

4422 AMOS SMITH RD

11306232

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1616B DATE: 3-25-97
TC: 113-062-32 ☒ CL ☐ CRT
SERIAL Nº 17081

Name of Owner TOM COLLINS Juris.: _____

Address of Property 4422 AMOS SMITH RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 4 @ 75'

Cover Depth 12"

Water Supply Source well

Distance to Water Source Not in yet keep 100' away

Excavation Inspected 3-25 97

Tank(s) Inspected 3-25 97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1997 1500 ST CON 1200 SFT 12G CCCIC CTR# Willie CHRISTENSEN

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: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

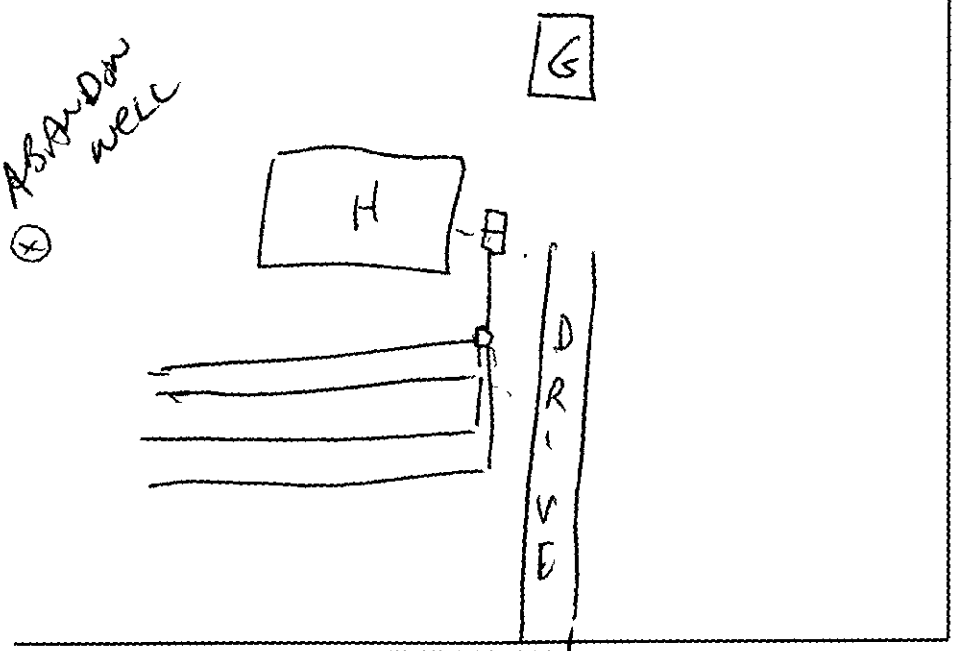
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1616-B DATE: 3-897

TC: 113-062-32 ☐ L

SERIAL Nº 17180

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 ND. All work shall be completed on or before 4-8-97, 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 N/A gallons

Tank Construction Pcr

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 4 x 75

Depth of Stone 12" inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well 50' + feet

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

NAME OF OWNER Tom Collins

LOCATION OF PROPERTY 4422 Amos Smith Rd

Comments: 4 lines @ 75' each - 3' wide x 12" stone

Environmental Health Specialist

Chk # 140

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/14/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 21607 / 1616B
PARCEL NO: 113-062-32

JOB LOCATION ADDRESS: 4422 Amos Smith Rd
PROPERTY OWNER: Tom Collins
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Todd Higgins-Bunny, RS. DATE: 10-14-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 21607, 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: (1) ABANDONED WELL REPORTS SENT TO ~~PERMIT~~ DPQ.
(2) INSTALLATION APPROVAL REQUIRED.
(3) This permit is valid for 5 years from date of issuance.

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.

Thomas P. Collins 10/14/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: ~~2[illegible]~~ 1616 Tax Number 113-062-32

- 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 (SHALLOW PLACED) ___ 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	240 Max gallons/day wastewater flow	888 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
SHARED Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
2 Bedrooms in residence	— Gallon pump tank	12" Depth of stone	

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

Site modifications required: NO (WELL ABANDONMENT OR 50' FROM EXISTING WELL WITH NEW SEPTIC SYSTEM).

Additional Conditions:
THIS PERMIT IS VALID FOR 5 YEARS FROM TIME OF ISSUANCE.

Repair Area System Type Type (circle one): I (II) III IV V VI NOT REQUIRED	✓ 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

888 Absorption Area (Sq ft) 270 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 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 effect 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 Danny RS 10/8/96

DEHNR Authorized Agent Date

X [signature] Date

Owner/Agent Signature

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

FEE: 200.00 CK # 3416 | DATE: 9/16/96 JC

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 #: ~~E-780~~ 2607166

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113 062 32

STREET ADDRESS: 4422 AMOS SMITH Rd

SUBDIVISION OR MOBILE HOME PARK NAME: NA

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: 1200

NUMBER OF BEDROOMS: 2 | NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ 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):
___ 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~~
EXISTING WASTEWATER SYSTEMS ___ YES ✓ ~~NO~~
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ ~~NO~~
WELL, SPRINGS OR WATERLINES ___ YES ✓ ~~NO~~
DESIGNATED WETLANDS ___ YES ✓ ~~NO~~

PROPERTY OWNER:

NAME: COLLINS THOMAS RAY
(LAST) (FIRST) (MI)

ADDRESS: 134 CLIPPER LN

CITY: MOORESVILLE STATE: N.C. ZIP: 28115

DAYTIME PHONE: ( ) -664 1039

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

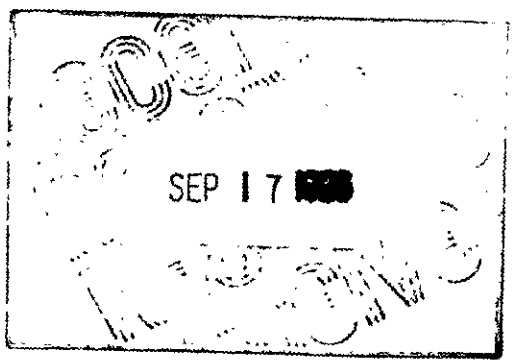
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Howard L. Collins 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


SEP 17

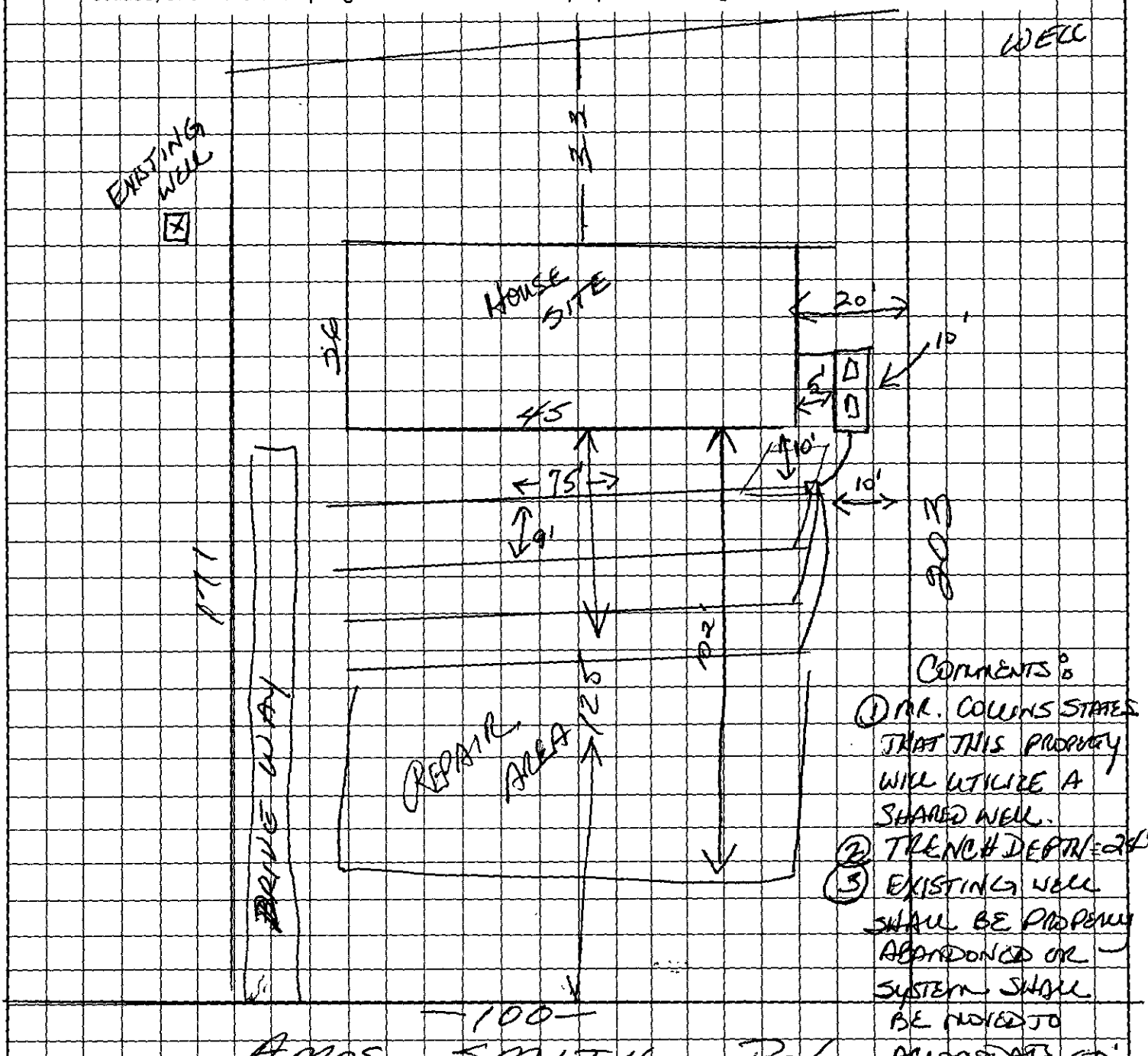
PROPOSED PLOT PLAN

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

FILE: ~~15798 21607~~ 16/16B

TC: 113-06J-32

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) MR. COLLINS STATES THAT THIS PROPERTY WILL UTILIZE A SHARED WELL.

(2) TRENCH DEPTH = 24"

(3) EXISTING WELL SHALL BE PROPERLY ABANDONED OR SYSTEM SHALL BE MOVED TO ACCOMODATE 50' SEPARATION DISTANCE.

(4) 1500 SEPTIC TANK

(5) 4 TRENCHES @ 3' X 75' X 12"

OWNER/AGENT SIGNATURE Thomas A. Collins

DATE 17 Sept 96

APPROVAL DATE 10/8/96

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

File ~~15998~~
21607

DATE Sept. 17, 1996

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-062-32
PARCEL NUMBER

4422 Amos Smith Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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: Septic / Single Family

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: Doug Hunt

REVISED 1/91


SEP 17 1986

Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR Willie Christenberry REG. NO.

1. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Charlotte Rt 2 County Mech
4500 Amos Smith Rd
(Road, Community, Subdivision, Lot No.) Quadrangle No.

2. OWNER: Brenda Fulbright

3. ADDRESS: 4518 Amos-Smith Rd

4. TOPOGRAPHY : draw (slope) hilltop, valley, flat

5. USE OF WELL Was used in use DATE:

6. TOTAL DEPTH: 35 DIAMETER: 28

7. CASING REMOVED:

feet	diameter
8ft	28

8. SEALING MATERIAL:

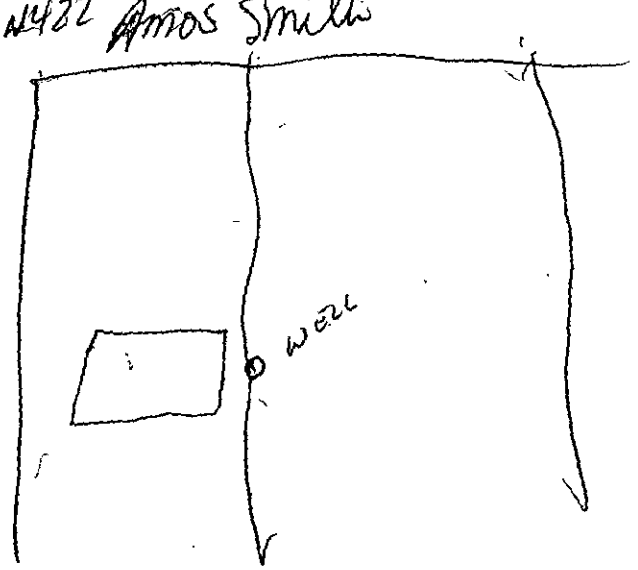
Neat cement	Sand cement
bags of cement	bags of cement
gals. of water	yds. of sand
	gals. of water

Other
Type material Clean Soil

Amount

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Back-Hoe, Loader

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Willie Christenberry Date 3-21-97

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

GW-30 Revised 3/8/90

(d) National Science Foundation (NSF) approved PVC pipe rated at 160 PSI may be used for liner casing. The annular space around the liner casing shall be at least five-eighths inches and shall be completely filled with neat-cement grout.

History Note: Statutory Authority G.S. 87-87; 87-88;
Eff. February 1, 1976;
Amended Eff. September 1, 1984.

.0113 ABANDONMENT OF WELLS

(a) Any well which has been abandoned, either temporarily or permanently, shall be abandoned in accordance with one of the following procedures:

(1) Procedures for temporary abandonment of wells:

(A) Upon temporary removal from service or prior to being put into service, the well shall be sealed with a water-tight cap or seal compatible with casing and installed so that it cannot be removed easily by hand.

(B) The well shall be maintained whereby it is not a source or channel or contamination during temporary abandonment.

(C) Every temporarily abandoned well shall be protected with a casing.

(2) Procedures for permanent abandonment of wells:

(A) All casing and screen materials may be removed prior to initiation of abandonment procedures if such removal will not cause or contribute to contamination of the groundwaters. Any casing not grouted in accordance with Rule .0107 Paragraph (d) of this Section shall be removed or properly grouted.

(B) The entire depth of the well shall be sounded before it is sealed to ensure freedom from obstructions that may interfere with sealing operations.

(C) The well shall be thoroughly disinfected prior to sealing.

(D) In the case of gravel-packed wells in which the casing and screens have not been removed, neat-cement shall be injected into the well completely filling it from the bottom of the casing to the top.

(E) "Bored" wells shall be completely filled with cement grout, dry clay or material excavated during drilling of the well and then compacted in place.

(F) Wells constructed in unconsolidated formations other than "bored" wells shall be completely dilled with cement grout by introducing it through a pipe extending to the bottom of the well which can be raised as the well is filled.

(G) Wells constructed in consolidated rock formations or that penetrate zones of consolidated rock may be filled with cement, sand, gravel or drill cuttings opposite the zones of consolidated rock. The top of the sand, gravel or cutting fill shall be at least five feet below the top of the consolidated rock. The remainder of the well shall be filled with cement grout only.

(H) Test wells less than 20 feet in depth which do not penetrate the water table shall be abandoned in such manner as to prevent the well from being a channel allowing the vertical movement of water or a source of contamination to the groundwater supply. Test wells or borings that penetrate the water table shall be abandoned by completely filling with cement grout.

(b) Any well which acts as a source or channel of contamination shall be repaired or permanently abandoned within 30 days or receipt of notice from the department.

(c) The drilling contractor shall permanently abandon any well in which the casing has not been installed or from which the casing has been removed, prior to removing his equipment from the site.

(d) The owner shall be responsible for permanent abandonment of a well except:

(1) As otherwise specified in these Regulations; or

(2) If well abandonment is required because the driller improperly locates, constructs, or completes the well.

History Note: Statutory Authority G.S. 87-87; 87-88;
Eff. February 1, 1976;
Amended Eff. September 1, 1984; April 20, 1978.

.0114 DATA AND RECORDS REQUIRED

(a) Well Cuttings

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

Sheet
PROPERTY ID #: #1 [redacted]
COUNTY: 1616
113-062-32

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

OWNER: Thomas Ray Collier
APPLICANT:
ADDRESS: 134 Clipper Lane, Mooresville
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 240 gpl
PROPERTY SIZE: .46
PROPERTY RECORDED:
LOCATION OF SITE: 4422 Amos Smith Rd
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	LS	0-2"	gr/cl	Fr/SEXP/SSSP	>48" To Chroma 2	48"	N/A	None	PS .35/F LE
		2-48"	SBK/C	Fr-Fi/SEXP/SP					
2	LS	0-4"	SGR/S	VFR/SEXP/SSP	>48" To Chroma 2	48"	N/A	None	PS .39/ LE
		4-40"	SBK/C	Fr-Fi/SEXP/SP					
		40-48"	SBK/CL	Fr/SEXP/SP					
3	LS	0-3"	gr/cl	Fr/SEXP/SSSP	>48" To Chroma 2	48"	N/A	None	PS .39/ LE
		3-36"	SBK/C	Fr-Fi/SEXP/SP					
		36-48"	SBK/CL	Fr/SEXP/SSSP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Available
EVALUATED BY: W.R. Mullis LES 10-21-96

OMMENTS: Well Repair

LEGEND

use the following standard abbreviations

ANDSCAPE 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)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH In inches below natural soil surface

EVEL OF FILL In inches from land surface

STRUCTIVE HORIZON Thickness and depth from land surface

APROLITE 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

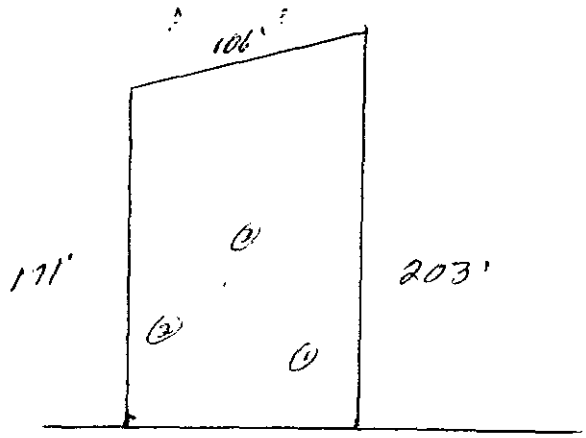
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

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).

1616



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

4460

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 [redacted]
16 16B
113-062-32

OWNER: Thomas Ray Collins
ADDRESS: 134 Clubber Lane, Mocksville
PROPOSED FACILITY: residence
LOCATION OF SITE: 4422 Ames Smith Road
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 2 Bdrm
DATE EVALUATED:
PROPERTY SIZE: .48
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 & LTA
1	LS	0-2"	gr/cl	Fr/SEXP/SS/SP	7.5YR 6/8 TO Chroma 2	48"	N/A	None	PS .39/P2 LT
		2-48"	SBK/C	Fr-Fi/SEXP/SS/SP					
2	LS	0-4"	SG/S	VFR/SEXP/SS/NP	7.5YR 6/8 TO Chroma 2	48"	N/A	None	PS .39/P2 LT
		4-40"	SBK/C	Fr-Fi/SEXP/SS/SP					
		40-48"	SBK/CL	Fr/SEXP/SS/SP					
3	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	7.5YR 6/8 TO Chroma 2	48"	N/A	None	PS .39/P2 LT
		3-38"	SBK/C	Fr-Fi/SEXP/SS/SP					
		38-48"	SBK/CL	Fr/SEXP/SS/SP					
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Mullis LHS 10-31-96

OMMENTS: W Regan

LEGEND

use the following standard abbreviations

ANDSCAPE 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
STRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IL 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).

16 16B

