


9219 MORGAN GLENN DR

13904168

1/3/2008

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3958B DATE: 1/13/98

TC: 139 041 ~~04 98~~ ☒ L ☒ CRT

SERIAL Nº 17329

Name of Owner Dublin Homes Juris.: _____

Address of Property 9219 Morgan Glenn Dr

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 6 @ 90'

Cover Depth 12"

Water Supply Source well installed

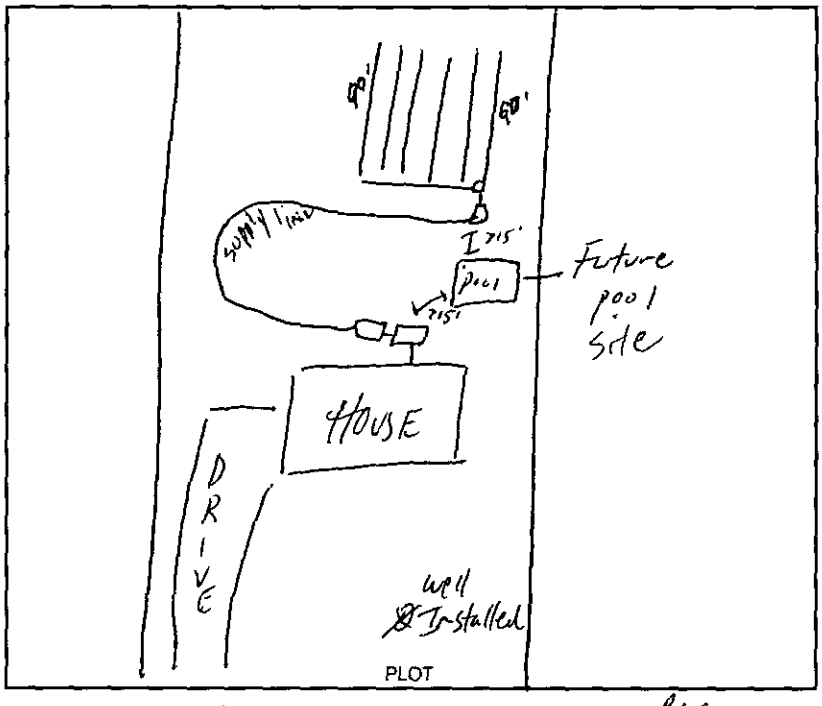
Distance to Water Source 100'+

Excavation Inspected 1/13/98

Tank(s) Inspected 1/13/98

Wash Line Inspected plumb to tank

High Water Alarm Inspected 1/13/98




Design 1998, 1500ST, 1000DT, PI, 1610SFT, 12"stone Cecil CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system 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. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for 4 bedroom residence ●
Type III. Supply line altered as indicated on plot
Future pool shall be >15' from septic system

Phila A. Walker R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

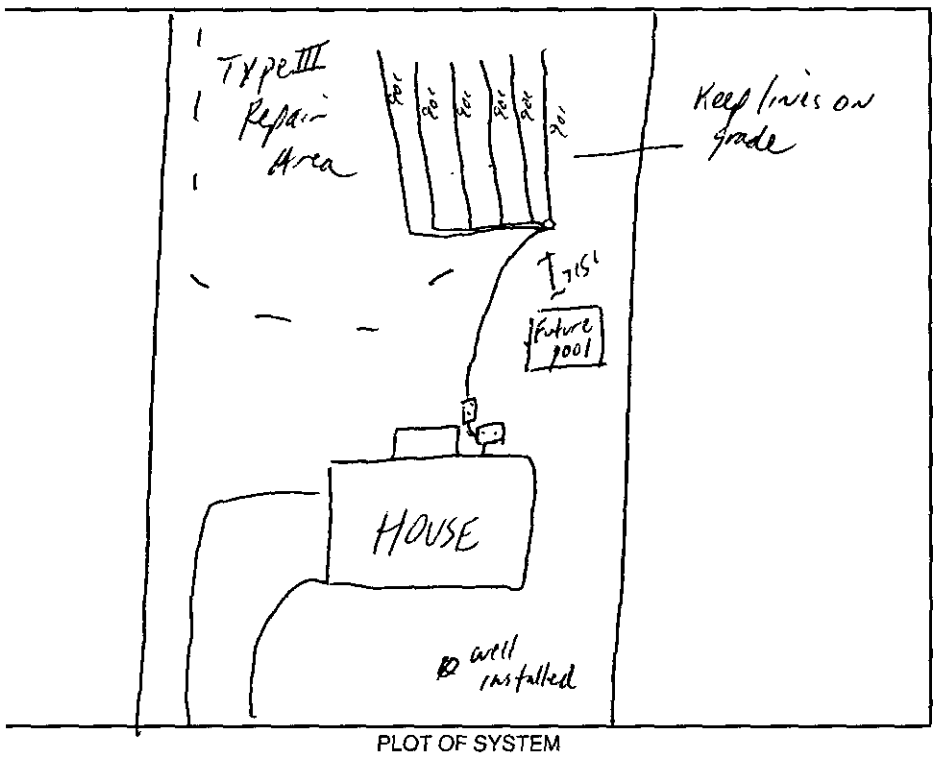
**HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**700 NORTH TRYON ST., SUITE 211**
**CHARLOTTE, NC 28202**
**PHONE (704) 336-5102**

FILE: 3950B DATE: 12/10/97

TC: 139 041 04 P0 L

SERIAL Nº 17548

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 8/27/97. All work shall be completed on or before 1/10/97, 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 535' feet

Number of Lines 6 (90')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Dublin Homes

LOCATION OF PROPERTY 9219 Morgan Glenn Dr

Comments: 1500ST, 1000DT, P1, 6 lines x 90'long x 3'wd x 12"stone
Keep septic system >15' from proposed pool area

Philo S. Walker R.S.
*Environmental Health Specialist*

Pd $200.00 9/24/97 Chk 10079

**FEE:** _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

**DATE:** 8/26/97 **PERMIT NO:** 3958B
**PARCEL NO:** 139 041 04 P0

**JOB LOCATION ADDRESS:** 9219 Morgan Glenn Dr
**PROPERTY OWNER:** Dublin Homes
**BUILDING CONTRACTOR:** John McNaire
**SUBDIVISION NAME:** Morgan Glenn
**AUTHORIZATION ISSUED BY:** Phillip S. Walker R.S. **DATE:** 8/26/97
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3958B, 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: Future pool addition Approved

## 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.

x _____ 9-12-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3958B

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 041 04 PO

- 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<br>Type (circle one):<br>I II (III) IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 480 Max gallons/day wastewater flow | 1610 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| yes Serviced by private well | 1500 Gallon septic tank | 535' Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 4 Bedrooms in residence | 1000 Gallon pump tank | 12" Depth of stone | |

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Lift pump required, Future pool addition approved

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 1610' Absorption Area (Sq ft)<br>535' Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" 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 th 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 effe 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 Departme
- This Improvement permit is transferable.

Phila S. Walker P.S. 8/26/97
DEHNR Authorized Agent Date

Susan M C Wynne 9-12-97
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

# PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

9

FEE: 100.00 Ck# 8947
DATE: 8/17/97 SC

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

1 X 1 CRT

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION 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 #: 39580

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-041-04PR

STREET ADDRESS: 9219 Morgan Glenn DR

SUBDIVISION OR MOBILE HOME PARK NAME: MORGAN GLEN

LOT NUMBER: 9

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: 2487

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

- ___ WITHOUT BASEMENT ON SLAB
- X CRAWL SPACE
- ___ WITH BASEMENT /PLUMBING
- ___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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

WATER SUPPLY (CHECK ONE):

- ___ 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 WASTE WATER SYSTEMS | ___ YES ✓ NO | DESIGNATED WETLANDS | ___ YES ___ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ✓ YES ___ NO | | |

PROPERTY OWNER:

NAME: (LAST) DUBLIN (FIRST) HOMES (MI)

ADDRESS: 1221 IVERLEIGH TRAIL

CITY: CHARLOTTE STATE: NC ZIP 28270

DAYTIME PHONE: 704 846-6706

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) MCNANIE (FIRST) JOHN (MI) C.

DAYTIME PHONE: 704, 846-6706 / 371-1500 PAGER

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEPT 1995

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: John C McNanie DATE: 8/17/97

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

3958B

DATE 8-7-97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-041-04 PO
PARCEL NUMBER

9219 Morgan Glenn Dr.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Morgan Glenn
PROJECT NAME (IF APPLICABLE)

**THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:**

| | | |
|---|---|---|
| **1. SUBDIVISION REGULATIONS** | **_____APPROVED** | **_____NOT APPROVED** |
| **2. FLOODWAY REGULATIONS** | **_____APPROVED** | **_____NOT APPROVED** |
| **3. WATERSHED PROTECTION** | **_____APPROVED** | **_____NOT APPROVED** |
| **4. COMMERCIAL DRAINAGE PLAN** | **_____APPROVED** | **_____NOT APPROVED** |
| **5. PUBLIC UTILITY EASEMENT** | **_____PRESENT** | **_____NOT PRESENT** |
| **6. PROPERTY FRONTS ON THOROUGHFARE** | **_____YES** | **_____NO** |
| **7. DRIVEWAY PERMIT REQUIRED** | **_____YES** | **_____NO** |
| **8. DOES PROJECT CONFLICT WITH ROAD PROJECT?** | **_____YES** | **_____NO** |

**REMARKS:** _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: M. Vaca

REVISED 1/91

Lot 9
9219 mCD

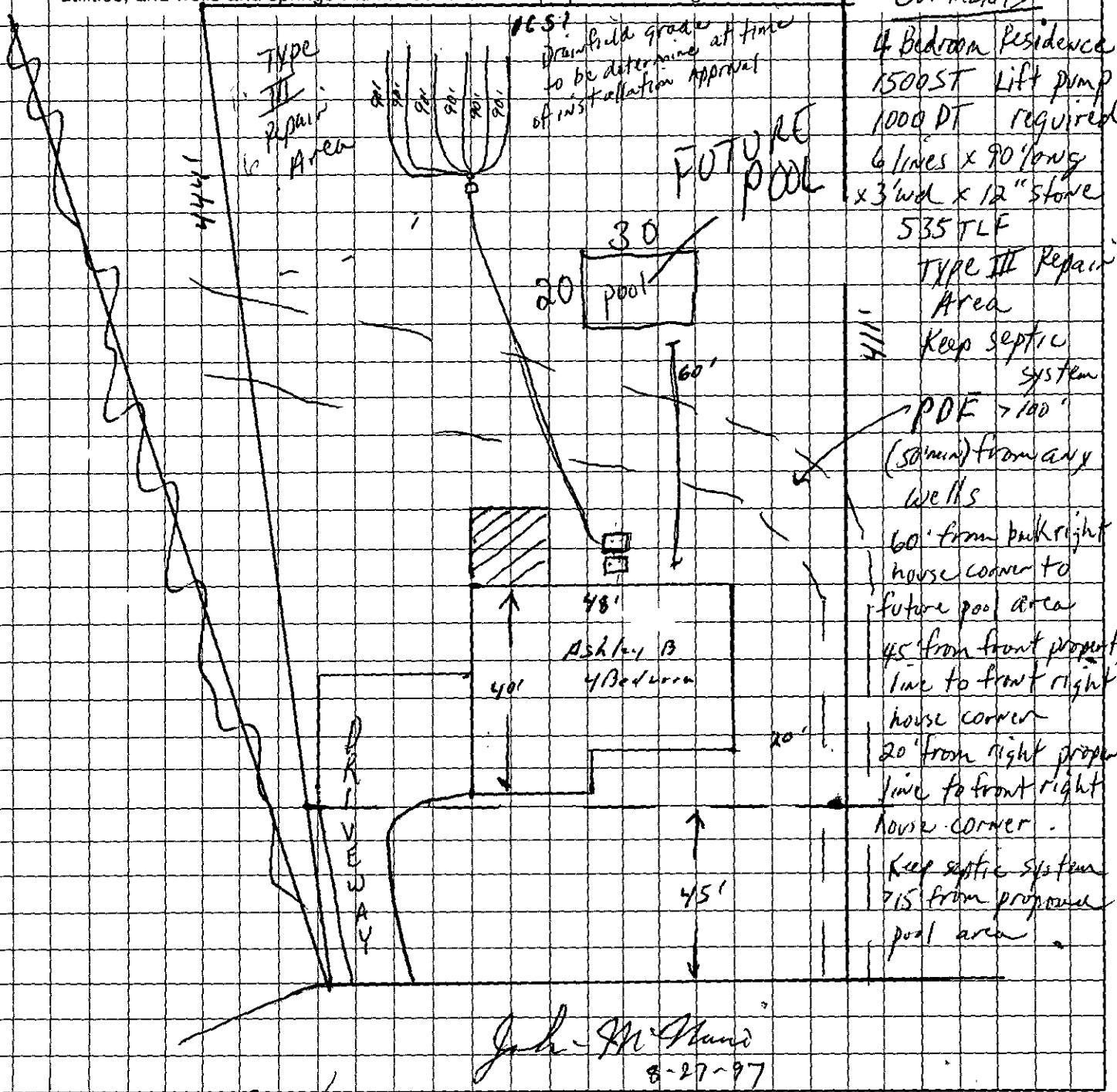
# PROPOSED PLOT PLAN

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

FILE: 3958B

TC: 139-041-04 PP

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

4 Bedroom Residence
1500ST Lift pump
1000 DT required
6 lines x 90' long
x 3' wd x 12" stone
535 TLF
Type III Repair Area
Keep septic system
POF >100' (50' min) from any wells
60' from back right house corner to future pool area
45' from front property line to front right house corner
20' from right property line to front right house corner.
Keep septic system 15' from proposed pool area.

John C McManus
OWNER/AGENT SIGNATURE

DATE 8-7-97

APPROVAL DATE PSW 8/27/97

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

D400

COUNTY:

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

#2 3956B
139-041-68
L9

OWNER: Dublin Homes APPLICANT:
ADDRESS: 1221 Overlook Tr, Dublin APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 400gpd PROPERTY SIZE: 1.28
LOCATION OF SITE: 9219 Morgan Glenn Dr. PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | Slopes 6 - 15% .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 | NS | 0-6" | gr l cl | Fr l S EXP l SS/SP | >40" TO soil wetness | 40" | N/A | None | PS .39 \| Fz IV |
| | | 6-40" | SBK l c | Fi l S EXP l SP | | | | | |
| 2 | NS | 0-5" | gr l cl | Fr l S EXP l SS/SP | >48" TO soil wetness | 48" | N/A | None | PS .39 \| Fz IV |
| | | 5-48" | SBK l c | Fi l S EXP l SP | | | | | |
| 3 | NS | 0-6" | gr l cl | Fr l S EXP l SS/SP | >48" TO soil wetness | 46" | N/A | None | PS .39 \| Fz IV |
| | | 6-46" | SBK l c | Fi l S EXP l SP | | | | | |
| 4 | NS | 0-3" | gr l cl | Fr l S EXP l SS/SP | >48" TO soil wetness | 46" | N/A | None | PS .39 \| Fz IV |
| | | 3-46" | SBK l c | Fi l S EXP l SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | U9 |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unacceptable
EVALUATED BY: W.A. Marlin 8-13-97
OTHER(S) PRESENT: LSS

COMMENTS: 100% Repair - Would 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) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive) | G (Single Grain) |
| V (Convex Slope) | | LS (Loamy Sand) | | | SEXP (Slightly Expansive) | M (Massive) |
| (Drainage Way) | | | | | EXP (Expansive) | CR (Crumb) |
| S (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| P (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| S (Foot Slope) | | | | | | ABK (Angular Blocky) |
| (Head Slope) | III | SI (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| (Linear Slope) | | SICL (Silty Clay Loam) | | | | PR (Prismatic) |
| (Nose Slope) | | CL (Clay Loam) | | | MOIST | WET |
| (Ridge) | | SCL (Sandy Clay Loam) | | | | |
| (Shoulder Slope) | | SLC (Silt Loam Clay) | | | VFR (Very Friable) | NS (Non-sticky) |
| (Terrace) | | | | | FR (Friable) | SS (Slightly Sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FI (Firm) | S (Sticky) |
| | | SIC (Silty Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | | | | EFI (Extremely Firm) | NP (Non-plastic) |
| | | O (Organic) | None | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

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).**

