

18250 YOUNGBLOOD RD N

21732205

12/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 2377 B

PARCEL NO: 217-322-05

JOB LOCATION ADDRESS: 18250 Youngblood Road North

PROPERTY OWNER: Richard A Yoggr

BUILDING CONTRACTOR: Richard Yoggr

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: Tommy L. Mudge DATE: 8-22-00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2377B, 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: See Conditions of Improvement Permit

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 2377B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 217-322-05

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

.275 Long-term acceptance rate	240 Max gallons/day wastewater flow	875' Absorption Area (sq ft)	9' Trench spacing (min. on centers)
SHARED Serviced by private well	1500 Gallon septic tank	290 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	NA Gallon pump tank	12" Depth of stone	

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

Site modifications required:

Additional Conditions: Install 3 lines x 97' x 3' trench x 12" Stone
- Keep trenches shallow (24" Max)

Repair Area System Type 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

875' Absorption Area (Sq ft) 290 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.

Tommy L Mathis 8/22/00
DEHNR Authorized Agent Date

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

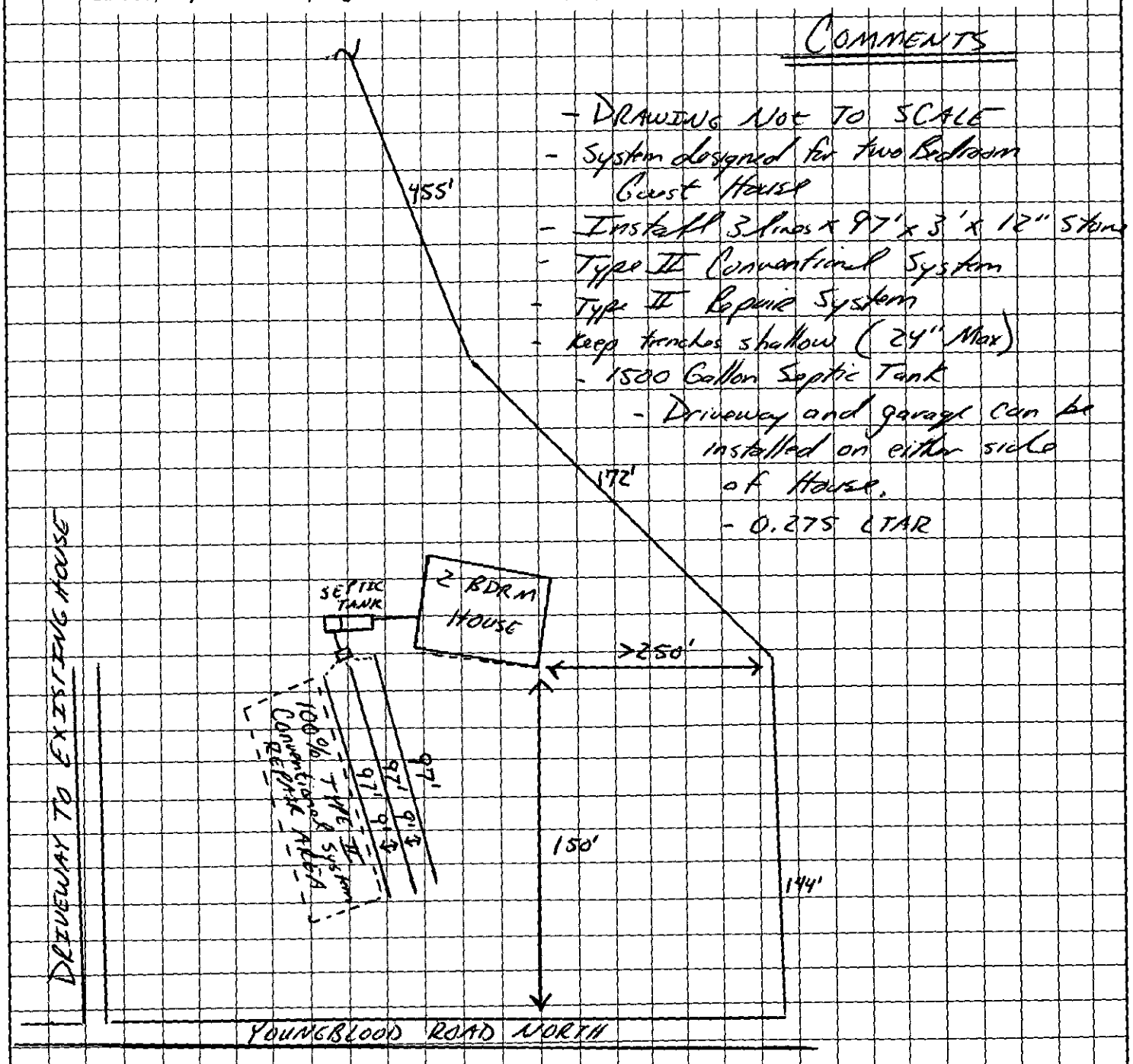
PROPOSED PLOT PLAN

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

FILE: 2377 B

TC: 217-322-05

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

- DRAWING NOT TO SCALE
- System designed for two Bedroom Coast House
- Install 3 lines x 97' x 3' x 12" Stone
- Type II Conventional System
- Type II Repair System
- Keep trenches shallow (24" Max)
- 1500 Gallon Septic Tank
- Driveway and garage can be installed on either side of House.
- 0.275 LTAR

