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

SERVICE REQUEST

Service Request Information

Request Number: **18181**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 3/17/2011 3:08:39 PM
Submitted To: WALKER, PHILO

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: WALKER, PHILO

Incident Location

Problem Address: **16125 LANGSTON DRIVE, CHARLOTTE, 28278**

Requesting Party Information

First Name	Last Name	Address		
RANDY	SUDRETH	16125 LANGSTON DRIVE	CHARLOTTE	28278

Home Phone	Work Phone	Other Phone
(704) 517-4470		

Question	Answer

Problem Details

Caller Details	RESIDENTIAL POOL REQUEST, FILE # 869A; PROPERTY OWNER STATES THAT POOL SITE IS MARKED & READY FOR SITE VISIT.

Details (cont.)	RESIDENTIAL POOL REQUEST, FILE # 869A; PROPERTY OWNER STATES THAT POOL SITE IS MARKED & READY FOR SITE VISIT.

Activity Details

Comments	

Log No.: 18181 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 3/17/11 Parcel: 217-101-17 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 605545

PROPERTY CONCERNED: Name Randy Suddreth (704) 517-4470 (H) 704-[illegible]-3202 (W)

ADDRESS: 16125 Langston Drive CITY Charlotte ZIP 28278

SERVICE REQUESTED: Please check location of septic to the proposed pool location.

ASSIGNED TO/ AREA: PW COMPLETED BY:

DATE	ACTIVITY REPORT
3/17	6/4 1994 - Pool site is marked ready for site visit per PC w/R. Suddreth File # 869A
3/22/11	The addition of a swimming pool should not adversely effect the septic system or repair area as proposed on the attached plot plan
3/23	Project not on Posse

NOTIFICATION TO REQUESTING PERSON: ( ) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Phil Walker DATE 3/22/11

REVIEWED BY: [illegible] DATE 3/22/11

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 16125 Langston Drive,

Subdivision Name: N/A City: Charlotte Zip Code: 28278

Owner: Randy & Nancy Suddreth Home Phone: 704-517-4470

Mailing Address: 16125 Langston Drive Work Phone: 704-517-4470

City: Charlotte State: NC Zip Code: 28278

Contractor: Carolina General Contractors / Rickard Pools Phone: 704-517-4470

✗ Contractor Charge Account: Carolina General Contractors Acct # X32477

Mailing Address: 16125 Langston Dr. City: Charlotte State/Zip: NC 28278

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Nancy K. Suddreth, owner of the property, agree to the following requirements: *(initials are required beside each item listed.)*

- I certify that the application and site drawing being submitted are accurate and complete. NS
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. NS
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and **completed once the pool is capable of holding water.** NS

Signed: Nancy K Suddreth 3-15-2011

Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

Carolina General Contractors Nancy K Suddreth 3/15/11

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☑ Contractor Account X32477

Check Number: Date: 3/16/11 By: MAB

Request #: 3701 Parcel ID#: EHS:

Approved By: Phil Walker RS Date: 3/22/11 CRT:

Disapproved By: Date: Notify Date:

Final/Fencing Inspection By: Date:

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water. Revised Feb 2011

THIS IS TO CERTIFY THAT ON THE 7th DAY OF MARCH, 2011, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____
PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-2646 LAND SURVEYOR HUGH E. WHITE, JR.

NORTH PER DEED

LEGEND:

EIP = EXISTING IRON PIN
OE = OVERHEAD ELECTRICITY
CP = COVERED PORCH
R/W = RIGHT OF WAY
⌀ = POWER POLE

PID: 21710107
MECKLENBURG COUNTY
MB: 49-771

S03°55'23"E 318.46

EIP

S86°04'37"W 238.88

PID: 21710116
TRACT 2
DB: 14493 P.97

TRACT 1 PER DB: 14493
P.97-100
175,051 SQ. FT.
4.02 AC.

