

7823 COOPER LN

14110302

6/17/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

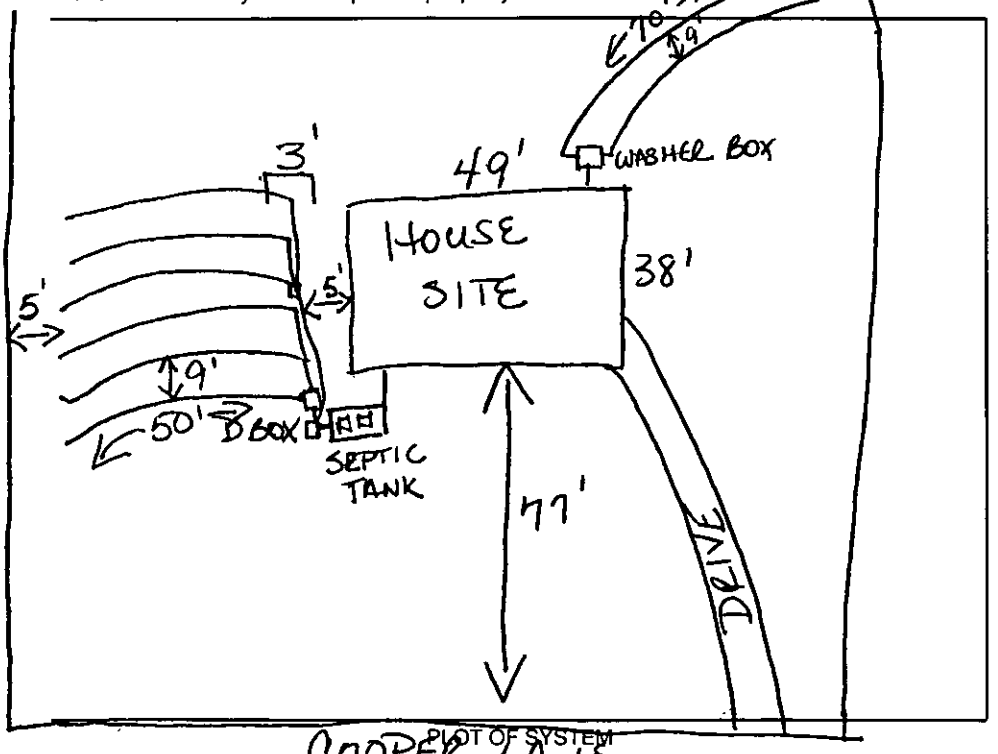
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10716 DATE: 7-31-96

TC: 141-095-18 X L

SERIAL Nº 16946

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8/1/96. All work shall be completed on or before 8/31/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 3'

Absorption and/or Nitrification Lines:

Trench Width 36' feet

Trench Walls Scored and Porous yes

Total Line Length 440 feet

Number of Lines 6@50' Septic Lines Washer 2@70'

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well MUNICIPAL feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Darlene Moore

LOCATION OF PROPERTY 7823 Cooper Lane

Comments: 1500 SEPTIC TANK, (1) WASHER BOX, (3) Distribution Boxes, 6 LINES @ 3'X50'X12" STONE, WASHER LINE 3'X70'X12" WITH A WASHER BOX.

Jane Higgins Burney, R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Judy Worthington
Fax & Bill
332-9348
578-8294 (beeper)

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Judy Worthington TELECOPIER # 332-9348

FROM: Toni Higgins Bunney DATE 8/1/96

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: SEPTIC TANK PERMIT FOR DARLENE MOORE

