ISION OF ENVIRONMENTAL HEALTH
-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

2-4-2000 DRAINfield AREA Cut to remove most of 4 tree dbh per Russell/Williams directions DPH

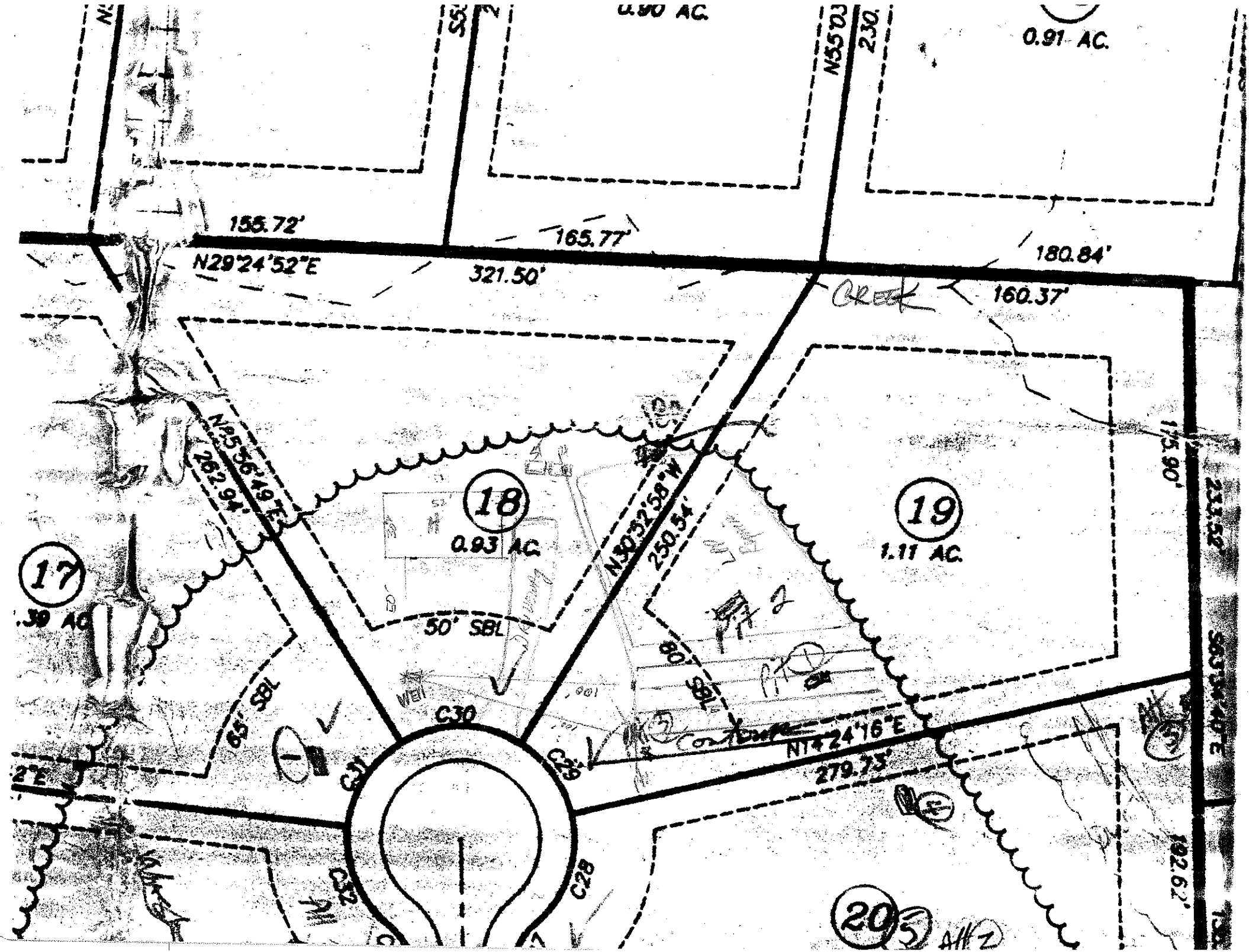
WNER: _____ APPLICANT: _____
DDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: JAN 3, 2000
OPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
CATION OF SITE: Lot 19 Bayberry Way PROPERTY RECORDED: _____
ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
ALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut hole on lot 18 - 18A
PE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

0-18 gy-wksab sl/scl
18-34 sab sc fragl
34-60 frgsdst mott
60-70 gleyed sc
12 @ 24-34"

.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)	0-5	gr bsk sl/scl						maybe 1 or 2 <36" >36"
	5-16	wk fine gr sab R scl	fi sp					
	16-34	wk fine sab AB c/cL	fi sp					
	34-54	M/L	fri to pl		<3 ≥ 36"			
				Zone 5-34" area of lowest				
Lot 20 (3)	0-12	sab channel fr sp						.25
	12-48	wk sab chan-brn c/cL fr sp few-common yellow mottles						
(2)	0-34	sl/cl/c few-common prominent yellow mottles	fr sp-ss sp					1 or 2
	34-50+	frag-dst mottled c/cL few chz		34+				
(3) Lot 19	0-12	BSCL FR/FR	SS/P					
	12-24	YRSC FR	wss/p sp	common YB Mottles				.25
	24-48	YRCL/RCL FR	WSS/P SP/P	few 2 chroma @ 48"				
				CLAY MAY HAVE MIX MIN. SLICKEN SIDES				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
able Space (.1945)		
n Type(s)		
TAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____


0.90 AC.
0.91 AC.
155.72'
N29°24'52"E
165.77'
321.50'
180.84'
160.37'
CREEK
N25°56'49"E
262.94'
18
0.93 AC.
N30°32'58"W
250.54'
19
1.11 AC.
175.90'
17
50' SBL
65' SBL
80' SBL
C30
C31
C29
C28
C27
N14°24'16"E
279.75'
20
192.62'

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: Nov. 29 98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 18 Deer Valley 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) .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		0-10	[illegible] sl	fr ss sp					(4)
		10-15	orgn? gn brn sl	sl fr ss sp	23"				
		15-24	wk fsbk ybrn cl	brn sc fr sp mxed					
		24-60	gl gybl sc	fr sp mxd/lpp					
2		0-9	pbr cl						(4)
		9-29	ybrn sl	wk fsbk fr ss sp					
		29-56	mxd gybl sc	fr sp exp	18-24" sat zone water table gybl 29"				
3		0-4	gn-wk sbk brn sl	fr ss sp					(4)
		4-24	sbk brn R	sl ft few ybrn mottles fr ss sp				at least 24" soil depth restr.	
		24-50	wk fsbk/mas ybrn c	fr fr sp	sat zone				
		50-56	gl gybl sc	fr fr sp mxd/lpp					
		0-4	gn-wk sbk brn sl	fr ss sp					.075+ LPP
		4-28	sbk/mas ybrn cl	few-common ybrn mottles					
		28-54	mxd ybrn sc/sl	common mottles fr sp — few chr 2 drainage mottles	30"				
				mxd					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
tem Type(s)		
LTAR		

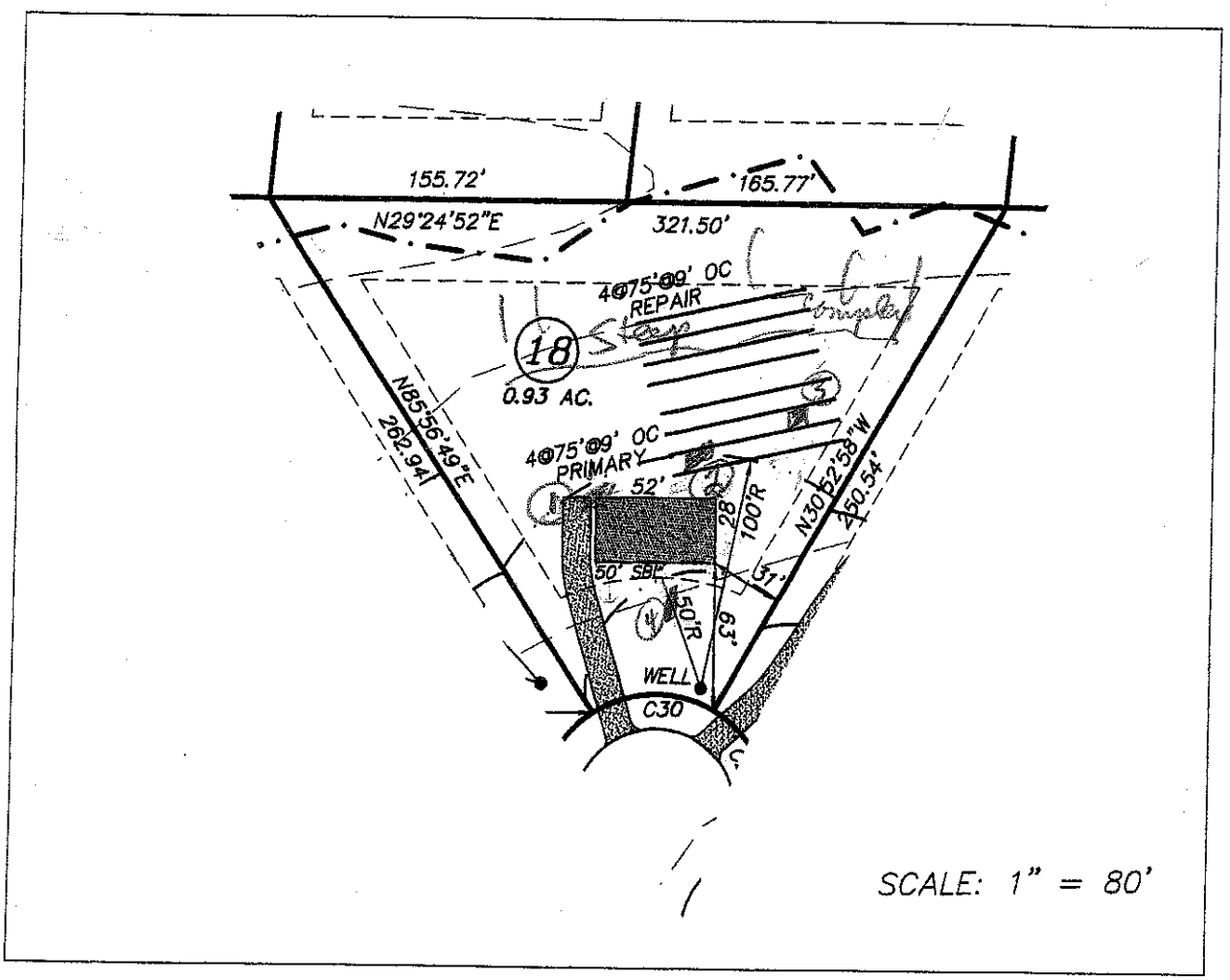
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

9/30/99 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT