

1/7/2008

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
Property ID: PO 111-471-01
Lot #: 2
File #: 4826B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Samuel P. Malone
Applicant:
Address: P.O. Box 1139, Matthews, N. C. 28106
Date Evaluated: 2/12/02
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 7.6a
Location of Site: off Marlstone Lane
Property Recorded:
Water Supply: [ ] Public [x] 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	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,5-15	0-5	GR/SICL	FR/SEXP/SS/SP	>38" TO SOIL WETNESS	38	N/A	NONE	PS, IV .3G/DAY/FT^2
		5-33	SBK/SIC	FI/SEXP/S/P					
		33-38	SBK/SICL	FR/SEXP/SS/SP					
2	"	0-6	GR/SICL	FR/SEXP/SS/SP	>36" TO SOIL WETNESS	36	"	"	"
		6-30	SBK/SIC	FI/SEXP/S/P					
		30-36	SBK/SICL	FR/SEXP/SS/SP					
3	"	0-5	GR/SICL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		5-28	SBK/SIC	FI/SEXP/S/P					
		28-48	SBK/SICL	FR/SEXP/SS/SP					
4	"	0-5	GR/SICL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	"	"	"
		5-17	SBK/SICL	FR/SEXP/SS/SP					
		17-44	SBK/SIC	FI/SEXP/S/P					
5	NS,15	0-6	GR/SICL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	"	"	"
		6-50	SBK/SIC	FI/SEXP/S/P					
6	LS, I5	0-3	GR/SICL	FR/SEXP/SS/SP	>27" TO SOIL WETNESS	27	"	"	"
		3-6	SBK/SICL	FR/SEXP/SS/SP					
		6-27	SBK/SIC	FI/SEXP/S/P					
7	LS, 10	0-6	GR/SICL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		6-37	SBK/SIC	FI/SEXP/S/P					
		37-48	SBK/SICL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3G/DAY/FT^2	.3G/DAY/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 2/13/02, W. R. Marlin
Others Present:

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

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8	LS, 15	0-6	GR/SICL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3G/DAY/FT^2
		6-48	SBK/SIC	FI/SEXP/SS/SP					
9	LS, 12	0-5	GR/SICL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		5-44	SBK/SIC	FI/SEXP/S/P					
		44-49	SBK/SICL	FR/SEXP/SS/SP					
10	"	0-5	GR/SICL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37	"	"	"
		5-34	SBK/SIC	FI/SEXP/S/P					
		34-37	SBK/SICL	FR/SEXP/SS/SP					
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		6-48	SBK/SIC	FI/SEXP/S/P					
12	"	0-7	GR/SICL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	"
		7-38	SBK/SIC	FI/SEXP/S/P					
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Description	Initial System	Repair System
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Site Classification (.1948):
Evaluated By: W. R. Marlin, LSS, 2/13/02
Others Present:

FILE # 4826B

COMMENTS 100% Repair - Note - Soils are somewhat variable w/ respect to depth - Spot check proposed line layouts before releasing permit - If portions of tract are used as system sites for off-site tracts, proposed system areas must be identified and investigated separately from this investigation WAM 2-13-02

