

15214 MILLVIEW TRACE LN

13915212

6/25/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7033A DATE: 7/31/96

TC: 139 152 12 ☐ L ☒ CRT

SERIAL № 16729

Name of Owner Connell Mill Partners Juris.:

Address of Property 15214 Milview Trace Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

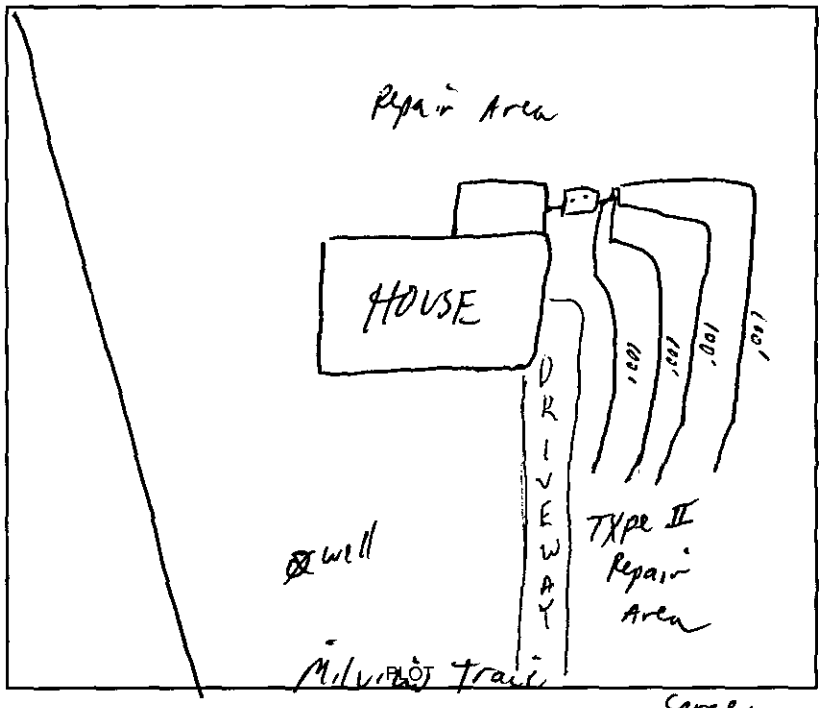
Distance to Water Source > 100'

Excavation Inspected 7/31/96

Tank(s) Inspected 7/31/96

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Design 1996, 1500ST, CON, 1210SFT, 12"stone Cecil CTR# Sarge 1.67

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: Septic system designed for 3 bedroom residence Type II

Phillip S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

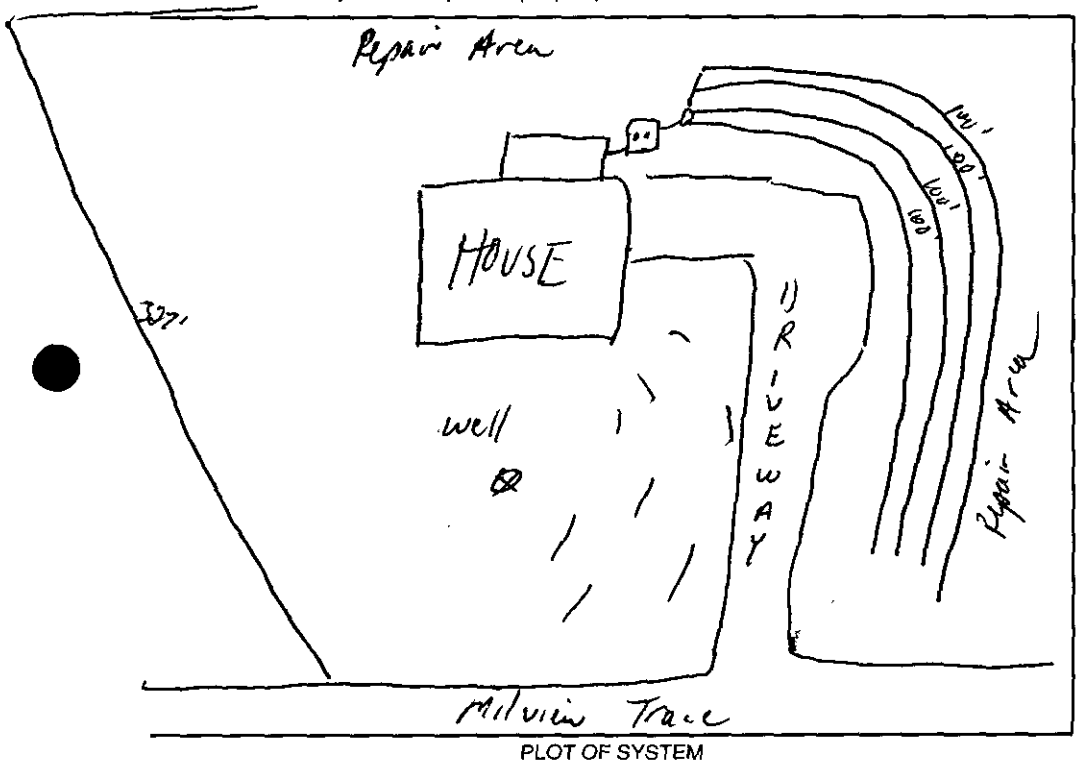
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7033A DATE: 7/24/96

