

5110 TUCKASEEGEE RD

05905118

5/1/08

marliwr

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

FEE: $200.00 CK# 12224 donation

DATE: 5-20-98

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

[redacted]

28238A

1 1 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

Church 391-0588 Rev. Chambers

FILE #:

PROJECT-TRACKING #: 047- 979542

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 059-05[redacted]118

STREET ADDRESS: 5110 Tuckaseegee Road

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

13,400
Square footage of facility

NUMBER OF EMPLOYEES: 12 PER SHIFT: 1st

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
2 FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

X Must submit copy of building plans.

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

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

We understand the current size included 2nd Phase Sanctuary needs

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Paw Creek Ministries (LAST) (FIRST) (MI)	NAME: Chambers, Joseph R (LAST) (FIRST) (MI)
ADDRESS: 5110 Tuckaseegee Rd	DAYTIME PHONE: (704 391-0588
CITY: Charlotte STATE: NC ZIP: 28208	
DAYTIME PHONE: (704 391-0588 / 399-7803	

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: Joseph Chambers DATE: 5/20/98

PROPOSED PLOT PLAN

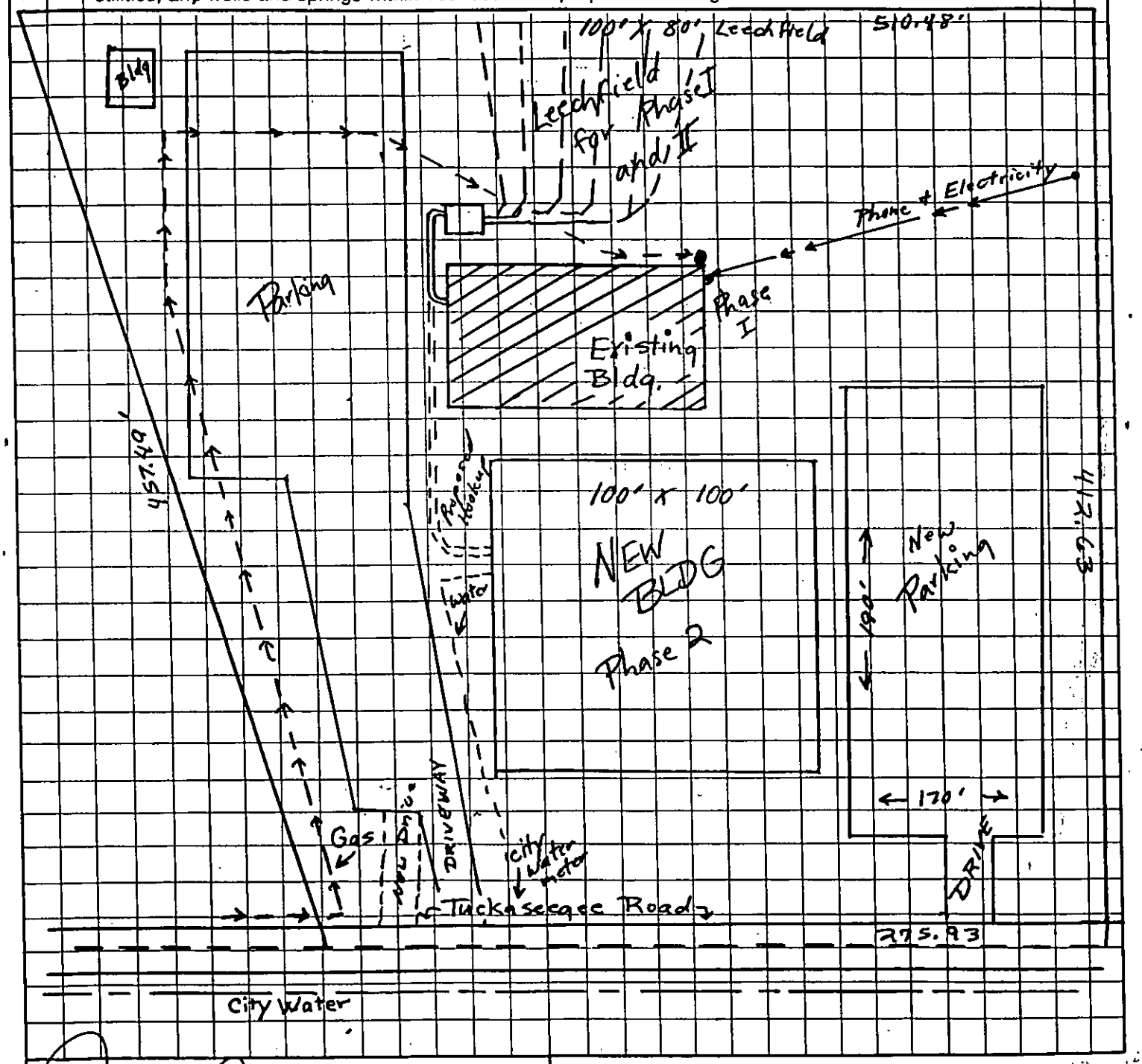
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2828 A

TC: ~~047-05 047-09~~
059-057-18

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.

