

ROY COOPER • Governor KODY H. KINSLEY • Secretary MARK BENTON • Chief Deputy Secretary for Health SUSAN KANSAGRA • Assistant Secretary for Public Health Division of Public Health

# **Application for Services**

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5). [hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

| Applying for:<br>✓ (a2) Improvement Permit ✓ (a2) Construction Author   | rization (a2) Repair/Construction Authorization                                |
|---|--|
| If applying for a Construction Authorization, please indicate desire  | ed system type(s):   |
| ✓       New Construction       Expansion       System Reloc         ✓       5-Year Expiration Requested (site plan provided)       Non-Exp         Requesting DHHS review? (systems >3000 GPD or IPWW)       Yes  | piring Permit Requested (plat provided, defined in G.S.130A-334(7a)            |
| Applicant:  | Owner: Four Corners of Charlotte LLC   |
| Mailing Address:  | Mailing Address: 1612 Seattle Slew Court                                       |
|   |  |
| City:   | City: Waxhaw   |
| State: Zip:   | State: NC Zip: 28173   |
| Phone #:  | Phone #: 704-713-2602  |
| Email:  | Email: romelle03@yahoo.com   |
| Lindii  |  |
| If the answer to any of the following questions is "yes", application         Yes       ✓       No       Does the site contain any jurisdictional         Yes       ✓       No       Is any wastewater going to be generated         Yes       ✓       No       Is the site subject to approval by any ot         Yes       ✓       No       Are there any easements or right of waster | wetlands?<br>ed on the site other than domestic sewage?<br>ther public agency? |
| <br>  |  |
| are to be used to issue an Improvement Permit and/or Construct<br>I understand that authorized county and state officials are grant   |  |
| Applicant Signature:  | Date:  |
| Owner's Signature:  | Date: May 27, 2024   |

| Permi | t/Fi | le #: |
|-------|------|-------|
|-------|------|-------|

|  | NC DEPARTMENT OF<br>HEALTH AND<br>HUMAN SERVICES |
|--|--|
|--|--|

ROY COOPER • Governor KODY H. KINSLEY • Secretary MARK BENTON • Chief Deputy Secretary for Health SUSAN KANSAGRA • Assistant Secretary for Public Health Division of Public Health

Submittal Includes:

