IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12-3785 PIN# 4664-67-0785.018 4664-57-6418 DATE 5/5/05

OWNER OR CONTRACTOR RIDGELINE DEV. / Edwards Const. PHONE: Business 302-5007 Home

ADDRESS 17105 KEATON DR. SUITE 207-C CORNELIUS NC 28031

LOCATION SHEARER'S (S) - SEPTIC ON LT PAST ANNISTON - TL ANNISTON - TR LOGAN - ON LT.

SUBDIVISION ANNISTON BLOCK / SECTION 1 LOT 18 LOT AREA .794C SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .250RD/FT

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth

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

System Description: PUMP OFFSITE @ 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☉ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

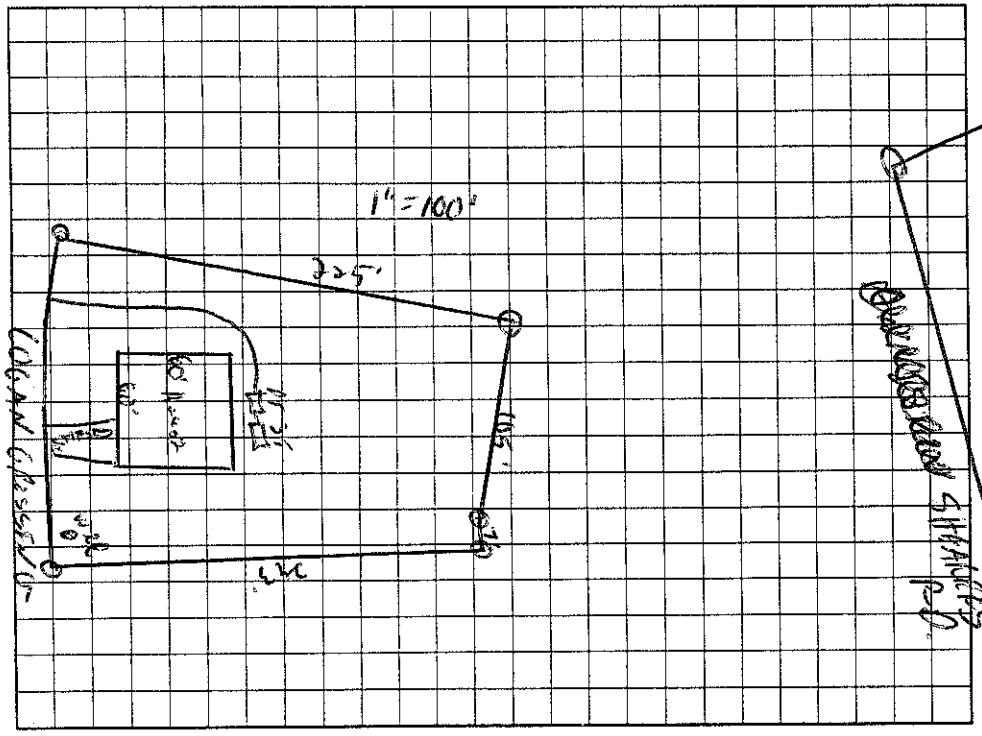
☐ Other

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

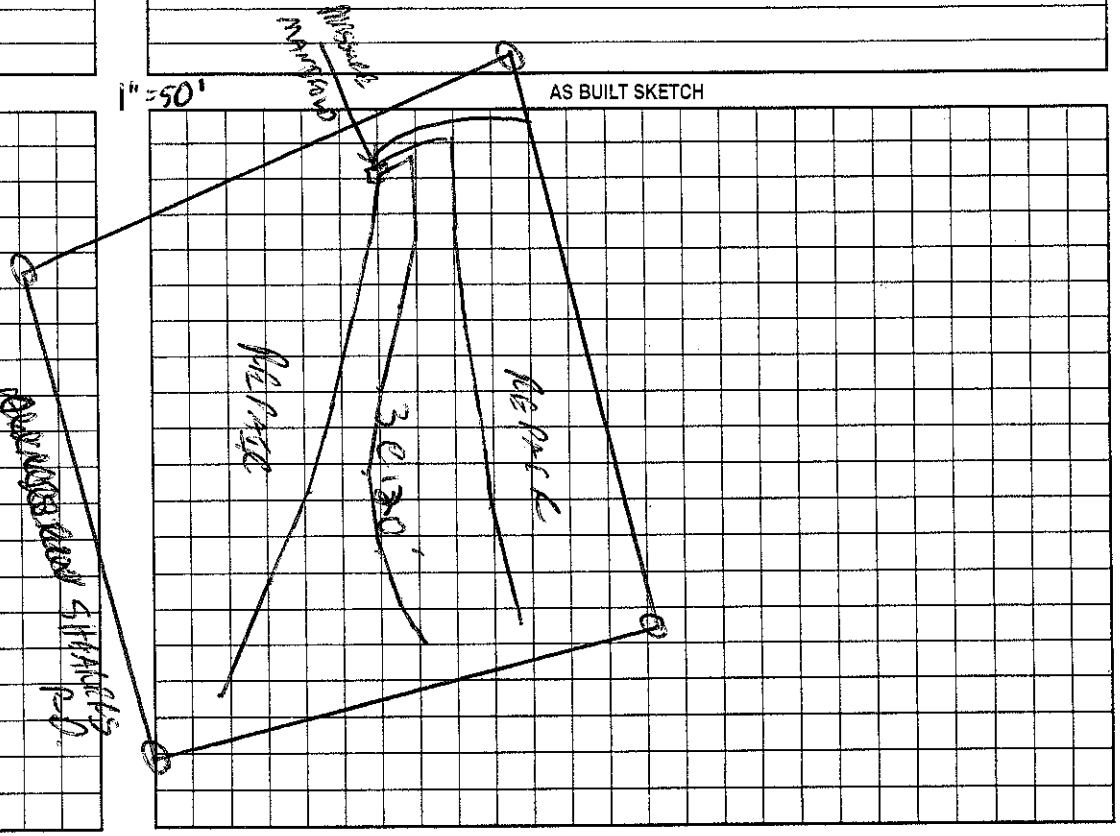
INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

1"=50'



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 5-17-05

Improvement Permit by: RS date 5/5/05

Authorization to Construct by: RS date 4/6/06

Installed by: Marty Lucker

Operation Permit by: Put in Computer as Finaled date 4/5/07

Existing System Inspection by: date

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

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 #: 123285ZO
Proposed Use: Single Family