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

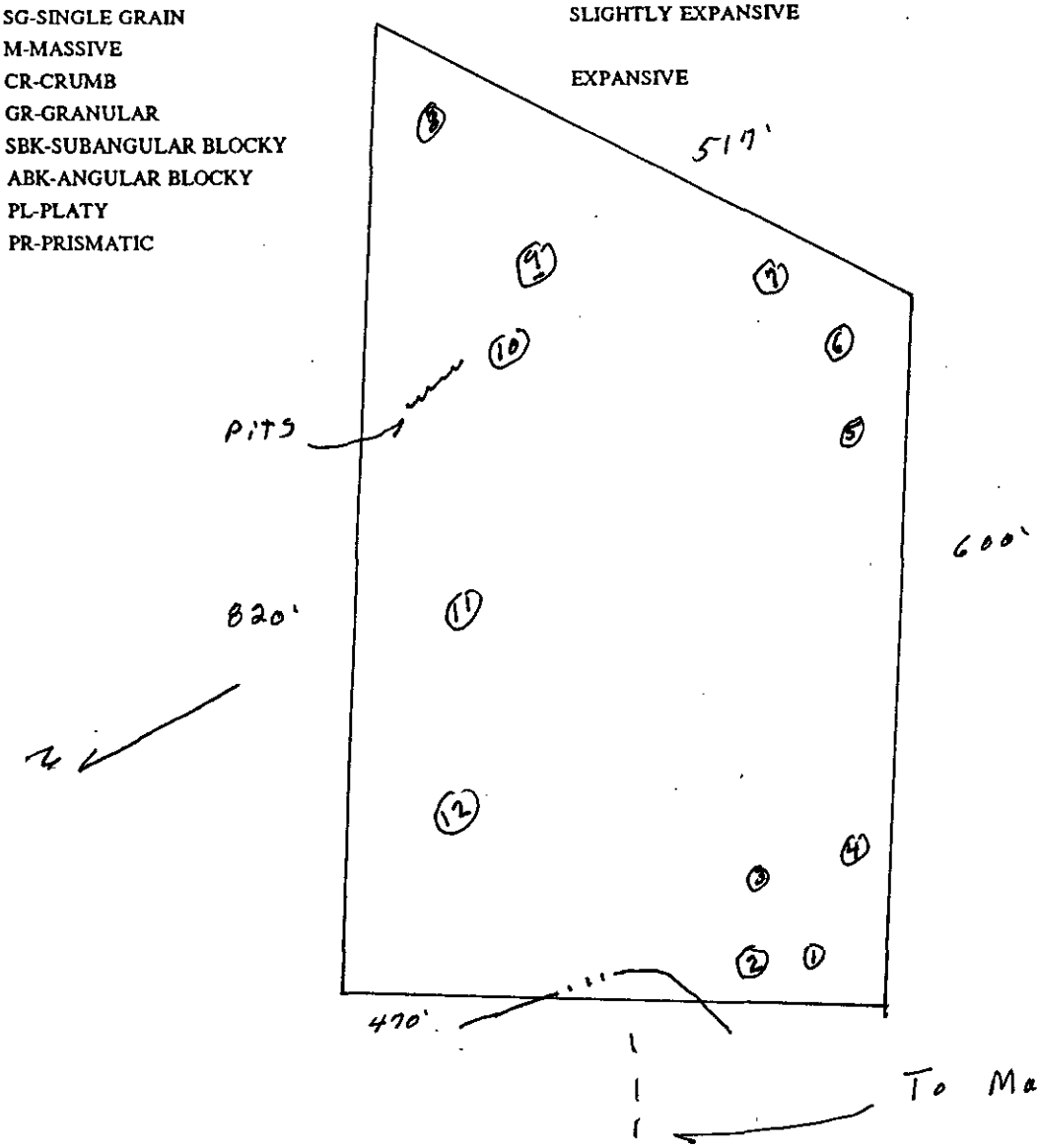
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200 DATE: 11/8/01

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

TYPE APPLICATION: NEW SYSTEM _ EXPANSION/ ALTERATION OF EXISTING SYSTEM _ REPAIR OF EXISTING SYSTEM

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

FILE #: 4826B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-471-01 Lot 2

STREET ADDRESS: Marlstone Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Run River Run Lot 2

LOT NUMBER:

TOWNSHIP (CHECK ONE):

- √ 0 MECKLENBURG
- _ 1 CHARLOTTE
- _ 2 DAVIDSON
- _ 3 CORNELIUS
- _ 4 PINEVILLE
- _ 5 MATTHEWS
- _ 6 HUNTERSVILLE
- _ 7 MINT HILL

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

- _ SINGLE MODULE HOME(S)
- _ DOUBLE WIDE (D)
- √ HOUSE (H)
- _ MODULAR HOME (M)
- _ MULTIPLE FAMILY (U)
- _ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

