

5209 COUNTRY WOODS DR

19514194

12/17/07

duponbj

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

WO# 41538

6/12/03

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Josh

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 7893A

PERSON FILING APPLICATION:
NAME: BRENNAN (last) ANDREW (first) J (mi)
ADDRESS: 5201 COUNTRY WOODS DR PHONE: (704) 573-0475
CITY: MINT HILL STATE: NC ZIPCODE: 28227

Date: 06-12-03

PROPERTY OWNER:
NAME: BRENNAN (last) ANDREW (first) J (mi)
ADDRESS: 5201 COUNTRY WOODS DR PHONE: (704) 573-0475
CITY: MINT HILL STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-141-17
STREET ADDRESS: 5201 Country Woods
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: COUNTRY WOODS

LOT NUMBER: 57A LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or H)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Garage & Storage

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)
[] 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 [X] Workshop [] None
[X] 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: Andrew J Brennan Date: 06-12-03

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...OK to Use Existing System

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

Joshua R. Miller R.S. IRRR
Environmentalist

Date 06-17-03

WATER : 122791

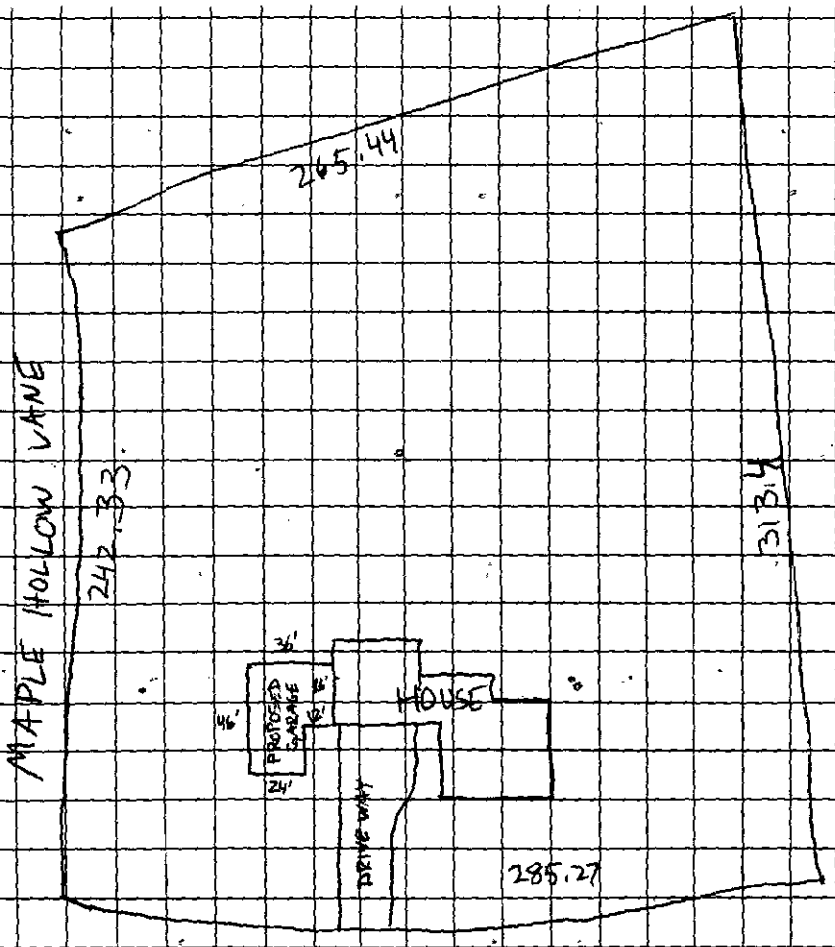
PROPOSED PLOT PLAN

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

FILE: 7893A

TC: 195-141-77

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.



