

1517 INDUSTRIAL DR

19321114

12/31/2007

duponbj

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 19321114
Lot #:
File #: 2678B
AppID: 3135

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: GMM Properties LLC
Applicant: Larry Graves
Address: 1517 Industrial Dr. Matthews, NC 28105
Date Evaluated: 1/10/2008
Proposed Facility: Furniture Repair Shop
Design Flow (.1949): 200 GPD
Property Size:
Location of Site: 1517 Industrial Dr. Matthews, NC 28105
Property Recorded:
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	8%-L	0-6	GR/SCL	Fri/SS/SP/SEXP			42"		PS,IV
		6-30	SBK/C	FI/S/P/SEXP					0.3GPD/FT^2 to
		30-42	SBK/CL	Fi-Fri/SS/SP/SEXP	Common Sap inclusions				42"
		42"	Saprolite	Massive					
2	8%-L	0-35	SBK/C	FI/S/P/SEXP	>48" to soil wetness				PS,IV
		35-48	SBK/CL	Fi-Fri/SS/SP/SEXP					0.3GPD/FT^2
3	8%-L	0-4	GR/SL	FR/NS/NP			42"		PS,IV
		4-27	SBK/C	FI/S/P/SEXP					0.3GPD/FT^2
		27-42	SBK/CL	Fi-Fri/SS/SP/SEXP	Common Sap inclusions				to 42"
		42"	Saprolite	Massive					
				Site LTAR					0.3GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR	0.3	0.3

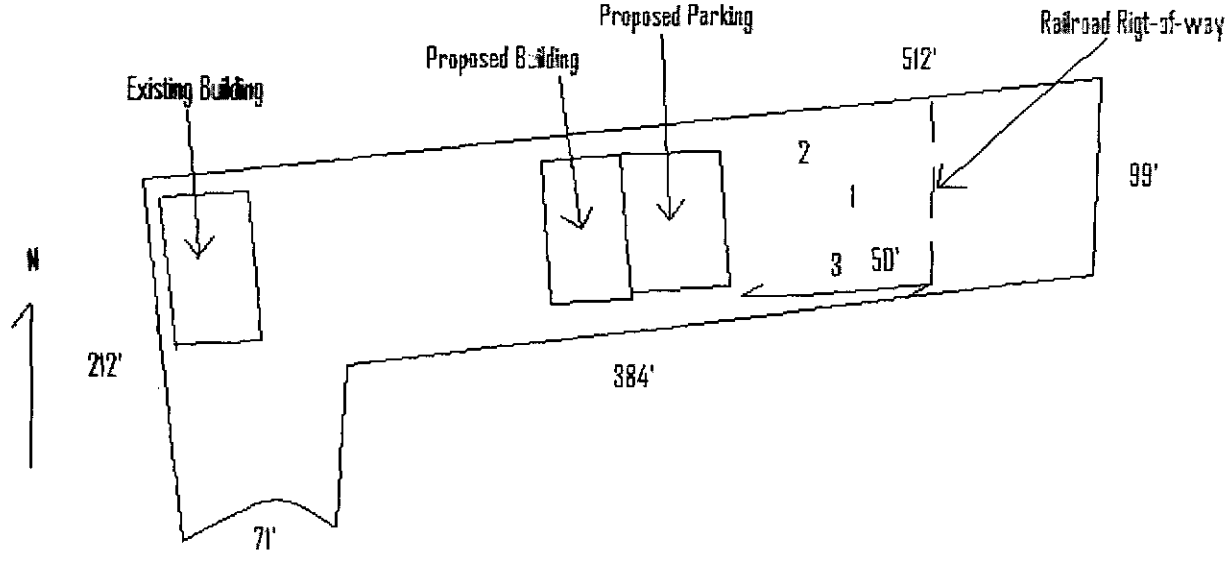
Other Factors (.1946):
Soil Evaluation By: Jeremy Michael
Others Present:
Site Classification (.1948):
Site Evaluation By: Jeremy Michael
Others Present:

COMMENTS: FILE #: 2678B

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



FILE NUMBER: 26788 Revised On: August 31, 2007 APPLICATION NUMBER: 3135

SEPTIC FEE: 400.00
DATE: 1-4-08

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 19321114
STREET ADDRESS: 1517 Industrial Drive
CITY: Matthews
STATE: NC ZIP: 28105
LOT #: LOT SIZE (acres):
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☑ 5-MATTHEWS

4. **BUILDING INFORMATION:**
DESCRIBE TYPE OF BUSINESS: Furniture Repair
☑ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT: 8
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 8
TYPE OF WASTEWATER GENERATED:
☑ DOMESTIC SEWAGE ☐ INDUSTRIAL WASTEWATER
☐ OTHER _____

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.**

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☑ 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

10. **PROPERTY OWNER:**
NAME: GMM Properties LLC
ADDRESS: 1517 Industrial Drive
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE: 7045366654 WORK PHONE: 7048950550
MOBILE PHONE: 7049964510 FAX: 7048477559

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Larry Graves
ADDRESS: 1212 Burgoonwood Circle
CITY: Charlotte NC
STATE: NC ZIP: 28212
HOME PHONE: 7045366654 WORK PHONE: 7048950550
MOBILE PHONE: 7049964510 FAX: 7048477559

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Larry Graves 1/4/08
Property Owner's or Owner's Legal Representative Signature Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
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 12 months from the date of issuance.

