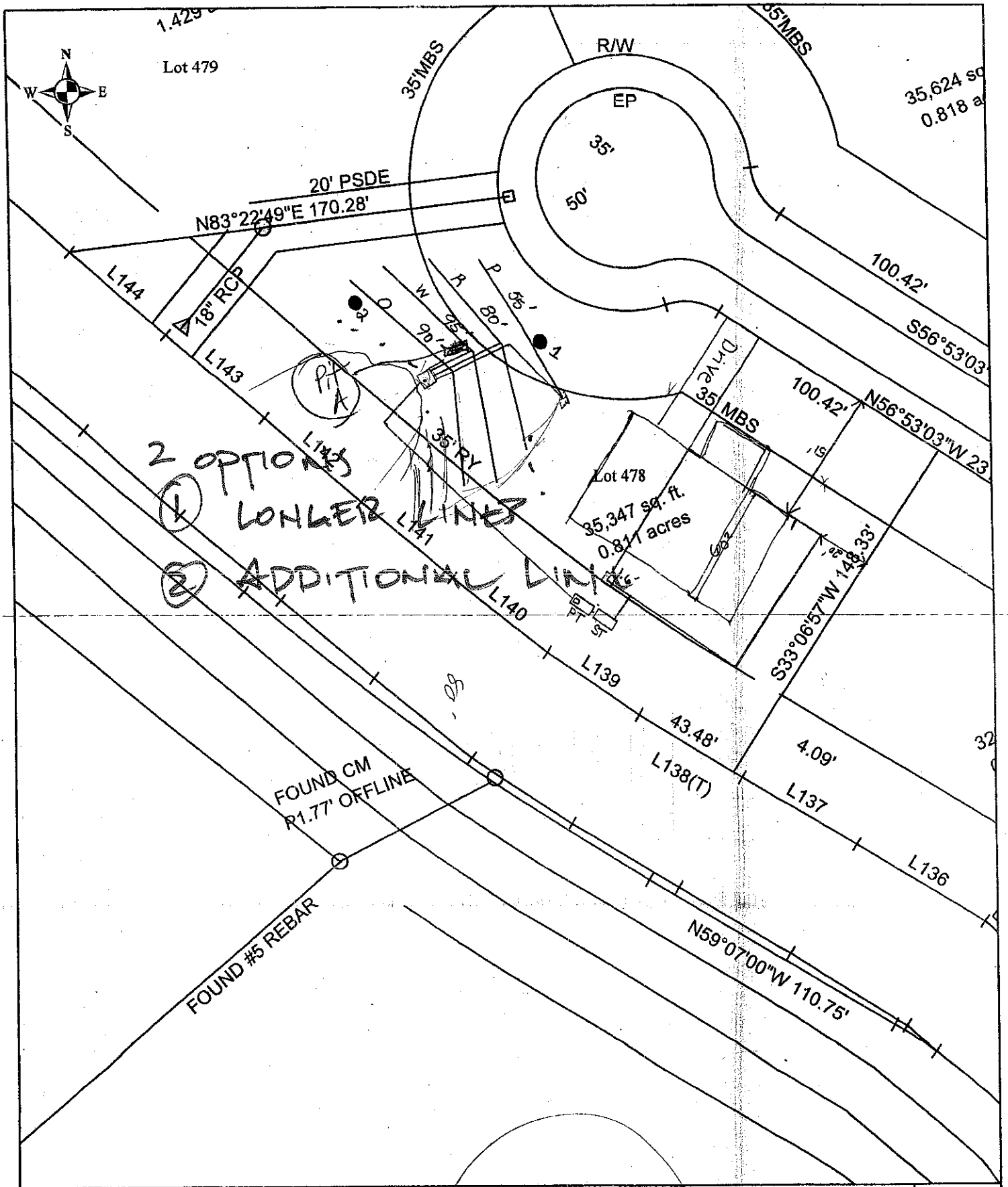


Scale: 1 inch equals 50 feet	S&ME	The Farms Phase 4	FIGURE
Drawn by: JBP		Lot 478	1
Reviewed by: PGP		Iredell County, NC	
Date: September, 2005	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05--070	

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms, LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/13
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 478 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) .1941 STRUCTURE/ TEXTURE	.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-L	0-12	WkSBk SCl	fr SH/SL		50+	fSAP 407		PS .3
		12-40	m SBk/ABk C	Sm S/P					
		40-50	WkSBk Cl	Sm SS/SH					
2	L ~10-15% 2.	0-10	WkSBk SCl	Fr SS/SH		48+			PS .25-.3
		10-46	m ABk/SBk C	F. S/P - SS/SH					
A B	9-23-05 Lot 478 11% L	0-7	gr-wkSB/C bnwSCl	frSSSP					.25
		7-20	SBK RC	fi-frSSSP/SAP					
		20-48	WkSBL yr scl+SAP	frSSSP					
B	Septic Exit 474-478A 7% L	0-2	WkSBk bnwSCl	frSSSP					.25-.3
		2-42	SBK RC	frSSSP fw redoximorphics					
		42-58	WkSB/L R Cl+SAP	frSSSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

