IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:

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

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: MARK Benitez **Address:** 516-D River Highway Mooresville **Phone:** 704 928-9215

Owner Name: Peachtree Residential **Address:** Same **Phone:**

Property Information:

Street Address: 239 Cove Creek Loop Mooresville 28117

Subdivision Name: Chesapeake Point **Section/Phase:** _____ **Lot Number:** 49

Driving Directions: Brawley School Rd to Down Isles of Pines to (R) on Cove Creek Loop Lot on Right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*

(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: See Attached

Year existing system installed: _____

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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

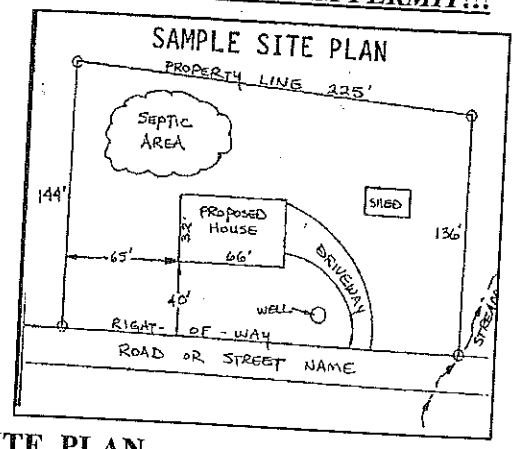
2-4-14
DATE

IREDELL COUNTY HEALTH 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:

- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) 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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