_____
Property Owner's or Owner's Legal Representative Signature Date

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/04/08	**Amount:**	400.00
Receipt #:	54418	**Tendered:**	400.00
Check / Auth #:	CHECK 1150	**Returned:**	0.00
Received By:	EDWARMT		

Account Information

Account #: 200000
Contractor: GRAVES, LARRY
Attn: GMM PROPERTIES, LLC
Address: 1517 INDUSTRIAL DR.
Address:
City/State/Zip: CHARLOTTE, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm GMM PROPERTIES		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

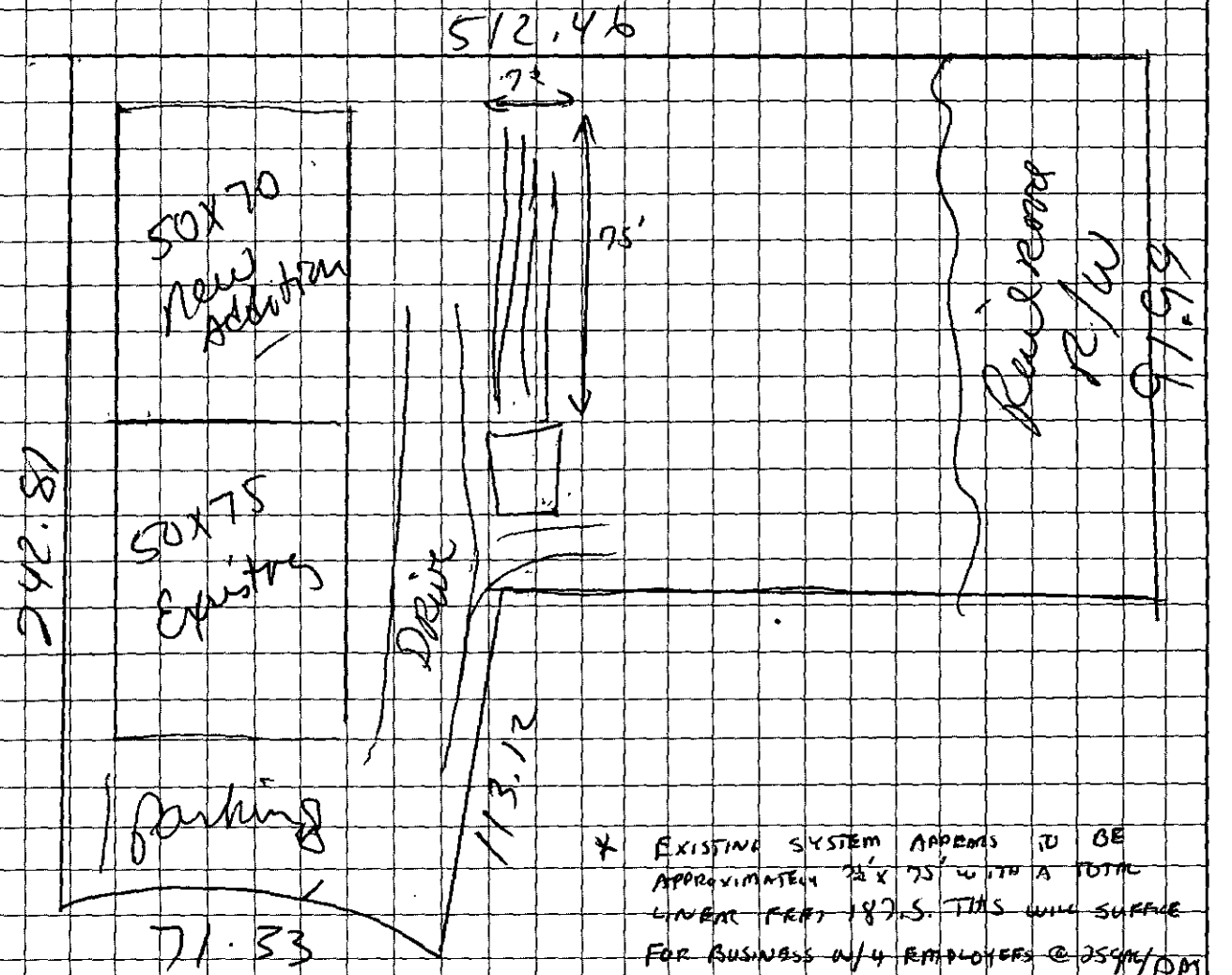
PROPOSED PLOT PLAN

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

FILE: 2678B

TC: _____

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.