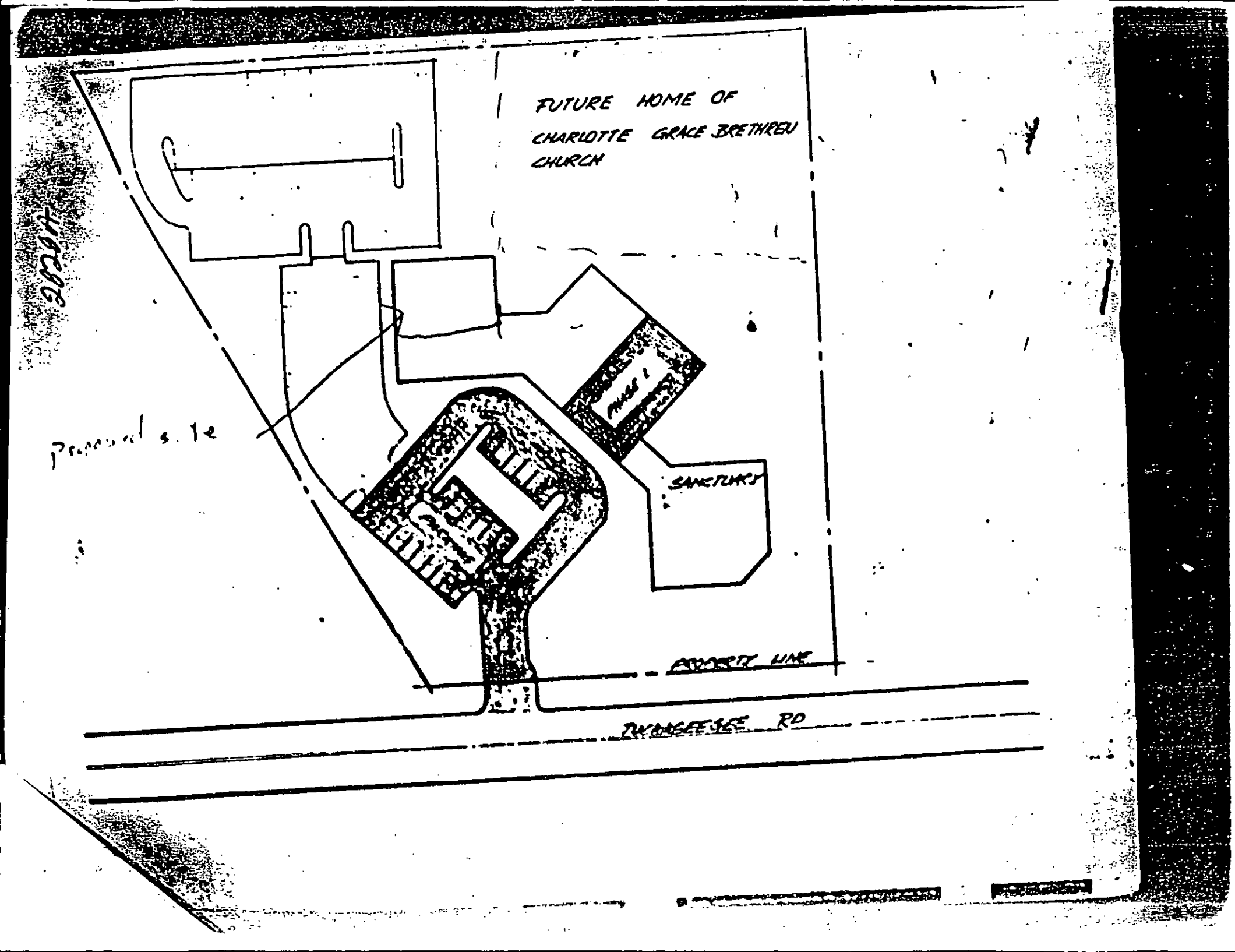


Joseph Chambers
OWNER/AGENT SIGNATURE

APPROVAL DATE

DATE 5/20/98

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


FUTURE HOME OF
CHARLOTTE GRACE BRETHREN
CHURCH
PHASE 1
SANCTUARY
EXHIBIT LINE
RD

CERTIFICATE OF COMPLETION/OPERATION PERMIT

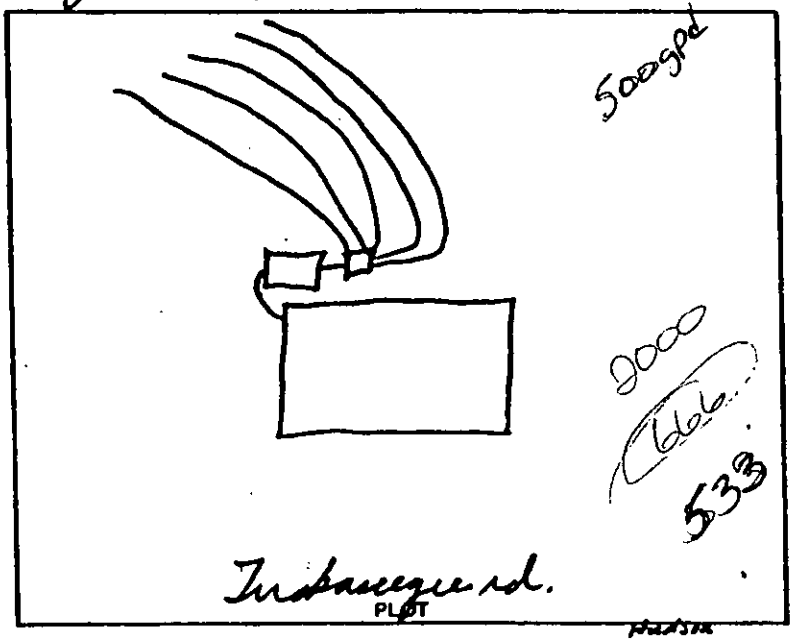
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2828-A DATE: 4-3-87
TC: 059-051-18 ☐ L ☐ CRT
SERIAL № 10050

Name of Owner The Grace Brethren Home Mission Council Juris.:
Address of Property 5110 Tuckaseegee Rd.

