DEPARTMENT OF ENVIRONMENT, HEALTH AND [illegible]
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: Silver Wave Prop
ADDRESS: _____ APPLICATION DATE: 1-15-09 DATE EVALUATED: 3 e 4 9
PROPOSED FACILITY: 3 Bdrm SFD/mH PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .59 Ac
LOCATION OF SITE: Lot #2 Featherstone on Cobble Rd off Island Ford SR 1006 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1	L 3-5%	0-12	SBK-GR SL	FR SS NP SS/P					PS .3
		12-24	SBK C	F SS SP SS/P					
		24-48	SBK C	SS SP SS/P					
2	L 3-5%	0-12	SBK GR SL	FR					PS .3
		12-48	SBK C	F SS SP SS/P					
3	L 5%	0-12	SBK GR SL	FR					PS .3
		12-30	SBK C	F SS SP SS/P					
		30-36	SBK C/SBK						
		36-48	SBK SAP						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1940 SF	1940 SF
System Type(s)	Conv.	Conv.
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [illegible]
OTHER(S) PRESENT: _____