* EXISTING SYSTEM APPEARS TO BE APPROXIMATELY 12' X 75' WITH A TOTAL LINEAR FEET 187.5. THIS WILL SUFFICE FOR BUSINESS W/4 EMPLOYEES @ 25GPD/PER SHIFT

* OK TO USE EXISTING SYSTEM

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 9-29-58

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

FEE: 9/25/98
DATE: $500 pd

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

NAME: Graves Furniture Shop

___ COMMERICAL ✓ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Furniture Repair

3750 Building And 3500 sq Ft Addition

Square Footage of Facility:

NUMBER OF EMPLOYEES: 4 PER SHIFT: 1

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
✓ SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

FILE #: 26788

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193-211-14

STREET ADDRESS: 1517 Industrial Dr. Matthews

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

3500 sq Feet with 2 Rest Rooms

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	WELL SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: Larry C Graves & Wife

NAME: Graves Larry C
(LAST) (FIRST) (MI)

ADDRESS: 1517 Industrial Dr.

CITY: Matthews STATE: NC ZIP 28105

DAYTIME PHONE: 704 845-0550 or 3542193

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Larry C Graves DATE: 9/25/98

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

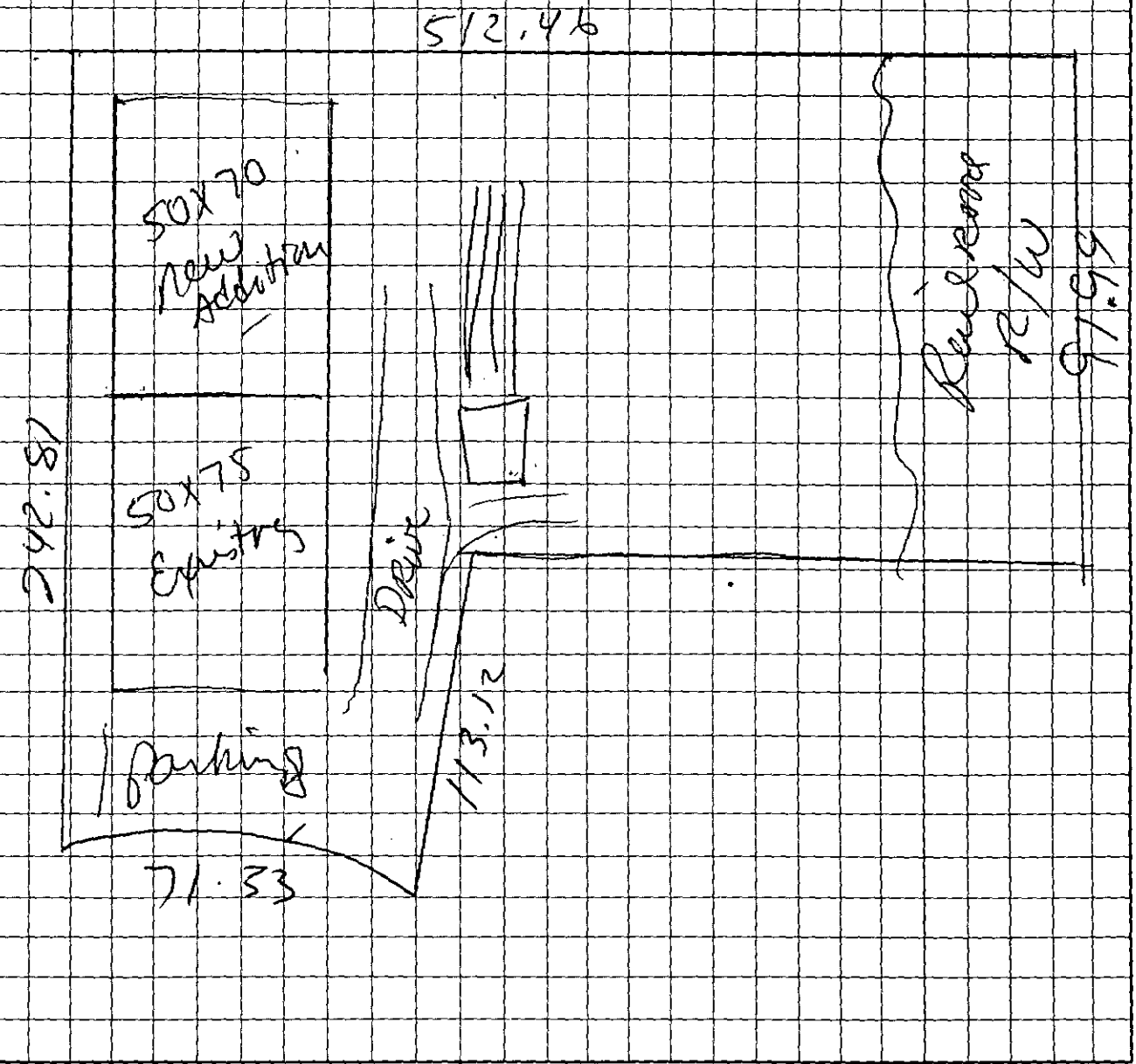
PROPOSED PLOT PLAN

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FILE: 2678B

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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