

720 MARION DR

22702705

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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W/O Davis – help – Reiger LM

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

9 REPAIR 11

[] CRT

752B/8623A

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date: 11/25/92

PROPERTY OWNER:

NAME: Biggers, Kathryn (last) (first) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-027-05

STREET ADDRESS: 720 Marion Drive

ADDRESS: 720 Marion Dr. PHONE: (__) 847-3909

CITY: Matthews STATE: NC ZIPCODE: 28105

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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
[] 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: Date:

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

B40

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 152B/823A DATE: 11-24-92

TC: 227-027-05 ☐ L

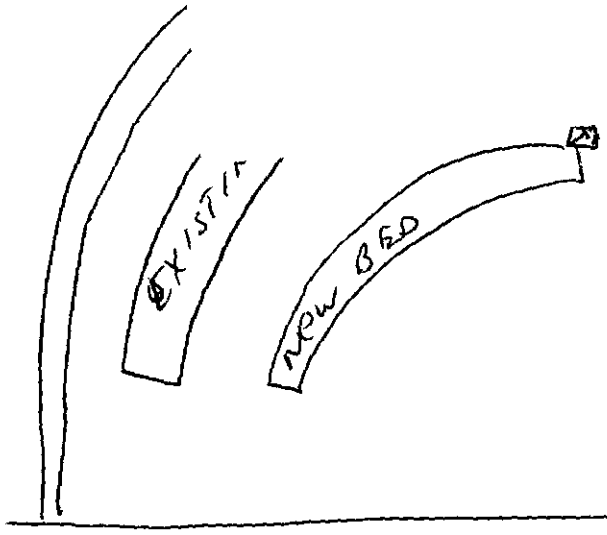
SERIAL Nº 13506

Permission is hereby given for the installation of a septic tank wastewater treatment system granted based upon the application dated 11-24-92. All work shall be completed on or before _____, which date this permit shall be null and void. The system shall meet all of the requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion must be obtained from the Mecklenburg County Health Department before any system anticipated by the granting of this permit does not in any way guarantee that the system anticipated may be approved for any person now or hereafter owning, controlling or using such system from any person now or hereafter owning, controlling or using the property for which it was issued. It is the responsibility of the owner to operate properly.

Please assign file #

Alter or Repair the individual septic tank wastewater treatment system as specified herein at the described location. This permit is granted based upon the application dated 11-24-92. All work shall be completed on or before _____, which date this permit shall be null and void. The system shall meet all of the requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion must be obtained from the Mecklenburg County Health Department before any system anticipated by the granting of this permit does not in any way guarantee that the system anticipated may be approved for any person now or hereafter owning, controlling or using such system from any person now or hereafter owning, controlling or using the property for which it was issued. It is the responsibility of the owner to operate properly.

1992 REPAIR



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 3 or 6 feet

Total Line Length 100' feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well 50' + feet

NAME OF OWNER CATHERINE BIGGERS

LOCATION OF PROPERTY 720 MARION DR

Comments: check d-box + piping FROM WASHLINE

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 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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: _____ 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 ☒ Repair
.1937(d)	Is the Facility shown?	Yes ☒	No ☐	N/A ☐
.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 0.3	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)	System components shown – Initial	Yes ☐	No ☐	N/A ☒
.1945(b) .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 ☐
	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 ☐

IL 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: _____

OP issued date: _____

Review performed by: Jeremy Mitchell Date performed: 03/16/2012

752 B

MECKLENBURG COUNTY HEALTH DEPARTMENT Appt# 5519

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: 227-027-05

STREET ADDRESS: 720 Marion Drive

CITY: Matthews

STATE: NC ZIP: 28105

SUBDIVISION NAME:

LOT #: LOT SIZE (acres): 2

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: 2950

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

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: 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:** 1

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: William Grayson Palmer
ADDRESS: 720 Marion Drive
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE: 704-844-3263
MOBILE PHONE: 704-575-2892
FAX: N/A
E-MAIL: harryreeves@yahoo.com

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.