Location of Property: 000 Logan Crossing Dr. Davidson NC 28036
Parcel #: 4664-67-0278.018
Lot #: 18 Size: .79
Applicant: Ashley Rollins
Address: 2120 Graham Rd
Mt Ulla NC 28125
Phone: 704-746-5046
Property Recorded: No Site Plan Reviewed:

Subdivision: Anniston
Township: 0300 Coddle Creek Outside
Zoning: RA
Flood Plain: No Watershed: None
Owner: Ridgeline Development
Address: 17105 Keaton Dr Suite 207-C
Cornelius, NC 28031
Phone: 704-362-5007
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: 20000
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:
Hold building permit until plat is recorded.

Directions:
Shearers Road South, left on Anniston Way (New Road across from Easter Ln), right on Logan Crossing Dr, 6th 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.

Printed: 8/9/2004

STEPHANIE WHITLOCK

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Ashley Rollans	2120 Graham Rd Mt. Ulla NC 28125	704 278 0989	704 746 5046
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Ridgeline Development	17105 Kenton Dr. Suite 207-C Cornelius, NC 28031		704 362 5007

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Anniston Way Davidson NC 28036	Anniston	Phase I Lot #18

Driving Directions: From Downtown Mooresville, south on 115, Lt on Presbetyrian, Rt on Shoaners Chapel, Prop on Left approx ½ mi.

****

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:**

(X) New Well (N/A) Existing Well ( ) 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_____ (X) No Preference

****

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

(X) 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: Samuel A Rollans — 8/17/04

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…

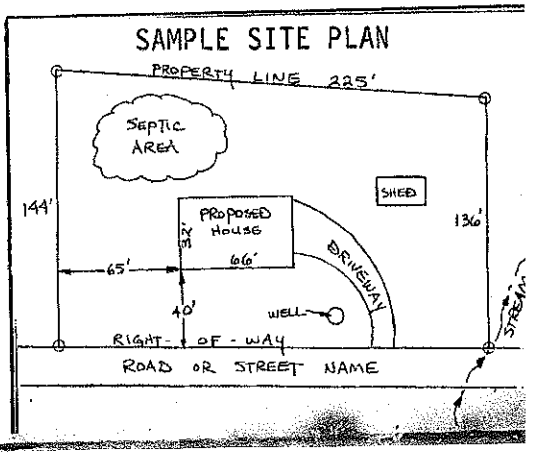
Circle N/A on the following if appropriate:

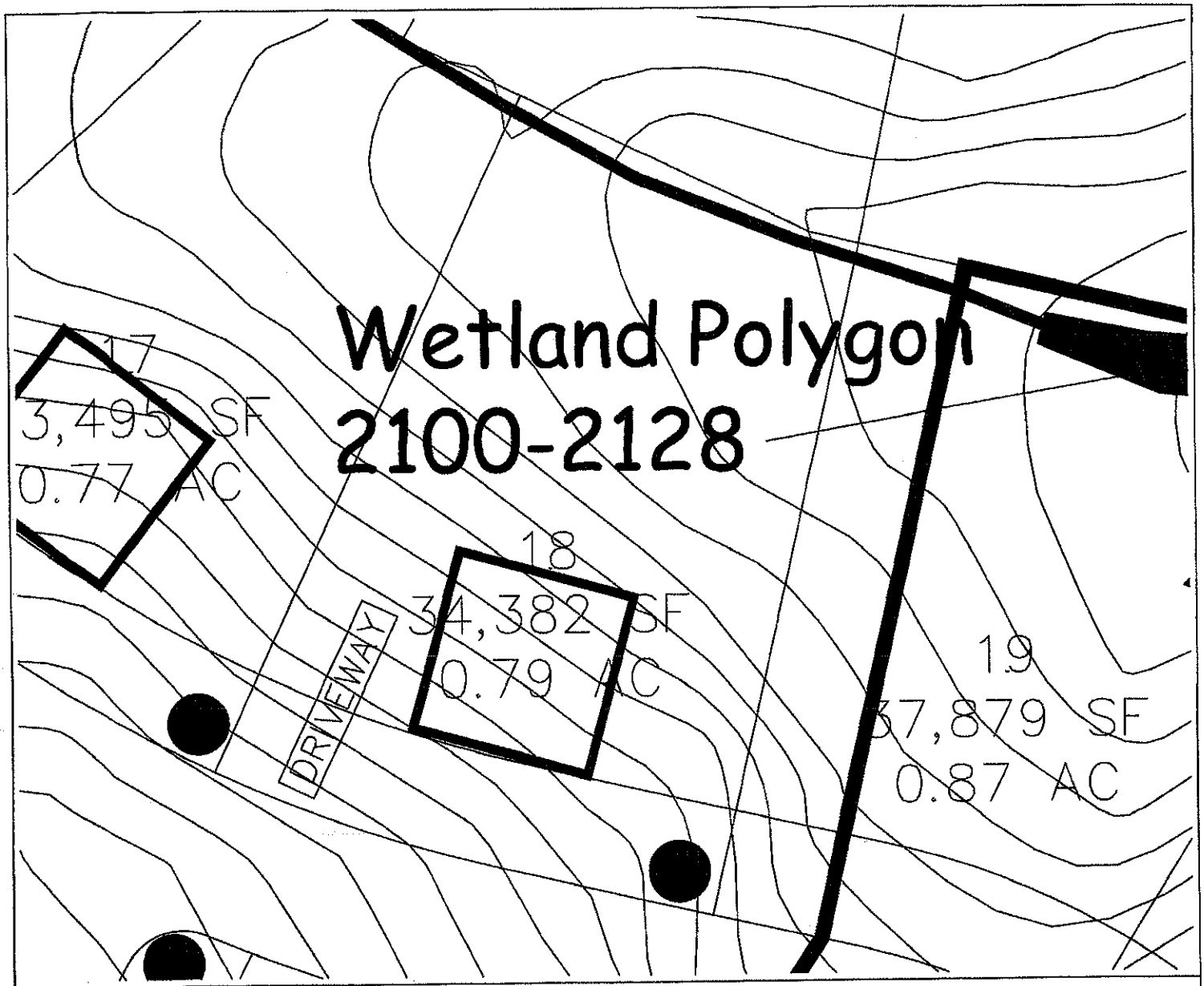
- X — Location of septic systems and wells within 100' of your property… N/A
- X — Location of easements and rights of ways on your property… N/A
- X — Location of any designated wetlands on the property… N/A

Signature: Samuel A Tollison
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/17/04
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- Unsuitable areas.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

**FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. BELOW ARE HORIZONTAL SETBACKS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.
4) 5' SETBACK FROM FOUNDATIONS; 15' SETBACK FROM BASEMENT.

REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL INFORMATION

SHEET 1 OF 1

ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278 - 0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANSFORTCJ@AOL.COM

SHEET TITLE:
SITE PLAN
&
DRAINFIELD AREAS

PROJECT NAME:
RIDGELINE DEVELOPMENT CORP.
– ANNISTON PHASE I –
IREDELL COUNTY, NORTH CAROLINA
AUGUST 2004

FILE C:\JOBS\01-1005
SCALE 1" = 50'
FIELD WORK S.A.R.
DRAWN BY S.A.R.
PROJECT MGR. S.A.R.
PROJECT NO. 01-1005

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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Edwards Construction	2419 Henry Baucom Rd		704-426-7169
Same	Monroe NC 28110		

Owner Name / Mailing Address / Home Phone / Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Hamilton	Lot 18

Driving Directions: _____

****

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

(✓) 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 ___

( ) 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 ( ) 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

****

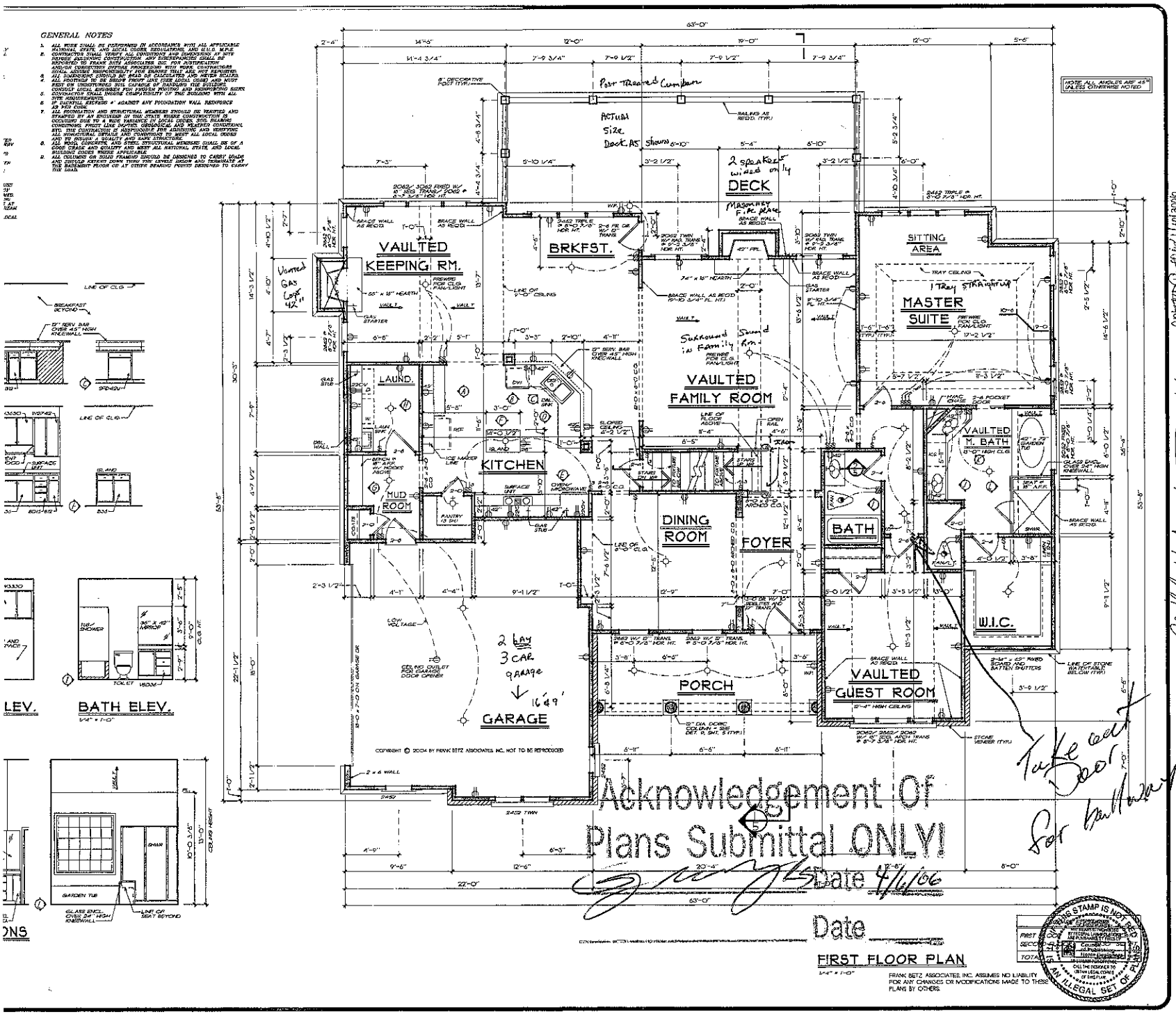
8. **Please Answer The Following To The Best of Your Ability:**

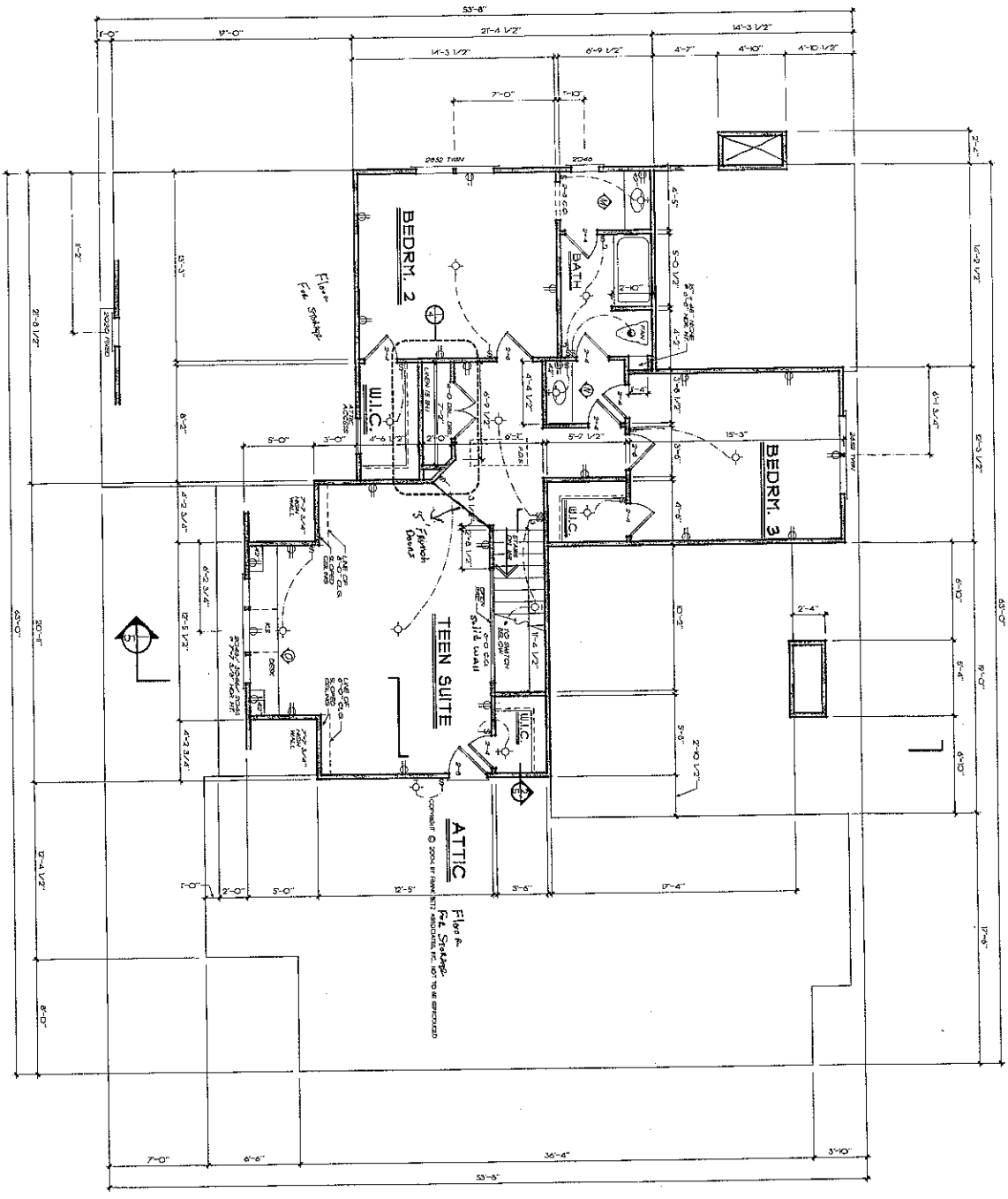
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