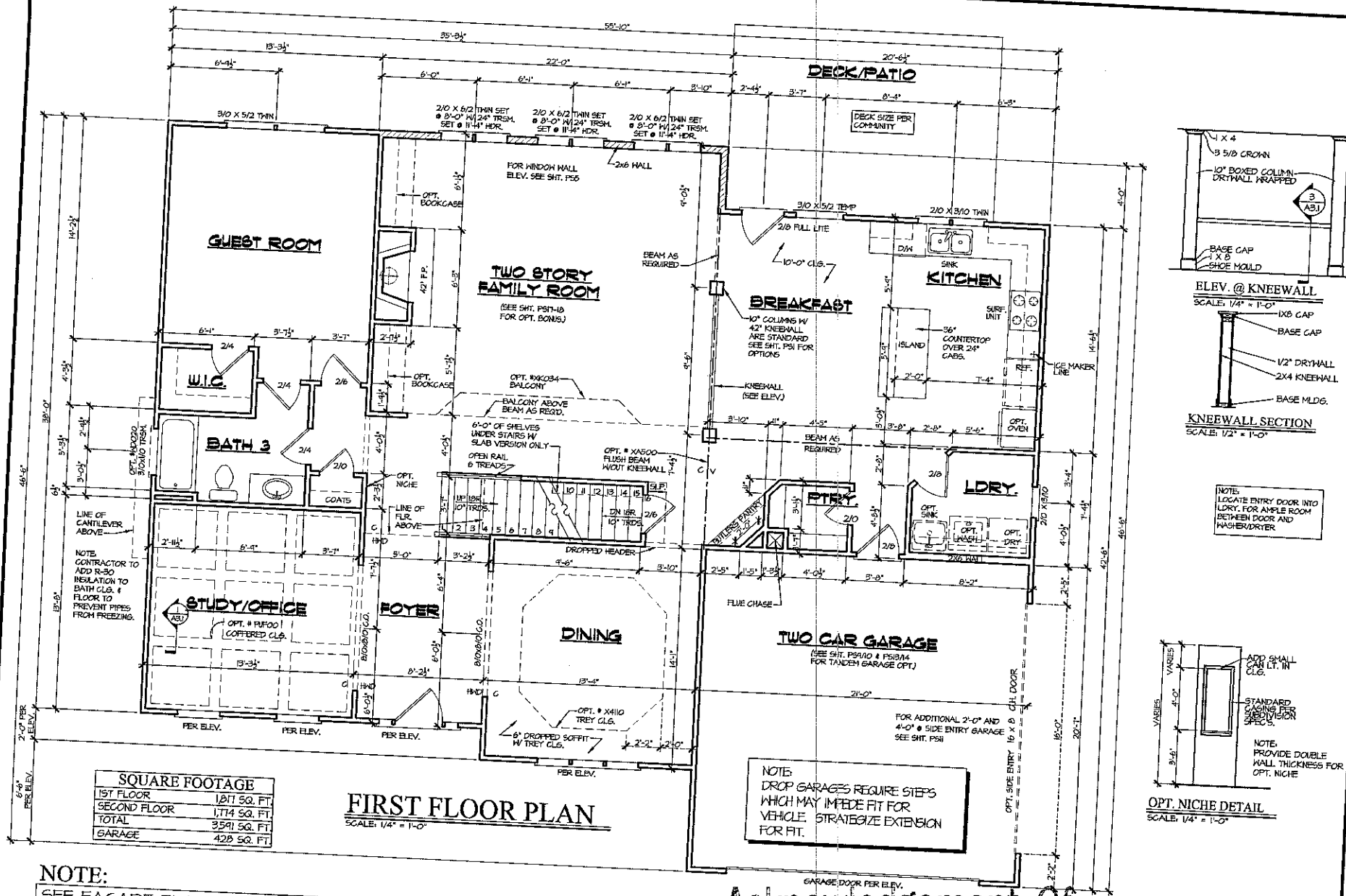
SEE Attached

Signature: _____

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

2-4-14

DATE



SQUARE FOOTAGE	
1ST FLOOR	1,817 SQ. FT.
SECOND FLOOR	1,774 SQ. FT.
TOTAL	3591 SQ. FT.
GARAGE	428 SQ. FT.

FIRST FLOOR PLAN

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

ELEV. @ KNEEWALL

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

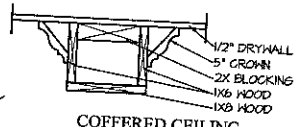
KNEEWALL SECTION

SCALE: 1/2" = 1'-0"

NOTE: LOCATE ENTRY DOOR INTO LDRY. FOR AMPLE ROOM BETWEEN DOOR AND WASHER/DRYER

OPT. NICHE DETAIL

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



COFFERED CEILING

SCALE: 1 1/2" = 1'-0"

NOTE:

SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.

Acknowledgement Of Plans Submittal ONLY!

Date 2-4-14

Date 2/4/14

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7930 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-8322 • Fax (770) 822-9171

This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

Drawn By: M.S.
Date: 11/19/04
Plan No:

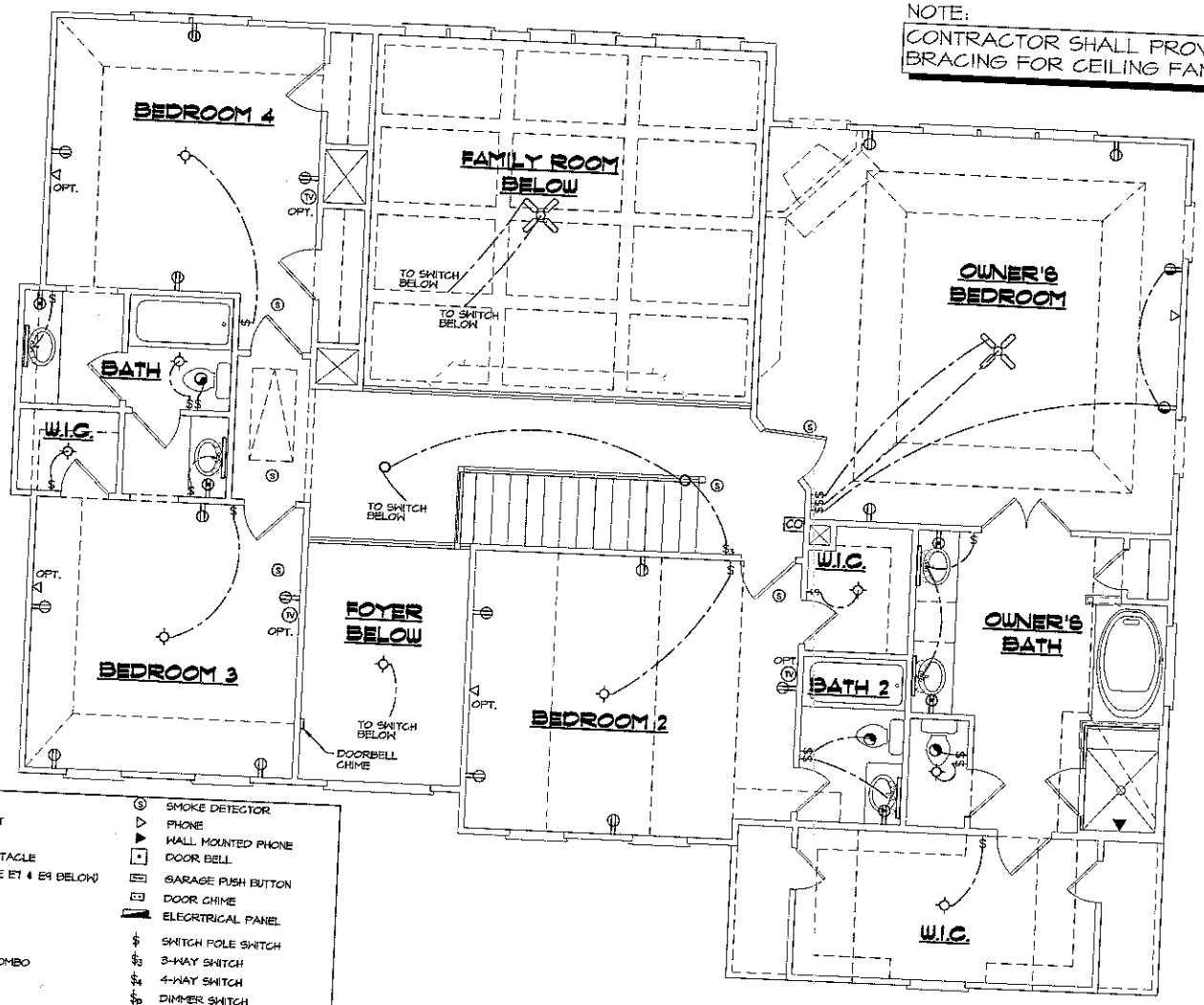
Revision:	
11/5001-3939	07/29/10-3311
12/1101-3357	03/01/13-4420
02/1109-3342	
03/2208-3406	
08/0108-3440	
11/1109-3604	
01/0509-3617	

Model Name: BRUNSWICK

Sheet Title: FIRST FLOOR PLAN

SHEET NO. A3.1

NOTE:
CONTRACTOR SHALL PROVIDE BLOCKING/ BRACING FOR CEILING FAN SUPPORT



ELECTRICAL LEGEND

- 110v RECEPTACLE
- 110v GFCI BREAKER CIRCUIT
- 220v RECEPTACLE
- 110v HALF SWITCHED RECEPTACLE
- 110v RECEPTACLE (SEE NOTE E7 & E9 BELOW)
- QUADPLEX RECEPTACLE
- 110v FLOOR RECEPTACLE
- 110v CEILING RECEPTACLE
- BATH EXHAUST FAN
- BATH EXHAUST FAN/LIGHT COMBO
- RECESSED WETEBALL TRIM
- RECESSED LIGHT
- WATER PROOF RECESSED LIGHT
- WALL LITE
- CEILING FIXTURE
- PULL SOCKET FIXTURE
- DECORATIVE WALL FIXTURE
- FLOOD LIGHT
- DISPOSAL
- JACUZZI MOTOR
- CABLE OUTLET
- SMOKE DETECTOR
- PHONE
- WALL MOUNTED PHONE
- DOOR BELL
- GARAGE PUSH BUTTON
- DOOR CHIME
- ELECRTRICAL PANEL
- SWITCH POLE SWITCH
- 3-WAY SWITCH
- 4-WAY SWITCH
- DIMMER SWITCH
- AUTOMATIC DOOR SWITCH
- 1' X 2' FLUORESCENT LIGHT
- 4' FLUORESCENT LIGHT
- 1' X 4' FLUORESCENT LIGHT
- 2' X 4' FLUORESCENT LIGHT
- CEILING FAN

SECOND FLOOR ELECTRICAL PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Date 2-4-14

Date 2/7/14

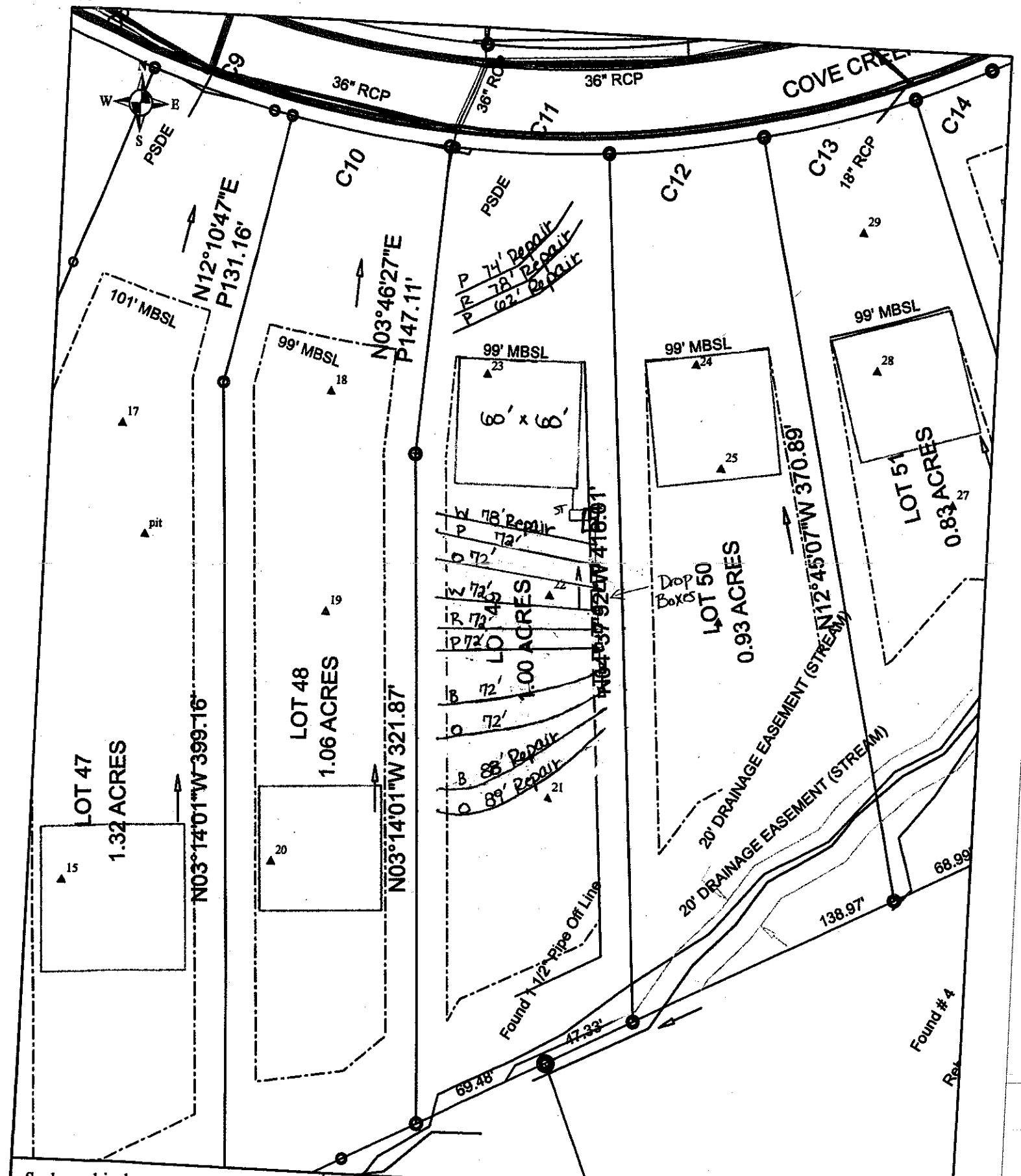
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7560 Medlock Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2622 • Fax (770) 622-9171

This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

Drawn By: JLS
Date: 11/19/04
Plan No:

Revision:	
05/31/1103967	06/11/10-3811
02/26/08-3406	03/01/13-4420
05/30/08-3440	
11/17/08-3604	
01/05/04-3617	
11/24/04-3617	
10/04/04-3121	

Model Name: BRUNSWICK
Sheet Title: SECOND FLOOR ELECTRICAL
SHEET NO. E2.1



Scale: 1 inch equals 60 feet	S&ME	Lot 49 Chesapeke Point	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: September, 2006		S&ME Project #1588-04-011	

Lot 49 Chesapeake Pointe Subdivision Fast Track Septic System Information

Number of Bedrooms	**5**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**600**
Primary System Type	**25% Reduction**
LTAR (gpd)/ft2	**0.3**
Total Ft. Line	504
No. Lines	7 (See Table)
Pump Required	No
Distribution Device	Drop Boxes
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Ft. Line	469
Repair System Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	74
2	Repair	Red	LP PPBPS	78
3	Repair	Pink	LP PPBPS	62
4	Repair	White	LP PPBPS	78
5	System	Pink	25% Reduction	72 endfed
6	System	Orange	25% Reduction	72 endfed
7	System	White	25% Reduction	72 endfed
8	System	Red	25% Reduction	72 endfed
9	System	Pink	25% Reduction	72 endfed
10	System	Blue	25% Reduction	72 endfed
11	System	Orange	25% Reduction	72 endfed
12	Repair	Blue	LP PPBPS	88
13	Repair	Orange	LP PPBPS	89
				Total System: 504'
				Total Repair: 469'

Tank	Red	1500 gal (2 compartment)
House	Blue	

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Chesapeake Pointe, LLC	7380 McGinnis Ferry Rd Suwanee, GA 30024		(678) 300-8521
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Chesapeake Pointe	Lot 49

Driving Directions: Brawley School Rd, L Isle of Pines, R Cove Creek (subdivision entrance)

****

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 5 PSP 1-28-02
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

(X) 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 (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 ( ) 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: Martin E. Mole
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-11-06
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…

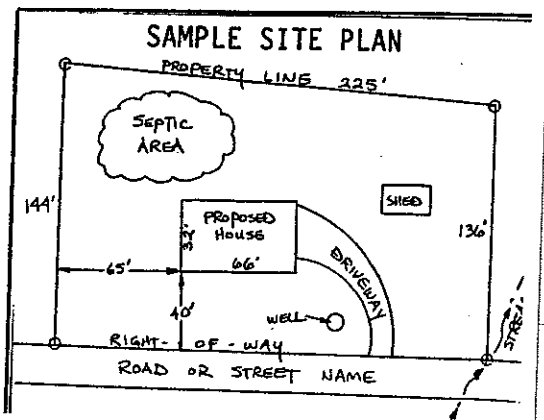
Circle N/A on the following if appropriate:

- ____ 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: Martin E. Drake
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-11-06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