WGP (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.

W. Grayson Palmer — Property Owner's or Owner's Legal Representative Signature

3/13/2012 — Date

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 752B

APPLICATION ID NUMBER ASSIGNED: 5519

COMMENTS:

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

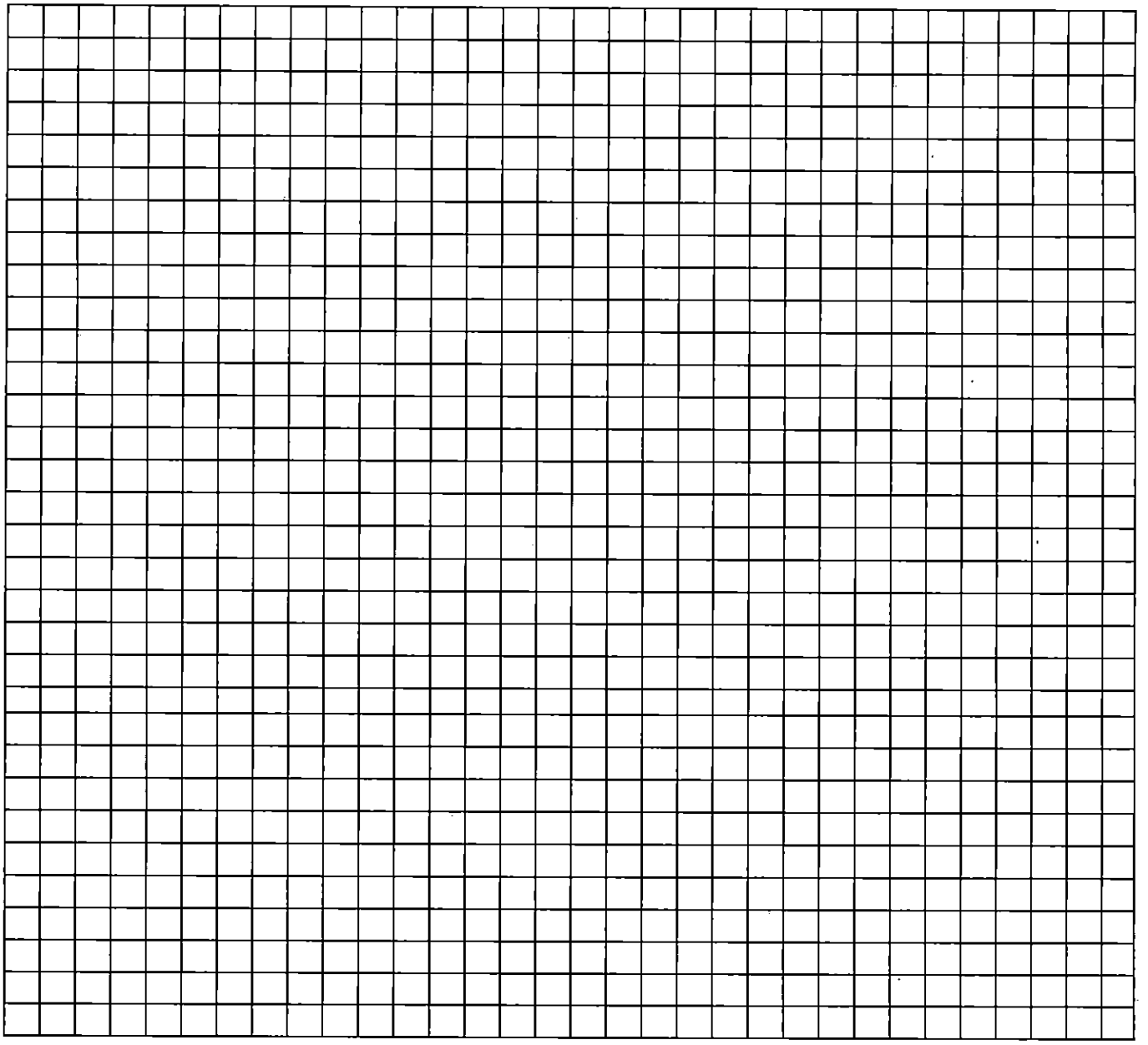
File #: _____

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 #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature 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

