12

PJB

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-6305 | Mooresville Office (704) 660-3625 | PERMIT # 244972

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

PIN # 4638-88-3168

APPLICANT/OWNER: Steven Cunningham | APPLICANT ADDRESS: 202 Harbor Landing Dr. Mooresville, NC

SITE ADDRESS: 202 Harbor Landing Dr. Mooresville, NC | PHONE: 703-352-5644 | ALT. PHONE 591-495-9545

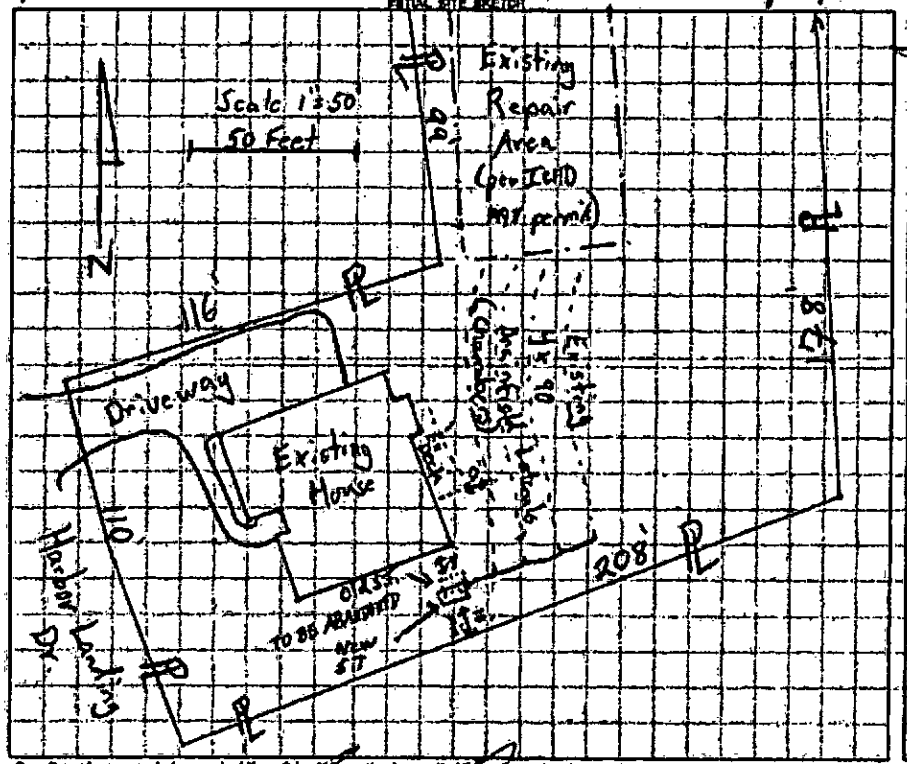
SITE DIRECTIONS: Perth Rd N from Rt 150 → R on Erie Dr. → L on Harbor Landing Dr → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harbor Landing | SECTION: 4 | LOT # 91 PT 90 | LOT AREA: 0.76 acres | DESIGN FLOW: 360 GPD | L.T.A.R.:

Septic Tank	1000	(gal)	STB	960	Date	5-6	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Replace septic tank as requested.			☐ Business	No. Persons 6	☐ Private
Pump Make	—		Model	—	Serial #	—	Repair System Description:	Pump + crush existing tank			☐ Other	No. Employees —	☐ Public
# Nitrification Fields	Ex		# Lines	Existing	Linear Ft:	Existing	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	Existing		Trench Bottom Depth (Low side)	Existing	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Site property line must be staked by licensed surveyor before tank replacement can qualify for operation permit (10' setback required). Existing tank shall be pumped by a licensed septic hauler and crushed in place or hauled away. Recommend pumping new septic tank every 3-5 years and directing house downspout drains away from septic tank.