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 #: 138054zo
Proposed Use: Single Family
Location of Property: 000 Cove Creek Rd. Mooresville NC 28117
Parcel #: 4636120237.049
Lot #: 49 Size: 1
Applicant: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville NC 28115
Phone: 704-662-8625
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Chesapeake Point Ph 3
Township: 1700 Davidson
Zoning: R20
Flood Plain: No Watershed: WSIV-CA
Owner: Chesapeake Pointe LLC
Address: 7380 McGinnis Ferry Road
Suwanee, GA 30024
Phone:
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:

DEVELOPER PERMIT

Directions:

Brawley School Road, left Isle of Pines, right Cove Creek, on right

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: 9/8/2006

S&ME, INC.

SITE/SOIL EVALUATION

Project No. _____ **Phone No.** _____ **Date:** _____

Location _____ **Pin** _____ **County:** _____ **Property Size** _____

Proposed Facility: _____ **Water Supply:** **On-Site Well** ☐ **Community** ☐ **Public** ☐ **Evalulation:** **Auger Boring** ☐ **Pit** ☐ **Cut** ☐

Weather: _____ **Antecedent Moisture** _____ **Surface Water:** _____

FACTORS	PROFILE 17 Lot 47-Front	PROFILE 18 Lot 48-Front	PROFILE 19 Lot 48-Middle	PROFILE 21 Lot 49-Back
Landscape Position %	L	Shoulder	Summit	L
Horizon Depth I	0 - 7	0 - 7	0 - 5	0 - 14
Color Munsell	Br	Br	Br	Br
Texture	SL/SCL	SL	SL	SL
Structure	WK SBK	Mo GR	Mo GR	Mo GR
Consistence	FR SS/SP	FR SS/SP	FR SS/SP	FR SS/SP
Boundary				
Horizon Depth II	7 - 24	7 - 13	5 - 23	14 - 22
Color – Munsell	Red	Red Br	Red	Red
Texture	C	SCL	C	C
Mottles	—	—	—	—
Structure	Mo SBK	WK SBK	Mo SBK	No SBK
Consistence	FR SS/SP	FI SS/SP	FR SS/SP	FR SS/SP
Boundary				
Horizon Depth III	24 - 52	13 - 35	23 - 56	22 - 39
Color – Munsell	Red	Red	Red	Red
Texture	CL	C	CL	CL
Mottles	C Sap	—	C Sap	Relic Yel Br
Structure	WK SBK	Mo SBK	WK SBK	WK SBK
Consistence	FR SS/SP	FR SS/SP	FR SS/SP	
Boundary				
Horizon Depth IV		35 - 54		39 - 48
Color – Munsell		Red		Yel Br
Texture		CL		L Sap
Mottles		F Sap, Relic YBr		—
Structure		WK SBK		MA
Consistence		FR SS/SP		FR SS/SP
				Relic Chr. 25
Boundary				
Soil Wetness				
Restrictive Horizon				
Saprolite				
LTAR				
Classification				
	• 8 to 52"	• 3 to 54"	• 3 to 56"	• 3 to 48" ?

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Conclave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	Loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	agular blocky
pl	platy
pr	prismatic

SOIL/SITE EVALUATION
(Continuation Sheet)

Sheet of

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID NO.:
DATE OF EVALUATION:
COUNTY:

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON ON DEPTH (IN.)	SOIL MORPHOLOGY .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .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
LOT 45 N AGAINST SPOIL PILE	summit 3-6%	0-24 B1	scL	MoSbk fr ss sp	light red				
		24-35 B2	C	Mo SBK fr ss sp	light red				
		35-54 BC	scL	Wk Sbk fr ss sp	light red	common sap. inc.	loamy		.3 to 54"
LOT 45/46 14	terrace side slope @ .25 to 48"	0-11 B1	scL	moSBK fr ss sp	light red				
		11-22 B2	sc	moSBk fr ss sp	yellow brown red conc.	few to common Mn			
		22-30 B3	sc	mo sbk fr ss sp	yellow brown red conc.				
		30-48 B/C	sc	mo sbk fr ss sp	yellow brown red conc.				yellow brown mottles
LOT 47 BACK 15	backslope	0-7 A	L	MoSbk fr ss sp	brown				
		7-18 B1	scL	MoSbk fr ss sp	light red				
		18-36 B2	C	Mo SBK fr ss sp	light red	common sap inc.	loam		
		36-52 BC	cl	wk sbk fr ss sp	light red	many sap inc.	loam		
LOT 48 BACK 20	backslope	0-6 A	L	mo gr fr fr ss sp	brown				
		6-24 B1	cL	Mo Sbk fr ss sp	light red	few sap inc	loam		
		24-37 B2	C	Mo Sbk fr ss sp	light red	common many	sap inc (loam sap)		
		37-44 BC	cL	wk sbk fr ss sp	light red	many	sap inc (loam sap)		.3
LOT 49 MIDDLE 22	summit/ backslope	0-9 A	scL	Mo Sbk fr ss sp	brown				
		9-28 B1	cL	Mo Sbk fr ss sp	light red				
		28-40 B2	C	Mo Sbk fr ss sp	light red	few sap inc			
		40-47 BC	cL	wk sbk fr ss sp	light red	few to common	sap inc		

COMMENTS:

OVER

S&ME, INC.

SITE/SOIL EVALUATION

Project No. _____ **Phone No.** _____ **Date:** _____

Location _____ **Pin** _____ **County:** _____ **Property Size** _____

Proposed Facility: _____ **Water Supply:** On-Site Well ☐ Community ☐ Public ☐ **Evalulation:** Auger Boring ☐ Pit ☐ Cut ☐

Weather: _____ **Antecedent Moisture** _____ **Surface Water:** _____

FACTORS	PROFILE 23 LOT 49 - FRONT	PROFILE 25 LOT 56 - MIDDLE	PROFILE 26 LOT 50 - BACK	PROFILE 28 LOT 28 - MIDDLE
Landscape Position %	L	L	L	L
Horizon Depth I	0 - 6	0 - 9	0 - 18	0 - 32
Color Munsell	Br	Br	Red	Yel Br / Br
Texture	SL	SL	C	SL / SCL
Structure	Mo GR	Mo GR	No SBK / ABK	WK / Mo SBK
Consistence	FR SS/SP	FR SS/SP	FR SS/SP	FR SS/SP
Boundary				
Horizon Depth II	6 - 22	9 - 18	18 - 48	32 - 48
Color – Munsell	Red	Red	Red	Yel
Texture	C	C	cl	SCL
Mottles	—	—	C Yel Br & gray	C Chr. 2
Structure	Mo SBK	Mo SBK	WK SBK	WK / Mo SBK
Consistence	FR SS/SP	FR SS/SP	FR SS/SP	FR SS/SP
			* Yel Br & gray Relic	
Boundary				
Horizon Depth III	22 - 32	18 - 51	MYC Sap	appwall
Color – Munsell	Red	Red		0 - 27
Texture	C	cl		Br / Red
Mottles	F/C Yel Br	C Sap		SL / C
Structure	WK ABK	WK SBK		—
Consistence	FR SS/SP	FR SS/SP		GR / Mo SBK
		Yel Br & gray Relic Mottles		FR SS/SP
Boundary				
Horizon Depth IV	32 - 50			27 - 48
Color – Munsell	Red			Yel Br
Texture	CL			SCL
Mottles	C Sap			C Chr. 2
Structure	WK SBK			WC SBK
Consistence	FR-FI SS/SP			FR SS/SP
				C Red Chr.
Boundary				
Soil Wetness				
Restrictive Horizon				
Saprolite				
LTAR				
Classification				

• 25 to 50" • 8 to 51"? • 25 to 48" • 25 to 27-32"

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Conclave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	Loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	agular blocky
pl	platy
pr	prismatic