05-22-13
pd 195.00 @ Stark
MS



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for Davidson Downes, Lot 5
House Footprint: See Plan
Building Setbacks: 35' front/back, 15' sides
Water Source: Community Well
Number of Bedrooms: 4/480 GPD
Pre-determined LTAR: 0.25 GPD/FT2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size & Material: ½" SCH 80
System Flow: 38.4 GPM
Dosing Volume: 210 gallons
Pump Run Time: 5.5 minutes
Elevation Head: 14.8'
Friction Head: 4.0'
Pressure Head: 2'
Total Dynamic Head: 20.8'
Supply Line Length: 110'
Septic/Pump Tank Size: 1000 gallons
Proposed Trench Bottom: 24" (Initial), 36" (Repair)

Line	Design Length	Actual Length	Elevation
Orange 1		30'	2.9'
Blue 2		38'	3.2'
Pink 3		46'	3.3'
White 4		58'	3.4'
Blue 5		72'	5.3'
Orange 6		86'	7.6'
White 7	**70'**	**85'**	**9.5'**
Orange 8	**70'**	**86'**	**10.6'**
Blue 9	**70'**	**76'**	**11.3'**
White 10	**70'**	**70'**	**12.5'**

Line	Design Length	Actual Length	Elevation
Orange 11	**70'**	**70'**	**13.2'**
Blue 12	**70'**	**70'**	**14.3'**
White 13	**70'**	**70'**	**15.8'**

Initial System: 480' **Repair System:** 330'
Pump Tank Elev.: 19.3' **House Corner Elev.:** 19.0'
Benchmark Elev.: 7.5' (Concrete marker on left property line)

Comments:
There is a current permit issued on this property. It was permitted with a private well, but there is community water available. Iredell County Environmental Health determined the site LTAR to be 0.25 GPD/FT2 and we made soil observations to verify. We have changed the bedrooms from 3 to 4. Backfill for positive drainage, do not cut house pad.

DEPARTMENT OF ENVIRONMENT 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: Davidson Downes LLC _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bedrooms_____PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _____
LOCATION OF SITE: __Davidson downes lot 5_____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 3%	0-4	Br CL WSBK	FR SS SP	Few Mn	48"			PS 0.25
		4-32	R SC W SBK	FR SS SP					
		32-42	R C SBK	FR SS SP					
		42-48	YR C WSBK	FR SS SP					
2	LS 5%	0-4	Br CL WSBK	FR SS SP		48"	Inc SAP		PS 0.3
		4-28	R C SBK	FR SS SP					
		28-48	R CL SBK	FR SS SP					
3	LS 3%	0-3	Br SCL WSBK	FR SS SP		48"	F-C Inc SAP		PS 0.3
		3-24	R C SBK	FR SS SP					
		24-48	R CL WSBK	FR SS SP					
4	LS 5%	0-20	R C SBK	FR SS SP		48"	F-C Inc SAP		PS 0.3
		20-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	640 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

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

EVALUATED BY: ___M A & Assoc._____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: ____________
DATE OF EVALUATION: ____________
COUNTY: ____________

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LS 7%	0-21	R C SBK	FR SS SP		48"	F-C Inc SAP		PS 0.3
		21-48	R CL WSBK	FR SS SP					

COMMENTS: ____________

127256

IREDELL COUNTY HEALTH DEPARTMENT

FAST TRACK

ENVIRONMENTAL HEALTH DIVISION

Intended Layout

Application for IMPROVEMENT PERMIT , 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: ✓ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Davidson Downes Inc	4693 Mariner Ln, Denver, NC 28037	980-297-2787	
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
135 Buckingham Place Rd	Davidson Downes	Lot # 5

Driving Directions: 115 South, Left On Presbyterian, Right On Buckingham, 5th Lot On Left

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 5 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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)* ( ) Existing system--installed in ___ YEAR

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other 25% ( ) 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: ___ 5-22-13

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

$ PAID
Paid Check 1162
$195.00 + 77.25 (cd)

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 127257ZO

Printed: 5/22/2013

Master #: 127257

Associated Permits:
127257ZO Zoning

Applicant

Name: DAVIDSON DOWNES INC
Address: 4643 MARINER LANE
DENVER, NC 28037

Phone: 980-297-2787

Parcel

Parcel Number: 4654883157.000
Address: 135 BUCKINGHAM PLACE DR
Mooresville , NC 28115
Subdivision: Davidson Downes

Zoning: RA
Township: 0300
Area: 0.573
Lot(s): 5

Directions to Parcel: 115 south, left Presbyterian Rd, right Buckingham Place Dr, property on left