Andrew J Brennan
OWNER/AGENT SIGNATURE

DATE 06-12-03

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

7893A-4B

FILE: ~~15470~~ DATE: 5-12-92

TC: 1951477 ☐ L ☑ CRT

SERIAL № 12893

Name of Owner Jim Hulfer Juris.:

Address of Property 3209 Country Woods Dr.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 546'

Number of Lines 7 @ 78'

Cover Depth 12"

Water Supply Source Public

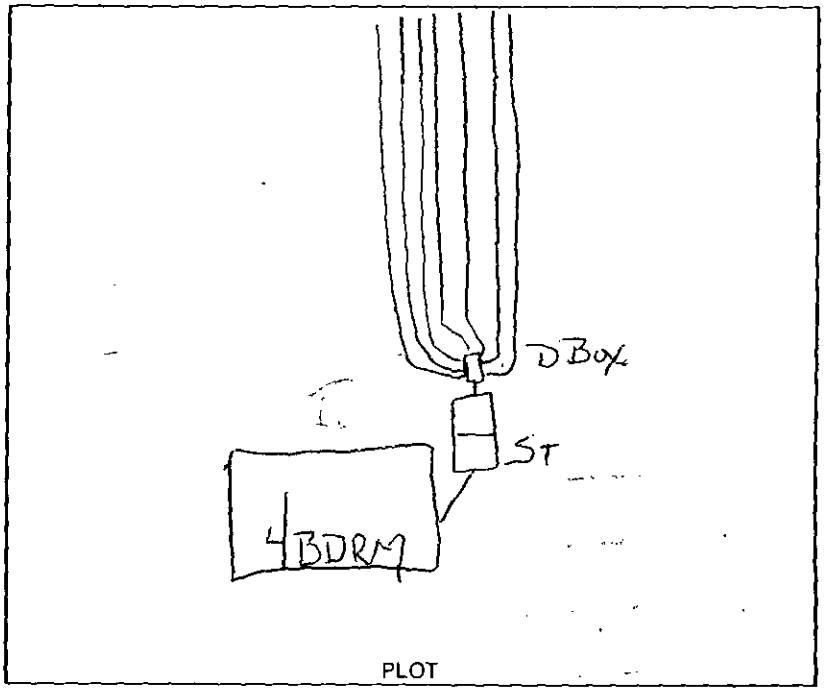
Distance to Water Source >100'

Excavation Inspected 5-12-92

Tank(s) Inspected 5-12-92

Wash Line Inspected -

High Water Alarm Inspected -



PLOT

Design: 1992, 1500 gal ST, Conv Sys, 11e 385 ft, 12" Cg, Cecil CTR# 117

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 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:

S T H

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

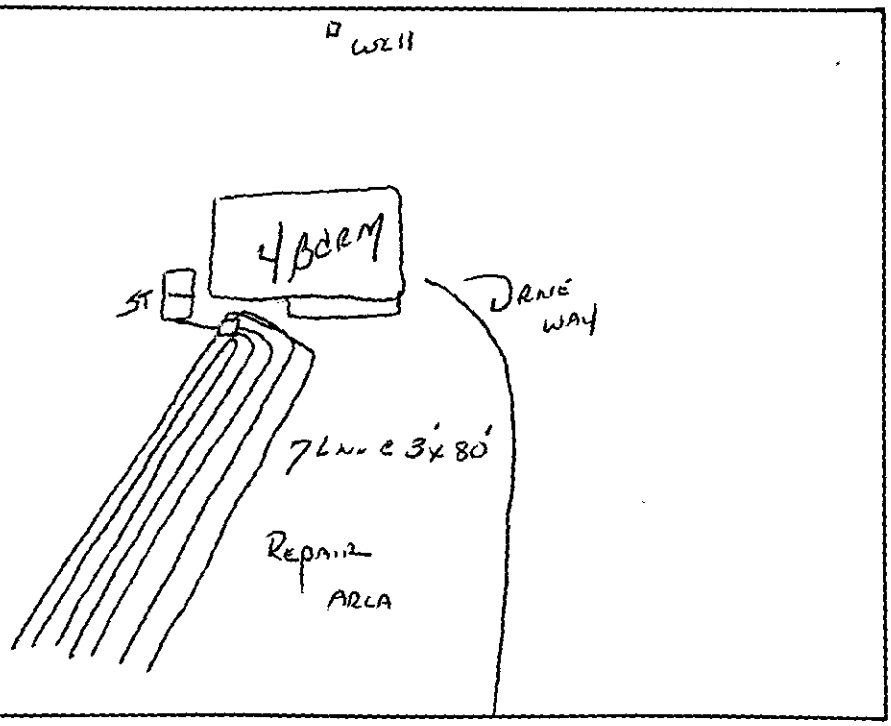
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 78§3A-4/B DATE: 4-25-90

TC: 1951477 PL

SERIAL Nº 15410

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 4-25-90. All work shall be completed on or before 5-25-90, 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 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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 560 feet

Number of Lines 7

Depth of Stone 10 inches

Distance from House ~5 feet

Distance from Property Line ~10 feet

Distance from Well ~100 feet

NAME OF OWNER Jim Hulter

LOCATION OF PROPERTY 5209 Canterwoods Dr.

Comments: INSTALL 7 LINES @ 3'x 80' on 7' CENTERS

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

55

400 ☑

Pd. 200.00
CK # 2855
1-3-92 HB

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#7893 A/4B

TAPC

ORT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: CARTER (last) JAMES (first) H (mi)

ADDRESS: 901 Elizabeth Ave PHONE: (704) 377-3637

CITY: Charlotte STATE: N.C ZIPCODE: 28204

Date: JAN 3, 1992

PROPERTY OWNER:

NAME: Magliocca (last) Michael (first) (mi)

ADDRESS: 5201 County Woods Dr PHONE: (__) 588-2711

CITY: Charlotte STATE: N.C ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 195-141-77P

STREET ADDRESS: 5209 County Woods Dr

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: County Woods

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: Jan 3, 1992

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:

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...This permit is not transferable.

...

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

[signature] 1-15-92
Environmentalist Date

[signature] 1-[illegible]-92
Director or Authorized Section Head Date

WWATER : 122791

#0004B 400' LX (1893A-1) DPC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Carter (last) James (first) H (mi)

ADDRESS: 901 Elizabeth Ave PHONE: 704 377 3637

CITY: Charlotte STATE: NC ZIPCODE: 28204

Date:

PROPERTY OWNER:

NAME: Magliocca (last) Mike (first) (mi)

ADDRESS: 5201 Country Woods Dr PHONE: ( ) 588-2711

CITY: ~~Unincorporated~~ Mint Hill STATE: N.C ZIPCODE: 28227

PROPERTY INFORMATION
(FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 195/141-7700

STREET ADDRESS: 5209 Country Woods Dr.

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Country Woods

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
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[] SOIL TEST DEVELOPMENT (P)
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[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
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RESIDENTIAL PROPERTY (Type Building, check one):
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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:

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):
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[] 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: Date:

NOTICE:

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...This permit is not transferable.

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 112991

APPLICATION FOR SOIL INVESTIGATION

Pd 75.00
CK# 2824
12-4-91
HB

(789-3A5)

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

(OFFICE USE ONLY)

FILE: 0004 B

TC: 195-141-77 po

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5209 Country Woods Dr.

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

⑤ PARCEL REFERENCE: BOOK NO.: 195 PAGE NO.: 141 PARCEL NO.: 77 po

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

OWNER

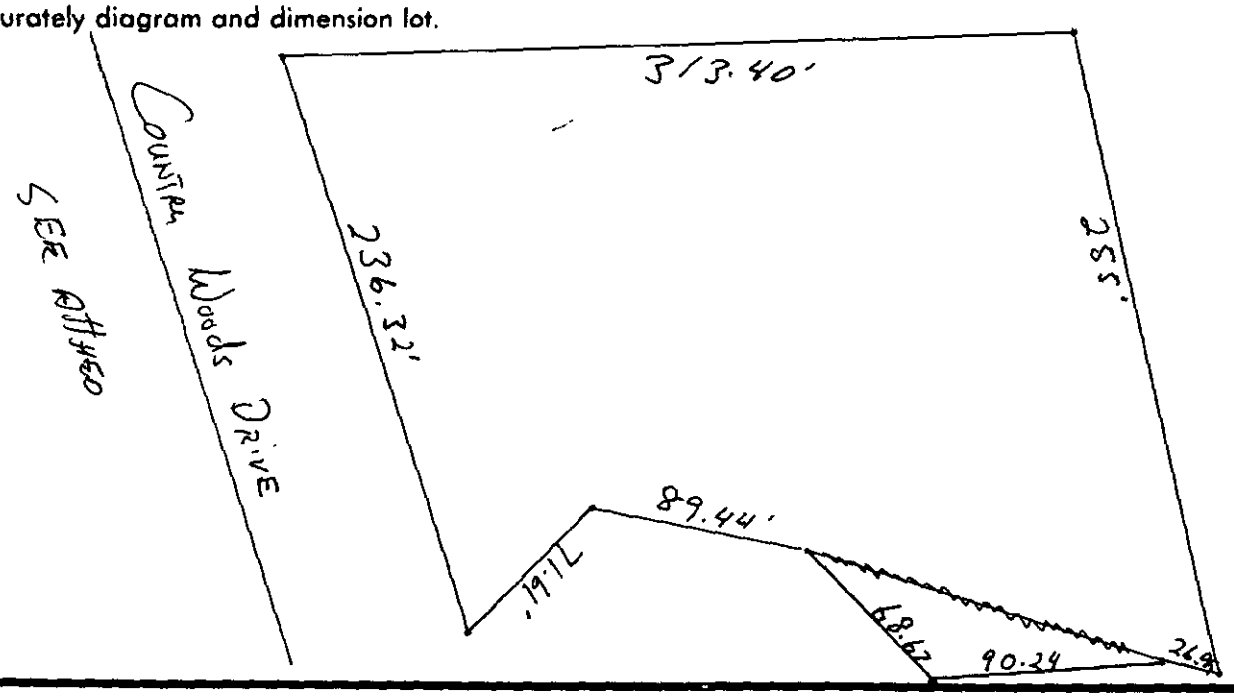
⑦ NAME: Mike (FIRST) Maglocca (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5201 Country Woods Dr.

