

19525 TRESIA LN

00109153

4/28/08

marliwr

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

TO: Lorraine ENV. HEALTH FAX #: 336-6894

FROM: Gene Keener 19525 TRESIA LANE FAX #: 892-8640 PHONE #: 892-8640

DATE: 4/24/96 PAGES INCLUDING THIS PAGE: 4

4/24/96

2093A

Lorraine

Pl... find attached the health depn. tment file # which was 12-695 not used. Also find the invoice for the installation of the sewer grinder pump lift station required by CMUD ✓ to tap into their system in Shoemaker subdivision. If you have further questions - please call me at 892-8640

Gene Keener

on 12-6-95 (finaled) CMBS says sewer ejector/connection to CMUD finaled.

documented 4/25/96 in computer

04-24-96 04:15PM P.01

understand and acknowledge your option to develop this site initially with a conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Environmental Health Specialist — May 2, 1995 Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Property Owner Signature — May 5, 1995 Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

INVOICE

McCALL BROTHERS, INC.

P.O. Box 668710 • Charlotte, N.C. 28266-8710

GENERAL CONTRACTING

WELL DRILLING & PUMP SERVICE • WATER & WASTE TREATMENT • ENVIRONMENTAL DRILLING

Telephone: 704-399-1506
Fax: 704-398-2605

C.O.D ☐
CHARGE ☐

DATE 12-15 , 19 95

S M T W T F S

22765

OLD TO ☐ Fine Homes, Inc.
% Gene Keener
PO Box 1292
Davidson, NC 28036

SHIP TO OR LOCATION ☐ 19525 Tresia Lane
Huntersville, NC

R ORDER BER: _____ OUR JOB NUMBER: _____

TERMS: NET UPON RECEIPT OF INVOICE
1½% PER MONTH INTEREST CHARGED ON ALL PAST due accounts. $10.00 PER MONTH MINIMUM.

	DESCRIPTION OF WORK PERFORMED AND MATERIAL USED	EXTENSION
	Service Contract 2 h.p. grinder pump station	4,100.00
	20' additional 4" sewer line @ 5.00 per ft.	100.00
	240' additional 1½" line @ 1.00 per ft.	240.00
0-304		

PAID
JAN 15 1996

OR:	START	STOP	TOTAL	CREW		
H.	:	:	:		TOTAL MATERIAL	
	:	:	:		SALES TAX	
	:	:	:		FREIGHT	
					SERVICE CALL—INCLUDES MOBILIZATION & DIAGNOSTICS	
		TOTAL LABOR OF	:		HRS. @ $ • PER HOUR	
IPMENT:	:	:	:		HRS. @ $ • PER HOUR	
AGE AND/OR PARTS DELIVERY					HRS. @ $ • PER HOUR	

ICE BER 47279

WORK COMPLETED TO MY SATISFACTION _____ Customer

TOTAL OF ABOVE 4,440.00

Not Used

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 19525 Tresia Lane

File Number: ~~2-218~~ A (EA) 2093 A

Parcel Number: 001-091-53

Owner/Agent Name: Colvin O'Donnell
(Please print)

Date: May 2, 1995 Number of Bedrooms: Four (4)

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, "ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c), you, the property owner,

Mr. O Donnell
892-3542

2093-A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $150.00 4/19/95 Ck. # 2654

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: 4/7/95

PERSON FILING APPLICATION:

NAME: KEENER (last) EUGENE (first) (NONE) (mi)

ADDRESS: 230 PINE RD. PHONE: (704) 892-8640

CITY: DAVIDSON, NC STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-091-53

STREET ADDRESS: 19525 TRESIA Lane

ZONING: R-3

PROPERTY OWNER:

NAME: O'DONNELL (last) COLVIN (first) (mi)

ADDRESS: 21227 ISLAND FOREST DRIVE PHONE: (704) 892-4430

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: —

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

TYPE APPLICATION (check one):

LOT NUMBER: 1 LOT SIZE (in acres): 1.24

- [ ] 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)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

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)
- [x] 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
- [x] 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: Eugene Keener Date: 4/7/95

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.

