

NOW PART OF IREDELL COUNTY

7/7/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

4400

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

FILE: 13589 DATE: 6-1-95

TC: 001-353-16 ☐ L ☐ CRT

SERIAL Nº 16221

Name of Owner Robert Apperson Juris.: _____

Address of Property 16821 Gainswood Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 50 chambers

Number of Lines 2 @ 13 chambers each
2 at 12 chambers each

Cover Depth 12"-16"

Water Supply Source well

Distance to Water Source >60'

Excavation Inspected 4-17-95

Tank(s) Inspected 4-17-95

Wash Line Inspected ———

High Water Alarm Inspected 6-1-95

PLOT

Design 1995, 1500gst, 1000gpt, 1WWS-93-2-R1 Infiltrator system, 50 chambers (TYP) CTR# _____ Larry Beam
cecil-like

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: Type of System installed was at property owners request.

Three bedroom design. Alarm in garage.

Type III

Susan Patterson
Environmental Health Specialist

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

Attn:
All of these files
are from Neck
Neck – now
Iredell

Mecklenburg County
Health Department

May 8, 1995

Mr. Jerry Barnette
270 Isle of Pine Road
Mooresville, North Carolina 28115

Dear Mr. Barnette

Re: 16821 Gainswood Drive
File: 13589/(Tax Parcel No. 001-353-16)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

Please be sure the access manhole still extends at least six inches above finished grade.
The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5569 to discuss any question you may have concerning this matter.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

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: 13589 DATE: 4-10-95

TC: 001-353-16 ☐ L

SERIAL Nº 16494

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 11-3-94. All work shall be completed on or before 5-10-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.

see plan on file
dated 4/7/95 / 4/12/95

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"-30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length see plan feet

Number of Lines 4 at 13 chambers each + 2 at 12 chambers each

Depth of Stone see plan inches

Distance from House 5' min off building foundation feet

Distance from Property Line 10 feet

Distance from Well 50' min feet

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

NAME OF OWNER Robert Apperson

LOCATION OF PROPERTY 16821 Gainswood Dr.

Comments: Divert any surface water away from septic tank & pump tank. See plan on file.

Jamie Elizabeth Bussey, R.S.