TC: 139 152 12 ☒ L 400

SERIAL Nº 16834

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5/2/95. All work shall be completed on or before 8/24/96, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width ~~24~~ 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >100' feet
50' m.

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

NAME OF OWNER Connell Mill's Partners

LOCATION OF PROPERTY 15214 Milview Trace Ln

Comments: 1500ST, 4 lines x 100' long x 3' wd x 12" stone | Keep lines on contour of land (may need stepdowns) Keep septic system >50' from well

Statement for S. Daniel, Program Chief 8-8-96

Phila A. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Pd 200.00 check 4531 7/30/96 $400

7033A

~~7033A~~ DA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. $150 4/3/95 Ck # 0762 CRT

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: Wales, Keith (last) (first) (mi)

ADDRESS: 15214 Millview Trace Ln PHONE: (704) 535-0733

CITY: Charlotte, STATE: NC ZIPCODE: 28212

Date: 4/12/95

PROPERTY OWNER:

NAME: Conwell Mill Partners (last) (first) (mi)

ADDRESS: 2103 Forest Ridge Dr PHONE: (704) 846-8124

CITY: Matthews, STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-152-12

STREET ADDRESS: 15214 Millview Trace Lane Charlotte, NC 28212

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Conwell Mill

LOT NUMBER: 31 BLOCK 2 LOT SIZE (in acres): 1.24

TYPE APPLICATION (check one):
- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [X] 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)
- [ ] REPAIR TO SYSTEM (R)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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

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)
- [ ] Municipal (M)
- [X] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [X] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Keith Wales Date: 5/12/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

...

...

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

Phila S. Walker 5/2/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: August 2, 1996

Ref: File 7033A/15214 Millview Trace Lane

SUBJECT: Refund

(Mr./Mrs./Co.) Homes of Distinction/K. Edwards originally paid $200.00 for Auth. for wastewater const./Inst. approval on July 30, 1996.

A refund should be issued for $50.00 because The remainder of the fee due was $150.00, the check was written for $50.00 in excess of that amount.

Please make check payable to: Homes of Distinction by Karl Edwards, Inc
P.O. Box 3470
Matthews, NC 28106