⑨ CITY: Mint Hill ⑩ STATE: NC ⑪ ZIP: _____

⑫ PHONE: (WORK) 588 2711 (HOME) 545 5808

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Michael G. Maglocca

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

Date: 12-2-91

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

APPLICATION FOR SOIL INVESTIGATION

Pd 75.00
CK# 3824
12-4-91
HP

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

(OFFICE USE ONLY)

FILE: 0004 B (489-91)

TC: 195-141-77.00

☐ PC ☐ REPT

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② SUBDIVISION: Country Woods ③ LOT: ④ BLOCK:

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OWNER

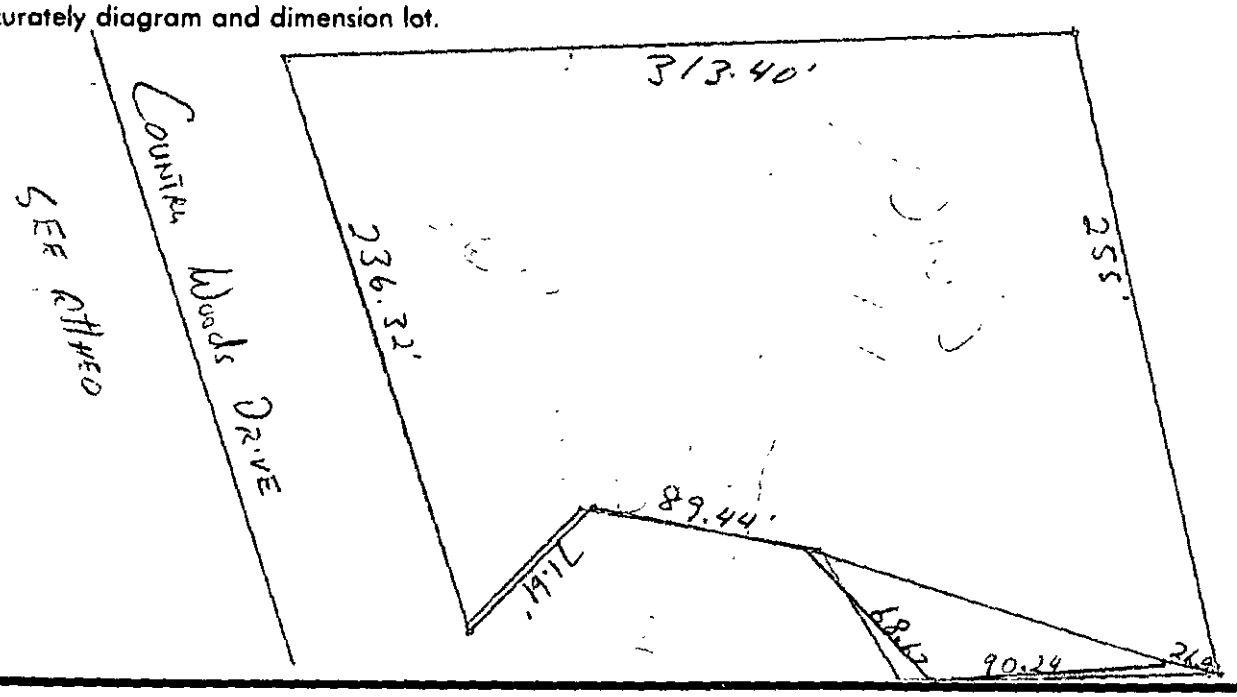
⑦ NAME: Mike (FIRST) Maglocca (LAST) (MIDDLE)

⑧ MAILING ADDRESS: 5201 Country Woods Dr.

⑨ CITY: Mint Hill ⑩ STATE: NC ⑪ ZIP:

⑫ PHONE: (WORK) 588 2711 (HOME) 545 5808

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Signed: Michael W. Maglocca

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Date: 12-2-91

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

7893A
~~# 0004B~~ 4005 PC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: ~~Carter~~ (last) James (first) H (mi)

ADDRESS: 901 Elizabeth Ave PHONE: 704 377 3637

CITY: Charlotte STATE: NC ZIPCODE: 28204

Date:

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CITY: ~~Charlotte~~ Mint Hill STATE: N.C ZIPCODE: 28227

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Signed: Date: 12/04/91

NOTICE:

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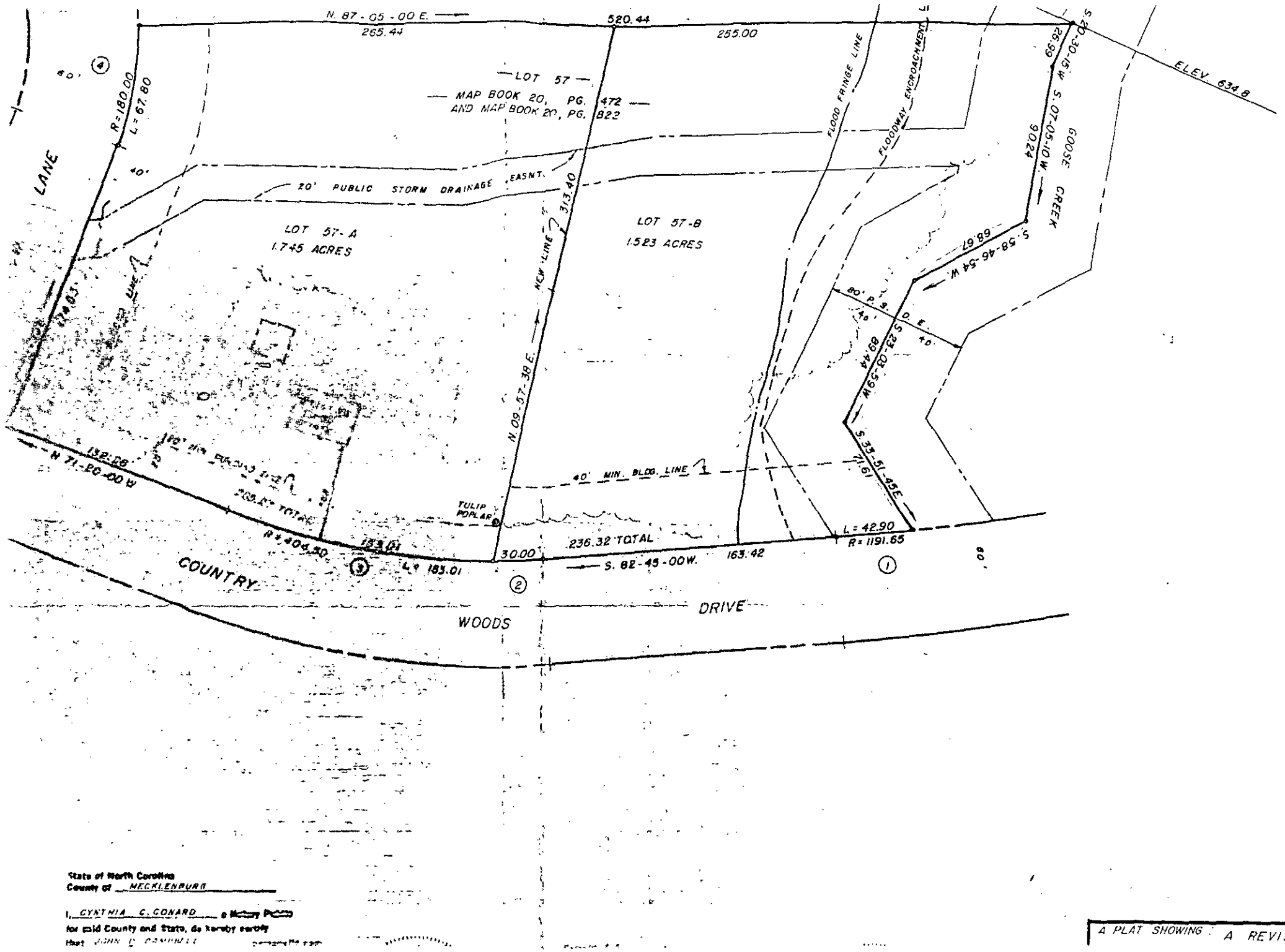
...

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_____ Environmentalist Date

_____ Director or Authorized Section Head Date

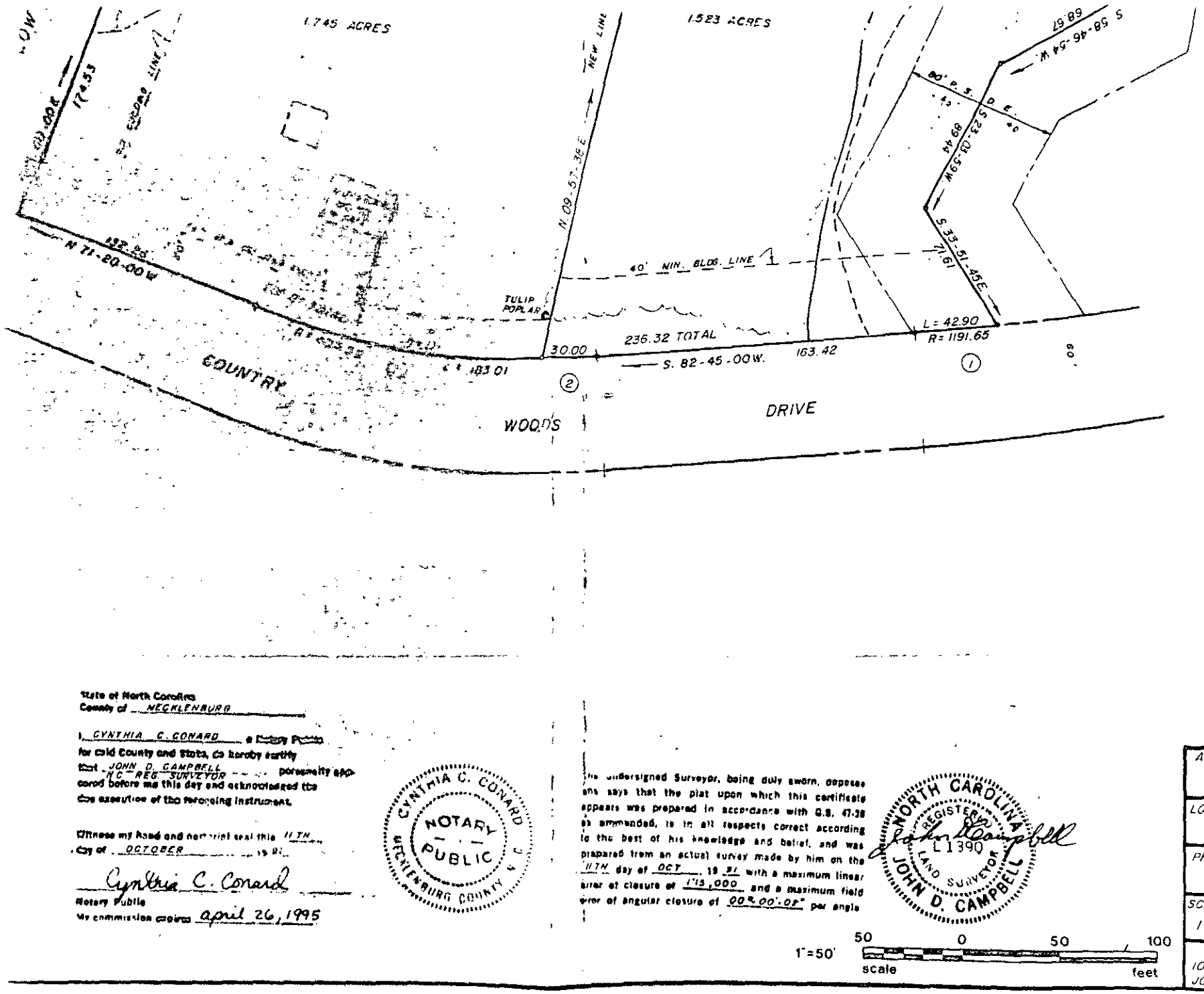
WWATER : 112991



State of North Carolina
County of MECKLENBURG

I, CYNTHIA C. CONARD a Notary Public
for said County and State, do hereby certify
that JOHN D. CONARD

A PLAT SHOWING : A REVISION OF LOT 57



State of North Carolina
County of MECKLENBURG

I, CYNTHIA C. CONARD a Notary Public for said County and State, do hereby certify that JOHN D. CAMPBELL NC REG. SURVEYOR personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal this 11TH day of OCTOBER, 19 91.