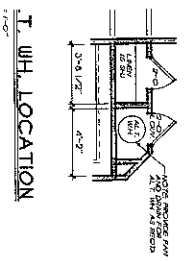
****

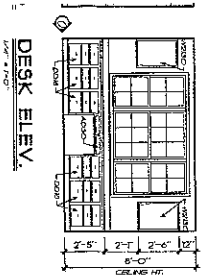
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

9. Signature: _____ 4-6-06
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


GENERAL NOTES
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE, AND LOCAL CODES, REGULATIONS, AND U.L.O. N.F.P.A.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE PROCEEDING WITH CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO THE ARCHITECT/DESIGNER IMMEDIATELY FOR CLARIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH CONSTRUCTION. CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE SHOWN FROM LOG FOOR LEVEL (LOW) AND MUST REST ON UNDISTURBED SOIL CAPABLE OF HANDLING THE BUILDING. CONSULT LOCAL ORDINANCE FOR FROSTLINE FOOTING AND BACKFILLING SIZES.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. IF BACKFILL EXCEEDS 4' AGAINST ANY FOUNDATION WALL REINFORCE AS PER CODE.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE DESIGNED AND STAMPED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURRING. THESE PLANS ARE DESIGNED TO MEET MOST STANDARD CONDITIONS. FROST LINE DEPTH, GEOLOGICAL AND WEATHER CONDITIONS, ETC. THE CONTRACTOR IS RESPONSIBLE FOR ASSESSING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO PROVIDE A QUALITY AND SAFE STRUCTURE.
8. ALL WOOD, CONCRETE, AND STEEL STRUCTURAL MEMBERS SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
9. ALL COLUMNS OR SOLID FRAMING SHOULD BE DESIGNED TO CARRY LOADS AND SHOULD EXTEND DOWN THRU THE LOWER FLOOR AND TERMINATE AT THE SUBGRADE FROOR OR AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.
NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED
Actual Size Deck As shown
2 speaker wired on 1/4
DECK
Post-Tensioned Cumlam
Masonry F.P. Flue
VAULTED KEEPING RM.
BRKFST.
SITTING AREA
MASTER SUITE
1 Tray Straighter
Surround in Family Rm.
VAULTED FAMILY ROOM
LAUND.
KITCHEN
MUD ROOM
DINING ROOM
FOYER
BATH
VAULTED M. BATH
W.I.C.
2 BAY 3 CAR GARAGE
16'-9"
GARAGE
PORCH
VAULTED GUEST ROOM
COPYRIGHT © 2004 BY FRANK BETZ ASSOCIATES, INC. NOT TO BE REPRODUCED
Acknowledgement Of Plans Submittal ONLY!
Date 4/6/06
Date
FIRST FLOOR PLAN
1/4" = 1'-0"
FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.
BATH ELEV.
1/4" = 1'-0"
Take out Door for Mudroom
Copyright Frank Betz Associates, Inc. All Rights Reserved. The Duplication, Reproduction, Copying, Sale, Rental, Licensing, or any other distribution or use of these drawings, any portion thereof, or the plans depicted herein is Strictly Prohibited unless expressly authorized in writing by FBA, Inc.
HOME PLANS
DESIGNED FOR YOUR LIFESTYLE
FIRST FLOOR PLAN/ K.& B. ELEVATIONS
THE McGINNIS FERRY
FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-1666
www.frankbetz.com
BY: RLD CK: KKW
DATE: 6/22/04
SHEET: 3
OF: 5







NOTE: ALL DECKS SHALL BE FLASHED AND SLOPED TO DRAIN AWAY FROM THE HOUSE AND SHALL NOT DRAIN ONTO ADJOINING PROPERTIES. DECKS SHALL BE DESIGNED TO CARRY LIVE LOADS AS REQUIRED BY THE LOCAL BUILDING CODE.

NOTE: ALL ANGLES ARE 45° OR 90° UNLESS OTHERWISE NOTED.

SECOND FLOOR PLAN

1/4" = 1'-0"

FRANK BETZ ASSOCIATES INC. ASSUMES NO LIABILITY FOR ANY MODIFICATIONS MADE TO THESE PLANS BY OTHERS

IF THIS STAMP IS NOT AFFIXED IT IS AN ILLEGAL SET OF PLANS

COPYRIGHT © 2006 BY FRANK BETZ ASSOCIATES, INC. NOT TO BE REPRODUCED

Floor Fire Sprinkler

Jeff Hutchins 11/6/06 Scott Hawn Construction Inc 11/6/2006 Charlene Pistorius 11/10/2006 W.J. Schuant 11/10/06

SHEET: 4 OF: 5

DATE: 4-17-06

BY: FLD CK: KSW

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0886
www.frankbetz.com

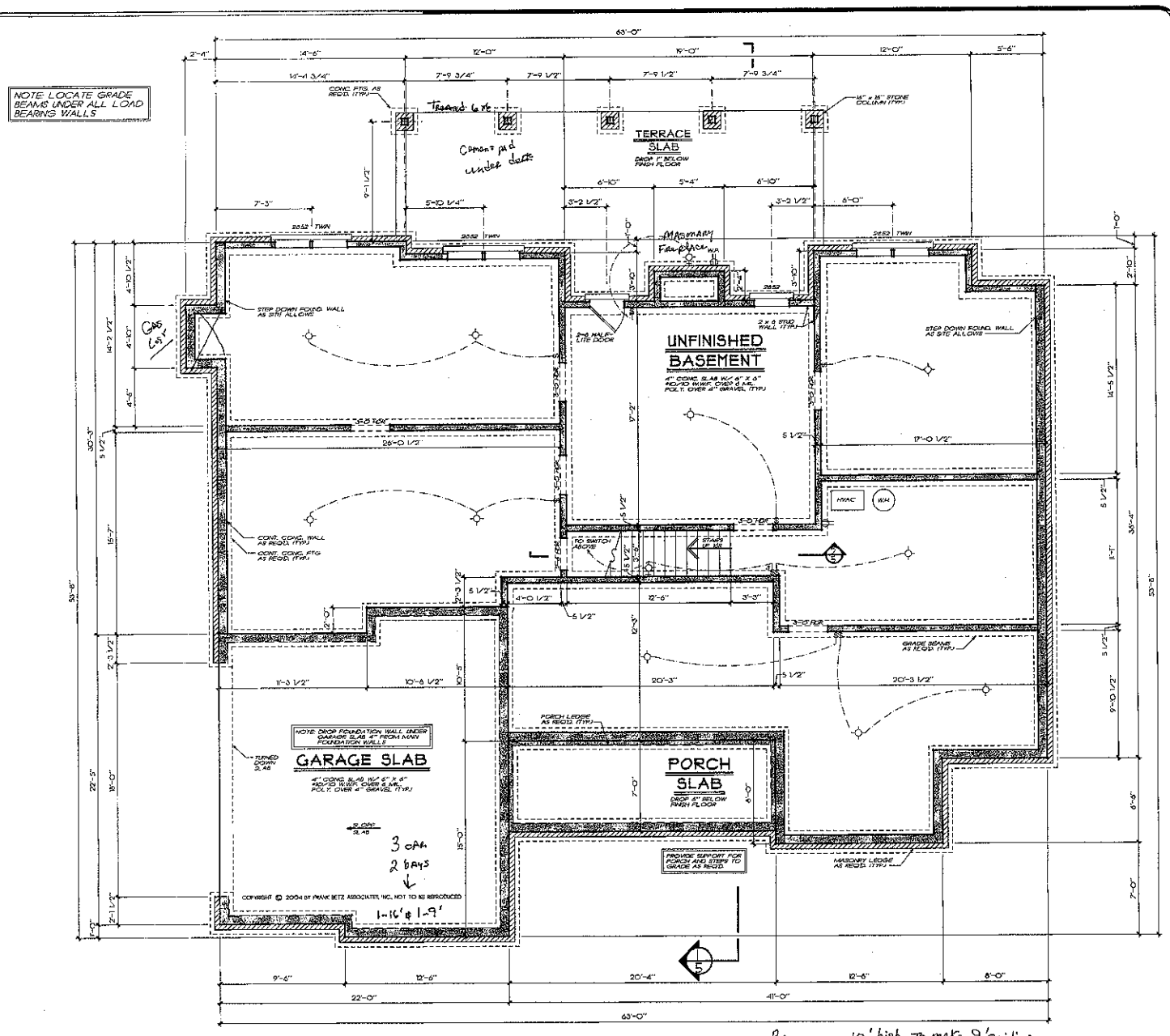
SECOND FLOOR PLAN
BATH/DESK ELEVATIONS

THE McGINNIS FERRY

HOMEPLANS
DESIGNED FOR TODAY'S MARKET

REVISIONS	DATE	BY

Copyright, Frank Betz Associates, Inc. All rights reserved. Unpublished work. Reproduction, display, sale, transfer, or use without prior written permission of Frank Betz Associates, Inc. is prohibited. Any plan or design concept, in whole or in part, whether or not fully executed, is the property of Frank Betz Associates, Inc.



Basement 10' high to make 9' ceiling
unfinished STP out Side wall wiring
Rough in plumbing only For BATH
wired For HVAC only

BASEMENT FOUNDATION PLAN

1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

IF THIS STAMP IS NOT RED IT IS AN ILLEGAL SET OF PLANS

REVISIONS	DATE	BY

Copyright Frank Betz Associates, Inc. All Rights Reserved. The Duplication, Reproduction, Copying, Sale, Rental, Licensing, or any other distribution or use of these drawings, any portion thereof, or the plans depicted herein is Strictly Prohibited unless expressly authorized in writing by FBA, Inc.

Contractor Priceing 11/10/2006
Construction 11/1/2006
Working Drawings 10/10/2006

HOME PLANS

BASEMENT FOUND. PLAN

THE McGINNIS FERRY

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0666
www.frankbetz.com

BY: FLP CK: KRW

DATE: 6/29/04

SHEET: 2

OF: 5

SFE
15A
6,370 SF
SFE
18A
14,513 SF
SFE
19A
14,609
#36A 830' TOTAL
SFE
N11°13'45"W
5 O 3.9' 110'
4 P 3.7' 110'
3 O 3.4' 110'
2 P 3.0' 110'
1 O 2.6' 110'
6 P 4.1'
7 O 4.'

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: _____
ADDRESS: _____ APPLICANT: _____
PROPOSED FACILITY: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
LOCATION OF SITE: Lot 18A Annston PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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		0-6	FSL WL	fr SSSP					PS .25
		6-31	RC SaHfrag	fr SP					
		31-44	RC mfrag	fr SSP					
2		0-34	DRC F SaHfrag	fr SP					.25 To .40
		34-48	DRC FSaH	fr SP Zekiah					
3									
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: _____