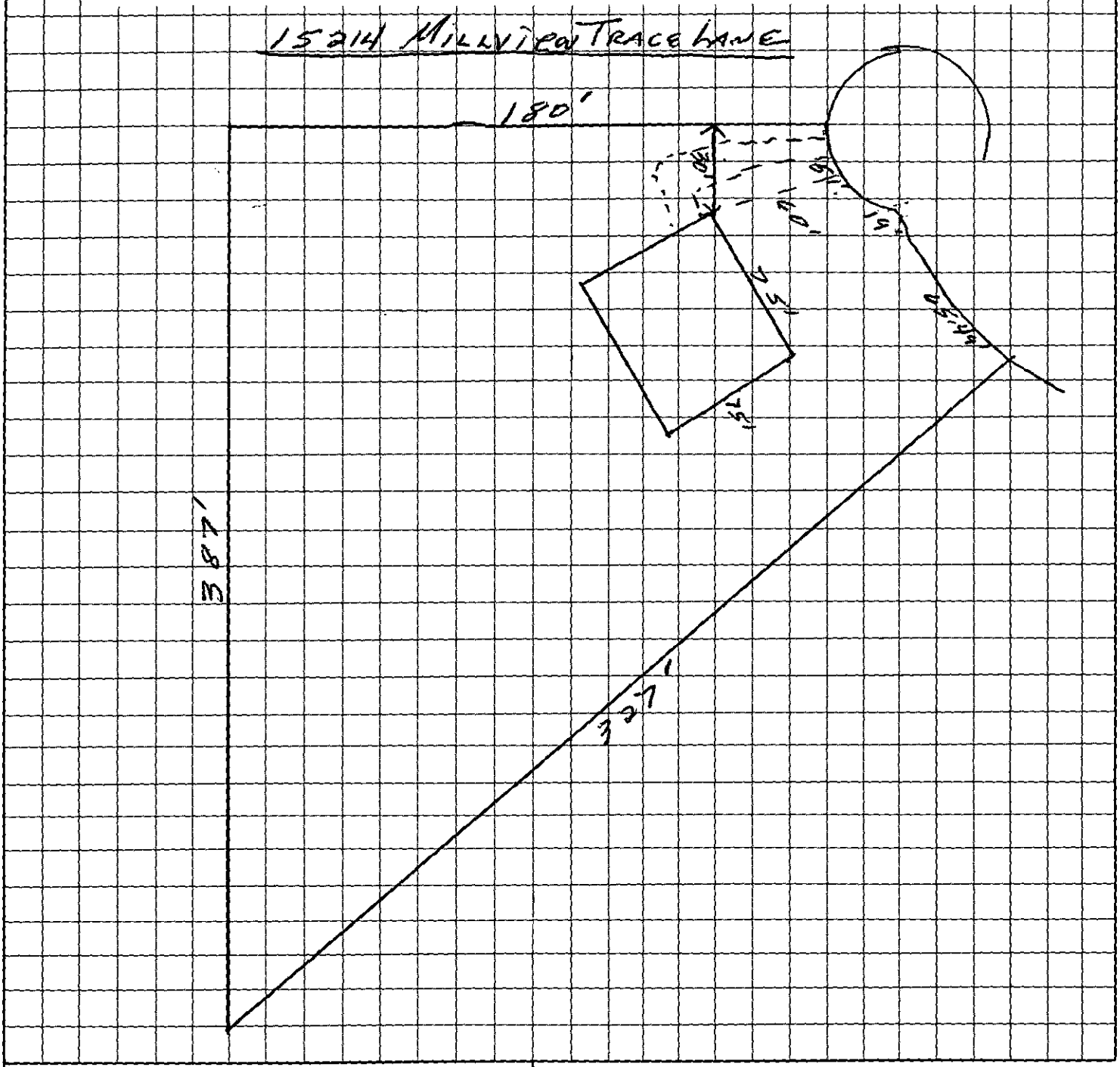
PROPOSED PLOT PLAN

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

FILE: 7033-A ~~7033A~~

TC: Lot 31

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.



Keith Waller
OWNER/AGENT SIGNATURE

DATE 5/12/95

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16708

File: Action

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date:



***** 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	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	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16708

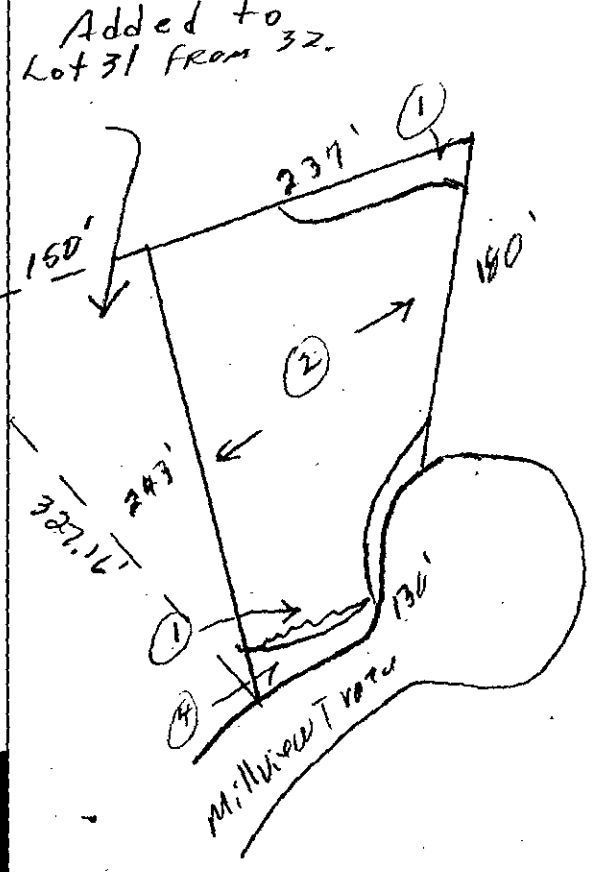
File: 7033A
Parcel: P0139-151-03
Action 1
PC

Location: Cabarrus Rd.
Subdivision:
Lot: 31/2 Block: Acres: .86

Owner:
Address: George F. Houston
3733 Bon Rea Rd.
Charlotte, NC 28226

Comments: 100% Repairs

Described by: William R. Mackie
Date: 9-26-90

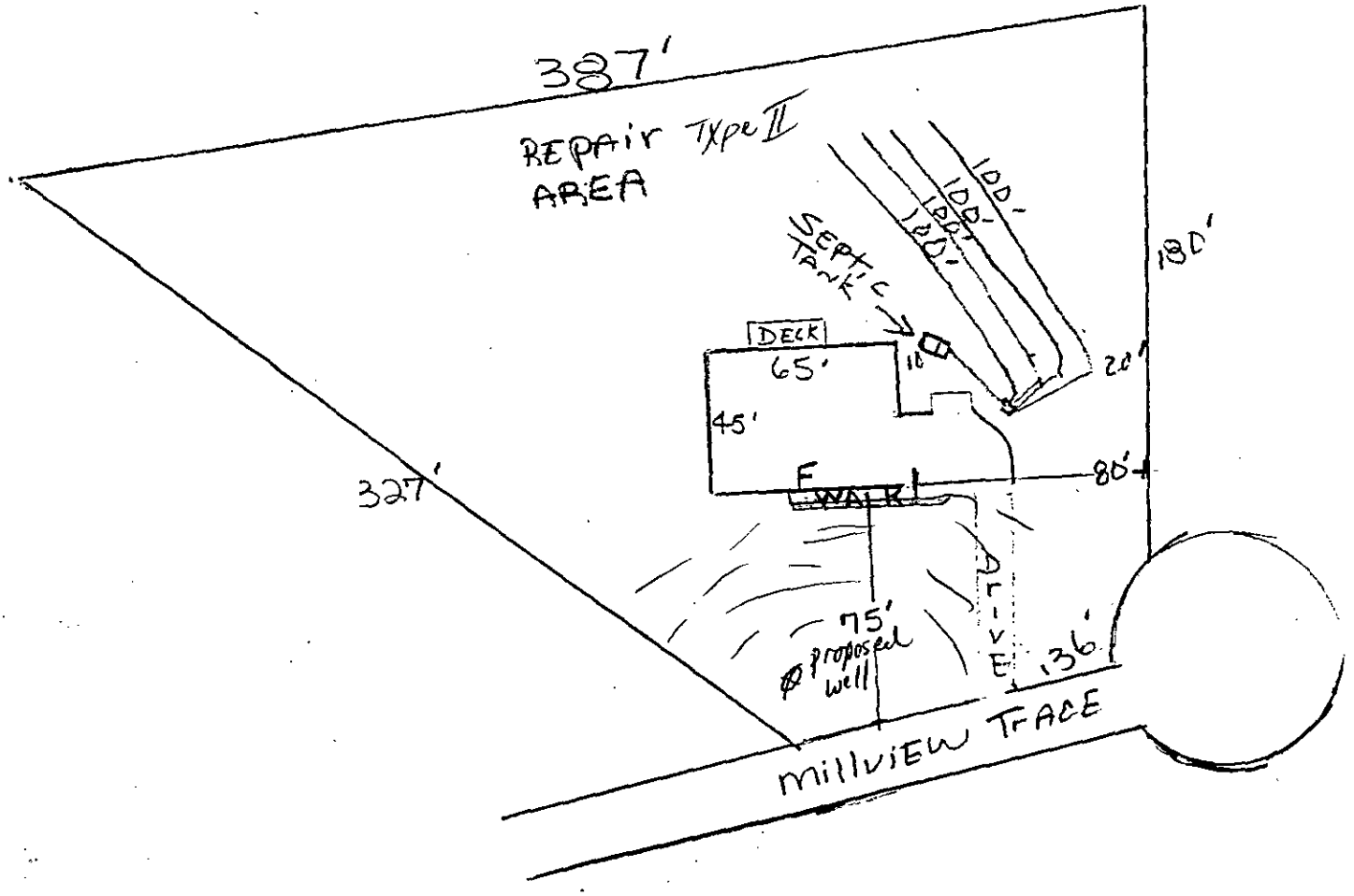


***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) complex slopes	(S) PS U 2-10%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U	S PS U
Texture	S PS U —	S (PS) U clay	S PS U —	S (PS) U clay	S PS U	S PS U
Structure	S (PS) U —	S (PS) U blocky	S PS U —	S (PS) U blocky	S PS U	S PS U
Drainage	S PS U —	S (PS) U 40" to water	S PS U —	S (PS) U 36" to water	S PS U	S PS U
Depth	S PS U —	S (PS) U 40"+	S PS U —	S PS (U) 30-36"	S PS U	S PS U
Restrictive Horizons	S PS U —	S (PS) U 40"+	S PS U —	S (PS) U 30"	S PS U	S PS U
Available Space	S PS U —	S (PS) U	S PS U —	S PS (U) restrictive	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	complex slopes	III cor. 1-1.40	complex slopes	III Potolot 1.40		
Area Classification	S PS (U)	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

MCHD
FILE: 7033-A
TC: 139-151-03
Lot 31, Connell Mill

(3) Bedrm. Gravity / Conventional Plan.



* 1,500 gal. SEPTIC TANK
* (4) 3'x100'x12" gravel, Total 400'
* WELL PLACEMENT 50' to 100' from ANY POTENTIAL SOURCE of CONTAMINATION.

May require lift pump