🗹 (a2) Improvement Permit

(a2) Construction Authorization

☐ Fee \$\_\_\_\_\_

### IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

| PIN/Lot Identifier: 09125016   Issued To: Four Corners of Charlotte LLC   Property Location: 813 Archie Lane, Monroe, NC 28112   Subdivision (if applicable) Worthwood   Lot #: 109 Block:   SS Report Provide: res   New I Expansion   System Relocation Change of Use   Facility Type: Single-Family Residence   Number of bedrooms: 3   Number of bedrooms: 3   Proposed Usafe Visength: Domestic   Proposed Usafe Visength: Domestic   Proposed Usafe Visength: Domestic   Proposed Usafe Visength: Domestic   Proposed Vastewater System Type': Exempt   Proposed Vastewater System Type': Exempt   Proposed Vastewater System Type': Exempt   Repair): Coepted - Type IIIb   (Initial): Purp Required:   Proposed Vastewater System Type': Exempt   Repair): Coepted - Type IIIb   (Initial): Ves   No May be required   *Please include system Cossification for proposed wastewater system types in accordance with Rule. J301 Table XXXII   Fill System (Initial): Ves   Sapolite System (Initial): Ves   Ves No   Hill System (Initial): Ves   Vastewater System Type: No   Hyses provide a fill plan)   Hill System (Initial): Ves   No Hyses peetry:   No Max. Trench Depth  | County: Union  |
|--|--|
| property Location:       813 Archie Lane, Monroe, NC 28112         Subdivision (if applicable)       Worthwood       Lot #:       109       Block:       Section:         LSS Report Provided:       Yes [       No       Itry Thompson, LSS         New []       Expansion []       System Relocation []       Change of Use []         Facility Type:       Single-Family Residence         Number of bedrooms:       3       Number of Cocupants:       6       Other:         Design Wastewater Strength:       Domestic       I High Strength       Industrial Process Wastewater         Proposed Design Daily Flow:       360       GPD       Proposed LTAR (Initial):       0.3       Proposed LTAR (Repair):       Exempt         Proposed Wastewater System Type*:       Exempt       (Repair)       Pump Required:       Yes [] No       May be required         Prelose include system classification for proposed wastewater system types in accordance with Rule .1301 Toble XXXII       Effluent Standard:       ZOS [] No Saprolite System (Repair):       Yes [] No       Saprolite System area provide a fill plan)         Fill System (Initial):       Yes [] No if Yes, specify:       New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (Initial):       Yes [] No if Yes, please specify details:       Yes [] No [] New <t< th=""><th>21N/Lot Identifier:09125016</th></t<>   | 21N/Lot Identifier:09125016  |
| Subdivision (if applicable)       Worthwood       Lot #: 109       Block:  | ssued To: Four Corners of Charlotte LLC  |
| LSS Report Provided: Yes \[ No \]   If yes, name and license number of LSS.   New \[ Expansion \]   System Relocation \]   Change of Use \]   Facility Type:   Single-Family Residence   Number of bedrooms: 3   Number of Occupants: 6   Other: \   | Property Location: 813 Archie Lane, Monroe, NC 28112   |
| If yes, name and license number of LSS. Larry Thompson, LSS   New [] Expansion [] System Relocation [] Change of Use []   Facility Type: Single-Family Residence   Number of bedrooms: 3 Number of Occupants: 6 Other:   | ubdivision (if applicable) Worthwood Lot #: 109 Block: Section: Section:   |
| New  |  |
| Facility Type:       Single-Family Residence         Number of bedrooms:       3       Number of Occupants:       6       Other:         Design Wastewater Strength:       Domestic       High Strength       Industrial Process Wastewater         Proposed Design Daily Flow:       360       GPD       Proposed LTAR (Initial):       0.3       Proposed LTAR (Repair):       Exempt         Proposed Wastewater System Type*:       Accepted - Type IIIb       (Initial):       Pump Required:       Yes       No       May be required         Proposed Wastewater System Type*:       Exempt       (Repair):       Pump Required:       Yes       No       May be required         Proposed Wastewater System Type*:       Exempt       (Repair):       Pump Required:       Yes       No       May be required         Proposed Wastewater System Type*:       Exempt       (Repair):       Pump Required:       Yes       No       May be required         Proposed Wastewater System Type*:       Exempt       (Repair):       Num       Reversion       Stone       May be required         Proposed Wastewater System Type*:       Exempt       (Repair):       No       Type System (Repair):       No       Stone       Stone       Stone       Stone       Stone       Stone       Stone       Stone </td <td>f yes, name and license number of LSS: Larry Thompson, LSS</td>  | f yes, name and license number of LSS: Larry Thompson, LSS   |
| Design Wastewater Strength:              [ Domestic             ] High Strength             [ Industrial Process Wastewater             Proposed Design Daily Flow: <u>360             GPD             Proposed LTAR (Initial):             0.3             Proposed LTAR (Repair):             <u>Exempt             [ Accepted - Type IIIb             [ (Initial):             Proposed Wastewater System Type*:             <u>Exempt             [ Repair):             Proposed UTAR (Repair):             Proposed Wastewater System Type*:             <u>Exempt             [ Repair):             Pump Required:             Proposed Wastewater System Type*:             <u>Exempt             [ Repair):             Pump Required:             Proposed UTAR             [ NA Description             [ Proposed UTAR (Repair):             Proposed UTAR             [ Nay be required             "Proposed UTAR             [ Nay be required             "Nay be required             "Proposed UTAR             [ Nay be required             "Proposed UTAR             [ Nay be required             [ Nay be required             [ Nay be required             [ Nay be required  </u></u></u></u></u></u></u></u> | Single-Family Residence  |
| Proposed Design Daily Flow:       360      GPD       Proposed LTAR (Initial):       0.3       Proposed LTAR (Repair):       Exempt         Proposed Wastewater System Type*:       Accepted - Type IIIb       (Initial)       Pump Required:       Yes       No       May be required         Proposed Wastewater System Type*:       Exempt       (Repair)       Pump Required:       Yes       No       May be required         *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII       Effluent Standard:       D SE       H SE       NSF/ANSI 40       TS-I       TS-II       RCW         Saprolite System (initial):       Yes       No       Saprolite System (Repair):       Yes       No         Fill System (Initial):       Yes       No       Saprolite System (Repair):       Yes       No         Saprolite System (Initial):       Yes       No       Saprolite System (Repair):       Yes       No         System (Repair):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (Initial):       30       Usable Depth to LC (Repair)*;       N/A       * Measured on the downhill side of the trench         Artificial Drainage Required:       Yes <t< td=""><td>Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> Other:</td></t<>  | Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> Other:  |
| Proposed Wastewater System Type*:       Accepted - Type IIIb       (Initial)       Pump Required:       Yes       No       May be required         Proposed Wastewater System Type*:       Exempt       (Repair)       Pump Required:       Yes       No       May be required         *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII       Effluent Standard:       DSE       HSE       NSF/ANSI 40       TS-1       TS-11       RCW         Saprolite System (Initial):       Yes       No       Saprolite System (Repair):       Yes       No         Fill System (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Sable Depth to LC (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (Initial):       30       Usable Depth to LC (Repair)?:       N/A       * Limiting Condition         Max. Trench Depth (Initial):       18       Max. Trench Depth (Repair)?:       N/A       * Limiting Condition         Max. Trench Depth (Initial):       Yes       No       If yes, please specify details:   | Design Wastewater Strength: 🖌 Domestic 🛛 High Strength 🗌 Industrial Process Wastewater   |