... Lift station required.

Repair area to be modified system (LPP)

See acknowledgement form on file.

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

Susan Eatman 5/4/95
Environmentalist Date

P Walker for S. Daniel 5/10/95
Director or Authorized Section Head Date

WATER : 22791

* Received marking kit 4-3-95

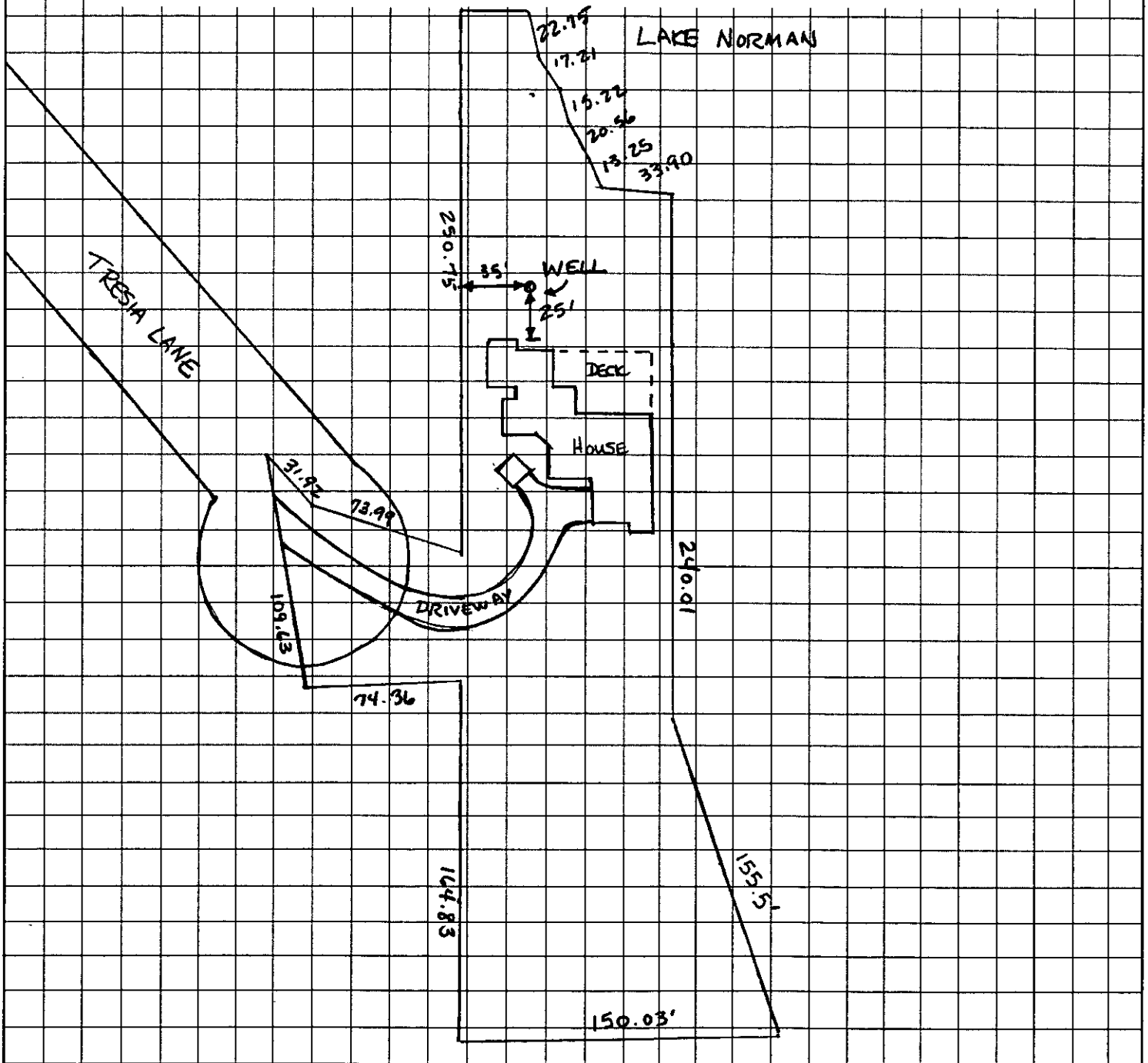
PROPOSED PLOT PLAN

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

FILE: 2093A ~~2998 A~~

TC: 001-091-53

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.