APPROVAL DATE Jenny P. Modlin 8-22-00

OWNER/AGENT SIGNATURE

DATE

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

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

AG #1

Sheet: _____
Property ID: 217-322-05
Lot #: _____
File #: 23778

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Richard A. Yager APPLICANT: _____
ADDRESS: 18250 Youngblood Rd N, Charlotte DATE EVALUATED: 8-16-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 2 4bpr PROPERTY SIZE: 1.0 ac
LOCATION OF SITE: 18250 Youngblood Road N. PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
	SLOPE 4-10%								
1	LS	0-10"	gr ls l	Fr/SE/PL/NS/MP	>33" TO soil wetness	33"	N/A	None	US IV
		10-12"	SBK ls cl	Fr/SE/PL/SS/SP					
		12-33"	SBK PL / SC	F/SE/PL/S/P					
2	LS	0-8"	gr ls l	Fr/SE/PL/NS/MP	>33" TO soil wetness	33"	N/A	None	US IV
		8-33"	SBK PL / C	F/SE/PL/S/P					
3	LS	0-19"	gr ls l	Fr/SE/PL/NS/MP	>33" TO soil wetness	33"	~~N/A~~ N/A	None	US
		19-33"	MISC	VF/Mixed/US/VP					
4	LS	0-5"	gr l sl	Fr/SE/PL/NS/MP	>31" TO soil wetness	31"	N/A	None	US IV
		5-31"	SBK PL / SC	F/SE/PL/S/P					
5	LS	0-16"	gr ls l	Fr/SE/PL/NS/MP	>44" TO soil wetness	44"	N/A	None	PS .275gpf2 IV
		16-21"	SBK ls cl	Fr/SE/PL/SS/SP					
		21-44"	SBK ls c	F/SE/PL/S/P					
6	LS	0-15"	gr ls l	Fr/SE/PL/NS/MP	>49" TO soil wetness	49"	N/A	None	PS .275gpf2 IV
		15-19"	SBK ls cl	Fr/SE/PL/SS/SP					
		19-49"	SBK ls c	F/SE/PL/S/P					
7	LS	0-5"	gr ls l	Fr/SE/PL/NS/MP	>43" TO soil wetness	43"	N/A	None	PS .275gpf2
		5-9"	SBK ls cl	Fr/SE/PL/SS/SP					
		9-43"	SBK sc	F/SE/PL/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275gpf2	.275gpf2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.B. Marlin LSS
OTHER(S) PRESENT: _____

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

Sheet: 2

Property ID:

Lot #:

File #: 2377A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:

ADDRESS: DATE EVALUATED:

PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:

LOCATION OF SITE: PROPERTY RECORDED:

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
8	LS	0-6"	gr/sl	Fr/SE/PL/NS/NP	748" TO 60:1 WETNESS	48"	N/A	NONE	PS .391PS 1C
		6-10"	SBM/sc1	Fr/SE/PL/SP					
		10-48"	SBM/c	Fi/SE/PL/SP					
9	LS	0-10"	gr/sl	Fr/SE/PL/NS/NP	739" TO 60:1 WETNESS	39"	N/A	NONE	PS .275PS 1C
		10-16"	SBM/sc1	Fr/SE/PL/SP					
		16-39"	SBK/sc	Fi/SE/PL/SP					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

FILE # 23778

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

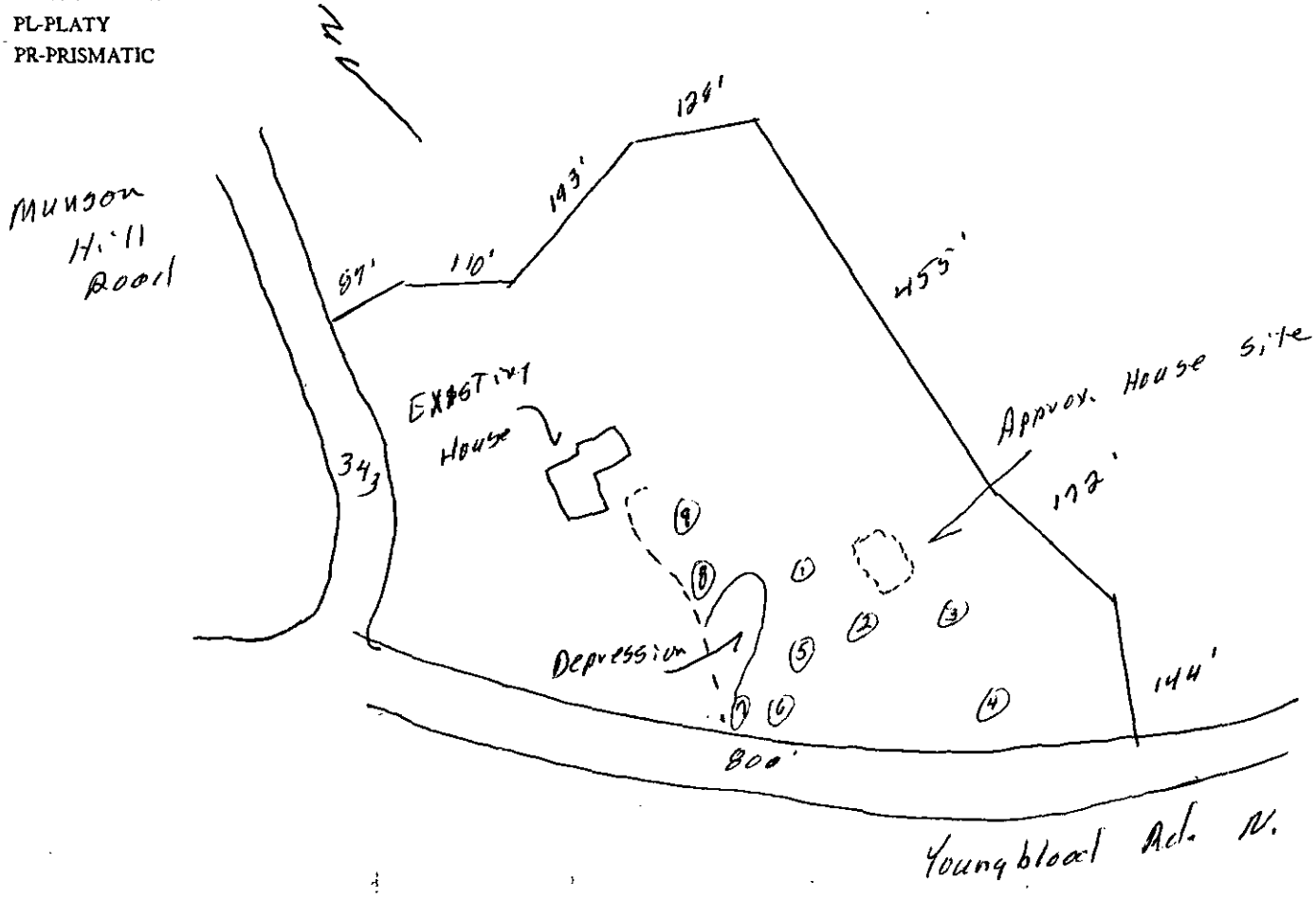
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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

#1

Sheet: _____
Property ID: 217-322-05
Lot #: _____
File #: 23778

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Richard A. Yager APPLICANT: _____
ADDRESS: 18250 Youngblood Rd N, Aurelia DATE EVALUATED: 8-16-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 2 bdrm PROPERTY SIZE: 1.0 ac
LOCATION OF SITE: 18250 Youngblood Road N. PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	5/6/99 4-10% .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	LS	0-10"	gr/ls/	Fr/SE/PL/NS/NP	>33" to soil wetness	33"	N/A	None	US IV
		10-12"	SBK/ls/cl	Fr/SE/PL/SS/SP					
		12-33"	SBK/PL/SC	F:/SE/PL/S/P					
2	LS	0-8"	gr/ls/	Fr/SE/PL/NS/NP	>33" to soil wetness	33"	N/A	None	US IV
		8-33"	SBK/PL/C	F:/SE/PL/S/P					
3	LS	0-19"	gr/ls/	Fr/SE/PL/NS/NP	>33" to soil wetness	33"	~~N/A~~ N/A	None	US
		19-33"	M/SC	VF./Mixed/VS/VP					
4	LS	0-5"	gr/ls/	Fr/SE/PL/NS/NP	>31" to soil wetness	31"	N/A	None	US IV
		5-31"	SBK/PL/SC	F:/SE/PL/S/P					
5	LS	0-16"	gr/ls/	Fr/SE/PL/NS/NP	>44" to soil wetness	44"	N/A	None	PS .2759(F) IV
		16-21"	SBK/ls/cl	Fr/SE/PL/SS/SP					
		21-44"	SBK/SC	F:/SE/PL/S/P					
6	LS	0-15"	gr/ls/	Fr/SE/PL/NS/NP	>49" to soil wetness	49"	N/A	None	PS .2759(F2 IV
		15-19"	SBK/ls/cl	Fr/SE/PL/SS/SP					
		19-49"	SBK/SC	F:/SE/PL/S/P					
7	LS	0-5"	gr/ls/	Fr/SE/PL/NS/NP	>43" to soil wetness	43"	N/A	None	PS .2759(F2
		5-9"	SBK/ls/cl	Fr/SE/PL/SS/SP					
		9-43"	SBK/SC	F:/SE/PL/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.2759(F2	.2759(F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Aurelia
EVALUATED BY: Ali A. Madin LSS
OTHER(S) PRESENT: _____

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

Sheet: 2
Property ID:
Lot #:
File #: 2377A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other
EVALUATION METHOD: ☐Augur 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
8	LS	0-6"	gr/sl	Fr/SE/PL/NS/NP	7.5YR 7/0 to 6/1 wetness	48"	N/A	None	PS .39 PS IV
		6-10"	SBK/sc/	Fr/SE/PL/SP					
		10-48"	SBK/ c	Fi/SE/PL/SP					
9	LS	0-10"	gr/sl	Fr/SE/PL/NS/NP	7.5YR 5/0 to 6/1 wetness	39"	N/A	None	PS .275 PS IV
		10-16"	SBK/sc/	Fr/SE/PL/SP					
		16-39"	SBK/sc	Fi/SE/PL/SP					