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

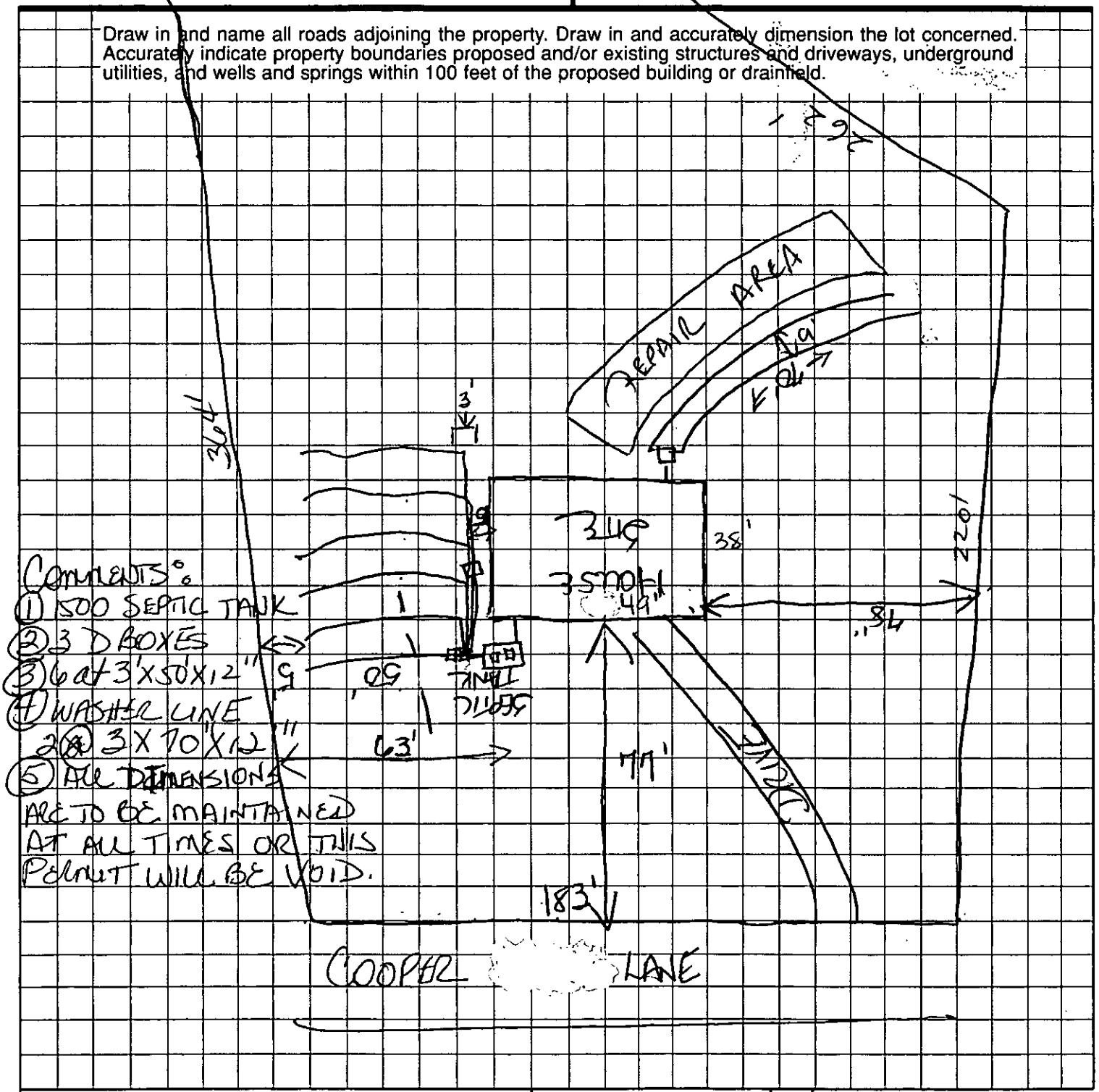
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10716

TC: HI-075-18

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS:
1. 1500 SEPTIC TANK
2. 3 D BOXES
3. 6 at 3'X50'X12"
4. WASHER LINE 2@ 3X70X12"
5. ALL DIMENSIONS ARE TO BE MAINTAINED AT ALL TIMES OR THIS PERMIT WILL BE VOID.