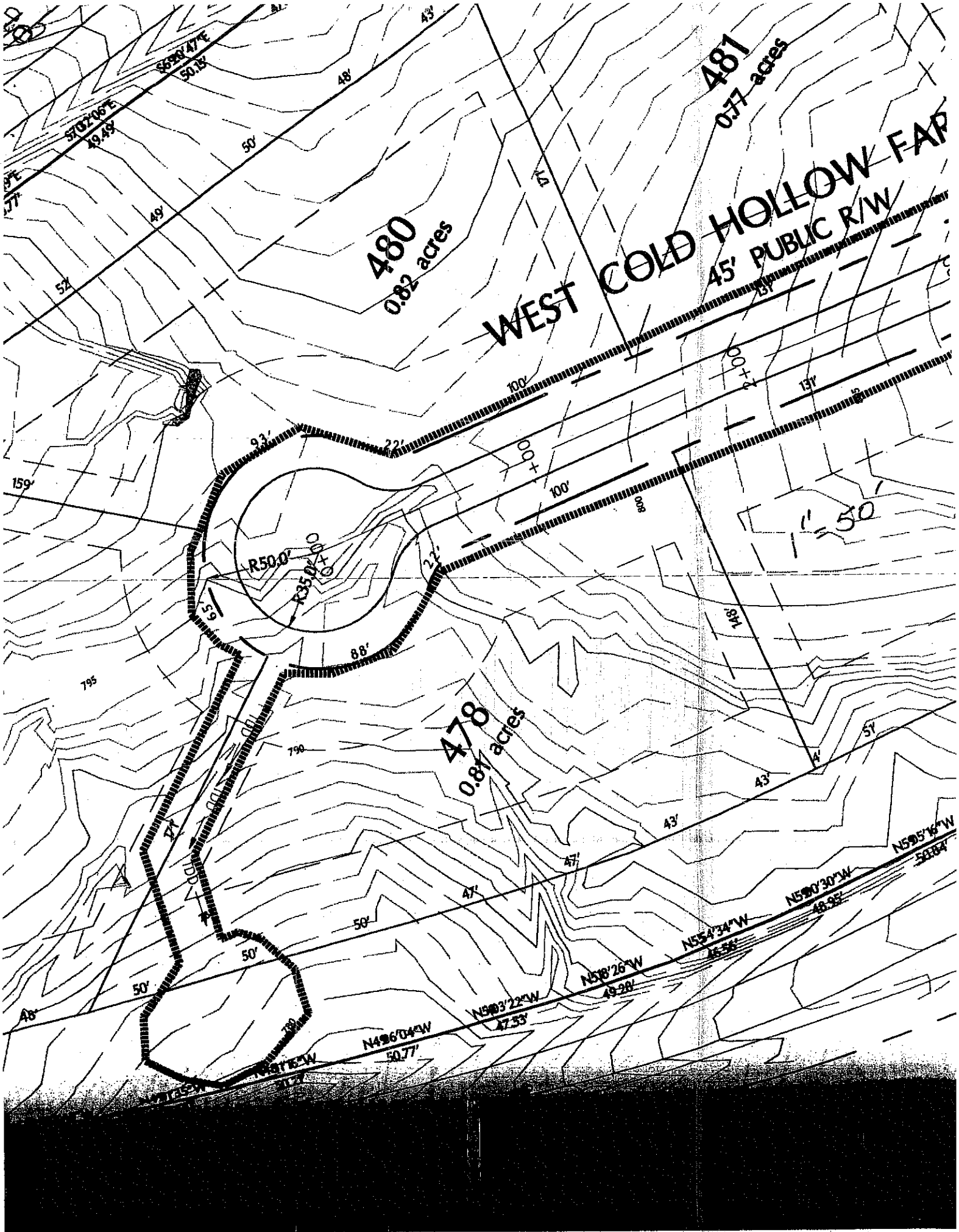
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms, LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/19
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 474 A 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTA
1	AH Linear	0-12	Mo SBK C	SS SP FI	Red				
		12-24	Mo SBK CL	SS SP FR	Red; F	Relic	Mel Br		
		24-42	WK SBK CL	SS SP FR	Red; F/C	sap			0.3
		42-48	WK SBK CL	SS SP FR	Br; C/M	sap			
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____


480
0.82 acres
481
0.77 acres
478
0.81 acres
WEST COLD HOLLOW FAR
45' PUBLIC R/W
1" = 50'
R50.0'
R35.0'
S59°20'47"E
50.15'
S70°02'06"E
49.49'
N59°03'22"W
47.53'
N59°18'26"W
49.28'
N55°43'34"W
46.56'
N59°30'30"W
48.95'
N59°15'16"W
50.04'
N49°26'04"W
50.77'
N49°16'52"W
47.83'
N49°16'52"W

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

_____ **Property Line measurements are clearly identified…**
_____ **All proposed structures are indicated…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ **Front and side setbacks from property line…**
_____ **Preferred driveway location and configuration, preferred well location…**
_____ **Area you prefer your septic system to be placed…**
_____ **North arrow, or other sufficient indicator of direction…**