Eugene Keener
OWNER/AGENT SIGNATURE

DATE 4/7/95

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

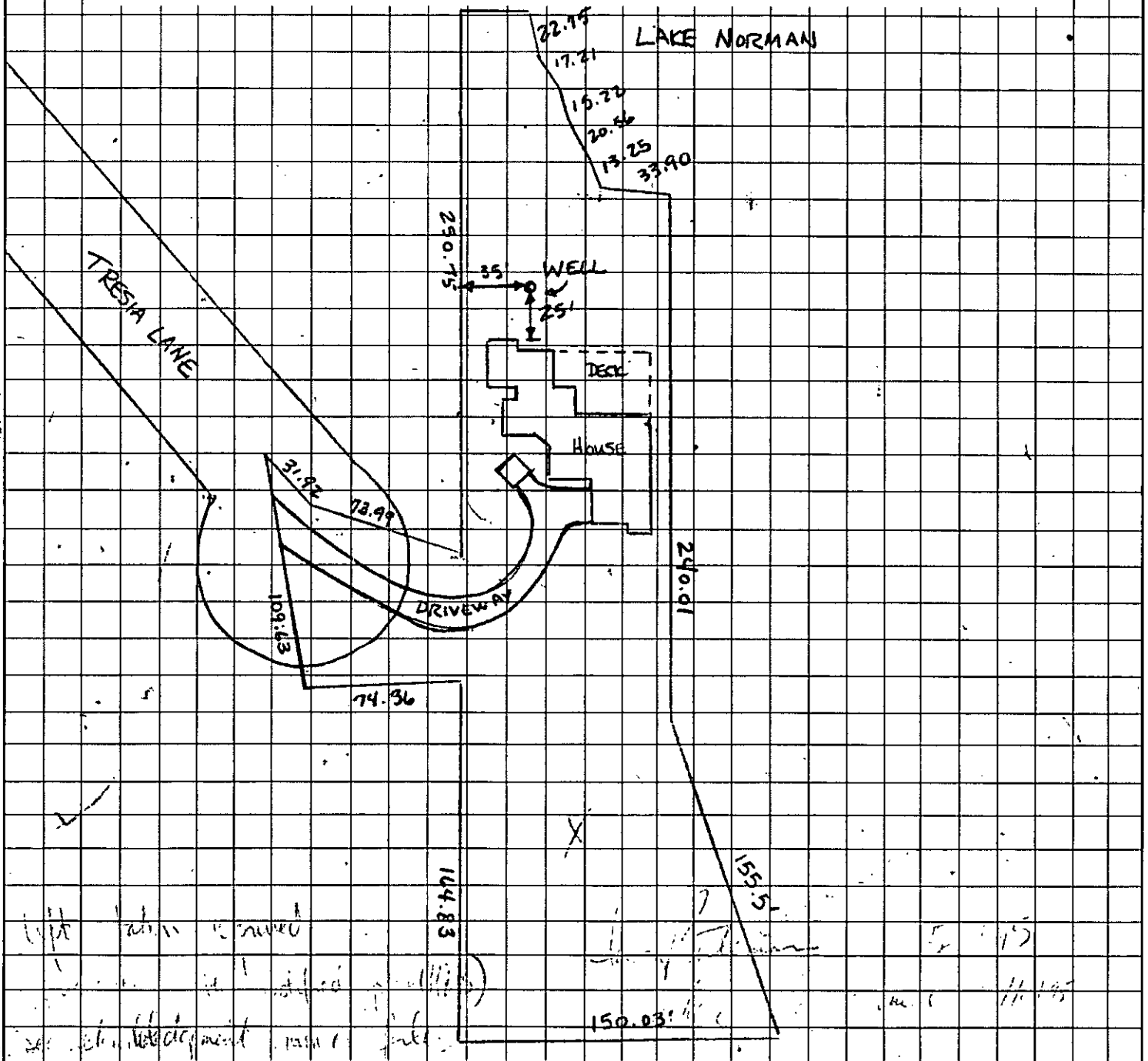
3D

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

FILE: ~~2998 A~~ 2093A

TC: 001-091-53

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DATE 4/7/95

APPROVAL DATE _____

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PROPOSED PLOT PLAN

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

3 D

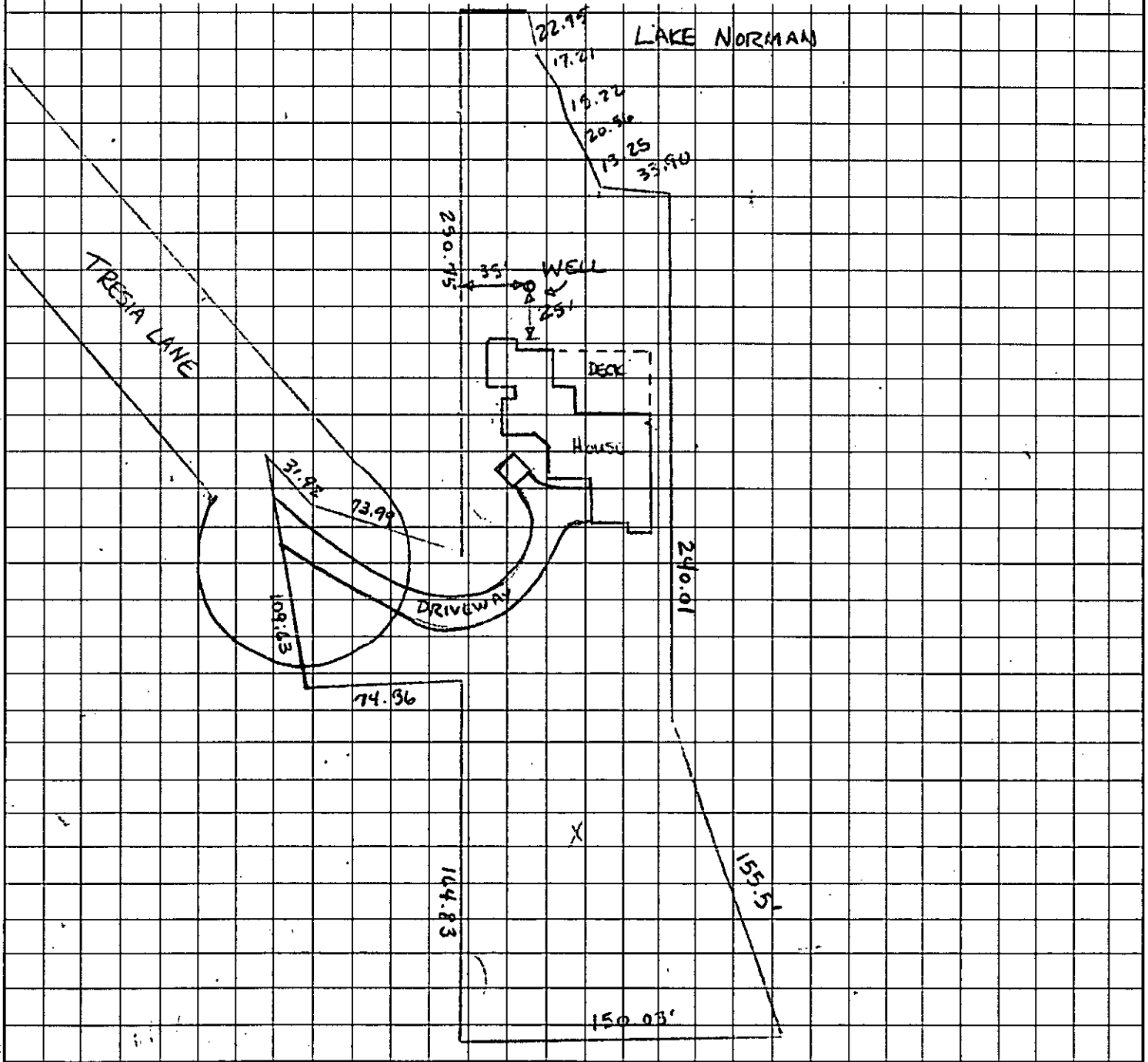
2093A

FILE: ~~2778 A~~

TC: 001-091-53

X

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Eugene Keener
OWNER/AGENT SIGNATURE

DATE 4/7/95

APPROVAL DATE _____

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MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 19525 Tresia Lane

File Number: ~~2[illegible]A~~ (SA) 2093 A

Parcel Number: 001-091-53

Owner/Agent Name: Colvin O'Donnell