Susan Bateman
Environmental Health Specialist

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

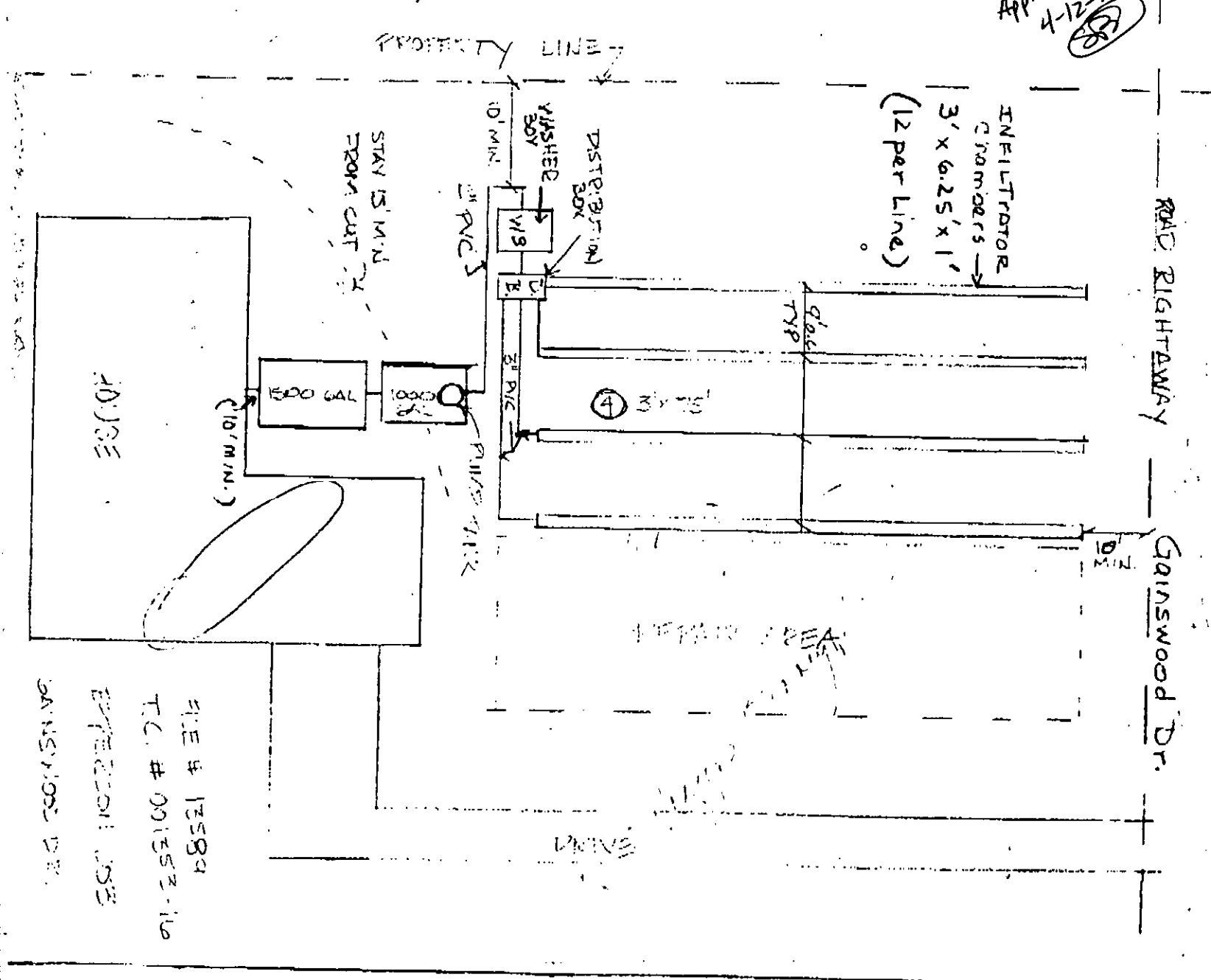
TO: Mecklenburg County Health Dept.
ATTN: Susan Bateman
FROM: Larry E. Beam, Larry E. Beam Grading INC
2740 Sloop Rd, Mt Ulla NC 28125
704-664-2090

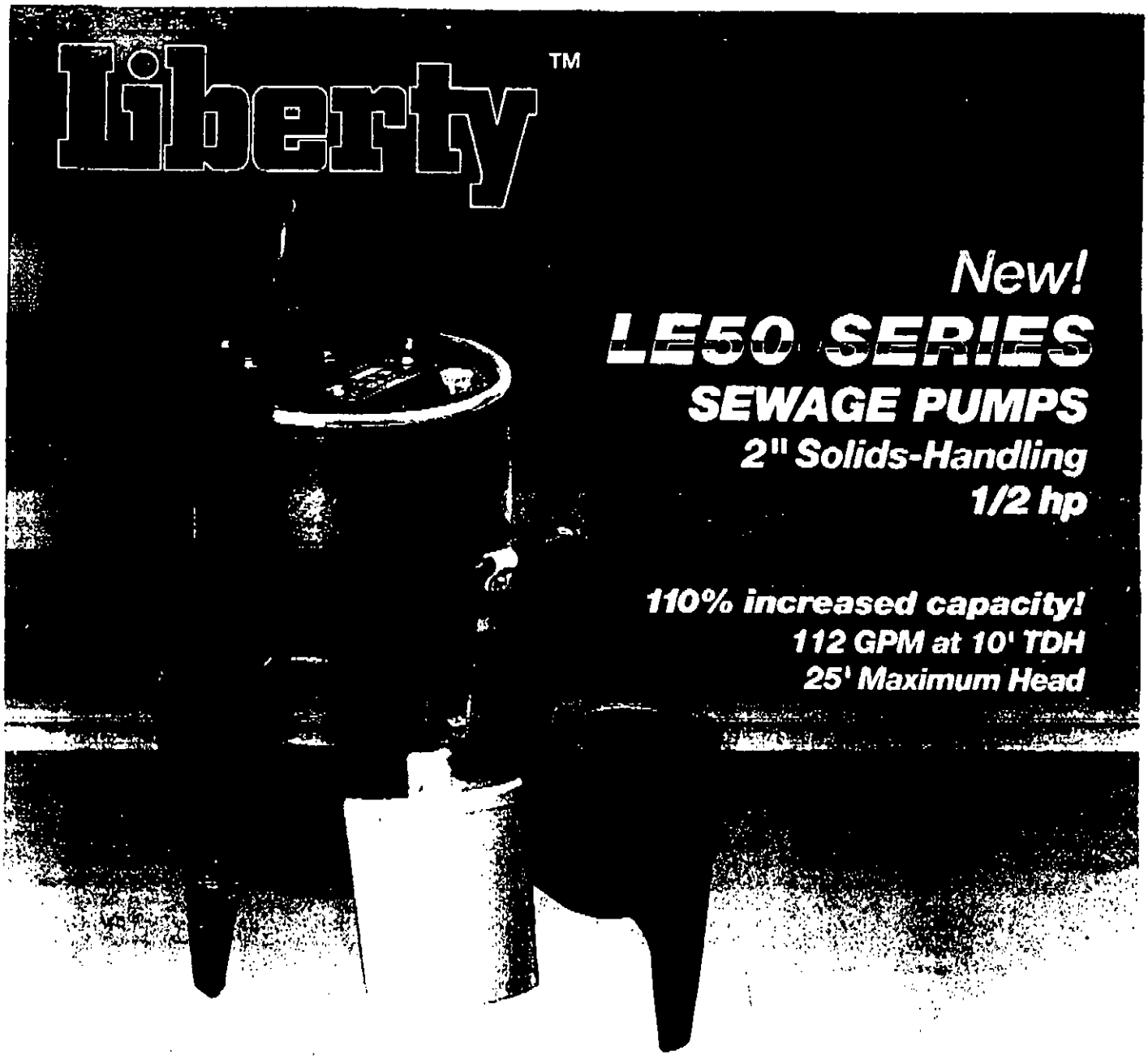
REF. Epperson JOB, Gainswood Dr, Brawley School Rd.

Susan. If you have any questions, please call

system designer indicated to change two uppermost drainlines to 13 chambers each and other two drainlines to stay same. 4-12-95

Approved plan 4-12-95





MODELS:

LE51M	**115V, 13a, Manual**
LE51A	**115V, 13a, Automatic**
LE52M	**208-230V, 6.8a, Manual**
LE52A	**208-230V, 6.8a, Automatic**

Automatic Models feature a mercury-free wide-angle float with series plug -- allows for manual operation of pump separate from switch.

FEATURES:

- **Heavy cast iron construction**
- **Oil filled, thermally protected motor**
- **Permanently lubricated bearings**
- **2-vane, corrosion resistant *HYTREL® impeller**
- **All stainless steel fasteners and rotor shaft**
- **Quick-disconnect power cord allows replacement of cord in seconds without breaking seals to motor**
- **10' UL approved power cord standard (20' optional)**

*HYTREL® is a registered trademark of DuPont Polymers

LE50-SERIES TECHNICAL SPECIFICATIONS

PUMP

The pump(s) shall be model as manufactured by Liberty Pumps, Bergen, NY, or equal.

The pump(s) shall have a capacity of GPM at a total dynamic head of ____ feet.

Motor size shall be 1/2 horsepower, single phase, 60 hz. and ____ volt operation.

MOTOR

The pump motor shall be of the submersible type, oil filled, hermetically sealed and shall be thermally protected. The overload element shall automatically reset when motor cools. Motor windings shall be of the class B insulation rating. The rotor shaft shall be made of 416 stainless steel and shall be supported by lower bronze and upper sleeve bearings.

The power cord shall be of the quick-disconnect design allowing replacement of the cord without breaking seals to the motor and/or oil chamber.

IMPELLER

The pump shall have a 2-vane semi-open impeller capable of passing a minimum 2" spherical solid.

SEAL

The shaft seal shall be of the carbon/ceramic unitized design, with BUNA N elastomers and stainless housings.

EXTERNAL CONSTRUCTION

The pump volute, legs and motor housing shall be heavy gray iron castings, class 25 or better. All castings shall be enamel coated before assembly. All fasteners shall be of 300-series stainless steel or brass.

LEVEL CONTROL

The pump shall be controlled by an adjustable, mercury-free, wide angle float switch. Float cord shall be equipped with a series plug for manual by-pass operation.

MODELS	HP	VOLTS	PHASE	AMPS	DISCHARGE	AUTOMATIC	IMPELLER
LE51M	1/2	115	1	13	2" FNPT	NO	2-VANE SEMI-OPEN
LE51A	1/2	115	1	13	2" FNPT	YES	2-VANE SEMI-OPEN
LE52M	1/2	230	1	6.8	2" FNPT	NO	2-VANE SEMI-OPEN
LE52A	1/2	230	1	6.8	2" FNPT	YES	2-VANE SEMI OPEN

10' cord standard on above models.
For 20' option, add a "-2" suffix to model number. Example: LE51A-2

DIMENSIONAL DATA:

Weight: LE51M: 39 LBS.

Height: 12.75"

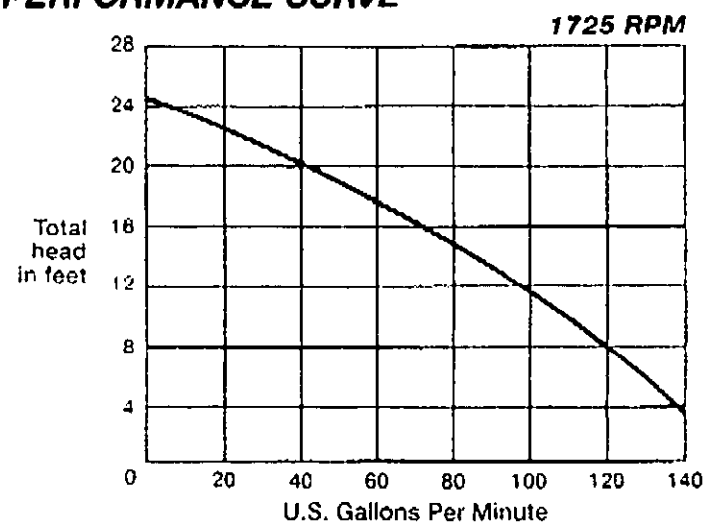
Major Width: 10.75" (manual models)

Maximum fluid temperature 140 degrees F.

CSA Certified
City of LA certification available

SSPMA Certified Member

PERFORMANCE CURVE



Liberty Pumps • 7307 Lake Rd • Bergen, New York 14416 • Phone (716) 494-1817 Fax (716) 494-1839 7241-R2/93

