

5110 DIXIE RIVER RD

14111125

5/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5309A WASPS App #: _____

Primary ES assigned to project: PW

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☑ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 1			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☑	No ☐	N/A ☐
Installation approval issued	Yes ☑	No ☐	N/A ☐
Operation permit issued	Yes ☑	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments: Repair to existing system

IA issued date: 5/1/15

OP issued date: 5/5/15

Review performed by: P Walker

Date performed: 6/8/15

5309A

Application # 1593

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ☑ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 141 111 25
STREET ADDRESS: 5110 ~~Olyur River Rd~~ Shopton Rd, Charlotte NC
CITY: Charlotte
STATE: NC ZIP: ~~28208~~ 28278
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 3.2
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☑ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☑ NO
WASTE STORAGE	○ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☑ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☐ N/A

12. **PROPERTY OWNER:**
NAME: Sheldon Grover
ADDRESS: 2049a boyd Rd
CITY: Blackstock
STATE: SC ZIP: 29014
WORK PHONE: 980-722-8720
MOBILE PHONE: 980-722-8720
FAX: _____
E-MAIL: slgrover1965@Gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

SLG (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

5-1-15
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Sheldon Grover — APPLICATION DATE 5/1/15
ADDRESS: 704a Boxa Rd Blacksticks SC — DATE EVALUATED: 5/1/15
PROPOSED FACILITY: 5110 Dixie Ave — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: _____
LOCATION OF SITE: 5110 Dixie River Rd — PROPERTY RECORDED: _____
WATER SUPPLY: (Private) • Public • Well • Spring • Other _____
EVALUATION METHOD: • (Auger Boring) • Pit • Cut — TYPE OF WASTEWATER: • (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 3	0-3	gr scl	Fr Sexp	48	48	NA	NA	PS 0.3
		3-35	mfsbk c	Fi sexp					
		35-48	mfsbk cl	Fr Sexp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	[illegible]	PS
System Type(s)		IIa
Site LTAR		0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: P Walker
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

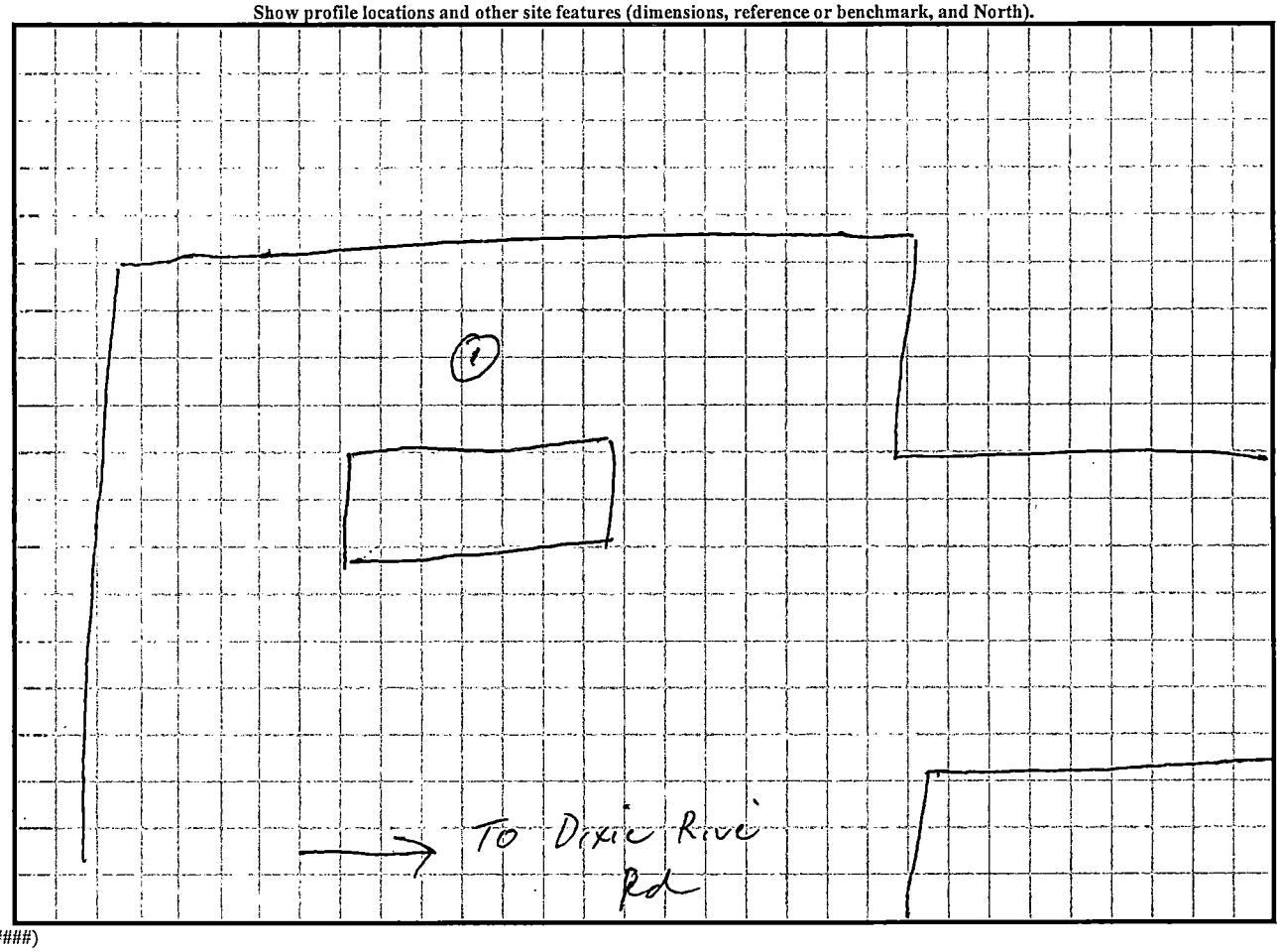
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5309 A Permit #: _____ Tax Parcel #: 141 111 25

Property Owner: Sheldon Grover

Job Location Address: 5110 Dixie River Rd

City: Charlotte State: NC Zip Code: 28208

Operation Permit Issuance Date: 5/15/15 Contractor Name: Gary Bradley

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: existing gallons Manufacture existing Effluent Pump Model: NA

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48 inches

Bed Width: 9 feet

Total line length: 200 feet

# of Lines: 3 @ 67 feet

Depth of Media: 24 inches (Type) Tire Chips

Depth of Cover: 24 inches

Distribution Device: D Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 110 feet

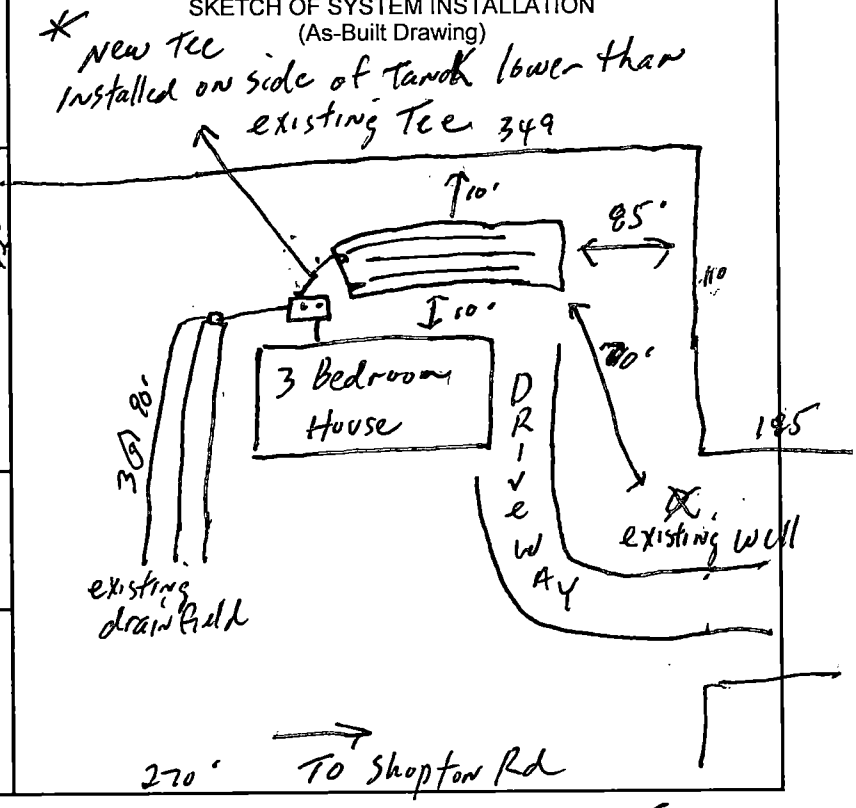
Inspection Dates

Tank(s) Inspected: existing (new tee installed

Excavation Inspected: 5/15/15

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☑ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: TCHP, G, NA, NA

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5309A Permit #: _____ Tax Parcel #: 141 111 25

Property Owner: Sheldon Groner

Job Location Address: 5110 Dixie River Rd

City: Charlotte State: NC Zip Code: 28208

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Tire Chip Gravity Repair

DENR Authorized Agent: Philo Walker Date: 5/15/15

Signature: Philo Walker REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 20 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION
for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5309A Permit #: _____ Tax Parcel #: 141 111 25

Property Owner: Sheldon Grover

Job Location Address: 5110 Dixie River Rd

City: Charlotte State: NC Zip Code: 28208

Improvement Permit Issuance Date: 5/11/15 **Construction Authorization Issuance Date** 5/11/15

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: 9 feet

Total line length: 200 feet

# of Lines: 3 @ 67 feet

Depth of Media: 24 inches (Type) Tire Chips

Distribution Device: D-Box

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

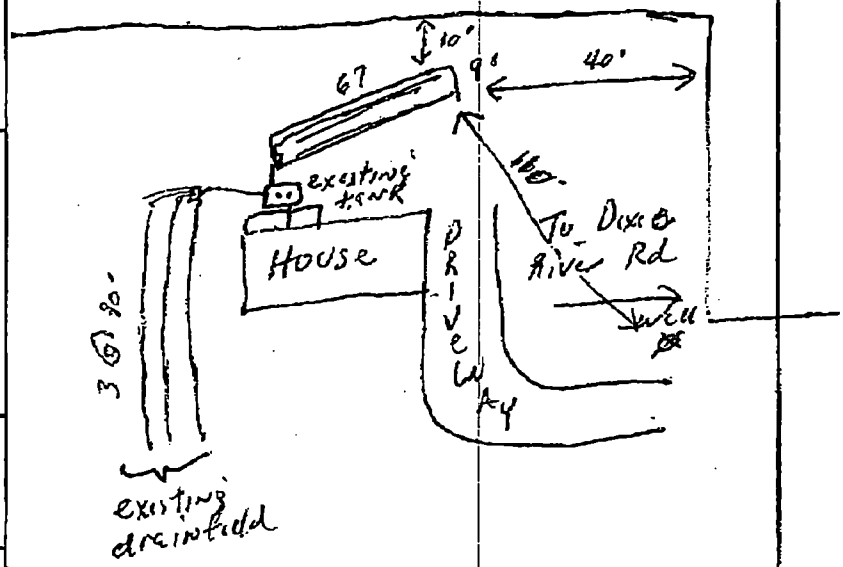
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: > 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: II G, Set fee for new bed lower than existing fee
Install bed 9' wd x 67' long x 24" Tire Chips