Layout of drainfield may be altered to contour of land (lot densly wooded)

Kathy Walker 5/2/95
Donald Dees 5/2/95
1" = 60'
SCALE

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7033A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Cabarrus Road

② SUBDIVISION: Connell Mill ③ LOT: 31 ④ BLOCK: V

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 151 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

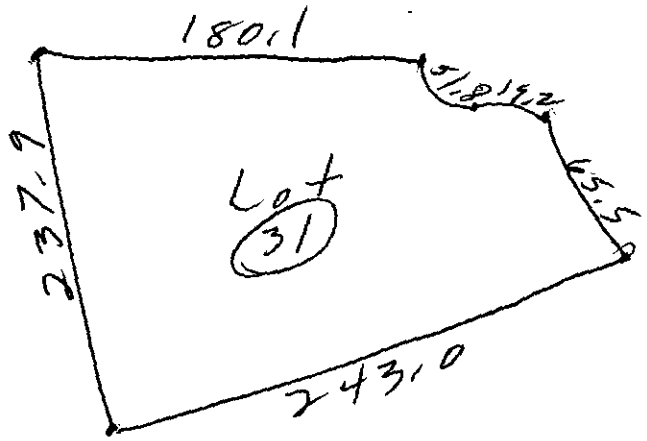
⑦ NAME: George P. Houston (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 3733 Bon Rea Road

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: David E. Houston

Date: 9/4/90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-4-90

Name/Company: George P. Houston

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: D/T
7030A - 7043A
Cabarrus Rd
Tax Pcl.# 139-151-03 (PO)

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 4 1990

Fee: $ 700.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

CK #155
700.00
SR

Completed by

Collected by

Mecklenburg County
Health Department

September 27th, 1990

Block 2/31

George P. Houston
3733 Bon Rea Rd.
Charlotte, NC 28226

RE: Property located at Cabarrus Rd. 31/2
FILE: 7033A
PARCEL: PO139-151-03

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 16708) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

