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: Erin Wolfe
ADDRESS: ___
APPLICANT: ___
APPLICATION DATE: 5-3-99
DATE EVALUATED: 6 23 99
PROPOSED FACILITY: 3Bdrm House
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1.0 Ac
LOCATION OF SITE: Abey Rd on Right
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	PROFILE CLASS & LTAR
1	S 8%	0-30	SBK C SAP Inclusions	FI SS SP SEXP					PS Slow .3
		30-36	SBK C/SaMy	FR					
		36+	SAP						
2	CC 5%	0-48	SBK MOD C	FI-VFI SS SP SEXP					PS .3
3	S	0-24	SBK C	FI SS SP SEXP					U
		24+	SAP						
4	R 0-10%	0-40	SBK C	FI SS SP SEXP					PS .3
		40-48	SAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 Sqft	Same
System Type(s)		
Site LTAR	.3	.3

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