DEPARTMENT OF ENVIRONMENT 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: _____Corinthian Builders_____
APPLICATION DATE_____
ADDRESS: Ostwalt Amity Rd_____ DATE EVALUATED: _____
PROPOSED FACILITY: ___3BR_____PROPOSED DESIGN FLOW (.1949): ___360_____ PROPERTY SIZE: _____
LOCATION OF SITE: _____Lot 28_____ PROPERTY RECORDED: _____
WATER SUPPLY: Private Public Ξ Well Spring Other _____
EVALUATION METHOD: Ξ Auger Boring Pit Cut TYPE OF WASTEWATER: Ξ Sewage Industrial Process Mixed

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
1	L 2-5%	0-3	WFGR / SCL	NS NP FR / NEXP	>46	>46	NA	PS	PS .275-.3
		3-46+	MMSBK / C	SS SP FI / SEXP					
2	L 2-5%	0-8	WFGR / SCL	NS NP FR / NEXP	>46	>46	NA	PS	PS .3
		8-30	MMSBK / C	SS SP FI / SEXP					
		30-42	MFSBK / C	SS SP FI / SEXP					
		42-46+	WFSBK / CL	SS SP FR / SEXP					
3	L 2-5%	0-6	WFGR / SCL	NS NP FR / NEXP	>46	>46	NA	PS	PS .3
		6-30	MMSBK / C	SS SP FI / SEXP					
		30-40	MFSBK / C	SS SP FI / SEXP					
		40-46+	WFSBK / CL	SS SP FR / SEXP					
4	L 2-5%	0-4	WFGR / SCL	NS NP FR / NEXP	>46	>46	NA	PS	PS .3
		4-28	MMSBK / C	SS SP FI / SEXP					
		28-40	MFSBK / C	SS SP FI / SEXP					
		40-46+	WFSBK / CL	SS SP FR / SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360LF	365LF
System Type(s)	Innovative	Innovative
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: WO
OTHER(S) PRESENT: FB PM

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
1218
STATE OF NORTH CAROLINA

COMMENTS:_____

LEGEND
use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE

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 %	HORIZ ON 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	L 2-5%	0-3	WFGR / SCL	NS NP FR / NEXP	>42 Sap inclusions Few yellow mottles.	>42	NA	PS	PS .275
		3-30	MMSBK / C	SS SP FI / SEXP					
		30-38	MFSBK / C	SS SP FI / SEXP					
		38-42+	WFSBK / CL	SS SP FR / SEXP					

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COMMENTS: ____________