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 #: 752B Permit #: _____ Tax Parcel #: 227-027-05

Property Owner: William Grayson Palmer

Job Location Address: 720 Marion Drive

City: Matthews State: NC Zip Code: 28105

Installation Approval Issuance Date: 3/13/12

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 4/13/12, 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: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: Existing 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: 48 inches

Bed Width: 15 feet

Total line length: 200 feet

# of Lines: 5 @ 40 feet

Depth of Media: 36 inches (Type) TCHP/GRAVEL

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

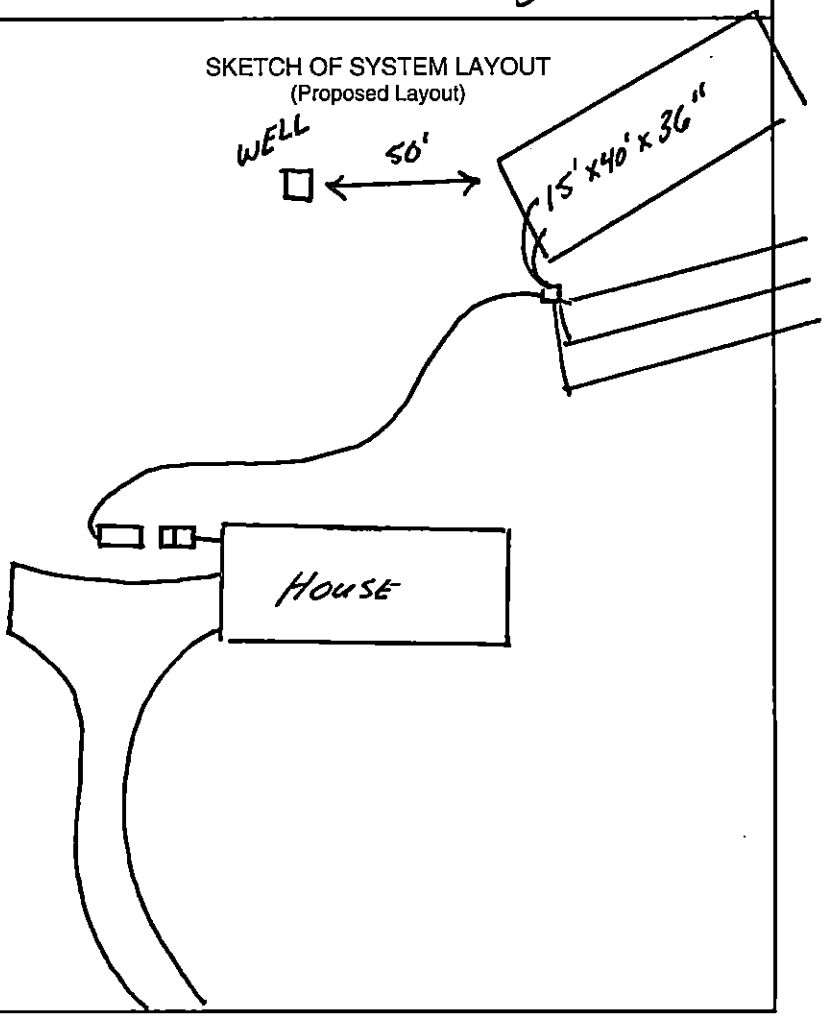
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III b Pump to Conventional System

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

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: William Grayson Palmer Date: 3/13/2012

Address: 720 Marion Drive Phone: 704-575-2892 (Home/Cell)

Matthews, NC 28105 704-844-3263 (Work)

Email: harryreeves@yahoo.com

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

Who installed the septic system? _____

When was the septic tank last pumped? n/a

Who pumped the septic tank? n/a

How often have you had the tank pumped? none in last 6 years

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

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

seepage around drain fields

When did you first notice the problem? January 2012

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

Yes ☐ No ☒

Explain:

Could be worse after using water a lot, but we haven't monitored it closely.