N87°48'43"E 558.78

EIP

N83°21'20"W 187.21

PID: 21710120
DAVID CALDWELL SUDDRETH & ANN COGGINS
DB: 5689 P.716

PID: 21710115
HENRY GRADY STONE & BETTY ANN STONE
DB: 12400 P.496

OVERHANG
BRICK GARAGE
KEYSTONE RETAINING WALL
CONCRETE
CONCRETE SIDEWALK - IT DOES KEEP GOING TO NEIGHBORING HOUSE
GRAVEL DRIVEWAY
BRICK RETAINING WALL
Pool walls are appx 40' from well
CONCRETE
WELL HOUSE
PROPOSED POOL IS 395 SF.
KEYSTONE RETAINING WALL (TYPICAL)
PONDS
COVERED WOOD DECK ABOVE & CONCRETE BELOW AS SHOWN.
CONC
ONE STORY BRICK WITH BASEMENT; COMPOSITION ROOF
CA/C
KEYSTONE RETAINING WALL
CONC. RET. WALL
GRAVEL DRIVEWAY
GUY WIRE
2 BRICK COLUMNS (TYPICAL)
GRAVEL

N76°15'22"W 150.06

N11°00'00"W 116.11

LANGSTON DR.
60' R/W

IMPERVIOUS (IN SQUARE FEET)

12,330 GRAVEL
7,053 STRUCTURES
1,367 CONCRETE
197 LANDSCAPE PONDS
296 WALLS

21,253 TOTAL

LOWER LAKE WYLIE CRITICAL AREA IS 20% OR 35,010 SF. ON THIS PROPERTY.

NOTES:

1. PID 21710117

2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

3. THIS PROPERTY IS OUTSIDE OF THE 0.2% ANNUAL CHANCE FLOOD PLAIN PER FEMA 3710349900J DATED 03/02/2009.

4. DASHED LINES HAVE NOT BEEN SURVEYED.

N04°51'40"E 141.94

VICINITY MAP
NOT TO SCALE

IMPERVIOUS SURVEY OF

#16125 LANGSTON DRIVE

CITY OF CHARLOTTE, MECKLENBURG CO. NORTH CAROLINA

SCALE 1"=80'

SURVEYED FOR RANDOLPH & NANCY K. SUDDRETH

MAP RECORDED IN BOOK ____ AT PAGE ____ DEED RECORDED BOOK 14493 PAGE 97-100

DRAWN BY DH FIELD WORK DH,GW FIELD BOOK # IN FOLDER

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION NO: C-1242 SC-686

2007\BAT\LANGSTON
2007\L\LANGSTON

Rel of $75 transferred from 1/7/94 @400 1/7/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 125 ch 11 731 1/7/94 D CRT

File 869A

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: Jan 7, 1994

PERSON FILING APPLICATION:

NAME: Suddreth (last) William (first) R (mi)

ADDRESS: 14300-A Fountain Ln PHONE: (704) 588-7595

CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-101-17

STREET ADDRESS: 1625 Langston Dr

ZONING:

PROPERTY OWNER:

NAME: Suddreth (last) William (first) R (mi)

ADDRESS: 14300-A Fountain Ln PHONE: (704) 588-7595

CITY: Charlotte STATE: NC ZIPCODE: 28278

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] 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: 3 NUMBER OCCUPANTS: 3

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 [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: William R Suddreth Date: Jan 7, 1994

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.