Authorized Agent: Philo Walker Signature: Philo Walker REHS

Owner Signature: Sheldon Grover Date: 5-28-15

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6891

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

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Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: 9 feet

Total line length: 200 feet

# of Lines: 3 @ 67' feet

Depth of Media: 24 inches (Type) Tire Chips

Distribution Device: D-Box

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

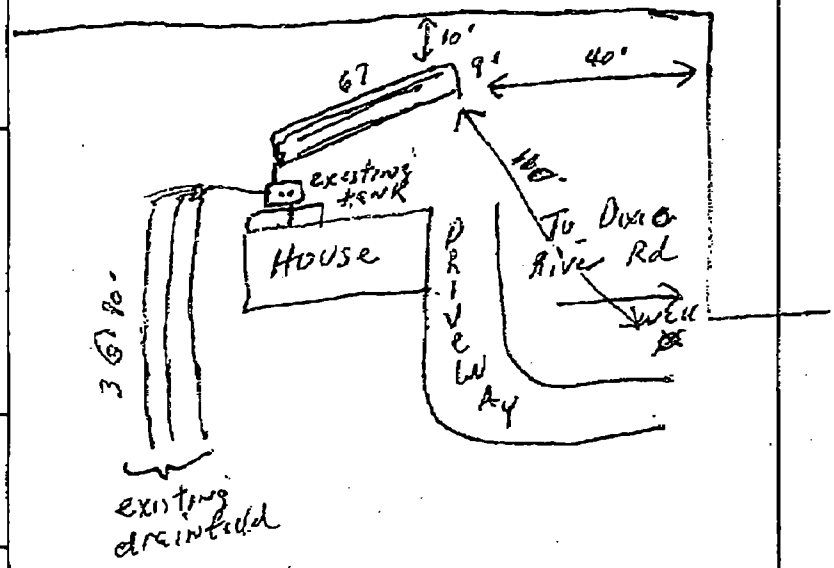
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: > 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Tle , Set tec for new bed lower than existing tee
Install bed 9'wd x 67'long x 24" Tire Chips

Authorized Agent: Phito Walker Signature: Phito Walker REHS

Owner Signature: Sheldon Groner Date: 5-28-15

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5309A Permit #: _____ Tax Parcel #: 141 111 25

Property Owner: Sheldon Grover

Job Location Address: 5110 Dixie River Rd

City: Charlotte State: NC Zip Code: 28208

Improvement Permit Issuance Date: 5/1/15 **Construction Authorization Issuance Date** 5/1/15

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: existing gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: 9 feet

Total line length: 200 feet

# of Lines: 3 @ 67' feet

Depth of Media: 24 inches (Type) Tire Chips

Distribution Device: D-Box

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

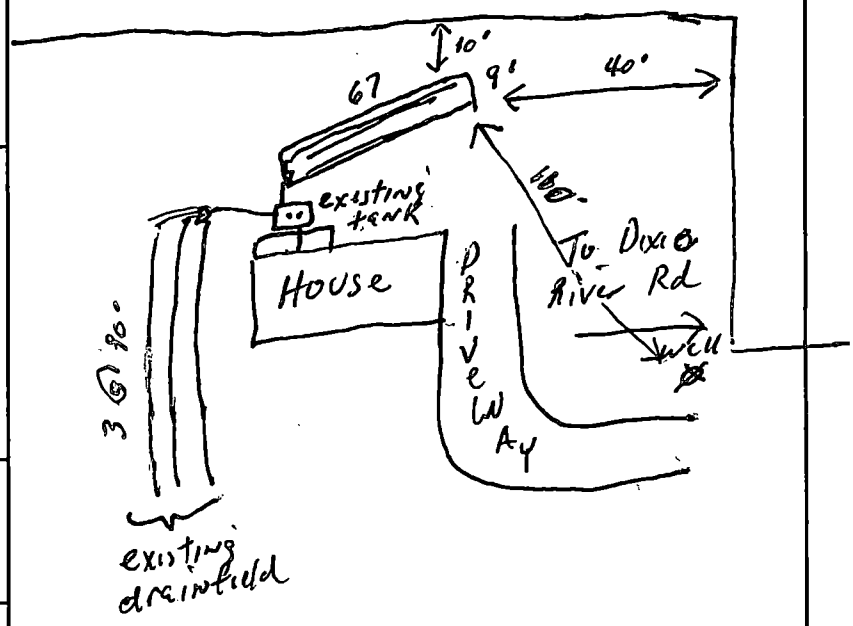
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: > 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa, Set tee for new bed lower than existing tee
Install bed 9'wd x 67'long x 24" Tire Chips

Authorized Agent: Philo Walker Signature: Philo Walker REHS

Owner Signature: _____ Date: _____



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
14111125	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
FURR SHARON R WIFE	2049 BOYD RD	BLACKSTOCK SC 29014-8987
GRONER SHELDON L HUSBAND	2049 BOYD RD	BLACKSTOCK SC 29014-8987

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
DIXIE RIVER RD	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #1	2.36

Total Parcel Assessment

Building	Land	Features	Total
62600	56500	5500	124600

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Sep 7 2001			RELATED	VAC	WARRANTY D	12642-194	FURR,JOE A
Feb 9 1989	0			VAC		05959-936	

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	2.36	AC	O101	56500

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1953	5110 SHOPTON RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1300	1112	CRAWL SPACE	MASONITE -	AVERAGE 01	62600

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		3	1		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1112
1	PORCH - ENCLOSED - UNFINISHED (NO HEAT)	80
1	PORCH - OPEN - FINISHED	24
1	PORCH - OPEN - FINISHED	84

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 26.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1989	DECK	1	10X38	2000
1	1953	GARAGE	1	20x20	3500

Notes

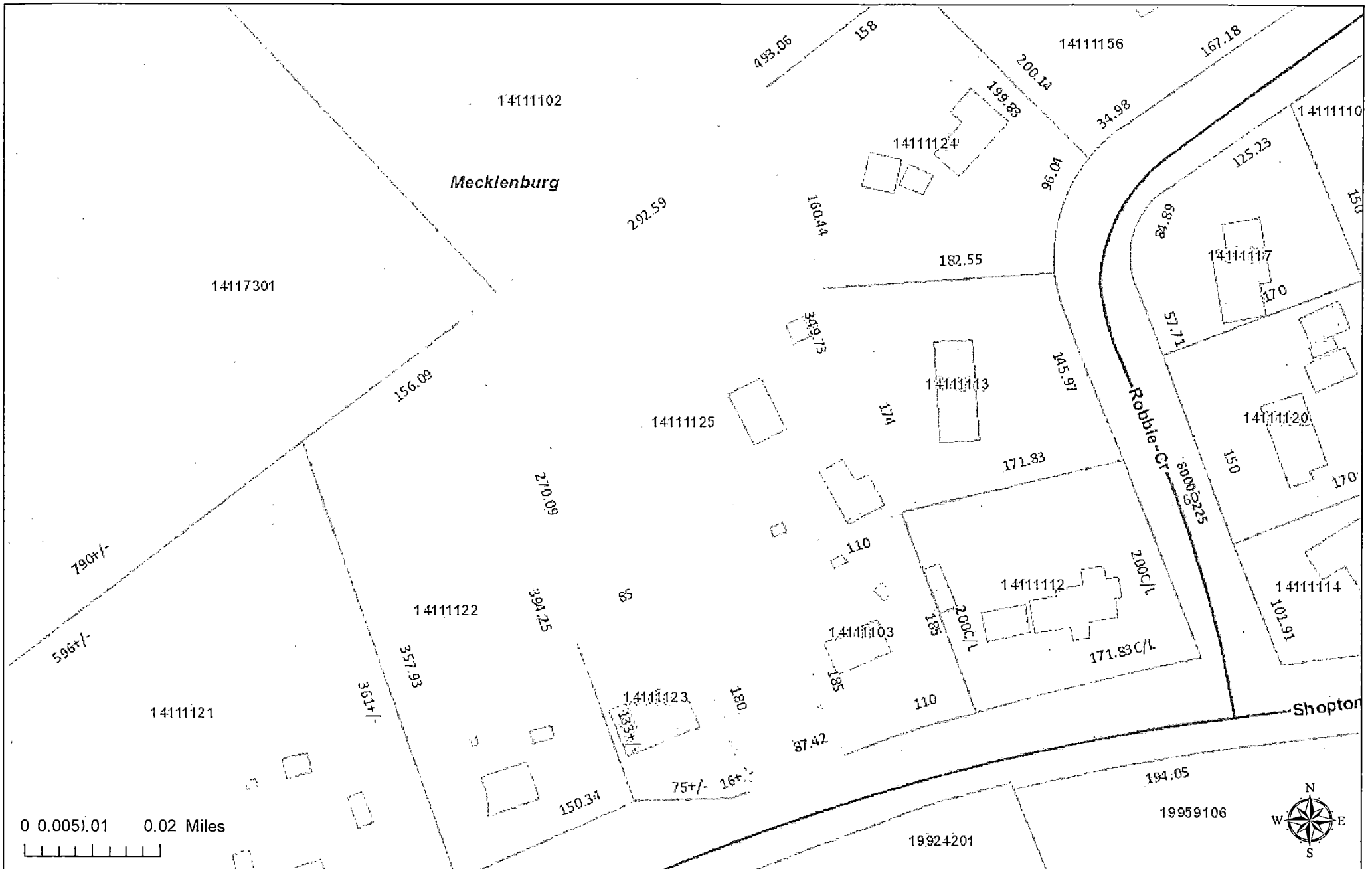
Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	125100	0
Jan 17 2003	2003	Countywide Revaluation	103500	0
Feb 20 1998	1998	Countywide Revaluation	68860	
Jan 2 1991	1991	Countywide Revaluation	53010	

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 5/22/2015 11:28:55 AM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 5309 A DATE: 3/10/89

TC: 141-111.03 ☐ L ☐ CRT

SERIAL № 11725

Name of Owner Tiner, Joe A. Juris.:

Address of Property 5110 Dixie River Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 100'

Excavation Inspected 3/10/89

Tank(s) Inspected 3/10/89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989 1500 St Con., 810 SFT, 12" S. Cecil CTR# 103

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ ~~installed~~ or constructed ☐ altered or repaired

☒ ~~in accor~~dance 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: System designed for 2 bedroom home

Judy J. Kiser R.S.

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

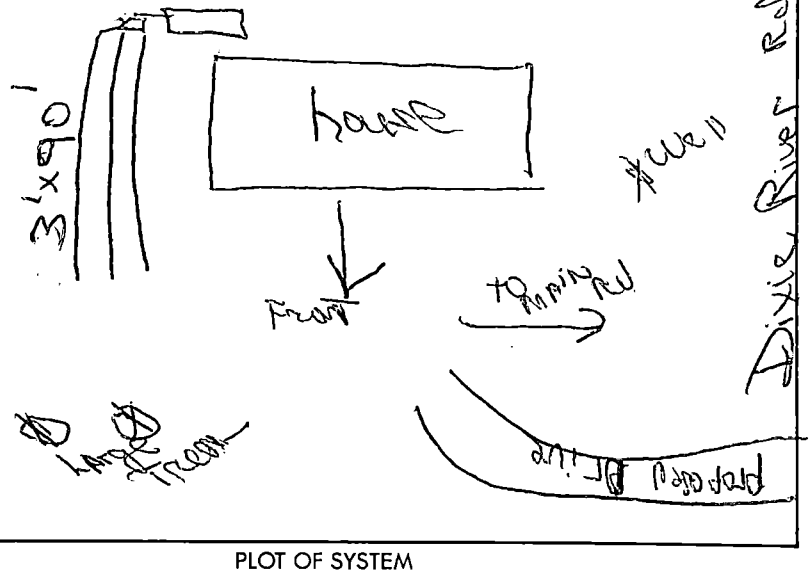
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5309A DATE: 3/8/89

TC: 141-111-0323 ☐ L

SERIAL № 12533

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 12/6/88. All work shall be completed on or before 4/8/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 _____ gallons

Tank Construction Rec

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines _____

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Jerry Joe A

LOCATION OF PROPERTY 5110 Dixie River Rd.

Comments: Install 3 Trenches 3' x 90' 12" Stone, Straw Cover

Division or Section Head

Environmentalist Judy J. Kiser R.S

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 5309A

TC: 141-111-0323

SERIAL: № 17637 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5110 (STREET NO.) Dixie River (STREET) Road ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 141-111-03 23

⑤ SUBDIVISION: — ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Joe (FIRST) A. (MIDDLE) Furr (LAST)

⑨ MAILING ADDRESS: 14940 Burnamwood Lane

⑩ CITY: Char ⑪ STATE: NC ⑫ ZIP: 28217

⑬ PHONE: (WORK) 373-4705 ⑭ (HOME) 588-0980

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

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 tl ECKLENBURG COUNTY HEALTH DEPARTMENT to enter o.... .he property for the purpose of processing this request.

Signed: Joe A. Furr

Date:

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist R.S. 1/25/89 Date

Director or Authorized Section Head R.S. 1/25/89 Date

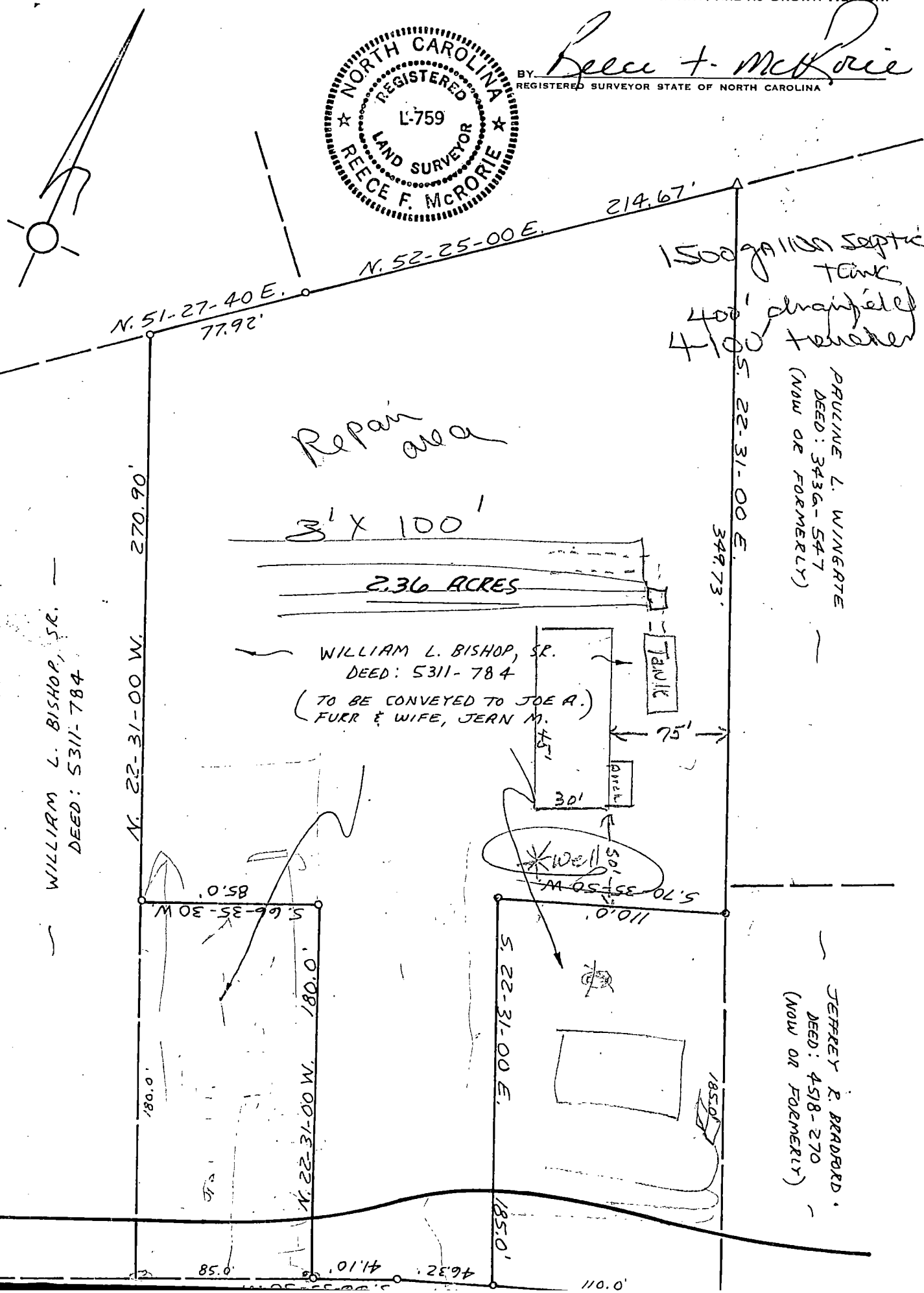
*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