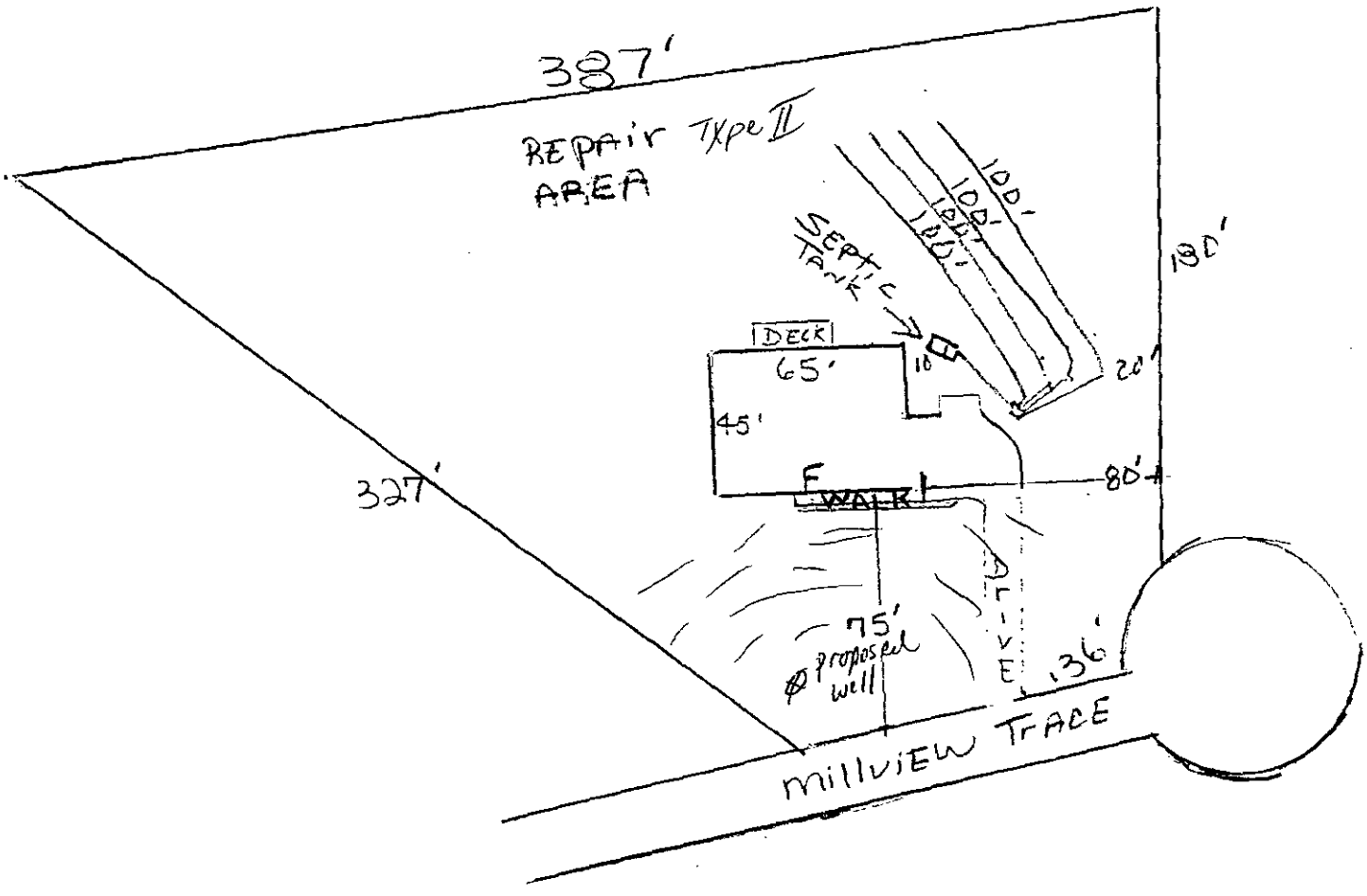
Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

RECEIVED
NOV 5 1990
R. L. WALLACE
CONSTRUCTION CO., INC.

MCHD
FILE: 7033-A
TC: 139-151-03
Lot 31, Connell Mill

(3) Bedrm. Gravity / Conventional Plan



* 1,500 gal. SEPTIC TANK
* (4) 3'x100'x12" GRAVEL, Total 400'
* WELL PLACEMENT 50' to 100' from ANY POTENTIAL SOURCE of CONTAMINATION.