| Proposed Wastewater System Type*:       Exempt       (Repair) Pump Required:       Yes       No       May be required         *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII         Effluent Standard:       DSE       HSE       NSF/ANSI 40       TS-1       TS-1I       RCW         Saprolite System (Initial):       Yes       No       Saprolite System (Repair):       Yes       No         Fill System (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Fill System (Repair):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (initial) <sup>1</sup> :       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (initial) <sup>1</sup> :       18       Max. Trench Depth (Repair) <sup>1</sup> :       NA       * Limiting Condition         Max.       Trench Depth (Initial) <sup>1</sup> :       18       Max. Trench Depth (Repair) <sup>1</sup> :       NA       * Limiting Condition         Max.       Trench Depth (Initial) <sup>1</sup> :       18       Max. Trench Depth (Repair) <sup>1</sup> :       Max       Trench Depth (Initial) <sup>1</sup> :   | Proposed Design Daily Flow: <u>360</u> GPD Proposed LTAR (Initial): <u>0.3</u> Proposed LTAR (Repair): <u>Exempt</u>   |
| Proposed Wastewater System Type*:       Exempt       (Repair) Pump Required:       Yes       No       May be required         *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII         Effluent Standard:       DSE       HSE       NSF/ANSI 40       TS-1       TS-1I       RCW         Saprolite System (Initial):       Yes       No       Saprolite System (Repair):       Yes       No         Fill System (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Fill System (Repair):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (initial) <sup>1</sup> :       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (initial) <sup>1</sup> :       18       Max. Trench Depth (Repair) <sup>1</sup> :       NA       * Limiting Condition         Max.       Trench Depth (Initial) <sup>1</sup> :       18       Max. Trench Depth (Repair) <sup>1</sup> :       NA       * Limiting Condition         Max.       Trench Depth (Initial) <sup>1</sup> :       18       Max. Trench Depth (Repair) <sup>1</sup> :       Max       Trench Depth (Initial) <sup>1</sup> :   | Proposed Wastewater System Type*: Accepted - Type IIIb (Initial) Pump Required: 🗹 Yes 🗌 No 🗌 May be required   |
| Effluent Standard:       ØDSE       HSE       NSF/ANSI 40       TS-I       TS-II       RCW         Saprolite System (Initial):       Yes       No       Saprolite System (Repair):       Yes       No         Fill System (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Fill System (Repair):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (Initial):       30       Usable Depth to LC (Repair)*:       N/A       * Limiting Condition         Max. Trench Depth (Initial):       18       Max. Trench Depth (Repair)*:       N/A       * Measured on the downhill side of the trench         Artificial Drainage Required:       Yes       No       If yes, please specify details:   | Proposed Wastewater System Type*: Exempt (Repair) Pump Required: Yes 🔽 No 🗌 May be required  |
| Saprolite System (Initial):       Yes       No       Saprolite System (Repair):       Yes       No         Fill System (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Fill System (Repair):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Sable Depth to LC (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (Initial):       Yes       No       Usable Depth to LC (Repair)?:       N/A       * Limiting Condition         Max. Trench Depth (Initial):       18       Max. Trench Depth (Repair)?:       N/A       * Measured on the downhill side of the trench         Artificial Drainage Required:       Yes       No if yes, please specify details:   | Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII  |
| Fill System (Initial):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Fill System (Repair):       Yes       No       If yes, specify:       New       Existing (when adding more than 6 inches of fill to system area provide a fill plan)         Usable Depth to LC (Initial)*:       30       Usable Depth to LC (Repair)*:       N/A       * Limiting Condition         Max. Trench Depth (Initial)*:       18       Max. Trench Depth (Repair)*:       N/A       * Measured on the downhill side of the trench         Artificial Drainage Required:       Yes       No       If yes, please specify details:   | iffluent Standard: 🗹 DSE 🗌 HSE 🗌 NSF/ANSI 40 🗌 TS-I 📄 TS-II 📄 RCW  |
| Fill System (Repair): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)   Usable Depth to LC (Initial) <sup>x</sup> : 30 Usable Depth to LC (Repair) <sup>x</sup> : NA * Limiting Condition   Max. Trench Depth (Initial) <sup>x</sup> : 18 Max. Trench Depth (Repair) <sup>x</sup> : NA * Measured on the downhill side of the trench   Artificial Drainage Required: Yes No If yes, please specify details:   | iaprolite System (Initial): 🗌 Yes 🖌 No 🛛 Saprolite System (Repair): 🗌 Yes 🖌 No   |
| Usable Depth to LC (Initial)*: 30  | ill System (Initial): 🗌 Yes 🗹 No If yes, specify: 🗌 New 📄 Existing (when adding more than 6 inches of fill to system area provide a fill plan)                             |
| Max. Trench Depth (Initial) <sup>±</sup> : <u>18</u> Max. Trench Depth (Repair) <sup>±</sup> : <u>N/A</u> <sup>±</sup> Measured on the downhill side of the trench<br>Artificial Drainage Required: Yes No If yes, please specify details:<br>Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other:<br>Drainfield location meets requirements of Rule .0508: Yes No D Drainfield location meets requirements of Rule .0601: Yes No D<br>Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]<br>Permit conditions:<br>Licensed Soil Scientist Print Name: Larry Thompson, LSS<br>Licensed Soil Scientist Signature: Date: <u>05-28-24</u><br>The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*  |  |
| Artificial Drainage Required:       Yes       No       If yes, please specify details:         Type of Water Supply:       Private well       Public well       Shared well       Municipal Supply       Spring       Other:         Drainfield location meets requirements of Rule .0508:       Yes       No       Drainfield location meets requirements of Rule .0601:       Yes       No         Permit valid for:       Five years [site plan submitted pursuant to GS 130A-334(13a)]       No expiration [plat submitted pursuant to GS 130A-334(7a)]         Permit conditions:   |  |
| Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other:   Drainfield location meets requirements of Rule .0508: Yes No Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)] Permit conditions: Permit conditions: Licensed Soil Scientist Print Name: Larry Thompson, LSS Licensed Soil Scientist Signature: Date: 05-28-24 The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2). *See attached site sketch*  | Max. Trench Depth (Initial) <sup>‡</sup> : $\frac{18}{18}$ Max. Trench Depth (Repair) <sup>‡</sup> : $\frac{N/A}{18}$ <b># Measured on the downhill side of the trench</b> |
| Drainfield location meets requirements of Rule .0508: Yes No Drainfield location meets requirements of Rule .0601: Yes No Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]   Permit conditions:   Permit conditions:   Licensed Soil Scientist Print Name:   Larry Thompson, LSS   Licensed Soil Scientist Signature:   Date:   05-28-24   The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2). *See attached site sketch*   | Artificial Drainage Required: 🗌 Yes 🗹 No If yes, please specify details:   |
| Permit valid for:  Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]  Permit conditions:  Permit conditions:  Licensed Soil Scientist Print Name: Larry Thompson, LSS Licensed Soil Scientist Signature:  Date: 05-28-24  The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).  *See attached site sketch*  |  |
| Permit conditions:   | Drainfield location meets requirements of Rule .0508: Yes 🗹 No 🗌 Drainfield location meets requirements of Rule .0601: Yes 🗹 No 🗌  |
| Licensed Soil Scientist Print Name: Larry Thompson, LSS<br>Licensed Soil Scientist Signature: Date: 05-28-24<br>The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*   | Permit valid for: 🗹 Five years [site plan submitted pursuant to GS 130A-334(13a)] 🗌 No expiration [plat submitted pursuant to GS 130A-334(7a)                              |
| Licensed Soil Scientist Signature: Date: 05-28-24<br>The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*  | Permit conditions:   |
| Licensed Soil Scientist Signature: Date: 05-28-24<br>The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*  |  |
| Licensed Soil Scientist Signature: Date: 05-28-24<br>The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*  |  |
| Licensed Soil Scientist Signature: Date: 05-28-24<br>The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*  |  |
| Licensed Soil Scientist Signature: Date: 05-28-24<br>The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*  |  |
| The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).<br>*See attached site sketch*   |  |
| *See attached site sketch*   |  |
|  |  |
|  | ICDHHS/DPH/EHS/OSWP Revised January 202  |