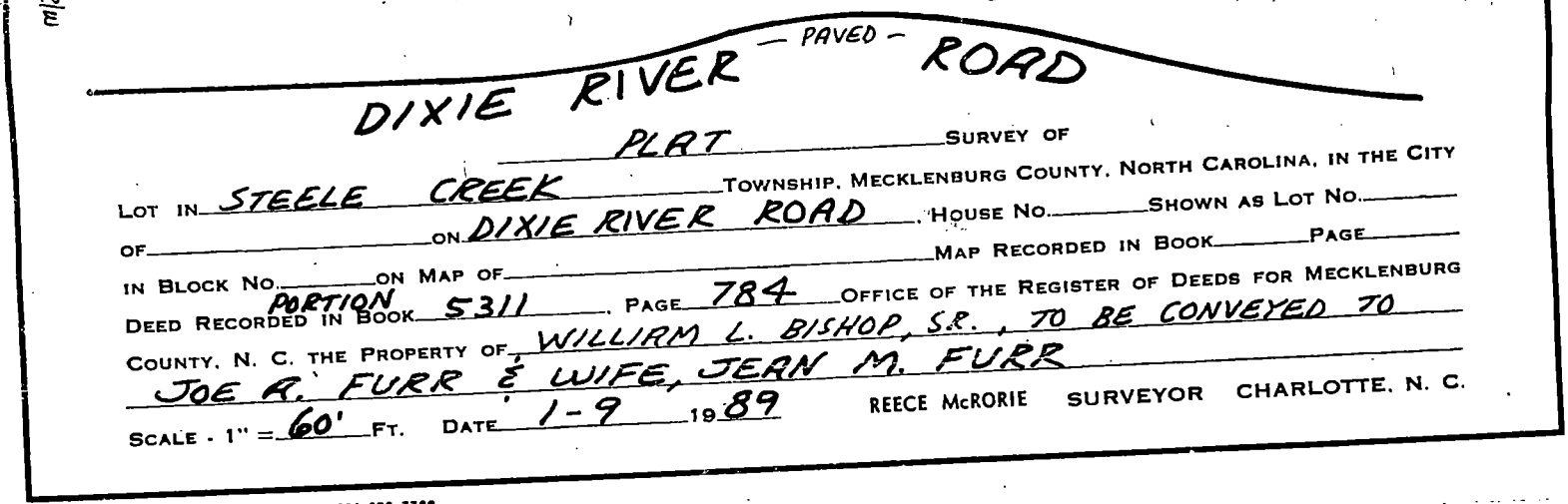
2110 Wylie River Rd

THIS IS TO CERTIFY THAT ON THE 9th DAY OF JANUARY 19 89 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

NORTH CAROLINA REGISTERED L-759 LAND SURVEYOR REECE F. McRORIE

BY Reece F. McRorie
REGISTERED SURVEYOR STATE OF NORTH CAROLINA



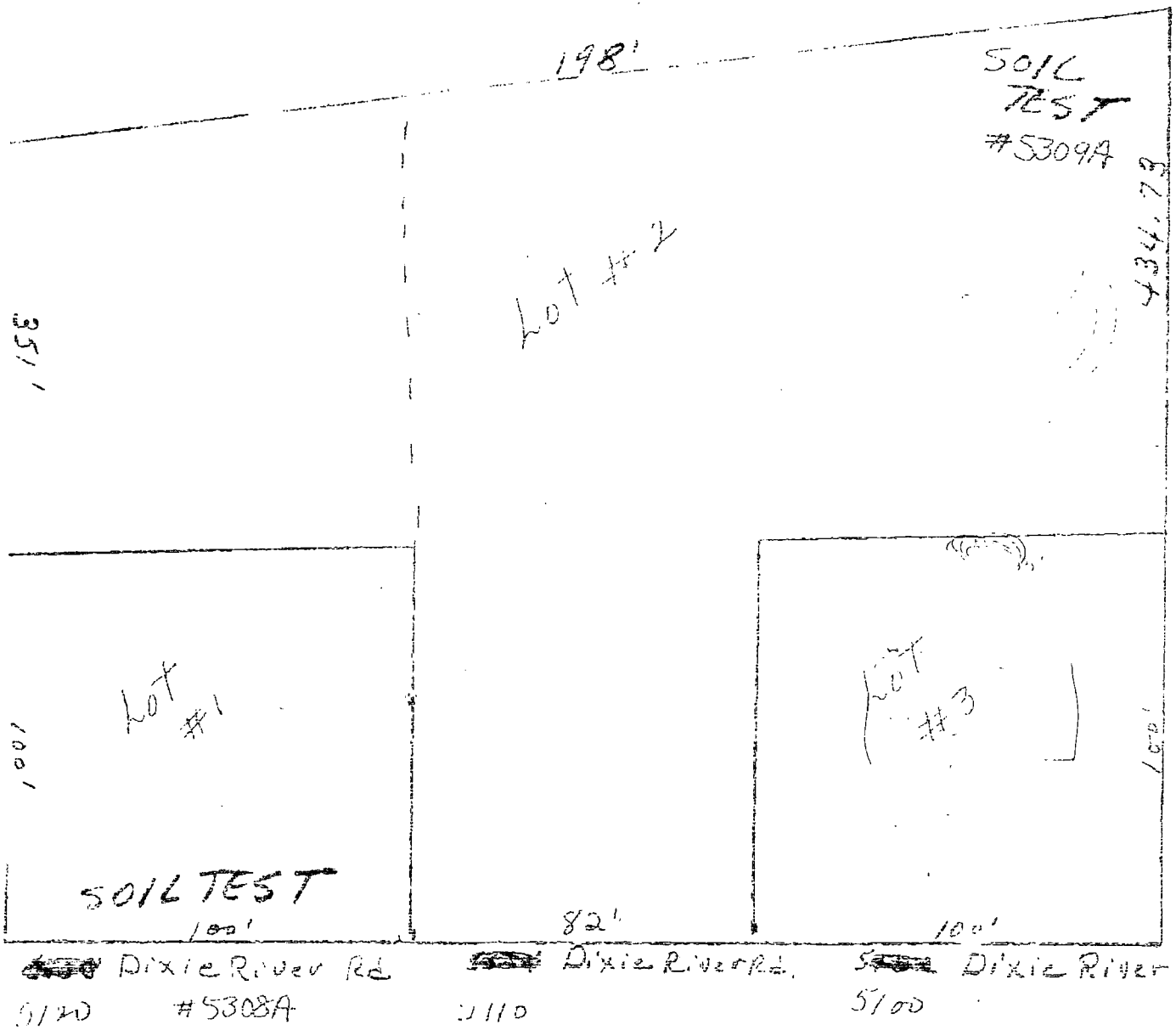


PLAT SURVEY OF

LOT IN STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA, IN THE CITY OF _____ ON DIXIE RIVER ROAD, HOUSE NO. _____ SHOWN AS LOT NO. _____ IN BLOCK NO. _____ ON MAP OF _____ MAP RECORDED IN BOOK _____ PAGE _____ DEED RECORDED IN BOOK PORTION 5311, PAGE 784 OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY, N. C. THE PROPERTY OF WILLIRM L. BISHOP, S.R., TO BE CONVEYED TO JOE R. FURR & WIFE, JEAN M. FURR

SCALE - 1" = 60' FT. DATE 1-9 19 89 REECE McRORIE SURVEYOR CHARLOTTE, N. C.

DUNCAN-PARNELL, INC., CHARLOTTE 786 704-372-7766


198'
SOIL TEST #5309A
434.73'
1,158'
LOT #2
LOT #1
100'
SOIL TEST
100'
LOT #3
100'
82'
100'
Dixie River Rd
5120
#5308A
Dixie River Rd.
5110
Dixie River
5100

DATE 12/28/88

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

141-111-03 23
PARCEL NUMBER

5110 Dixie River Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	✓ APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS	✓ APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS	✓ APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	✓ APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	PRESENT	✓ NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	YES	✓ NO
7.	DRIVEWAY PERMIT REQUIRED	YES	✓ NO

REMARKS: MOVE ON

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

APPLICATION FOR SOIL INVESTIGATION

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

5110

(OFFICE USE ONLY)

FILE: 5309A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: [redacted] Dixie River Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 141 PAGE NO.: 111 PARCEL NO.: 03, 23