APPROVAL DATE 2/15/96 JHB

OWNER/AGENT SIGNATURE

DATE 2/27/96

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

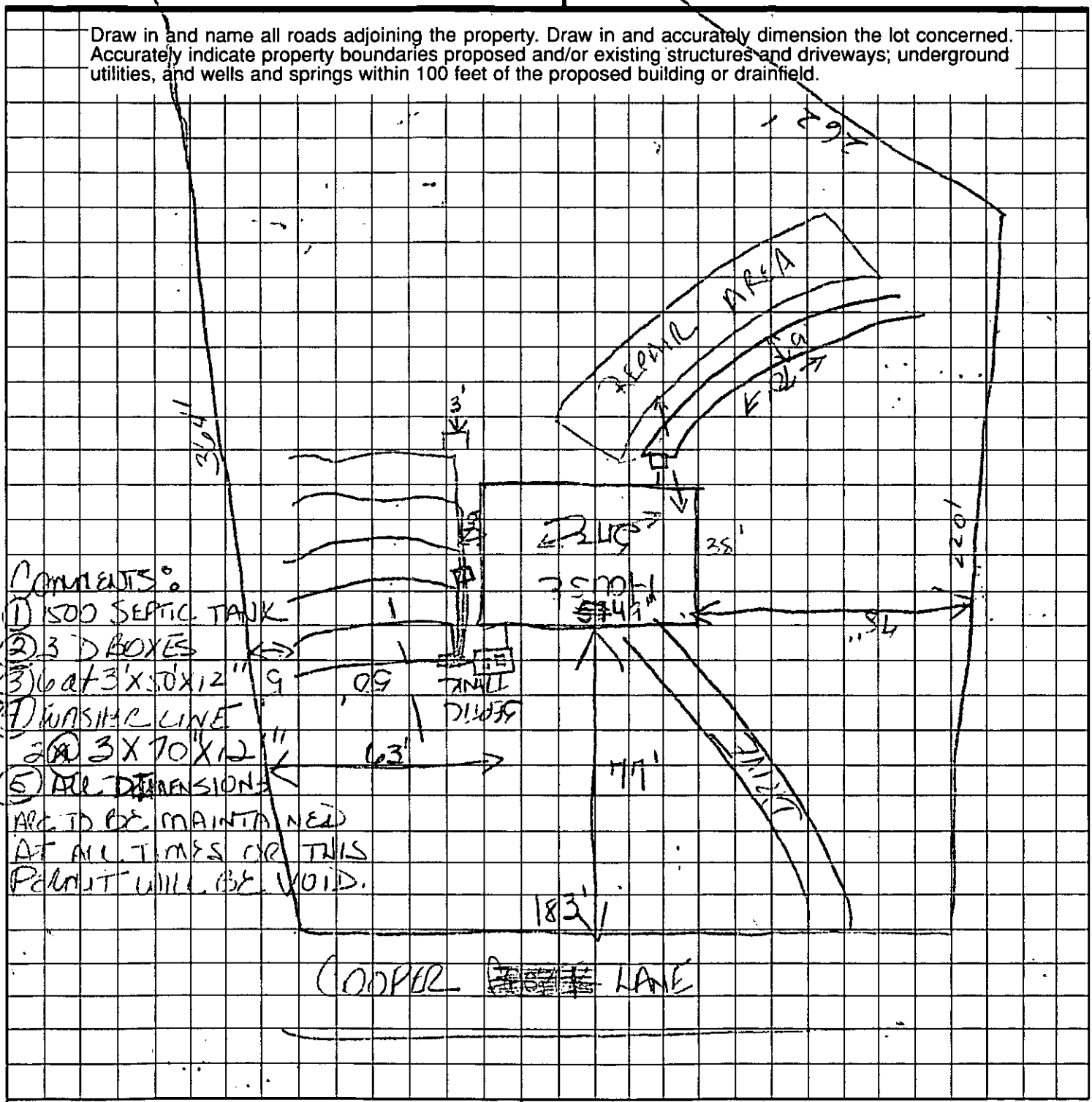
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10716

TC: H1-075-18

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways; underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS:
1. 1500 SEPTIC TANK
2. 3 D BOXES
3. 6 @ 3'X30'X12" 9
4. TRANSITE LINE
5. @ 3X70'X12"
6. ALL DIMENSIONS ARE TO BE MAINTAINED AT ALL TIMES OR THIS PERMIT WILL BE VOID.