### This Section for Local Health Department Use Only

Initial submittal received: \_\_\_\_\_\_ by \_\_\_\_\_ Date Initials

#### G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes</u>. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: \_\_\_\_\_

\*See attached site sketch\*



#### **Re-submittal of Improvement Permit**

| LHD USE ONLY: This IP resubmittal received: |      | by       |  |
|---|------|----------|--|
|   | Date | Initials |  |

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

hereby attest that the information required to be included with this re-submittal ١. Licensed Soil Scientist (Print Name) is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances. Signature of Licensed Soil Scientist Date The section below is for Local Health Department use after submittal of items noted as missing above. LHD Follow-up Completeness Review of Improvement Permit The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be: Incomplete (If box is checked, information in this section is required.) The following items are missing: Copies of this were sent to the LSS and the Applicant on Date State Authorized Agent: Date: \_\_\_\_\_ Complete State Authorized Agent: \_\_\_\_\_ Date:



#### CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

| County: Union Pre-Construction Conference Required: Yes 🗸 No 🗌   |
|--|
| PIN/Lot Identifier: 09125016   |
| Issued To: Four Corners of Charlotte LLC   |
| Property Location: 813 Archie Lane, Monroe, NC 28112   |
| AOWE/PE Plans/Evaluations Provided: Yes 🔽 No 🗌 If yes, name and license number of AOWE/PE: Larry Thompson (AOWE 10016E)  |
| Facility Type: Single-Family Residence   |
| Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> Other:  |
| Image: New     Expansion     Repair     System Relocation     Change of Use  |
| Basement? Yes I No Basement Fixtures? Yes I No   |
| Crawl Space? Yes No Slab Foundation? Yes No  |
| Type of Wastewater System*       Accepted - Type IIIb       Exempt       (Repair)  |
| *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII   |
| Design Daily Flow: <u>360</u> GPD Wastewater Strength:  Domestic High Strength Industrial Process WW   |
| Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? Yes 📝 No (if yes, please provide engineering documentation)   |
| Effluent Standard: 🗹 DSE 🔄 HSE 🔄 NSF/ANSI 40 🔄 TS-I 🔄 TS-II 🔄 RCW  |
| Type of Water Supply: 🖌 Private well 🗌 Public well 🗌 Shared well 🗌 Municipal Supply 📄 Spring 🗌 Other:  |
| Installation Requirements/Conditions   |
| Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center   |
| Trench/Bed Width: <u>36</u> inches LTAR: <u>0.3</u> gpd/ft <sup>2</sup> Usable Depth to LC (Initial) <sup>x</sup> : <u>30</u> <i>xLimiting condition</i>   |
| Soil Cover: <u>6</u> inches Slope Corrected Maximum Trench/Bed Depth <sup>‡</sup> : <u>18</u> inches <sup>‡</sup> <i>Measured on the downhill side of the trench</i>   |
| Pump Tank Size (if applicable): <u>1,000</u> gallons Requires more than 1 pump? Yes 🔽 No   |
| Pump Requirements: <u>16</u> ft. TDH vs. <u>25</u> GPM Grease Trap Size (if applicable): <u>N/A</u> gallons  |
| Distribution Method: 🗌 Serial 🗹 D-Box or Parallel 🔄 Pressure Manifold(s) 🗌 LPP 🔄 Other:  |
| Artificial Drainage Required: Yes 🗌 No 🖌 If yes, please specify details:   |
| Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)  |
| Multi-party Agreement Required [.0204(g)]: Yes 🖌 No Declaration of Restrictive Covenants: Yes 🖌 No   |
| Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: 🗌 Yes 🗹 No  |
| Management Entity Required: 🗌 Yes 🗹 No Minimum O&M Requirements:   |
| Describes a l'illes se   |
| Permit conditions:   |
|  |
|  |
|  |
| The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. <i>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</i> The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A-1900, as applicable, and to the conditions of this permit.   |
| AOWE/PE Print Name: Larry Thompson, LSS, AOWE  |
| AOWE/PE Signature: Date: 05-28-24 Date: 05 |
| *See attached site sketch*   |



### This Section for Local Health Department Use Only

Initial submittal received: \_\_\_\_\_\_ by \_\_\_\_\_

Date

Initials

#### G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This

Construction Authorization is determined to be:

| Incomplete (If box is checked | , information in this section is required.) |
|-------------------------------|---|
|-------------------------------|---|

The following items are missing: \_

| Copies of this were sent to the AOWE/PE and the App |      |       |  |
|---|------|-------|--|
|   | Date |       |  |
| State Authorized Agent:                             |      | Date: |  |

Complete

State Authorized Agent: \_

Date of Issuance: \_\_\_\_

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: \_\_\_\_\_

\*See attached site sketch\*



### **Re-submittal of Construction Authorization**

| The following iter | LHD USE ONLY: This CA resubmittal receir<br>ms are being resubmitted pursuant to G.S. 13   | Date                    | Initials                       |                      |
|--------------------|--|-------------------------|--------------------------------|----------------------|
| The following iter | ms are being resubmitted pursuant to G.S. 13   |                         |                                |                      |
| The following iter | ms are being resubmitted pursuant to G.S. 13   | 30A-335(a5) for issua   |                                |                      |
|                    |  | 5011 555 (us) 101 155uu | nce of the Construction Autho  | rization:            |
|                    |  |                         |                                |                      |
|                    |  |                         |                                |                      |
|                    | THE  | STATE                   |                                |                      |
| I,                 | hereby att   | test that the informat  | tion required to be included w | ith this re-submitta |
| is accurate and co | bomplete to the best of my knowledge and the discussion of the best of my knowledge and the discussion of the discussion |                         | struction Authorization meets  | all applicable       |
| Signature c        | of Authorized On-Site Wastewater Evaluator   | W E                     | Date                           |                      |
| LHD Follow-up      | The section below is for Local Health Departm<br>Completeness Review of Construct  | The second              |                                | e.                   |
|                    | mpleteness of this Construction Authorization<br>Authorization is determined to be:  | on re-submittal was c   | conducted in accordance with   | G.S. 130A-335(a5).   |
| Incomplete (If     | box is checked, information in this section i  | s required.)            |                                |                      |
| The following iten | ns are missing:  |                         |                                |                      |
|                    | D 355 O  | UAM VIDE                |                                |                      |
| Copies of this wer | re sent to the AOWE/PE and the Applicant o   | n<br>Date               |                                |                      |
| State Authorized   | Agent:   |                         | Date:                          |                      |
|                    |  |                         |                                |                      |
| Complete           |  |                         |                                |                      |



### ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

| County:   |          |
|---|----------|
| PIN/Lot Identifier:                               |          |
| Issued To:  |          |
| Additional Improvement Permit Conditions:         |          |
|   |          |
|   |          |
| THE STATE OF                                      |          |
| N 20 J  |          |
| A SZ MAR S VON                                    |          |
|   | <u> </u> |
|   |          |
|   |          |
|   |          |
|   |          |
|   | a //     |
|   | <u> </u> |
|   |          |
| Additional Construction Authorization Conditions: |          |
|   | <u></u>  |
| TRIL 12 MIL                                       |          |
| SE OLIAM VIDES                                    |          |
|   |          |
|   |          |
| <u> </u>  |          |
|   |          |
|   |          |
|   |          |
|   |          |
| <u> </u>  |          |
|   |          |
|   |          |



#### AUTHORIZATION TO ACT AS LEGAL REPRESENATIVE FOR OWNER

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A.1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Estate executor
- 3. Bankruptcy trustee
- 4. Court-ordered guardianship

In the absence of the above documentation, the property owner may sign this form to designate a legal representative to act on their behalf. If there are multiple property owners, then all property owners must sign this form.

By signing this form designating a legal representative for purposes of 15A NCAC 18A.1937, the property owner authorizes the legal representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. This authorization further allows the representative to make decisions on behalf of the owner pertaining to modifications of permits in the field. The owner retains full responsibility to meet all permit conditions specified by Union County Environmental Health.

| I Four Corners of Charlotte LLC         | , am the legal owner(s) of the property located at |
|---|--|
| 813 and 815 Archie Lane, Monroe, NC 287 | , identified as PIN (Parcel Identification         |
| Number) 09125016 and 09125017           | _, located in Union County, North Carolina.        |

I do hereby authorize (print legal representative/company name)

Larry Thompson, LSS \_\_\_\_\_, to act as an agent on my behalf in applying

for/signing/obtaining any documents associated with Union County Environmental Health, including but not limited to, the documents described below:

- Application/Permit for Improvement Permit (IP)/ Construction Authorization (CA)
- Improvement Permit (IP) / Construction Authorization (CA)
- Application/Permit for private drinking water well / well abandonment
- Application for soil-site evaluation (new/repair)
- Application for Water Samples
- Application for Compliance Inspection (inspection of an existing septic system or well)

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Union County Environmental Health, including but not limited to those decision made in the field.

**May 27, 2024 19:26 EDT**)

Signature of Owner(s)

<u>May 27, 2024</u> Date

Rev. 2/2022

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).

The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6).

**Environmental Health Division** 

500 N. Main Street, Suite 47 Monroe, NC 28112 T 704.283.3553

unioncountyeh@unioncountync.gov

## **Residential Subsurface Wastewater Treatment and Disposal System G.S. 130A-335(a2) Permit**

for

Lot 109 - Worthwood 813 Archie Lane Monroe, NC 28112

Tax Parcel Number: 09125016 May 27, 2024

### **Prepared for:**

Four Corners of Charlotte, LLC 1612 Seattle Slew Court Waxhaw, NC 28173 704-713-2602

### **Prepared by:**

Larry Thompson, REHS, LSS Thompson Environmental Consulting, Inc. PO Box 541 Midland, NC 28107-0541 Phone: 704-301-4881 larry@thompsonenv.com



#### Details

Four Corners of Charlotte, LLC has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a G.S. 130A-335(a2) septic permit package for a new 3-bedroom single-family residence to be constructed on Lot 109 - Worthwood, 813 Archie Lane, Monroe, North Carolina (Union County Parcel Number: 09125016).

Based upon a soil and site evaluation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available area for the installation of a **Pump to Accepted System** for a 360 gallon-per-day home at a 0.3 GPD/sq/ft long-term acceptance rate (LTAR). This property appears in a subdivision plat recorded with the Union County Register of Deeds Office in September 1958, and is considered to be "repair exempt" per 15A NCAC 18E .0508 AVAILABLE SPACE. The residence will be served by a private well.

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3), and the plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6).

#### Location

From Monroe, take US-601 S to White Store Road. Turn left onto White Store Road, left onto Eva Way, and right onto Archie Lane. Lot is located on the left.

#### References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18E, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, January 1, 2024.

Accepted Wastewater System No. AWWS-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

#### Primary Investigator's Credentials

NC Registered Sanitarian No. 1208 NC Licensed Soil Scientist No. 1287 NC Authorized Onsite Wastewater Evaluator No. 10016E SC Certified Professional Soil Classifier No. 111 NC Subsurface Septic System Operator No. 22199 NC Grade IV Wastewater System Installer No. 1762 NC Certified Wastewater System Inspector No. 17621

#### **Plans and Specifications**

#### A. Septic Tank

- 1. The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1,000 gallons in capacity.
- 2. The septic tank shall be fitted with an approved effluent filter.
- 3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tanks have had time to properly cure and are free of cracks or other structural deficiencies.

#### B. Pump Tank

- 1. The pump tank shall be State approved, of one-piece construction, watertight, structurally sound, and 1,000 gallons in capacity. Again, it is the responsibility of the septic tank contractor to thoroughly inspect each pump tank prior to accepting delivery.
- 2. All pipe penetrations into the tank shall be booted (i.e., C-293 boot with a stainless-steel strap).
- 3. The pump tank shall have access risers that extend, at a minimum, 6 inches above finished grade and must have less than 36 inches of fill over its top once finished grade has been established (a reinforced concrete tank will be required if finished soil cover is 36 inches or greater in depth).
- 4. The pump and alarm controls shall be provided with manual circuit disconnects within a watertight, corrosion resistant, Nema 4x rated control panel. Pump and float control wiring should be long enough to reach from the tank to the control panel without splicing, routed through wire conduit, and sealed at the openings within the pump tank as well as the control panel enclosure. It is paramount that the conduit is properly sealed to prevent the escape of flammable gases from the pump tank. Furthermore, there must be two electrical circuits for the pump tank controls: one for the pump and one for the alarm controls.
- 5. Panel and control equipment shall include lightning protection, be protected from unauthorized access, and always remain accessible to the system operator.
- 6. The pump removal system will be via a pump tether made of nylon rope or its equivalent. The tether material should be resistant to mildew and rot.