Improvement Permit Plan

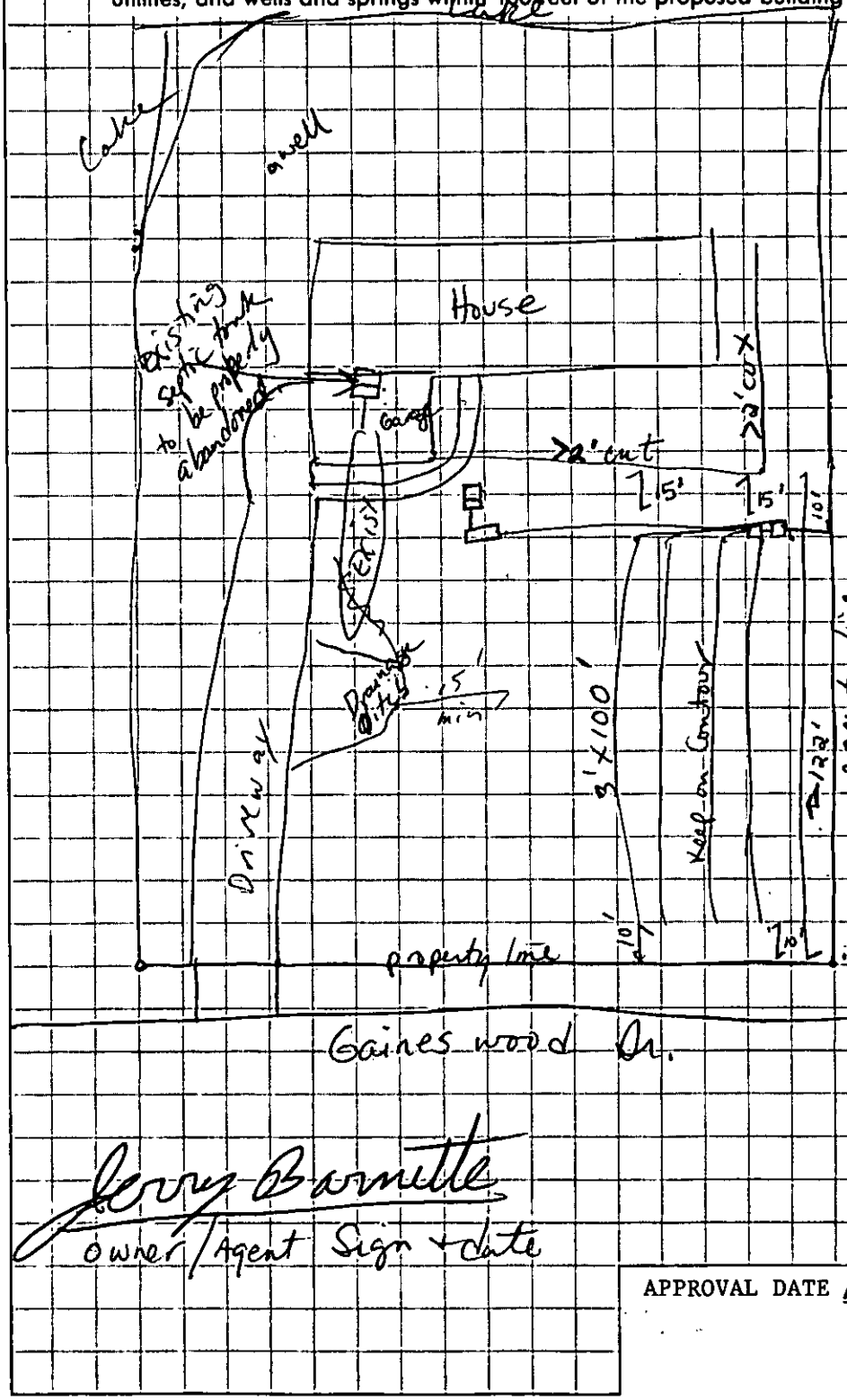
PROPOSED PLOT PLAN

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

FILE: 13589

TC: 001-353-16

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.



3 bedroom design.
Properly abandon existing Septic tank.
1500 g septic tank
1000 g pump tank
1200 sq ft of drainfield at 4 lines at 3'x100'x12" stone each
Trench bottoms no deeper than 30"
Install large "washes" style box to then feed into equal distribution box
Keep min 15' from 2' cut in earth as shown.
Recommend house be min. 25' from existing well - Contact Division of Env. Management concerning wells.
Keep 100' min preferably from any well with any part of septic tank system.
Keep min 15' off any drainage ditch/complex slope.

Jerry Barnette
Owner/Agent Sign + date

APPROVAL DATE 11-17-94 SBarton

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

13589 Paid $350 11/1/94 — Cash $521 — $350.00 11/03/94 — CR#8493 — CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: BARNETTE (last) JERRY (first) P (mi)
ADDRESS: 270 ISLES SPIN PHONE: 704 664-4044
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-353-16
STREET ADDRESS: 16821 GRAINSWOOD DR
ZONING:

PROPERTY OWNER:
NAME: APPERSON (last) ROBERT (first) P. (mi)
ADDRESS: 16821 GRAINSWOOD DR PHONE: 704 664-3948
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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) REPLACE MH WITH A HOUSE
[ ] 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)
[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: Jerry Barnette Date: 11-3-94

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.

... use existing system. Keep any bldg foundation min 5' from any part of septic system. Site vacant at time of visit. Do not drive over any part of septic system.

VOIDED

[X] changed to improvement permit 11-17-94 — Voided
[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Bateman VOIDED 11-8-94
Environmentalist Date

Tiffany Bateman 11-17-94
Susan H Newell RS 11-22-94
Director or Authorized Section Head Date

WATER : 12279

Improvement permit issued - Lift station required. Properly abandon existing septic tanks. Bateman 11-17-94

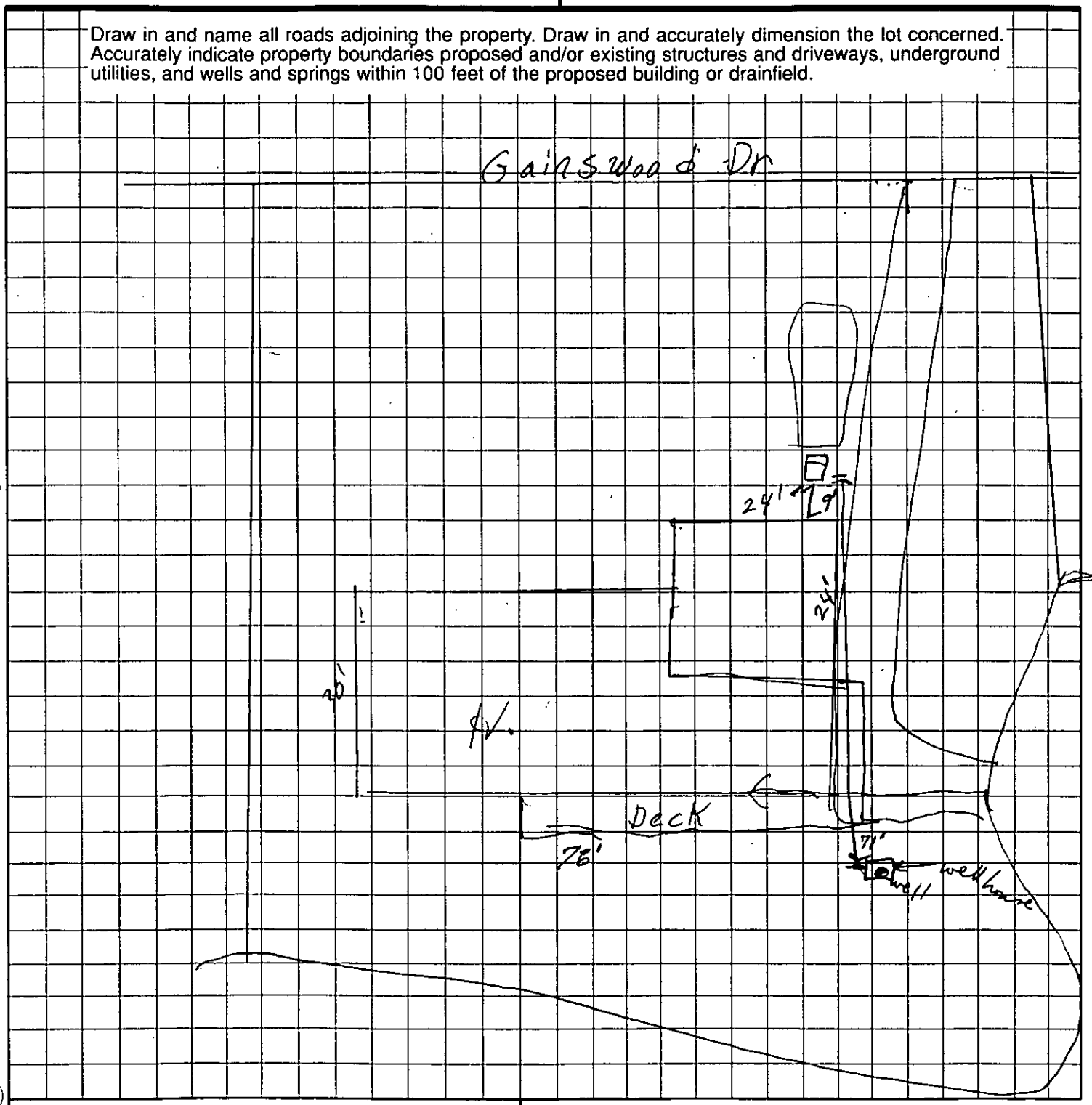
PROPOSED PLOT PLAN

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

FILE: 13589

TC: 001-353-16

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.



APPROVAL DATE 11-8-94 SB

OWNER/AGENT SIGNATURE

DATE

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

SEE INSTRUCTIONS ON BACK

Date Received 2/7/78

ICAR (S) Application No. 13547

T. C. No. 001-354-16

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
No. of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ✓ Yes ___ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER MARRIOTT (LAST) W.J (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 242 LAKEWOOD DR BLOOMFIELD, N.J. 07003

15) PHONE NO. Home 201-748-6796 Office _____

16) LOCATION OF SYSTEM Grineswood Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 505 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for based upon the above facts are not true.

DATE OF APPLICATION _____

William J Marriott

J

Date Issued 26 JUNE 78 **Serial No. 1650** C of A (s) No. 13589

T. C. No. 021-35416

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Marriott (LAST) (FIRST) (MIDDLE)

Location of Property Grinswood Dr.

Application Number 13589 Permit Number 13589

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 495' Number of Lines 5

Depth of Filter Material 17" Cover Depth 24" low side

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 26 JUNE 78 (DATE) Tank Inspected 26 JUNE 78 (DATE)

Nitrification Field Inspected 26 JUNE 78 (DATE)

Washing Machine Line Inspected, If Applicable 26 JUNE 78 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

_____

_____

_____

_____

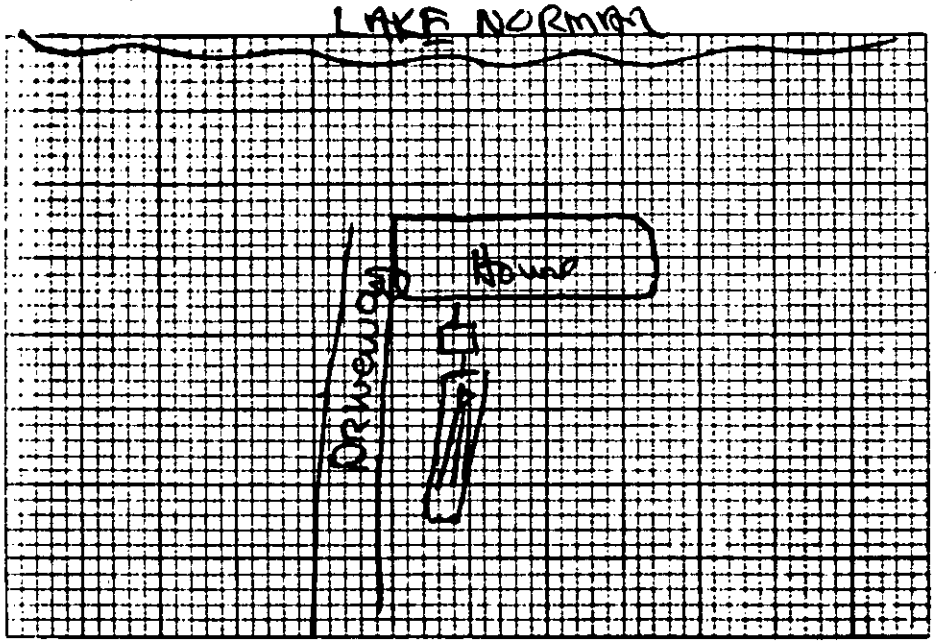
M Reynolds
(SIGNATURE)