Cynthia C. Conard
Notary Public
My commission expires April 26, 1995

CYNTHIA C. CONARD NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

The undersigned Surveyor, being duly sworn, deposes and says that the plat upon which this certificate appears was prepared in accordance with G.S. 47-30 as ammended, to the best of his knowledge and belief, and was prepared from an actual survey made by him on the 11TH day of OCT, 19 91 with a maximum linear error of closure of 1'15,000 and a maximum field error of angular closure of 00°00'05" per angle

NORTH CAROLINA REGISTERED L 1390 LAND SURVEYOR JOHN D. CAMPBELL

1"=50' scale 50 0 50 100 feet

A PLAT SHOWING: A REVISION OF LOT 57 COUNTRY WOODS, PHASE II, MAP: 20-472 & 822				
LOCATION: MORNING STAR TWSP., MECKLENBURG CO. N.C.				
PROPERTY OF: MICHAEL W. MAGLIOCCA, DEED: 5242 - 852				
SCALE: 1"= 50'	DATE: OCT. 11, 1991	DRAWN BY: C.C.M.	PROJ. NO. 1085	FILE NO. AB-97

STANDARD SURVEYOR'S
1023 SOUTH CALDWELL STREET, CHARLOTTE, N.C. 28203
JOHN D CAMPBELL N.C.R.L.S. L-1390 (704) 374-1760

Mecklenburg County
Health Department

December 17, 1991

Mike Magliocca
5201 Country Woods Drive
Mint Hill, NC 28212

RE: Property located on 5209 Country Woods Drive
FILE: 7893A (00004B)
PARCEL: 195-141-77PO

Dear Mr. Magliocca:

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 16768) is enclosed for your information.

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 accommodate 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. Furthermore, 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, please do not hesitate to contact me.

Sincerely,

Kelly Randall

Kelly Randall, R.S.
Individual Water and Wastewater Systems

KR:lw
Enclosure

7893A

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 0004 B Action 1
SITE EVALUATION REPORT
SERIAL NUMBER 12386 Parcel: 195-141-77 P.O. ☒PC