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

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

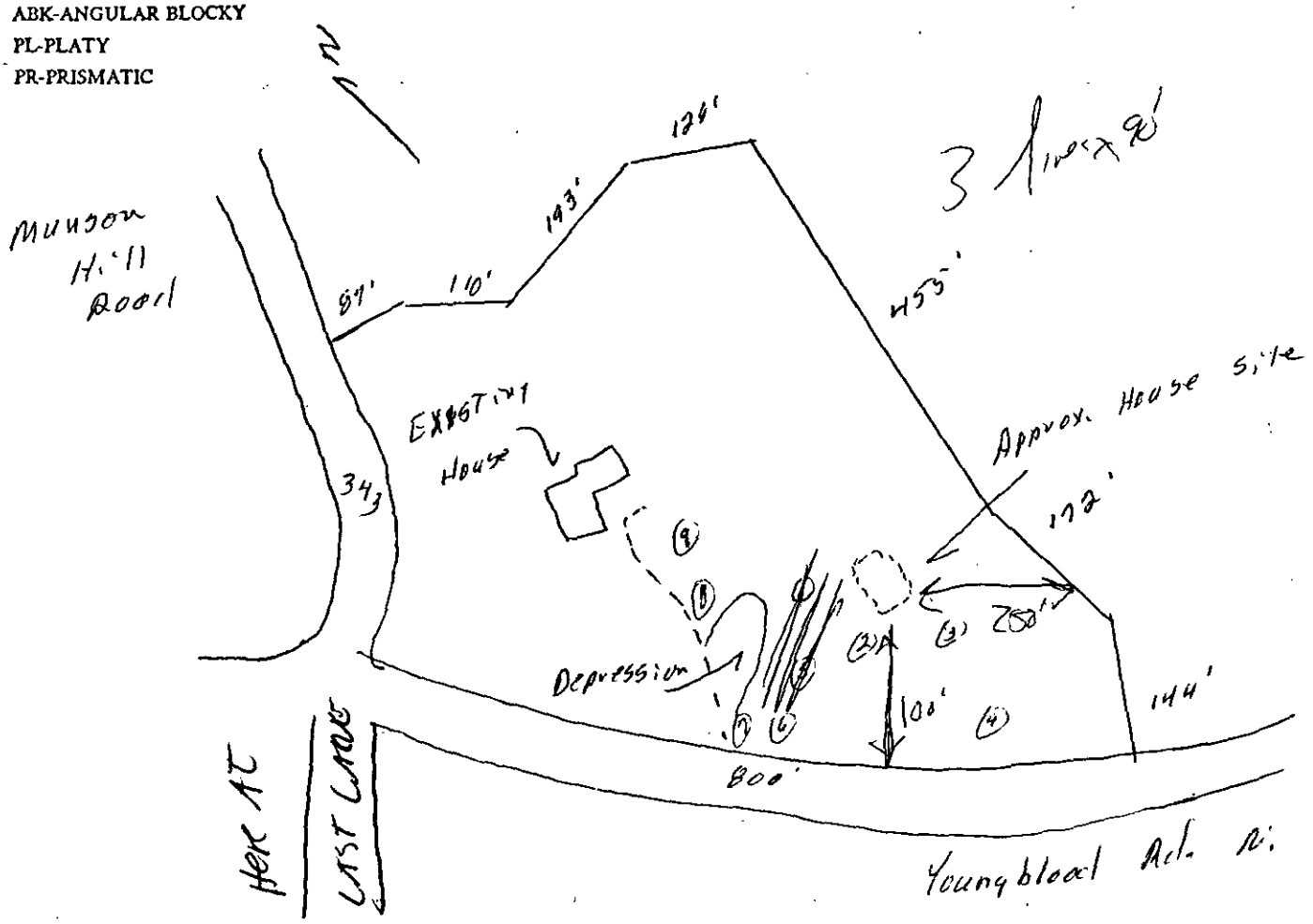
FILE # 23778

COMMENTS Well Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



CK# 1035

FEE: 200

DATE: 8/10/00

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

TYPE APPLICATION: ( ) X 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

LOT #: 23 RB

PROPERTY INFORMATION (FROM DEED OR PLAT BOOK) FOR JOB LOCATION:

TAX/PARCEL NUMBER: # 217-322-05

STREET ADDRESS: 18250 Youngblood Rd. North

TYPE OF BUILDING (CHECK ONE):

( ) SINGLE MOBILE HOME (S)
( ) DOUBLE WIDE (D)
X HOUSE (H) Guest House
( ) MODULAR HOME (M)
( ) MULTIPLE FAMILY (U)
( ) OTHER (O)

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
( ) 1 CHARLOTTE
( ) 2 DAVIDSON
( ) 3 CORNELIUS
( ) 4 PINEVILLE
( ) 5 MATTHEWS
( ) 6 HUNTERSVILLE
( ) 9 MINT HILL

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 1

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

( ) WITHOUT BASEMENT OR SLAB
( ) CRAWL SPACE
( ) WITH BASEMENT /PLUMBING
X 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: Residence

WATER SUPPLY (CHECK ONE): ( ) COMMUNITY (C) ( ) MUNICIPAL (M) X PRIVATE WELL (P) ( ) SHARED WELL (S) ( ) OTHER 'SPRINGS' (O)

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

( ) YES X NO — OVERHEAD CABLES, LANDFILLS, STUMPHOLES
( ) YES X NO — EXISTING WASTEWATER SYSTEMS
( ) YES X NO — EASEMENTS OR RIGHT-OF-WAYS
( ) YES X NO — WELL, SPRINGS OR WATERLINES
( ) YES X NO — DESIGNATED WETLANDS

PROPERTY OWNER:

NAME: (LAST) Yager (FIRST) Richard (MI) A

ADDRESS: 18250 Youngblood R.D.

CITY Charlotte STATE: N.C. ZIP: 28278

DAYTIME PHONE: (704 504- 1623

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: Richard A Yager Jr. DATE: 8-7-2000

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
C/O HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202, (704) 336 5107

P.S. Steve From Butler

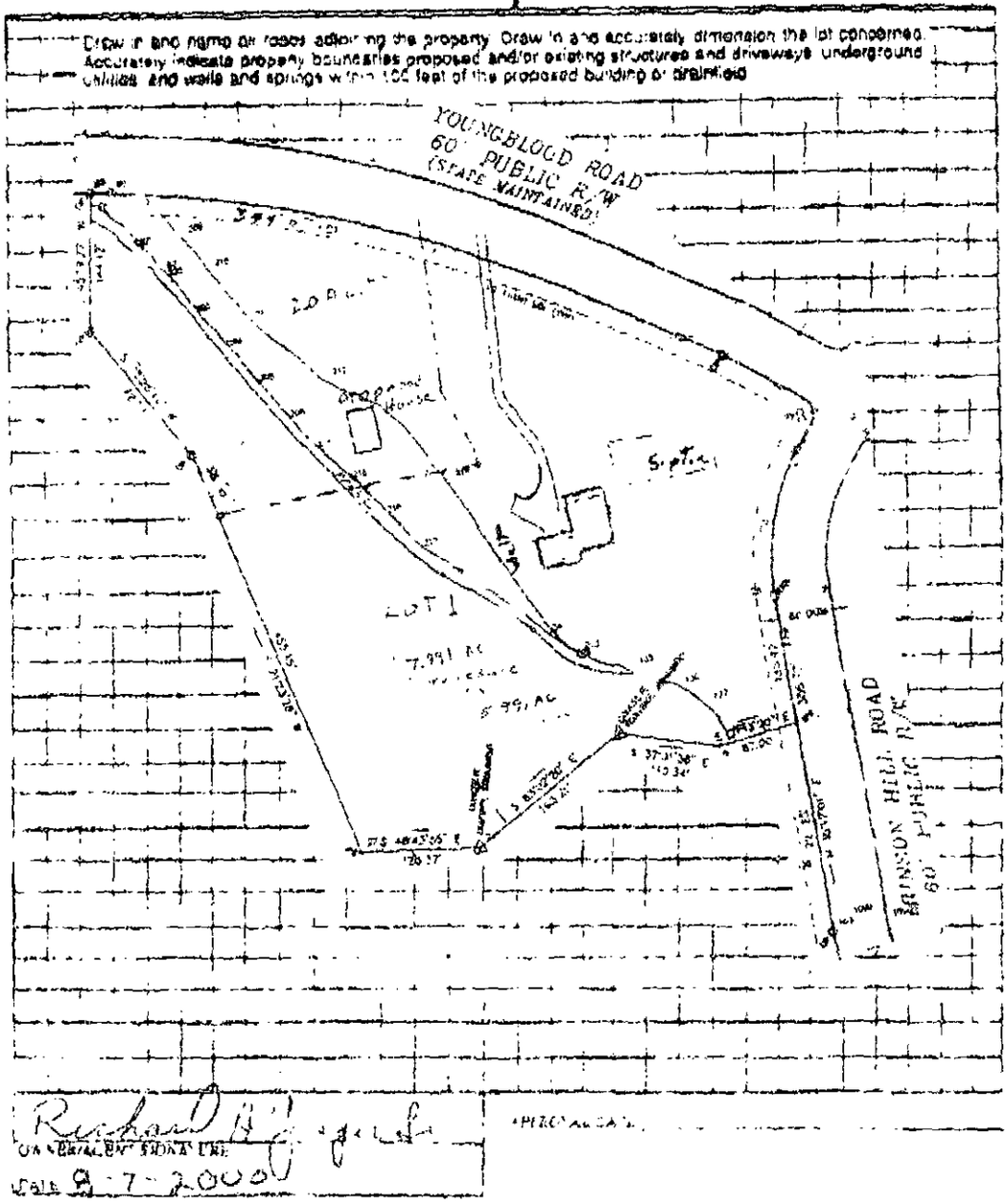
PROPOSED PLOT PLAN

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

FILE: 2377B ~~2377B~~

TO: 217-32205

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.



Richard B. Yager
ON CHARLOTTE SOILS LIST

DATE 9-7-2000

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 23776 DATE: 2/26/98

TC: 217-201-63 ☐ CCL ☒ CRT

SERIAL Nº 17572

Name of Owner Yager Freedom Foundation Juris.:

Address of Property 18250 Youngblood Rd. North

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source (50') Minimum

Excavation Inspected 2/26/98

Tank(s) Inspected 2/26/98

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1500ST, 1200 SQ.FT., 12"G, CECIL-LIKE CTR# 5

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: 3 bedroom house - Type II

Dawn E Higgins, 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

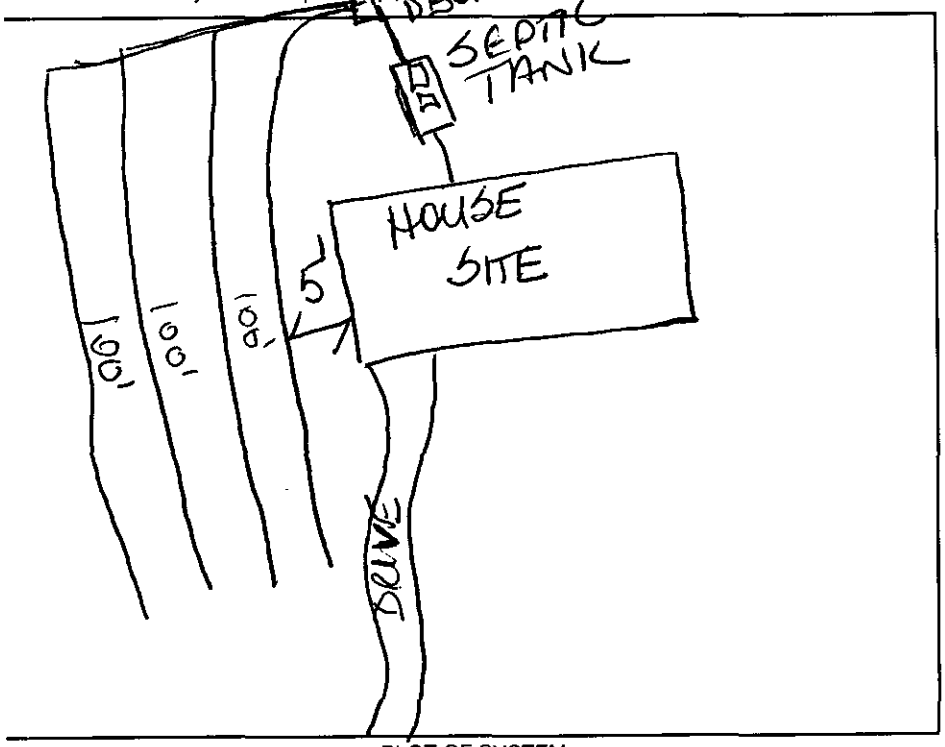
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 23776 DATE: 2/12/98

