DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET ____ OF ____
PROPERTY I.D.#: ____
PROPERTY RECORDED: ____
COUNTY: ____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Toney C. Jacobs CPSS OWNER: ____ AGENT: ✓ PHONE: 663-6905
ADDRESS: Crescent Resources Inc. APPLICATION DATE: ____ DATE EVALUATED: ____
PO Box 1004 PROPOSED FACILITY: SFR 360gpd
Charlotte NC PROPERTY SIZE: ____
LOCATION OF SITE: the Harbour phase I map C lot ~~69~~ 70
WATER SUPPLY: On-Site Well ____ Comm. Well ✓ Public ____ Other ____ EVAL. METHOD: Auger Boring ____ Pit ____ Cut ____

PROFILE	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS	HORIZON LTAR
1		0-10	SAB / SCL	1:1 / fR-fi			PS		.3
		10-30	SAB / C	1:1 / fi-vfi					
			Hole stopped at 30" Hit a rock						
2		0-4	SAB / SCL	1:1 / fR			PS		.3
		4-26	SAB / C	1:1 / fi-vfi					
			Hit @ rock at 26"						
3		0-8	SAB / C	1:1 / fi / S			PS		.3
		8-34	alcSAB / SiCL	1:1 / fR					.25-.3
		34+	SAP - SAP/sam						
4		0-7"	SAB / CL				PS		.3
		7-38	SAB / C						
		38+	SAB / CL						
5									

AVAILABLE SPACE (.1945) ____ SITE CLASSIFICATION (.1948): ____ SITE LONG-TERM ACCEPTANCE RATE: ____

EVALUATED BY: ____ OTHER(S) PRESENT: ____

COMMENTS: ____