...Pump may be required

Approved for 3 bedrooms

[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

Judy A Rice RS 1/14/94
Environmentalist Date

P. Walker R.S. for S. Daniel 1/19/94
Director or Authorized Section Head Date

WWATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

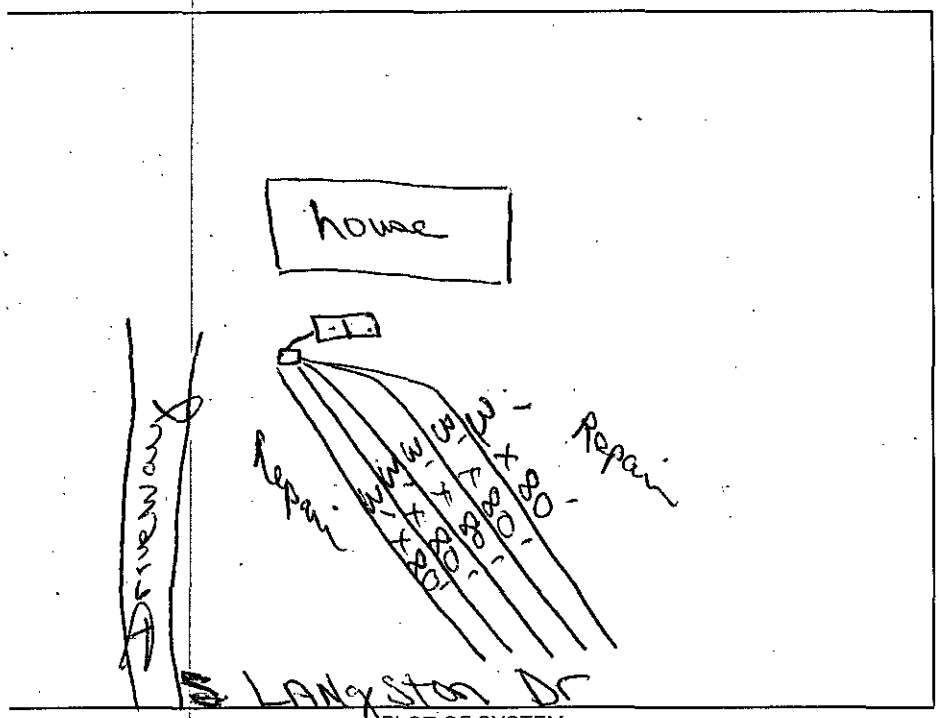
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 869A DATE: 11/9/94

TC: 217-101-17 ☐ L

SERIAL Nº 16105

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 11-13-94. All work shall be completed on or before 12/9/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction pcc

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well Not Installed feet
50' minimum
100' recommended

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

NAME OF OWNER William R. Suddreth

LOCATION OF PROPERTY 16125 Langston Dr.

Comments: Install 5 Trenches 3' x 80' x 12" Rock
Run lines on Contour.

Judy J. Kuei RS
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 869A DATE: 11/14/94

TC: 217-101-17 ☐ L ☑ CRT

SERIAL № 16058

Name of Owner William R. Suddreth Juris.:

Address of Property 16125 Langston Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12" & 18"

Water Supply Source Well

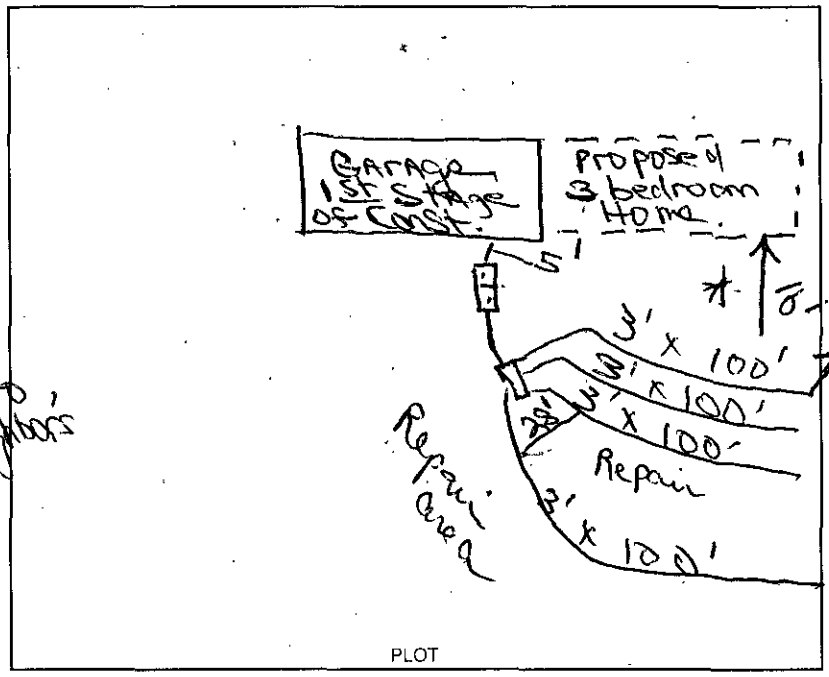
Distance to Water Source >100' 61' to Neighbors