TC: 217-201-63 X L

SERIAL Nº 17711

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 2/12/98. All work shall be completed on or before 3/12/98, 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 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100' feet

NOT INSTALLED AT THIS TIME

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

NAME OF OWNER YAGER FREEDOM FOUNDATION

LOCATION OF PROPERTY 18250 Youngblood Rd. North

Comments: 1500 SEPTIC TANK w/ 4 LINES @ 3'x100'x12"

Dawn E. Higgins, R.S.
Environmental Health Specialist

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

CK# 4325

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/24/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/24/98 **PERMIT NO:** 2377B

PARCEL NO: 217-29-63

JOB LOCATION ADDRESS: 18250 Youngblood Rd. North

PROPERTY OWNER: Gaston Freedom Foundation

BUILDING CONTRACTOR:

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: TONI HIGGINS, RS **DATE:** 2/24/98
DEHNR AUTHORIZED AGENT

Released for Dist Septic permit 1 of 1 5/21/98 gc

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2377B, 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 Required.

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 _____ 2-24-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 2377B

Tax Number: 217-201-63

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)
✓ Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

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

Site modifications required:

Additional Conditions: ① Well shall be a minimum of 50' from any part of septic system or repair area.
② Install drainless or container.

Repair Area System Type
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

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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.

Irene E Diggins 2/16/98
DEHNR Authorized Agent Date

X [signature] 2-24-98
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

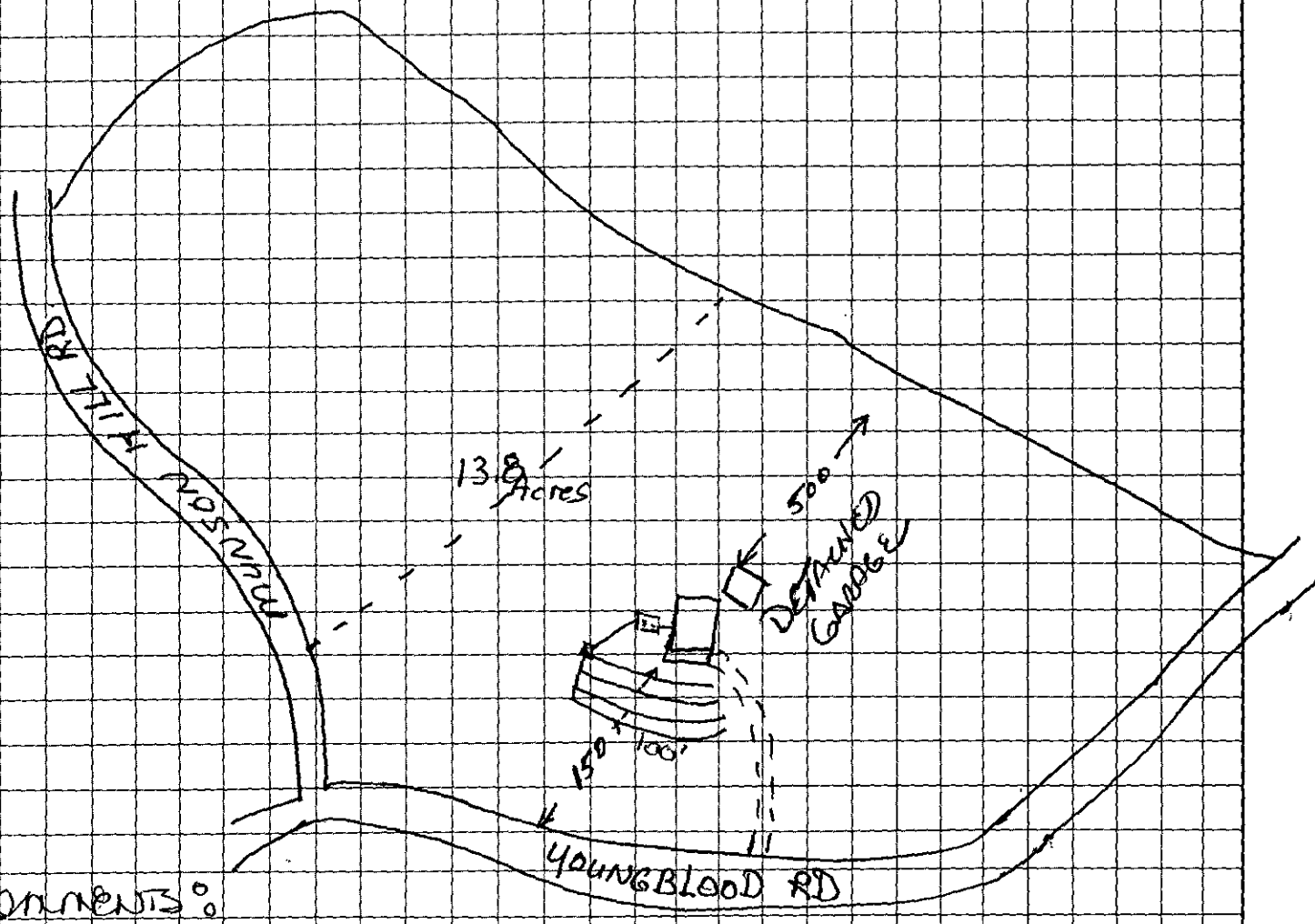
PROPOSED PLOT PLAN

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

FILE: 23776

TC: 80 217 - 201-63

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. 4 LINES @ 3X100X12"
3. 36" MINIMAL TRENCH DEPTH
4. WELL SHALL BE A MINIMUM OF 50' FROM ANY PART OF THE SEPTIC SYSTEM.