Inspection Data:

Tank Material PVC
Total Length of Drainfield 555'
Number of Lines 5 @ 111'
Cover Depth 12" - 18"
Water Supply Source city
Distance to Water Source
Excavation Inspected 4-3-87
Tank(s) Inspected 4-3-87
Wash Line Inspected
High Water Alarm Inspected



Design: 1987, 1500ST, CON, 1665SFT, 12G, cecil CTR# 90

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☑ installed or constructed ☐ altered or repaired
☑ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this
☑ Certificate of Completion ☐ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

D. R. Ferguson
Environmentalist

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

EVALUATION REPORT
AL NUMBER 13535

Parcel: 05906118 ☐ PC

Location: Tuckaseegee Road

Subdivision:

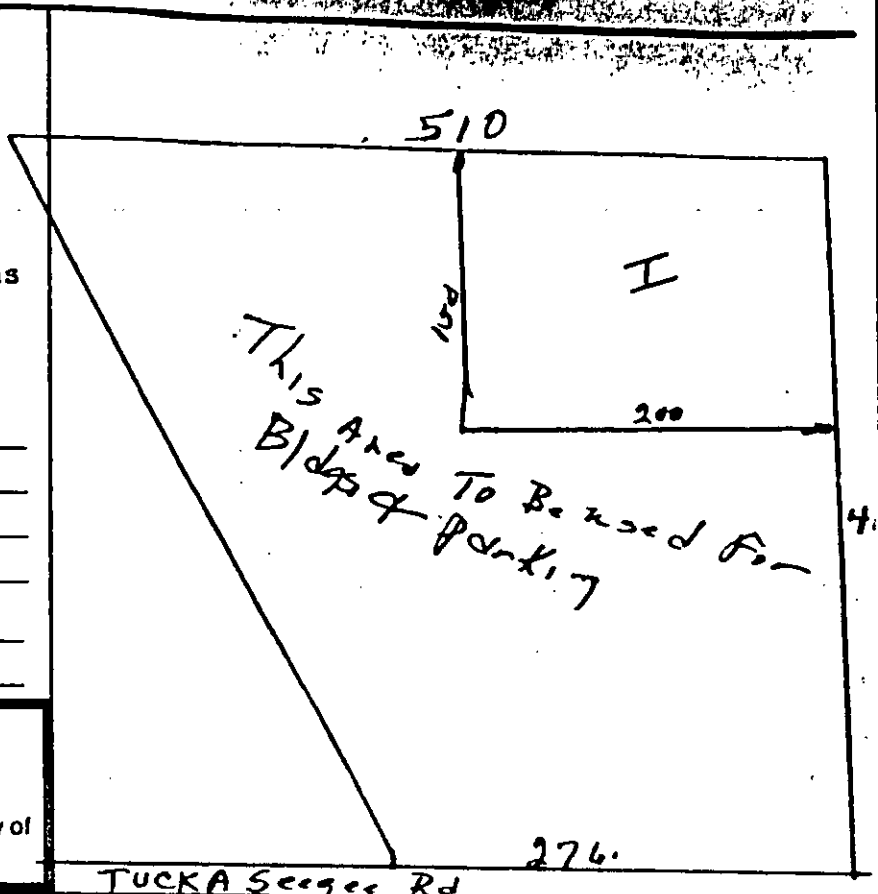
Lot: Block: Acres: .74

Owner: Grace Brethren Home Missions
Address: P. O. Box 669065
Charlotte, NC 28208

Comments: _____

Described by: W. B. Ramsey

Date: 1-30-87



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 1-3	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-45	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVc Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

1-12-87

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)
FILE: 2828A
TC: _____
SERIAL: № 12070 ☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 5110 (STREET NO.) Tuckaseegee Road (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 059 051 18
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: The Grace Brethren Home Missions Council, Inc. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: P.O. Box 669065
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28208
⑬ PHONE: (WORK) _____ ⑭ (HOME) 391-7441

REQUEST

This request is for a(n):
⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms? _____
㉕ Type? Church
㉓ Maximum occupancy? 100
㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? Sanctuary 100

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☐ Individual well
B ☒ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Howard H. Delaughter

Date: 12/19/86

IMPROVEMENT PERMIT

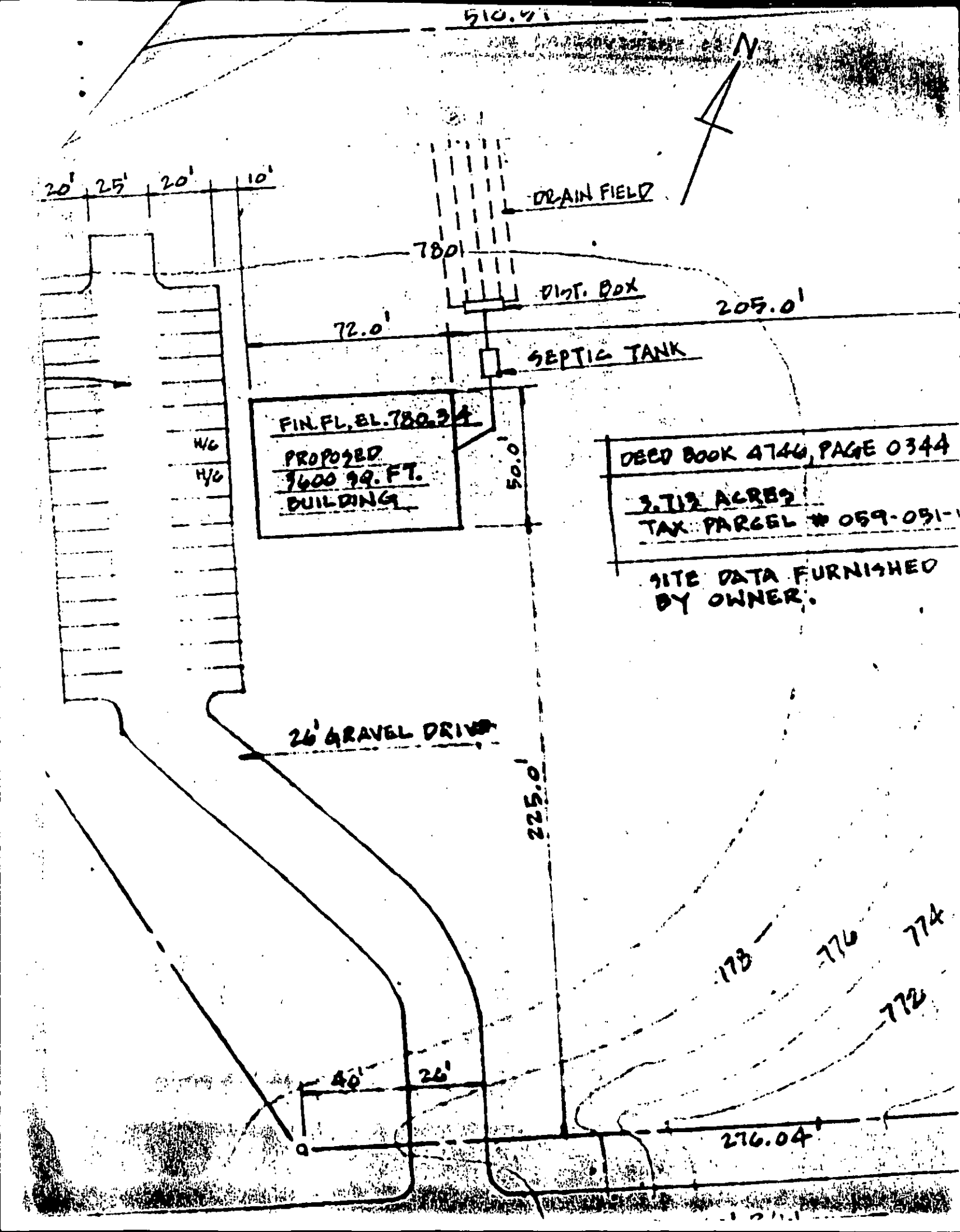
The undersigned, an authorized agent of the MECKLENBURG COUNT DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Departmen has approved the Request for the Job Location contained in this documen This approval is granted in accordance with the provisions of Laws An Rules For Sanitary Sewage Collection, Treatment And Disposal in effect c the time of issuance of the permit and is subject to the following provision . . . No work shall be conducted on the septic tank system until a Installation, Construction, Alteration and/or Repair permit is issued by th Department.

. . . This permit is not transferable, and shall become null and void 3 months from the date of issuance.

Environmentalist — Date 2/5/87

Director or Authorized Section Head — Date 2/5/87

*This permit must be signed by the Director of Environmental Health or a authorized section head in order to be valid.


510.41'
N
20'
25'
20'
10'
DRAIN FIELD
780'
DIST. BOX
205.0'
72.0'
SEPTIC TANK
FIN. FL. EL. 780.24
PROPOSED
3600 SQ. FT.
BUILDING
H/C
H/C
50.0'
DEED BOOK 4746, PAGE 0344
3.712 ACRES
TAX PARCEL # 059-051-
SITE DATA FURNISHED
BY OWNER.
26' GRAVEL DRIVE
225.0'
778
776
774
772
40'
26'
276.04'

5-22-98

OSV w/ Rev Chambers and Kelly Randall. Requested (1) complete set of plans for review. Pending the use of low flush fixtures we will grant a 20% flow reduction rate.

see Kelly or Larry

FEE: 200.00 CK# 12224 Donation

DATE: 5-20-98

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

28228A

| | 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

Church

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

13,400
Square footage of facility:

NUMBER OF EMPLOYEES: 12 PER SHIFT: 1st

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOLIETS/URINALS
✓ HANDSINK
___ SHOWERS
2 FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

FILE #:

PROJECT TRACKING #: 047- 0979542

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 059-05011 8

STREET ADDRESS: 5110 Tuckaseegee Road

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
X 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:

We understand the current size included 2nd Phase Sanctuary needs

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:

NAME: Paw Creek Ministries
(LAST) (FIRST) (MI)

ADDRESS: 5110 Tuckaseegee Rd

CITY: Charlotte STATE: NC ZIP: 28208

DAYTIME PHONE: (704 391 -0588 / 399-7803

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Chambers, Joseph R
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704 391 -0588

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: Joseph R Chambers DATE: 5/20/98