Excavation Inspected 11/14/94

Tank(s) Inspected 11/14/94

Wash Line Inspected N/A

High Water Alarm Inspected



Design 1994 Con. 1500 Sq. 1200 SF 12" G. Cecil CTR# 189

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 I5A 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 I5A 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: System designed for 3 bedroom home Type II (a.)

Judy J. Kuer RS
Environmental Health Specialist

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

Mecklenburg County
Health Department

M E M O R A N D U M

DATE: November 14, 1994

TO: File 869A, Property located at 16125 Langston Drive

FROM: Judy J. Kiser, R.S.

The purpose of this memorandum is to document the following:
Mr. Randy Suddreth, property owner has constructed a garage and had requested to install the septic system for his future 3 bedroom home. He is planning to live in the garage until the home is complete. At that time the garage will be reconverted to a garage and the electrical fixtures required at this time for occupancy will be removed, thereby resulting in a 3 bedroom single family home with attached garage.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

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: 869A
TC: _____
SERIAL: No. 17641
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16125 (STREET NO.) Langston Pl (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 217-101-17
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: William (FIRST) Rudolph (MIDDLE) Suddreth (LAST)
⑨ MAILING ADDRESS: 14300 Fountain Ln
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 704-588-3859 ⑭ (HOME) 704-588-3859

REQUEST

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

DESIGN CRITERIA

System will serve:
⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 5 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 the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____
Date: 1/21/89

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. Right of Entry may be required.