Location: 5209 COUNTRY WOODS DR

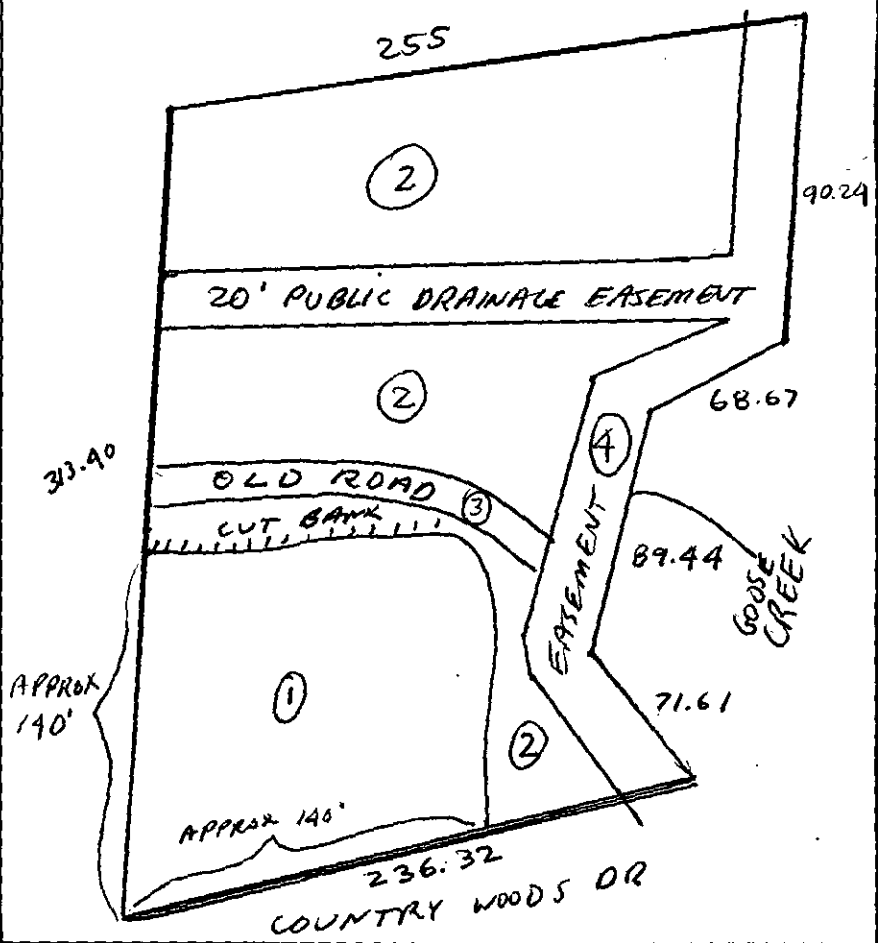
Subdivision: COUNTRY WOODS

Lot: Block: Acres: 1.53

Owner: MIKE MAGLIOCCA
Address: 5201 COUNTRY WOODS DR
MINT HILL N.C. 28212

Comments: 100% REPAIR
* LIMITED BECAUSE OF POSSIBLE HOUSE SITE ENCROACHMENT

Described by: Kelly Randall
Date: 12-9-91



***** EVALUATION KEY *****

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U	S PS (U) DRAINAGEWAY DEPRESSION	S PS (U) OLD CUT ROAD	S PS (U) 20' EASEMENT	S PS U	S PS U
Texture	S (PS) U SLIGHTLY EXPANSIVE CLAY	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANGULAR BLOCKY	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U NONE	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	CECIL	DRAINAGEWAY DEPRESSION	OLD CUT ROAD	20' EASEMENT		
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 # 12303

File: Action

Parcel: 15-191-17 ☐ PC

Location:

Subdivision:

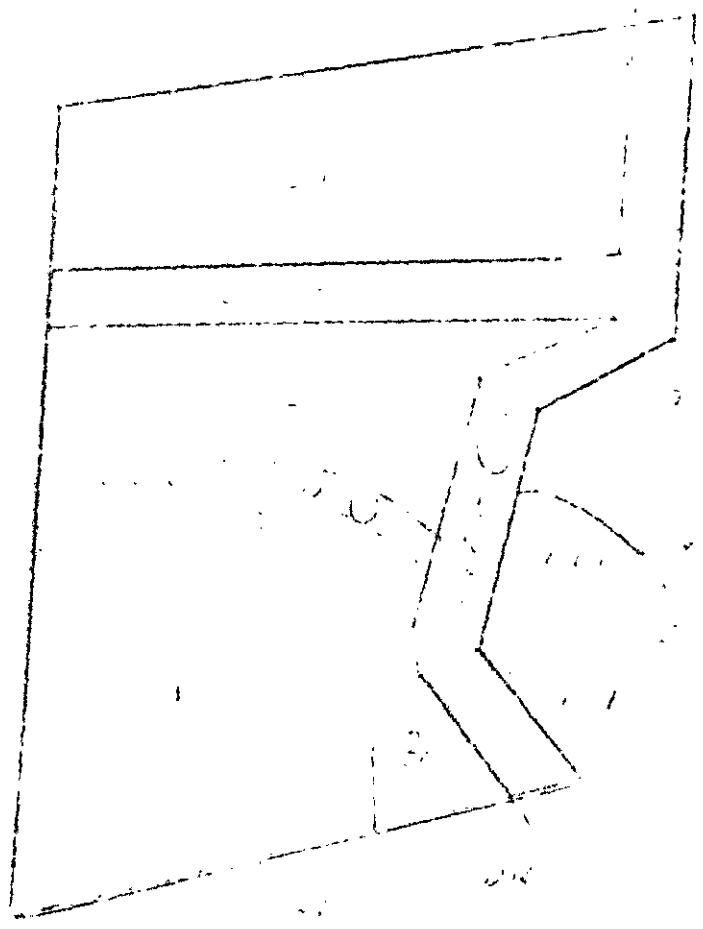
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date: 12-1-11



***** EVALUATION KEY *****

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS (U)	S PS U	S PS U