PLOT SITE SKETCH



AS BUILT SKETCH

Upball D-Box 1 Spud Ends Set
New Tank installed as shown

Permit can be suspended or revoked if any false information is supplied to/sent 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 plans valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plans valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6/4/2019 Installed by: Lake Wylie Water

IMPROVEMENT PERMIT by: [signature] Date: 6/4/2019 OPERATION PERMIT by: Benjamin A Battista Date: 6/12/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/4/2019 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

PJB

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244972

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

PIN # 4638-88-3168

APPLICANT/OWNER: Steven Cunningham | APPLICANT ADDRESS: 202 Harbor Landing Dr, Mooresville, NC

SITE ADDRESS: 202 Harbor Landing Dr. Mooresville, NC | PHONE: 703-352-5644 | ALT. PHONE 541-495-9545

SITE DIRECTIONS: Perth Rd N from Rt 150 → R on Erne Dr. → L on Harbor Landing Dr → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harbor Landing | SECTION: 4 | LOT # 91 PT 90 | LOT AREA: 0.76 acres | DESIGN FLOW: 360 GPD | L.T.A.R.:

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—	Model		—	Serial #	—			
# Nitrification Fields	Ex	# Lines	Existing		Linear Ft:	Existing			
Trench Width	Existing	Trench Bottom Depth(Low side)		Existing	Gravel Depth	—			

☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Replace Septic tank as requested.

Repair System Description: Pump + crush existing tank

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

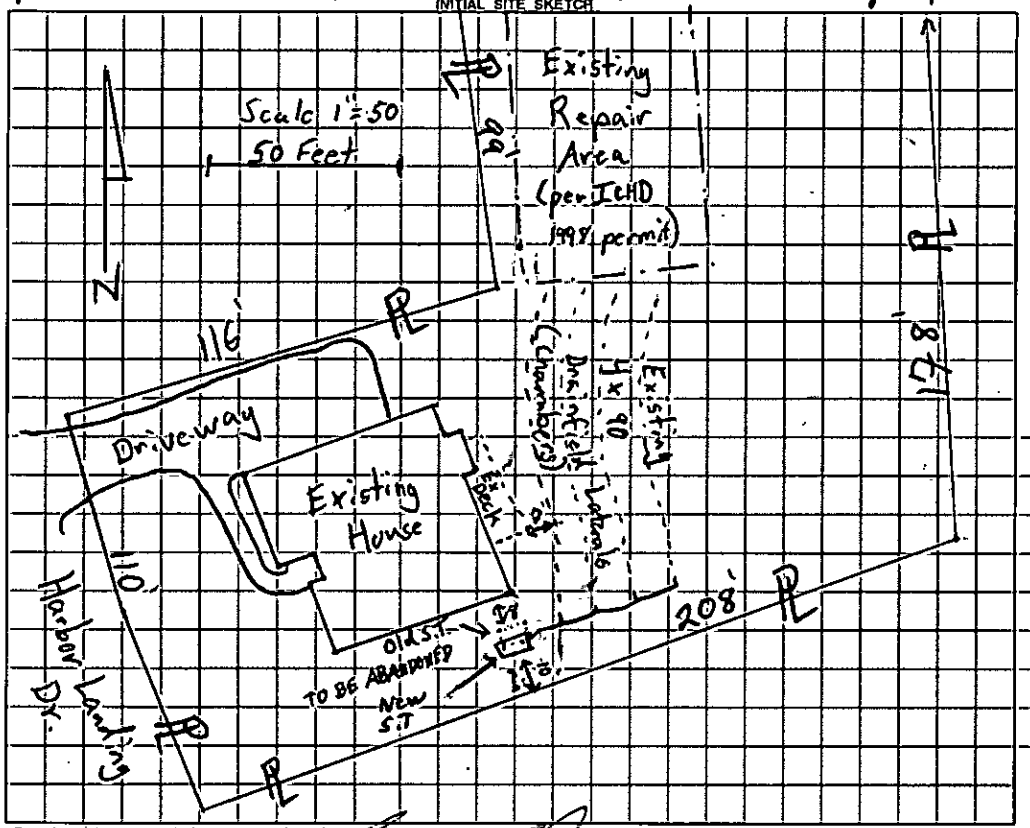
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community ☐ Basement w/o plumbing

Comments / Conditions: Side property line must be staked by licensed surveyor before tank replacement can qualify for operation permit (10' setback required) ^ Existing tank shall be pumped by a licensed septic hauler and crushed in place or hauled away. Recommend pumping new septic tank every 3-5 years and directing house downspout drains away from septic system

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.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6/4/2019 Installed by:

IMPROVEMENT PERMIT by: Sam Shuck Date: 6/4/2019 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Sam Shuck Date: 6/4/2019 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

#244972
5-23-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH Rep. Eval. Not

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Steven Cunningham Address: 202 Harbor Landing Dr Zip: 28117
Applicant Email: scunningham31@gmail.com Phone: 703-352-5644 Alt. Phone: 571-495-9545
Owner Name: Steven Cunningham Address: Same Zip: 28117
Owner Email: Same Phone: Same Alt. Phone: Same

Property Information:

Street Address: 202 Harbor Landing Dr. Mooresville, NC 28117
Subdivision Name: Harbor Landing Section/Phase: 4 Lot Number: 91 + ½ 90
Driving Directions: 150 - Right on Perth - Right on Erne Dr. Left on Harbor Landing Dr.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: Concrete Deteriorating
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: 3

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1999
( ) No Preference ( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Shirley M. Cunningham May 20, 2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Shirley Steven Cunningham, am the legal owner(s) of the property located at 208 Harbor Landing Dr. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638-88-3168.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** N/A, _____, 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 May 10 2019 Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 072808 PIN# 4639734530 4638-88-3168 DATE Nov. 23, '98.

OWNER OR CONTRACTOR Stumpy Creek LLC // Van Edward Corst PHONE: Business _____ Home _____

ADDRESS 614 N. Main Salisbury 28144

LOCATION 150' W TR Keith Rd. TR Harbor Landing Dr. Bear Left on Right

SUBDIVISION Harbor Landings BLOCK / SECTION 4 LOT 91 & ½ 90 LOT AREA ~32,000 sf SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 312 Date 10/23/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4@90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY 25% Reduction/Innovative

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

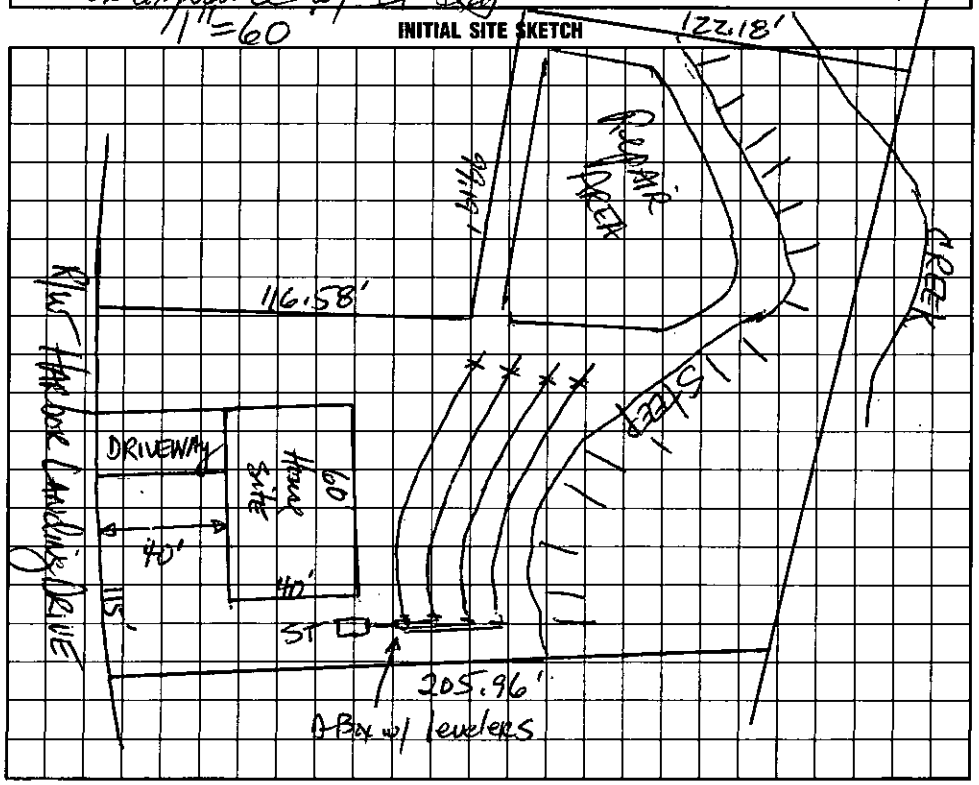
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL

12-2-99 Reviewed site & home plan - substantially in compliance w/ LP Dept

Comments:/Conditions:

INITIAL SITE SKETCH

1"=60



AS BUILT SKETCH

I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 11/25/98

Improvement Permit by: _____ date 11-23-98

Authorization to Construct by: _____ date 12-2-99

Installed by: Larry Beam

Operation Permit by: Wesley Sparks RS. date 4/11/00

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Stump Creek LLC	633-6124	614 N. Main	Salisbury	NC	28144

Current Property Owner	Mailing Address	City	State	Zip Code
Orsent Resources Inc.	400 South Tryon St.	Charlotte	NC	28201-1003

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Haber Landing	90	H	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Water System	2/18/97	

Specific Directions to Property Hwy 150 west, North (Right) on Perth Road, Go 1 mile Take 1st Right after Sage more

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial 4 No. Bedrooms 2 1/2 No. Baths _____

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

5/19/98 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 072807 Zoning Permit: X Improvements Permit: 1

Name: STUMPY CREEK LLC Address: 614 N MAIN ST

City: SALISBURY State: NC Zip: 281440000

Phone: 0006336124

Proposed Use: 01

PIN #: 4639734550 PT Zoning: RA Township: 1700

Street Address: HARBOR LANDING DR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR LANDING Lot #: 90 Lot Size: 23742

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: PERTH L ERNE L HARBOR LAND 12TH ON RT

Staff: RRS Date: 03/26/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant:_____
Owner: Agent:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Stump Creek LLC	633-6124	614 N. Main	Salisbury	NC	28144
Applicant	Phone #	Mailing Address	City	State	Zip Code

Present Resources Inc.	400 South Tryon St	Charlotte	NC	28201-1003
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Baker Landing	91	4	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Water System	2/18/97	
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Hwy 150 west, North (Right) on Perth Road, Go 1 mile Take 1st Right after Sage more

TYPE OF FACILITY: (use check (X.) or number as appropriate)

House ✓ Mobile Home _____ Commercial 4 No. Bedrooms 2 1/2 No. Baths _____

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

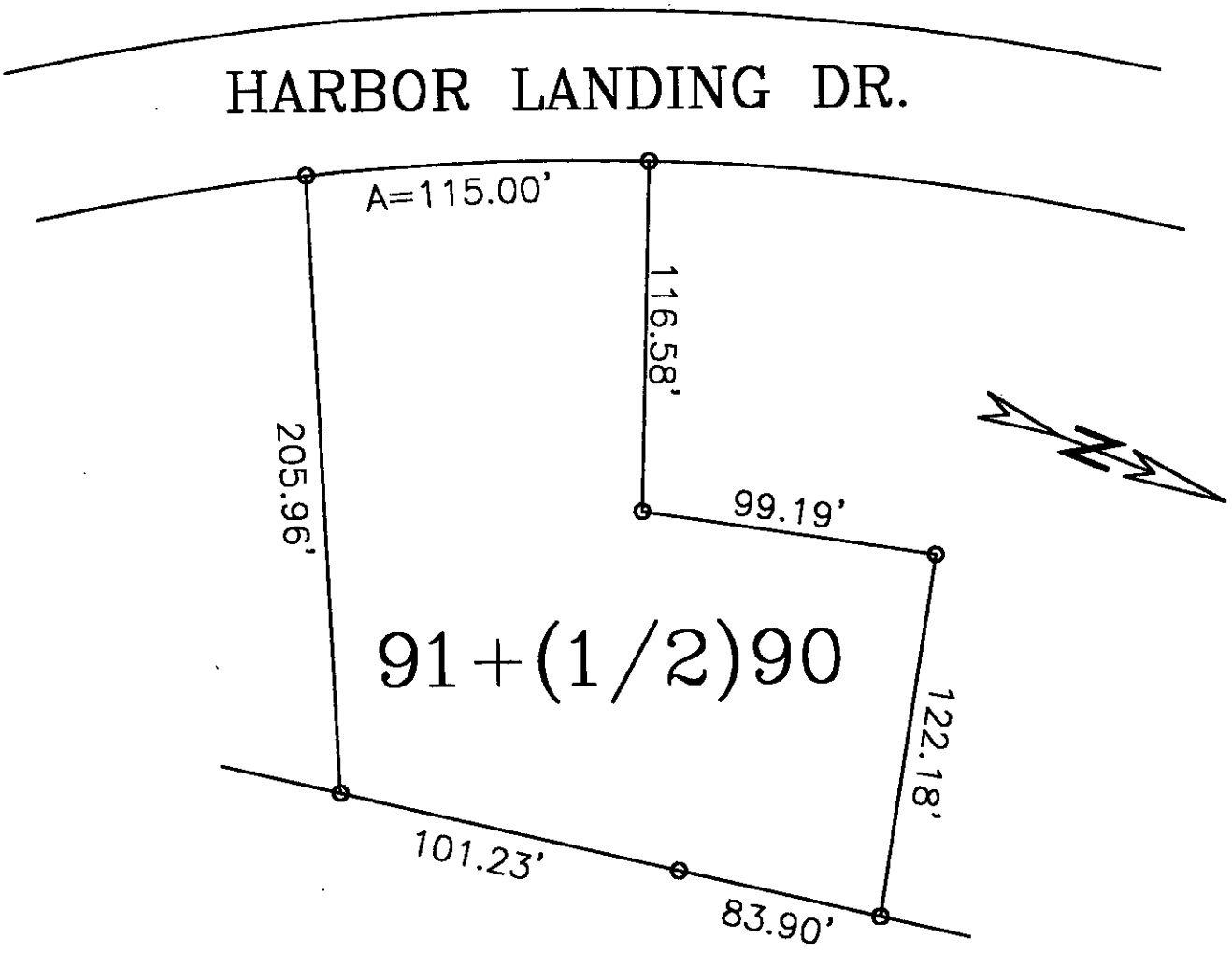
Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

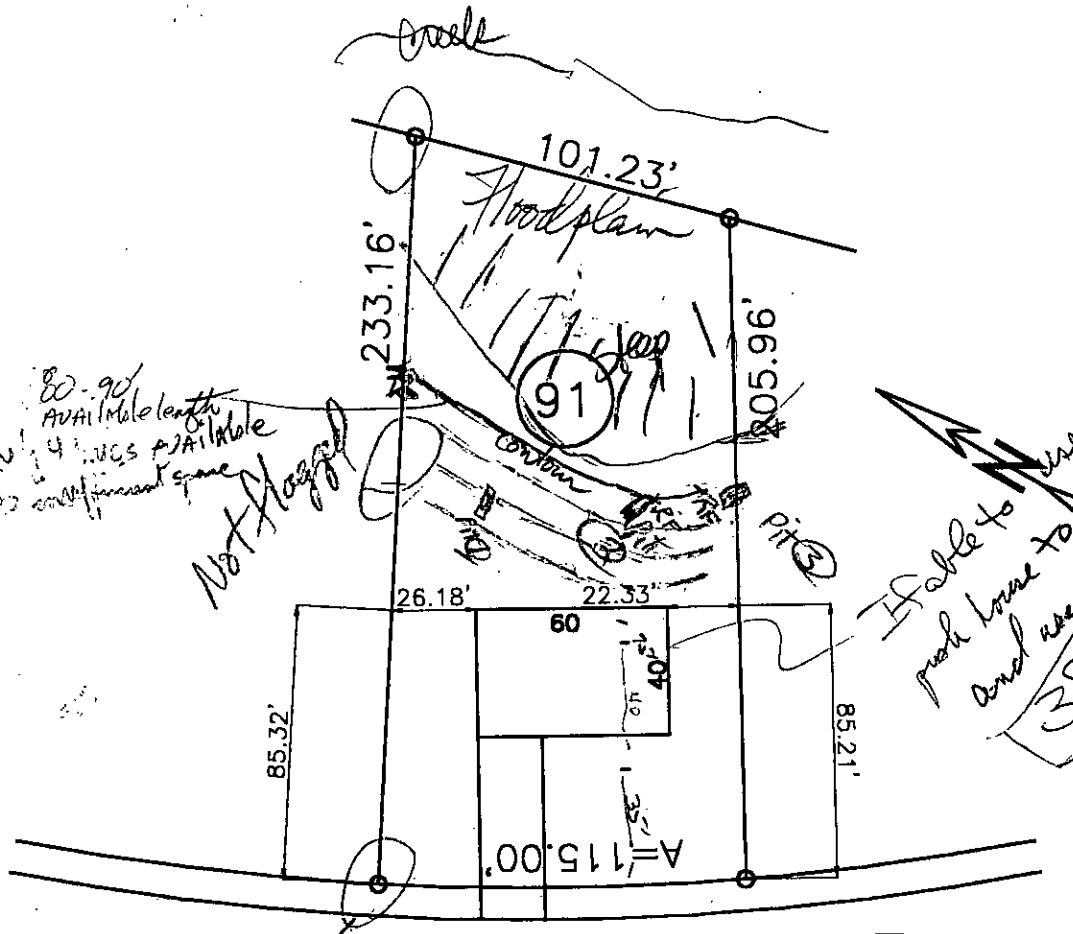
5/19/98 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



LOT #91+(1/2)90
HARBOR LANDING

DAVIDSON TOWNSHIP
OCTOBER 20, 1998

IREDELL COUNTY, NC
SCALE: 1" = 60'



LOT #91
HARBOR LANDING

DAVIDSON TOWNSHIP
APRIL 09, 1998

IREDELL COUNTY, NC
SCALE: 1" = 60'

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 072808 Zoning Permit: X Improvements Permit: 1

Name: STUMPY CREEK LLC Address: 614 N MAIN ST

City: SALISBURY State: NC Zip: 281440000

Phone: 0006336124

Proposed Use: 01

PIN #: 4639734550 PT Zoning: RA Township: 1700

Street Address: HARBOR LANDING DR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR LANDING Lot #: 91 Lot Size: 22359

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: PERTH L ERNE L HARBOR LAND 11TH ON RT

Staff: RRS Date: 03/26/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant:_____
Owner: Agent:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jumpy Creek LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6-9-98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 91 Sect 4 Harbor Landing PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other) _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

Flag right of property line Check other lots

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		0-11	gr sdy lam scl	fr sss sp	37"				PS .03 @ 1374
		11-37	sdy ecl cL	fr so-sss p so p					
		37-58	gr-mottled yc	vfi VSV D exit					
			(glaying increases w/ depth)						
			few med SMD / wp						
2		0-4	gr lam sil	fr					PS .25
		4-35	sdy ecl cL	fr so-sss so sp					
		35-52	wt SMD mcl	fi fr so-sss p m					
			few manganese coatings > 43"						
3	L 18%	0-5	gr-mottled lam s-cL	fr					PS .25-.3
		5-26	V SMD mcl cL	fr so-sss so sp					
		26-48	wt SMD mcl	fi sp-sss p					
			few med gwp / SMD						
4									