⑥ DEED REFERENCE: BOOK NO.: 5311 PAGE NO.: 784

OWNER

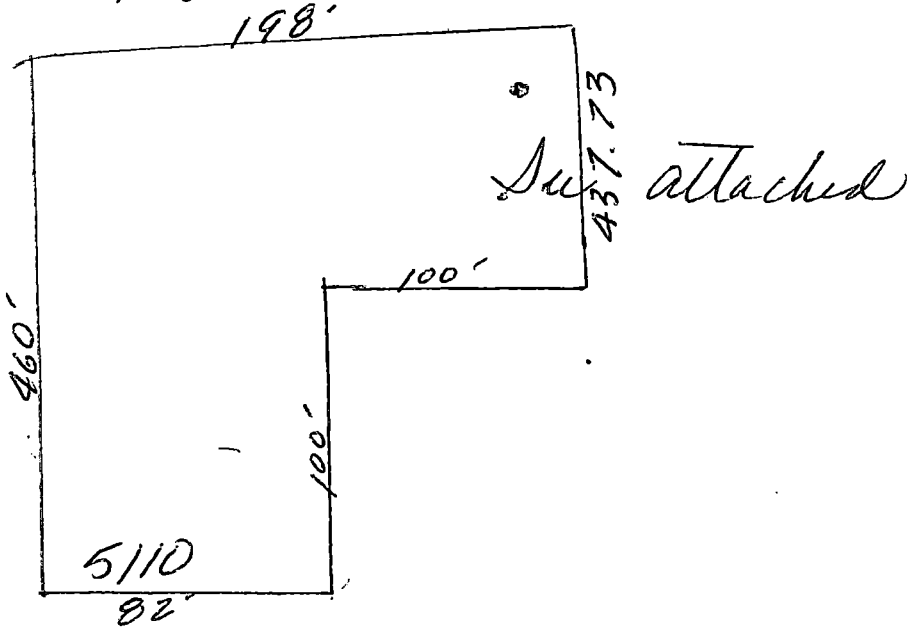
⑦ NAME: Joe (FIRST) A. (MIDDLE) Fuller (LAST)

⑧ MAILING ADDRESS: 14940 Birnamwood Lane

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28217

⑫ PHONE: (WORK) 373-4705 (HOME) 588-0980

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

Signed: William L. Bishop, Jr.

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

Date: 12/28/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12/28/08

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 141-111-03, 23

ASSIGNED ADDRESS 5110 Dixie River Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/ ✓	/ /*
2.	FLOODWAY REGULATIONS	/ ✓	/ /*
3.	EROSION CONTROL REGULATIONS	/ ✓	/ /*
4.	PUBLIC UTILITY EASEMENT	/ ✓	/ /*
		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	/ /*	/ ✓
6.	PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ ✓
7.	DRIVEWAY PERMIT REQUIRED	/ /*	/ ✓

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: move on / soil test

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

January 19th, 1989

Joe A. Furr
14940 Birnamwood Lane
Charlotte, NC 28217

RE: Property located at 5110 Dixie River Road
FILE: 5309A
PARCEL: 141-111-03,23

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15863) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15863

File: 5309A Action 4

Parcel: 141-111-03,23 ☐ PC

Location: 5110 Dixie River Road

Subdivision:

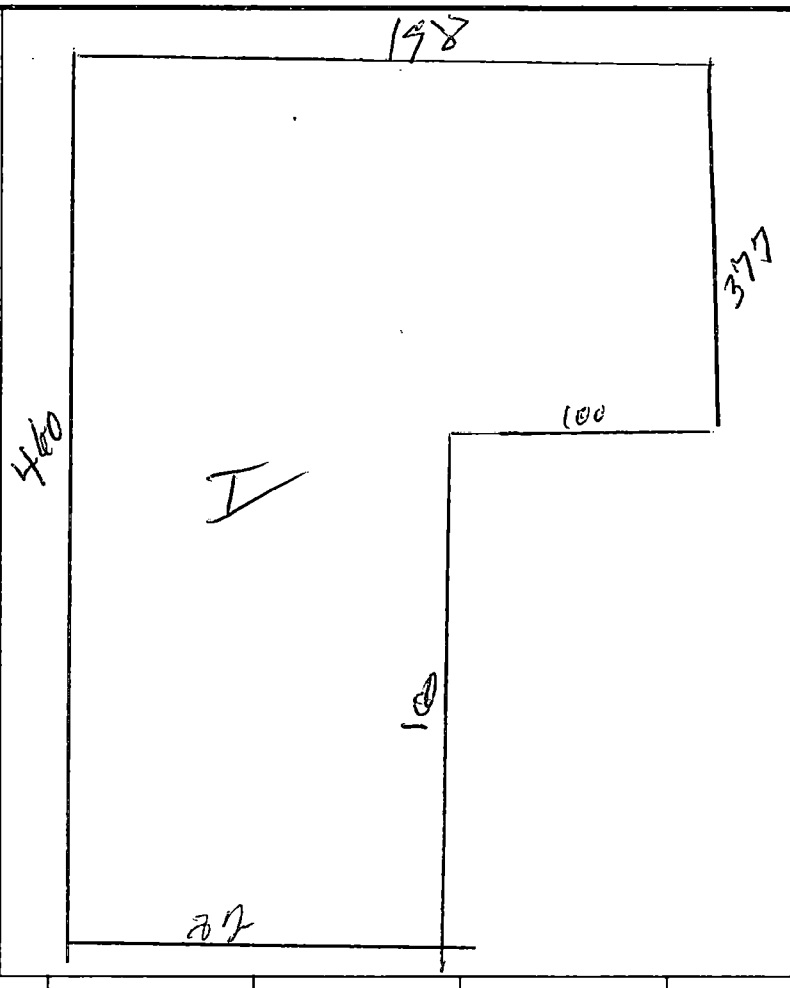
Lot: Block: Acres: 1

Owner: Joe A. Furr
Address: 14940 Birnamwood Lane
Charlotte, NC 28217

Comments: _____

Described by: W. B. Ramsey

Date: 1-17-89



***** 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 2-6	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 45-48	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	IIe Rec 1					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U