- _ WITHOUT BASEMENT
- _ ON SLAB
- _ CRAWL SPACE
- _ WITH BASEMENT /PLUMBING
- _ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: _ YES √ NO TYPE: _____

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 WASTEWATER SYSTEMS	_ YES √ NO	DESIGNATED WETLANDS	_ YES √ NO
EASTMENTS OR RIGHT-OF-WAYS	_ YES _ NO		

PROPERTY OWNER:

NAME: Malone (LAST) Samuel (FIRST) P. (MI)

ADDRESS: P.O. Box 1139

CITY: Matthews STATE: NC ZIP: 28106

DAYTIME PHONE: 704 847-9026

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

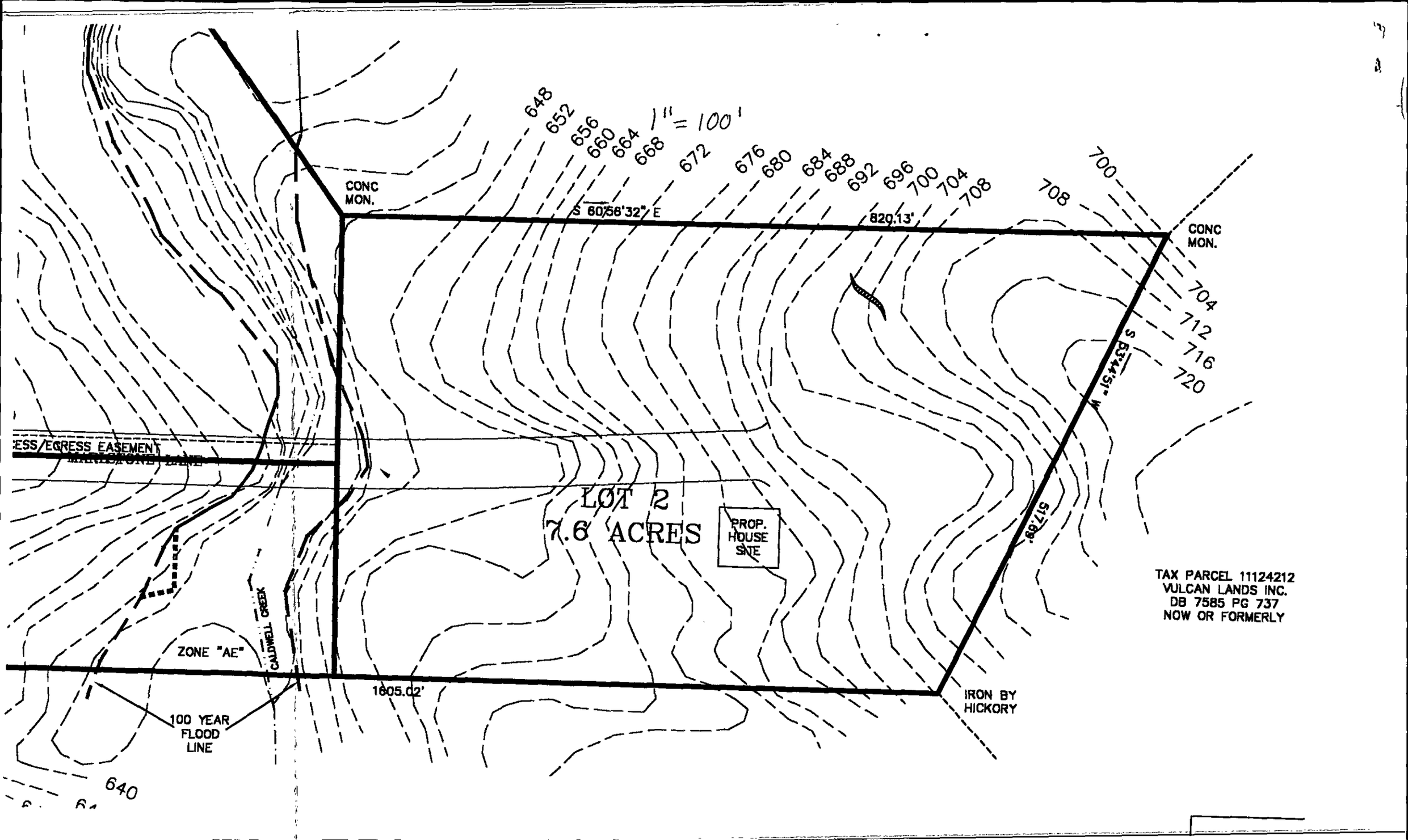
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9-16-89

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: 1-11-02

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


1" = 100'
CONC MON.
S 60°56'32" E
820.13'
CONC MON.
S 03°44'51" W
517.89'
IRON BY HICKORY
1605.02'
LOT 2
7.6 ACRES
PROP. HOUSE SITE
ESS/EGRESS EASEMENT
MARIGOLD LANE
CALDWELL CREEK
ZONE "AE"
100 YEAR FLOOD LINE
TAX PARCEL 11124212
VULCAN LANDS INC.
DB 7585 PG 737
NOW OR FORMERLY
640
648
652
656
660
664
668
672
676
680
684
688
692
696
700
704
708
700
704
712
716
720

GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click on Map to Perform Operation

Refresh Map **Pan** **Zoom In** **Zoom Out** **Zoom Factor** 1X **Identify** Parcels

Surveyor's Report

Adjoining Owner's Report within 10 FEET **Measure** Start Line **Label Parcels by:** Parcel-Id(PID)



VICINITY MAP



LEGEND

- County Boundary
- Jurisdictions
- Tax Parcels
- Parcel Dimensions
- Sales by Deed Year
- Railroad ROW
- Utility ROWs
- Bodies of Wate
- Streams
- Floodplain
- 10 Foot Contou
- Regulated Watershed
- Surface Water Buff.
- Building Outlines
- Prop. I-485 Corridor
- Photo Controls
- 1999 Aerial Photo
- Tax Parcel Lai Use
- Countywide Zoning
- Preliminary Plans

Click here to submit questions or comments about the information shown on this page.

Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

.../esrimap.dll?name=Taxgis&Left=1514435.80598272&Bottom=545358.388902567&Right=1512/21/01

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Environmental Health
Groundwater & Wastewater Services

Fax Coversheet

4826B

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: Kemp Fax # 704 625 2355
Phone #:

From: Philo Walker GWS Date: 12/12/11

Number of pages transmitted: 3 (including coversheet)

Comments:

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

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700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

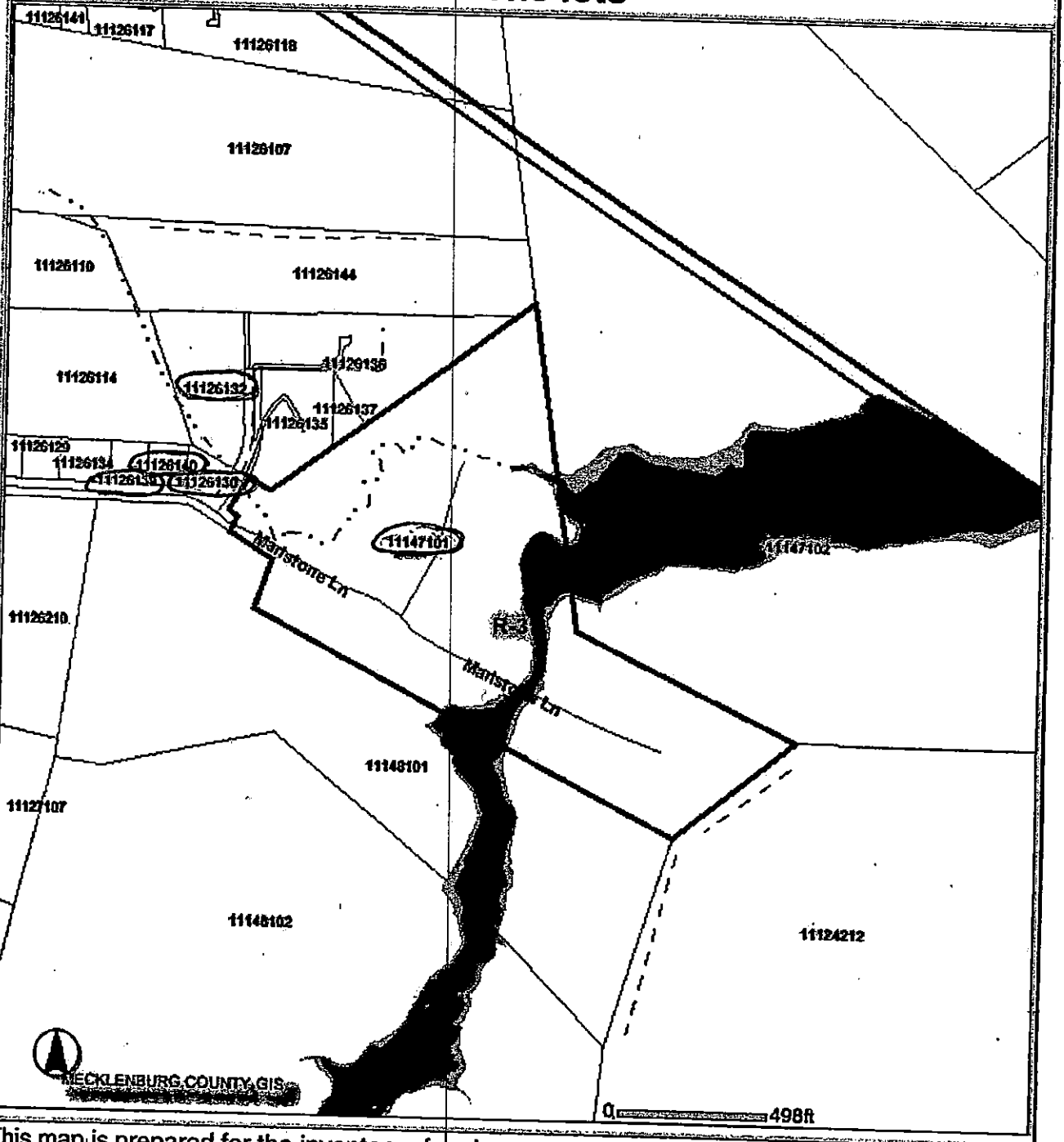
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Jun 9 11:59:46 EDT 2011

Malone lots



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 aformentioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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

TYPE APPLICATION: NEW SYSTEM ___ EXPANSION/ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM ___

FILE # 4826B

PROPERTY INFORMATION FROM ANDING AND FORD FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-471-01 Lot 2

STREET ADDRESS: Marlstone Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Run River Run Lot 2

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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- ___ 1 CHARLOTTE
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BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
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EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

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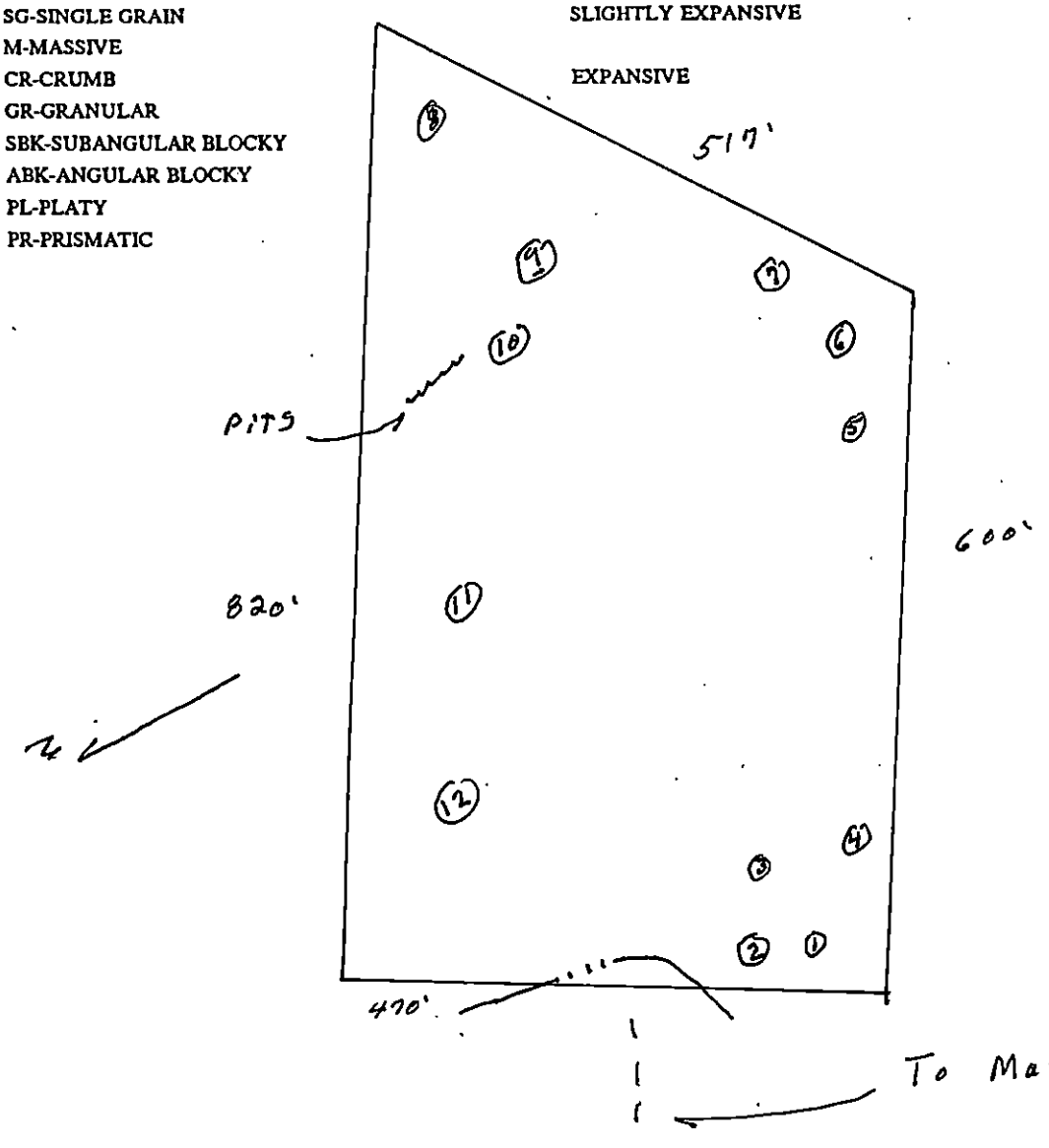
Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By: W. R. Marlin, LSS, 2/13/02,
Others Present:

FILE # 48268

COMMENTS 100% Repair - Note - Soils are somewhat variable w/ respect to depth - Spot check proposed line layouts before releasing permit - If portions of tract are used as system sites for off-site tracts, proposed system areas must be identified and investigated separately from this investigation WAM 2-13-02

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S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 200 1444 2747
DATE: 11/5/01

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

I CAT

TYPE APPLICATION: NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4826B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-471-01 Pt. Lot 2

STREET ADDRESS: Marlstone Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Run River Run Lot 2

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
√ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES √ NO TYPE:

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
EXISTING WASTEWATER SYSTEMS __ YES √ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES √ NO
DESIGNATED WETLANDS __ YES √ NO

PROPERTY OWNER:

NAME: Malone (LAST) Samuel (FIRST) P. (MI)

ADDRESS: P.O. Box 1139

CITY: Matthews STATE: NC ZIP: 28106

DAYTIME PHONE: 704 847-9026

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9-16-89

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: 1-11-02

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