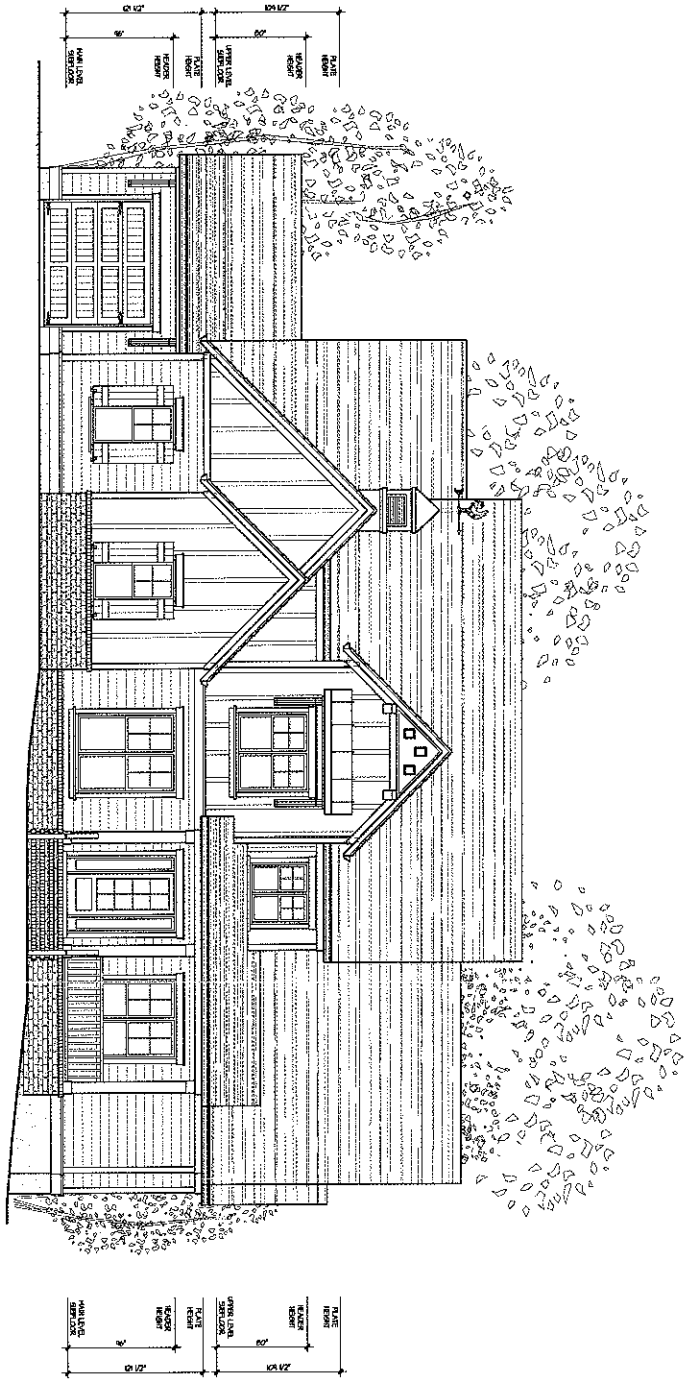
Circle N/A on the following if appropriate:

_____ **Location of septic systems and wells within 100' of your property…** **N/A**
_____ **Location of easements and rights of ways on your property…** **N/A**
_____ **Location of any designated wetlands on the property…** **N/A**