APPROVAL DATE 2/15/96 JHB

OWNER/AGENT SIGNATURE

DATE 2/27/96

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

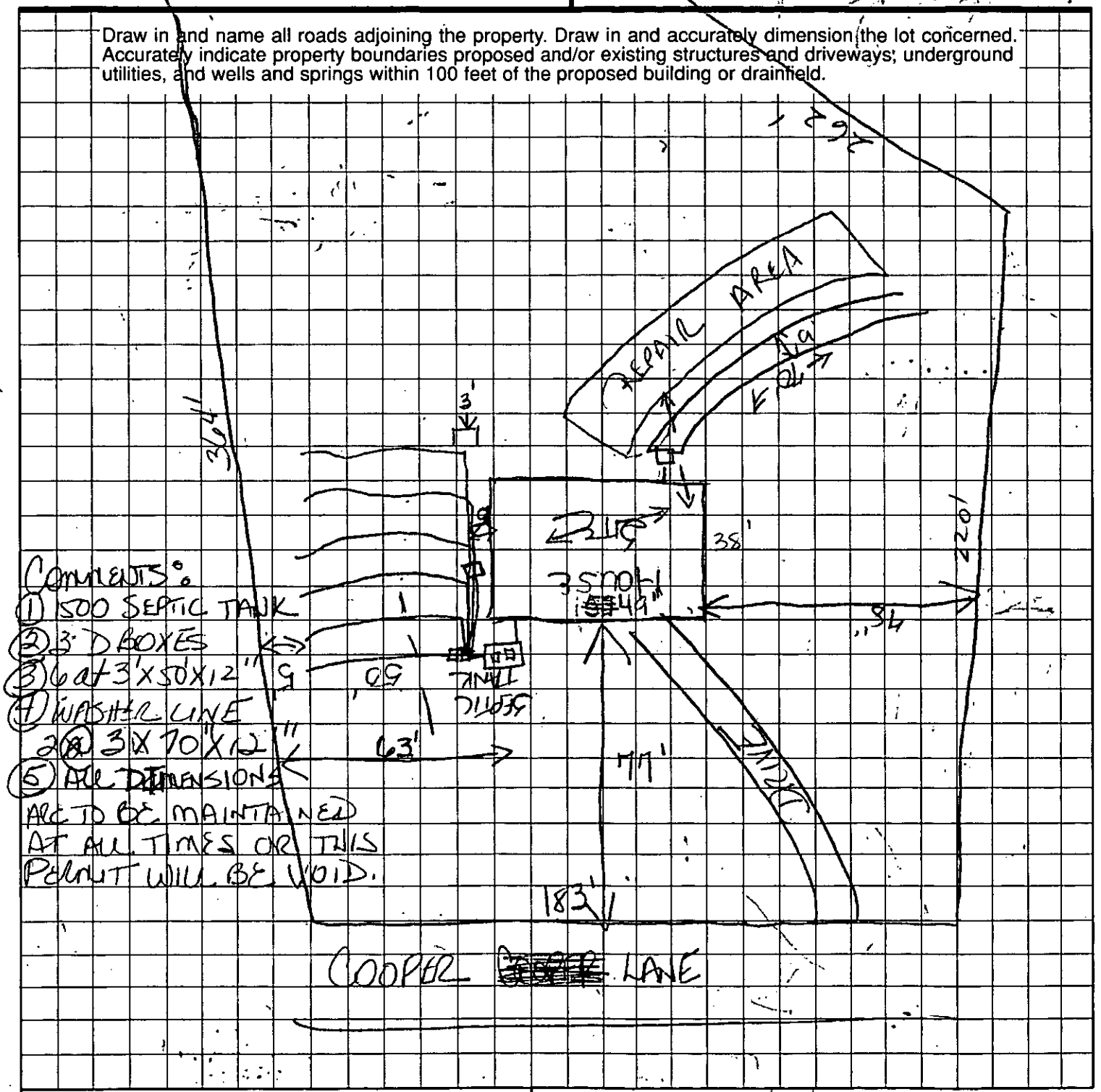
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APPROVAL DATE 2/15/96 JHB

OWNER/AGENT SIGNATURE

DATE 2/27/96

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Permit Number: 10716

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 141-095-18

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200' Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1600 1 WASHER BOX Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	— Gallon pump tank	12" Depth of stone	

Any surface waters present: YES Type: LAKE Minimum separation distance:

Site modifications required: HOUSE SITE MOVED TO ACCOMODATE GRAVITY-FED SYSTEM.

Additional Conditions: ① ANY CHANGES WILL REQUIRE PUMP. AND VOID PERMIT.
② NO REPAIR REQUIRED PER. 1945. SEE PLOT ON FILE.

Repair Area System Type 1945 Type (circle one): I II III IV V VI NOT REQUIRED PER	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

SEWER AVAILABLE WITHIN 1 to 2 yrs.

