

Craven County Health Department  
P.O. Drawer 1200  
New Bern, NC 28561  
(252) 636-4936 (252) 636-1474 FAX  
"WORKING TOGETHER FOR YOUR HEALTH"

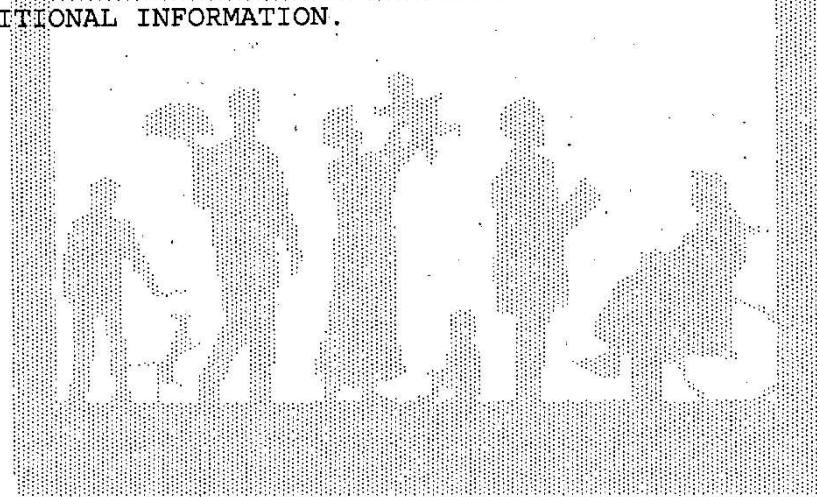
# Improvement Permit

Application Number . . . . . 03-00000661 Date 5/23/03  
Property Address . . . . . 2910 HILLS NECK RD  
Parcel Id . . . . . 1-016 -3000  
Application description . . . . . EH - SEPTIC TANK APPLICATION - NEW  
Subdivision Name . . . . .  
Property owner . . . . . MOORE, JAMES MACK  
Owner address . . . . . 405 CRAVEN ST  
BEAUFORT NC 285161810  
( )

Structure Information 3 BEDROOM HOUSE  
Occupancy Type . . . . . RESIDENTIAL  
Other struct info . . . . . PARCEL SIZE 1.93  
WATER SUPPLY PUBLIC  
IND PROCESS WW? (Y/N) N  
IP SYSTEM TYPE 3C  
IP REPAIR AREA TYPE 3C  
NUMBER OF BEDROOMS 3  
NUMBER OF OCCUPANTS 4  
MAXIMUM DESIGN FLOW (GPD) 360  
SITE IMPROVEMENTS REQ'D YES

Permit . . . . . IMPROVEMENT PERMIT 5YR  
Additional desc . . . . .  
Issue Date . . . . . 5/23/03 Valuation . . . . . 0  
Expiration Date . . . . . 5/23/08

Special Notes and Comments  
SEE REVERSE AND ATTACHED SHEET(S) FOR  
ADDITIONAL INFORMATION.



IMPROVEMENT PERMIT (IP AND CA NEEDED FOR BUILDING PERMIT)  
THIS PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLANS,  
PLAT, SITE CONDITIONS, OR INTENDED USE CHANGE.  
THIS PERMIT EXPIRES 5 YEARS FROM ISSUE DATE.  
AUTHORIZED AGENT: Courtney Redmann, P.S.



## CONDITIONS OF THE IMPROVEMENT PERMIT

**GENERAL:**

Do not disturb the area designated for the wastewater system and repair area. The improvement permit can become invalid and be revoked if the site or soil conditions are altered.

The improvement permit allows only those site improvements necessary for the proper functioning of the system, such as fill or drainage. Call for inspection after the improvements are installed. Do not install the wastewater system until the construction authorization is issued.

A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

System types IVa and higher will require a certified system operator. A contract shall be executed between the system owner and the operator **prior to the issuance of the operation permit**. It shall be a condition of the operation permit that subsequent owners of the system execute such a contract. It shall be the responsibility of the owner to inform potential subsequent owners of the system type, operational needs and contract requirements. Contact the Craven County Health Department at (252) 636-4936 for details and a Wastewater System Operator Designation form.

**FILL SYSTEMS (MOUND SYSTEMS):**

Any required fill material must be placed on the site per the attached fill (mound) system specification sheet.

**DRAINAGE SYSTEMS:**

Drainage must be installed in accordance with the cut sheet. A new cut sheet will be required if the reference markers are moved or destroyed. Drainage systems required as part of the improvement permit must be inspected prior to issuance of the construction authorization.

**TRANSFERABILITY:**

The improvement permit shall not be affected by a change in ownership of the site provided both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

**NOTE:**

This permit does not exempt you from any rule, regulation or ordinance of any federal, state, and/or local agency nor any restrictive covenant. You must comply with all restrictive covenants, rules, regulations or ordinance prior to building, locating or relocating a residence, business, or place of public assembly.

TABLE OF SYSTEM TYPES			
1A-1E	Contact Health Department for details	3E	PPBPS system, gravity dosed
		3F	Large diameter pipe system
2A	Conventional septic system (<480 gpd or single-family residence)	3G	Other non-conventional trench systems
2B	Conventional septic system (≤750 linear ft of drainline)		
2C	Conventional septic system with shallow placement	4A	Any system with LPP distribution
		4B	System with more than 1 pump or siphon
3A	Conventional system > 480 gpd (except single-family residence)		
3B	System with single effluent pump or siphon	5A-5D	Contact Health Department for details
3C	Gravity fill system		
3D	Dual gravity-field system	6A-6B	Contact Health Department for details

# FILL (MOUND) SYSTEM MODIFICATION SHEET

## Conditions for installation of a fill (mound) system:

Remove the heavy vegetative cover or organic litter (grass, etc.) from the specified system area. Thoroughly mix two to three inches of the fill material (sand to loamy sand) into the existing soil to a depth of six inches below the interface. Have this inspected prior to advancing to the next step.

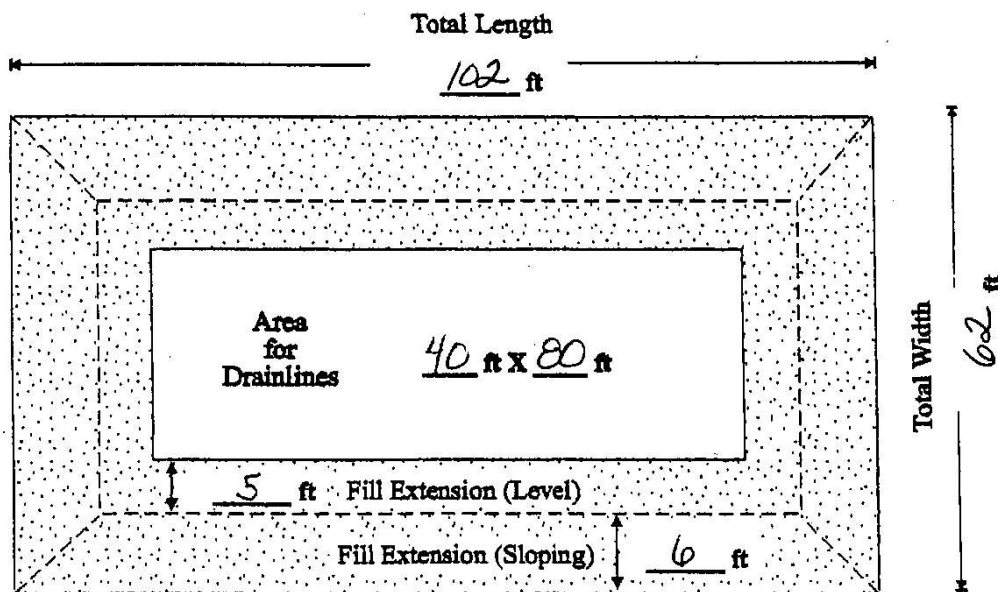
Build the fill system, using sand or loamy sand, to the specified height. The specified height of the fill material is the minimum height of fill needed at the highest elevation of the original ground surface. More fill material may be needed where there are slopes or dips. Have this inspected prior to advancing to the next step. The construction authorization cannot be issued until after this step is inspected and approved.

After obtaining the construction authorization, install the drainlines with the trench bottoms no deeper than twelve inches from the specified height of the imported fill material. The fill material shall extend level beyond the outside edges of each nitrification trench for five feet and then slope at a 4:1 ratio down to the ground surface. For example, an 18" high fill system shall have 11' of fill material extending beyond the outside edge of the nitrification lines with five feet being level with the fill height and six feet sloping toward the original ground surface. Install the tank(s) and distribution device(s). Have this inspected prior to advancing to the next step.

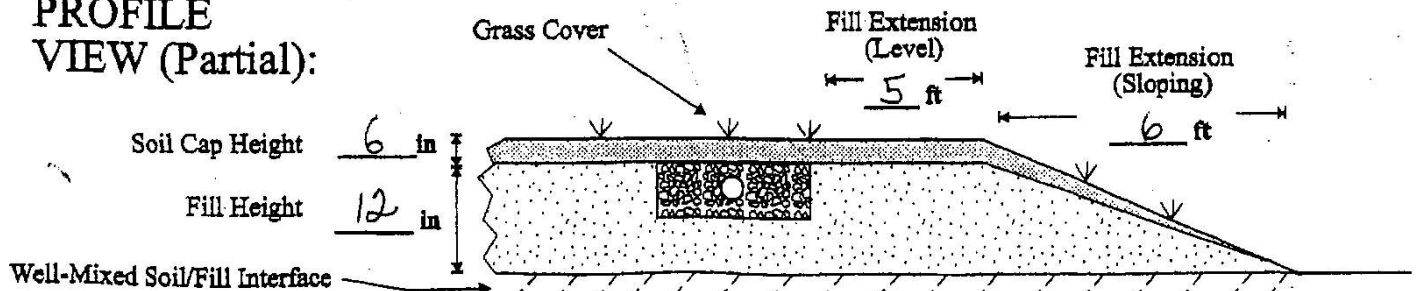
Cap the entire fill system with at least six inches of soil group II (sandy loam or loam) or group III (fine loams). Sand is not an acceptable cap material. Shape to shed surface water and stabilize with a vegetative cover (usually grass by seeding). This must be inspected and approved prior to issuance of the operation permit.

MODSHEET.CDR 12-97

## AERIAL VIEW (Cap Not Shown):



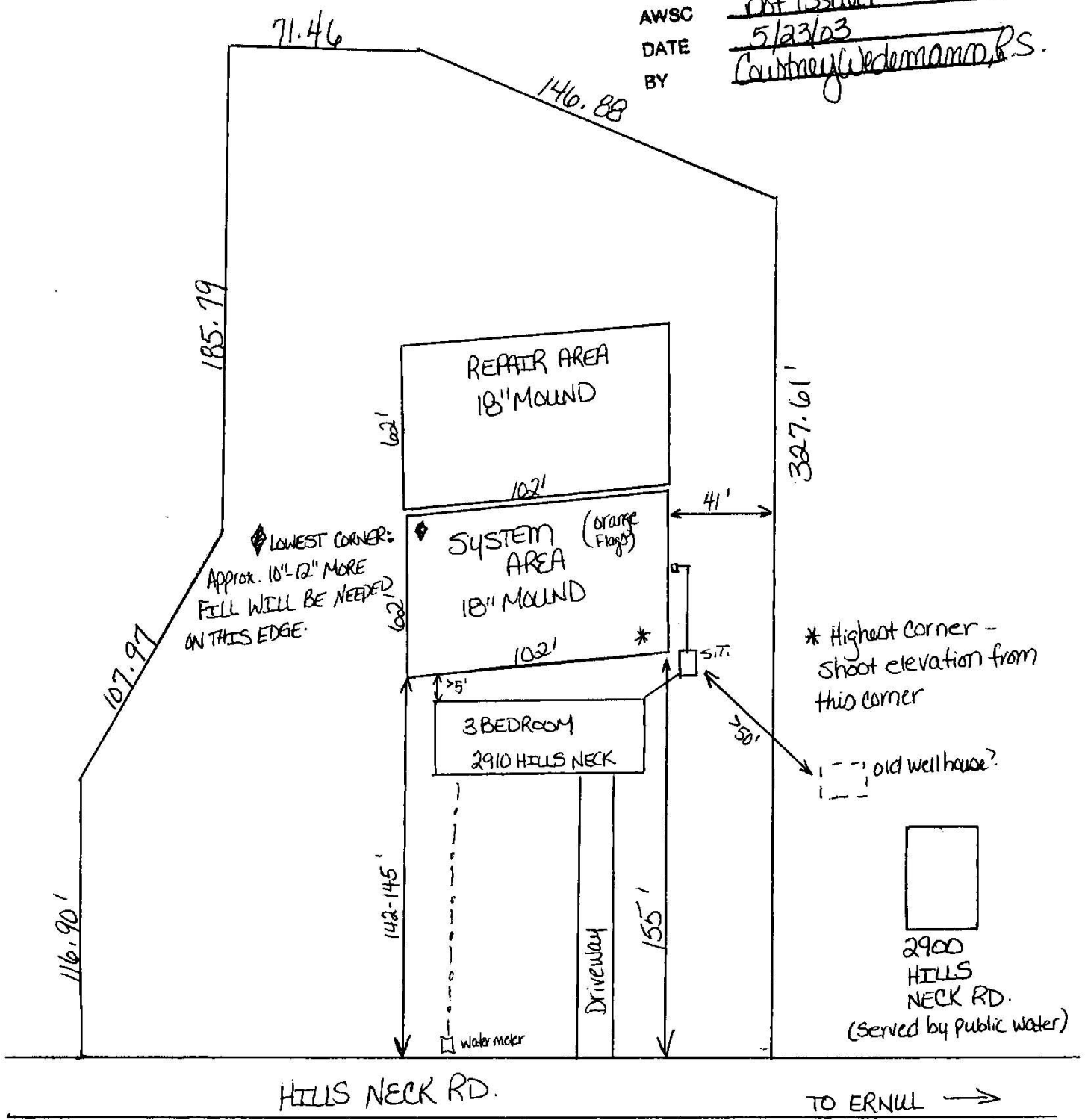
## PROFILE VIEW (Partial):



Application # 03-661  
P.I.D. # 1-016-3000

GRAVEN COUNTY HEALTH DEPARTMENT  
APPROVED

PERMIT # 03-661  
AWSC not issued  
DATE 5/23/03  
BY Courtney Wedemeyer, P.S.



A/9/03  
D

Application Date: 4-4-03

Application #: 03-661

### Craven County

Planning and Inspections  
2828 Neuse Blvd.  
New Bern, NC 28562  
Planning- (252) 636-6618 Fax (252) 636-5190  
Permitting/Inspections- (252) 636-4987  
Fax (252) 636-4984

<b>**Office Use Only**</b>	
Fees Paid? Yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Amount Paid \$ <u>50.00</u>
Method of payment: Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/>	Other: _____
Disaster related? <input type="checkbox"/>	Fees waived? <input type="checkbox"/>
Comments: _____	

### GENERAL INFORMATION

#### X Applicant Information

Name: JAMES M MOORE JR Address: 405 CRAVEN ST  
City: BEAUFORT State: NC Zip: 28576 Home Phone: 252 728 4274  
Work Phone: SAME Driver's License #: 1940285 State: NC

**Property Owner Information (if different from above)** Estelle Moore wife  
Name: JAME Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Property Information** \*\* NOTE: An address must be assigned before proceeding with this application \*\*  
Address: 2910 Hills Neck Rd State Road # (if applicable): \_\_\_\_\_

Is the property located within an approved Subdivision or Mobile Home Park? Yes  No   
If yes, Name of Subdivision or MHP: \_\_\_\_\_ Lot #: \_\_\_\_\_ Section: \_\_\_\_\_  
City: Errol Parcel ID: 1 - 016 - 3000 Parcel size (acres): \_\_\_\_\_  
# of Lots in Subdivision or MHP: \_\_\_\_\_ Year Recorded: \_\_\_\_\_

Did you (or the listed property owner) own this property on Jan. 1<sup>st</sup> of the previous year?  Yes  No  
**\*\*Directions\*\*** (attach map and indicate approximate location of construction): 43 to 17N  
turn onto Hills Neck Rd (3-4 miles north of it)

#### Permit Information- Please indicate which permit(s) you are applying for:

- |  |  |
|--|--|
| <input type="checkbox"/> Land Use                                  | <input type="checkbox"/> Water   |
| <input type="checkbox"/> Building Inspections Permit               | <input type="checkbox"/> Permit to Develop in a Flood Hazard Area  |
| <input type="checkbox"/> Mobile Home Inspection                    | <input type="checkbox"/> New Septic Tank/Flow Increase/Change in Use/<br>Foundation Increase affecting existing system |
| <input type="checkbox"/> Existing Septic Tank                      | <input type="checkbox"/> Preliminary Tract Evaluation  |
| <input type="checkbox"/> Non-Public Well/Water Supply Construction | <input type="checkbox"/> Repair of an Existing Septic Tank   |
| <input type="checkbox"/> Non-Public Well/Water Supply Operation    |  |

Application Date: 4-4-03  
Application Type Code: EH4

Application #: 03-6661  
Fees Paid?  yes  no Amount: 100.00  
Appointment requested?  yes  no

# Craven County

Planning and Inspections  
2828 Neuse Blvd.  
New Bern, NC 28562  
Planning (252) 636-6618, fax (252) 636-5190  
Inspections (252) 636-4987, fax (252) 636-4984

Type of Map Submitted	
<input type="checkbox"/>	Survey Plat to Scale 1" = no more than 60'
<input type="checkbox"/>	Scaled Site Plan 1" = no more than 60'
<input type="checkbox"/>	Unscaled site plan

## SEPTIC TANK SYSTEM: NEW CONSTRUCTION/FLOW INCREASE or CHANGE IN USE/FOUNDATION INCREASE AFFECTING SYSTEM

Improvement Permit       Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND/OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid either for 60 months or without expiration depending upon documentation submitted.

Applicant: James Moore      Owner: \_\_\_\_\_

Water Supply:  
 new well     existing well     public     community well     public, but well on site

New Construction  
 house  
 Modular home } Either House or modular  
 Manufactured home     SW     DW     TW  
 Business that generates only sewage  
 Business that generates effluent other than sewage (e.g. Industrial Process Wastewater)  
 Place of Public Assembly (describe) \_\_\_\_\_

* Residence will have <u>3</u> bedrooms and <u>4</u> persons. The "footprint" of the building will be _____ ft. x _____ ft. <u>1800 sq. ft.</u>
--

If business or place of public assembly, please list the factors (e.g. number of seats, number of employees, etc.) required to determine wastewater system design flow and effluent type by attaching the completed "Business & Place of Assembly Questionnaire."

Flow Increase  
 Change in Use of System (existing)  
 Foundation Increase Affecting System  
 House\*

* I will add _____ bedrooms for a total of _____ bedrooms and _____ persons. The "footprint" of the home <input type="checkbox"/> will (or) <input type="checkbox"/> will not increase by _____ ft. x _____ ft.
---

Manufactured home     SW     DW     TW  
 Changes to Business or Place of Public Assembly that generate only sewage (describe) \_\_\_\_\_

\_\_\_ Changes to Businesses that may generate effluent other than sewage (e.g. Industrial Process Wastewater) (describe) \_\_\_\_\_

If business or place of public assembly, please list the factors (e.g. Number of seats, number of employees, etc.) required to determine wastewater system design flow by attaching the completed "Business & Place of Assembly Questionnaire." Please include information on the original business/system and your proposed changes.

**Please Indicate Desired System Type(s):** (systems can be ranked in order of your preference)

\_\_\_ Alternative  Conventional \_\_\_ Innovative \_\_\_ Modified Conventional \_\_\_ Other (specify) \_\_\_\_\_

**The applicant shall notify the Craven County Health Department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes," applicant must attach supporting documentation.**

Is there wastewater going to be generated on the site other than domestic sewage? \_\_\_ yes  no

Are there any easements or rights-of-way on this property? \_\_\_ yes  no

Are there any designated wetlands on this property? \_\_\_ yes  no

Are there any wells, springs, or existing water lines on this property? \_\_\_ yes  no

Is this facility subject to approval by another public agency? \_\_\_ yes  no

**NOTE: You are advised to contact the appropriate building inspections department to obtain a zoning permit before applying for an Improvement Permit.**

**I CERTIFY THAT THERE ARE NO PROPOSED CHANGES IN THE PLAT OR SITE PLAN THAT WILL AFFECT THE PLACEMENT OF THE PROPOSED WASTEWATER SYSTEM.**

**IMPROVEMENT PERMIT #:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Other Federal, State and/or Local agencies may have rules, regulations or ordinances that affect the use of your property. You must comply with those rules, regulations or ordinances and restrictive covenants before building, locating or relocating a structure onto your property.

**Applications will be returned to applicant if found to be incomplete, sites are not accessible for evaluation and/or property is not properly identified.**

**I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete evaluation can be performed.**

Signature Estelle Moore Date April 9, 2003

(\*)  Owner (or) \_\_\_ Owner's Legal Representative

(\*\*) Signature of CP Employee Witness or Notary Public Signature Janette Frank

\* Must provide documentation to support claim as owner's legal representative

\*\* The signature of the owner or owner's legal representative must be witnessed by a Central Permitting employee or a Notary Public.