HR-6 76

Date Issued 23 JUNE 78 **Serial No. 1732** ICAR/S Permit No 13589
T C No 021-354-16
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 13589, dated ✓ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 23 JULY 78, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 495'

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Marriott

LOCATION OF PROPERTY Grainswood Dr

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments:

Division or Section Head

J M Reynolds
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

HB 5-78

Date Received 2/22/79

APT No. 13589

T. C. No 001-354-16

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER MARRIOTT (LAST) WILLIAM (FIRST) J (MIDDLE)

2) ADDRESS OF OWNER 242 LAKEWOOD DR BLOOMFIELD, N.J. ZIP 07003

3) PHONE NO. Home 201-748-6796 Office 201-743-7404

4) LOCATION OF PROPERTY GAINESVILLE WOOD RD (STREET OR COUNTY ROAD)

5) SUBDIVISION SEC 6 LOT NO. 505 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

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

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

x William J Marriott
OWNER

EHD-3-76

Environmental Health Department's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20515

File: 13589 Action 1

Parcel: 001-353-16 ☐ PC

Location: 16021 Gainswood Dr.

Subdivision:

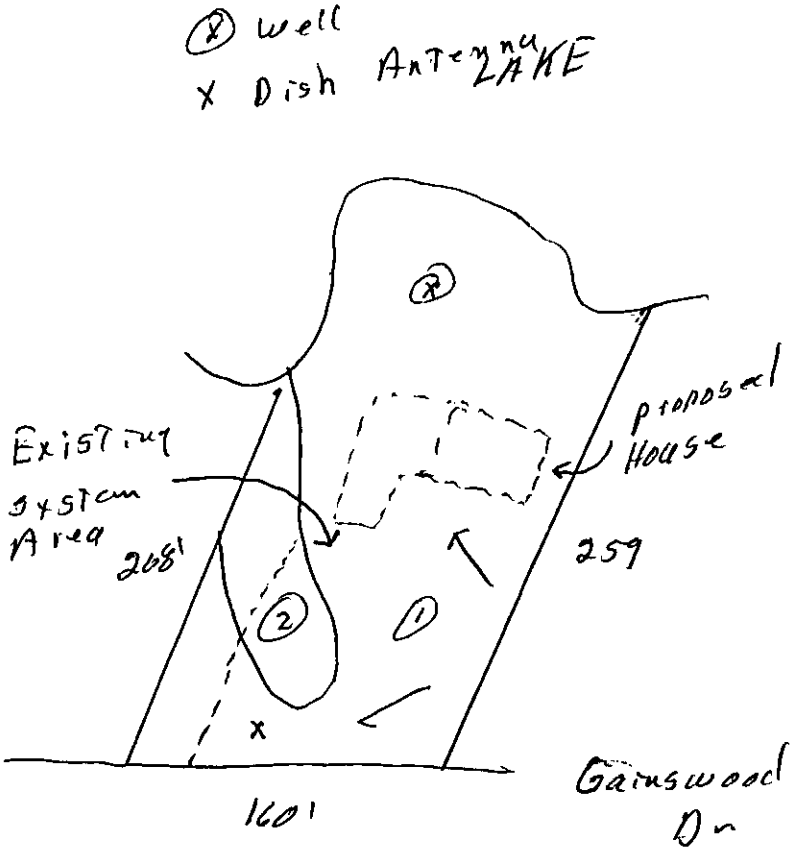
Lot: 505 Block: Acres: 1.0

Owner: Iris G. Penley
Address: 16021 Gainswood Dr.
Mooresville, N.C. 28115

Comments: .3gal/ft²/day LTAR system will probably need pump, does not require 100% repair

Described by: William A. Marlin

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 10-20%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-45" To soil Wetness	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 >45"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil-Like	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U