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: Mike Knox APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 1-23-96
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: ___
LOCATION OF SITE: Lot 45, Millsborg 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	LSS ~8%	0-7	m-wk sab bawl	fr		NA	NA	NA	.3
		7-26	SAB RC	1:1 fi, sp					
		26-48	m-wk sab RCL	1:1 fr SS, sp	40"+?				
			Low chroma mottles 40"+ ? silt coatings?						
2	LSS ~9%	0-6	m-wk sab brwn CL	fr					
		6-20	SAB RC	fi, sp					
		20-28	m-wk sab RCL	fr SS, sp					
			Hit gravelly work @ ~28" hole stopped						
3	LSS 10-15%	0-3	m-wk sab brwn CL	fr		NA	NA	NA	.3
		3-12	SAB RC	1:1 fi, sp					
		12-27	m-wk sab RCL	1:1 fr SS, sp	NA				
		27-48	wk sab RCL	1:1 fr SS, sp					
4	LSS ~6%	0-4	m-wk sab brwn CL	fr SS, sp					.3
		4-18	SAB RC	1:1 fi, sp					
		18-31	m-wk sab RCL	1:1 fr SS, sp					
		31-43+	wk sab RCL	1:1 fr					
			Many brts & qtz throughout rock @ 43"+						

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

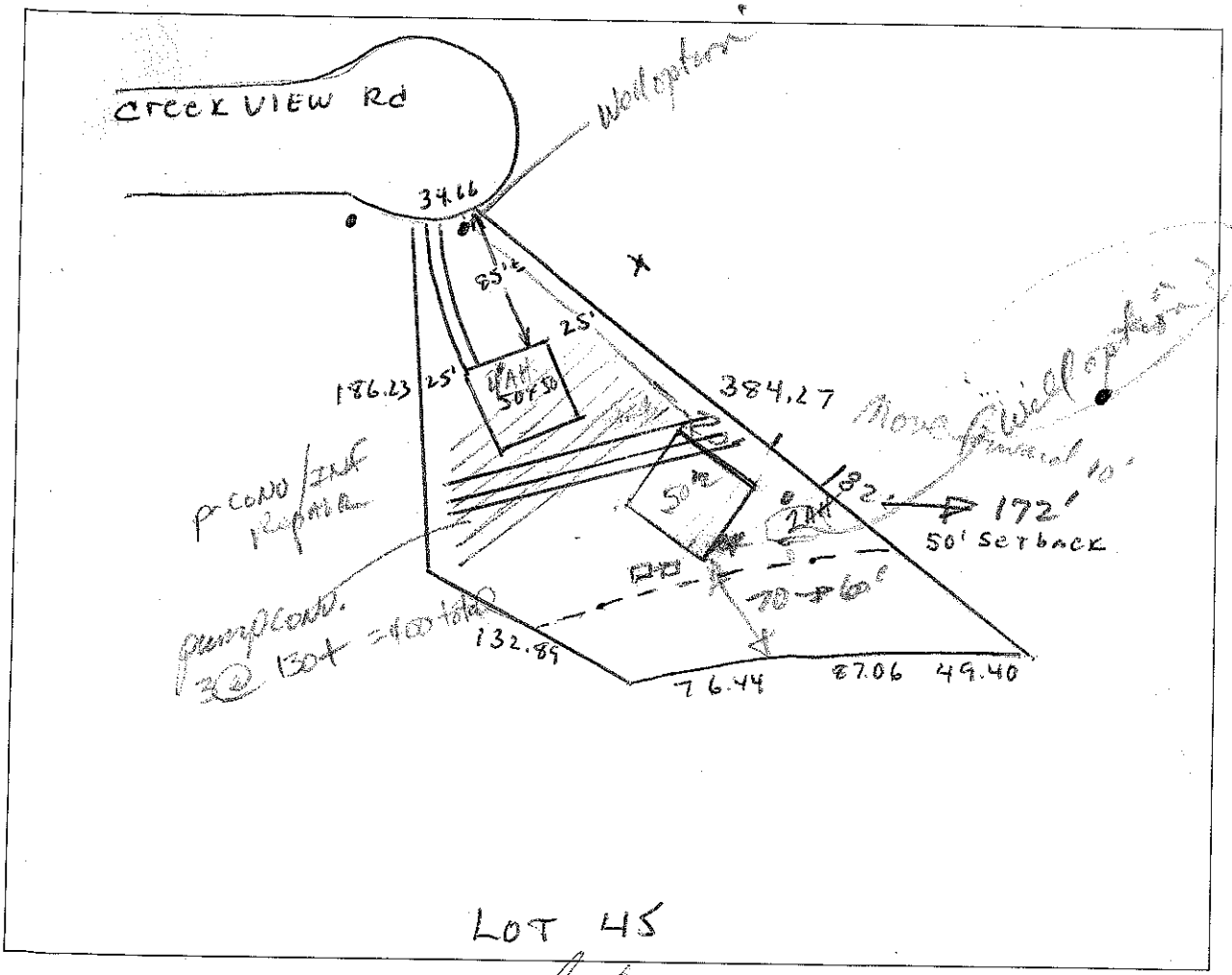
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

11-13-25 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT