3:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # V222349

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

V PIN # 4624092814

APPLICANT: Brian Gallucci APPLICANT ADDRESS: 15403 Aberfield Rd Huntersville NC

SITE ADDRESS: 321 Stone Marker Rd Mooresville NC PHONE: 704-662-2662 ALT. PHONE: N/A

SITE DIRECTIONS: 77S T/L Exit 35 go 7.8 miles T/R Stone Marker Rd Lot on left

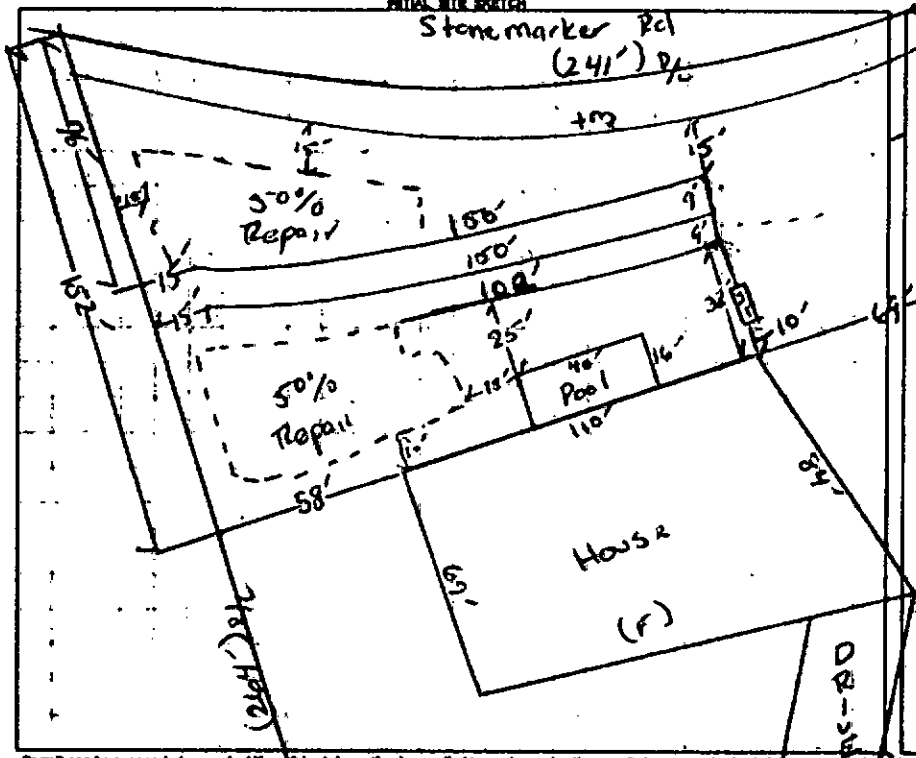
SUBDIVISION: Stone Marker Development SECTION: 51 LOT # 5 LOT AREA: 1.22ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794.	Date	3/20/2018	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction #1	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

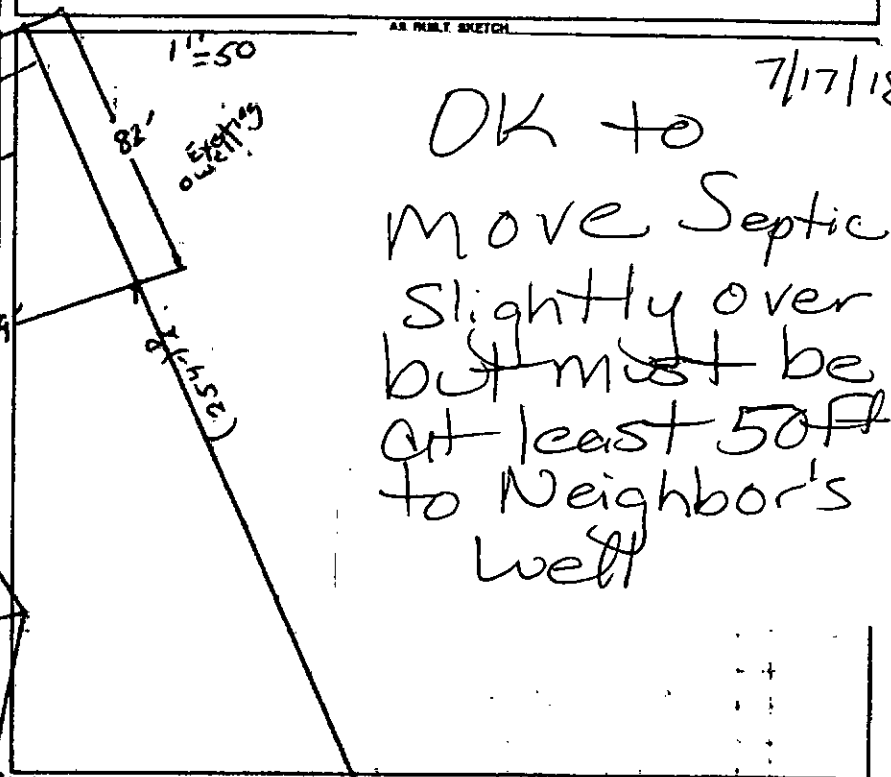
Comments / Conditions: Install 25% reduction on contour with serial distribution. Maintain 550 off any well