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effec at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Jane Higgins Bunny 2/15/96
DEHNR Authorized Agent Date

Wanda M Yee 2/27/96
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

IWWS:100195

Ck #2891 Due DHEC DEHT

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2-21-96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/15/96 **PERMIT NO:** 10716
PARCEL NO: 141-095-18

JOB LOCATION ADDRESS: 7823 Cooper Lane
PROPERTY OWNER: James & Darlene Moore
BUILDING CONTRACTOR: Don McGee
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Anne Higgins Burney, R.S. **DATE:** 2/15/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 10716, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Installation Approval

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Wanda McGee for Don McGee Const. + Remod Inc 2/27/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

EF 100% CAK 3/17 JC

DATE: 1/22/96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 10716

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-095-18

STREET ADDRESS: 7823 Cooper Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Steeleberry Acres

LOT NUMBER: #3

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1587

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE: Crawlspace

✓ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): City

__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Moore (FIRST) Darlene A. James (MI) H.	NAME: (LAST) (FIRST) (MI)
ADDRESS: 8224 Yorkhills Dr. 7	DAYTIME PHONE: ( ) --
CITY: Clt STATE: N. C. ZIP: 28217	
DAYTIME PHONE: (552 - 7948	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/1/95

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Dale Moore DATE: 1/22/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

Sent 3/20/96 @ 2:52 pm JMB

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TO: Don McGee TELECOPIER # 374-9578
Construction + Remodeling

FROM: Toni Higgins Bunney DATE 3/20/96

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: 7823 Cooper Lane
Septic permit

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

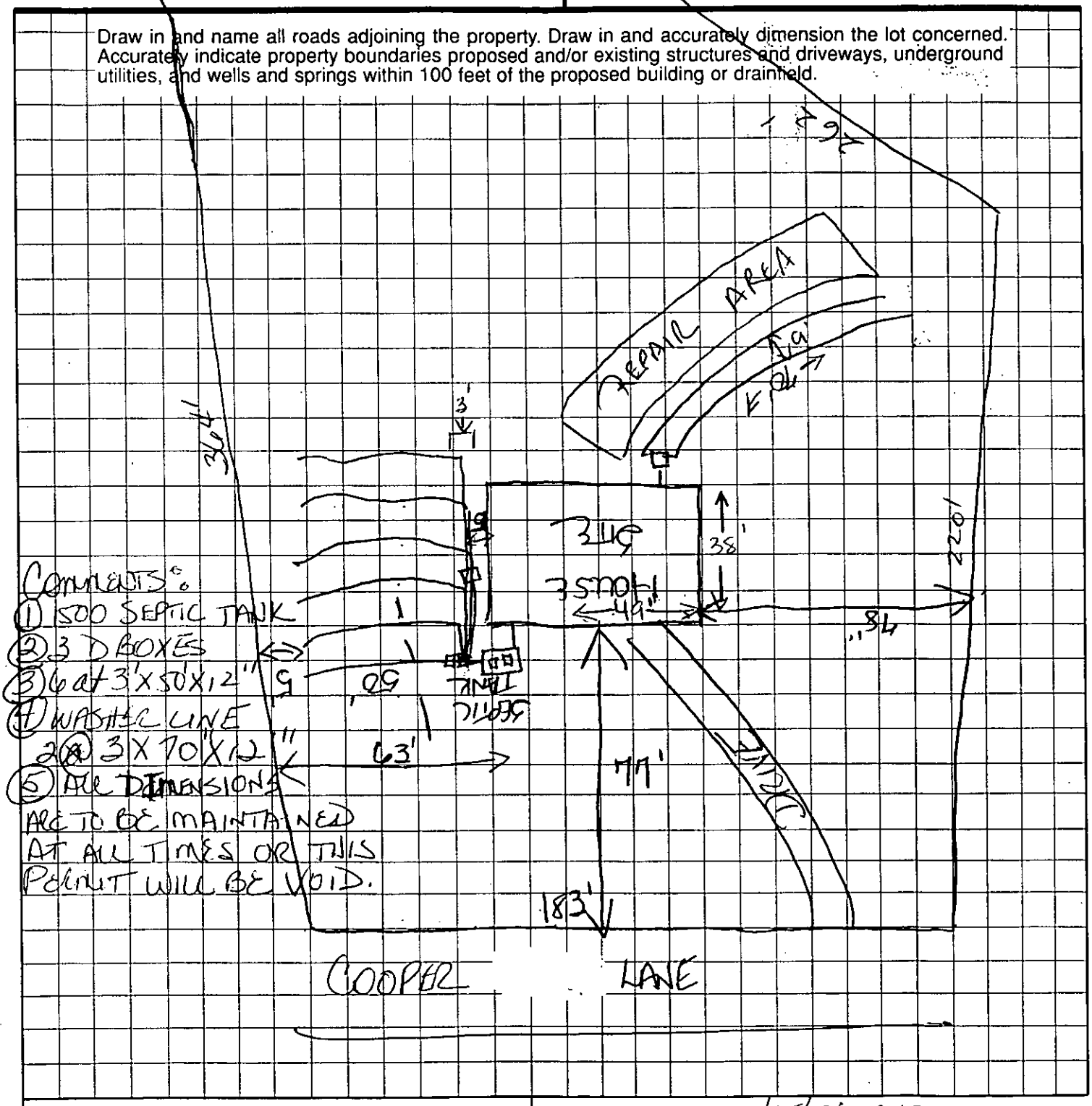
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10716