#### C. Pipe, Fittings and Supply Line

- 1. All discharge piping, connectors, and supply lines should be made of SCH 40 PVC and fitted with pressure-rated couplings.
- 2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
- 3. The supply line will be constructed of 2-inch SCH 40 PVC pipe with pressure fittings.
- 4. The supply line length is approximately 173 feet.
- D. Distribution Method
  - 1. The drainlines will be fed via a distribution box.
  - 2. Distribution box shall be water tested at the time of the final inspection.

### E. Drainfield Installation

- 1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic
- 2. Under <u>no</u> circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
- 3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system or any other system with a state-approved 25% reduction in required drainline length.
- 4. The drainfield consists of three (3) lateral trenches 3-foot wide by 100-feet long. Trench length is 300 feet.
- 5. The maximum trench depth for this system shall be **18 inches**.
- 6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
- 7. The trenches should be left open for final inspection by the health department.

### F. Final Landscaping

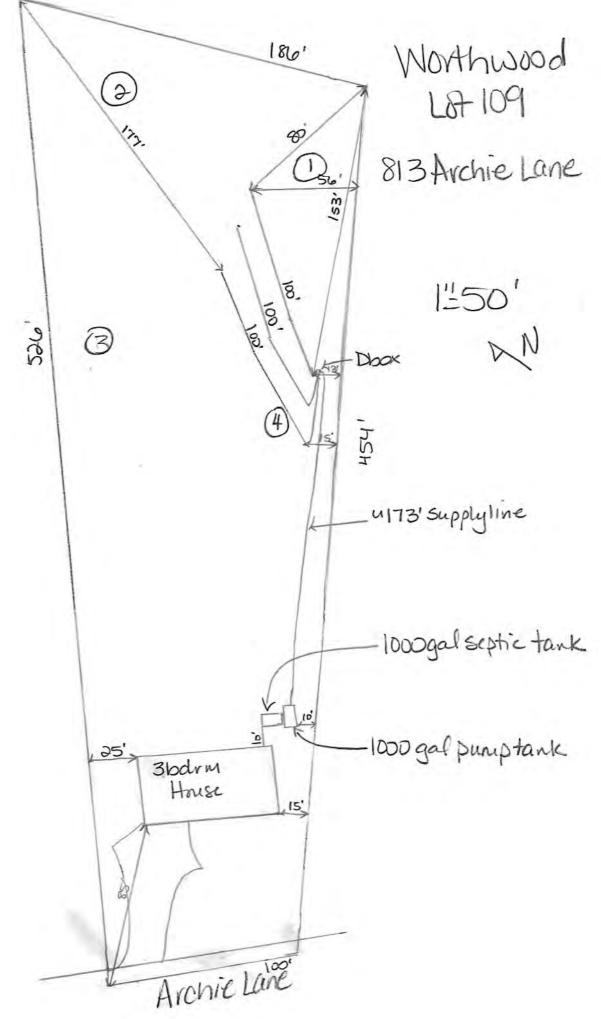
- 1. The final soil cover over the drainfield shall be a minimum of 6 inches deep.
- 2. The drainfield shall be shaped to shed rainwater and be free from low spots.
- 3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

### Maintenance

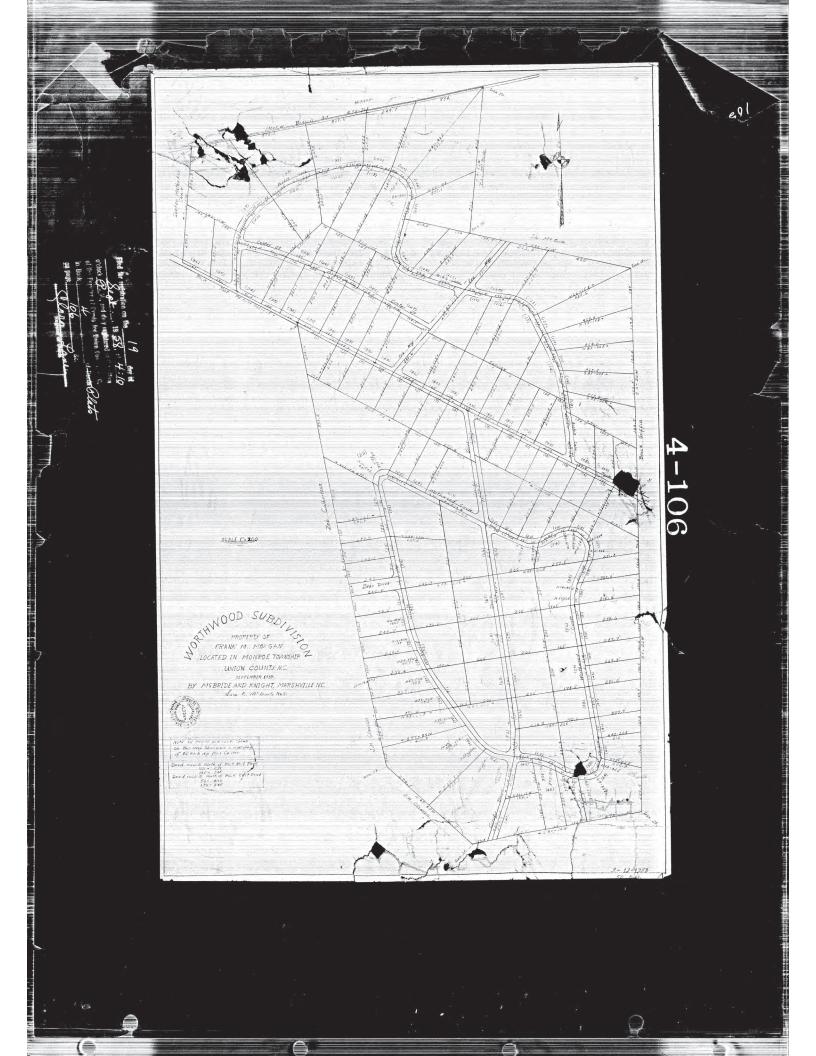
### G. In General

- 1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
- 2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation equivalent to 25 percent of the tank's volume. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
- 3. When cleaning the effluent filter, the filter should be removed, and the accumulated debris will be washed back into the septic tank not onto the lawn.
- 4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
- 5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