(Please print)

Date: May 2, 1995 Number of Bedrooms: Four (4)

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

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understand and acknowledge your option to develop this site initially with a conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Susan Satterwhite — May 2, 1995

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Mike O'Connell — May 3, 1995

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/03/95 15:45
BK: 08135 PG: 0883/0886 #:0337 14.00

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 2093 A
PARCEL # 001-091-53

The undersigned, Nikki Carolyn O'Donnell, owner of property located at 19525 Tresia Lane, (the "site") and described in an instrument recorded in Book 5434 at Page 474, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: _____
Mail after recording to: _____

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 3rd day of May, 1995.

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Nikki Carolyn O'Donnell (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

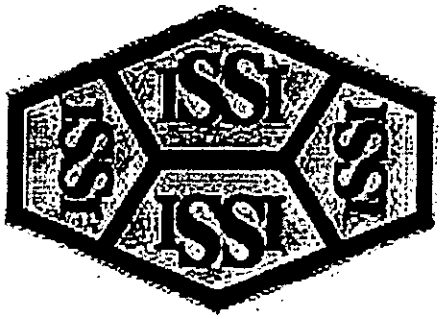
STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Charlene Winecoff, a Notary Public for said County and State, do hereby certify that Nikki Carolyn O'Donnell personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 3rd day of May, 1995.

Charlene Winecoff
Notary Public

My Commission Expires:
6-15-98



Imaging Solutions and Services, Inc

The following is a

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The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

05/03/95

CUSTOMER RECEIPT:

Date	Time	Inst #	Type	Book	Page	Trx	Amount
05/03/95	03:45	337	PERMIT	8135	883	FEE	14.00
05/03/95	03:45					TOT	14.00
05/03/95	03:45					CASH	20.00
05/03/95	03:45					CHNG	6.00