#2

C Q McK
OWNER/AGENT SIGNATURE

DATE 2-1-98

APPROVAL DATE 2/12/98

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

FEE: 100.00 CK# 9439
DATE: 2/3/92 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 #: 23776

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00 217-241-63

STREET ADDRESS: 10250 Youngblood Rd North

SUBDIVISION OR MOBILE HOME PARK NAME: NA

LOT NUMBER:

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: 1st 1600

NUMBER OF BEDROOMS: #3 NUMBER OF OCCUPANTS: 2

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	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: (LAST) YAGER (FIRST) FREEDOM (MI) FOUNDATION

ADDRESS: 600 Towne Centre Blvd suite 110

CITY: Pineville STATE: N.C. ZIP: 28134

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Chip (FIRST) McKenzie (MI)

DAYTIME PHONE: ( ) 704 – 889 2500

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: [signature] DATE: 2-2

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

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION — — #1
for ON-SITE WASTEWATER SYSTEM

23778

OWNER: Yages Freedom Foundation Inc. APPLICANT: Charles PO 217-20163
ADDRESS: 6m Towne Center Blvd 50112 APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .27ac
LOCATION OF SITE: Yaupon Bend Rd N. PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5 to 10 .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	0-5"	gr/sl	Fr/SE/P/SS/SD	7.5Y 50:1 wetness	50"	N/A	None	PS .3gpf IV
		5-50"	SBK/c	Fi/SE/P/SD					
2	LS	0-7"	gr/sl	Fr/SE/P/SS/SD	7.5Y 46" TO 50:1 wetness	48"	N/A	None	PS .3gpf IV
		7-36"	SBK/c	Fi/SE/P/SD					
		36-46"	SBK/cl	Fr/SE/P/SS/SD					
3	LS	0-6"	gr/sl	Fr/SE/P/SS/SD	7.5Y 46" TO 50:1 wetness	48"	N/A	None	PS .3gpf IV
		6-37"	SBK/c	Fi/SE/P/SD					
		37-46"	SBK/scl	Fr/SE/P/SS/SD					
4	LS	0-6"	gr/sl	Fr/SE/P/SS/SD	7.5Y 46" TO 50:1 wetness	46"	N/A	None	PS .3gpf IV
		6-24"	SBK/c	Fi/SE/P/SD					
		24-46"	SBK/scl	Fr/SE/P/SS/SD					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Mills 2-17-98
OTHER(S) PRESENT: LSS

COMMENTS: 100% Repair

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) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) S (Foot Slope) H (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	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)

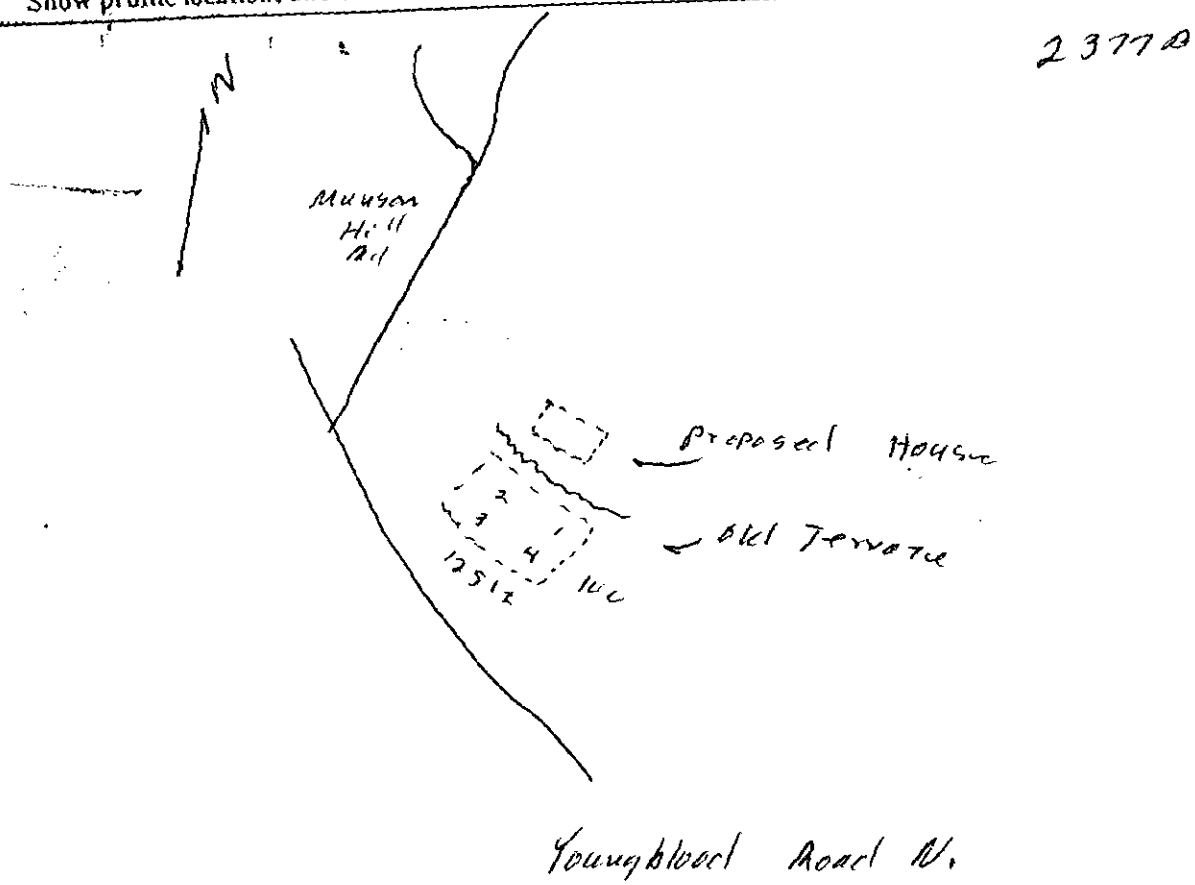
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