Signature: Angela M. Carnes _____ 11.22.13 _____

REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

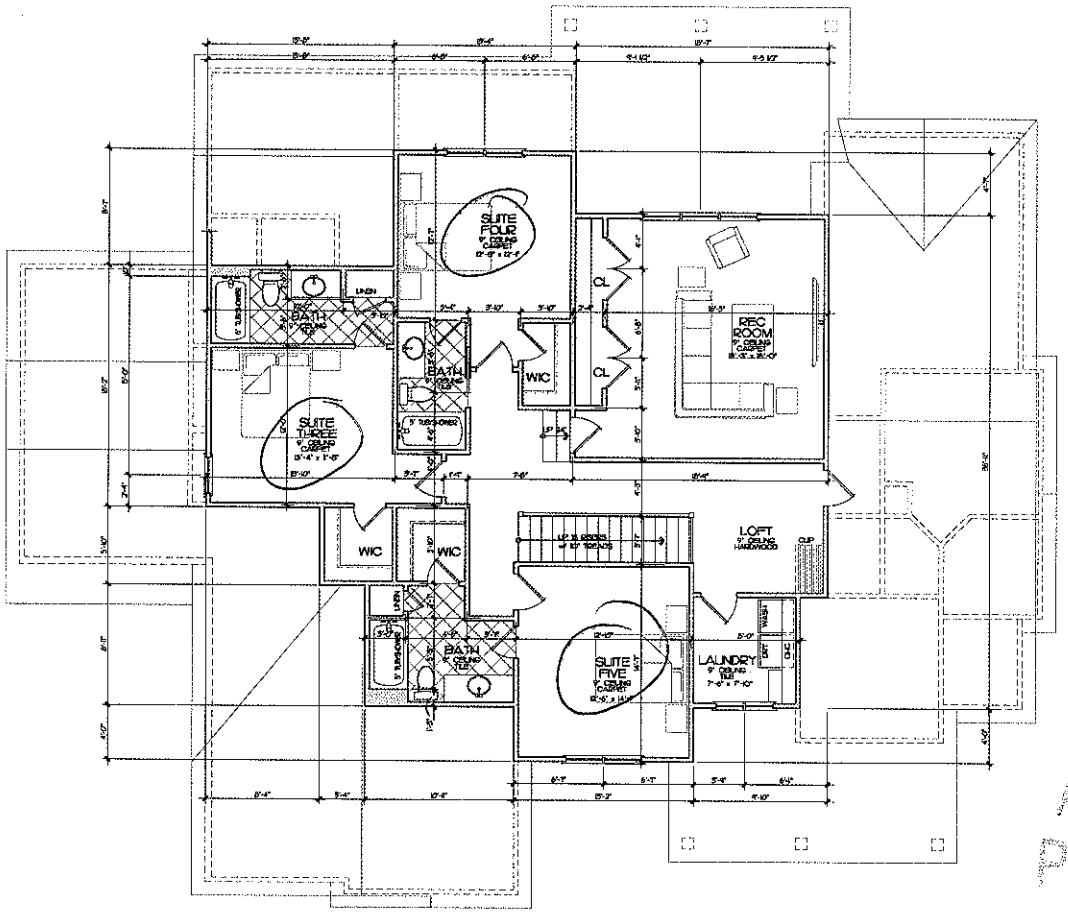


FRONT ELEVATION
SCALE: 1/4" = 1'-0"

4	Date: November 20, 2013 Sheet		A Custom Home For The Ficenec Family

E.S. Johnson BUILDERS

Square Footage		
Main Level Heated	2,452	Sq.Ft.
Upper Level Heated	1,483	Sq.Ft.
Total Heated	3,935	Sq.Ft.
Cov. Rear Porch	274	Sq.Ft.
Cov. Front Porch	161	Sq.Ft.
Three Car Garage	845	Sq.Ft.
Total Under Roof	5,219	Sq.Ft.



Acknowledgement Of Plans Submittal ONLY!

Date 1/28/14

Date 01.28.14

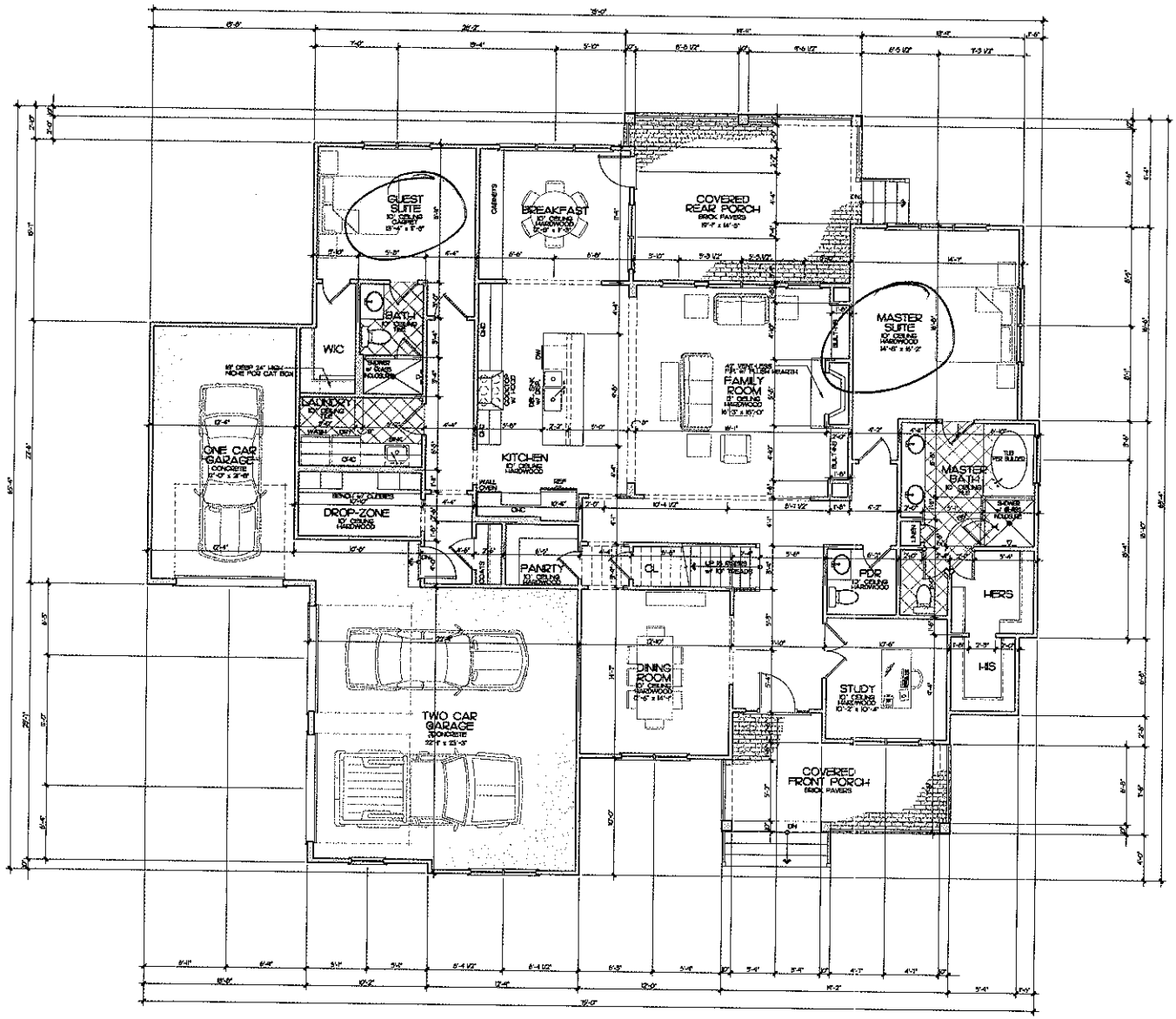
UPPER LEVEL FLOOR PLAN
SCALE : 1/4" = 1'-0'