May require lift pump
Layout of drainfield may be altered to contour of land (lot densly wooded)

Builder 5/2/95
Lot 31
Millview
SCALE
1" = 60'

COPY

7033A

7033A DF

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 4/13/95 Ck # 0763

☐ CRT

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: Wales, Keith (last) (first) (mi)

ADDRESS: 15214 Millview Trace Ln PHONE: 704 875-0733

CITY: Charlotte, STATE: NC ZIPCODE: 28212

Date: 4/12/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-152-12

STREET ADDRESS: 15214 Millview Trace Lane Charlotte, NC 28212

ZONING:

PROPERTY OWNER:

NAME: Connell Mill Partners (last) (first) (mi)

ADDRESS: 2103 Forest Ridge PHONE: 704 846-8124

CITY: Matthews, STATE: NC ZIPCODE: 28105

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

SUBDIVISION OR MOBILE HOME PARK NAME: Connell Mill

LOT NUMBER: 31 / BLOCK 2 LOT SIZE (in acres): 1.24

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)
☐ 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: 2

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)
☒ 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: Keith Wales Date: 5/12/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...4/18/95 Met T. Whittaker on lot. Will set house dimensions. Con system should work

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122

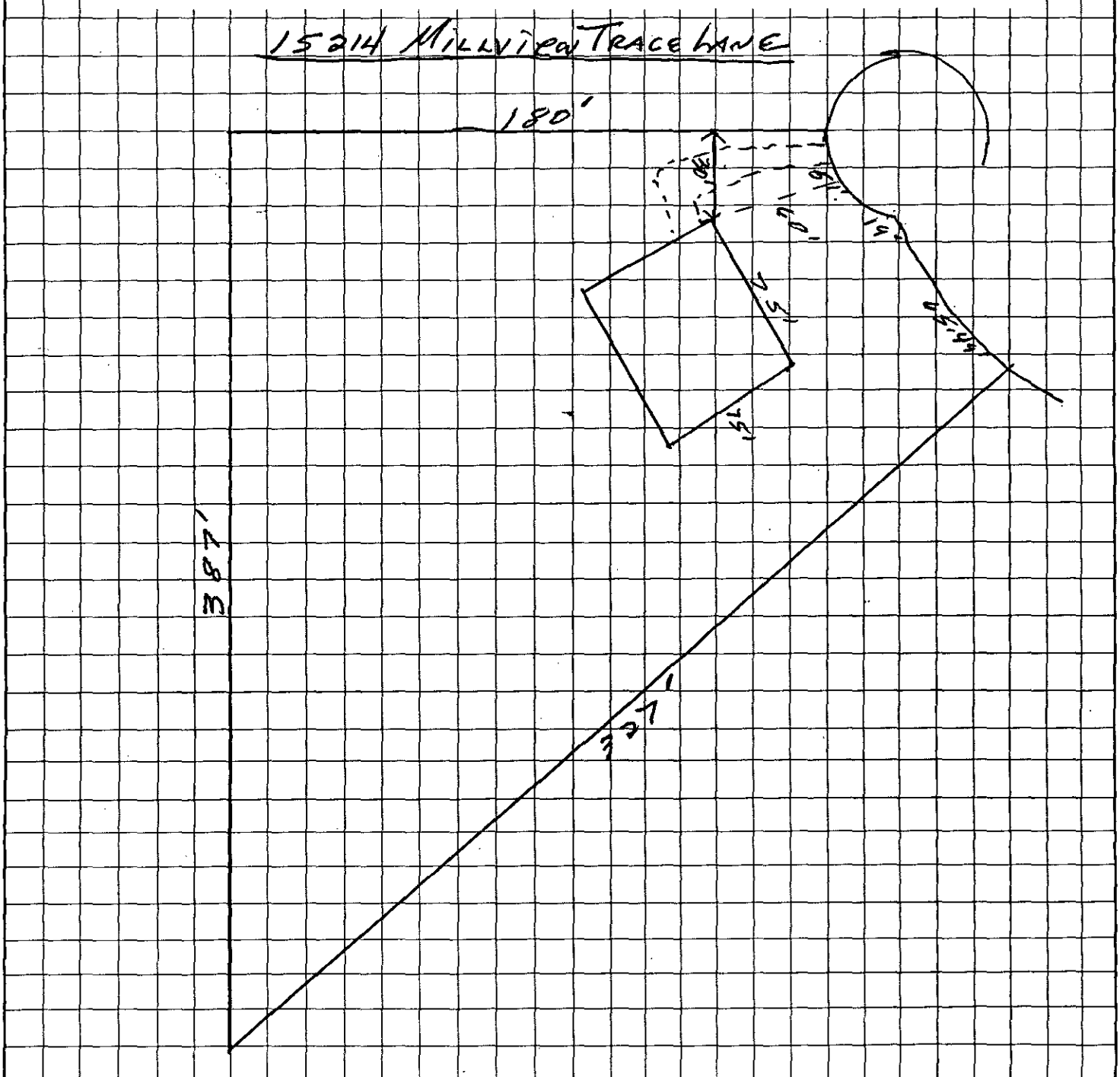
PROPOSED PLOT PLAN

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

FILE: 7033-A ~~7033A~~

TC: Lot 31

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Keith Waller
OWNER/AGENT SIGNATURE

DATE 5/12/95

APPROVAL DATE _____

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

Mecklenburg County
Health Department

September 27th, 1990

George P. Houston
3733 Bon Rea Rd.
Charlotte, NC 28226

RE: Property located at Cabarrus Rd. 31/2
FILE: 7033A
PARCEL: P0139-151-03

Dear Sir:

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If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16708

File: 7033A
Parcel: P0139-151-03

Action 1
☑ PC

Location:
Subdivision: Cabarrus Rd.

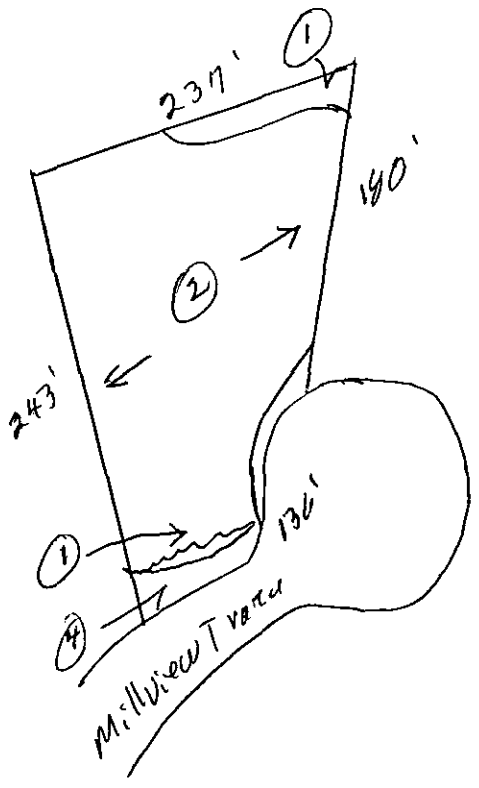
Lot: 31/2 Block: Acres: .86

Owner:
Address: George P. Houston
3733 Bon Rea Rd.
Charlotte, NC 28226

Comments: 100% Repairs

Described by: William R. Martin

Date: 9-26-90



***** 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) complex slopes	(S) PS U 2-10%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U	S PS U
Texture	S PS U —	S (PS) U clay	S PS U —	S (PS) U clay	S PS U	S PS U
Structure	S PS U	S (PS) U blocky	S PS U	S (PS) U blocky	S PS U	S PS U
Drainage	S PS U —	S (PS) U 40" to water	S PS U —	S (PS) U 36" to water	S PS U	S PS U
Depth	S PS U —	S (PS) U 40"+	S PS U —	S PS (U) 30-36"	S PS U	S PS U
Restrictive Horizons	S PS U	S (PS) U 40"+	S PS U —	S (PS) U 36"	S PS U	S PS U
Available Space	S PS U —	S (PS) U	S PS U —	S PS (U) Restricted	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	complex slopes	III Cecil-1.140	complex slopes	III Pacolet-1.140		
Area Classification	S PS (U)	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U