| Daily Design Flow:            | 360 GPD – 3 Bedroom Home    |
|-------------------------------|-----------------------------|
| Septic Tank Size:             | 1,000 Gallons (minimum)     |
| Pump Tank Size:               | 1,000 Gallons (minimum)     |
| Pump Requirement:             | 25 GPM at 16-ft TDH         |
| Recommended Dose Volume:      | 180 Gallons                 |
| Pump Run Time:                | 7.2 Minutes                 |
| Pump Tank Drawdown:           | 8.57 Minutes                |
| Effluent Loading Rate:        | 0.3 GPD per sq. ft.         |
| Distribution Method:          | Distribution Box            |
| Number of Drainlines          | (3) 3-ft Wide x 100-ft Long |
| Total Trench Length:          | 300 Linear Feet             |
| Maximum Trench Depth:         | 18 Inches                   |
| Final Soil Cover Requirement: | 6 Inches                    |



.



# SOIL AND SITE EVALUATION

109 Archie Lane Monroe, NC 28112

Prepared For:

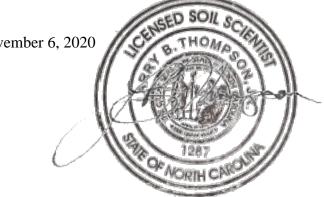
Flor Isela Juarez Contreras and Manuel Castro Anguiano 735 Skywatch Lane Monroe, NC 28110

Prepared By:



Thompson Environmental Consulting, Inc. PO Box 541 Midland, NC 28107

November 6, 2020



#### **INTRODUCTION & SITE DESCRIPTION**

This Soil and Site Evaluation was performed on a 1.541-acre lot located at 109 Archie Lane, Monroe, North Carolina (County Tax Parcel: 09125016).

Thompson Environmental Consulting, Inc. (TEC) was retained to determine whether the soils were suitable for the installation of onsite subsurface wastewater treatment and disposal systems. The property was evaluated in accordance with North Carolina statutes for waste disposal ("Laws and Rules for Sewage Treatment and Disposal Systems", amended April 1, 2017).

#### INVESTIGATION METHODOLOGY & SITE PHYSICAL CHARACTERISTICS

Individual soil profiles were described and soil color determined with a Munsell Soil Color Chart. Observations of the landscape (slope, drainage patterns, etc.) as well as soil properties (depth, texture, structure, seasonal wetness, restrictive horizons, etc.) were recorded.

The project study area is currently undeveloped and vegetated with a mixed deciduous and coniferous forest.

#### FINDINGS

A field survey was conducted on November 6, 2020 by Larry Thompson, LSS and John Roberts, LSS. Four borings were advanced with a hand-held auger, and their locations noted in the attached Figure 1.

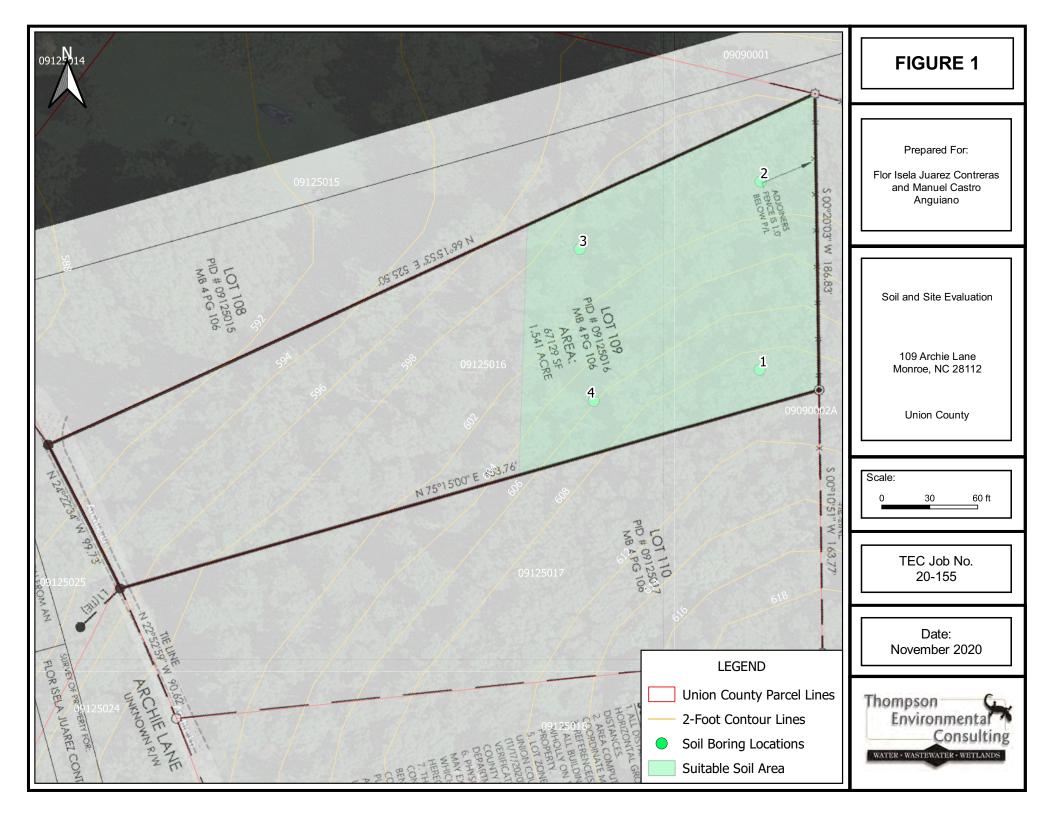
All borings were rated as Provisionally Suitable for onsite wastewater treatment and disposal are denoted in the attached Figure as green points within a green polygon (suitable soil area). Surfaces exhibited friable silty loam textures with weak, medium, granular structure to a depth of 3 to 6 inches. Upper subsurface horizons exhibited friable silty clay loam textures with weak, medium, subangular blocky structure to a depth of 6 to 12 inches. Lower subsurface horizons exhibited firm clay textures with moderate, medium, subangular blocky structure to a depth of 32 to 36 inches. A long-term acceptance rates (LTAR) of 0.3 gal./day/sq. ft. would be recommended for these soils.

#### DISCUSSION

The soils observed within the green polygon highlighted in Figure 1 will support the installation of Accepted or Pre-Fabricated Permeable Block Panel System at a 0.3 gal./day/sq. ft. It is estimated that approximately 7,000 square feet of suitable soil would need to be allocated and completely available for an Accepted System installation and required repair area for a 4-bedroom residence.

#### CONCLUSION

The findings presented herein represent TEC's professional opinion based on our Soil and Site Evaluation and knowledge of the current laws and rules governing on-site wastewater systems in North Carolina. Soils naturally change across a landscape and contain many inclusions. As such, attempts to quantify them are not always precise and exact. Due to this inherent variability of soils and the subjectivity when determining limiting factors, there is no guarantee that a regulating authority will agree with the findings of this report.



# Thompson Environmental Consulting, Inc.

PO Box 541 Midland, NC 28107

Sheet PROPERTY ID #: COUNTY:

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

| ADD<br>PRO<br>LOC<br>WAT             | IER: <u>W:U</u><br>RESS: <u>712</u><br>POSED FACILIT<br>ATION OF SITE<br>ER SUPPLY:<br>LUATION MET | Private                   |                                | D DESIGN FLOW (.)   |   | W/2                    | PRO<br>PRO              | PERTY SIZE:<br>PERTY RECC | ED: $\frac{\ \cdot\ _{6} - 2\delta}{\ \cdot\ _{1} + 2\delta}$<br>DRDED:<br>I Process $\Box$ Mixed |
|--------------------------------------|--|---------------------------|--------------------------------|---|---|------------------------|-------------------------|---------------------------|---|
| P<br>R<br>O<br>F<br>I<br>L<br>E<br># | .1940<br>LANDSCAPE<br>POSITION/<br>SLOPE %   | HORIZON<br>DEPTH<br>(IN.) | SOIL MORPHOLOGY<br>(.1941)     |   | OTHER<br>PROFILE FACTORS                                  |                        |                         |                           |   |
|                                      |  |                           | .1941<br>STRUCTURE/<br>TEXTURE | .1941<br>CONSISTENCE/<br>MINERALOGY                               | .1942<br>SOIL<br>WETNESS/<br>COLOR                        | .1943<br>SOIL<br>DEPTH | .1956<br>SAPRO<br>CLASS | .1944<br>RESTR<br>HORIZ   | PROFILE<br>CLASS<br>& LTAR  |
| 1                                    | [s<br>5'/,   | 0-3<br>3-8<br>8.32        | BC/SIL<br>BE/SICL<br>GEX IC    | FR  NG/Wr/Ner/<br>FR  SS/SP/2014<br>FS  S  P/2014                 |   | 32"<br>pm              |                         | _                         | P3<br>0.3   |
| 2                                    | 15   | D. 4<br>6:12<br>12:36     | GE/SIC<br>SBE/SICC<br>SBE/C    | FR/WS/WP/NCA<br>FR/55/50/5014<br>FS/5/19/5014                     |   | 36"                    | -                       |                           | P3<br>0.3   |
| 3                                    | 13<br>5%   | D.U<br>9-%<br>8-36        | BR SIL<br>SBE/C                | Refusive <i>hiere</i><br>FRIsskelsexe<br>FSTS 19/5e <del>xe</del> |   | 36"                    | _                       | -                         | PS 5.5  |
| 4                                    | 15<br>5%   | 0.3<br>3-6<br>6.36        | GR/SIL<br>SRL/SICL<br>SBK/C    | FAIsske/ser<br>FAIsske/sert<br>F5151/sere                         | ¢<br>0  | 36"                    | l.                      |                           | CS 3  |
| Sy                                   | DESCRIPTION<br>ailable Space (.194:<br>stem Type(s)<br>e LTAR                                      | 1                         | L SYSTEM REF<br>Gented Ac      | SITE EVAL   | ER FACTORS (<br>CLASSIFICAT<br>LUATED BY:<br>ER(S) PRESEN | TON (.1948             |                         |                           | NSED SOIL SCORE   |

COMMENTS:

Updated February 2014 335(a2).

#### LEGEND use the following standard abbreviations

| LANDSCAPE POSITION  | GROUP | SOIL<br><u>TEXTURE</u>                                | CONVENTIONAL<br>.1955 LTAR* | LPP<br>.1957 LTAR* | MINERALOGY/<br>CONSISTENCE                                  | STRUCTURE   |
|---|-------|---|-----------------------------|--------------------|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way) | I     | S (Sand)<br>LS (Loamy Sand)                           | 1.2 - 0.8                   | 0.6 - 0.4          | SEXP (Slightly Expansive)<br>EXP (Expansive)                | G (Single Grain)<br>M (Massive)<br>CR (Crumb)                   |
| DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)    | п     | SL (Sandy Loam)<br>L (Loam)                           | 0.8 - 0.6                   | 0.4 - 0.3 .        |   | GR (Granular)<br>SBK (Subangular Blocky<br>ABK (Angular Blocky) |
| H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)        | ш     | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam) | 0.6 - 0.3                   | 0.3 - 0.15         |   | PL (Platy)<br>PR (Prismatic)                                    |
| R (Ridge)<br>S (Shoulder Slope)                             |       | SCL (Sandy Clay Loam)<br>SiL (Silt Loam)              |                             |                    | MOIST   | WET   |
| T (Terrace)   |       |   |                             |                    | VFR (Very Friable)  | NS (Non-sticky)   |
|   | IV    | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)       | 0.4 - 0.1                   | 0.2 - 0.05         | FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky) | SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)          |
|   |       | O (Organic)   | None                        | None               | EFI (Extremely Firm)  | NP (Non-plastic)<br>SP (Slightly Plastic)                       |

P (Plastic)

VP (Very Plastic)

\*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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) 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 S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) CLASSIFICATION 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).