E.J. Johnson BUILDERS

A Custom Home For
The Ficenec Family

Date
November 20, 2013

Sheet
2



Square Footage		
Main Level Heated	2,452	Sq.Ft.
Upper Level Heated	1,483	Sq.Ft.
Total Heated	3,935	Sq.Ft.
Cov. Rear Porch	274	Sq.Ft.
Cov. Front Porch	161	Sq.Ft.
Three Car Garage	869	Sq.Ft.
Total Under Roof	5,243	Sq.Ft.

MAIN LEVEL
FLOOR PLAN
SCALE : 1/4" = 1'-0"

Approved as noted
Plans must comply with all applicable codes
1/28/14

Custom Home For
The Ficenec Family

E.J. Johnson BUILDERS

Date
November 20, 2013

Sheet
1

Paid $320.00 PW
Int. Relayout 11-25-13

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: X **Improvement Permit** X **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ES Johnson Builders	PO Box 1402 Cornelius NC 28031	7049877950	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Ficenec	1908 Cypress Garden Davidson	7048963982	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
129 W Cold Hollow Farms	The Farms	Lot 478

Driving Directions: _____

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

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

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
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 Bui
Maximum Number of
Maximum Number of

NEED TO GO TO A 5 BR SYSTEM

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (X) Communi

Water

7. Desired Septic System Type: *(You may rank in order*

( ) Alternative (/) Conventional ( ) Innovative ( ) M

) No Preference

Int. Relayout

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (X)
( ) Yes (X)
( ) Yes (X)

Is?
e generated?
blic agency?
are granted right of
proper identification

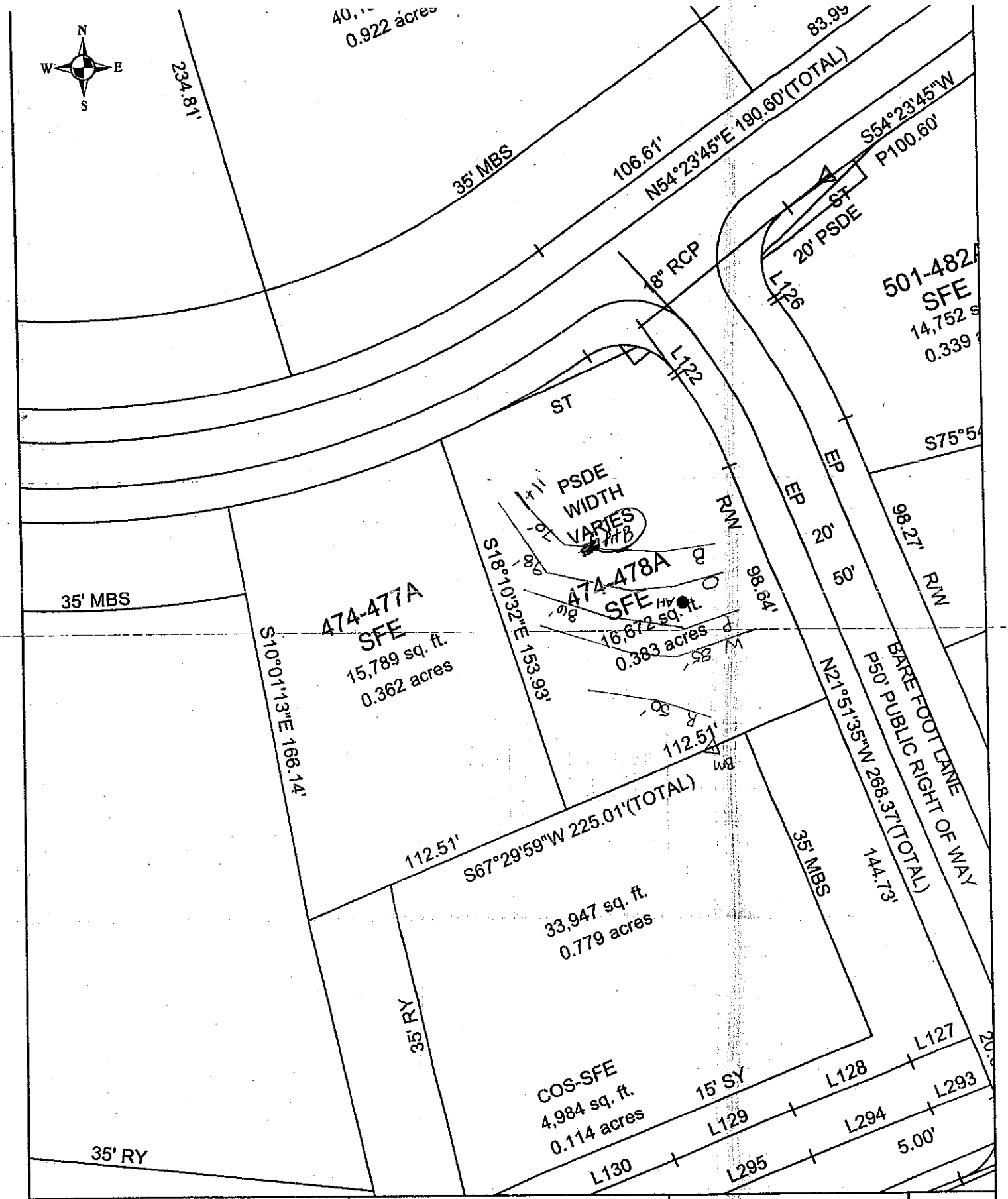
I have read this application and certify that the information provided herein i
entry to conduct necessary inspections to determine compliance with applicab
and labeling of all property lines and corners and making the site accessible s