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

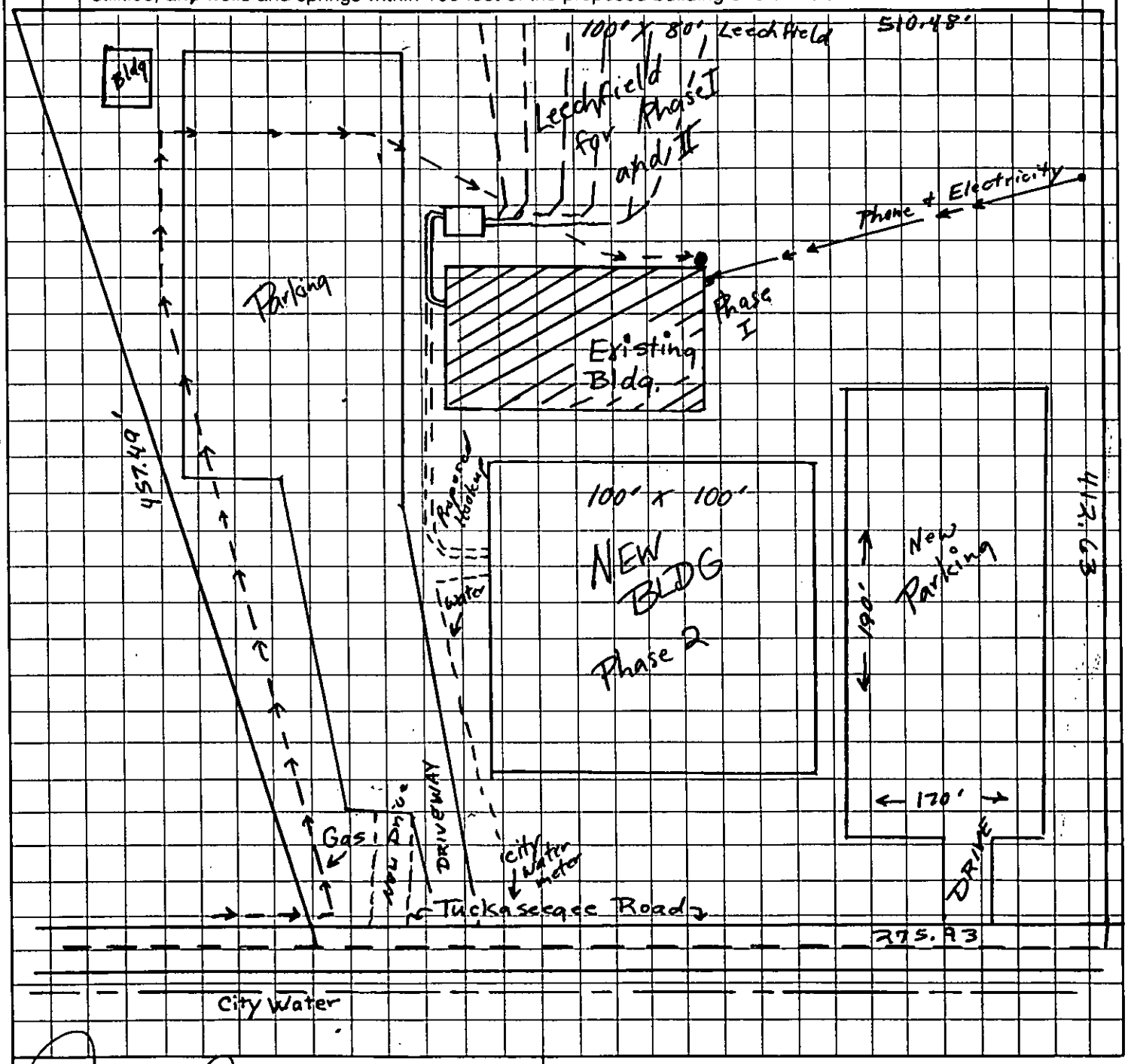
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2828 A

TC: ~~047-05E-017.00~~
059-057-18

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.



Joseph Chambers
OWNER/AGENT SIGNATURE

DATE 5/20/98

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

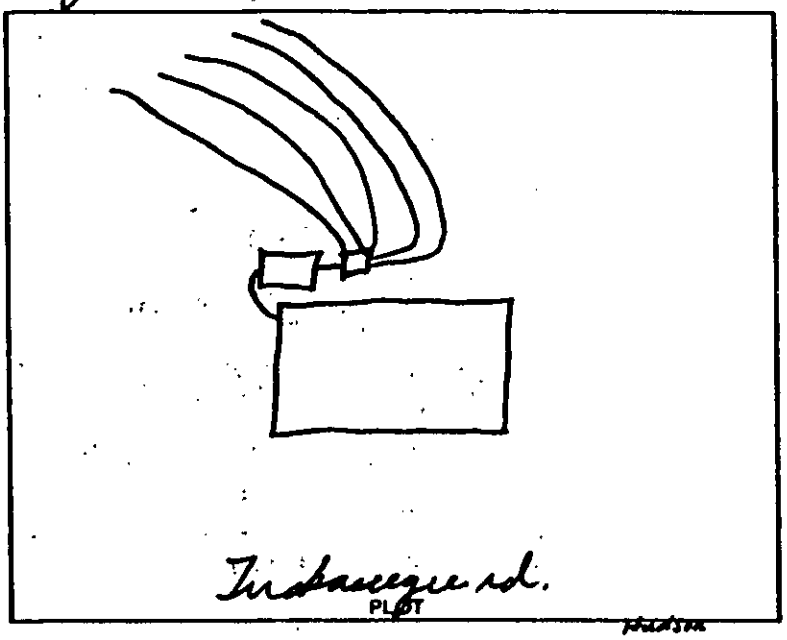
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2828-A DATE: 4-3-87
TC: 059-051-18 ☐ L ☐ CRT
SERIAL № 10050

Name of Owner The Grace Brethren Home Mission Council Juris.:
Address of Property 5110 Tuckaseegee Rd.

Inspection Data:

Tank Material PVC
Total Length of Drainfield 555'
Number of Lines 5 @ 111'
Cover Depth 12"-18"
Water Supply Source city
Distance to Water Source
Excavation Inspected 4-3-87
Tank(s) Inspected 4-3-87
Wash Line Inspected
High Water Alarm Inspected



PLOT

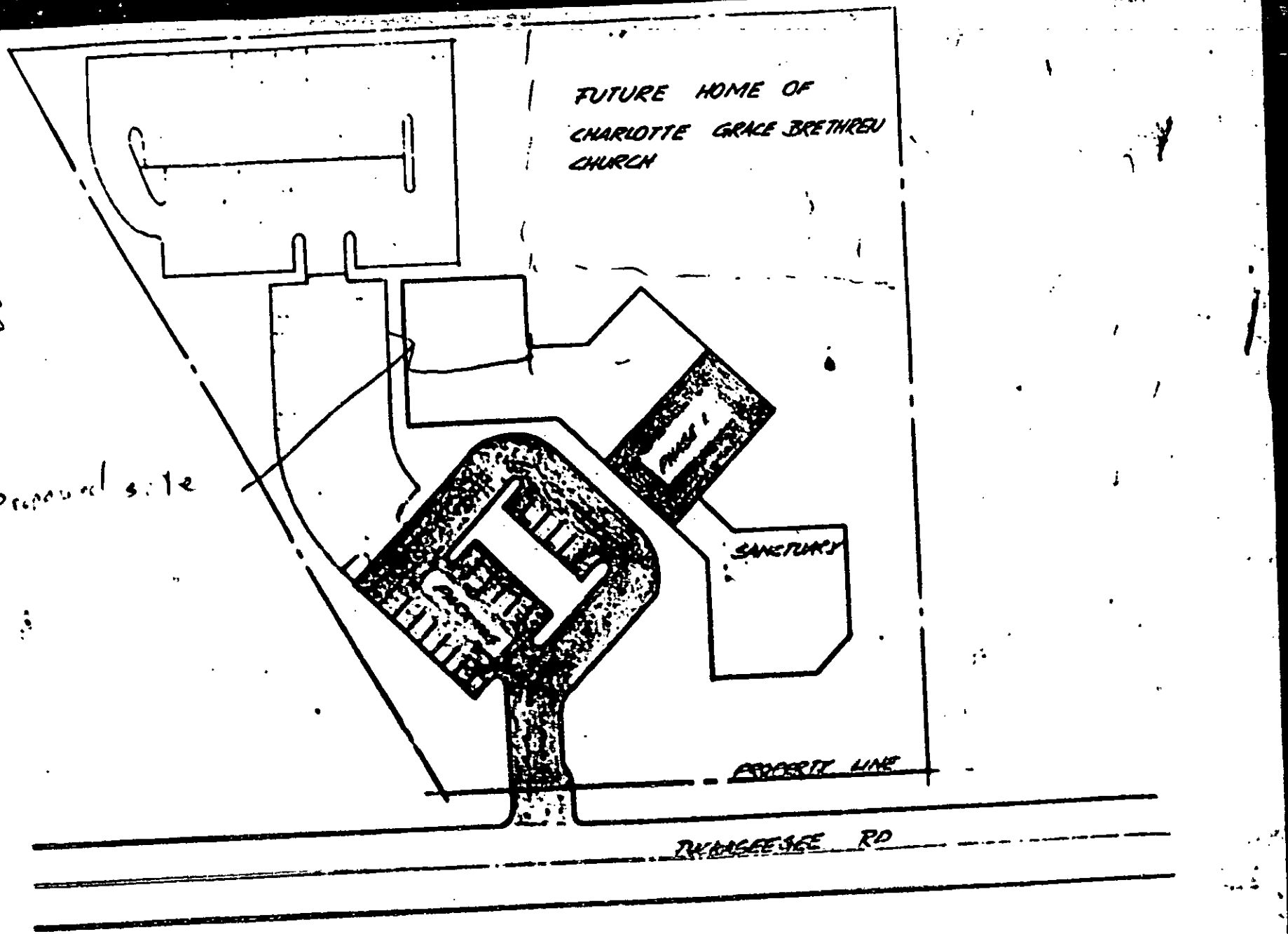
Design: 1987, 1500ST, CON, 1665FT, 12G, cecil CTR# 90

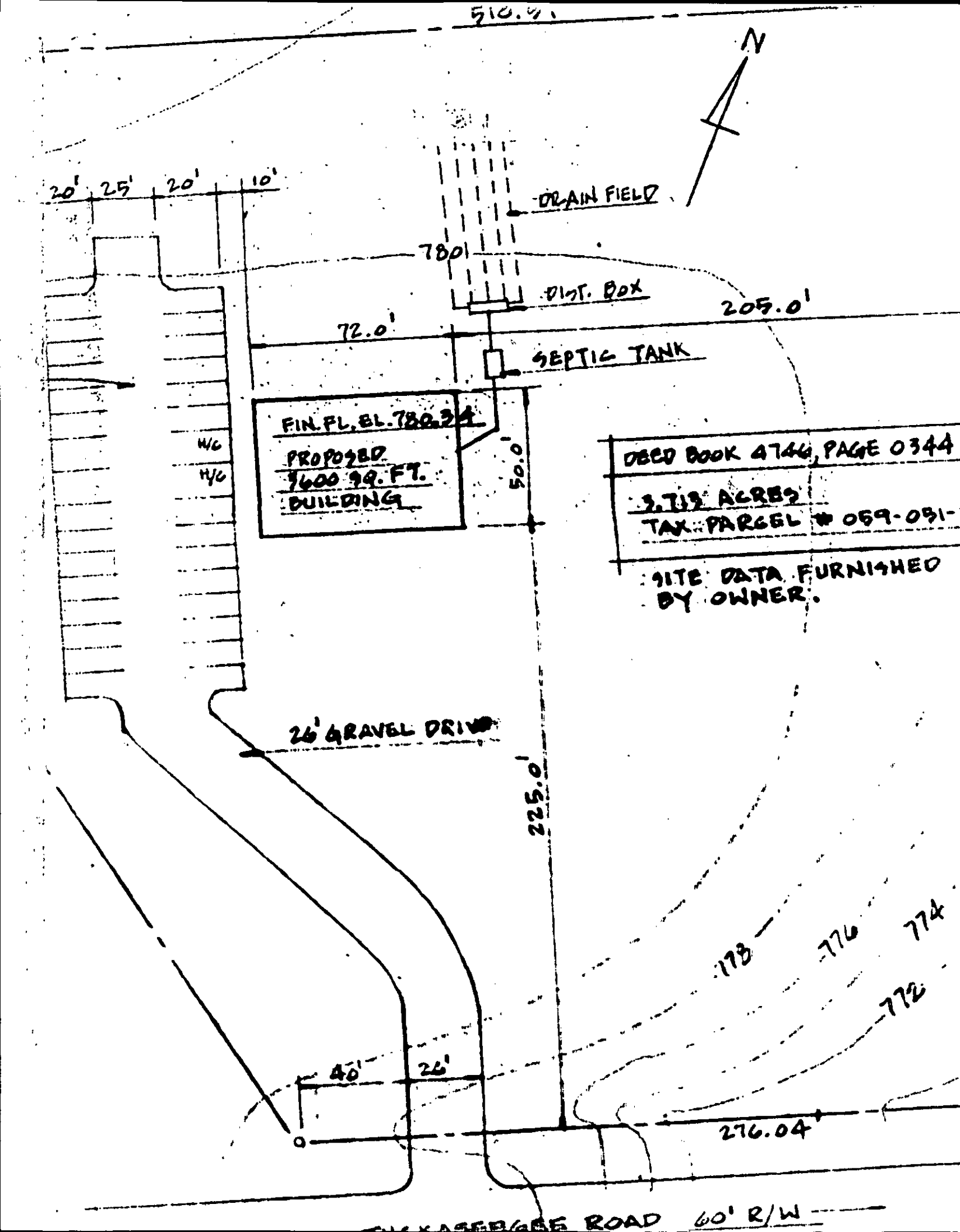
The undersigned has inspected the Septic Tank System described above, and certifies it has been
☑ installed or constructed ☐ altered or repaired
☑ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this
☑ Certificate of Completion ☐ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

D. R. Ferguson
Environmentalist

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


FUTURE HOME OF
CHARLOTTE GRACE BRETHREN
CHURCH
PHASE I
SANCTUARY
PROPERTY LINE
RHONDEE SEE RD


510.0'
N
20'
25'
20'
10'
DRAIN FIELD
780
DIST. BOX
205.0'
72.0'
SEPTIC TANK
FIN. FL. EL. 780.34
PROPOSED
1600 SQ. FT.
BUILDING
H/C
H/C
50.0'
DBCD BOOK 4746, PAGE 0344
3.713 ACRES
TAX PARCEL # 059-091-
SITE DATA FURNISHED
BY OWNER.
26' GRAVEL DRIVE
225.0'
778
776
774
772
40'
26'
276.04'
EXCHANGEBASE ROAD 60' R/W

1-12-87

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 2828A
TC: _____
SERIAL: № 12070 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5110 (STREET NO.) Tuckaseegee Road (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 059 057 18
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: The (FIRST) Grace Brethren (MIDDLE) Home Missions Council, Inc (LAST)
⑨ MAILING ADDRESS: P.O. Box 669065
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28208
⑬ PHONE: (WORK) _____ ⑭ (HOME) 391-7441

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? Church
㉓ Maximum occupancy? 100 ㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? Sanctuary 100

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Howard H. Delaughter

Date: 12/19/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions . . . No work shall be conducted on the septic tank system until a Installation, Construction, Alteration and/or Repair permit is issued by the Department.

. . . This permit is not transferable, and shall become null and void 1 months from the date of issuance.

Environmentalist — Date 2/5/87

Director or Authorized Section Head — Date 2/5/87

*This permit must be signed by the Director of Environmental Health or a authorized section head in order to be valid.

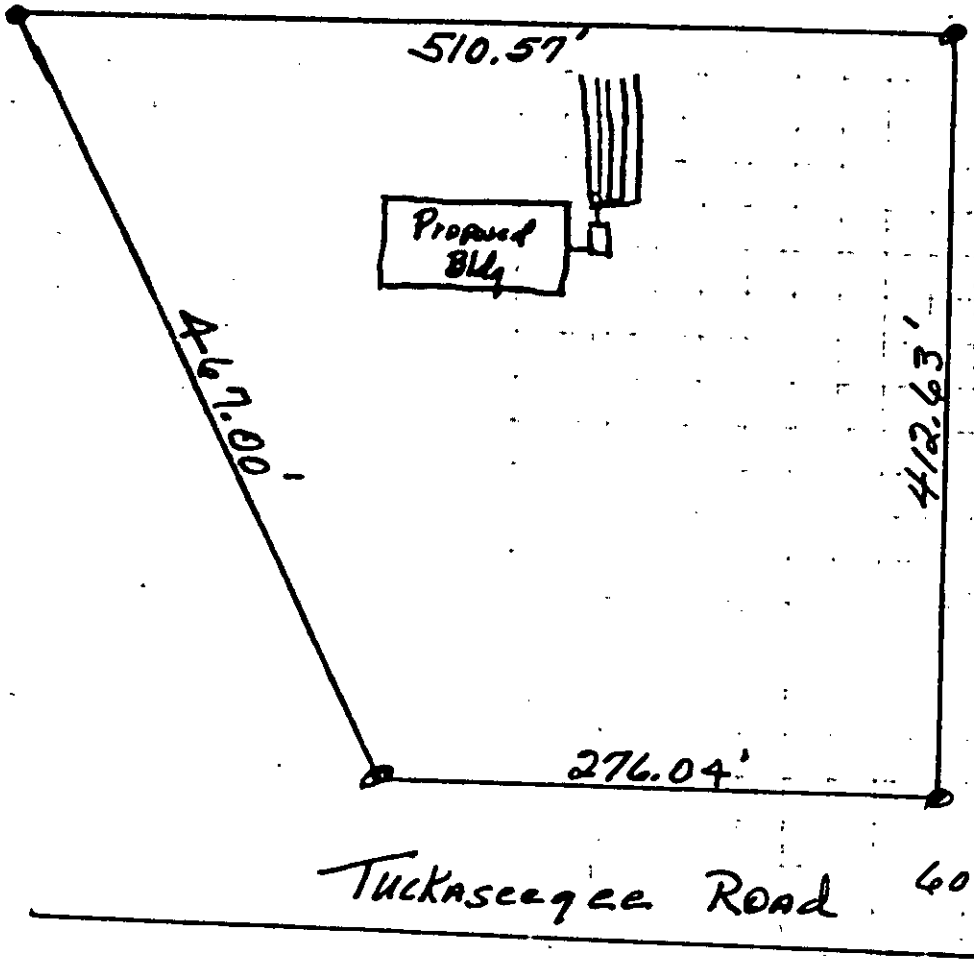
PROPOSED PLOT PLAN

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

FILE: 2828 A.

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.



NOTE: NCAC Title 10
Section .1900
Sub Section 1949 O, Table I requires
5 GAL. Seat
Maximum occupancy per application
100 Seats
Formula: 100 x 5 GAL = 500 ÷ 3 trenches = 166.6 LF per trench
5 x 111' Lines

Signed: Jackie R. Gill

Date: 1-12-87

166.6 x 3 = 499.8 LF required

SITE EVALUATION REPORT
SERIAL NUMBER 13535

Parcel: 05905118 ☐ PC

Location: Tuckaseegee Road

Subdivision:

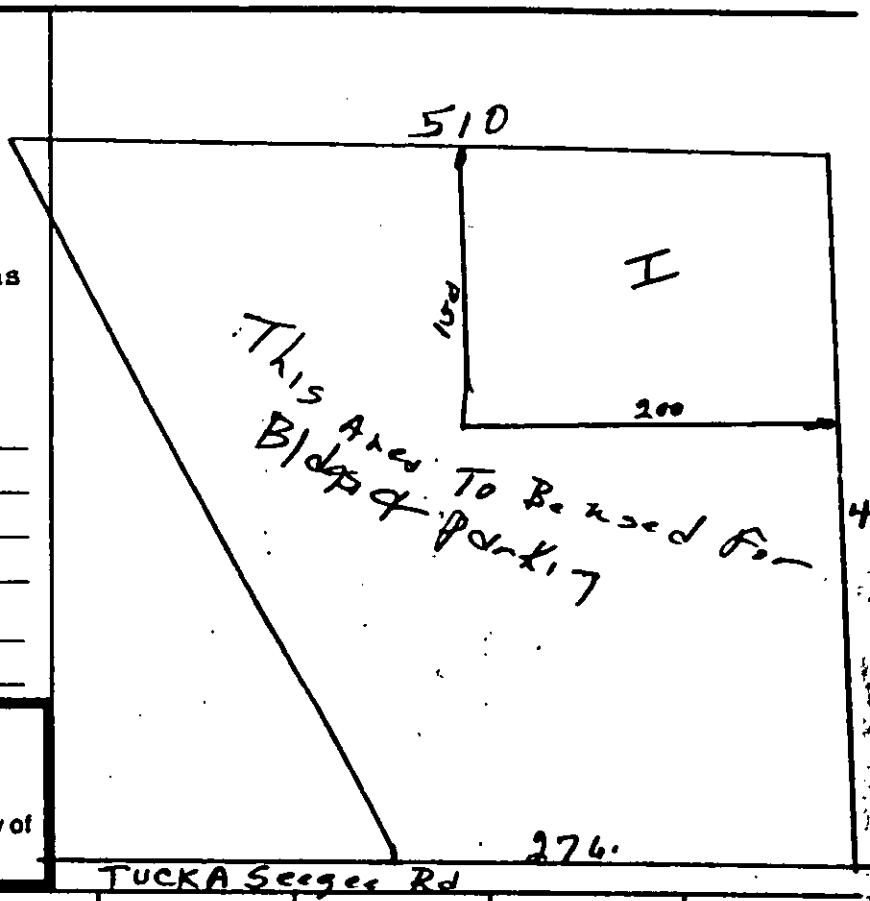
Lot: Block: Acres: .74

Owner: Grace Brethren Home Missions
Address: P. O. Box 669065
Charlotte, NC 28208

Comments: _____

Described by: W. B. Ramsey

Date: 1-30-87



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 1-3	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-45	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U