DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ of _
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: Land Development Services
ADDRESS: PO Box 5602 Statesville APPLICATION DATE: 1-3-00 DATE EVALUATED: _____
PROPOSED FACILITY: 3Rd Rm Dw PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .66Ac
LOCATION OF SITE: Lot 23 Stonecrest End of Compton Pk off Old Mt Rd 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1	L R 5-8%	0-10	SiB C	FR SS SP					0.5
		10-52	SiB C SAP Redoxim	FR					.3
2	L S 10-25%	0-6	SiB LC	FR					PS
		6-30	SiB C	FR					
		30-40	SiB C SAP Redoxim	FR					0.3
		40-52	C/SAP						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	~	
System Type(s)		
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): .3
EVALUATED BY: [illegible] SR
OTHER(S) PRESENT: _____