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

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

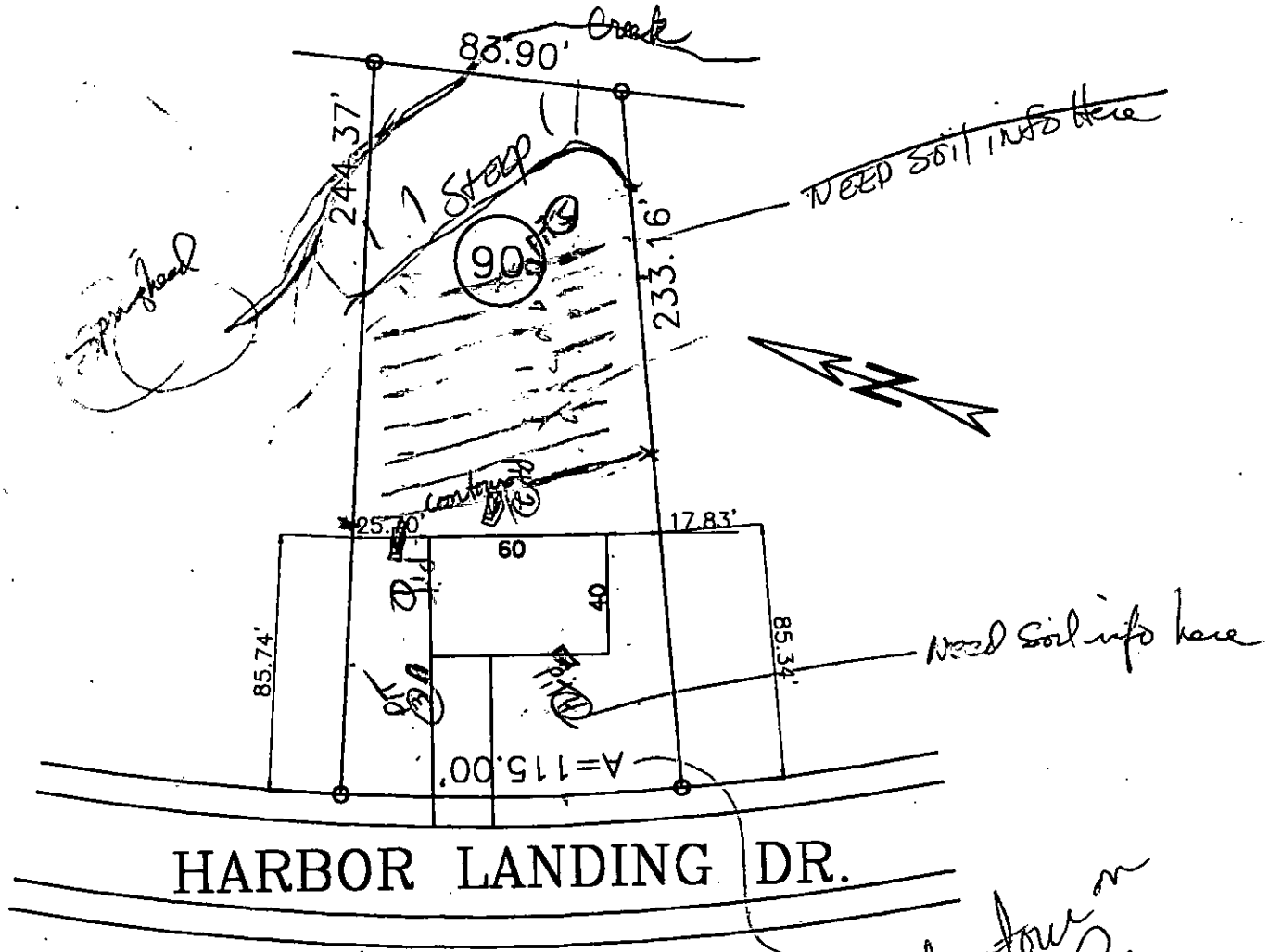
OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 7-11-98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 90 Sect 4 Harbor Landing PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut 9-21-98 Pit #5 0-2 [illegible] PS .25
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed 2-16 SABRC frsp
16-32 SABRC frsp
32-45 wkSAB/RB Rbrn cl fisp
few many coatings

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		0-9	brn sl cl						PS .3 @ ≤ 40"
		9-48	SAB RBrn cl	fr SSSP					
			few many	fine y brn mottles (increasing w/depth)					
2		0-4	brn sl	fr					PS .3 @ ≤ 36"
		4-18	SAB RC	fr-fi SP					
		18-36	wkSAB RCl	fr SSSP					
		36-48	RBrn cl	fr SSSP					
			few many manganese coatings						
3	9-21-98	0-12	brn scl						PS .3 @ ≤ 42"
		12-42	SAB RC/cl	fi SP SSP					
			few vfine mottles						
			Pit only 42" deep						
4	9-21-98	0-19	brn scl						PS .25-.3
		19-40	SAB/wkSAB RBrn cl	fi SP					
			few many fine coatings						
			few fine mottles						

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

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

EVALUATED BY: _____
OTHER(S) PRESENT: _____



LOT #90
HARBOR LANDING

DAVIDSON TOWNSHIP
APRIL 09, 1998

IREDELL COUNTY, NC
SCALE: 1" = 60'

Consider turning the lot into septic easement area with additional good soil close and detour - split along contour line give lower half to 91 for repair and give upper half to 88/89 combination for septic and repair