Judy J. Kerr R.S. 2/1/89
Environmentalist Date

Director or Authorized Section Head 2/1/89 Date

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

DATE: 1-23-89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #217-101-17

ASSIGNED ADDRESS 6125 LANGSTON DR

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

REMARKS: SEPTIC TANK

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: B. McCord

OFWEAR 02/86

☒ NEW Address

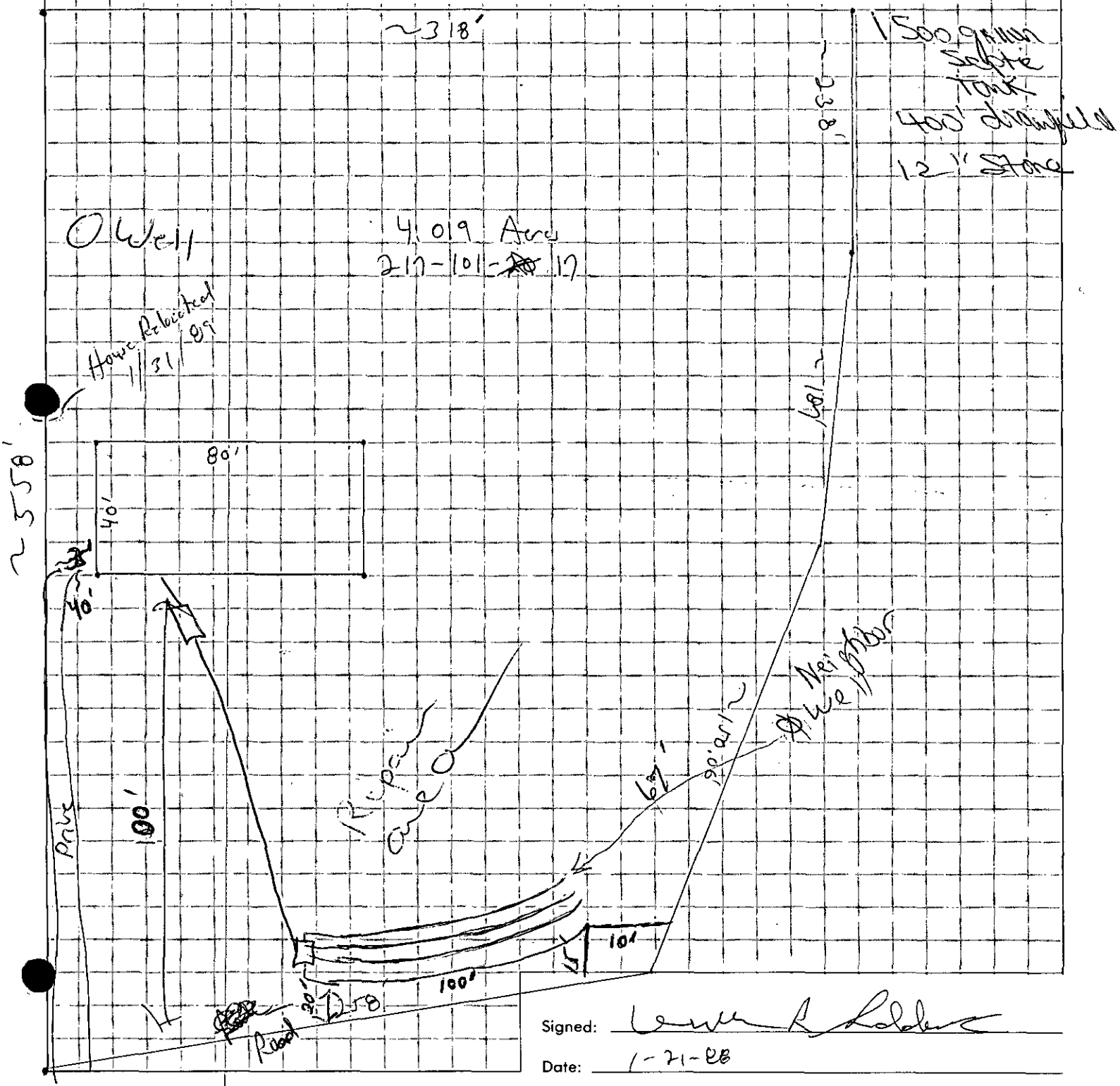
PROPOSED PLOT PLAN

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

FILE: 869A

TC: 217-101-17

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.



Signed: [signature]

Date: 1-21-98

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14963

File: 869A
Parcel: 21710117 PO
Action 1
☐ PC

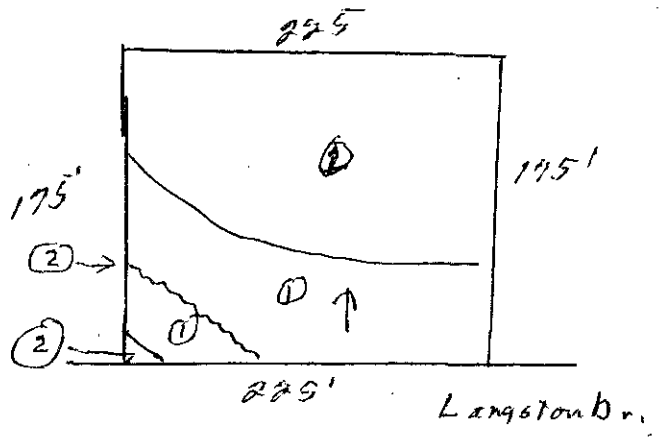
Location: Langston Drive
Subdivision:
Lot: Block: Acres: .90

Owner: William Randloph Suddreth
Address: 14300 Fountain Lane
Charlotte, NC 28217

Comments:

Described by: William B. Maslin
Date: 1-29-96

Dimensions Approximate



***** 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 2-7%	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 36" water	S PS U	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	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	IVA 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

Department of Environmental Health

January 29th, 1988

William Randloph Suddreth
14300 Fountain Lane
Charlotte, NC 28217

RE: Property located at Langston Drive
FILE: 869A
PARCEL: 21710117 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14963) is enclosed for your information.

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

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

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure