BLDR-2024-54329

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT # OSWP 2024-54320

PIN # 4721 -- 72 -- 4270

APPLICANT/OWNER: Christopher Shaw

APPLICANT ADDRESS: PO Box 1061, Troutman, NC 28166

SITE ADDRESS: 111 Monbo Meadows Ln, Statesville, NC 28677

PHONE: 704-902-0086

ALT. PHONE:

SITE DIRECTIONS: N NC21 -> L Old Mountain -> L E Monbo -> R Monbo Meadows -> lot on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Monbo Meadows

SECTION: n/a

LOT # 2

LOT AREA: 0.92

DESIGN FLOW: 480 gpd

L.T.A.R.(Initial): 0.225

L.T.A.R (Repair): 0.225

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 356

Trench Width 24 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) 34 Gravel Depth n/a

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

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

System Description: VPPBPS - IIIe

Repair System Description: VPPBPS - IIIe

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 48

Usable Depth to LC (Repair): 48 *Limiting Condition*

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private

☐ Public

☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

Do not exceed a maximum trench bottom of 34" at any point.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Gary Easter

LSS# 1073

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10014E

AS-BUILT SKETCH

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 time.

Installed as Shown

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: Online Signature Date:

Installed by: Craig Thompson

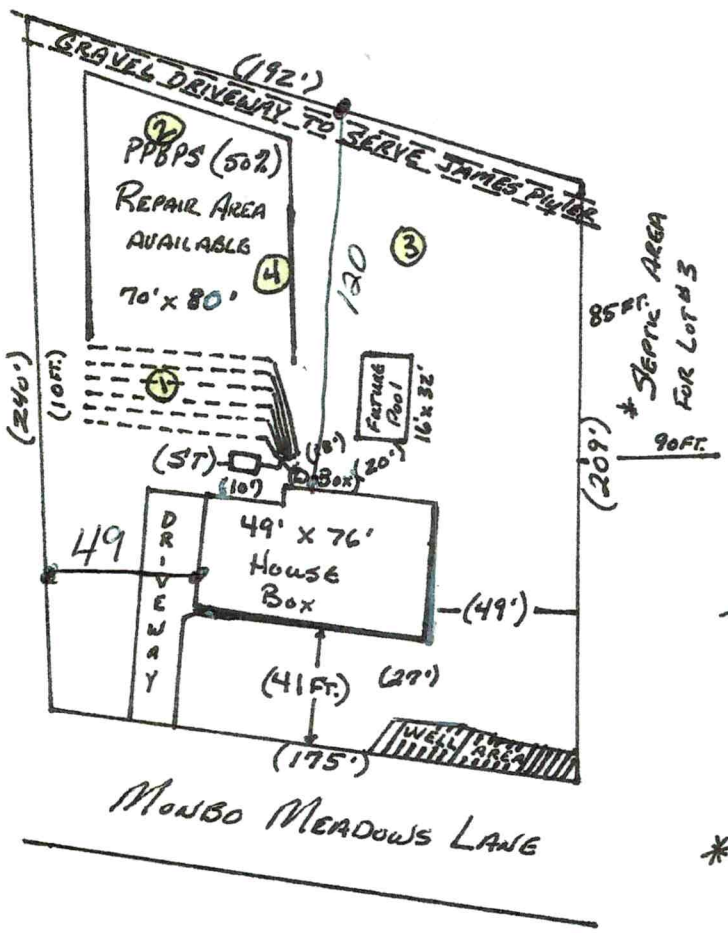
IMPROVEMENT PERMIT by: D. Wieberg ✓ Date: 06/10/2024

OPERATION PERMIT by: Sydney Holland ✓ Date: 11/25/24

AUTHORIZATION TO CONSTRUCT by: D. Wieberg ✓ Date: 06/10/2024

Existing System Inspected by: Date:

MONBO MEADOWS
LOT #2
(.92 ACRES)



NIT. LINES: INITIAL (356 FT.) PPBPS (50%) LTAR (.225)
REPAIR (356 FT.) PPBPS (50%) LTAR (.225)
LINES: (6) 2' x 60' (EACH)
TRENCH DEPTH:
INITIAL 34 INCHES MAX.
REPAIR 34 INCHES MAX.

TRENCH WIDTH:
24 INCHES

TRENCH SPACING:
6 FEET ON CENTER

INSTALL CONCRETE D-BOX

* CALL FOR PRE-CONSTRUCTION CONFERENCE BEFORE GOING TO JOB SITE.
JEFF LINK (336) 909-8624

* WELL AREA: (100FT) FROM (LOT #3) SEPTIC AREA.
(100FT) FROM SEPTIC AREA (LOT #2)
(25FT.) FROM STRUCTURE

SCALE (1" = 60')

N

Permit/Fil OSWP-2024-54620

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: IREDELL
PIN/Lot Identifier: 4721-72-4270.000
Issued To: SHAW CUSTOM BUILDERS
Property Location: 111 MONBO MEADOWS LN.
Subdivision (if applicable) MONBO MEADOWS Lot #: 2 Block: _____ Section: _____
LSS Report Provided: Yes ☑ No ☐
If yes, name and license number of LSS: GARY EASTER 1073 10014E
New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: SINGLE FAMILY RESIDENCE
Number of bedrooms: 4 Number of Occupants: 8max. Other: _____
Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .225 Proposed LTAR (Repair): .225
Proposed Wastewater System Type*: (50%) PPBPS (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type*: (50%) PPBPS (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required
Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ☑ No Saprolite System (Repair): ☐ Yes ☐ No
Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)x: 48" Usable Depth to LC (Repair)x: 48" x *Limiting Condition*
Max. Trench Depth (Initial)*: ~~34"~~ 30* Max. Trench Depth (Repair)*: ~~34"~~ 30* * *Measured on the downhill side of the trench*
Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____
Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☑ No ☐
Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions: * SEE ATTACHED INSTALLERS INFORMATION SHEET

Licensed Soil Scientist Print Name: Gary L Easter 1073
Licensed Soil Scientist Signature: _____ Date: 4/1/24

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

"See attached site sketch"

*Trench bottom altered per conversation with Jeff Link of LEY, see attached email - 30" was intended

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-54320

This Section for Local Health Department Use Only

Initial submittal received: 6/5/24 (*Date*) by RH (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☒ Incomplete (If box is checked, information in this section is required.)

The following items are missing: Required session law statement signed by soil scientist & client

Copies of this were sent to the AOWE/PE and the Applicant on 6/6/24 (*Date*)

State Authorized Agent: D. Wisberg Date: 6/6/24

☐ Complete

State Authorized Agent: _____ Date of Issuance: _____

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: _____

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File # OSWP-2024-54320

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: 6/10/24 (Date) by DW (Initials)

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

statement signed by client

LICENSED SOIL SCIENTIST GARY L. EASTER 1073 STATE OF NORTH CAROLINA

I, Gary L Easter (Licensed Soil Scientist (Print Name)) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

1073 (Signature of Licensed Soil Scientist) — 6-7-2024 (Date)

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: D. Wieberg Date: 06/10/2024

HEALTH AND HUMAN SERVICES

Permit/File #: OSWP-2024-54620

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: IREDELL **Pre-Construction Conference Required:** Yes ☑ No ☐

PIN/Lot Identifier: 4721-72-4270.000

Issued To: SHAW CUSTOM BUILDERS

Property Location: 111 MONBO MEADOWS LN.

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: GARY EASTER 10014E

Facility Type: SINGLE FAMILY RESIDENCE

Number of bedrooms: 4 Number of Occupants: 8 MAX. Other:

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ☑ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* 50% PPBPS (Initial) 50% PPBPS (Repair)

Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 480 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(If yes, please provide engineering documentation)

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 356 feet Trench/Bed Spacing: 6 feet on center

Trench/Bed Width: 24 inches LTAR: .225 gpd/ft² Usable Depth to LC (Initial)*: 48" *Limiting condition

Soil Cover: 12 inches Slope Corrected Maximum Trench/Bed Depth*: ~~34~~ 30* inches * Measured on the downhill side of the trench

Pump Tank Size (if applicable): gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: ft. TDH vs. GPM Grease Trap Size (if applicable): gallons

Distribution Method: ☐ Serial ☑ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☑ No Declaration of Restrictive Covenants: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements:

Permit conditions: * SEE ATTACHED INSTALLERS INFORMATION SHEET

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Gary L Easter 10014E

AOWE/PE Signature: Date: 4/1/24

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

ON-SITE WASTEWATER Certification Number 10014E EVALUATOR

"See attached site sketch"

*Trench bottom altered per conversation with Jeff Link of LEY, see attached email - 30" was intended

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-54320

This Section for Local Health Department Use Only

Initial submittal received: 6/5/24 (*Date*) by RH (*Initials*)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☒ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Required session law statement signed by soil scientist & client

Copies of this were sent to the LSS and the Applicant on 6/6/24 (*Date*)

State Authorized Agent: D. Wisberg Date: 6/6/24

☐ Complete

State Authorized Agent: _____ Date: _____

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: _____

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File # OSWP-2024-54320

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: 6/10/24 (Date) by DW (Initials)

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

Statement signed by client

ONSITE WASTEWATER EVALUATOR Certification Number 1001-E

I, Gary L Easter (Authorized Onsite Wastewater Evaluator (Print Name)) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

1073 (Signature of Authorized On-Site Wastewater Evaluator)

6-7-2024 (Date)

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

X Complete

State Authorized Agent: D. Wieberg Date: 06/10/2024

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: _____ Date: 6/7/24

Owner's Signature: _____ Date: 6/7/24

Installer Information

• 1 Piece Concrete Septic Tank and 1 Piece Concrete Pump approved by NC DHHS shall be used (Shoaf 1000-gallon STB 347 septic tank and Shoaf PT 363 concrete 1000-gallon pump tank recommended)

•All tanks shall be properly back filled and compacted to prevent slump in the future

•The installer is responsible for final grades and returning that grade to original, with the exception of added structural features

•Installation of the system shall be completed during dry conditions in order to protect the soil structure

•All fittings shall be pressure rated fitting

•All joints shall be cleaned with PVC pipe cleaner, and a heavy bodied glue applied to weld all joints

•Trenches shall be carefully excavated so the bottom has no more than ¼" fall in 10 feet, with no high or low areas within. **Do not over excavate trenches!** Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.

•All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the rise.

•Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.

•No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.

•Elevations at pin flag locations should be checked by the installer prior to beginning trenches to ensure accuracy

•If septic tank risers are used, they should be a minimum of 6" above finished grade or within 6" of final grade if buried

See Design Specification Sheet for Onsite Wastewater System information.

•If grading for slab foundation is utilized, do not grade/create greater than 2 feet of elevation difference within 15 feet of any component of the septic or repair. If back filling, do not backfill over any initial or repair septic line.

Onsite Wastewater Initial System is specified as a Vertical PPBPS pressure manifold system and Repair.

The system must be installed in accordance with the current T & J PANEL DESIGN INSTALLATION manual.

•All Onsite Wastewater System components shall be 50' from all wells, 15' away from the basement cut, 5' from any foundation, and 10 feet from all property lines.

Divert all surface water from system area, and seed and landscape wastewater system area.

A site plan is required to a scale of 1 inch to 60 feet or less is required indicating the locations of the proposed facility, number of bedrooms, well location, driveway and all structures.

Sheet ___ of ___
PROPERTY ID #: 4721-72-57
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Ken Shaw APPLICATION DATE ____
ADDRESS: East Monbo Rd. DATE EVALUATED: 5/1/23
PROPOSED FACILITY: 4BR/House PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: .92 Acres
LOCATION OF SITE: Monbo Meadow Lot #2 PROPERTY RECORDED: ____
WATER SUPPLY: (Private) . Public . (Well) . Spring . Other ____
EVALUATION METHOD: . Auger Boring . (Pit) . TYPE OF WASTEWATER: . (Sewage) . Industrial Process . Mixed

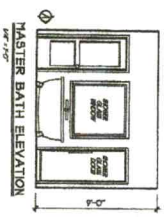
Lot 2

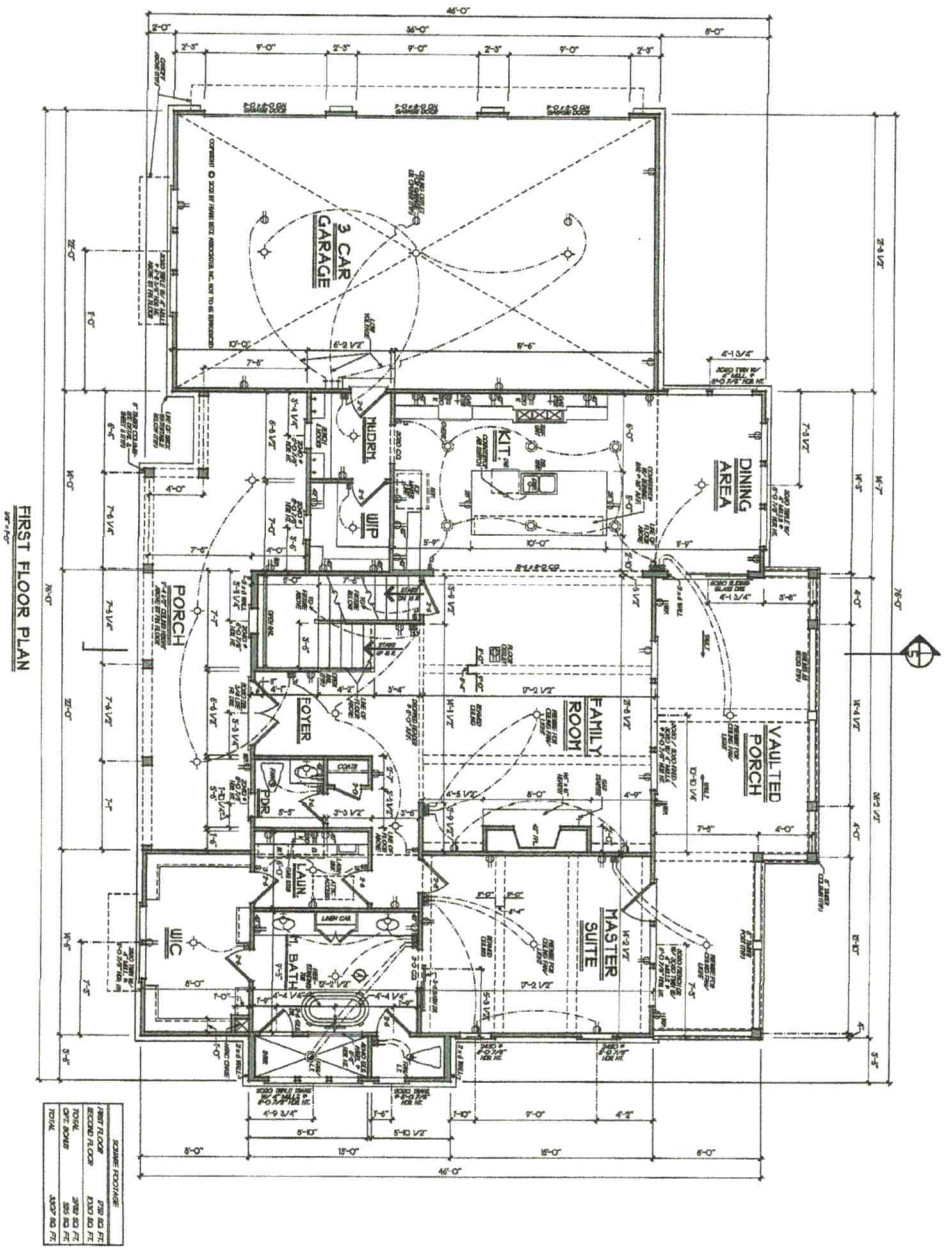
Landscape Position (1940)	FS	L	L	L						
Slope%	2	4	4	4						
H 1 Depth (1943)	0-27	0-10	0-12	0-10						
H1 texture 1941	SCL	SL	SL	SCL						
H1 Structure 1941	Blk	Gr	Gr	Blk						
H1 Consistance 1941	Fr Sp	Fi Sp	Fr Sp	Fr Sp						
H1 Mineralogy 1941	SE	SE	SE	SE						
H 2 Depth (1943)	27-49	10-38	12-39	10-40						
H2 texture 1941	C	C	C	C						
H2 Structure 1941	Abk	Abk	Abk	Abk						
H2 Consistance 1941	Fi P	Fi P	Fi P	Fi P						
H2 Mineralogy 1941	SE	SE	SE	SE						
H 3 Depth (1943)	49-63	38-48	39	40-57						
H3 texture 1941	BC	BC	Rock	BC						
H3 Structure 1941	Abk/m	Abk		Abk-m						
H3 Consistance 1941	Fi Sp	Fr Sp		Fr P						
H3 Mineralogy 1941	SE	SE		SE						
H 4 Depth (1943)		48-68								
H4 texture 1941		SAP SL								
H4 Structure 1941		RC								
H4 Consistance 1941		Fr Sp								
H4 Mineralogy 1941		SE								
LTAR	.225	.225	.225	.225						

LICENSED SOIL SCIENTIST
GARY L. EASTER
7073
STATE OF NORTH CAROLINA

Description	Initial System	Repair	Other Factors 1946
System Type	50%	50%	Site Classification PS
LTAR	.225	.225	30 inch trench depth

Evaluated by Jeff Link Gene Yancy Gary Easter LSS 1073





FIRST FLOOR PLAN

SQUARE FOOTAGE	
FIRST FLOOR	2158 SQ. FT.
SECOND FLOOR	1310 SQ. FT.
TOTAL	3468 SQ. FT.
OPT. BONUS	355 SQ. FT.
TOTAL	3823 SQ. FT.