TC: HI-075-18

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COMMENTS:

1. 1500 SEPTIC TANK
2. 3 D BOXES
3. 6 at 3'X50'X12"
4. WASTE LINE
5. ALL DIMENSIONS ARE TO BE MAINTAINED AT ALL TIMES OR THIS PERMIT WILL BE VOID.

APPROVAL DATE 2/15/96 JHB

OWNER/AGENT SIGNATURE

DATE 2/27/96

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Don McGee, Inc.

CONSTRUCTION AND REMODELING

REMODELING OR NEW CONSTRUCTION - COMMERCIAL AND RESIDENTIAL

DON O. McGEE
PRESIDENT

P.O. BOX 25553 • CHARLOTTE, NC 28212 • (704) 377-9803 • FAX (704) 374-9578

RTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
SION OF ENVIRONMENTAL HEALTH
SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1
10716
~~21004~~ WAM
141-095-16
~~001-45 2-25~~/WAM

OWNER: James + Darlene Moore
APPLICANT: ___
DATE EVALUATED: ___
ADDRESS: 2224 York Hills Dr. #4 Adr.
APPLICATION DATE: ___
PROPERTY SIZE: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY RECORDED: ___
LOCATION OF SITE: 7623 Cooper Lane
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PRO CU & L
1	Head Slope 11%	0-2"	SBK/CL	Fr/SEXP/SS/SP	7.5YR 10 Chroma 2 Mottles	48"	N/A	None	.39 FV CL IV PS
		2-48"	SBK/C	Fr-Fi/SEXP/SP					
2	Head Slope 12%	0-4"	SBK/CL	Fr/SEXP/SS/SP	7.5YR 10 Chroma 2 Mottles	46"	N/A	None	.39 FV IV PS
		4-46"	SBK/C	Fr-Fi/SEXP/SP					
3	Head Slope	0-6"	SBK/CL	Fr/SEXP/SS/SP	7.5YR 10 Chroma 2	44"	N/A	None	.39 FV IV PS
		6-36"	SBK/C	Fr-Fi/SEXP/SP					
		36-44"	SBK/CL	Fr/SEXP/SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1/m. Ted	

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Mauldin 2-8-96

MMENTS

System will probably need pump

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

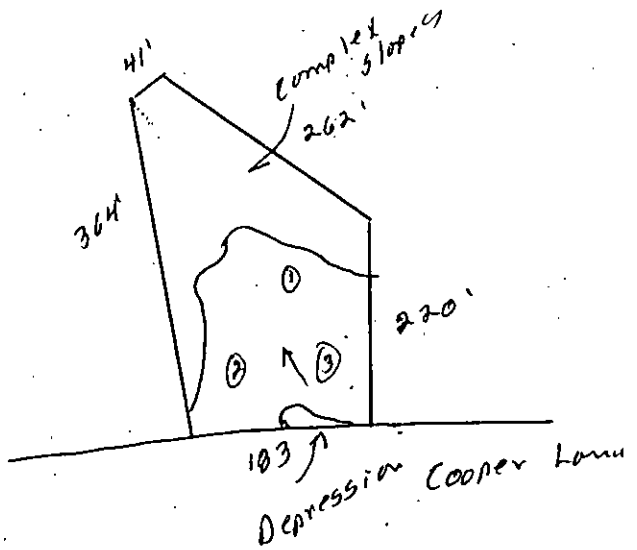
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

