Stamps | Qualify | V/I | DeedBook | Type | Legal Ref. | Grantor |
|---|---|---|---|---|---|---|---|---|
| Apr 26 2007 | 41000 | 82.00000 | GOV'T/ BANK | IMP | 22124 - 846 | SPEC WARRNTY | 22124-846 | US BANK NATIONAL ASS |
| Nov 20 2006 | 92000 | 184.00000 | | IMP | 21382 - 901 | WARRANTY D | 21382-901 | DAVIS, WILSON LEWIS |
| Dec 16 2005 | | | LESS $3000 | IMP | 19771 - 123 | QUIT CLAIM | 19771-123 | MAHATHA,FRANCES PATT |
| Oct 24 1989 | 70000 | | | IMP | 06139 - 187 | DEED STAMPS | 06139-187 | |

## Land Use

| Use | Units | Type | Neighborhood | Assessment |
|---|---|---|---|---|
| R100 | 1.00 | LT | E508 | 16000 |

## Building Information

| Bldg | Description | Type | Year Built | Property Location |
|---|---|---|---|---|
| 1 | Single-Fam | RES | 1965 | 3500 FINCHER BV CHARLOTTE |

| Bldg | Story | Units | Total SqFt | Heated | Foundation | Ext. Wall | Grade | Value |
|---|---|---|---|---|---|---|---|---|
| 1 | 1 STORY | 1 | 1534 | 1534 | CRAWL SPACE | FACE BRICK - | AVERAGE 03 | 84200 |

| Bldg | Heat | Fuel | FirePlace | AC | Fixtures | Bedrooms | Full Baths | 3/4 Baths | 1/2 Baths |
|---|---|---|---|---|---|---|---|---|---|
| 1 | AIR-DUCTED | GAS | 1 - FP3 | AC-NONE | | 3 | 1 | | 1 |

## Sub Areas

| Bldg | Description | Size |
|---|---|---|
| 1 | BASE (FIRST FLOOR) | 1534 |

## Depreciation

| Bldg | Physical | Functional | Economic | Special | Override |
|---|---|---|---|---|---|
| 1 | AV - 31.00% | | | | |

## Notes

| Tax Year | Notes | Note Date |
|---|---|---|
| 2011 | Informal Review Request Received | 04/25/2011 |

## Special Features & Yard Items

| Bldg | Built | Type | Quantity | Units | Value |
|---|---|---|---|---|---|
| 1 | 1965 | TERRACE | 1 | 10X13 | 600 |
| 1 | 1965 | TERRACE | 1 | 4X6 | 100 |

## Value Changes

| Notice Date | Tax Year | Reason | Changed To | Deferred |
|---|---|---|---|---|
| Feb 8 2011 | 2011 | Countywide Revaluation | 113100 | 0 |
| Jan 17 2003 | 2003 | Countywide Revaluation | 87800 | 0 |
| Jan 5 1998 | 1998 | Countywide Revaluation | 84230 | |
| Jan 2 1991 | 1991 | Countywide Revaluation | 61640 | |

*Mecklenburg County, North Carolina*

# *POLARIS*

***Property Ownership Land Records Information System***

Date Printed: Wed Oct 10 10:11:43 EDT 2012




This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

# INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8031B Permit #: 4220 Tax Parcel #: 045-241-07

Property Owner: CHARLES WATSON

Job Location Address: 3500 FINCHER BLVD

City: CHARLOTTE State: NC Zip Code: 28269

**Installation Approval Issuance Date:** 10/11/12

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 12/11/12, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: 24 inches (Type) TIRE CHIPS

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

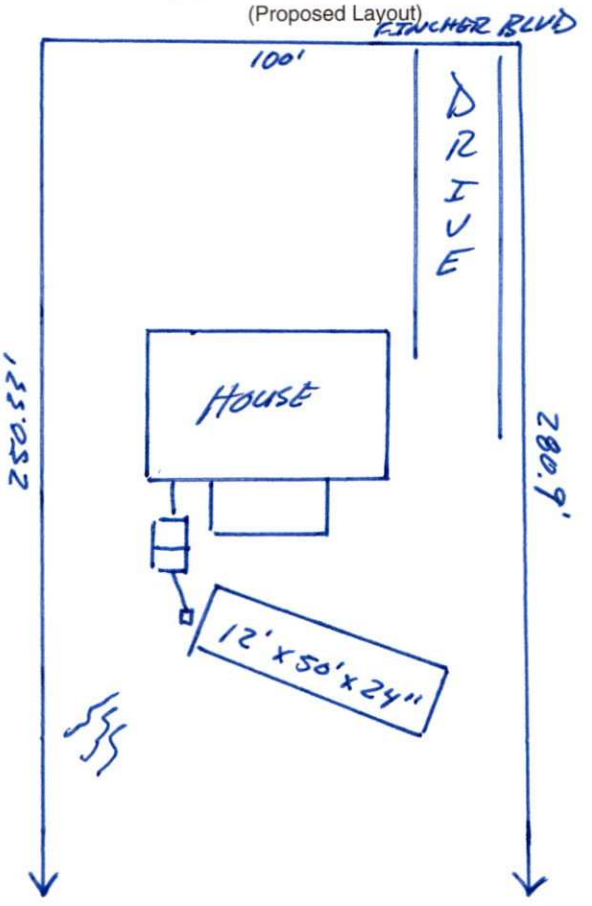
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: IIa Conventional System

12' x 50' x 24" STONE OR TIRE CHIPS

DENR Authorized Agent: Jeremy Michalec, REHS Signature: Jeremy Michalec, REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

# OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 20318 Permit #: 4220 Tax Parcel #: 045-241-07

Property Owner: CHARLES WATSON

Job Location Address: 3500 FINCHER BLVD

City: CHARLOTTE State: NC Zip Code: 28269

**Operation Permit Issuance Date:** 11/1/12 Contractor Name: JEREMY HILDRETH

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: EXISTING gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 11/1/12

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: 24 inches (Type) TCHP

Depth of Cover: 12 inches

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

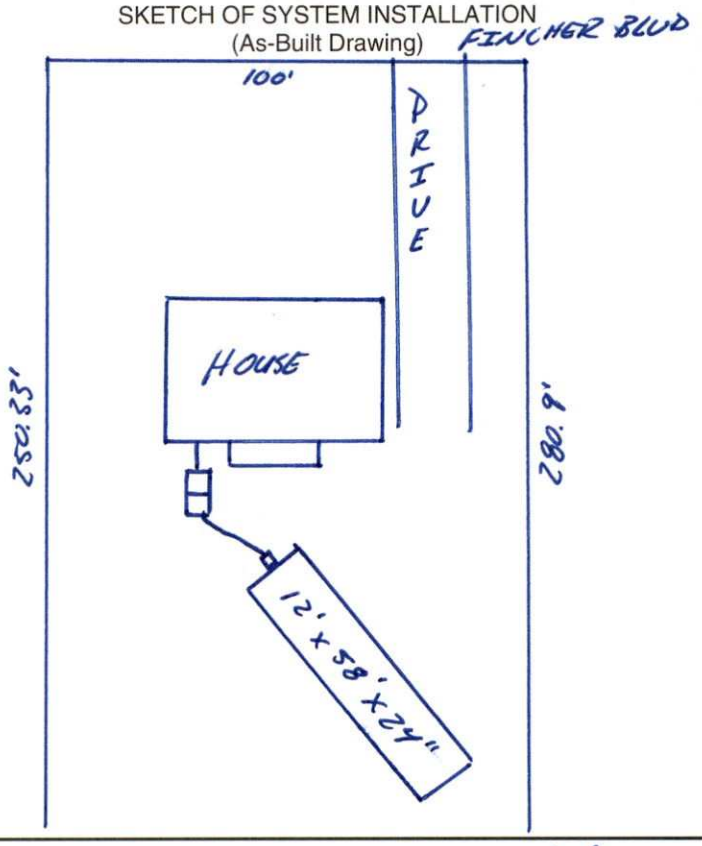
System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 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.

**Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.**

Comments: System Classification & Type: IIa, GRAVITY, TCHP, NA, NA

* RECOMMEND SEPTIC TANK BE PUMPED

DENR Authorized Agent: Jeremy Michael REHS Signature: Jeremy Michael REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

**OPERATION PERMIT for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: D031B Permit #: 4220 Tax Parcel #: 045-241-07

Property Owner: CHARLES WATSON

Job Location Address: 3500 FINCHER BLVD

City: CHARLOTTE State: NC Zip Code: 28269

**OPERATION PERMIT CONDITIONS:**

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Micklow, REHS Date: 11/1/12

Signature: Jeremy Micklow, REHS

8231B

PW
4220

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 045-241-07
STREET ADDRESS: 3500 Fincher BLVd
CITY: Charlotte N.C.
STATE: NC ZIP: 28269
SUBDIVISION NAME:
LOT #: 20 LOT SIZE (acres): 34
TOWNSHIP: 1965
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1534
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☑ OTHER City

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☑ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☑ NO |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | ☐ YES | ☑ NO | JURISDICTIONAL WETLANDS | ☐ YES | ☑ NO |
| WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☑ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ☐ YES | ☑ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☑ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ☐ YES | ☑ NO |
| CHEMICAL/PETROLEUM STORAGE TANKS | ☐ YES | ☑ NO | KNOWN UNDERGROUND CONTAMINATION | ☐ YES | ☑ NO |
| WASTE STORAGE | ☐ YES | ☑ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | ☐ YES | ☑ NO |

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A

12. PROPERTY OWNER:
NAME: Charles Watson
ADDRESS: 8705 Bartlett Rd
CITY: Charlotte N.C. 28227
STATE: N.C. ZIP: 28227
HOME PHONE: 704-400-2034
WORK PHONE: 704-400-2034
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:



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

Revised on: 7/1/08

May 29 09 07:48a DRUE 704-545-0934 p.2

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. CW (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Charles Watson — Property Owner's or Owner's Legal Representative Signature

05-28-08 — Date

---

*OFFICE USE ONLY*

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ NA

~~DATE FEE~~ RECEIVED: 5/29/07

WELL APPLICATION FEES RECEIVED: $ _____

DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 8031B

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
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Revised on: 7/1/08

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