9. Signature: Amy M. Cannon 11.22.13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Lot 478 The Farms at Lake Norman Fast Track Septic System Information

Number of Bedrooms		4
Basement or Crawl		Basement w/ Plumbing
Design Flow (gpd)		480
LTAR (gpd/ft2)		0.25
Primary System Type		LP PPBPS
No. Lines		1 @ 55' endfed 1 @ 80' centerfed 1 @ 95' centerfed 1 @ 90' centerfed
Total Ft. Line		320
Pump Required		Yes
Distribution Device		Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required		Yes
Repair System		LP PPBPS
Total Ft. Line		389
Elevations (Rod Readings)		
Upper Line	System: Repair:	Pink 3.59' Red 4.1'
Lower Line	System: Repair:	Orange 7.2' Blue 6.9'
Tank		2.5'
House Corner		1.6'
Benchmark	System: Repair:	2.4' 4.1'

Notes: Benchmark for system is surveyor's stake/nail near proposed road
Benchmark for Repair is 50' offset stake on 473/478 PL
Repair offsite on 478A



Scale: 1 inch equals 50 feet	S&ME	The Farms Phase 4	FIGURE
Drawn by: JBP			1
Reviewed by: PGP		Iredell County, NC	
Date: September, 2005	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05--070	

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	131283ZO	Subdivision:	The Farms
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 EAST COLD HOLLOW FARMS DR Mooresville NC 28117		
Parcel #:	4626071828.478	Zoning:	R-20
Lot #:	478 Size: .811	Flood Plain:	No Watershed: WSIV-CA
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	CRESCENT RESOURCES INC
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	P O BOX 1003 CHARLOTTE, NC 28201
Phone:	704-662-8625	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Hold Building permit till plat has been recorded

DEVELOPER PERMIT

Directions:

Brawley School Rd, left Williamson, right McKendree, right Bare Foot Ln, left East Cold Hollow Farms Drive,lot on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS Printed: 9/14/2005

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

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:**

The Farms, LLC	2814 Brawley School Rd Mooresville, NC 28117		704-660-1185
Applicant Name	Mailing Address	Home Phone	Work Phone
The Farms, LLC	same		same
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

	The Farms	Ph 4 / Lot 478
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Brawley School Rd, R on McKendree, on Right

****

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

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

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

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

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

- ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
- ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
- ( ) Yes (X) 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: Kathleen Haven — 6/2/05

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

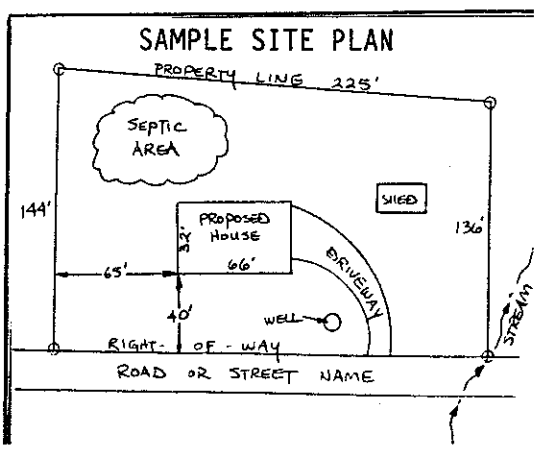
- ____ **Location of septic systems and wells within 100' of your property..** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

Signature: Kathleen Haven
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/2/05
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

* Please See Attached



Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	131283ZO	Subdivision:	The Farms
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 EAST COLD HOLLOW FARMS DR Mooresville NC 28117		
Parcel #:	4626071828.478	Zoning:	R-20
Lot #:	478 Size: .811	Flood Plain:	No Watershed: WSIV-CA
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	CRESCENT RESOURCES INC
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	P O BOX 1003 CHARLOTTE, NC 28201
Phone:	704-662-8625	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	30000	Min. Front Yard:	35 ft	Min. Left Side Yard:	15 ft
Min. Lot Width:	100	Min: Rear Yard:	35 ft	Min: Right Side Yard:	15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:			

Comments:

Hold Building permit till plat has been recorded

DEVELOPER PERMIT

Directions:

Brawley School Rd, left Williamson, right McKendree, right Bare Foot Ln, left East Cold Hollow Farms Drive,lot on left