23770

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

46 #1

23778

OWNER: Yager Freedom Foundation Harlan APPLICANT: PO 217-20163

ADDRESS: 600 Towne Centre Blvd, Suite 110 APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .27 ac

LOCATION OF SITE: Yaupon Head Rd N. PROPERTY RECORDED: _____

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5 to 10 .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	0-5"	gr/sl	Fr/SE/SP/ss/sm	7.5YR 5/8 to 10YR 6/1 wetness	50"	N/A	None	PS .3gpd/ft² IV
		5-50"	sbk/c	Fi/SE/SP/sm					
2	LS	0-7"	gr/sl	Fr/SE/SP/ss/sm	7.5YR 5/8 to 10YR 6/1 wetness	48"	N/A	None	PS .3gpd/ft² IV
		7-36"	sbk/c	Fi/SE/SP/sm					
		36-46"	sbk/cl	Fr/SE/SP/ss/sm					
3	LS	0-6"	gr/sl	Fr/SE/SP/ss/sm	7.5YR to 10YR 6/1 wetness	48"	N/A	None	PS .3gpd/ft² IV
		6-37"	sbk/c	Fi/SE/SP/sm					
		37-46"	sbk/scl	Fr/SE/SP/ss/sm					
4	LS	0-6"	gr/scl	Fr/SE/SP/ss/sm	7.5YR 5/8 to 10YR 6/1 wetness	46"	N/A	None	PS .3gpd/ft² IV
		6-24"	sbk/c	Fi/SE/SP/sm					
		24-46"	sbk/scl	Fr/SE/SP/ss/sm					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W.A. Medlin 2-17-98

OTHER(S) PRESENT: LGS

COMMENTS: 100% Repair

LEGEND

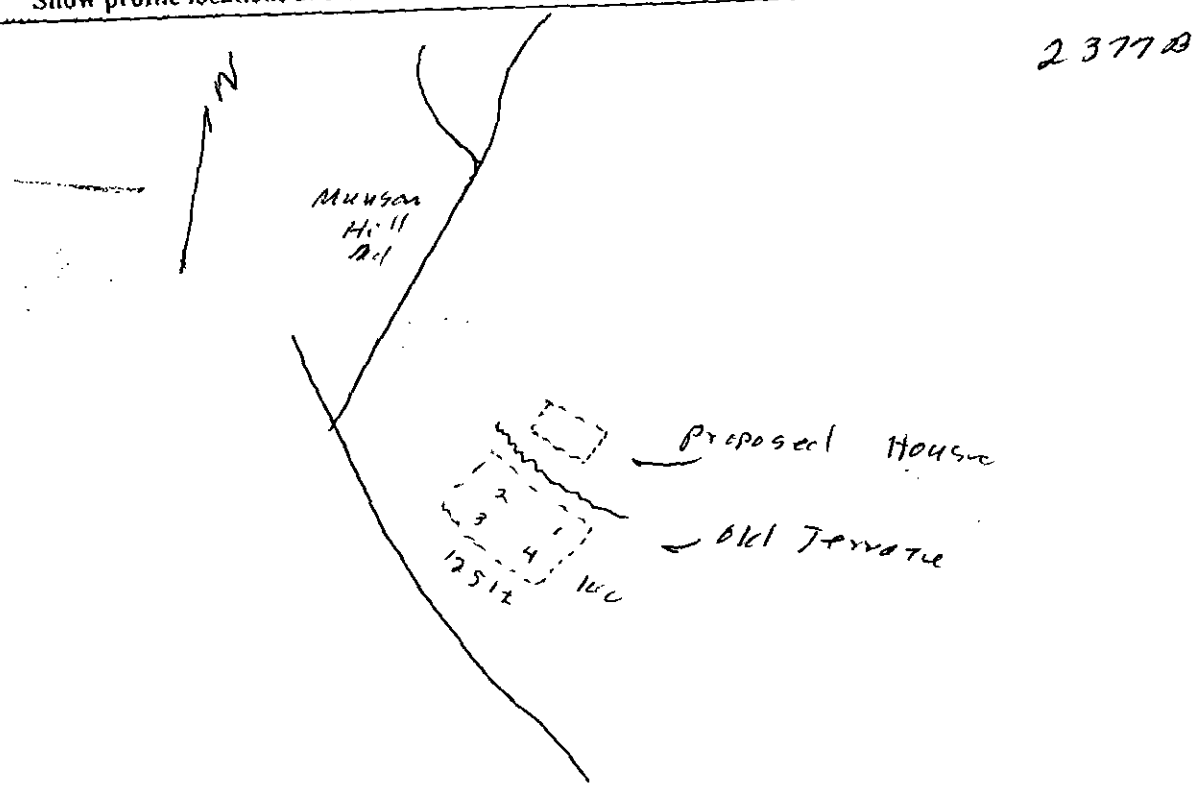
use the following standard abbreviations

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)
I (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)
H (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
S(suitable) or U(unsuitable)
SAPROLITE — 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
SOIL WETNESS
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).



Signatures

Next part of [illegible]