Ac: Updated floor plans approved on 12-20-17. Deck will encroach pool area. Contacted applicant & confirmed that was ok. KW

INITIAL SITE SKETCH



AS BUILT SKETCH



7/17/18

OK to move Septic slightly over but must be at least 50ft to Neighbor's well

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made in the location of the system / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plan valid without expiration. ☒ IMPROVEMENT PERMIT with [illegible] acs. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 12/28/16 Installed by: Stonemarker Rd Richard Hancock Grading & Septic

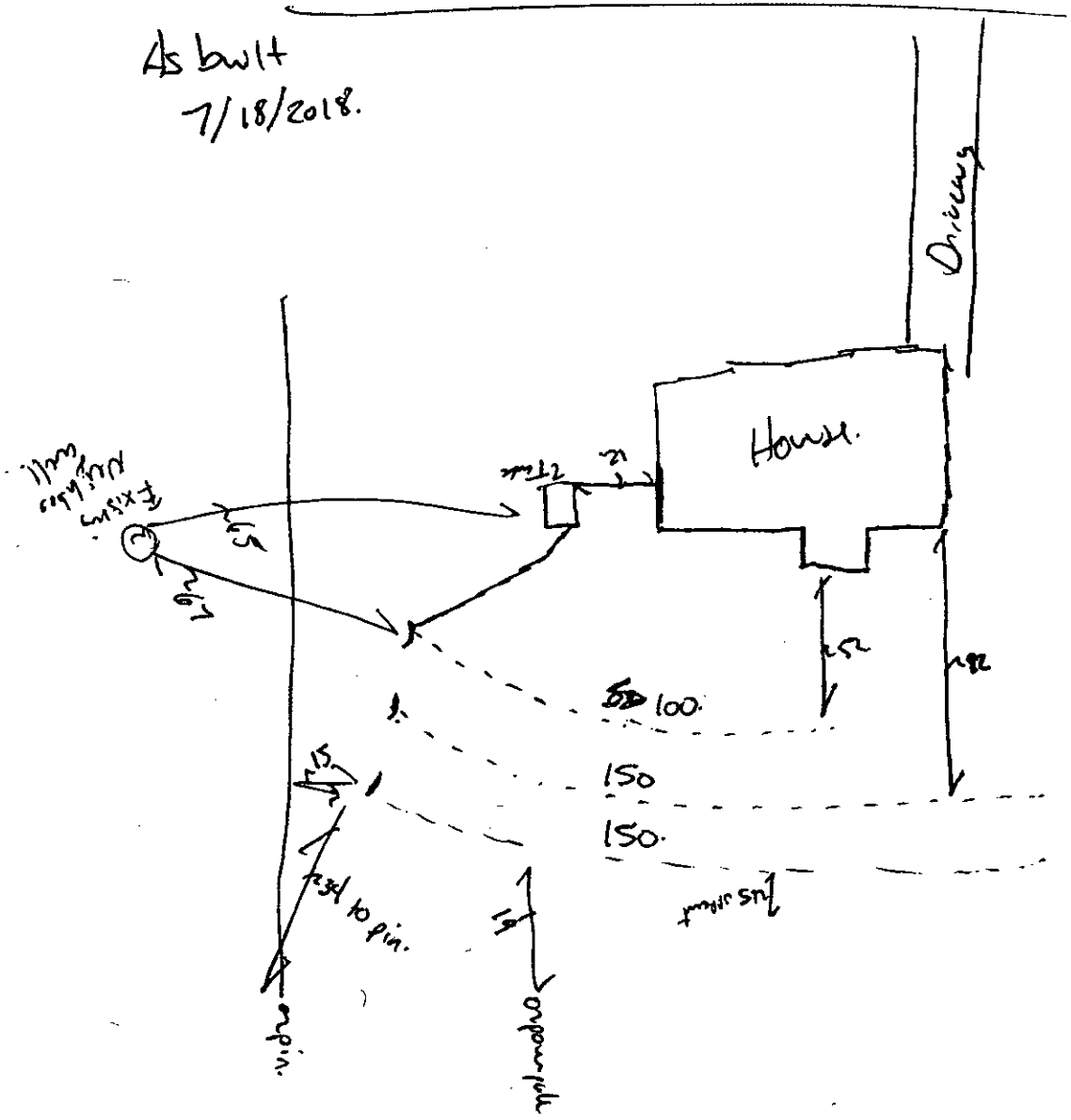
IMPROVEMENT PERMIT by: [signature] Date: 12/06/16 OPERATION PERMIT by: [signature] Date: 7/19/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/29/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Stonemeadow

As built
7/18/2018.



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222349

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4624092814

APPLICANT: Brian Galluci APPLICANT ADDRESS: 15403 Aberfield Trl Huntersville NC

SITE ADDRESS: 321 Stone Marker Rd Mooresville NC PHONE: 704-662-2662 ALT. PHONE: N/A

SITE DIRECTIONS: 77S T/R Exit 35 go 7.8 miles T/R Stone Marker Rd Lot on left

SUBDIVISION: Stone Marker Development SECTION: 51 LOT # 5 LOT AREA: 1.22ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

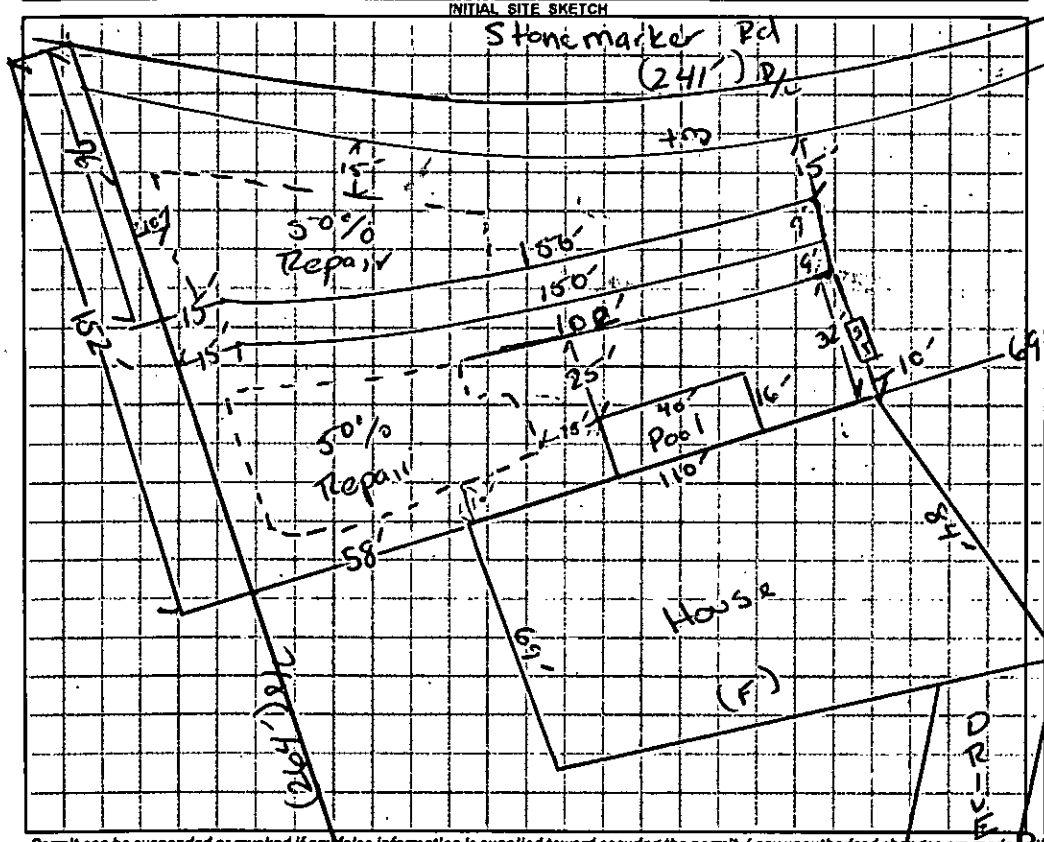
[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

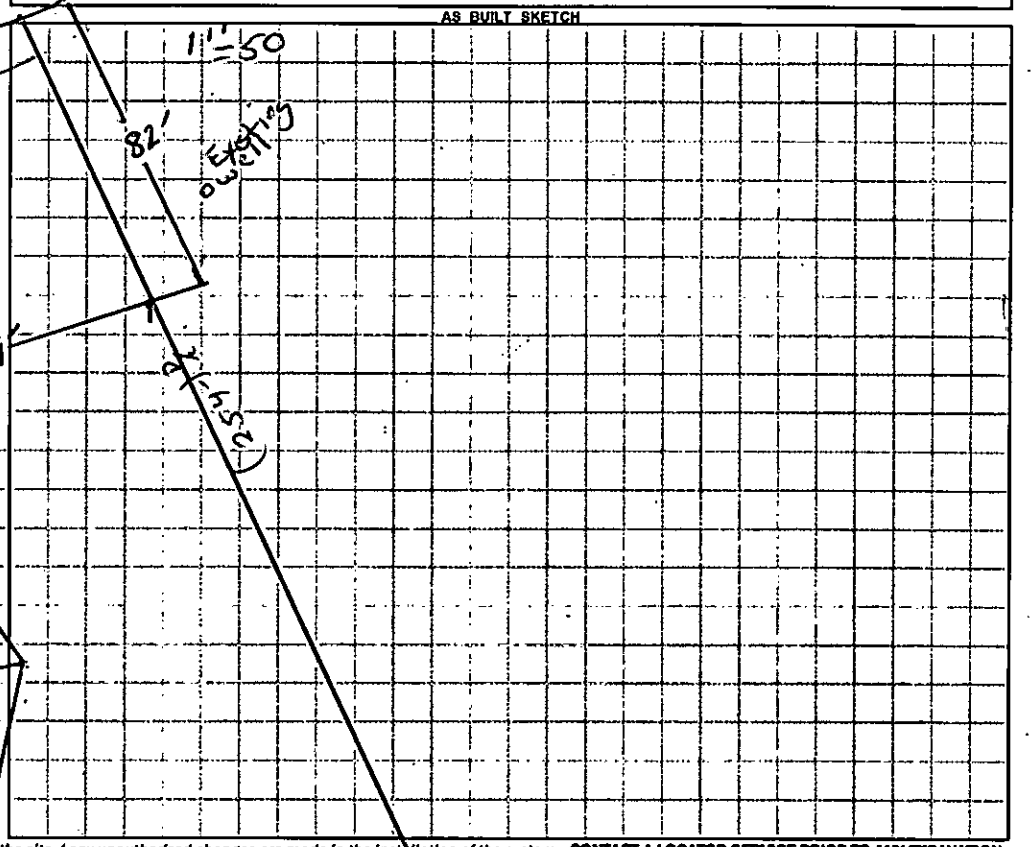
Comments / Conditions: Install 25% reduction on contour with serial distribution. Maintain 550 off any well

AC: Updated floor plans approved on 12-20-17. Deck will encroach pool area. Contacted applicant + confirmed that was ok. KW

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] IMPROVEMENT PERMIT ~~with plat~~ valid without expiration. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 12/28/16 Installed by:

IMPROVEMENT PERMIT by: Date: 12/06/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/29/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 462409814
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Brian Galluci
APPLICATION DATE: 11-22-16
ADDRESS: 321 Stone-marker Pl
DATE EVALUATED: 12-1-16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.22 ac
LOCATION OF SITE: 77 to Brawley to Stone Marker
PROPERTY RECORDED: Yes
WATER SUPPLY: [X] Private [ ] Public [X] Well [ ] Spring [ ] Other N/A
EVALUATION METHOD: [X] Auger Boring [ ] Pit [ ] Cut
TYPE OF WASTEWATER: [X] 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-8	Gr SCL	Fr SE	PS	PS	N/A	N/A	PS .3
		8-48	SBK C	fi SE					
2	L 10%	0-28	SBK C	fi SE	PS	PS	N/A	N/A	PS .3
		28-48	WSBK BC	fi/f SE					
3	L 13%	0-9	Gr SCL	Gr SCL	PS	PS	N/A	N/A	PS .3
		9-32	SBK C	fi SE					
		32-48	WSBK BC	fi/f SE					
4	L 9%	0-22	SBK C	fi SE	PS	PS	N/A	N/A	PS .3
		22-48	WSBK BC	fi/f SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~III~~	~~IV~~
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4624-09-3814
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Bryan Galluci — APPLICATION DATE: 11-22-16
ADDRESS: 321 Stone-Marker Pl — DATE EVALUATED: 12-1-16
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 1.52 ac
LOCATION OF SITE: 77 to Brawley to Stone Marker — PROPERTY RECORDED: Yes
WATER SUPPLY: [X] Private [ ] Public [X] Well [ ] Spring [ ] Other N/A
EVALUATION METHOD: [X] Auger Boring [ ] Pit [ ] Cut — TYPE OF WASTEWATER: [X] 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	L 10%	0-8	GR SCL	FR SE	PS	PS	N/A	N/A	PS .3
		8-48	SBK C	FI SE					
2	L 10%	0-28	SBK C	FI SE	PS	PS	N/A	N/A	PS .3
		28-48	WSBK BC	FI/F SE					
3	L 13%	0-9	GR SCL	GR SCL	PS	PS	N/A	N/A	PS .3
		9-32	SBK C	FI SE					
		32-48	WSBK BC	FI/F SE					
4	L 9%	0-22	SBK C	FI SE	PS	PS	N/A	N/A	PS .3
		22-48	WSBK BC	FI/F SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~III~~	~~IV~~
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS:

RECEIVED NOV 2 2 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

****

222349

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Brian Gallucci	15403 Aberfeld Rd Huntersville, NC 28078	(704) 662-2662	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
321 Stone Marker Road	Stone Marker	Lot #5 Parcel # 4624-09-2819

Driving Directions: Take State 77 Exit 35, West on Brawley School Rd 7.8 miles Turn Right onto Stone Marker Rd .08 miles Lot on Left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

- (✓) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

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.

9. Signature: _____ 11-22-2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

12-28-2016

DocuSign Envelope ID: FD2A6FE6-2B76-43D7-8BE2-F030A6805FF8

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Jay and Roy Copeland, am the legal owner(s) of the property located at Lot #5 Stonemarker Rd., identified as PIN (Parcel Identification Number) 4624-09-2514, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Brian Galucci, Michelle Doyle, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) Date: 10/1/16 Signature of Witness

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
222349
Issue Date: 10/07/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624092814.000	321 STONEMARKER ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: COPELAND JOY LEWIS+ROY C III	Applicant: GALLUCCI, BRIAN R.
Address: 6916 IREDELL CO, NC 28625	Address: 15403 ABERFELD RD HUNTERSVILLE, NC 28078
Phone:	Phone: 704-662-2662

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.220	35.00	35.00	15.00	15.00	CA	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	82601	TOTAL FEES:	$ 77.25

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Wesley Shaw **Address:** P.O. Box 1174 Troutman **Zip:** N.C. 28166

Applicant Email: wesley@shawcustombuilders.com **Phone:** 704-902-4339 **Alt. Phone:**

Owner Name: Same **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 321 Stonemaker Rd. Mooresville, N.C. 28117

Subdivision Name: Stonemaker **Section/Phase:** **Lot Number:**

Driving Directions: Brawley school Rd. Right on to Stonemaker property
1/2 mile on left will be a Shaw Custom Builder sign

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
(✓) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: 3513 **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

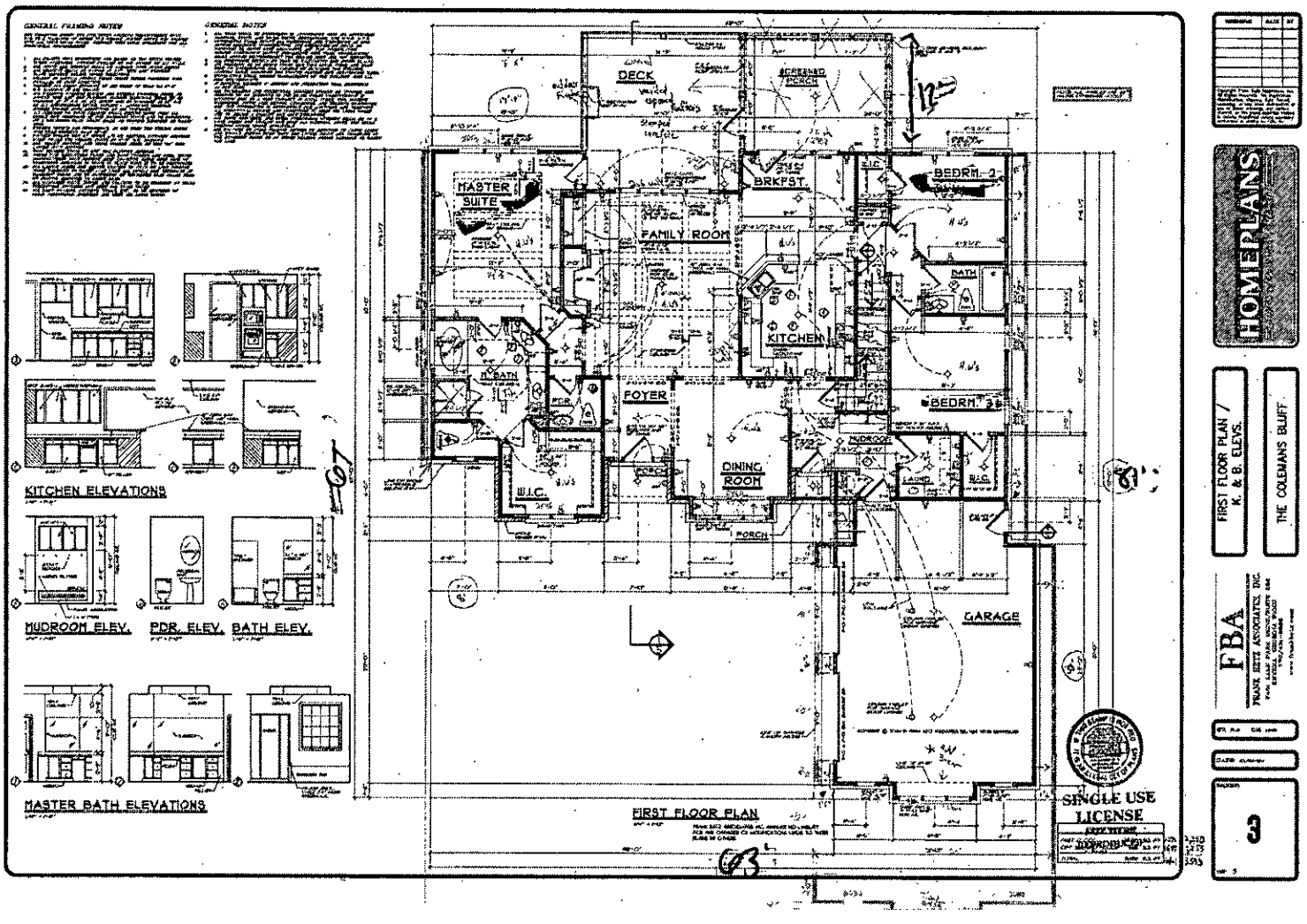
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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.

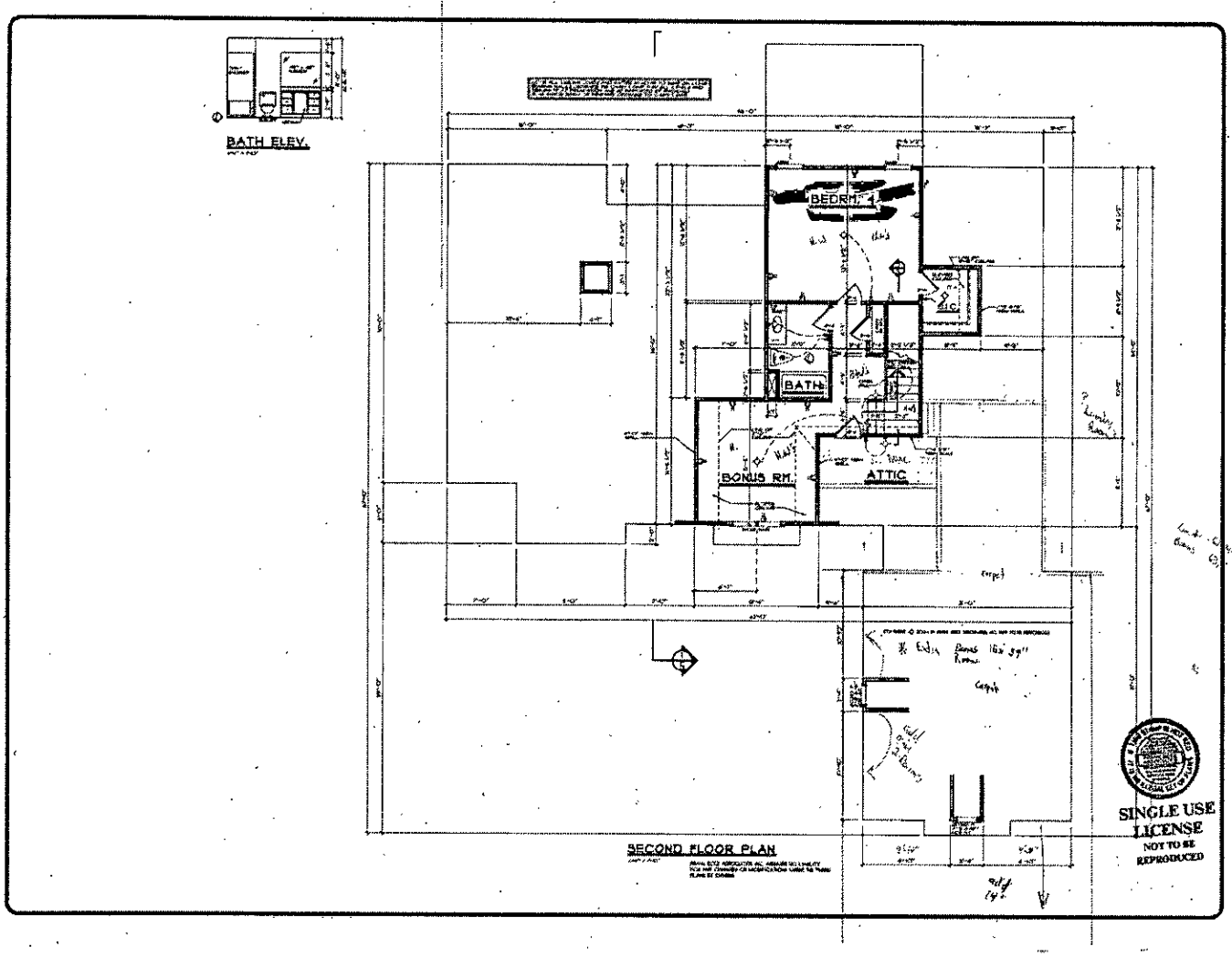
Signature: _____ 12-5-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



Acknowledgement Of
Plans Submittal ONLY!

_____ Date 12-20-17

_____ Date _____



HOME PLANS

SECOND FLOOR PLAN / BATH ELEVATION

THE COLEMANS BLUFF

FBA

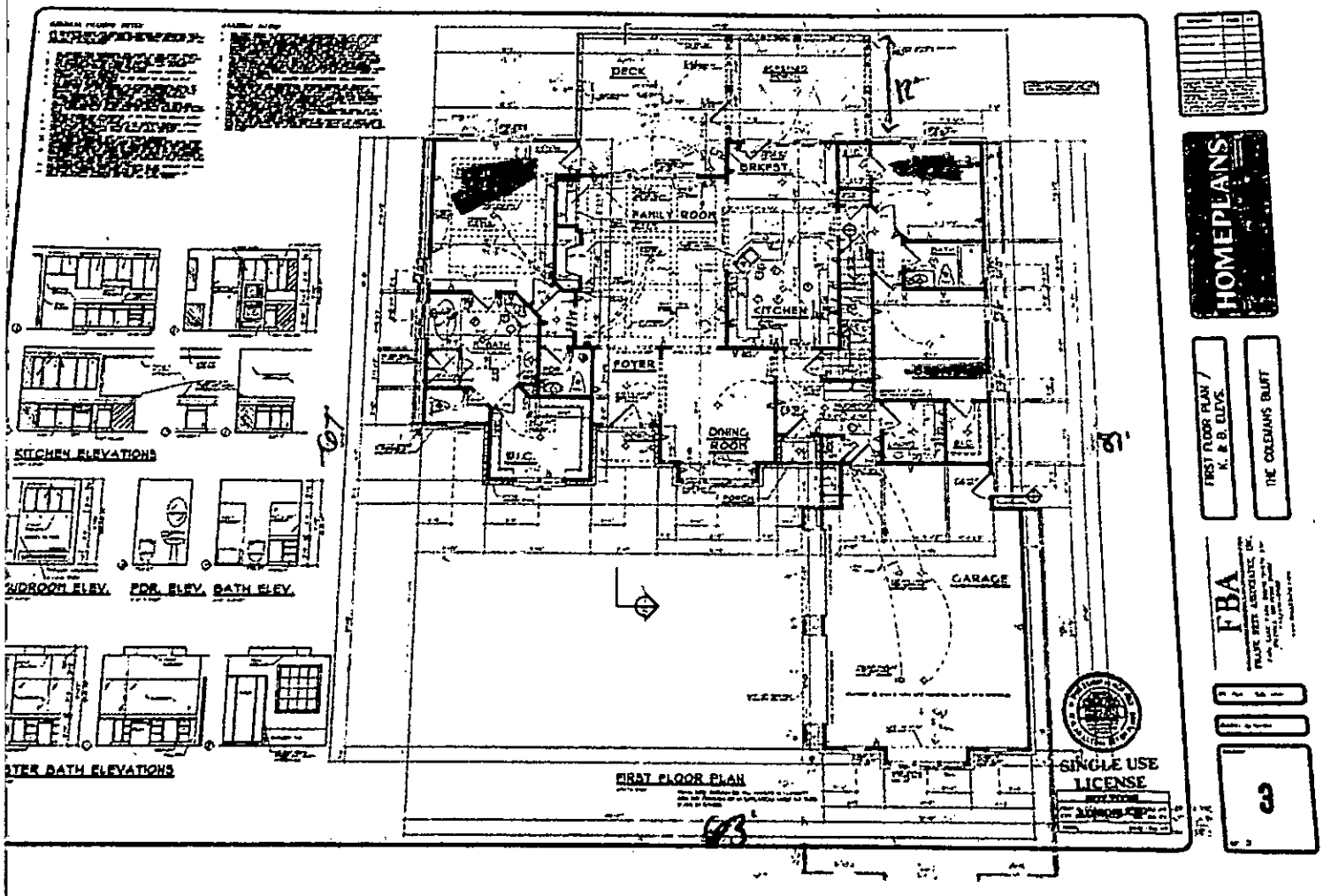
FRANK BETZ ASSOCIATES, INC

4

Acknowledgement Of
Plans Submittal ONLY!

Date 12-20-17

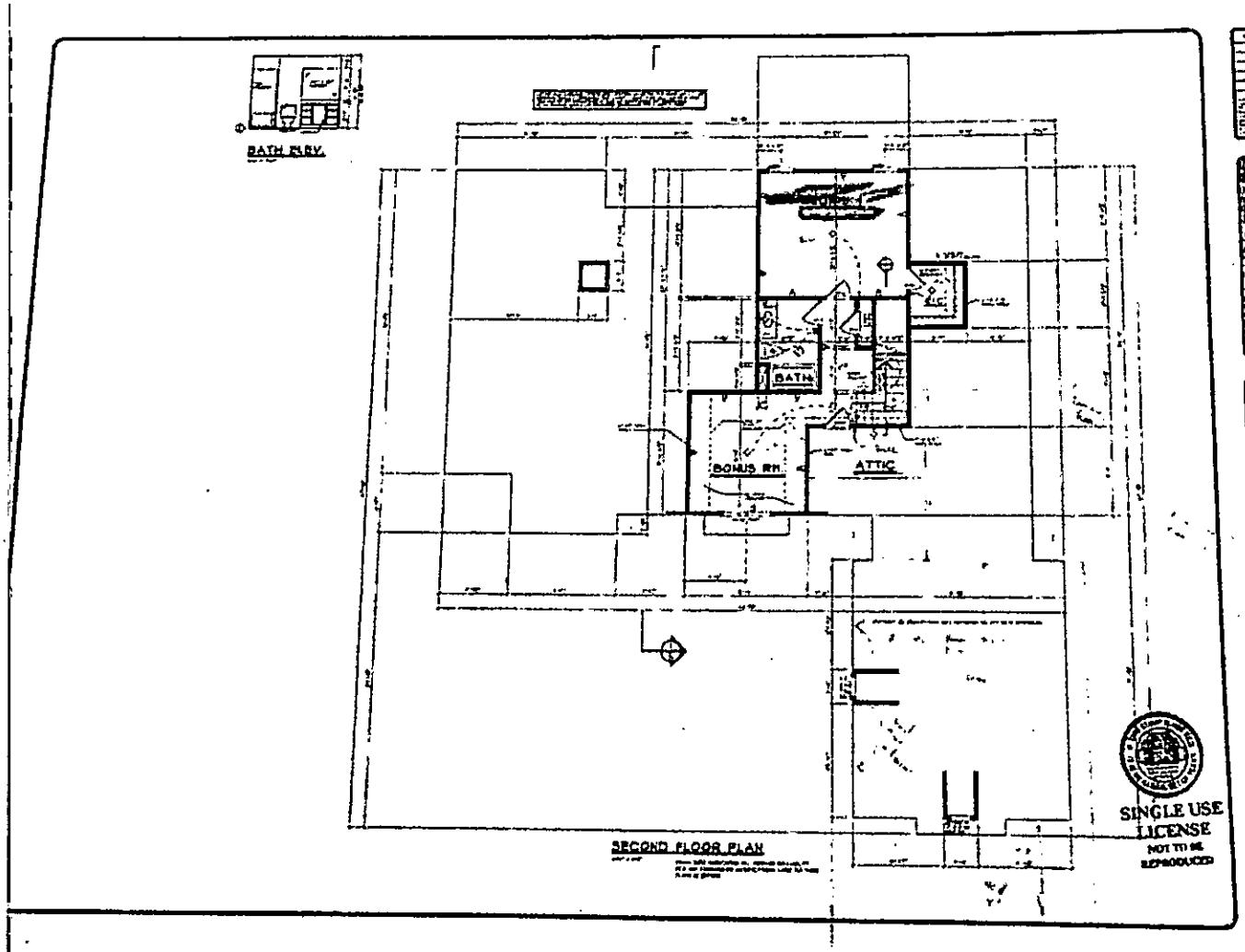
Date



Acknowledgment of
Plans Submittal ONLY!

Date 12-20-17

Date 12-21-17



Acknowledgement Of
Plans Submittal ONLY!

Date 12-20-17

Date 12-21-17

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	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						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).