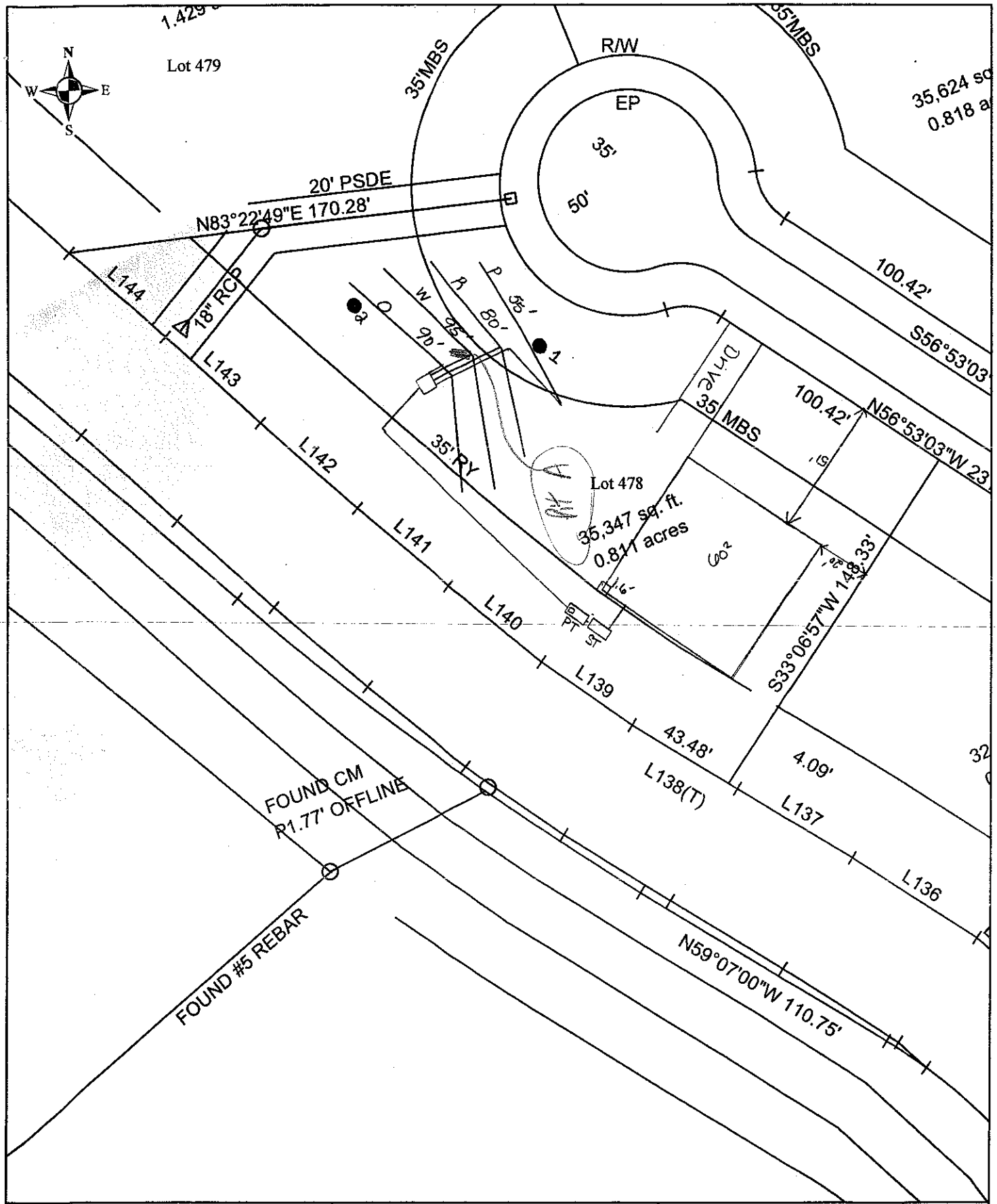
FEES		
Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

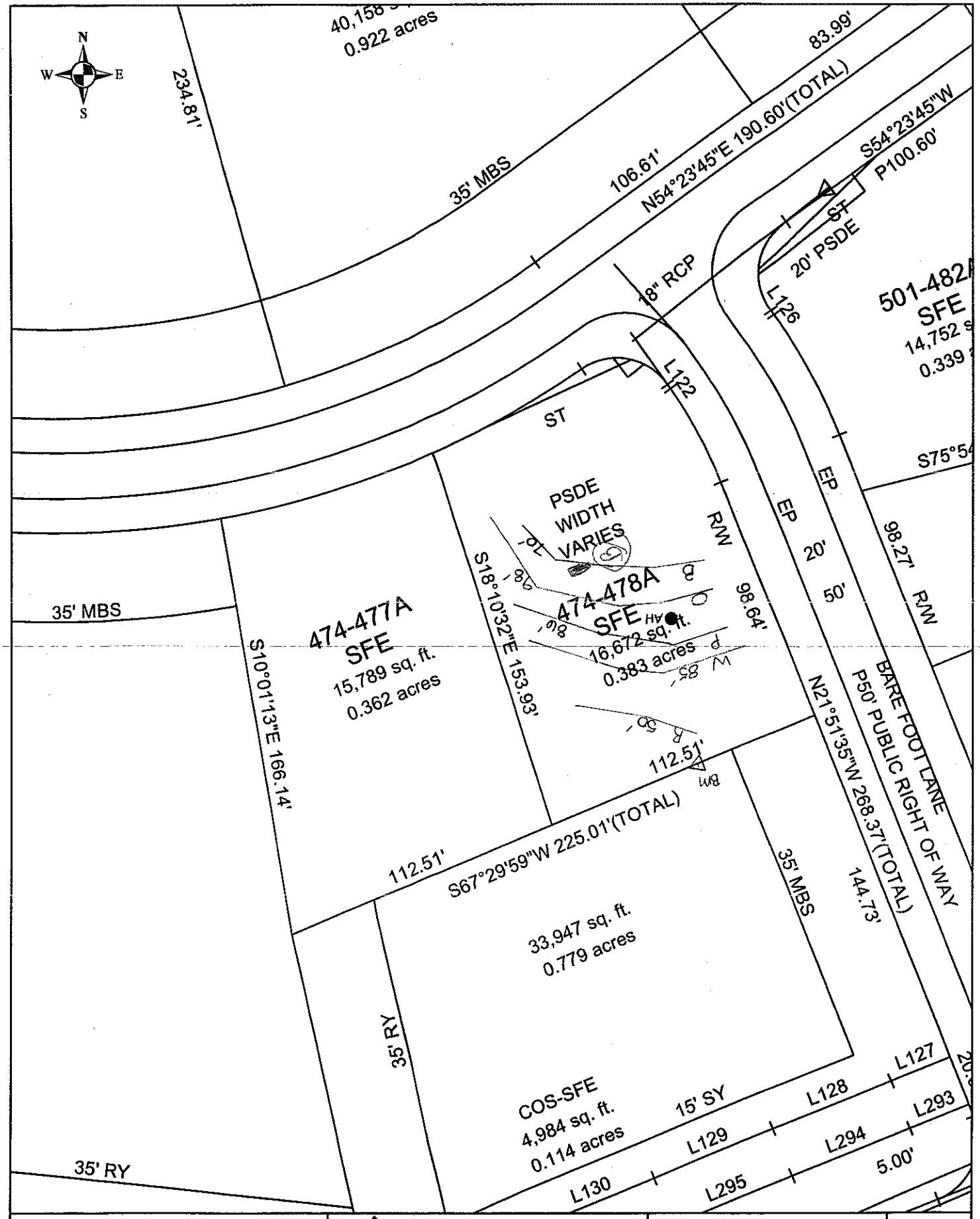
Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS Printed: 9/14/2005



Scale: 1 inch equals 50 feet	S&ME	The Farms Phase 4	FIGURE
Drawn by: JBP		Lot 478	1
Reviewed by: PGP		Iredell County, NC	
Date: September, 2005	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05--070	



Scale: 1 inch equals 50 feet	S&ME	The Farms Phase 4	FIGURE
Drawn by: JBP			1
Reviewed by: PGP		Iredell County, NC	
Date: September, 2005	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05--070	

Lot 478 The Farms at Lake Norman Fast Track Septic System Information

Number of Bedrooms		4
Basement or Crawl		Basement w/ Plumbing
Design Flow (gpd)		480
LTAR (gpd/ft2)		0.25
Primary System Type		LP PPBPS
No. Lines		1 @ 55' endfed 1 @ 80' centerfed 1 @ 95' centerfed 1 @ 90' centerfed
Total Ft. Line		320
Pump Required		Yes
Distribution Device		Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required		Yes
Repair System		LP PPBPS
Total Ft. Line		389
Elevations (Rod Readings)		
Upper Line	System: Repair:	Pink 3.59' Red 4.1'
Lower Line	System: Repair:	Orange 7.2' Blue 6.9'
Tank		2.5'
House Corner		1.6'
Benchmark	System: Repair:	2.4' 4.1'

Notes: Benchmark for system is surveyor's stake/nail near proposed road
Benchmark for Repair is 50' offset stake on 473/473 PL

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms, LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/13
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 478 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	PROFILE CLASS & LTAR
1	L ~10-L	0-12	WSSBK SL	fr SS/SL		50+	fSAP 40+		PS .3
		12-40	m SSBK/ C	fr SS/P					
		40-50	VFSBK CL	fr SS/SL					
2	L ~10-15%	0-10	WSSBK SCL	fr SS/SL		48+			PS .25-.3
		10-48	m ABK/ SBK C	fr SS/P - SS/SL					
A B	9-23-06 11%L	0-7	gr-WKSBK brownish SL	friasp					.25
		7-20	SBK RC	fr-fi SSSPSOP					
		20-49	m VSBK/gr SCL+SAP	frSSSP					
B 4	SFE 7%	0-2	WKSBK brownish SCL	frSSSP					.25-.3
		2-42	SBK RC	fr SSSP	fair gradual wetness				
		42-58	WKSBK R CL+SAP	frSSSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms, LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/19
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 474 A 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTA
1	AH Linear	0-12	Mo SBK C	SS SP FI	Red				0.3
		12-24	Mo SBK CL	SS SP FR	Red; F Relic Nel Br				
		24-42	WK SBK CL	SS SP FR	Red; F/C sap				
		42-48	WK SBK CL	SS SP FR	Br; C/m sap				
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____