How many people are living in the house? 2 Adults _____ Teens 2 Children

How much water do you use each day (provide estimate in gallons)? 30 ?

Is the property served by public water? Yes ☒ No ☐ but we use a well

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

Do you have a dishwasher? Yes ☒ No ☐ How many times per week is it used? 5-8

Do you have a garbage disposal? Yes ☒ No ☐ How many times per week is it used? 2

Do you have a washing machine? Yes ☒ No ☐ How many times per week is it used? 8

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: Drano when needed

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:

none

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

W. Grayson Palmer
Signature

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William Grayson Palmer — APPLICATION DATE 3/13/12
ADDRESS: 720 MARTON DRIVE MATTHEWS NC 28105 — DATE EVALUATED: 3/13/12
PROPOSED FACILITY: Residence — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 1 ACRE
LOCATION OF SITE: 720 MARTON DRIVE, MATTHEWS NC 28105 — PROPERTY RECORDED: —
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger 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 2%	0-4	GR/SCL	FR/SS/SP/SEAP	>48" TO SOIL Wetness	48"	NA	NA	PS 0.3
		4-32	SBK/C	FI/S/P/SEAP					
		32-48	SBK/CL	FI/S/P/SEAP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III b	III b
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): P. S.
EVALUATED BY: Jimmy Mac Potts
OTHER(S) PRESENT: William Lanier, William Grayson Palmer

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.