SHEET C3 OF 5

BY
CK'D
DR.
DATE
JOB #

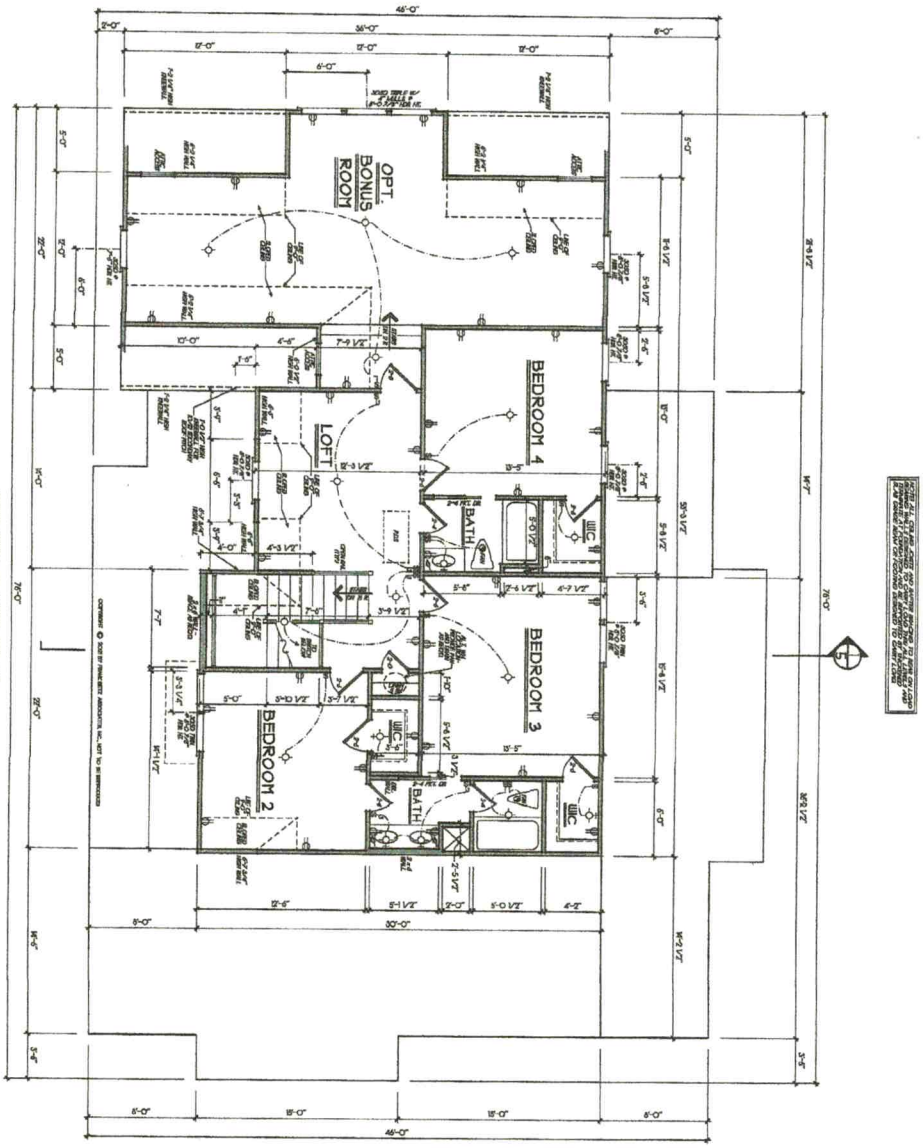
FRANK BETZ ASSOCIATES
12045 HIGHWAY 92, WOODSTOCK, GA 30188
770-431-0588 888-717-3003 WWW.FRANKBETZ.COM

FIRST FLOOR PLAN

THE COLES CROSSING

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REVISIONS	DATE	BY



FRANK BETZ ASSOCIATES

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SECOND FLOOR PLAN

THE COLES CROSSING

REVISIONS	DATE	BY