Owners

Name: DAVIDSON DOWNES INC
Address: 4643 MARINER LANE
DENVER, NC 28037

Phone: 980-297-2787

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-285474-07	Zoning - Permit Application	$75.00
FEE-285475-07	Technology Fee - Planning	$2.25
FEE-285476-07	Environmental Health - Pump - Fast Track ~~$0.00~~ Intermediate Rilayout 195.00	
	Total Fees:	**$77.25**
REC-146331-07		$77.25
	Total Receipts:	**$77.25**

272.25

Conditions

$ PAID Ck# 1162 5-22-13 aa

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 #:	127257ZO	Subdivision:	Davidson Downes
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	135 BUCKINGHAM PLACE DR Mooresville NC 28115		
Parcel #:	4654883157.000	Zoning:	RA
Lot #:	5 Size: 0.573	Flood Plain:	Watershed: None
Applicant:	DAVIDSON DOWNES INC	Owner:	DAVIDSON DOWNES INC
Address:	P O BOX 31894 CHARLOTTE NC 282310000	Address:	P O BOX 31894 CHARLOTTE, NC 282310000
Phone:	704-634-4586	Phone:	704-634-4586
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	Yes 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: 20000	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:

Directions:

115 south, left Presbyterian Rd, right Buckingham Place Dr, property 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: 3-2-05

ALAINA DILLARD

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

Printed: 3/2/2005

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: ___ 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 _X_ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
DAVIDSON DOWNES INC	PO BOX 31894, CHAR, NC. 28231		704 634 4586
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
DAVIDSON DOWNES INC	POBOX 31894, CHAR, NC. 28231		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
135 BUCKINGHAM PLACE RD	DAVIDSON DOWNES	LOT # 5

Driving Directions: 115 SOUTH, LEFT ON PRESBYTERIAN, RT ON BUCKINGHAM, LOT ON LEFT

****

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 3
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: _____ 3-2-05
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:

- X — Property Line measurements are clearly identified…
- X — 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
- X — Front and side setbacks from property line…
- X — Preferred driveway location and configuration, preferred well location…
- X — Area you prefer your septic system to be placed…
- X — North arrow, or other sufficient indicator of direction…

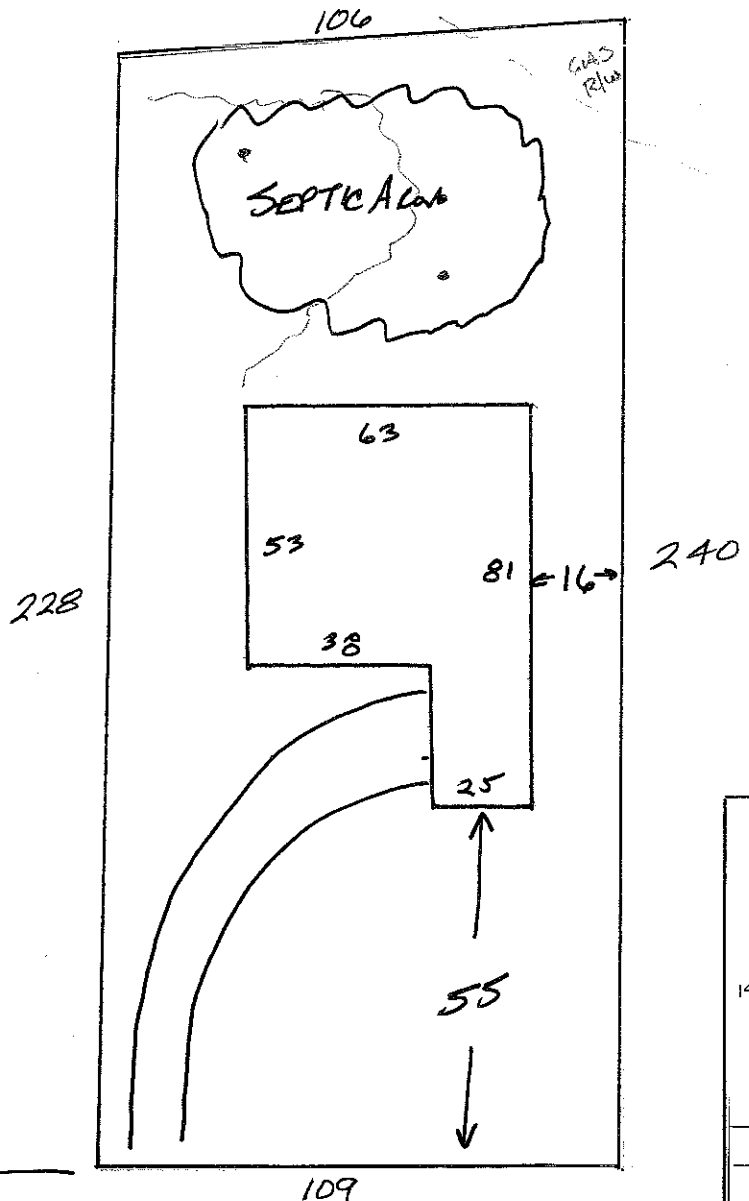
Circle N/A on the following if appropriate:

- ____ 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: _____ _____

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

USE THIS SPACE TO DRAW YOUR SITE PLAN



1-4 SM SBK/CL — SS-SP

5-26 MM SBK/CL SEWP — SS-SP

27-49 MF SBK/CL — SS-WP-.35

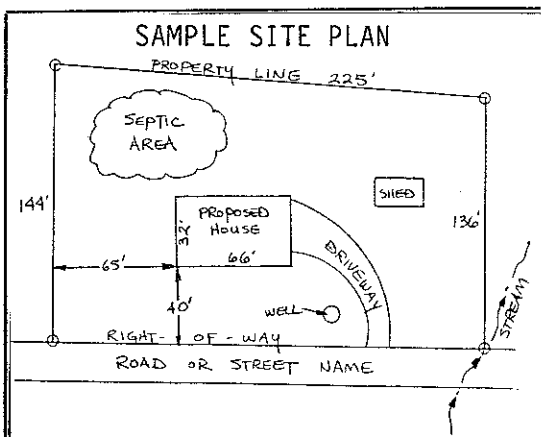
Above

0-6 SM SBK/CL SEWP SS-SP

7-24 SC SBK/C SEWP SS-SP

25-49 MFGR/ SS-WP-.35

#5



BUCKINGHAM

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: Chris Moseley APPLICANT: Same
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/05
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .7
LOCATION OF SITE: Dunham Downs - Lot 3 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9-11% LS Lot 3	0-6	GR / cl	FR SS-SP	B				
		7-16	MF sbk cl	FR SS-SP	R				
		17-39	MF sbk / cl SAP	VFR SS-~SP	R				
		40-49	F sbk / l SAP	VFR NSVP SS-NP	few YR YR				.25
2	9-11% MSCL	0-6	GR cl	FR SS NP					
		7-30	MF sbk l SAP	VFR SS SP					
		31-49	F sbk l SAP	VFR NSVP SS-NP	YR	PS	PS		.25-.3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	LP PPBPS	SAME
Site LTAR	.3	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Sandra
OTHER(S) PRESENT: N/A

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Applicant Information:

Applicant Name: Davidson Downs LLC Address: 4643 Mariner Ln, Denver NC Phone: 980-297 2787 Chris

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 135 Buckingham Place Rd

Subdivision Name: Davidson Downs Section/Phase: _____ Lot Number: 5

Driving Directions: 115 South, Left On Presbyterian, Rt On Buckingham, 5th Lot On Left

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) 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: _____ 3-3-14
Property owner/or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

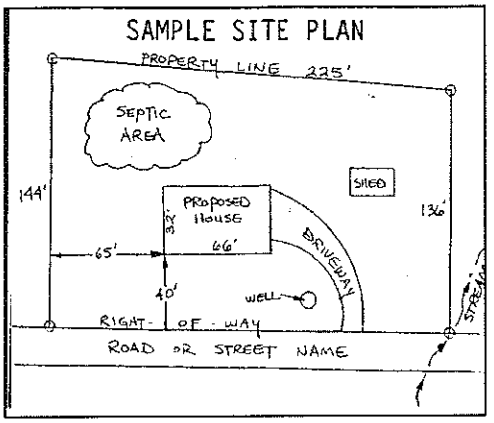
ENVIRONMENTAL HEALTH DIVISION

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:

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

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: _____ 3-3-14

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

DEPARTMENT OF ENVIRONMENT 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: Davidson Downes LLC _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bedrooms_____PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _____
LOCATION OF SITE: __Davidson downes lot 5_____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 3%	0-4	Br CL WSBK	FR SS SP	Few Mn	48"			PS 0.25
		4-32	R SC W SBK	FR SS SP					
		32-42	R C SBK	FR SS SP					
		42-48	YR C WSBK	FR SS SP					
2	LS 5%	0-4	Br CL WSBK	FR SS SP		48"	Inc SAP		PS 0.3
		4-28	R C SBK	FR SS SP					
		28-48	R CL SBK	FR SS SP					
3	LS 3%	0-3	Br SCL WSBK	FR SS SP		48"	F-C Inc SAP		PS 0.3
		3-24	R C SBK	FR SS SP					
		24-48	R CL WSBK	FR SS SP					
4	LS 5%	0-20	R C SBK	FR SS SP		48"	F-C Inc SAP		PS 0.3
		20-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	640 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

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

EVALUATED BY: ___M A & Assoc._____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: ____________
DATE OF EVALUATION: ____________
COUNTY: ____________

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
5	LS 7%	0-21	R C SBK	FR SS SP		48"	F-C Inc SAP		PS 0.3
		21-48	R CL WSBK	FR SS SP					

COMMENTS: ____________