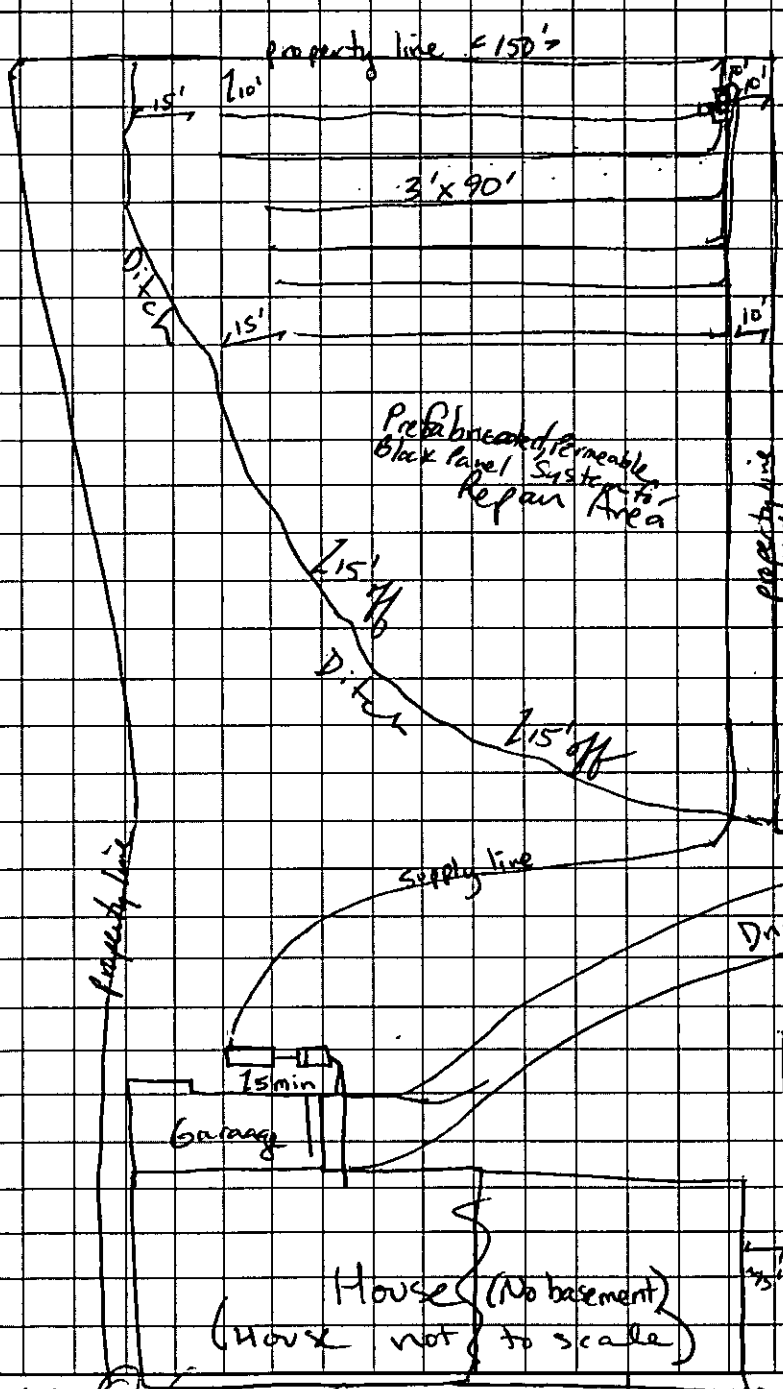
PROPOSED PLOT PLAN

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

FILE: 2093A ~~2778A~~

TC: 001-091-53

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.



4 bedroom design plan
1500 g septic tank
1000 g pump tank
1600 sq ft drainfield at
6 lines at 3'x90'x12" stone each
Keep drainlines on contour.
Large "washer" style box w/tee to feed into equal distribution box
Keep min 15' off ditch as shown and min 10' from property line
Install pump, pump controls & alarm according to current NC State Regulations.
Repair area for Prefabricated, Permeable Black Panel System - (will require Invoice Certified Operator at time Repair made)

Do not grade or disturb area where septic system or repair area located. Any changes may void permit.
Keep water line min 10' from any part of septic tank system. Agreement form on file.

OWNER/AGENT SIGNATURE Leslie O'Connell

DATE 5/3/95

APPROVAL DATE 5-2-95 (BB)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028541

File: 2093-A Action 1

Parcel: 001-091-53 ☐ PC

Location: 19525 Tresia Lane

Subdivision:

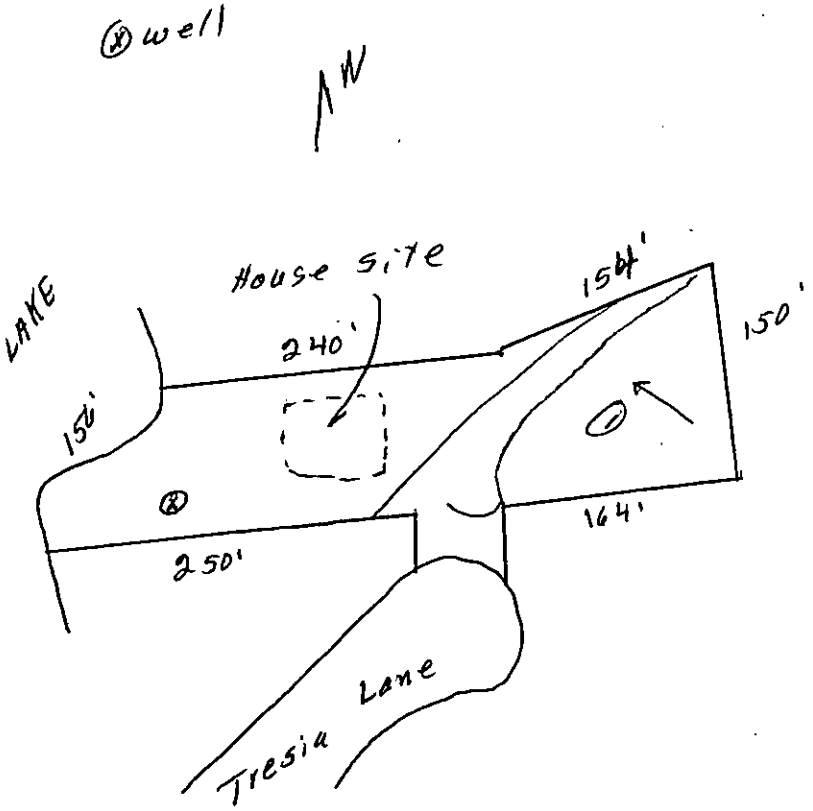
Lot: 1 Block: Acres: 1.22

Owner: Colvin O'Donnell
Address: 21227 Island Forest Dr.
Davidson, N.C. 28036

Comments: .3 gal/ft²/day LTAR system would probably require pump

Described by: William R. Marks

Date: 4-24-95



***** 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 2-10%	S PS (U) Complex slopes	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 Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" to soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >44"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	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-Lloyd	Complex Slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11259

File: 2093-A Action 1

Parcel: 001-091-50 PO ☐ PC

Location: Meta Road

Subdivision:

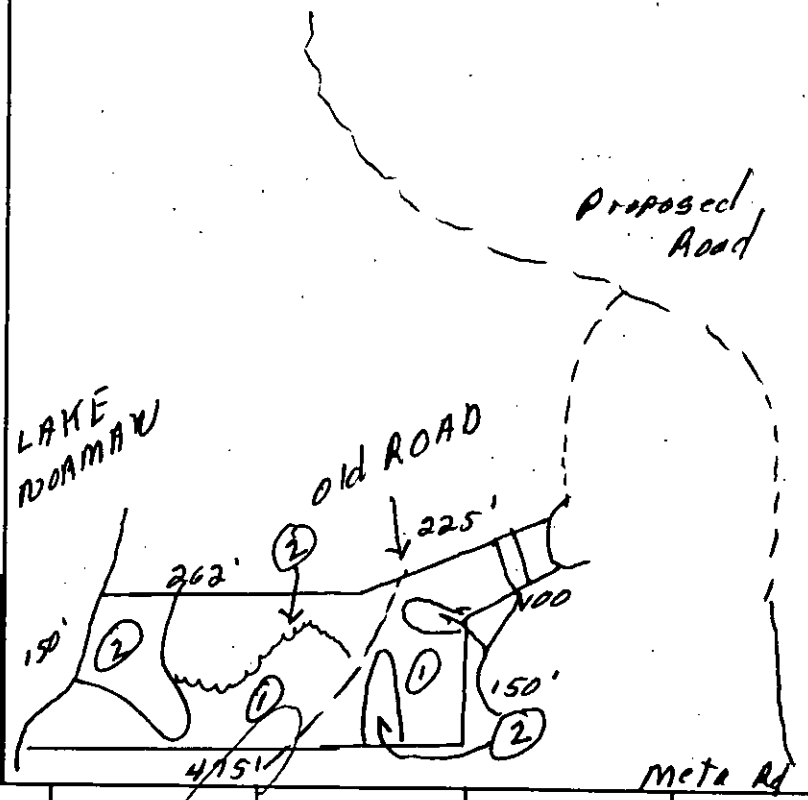
Lot: 1 Block: Acres: 1.3

Owner: Martin Development Group, Inc.
Address: One Tryon Center, Suite 1800
Charlotte, N. C. 28284

Comments: all sidelines not marked may be some shifting of delineation lines w/ additional markings

Described by: William A. Martin

Date: 7-25-96



*** 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 2-10%	S PS (U) Complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS (U) May Channel runoff	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limit/area	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U May need pump	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IUA Cecil-like	Complex slopes				
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 028541 (4 FT O)

File: 2093-A Action 1

Parcel: 001-091-53 ☐ PC

Location: 19525 Tiesta Lane

Subdivision:

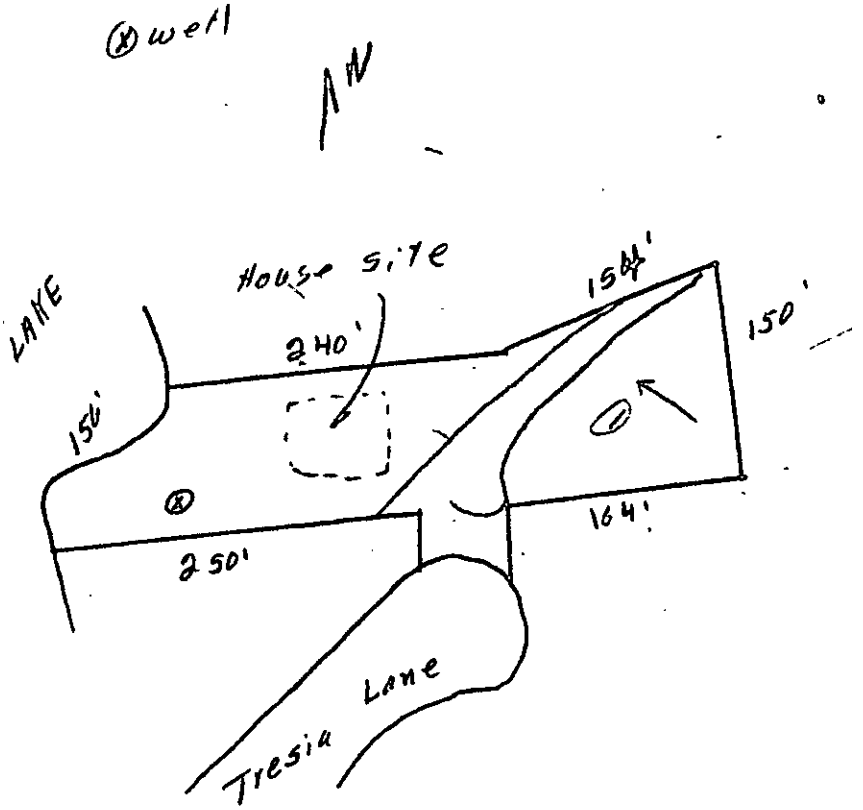
Lot: 1 Block: Acres: 1.22

Owner: Colvin O'Donnell
Address: 21221 Autumn Forest Dr.
Davidson, N.C. 28036

Comments: .3 gal/ft²/day LTAR
system would probably require
pump

Described by: William R. Marks

Date: 4-24-95



*** 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 2-10%	S PS (U) Complex slopes	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 Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >46" to soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >44"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >46"	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 Lloyd	Complex Slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U