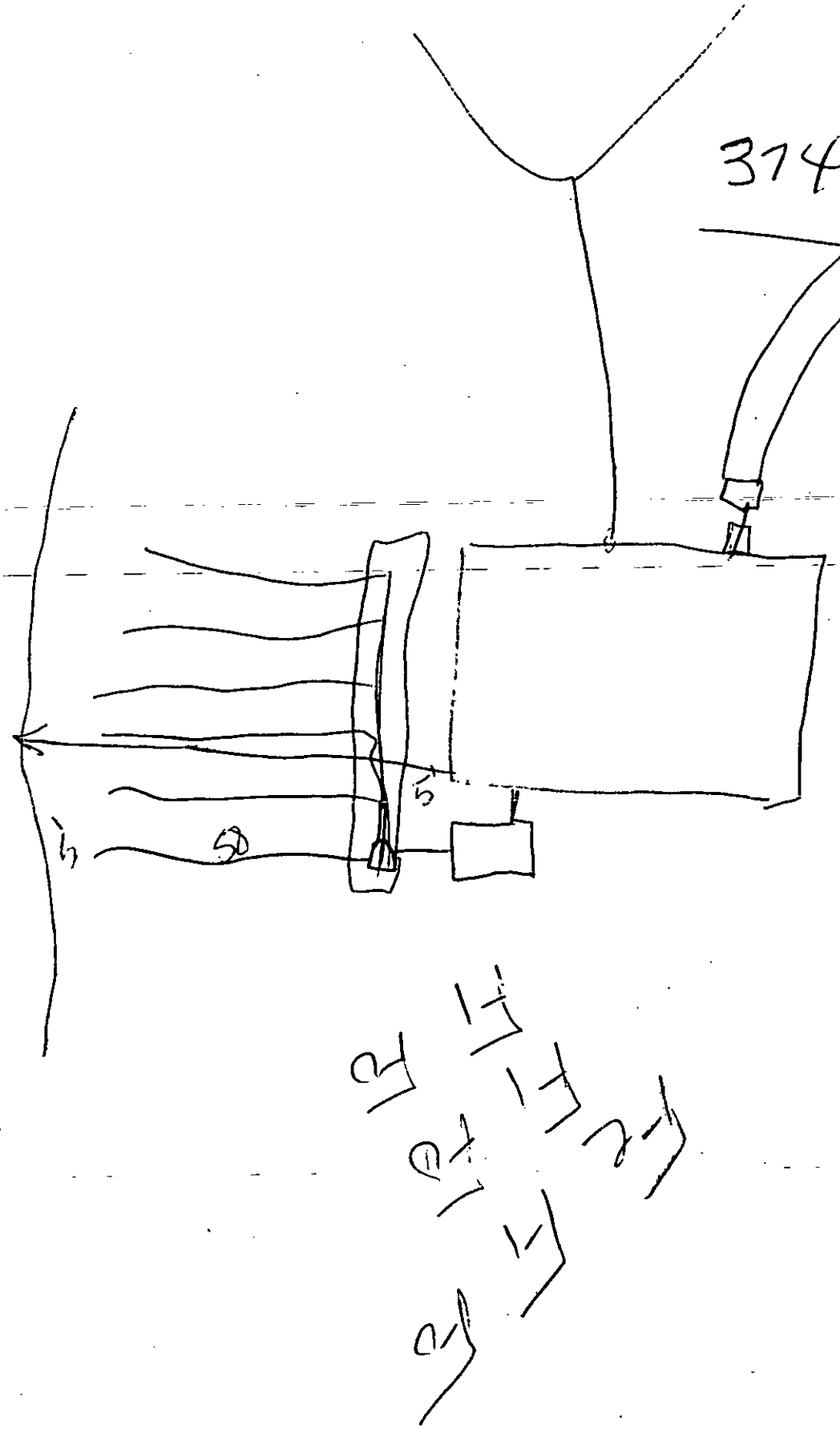
valuation of saprolite shall be by pits.