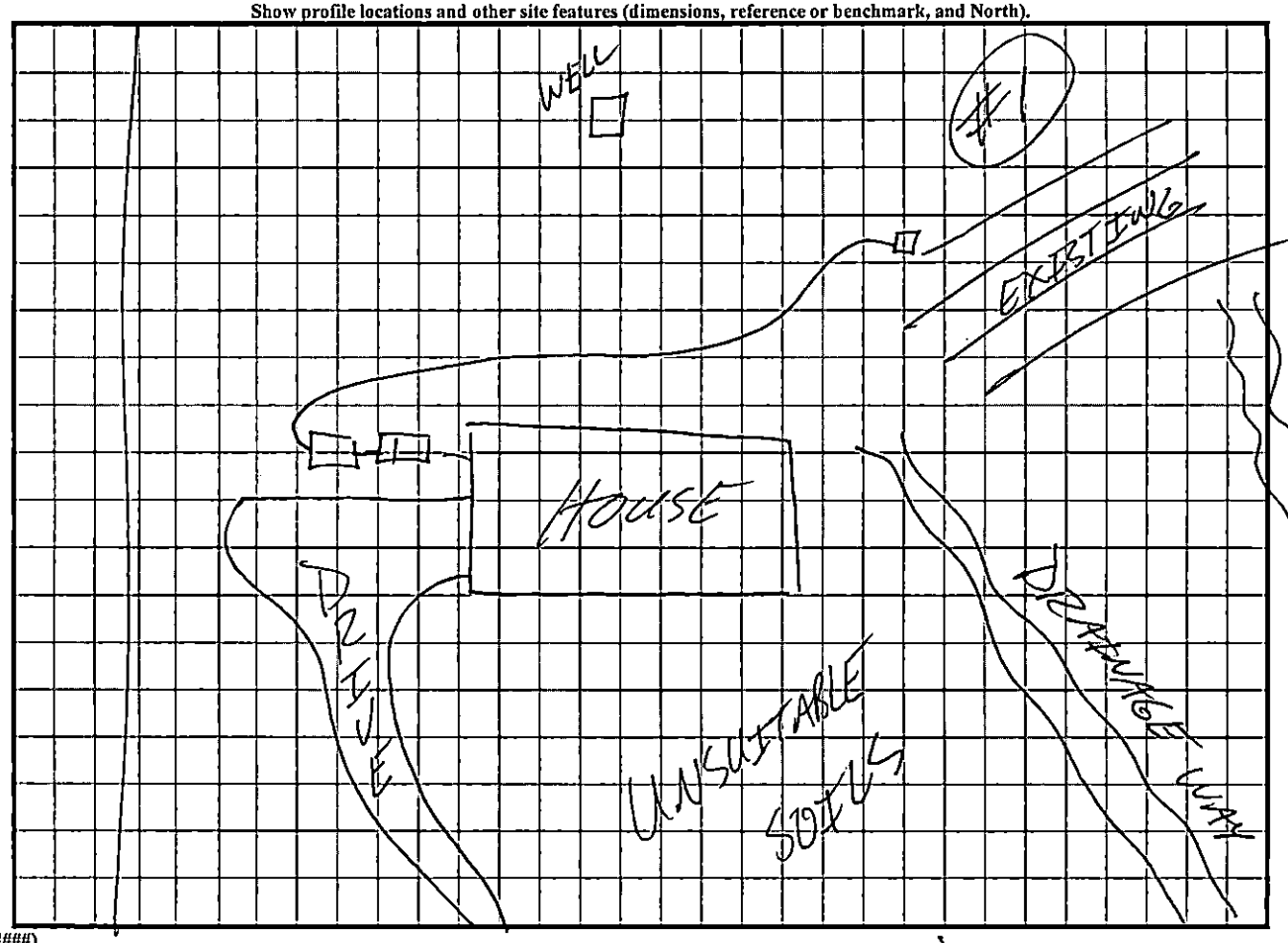
NOTES

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 (#####)

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

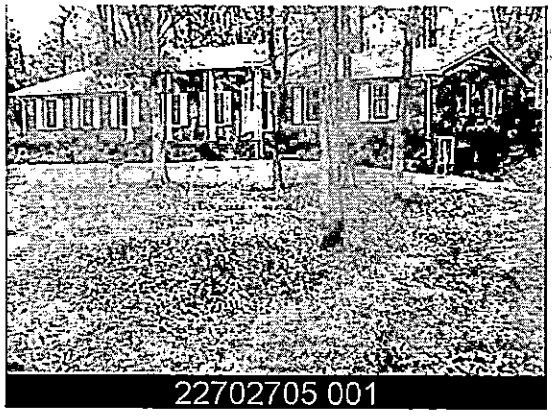
Date and Time: 3/16/2012 11:17:06 AM

Parcel ID #: 22702705 GIS ID #: 22702705	
Owner Name:	WILLIAM G PALMER AND LARA M RHODES
Mailing Address:	720 MARION DR MATTHEWS, NC 28105
Property Characteristics	
Legal Desc.:	L14&15 B1M9-343
Land Area:	1.35 SMAC
Fire District:	17-MATTHEWS
Special District:	FIRE SERVICE E
Account Type:	INDIVIDUAL
Municipality:	5-MATTHEWS
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
17651-33 (8/23/2004) $275,000.00 07218-269 (3/8/1993) $130,000.00	
Situs Addresses Tied to This Parcel	
720 MARION DR	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MATTHEWS	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2011 Annexation Area: NO	
Census Tract #: 58.13	
Parcel Falls Inside a Water Quality Buffer?: NO	
Post Construction District	
Jurisdiction:	Matthews
District:	Catawba

FEMA Flood Information	
FEMA Panel #:	3710458000J
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/2009
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	FOUR MILE
Watershed Class:	

Building Photography

PHOTO #1
Location: 720 MARION DR



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.

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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.