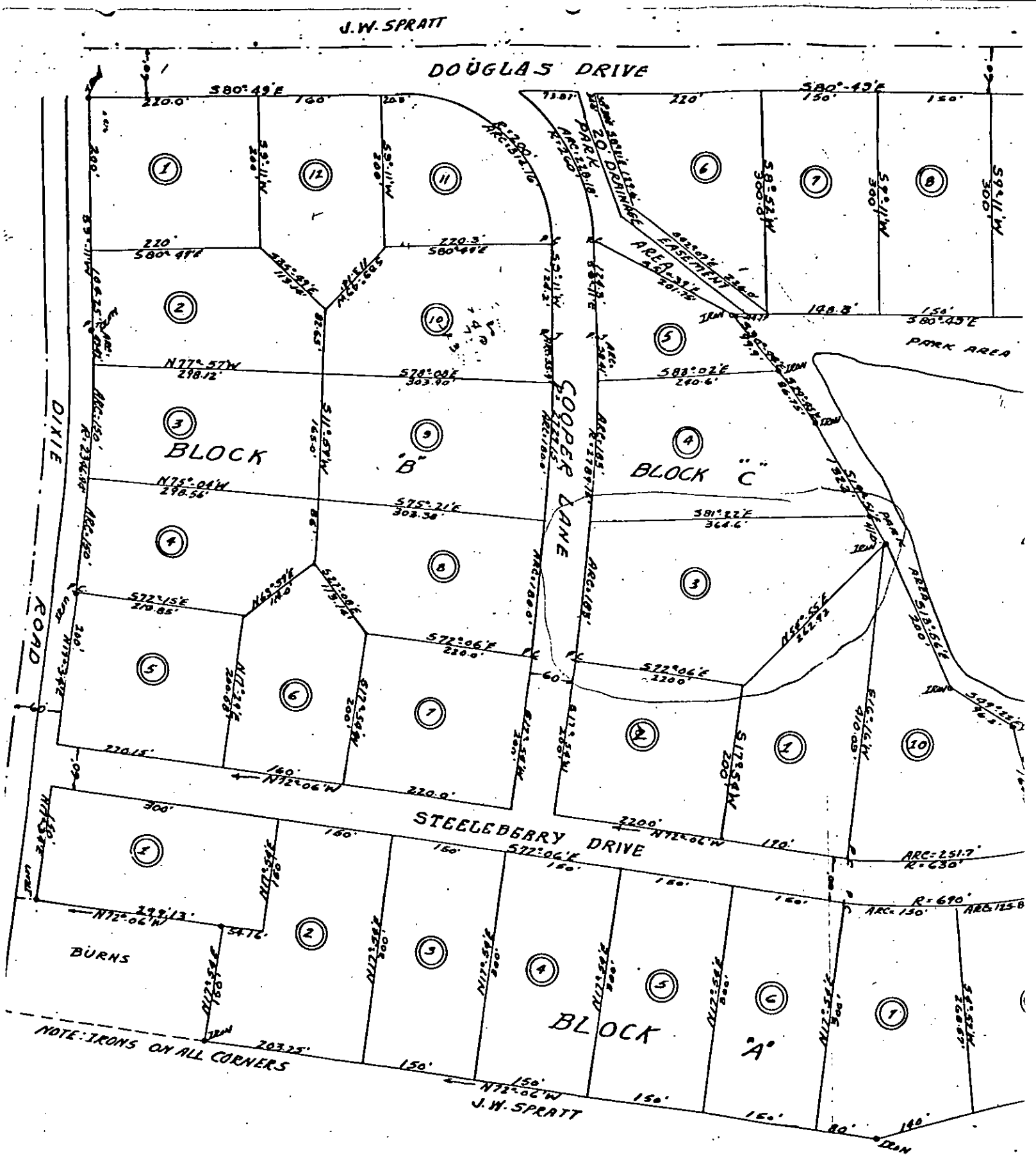
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



314-9578





SECTION 1

STEELEBERRY ACRES

STEELE CREEK & BERRYHILL TWSPS.

MECKLENBURG COUNTY N.C.

SCALE 1"=100'

OCT. 1953

EDWIN L. FAIRES

N.C. REG. SUR.

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

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1 10716
~~2-1004~~ wm
141-095-18
~~001-45 2-29~~ wm

OWNER: James & Darlene Moore APPLICANT: ___
ADDRESS: 2224 York Hills Dr. #1, Clt APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: ___
LOCATION OF SITE: 7623 Cooper Lane 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	PRO CU & L
1	Head Slope 11%	0-2"	SBK/CL	Fr/SEXP/SS/SP	7 48" TO Chroma 2 MOTTLES	48"	N/A	None	.3g Fg CL LL PS
		2-48"	SBK/C	Fr-Fi/SEXP/SP					
2	Head Slope 12%	0-4"	SBK/CL	Fr/SEXP/SS/SP	7 46" TO Chroma 2 MOTTLES	46"	N/A	None	.3g Fg LL PS
		4-46"	SBK/C	Fr-Fi/SEXP/SP					
3	Head Slope	0-6"	SBK/CL	Fr/SEXP/SS/SP	7 44" TO Chroma 2	44"	N/A	None	.3g Fg LL PS
		6-38"	SBK/C	Fr-Fi/SEXP/SP					
		38-44"	SBK/CL	Fr/SEXP/SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Lim. Ted	
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Mauli 2-8-96
OTHER(S) PRESENT: ___

COMMENTS: [redacted]

System will probably need pump

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