Application # 03-661

## Land Use Review

**\*\*Office Use Only\*\***

- |  |   |   |   |
|--|---|---|---|
| 1. Proposed development in floodplain? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 8. Riparian Buffer required?                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Elevation Certificate required?     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 9. Other buffers required?                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Engineering Certification required? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 10. Setbacks required?                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Flood Development Permit required?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | front _____ side _____ rear _____ side street _____ |   |
| 5. AICUZ? (if yes, what zone? _____)   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11. Wetlands?                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. Craven Regional Airport Zoning?     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 12. Easements?                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. CAMA? _____ feet                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | rear _____  |   |
|  |   | front _____   |   |
|  |   | side _____  |   |

If within an approved Subdivision or MHP, give name/phase: \_\_\_\_\_

Mobile Home Exemption form required?  Yes  No

If yes, what is the relation to land owner? \_\_\_\_\_

Site Visit Required?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved?  Yes  No  On hold

If no, then explain the conditions needed for approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: *E. J. [Signature]*

Date: 4-8-03



### SITE PLAN WORKSHEET

Check each item below that is included on your site plan, incomplete site plans will be returned to you for completion.

- In addition to this site plan, please submit any additional survey map(s) you may have available.

Remember: Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all property corners are clearly and accurately marked on the lot.

- \_\_\_\_\_ - The dimensions of the property.
- \_\_\_\_\_ - The proposed location of all structures (e.g.: house/facility, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all structures. If you are unsure as to the structure size, please show the dimensions of the maximum area of the lot that you anticipate the structure will cover.
- \_\_\_\_\_ - The proposed septic system area.
- \_\_\_\_\_ - The preferred driveway location.
- \_\_\_\_\_ - The proposed well location or public water line.
- \_\_\_\_\_ - A north arrow or other sufficient directional indicator.
- N/A \_\_\_\_\_ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle "N/A"**
- N/A \_\_\_\_\_ - The location of any existing septic tank systems on your property. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any wells on your property and on the adjoining property within 100' of the property line. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**.

USE THIS SPACE BELOW TO DRAW YOUR SITE PLAN:

\_\_\_\_\_  
*Hills Neck Rd*  
\_\_\_\_\_

*See  
attached*





**CRAVEN COUNTY HEALTH DEPARTMENT**  
**SOIL SITE EVALUATION for ON-SITE WASTEWATER SYSTEM**

PROPERTY ID # 1-016-3000  
 APPLICANT: JAMES M. MOORE, JR. OWNER  AGENT \_\_\_\_\_ PHONE: 252-728-4274  
 ADDRESS: 405 Craven St. APPLICATION DATE: 4/9/03 DATE EVALUATED: 4/16/03  
Beaufort, NC 28516 PROPOSED FACILITY: 3 Bedroom Residence  
 PROPERTY SIZE: 1.93 Acre

LOCATION OF SITE: 2910 Hills Neck Rd.  
 WATER SUPPLY: On-Site Well  Comm. Well:  Public:  Other:  EVALUATION METHOD: Auger Boring:  Pit:  Cut:

Profile	.1940 Landscape Pos./ Slope (%)	Horizon Depth (In.)	(a) (1) Texture	.1941 (a) (2) Structure	(a) (3) Mineralogy Consistence	Matrix Color	Mottle Color	Other Profile Factors
1	0-2%  112' F 50' R	0-8"	Si/FSL	Crumb	Fr, nonnd	2.5y <sup>3</sup> / <sub>2</sub>		.1942 Wetness cond. - 4/2"
		8-12"	CL	WSBK	SS, Sp, Fr	2.5y <sup>4</sup> / <sub>8</sub>	2.5y <sup>4</sup> / <sub>2</sub>	.1943 Depth/.1956 Sapr. -
		12-24"	C	Mass	Sp, Fi	10yr <sup>6</sup> / <sub>8</sub>	10yr <sup>7</sup> / <sub>1</sub>	.1944 Restrictive Hori. -
		24-36"	C	Mass	" "	10yr <sup>7</sup> / <sub>1</sub>	10yr <sup>5</sup> / <sub>8</sub>	.1948 Profile Class. - K
		36-48"	C	Mass	VS, VP, VFI	7.5yr <sup>7</sup> / <sub>1</sub>	10yr <sup>7</sup> / <sub>8</sub>	Profile LTAR -
2	112' F 125' R	0-4"	Si/FSL	Crumb	Fr, B, nd	2.5y <sup>4</sup> / <sub>1</sub>		.1942 Wetness cond. - 12"
		4-6"	FSL/SiL	WABK	" "	2.5y <sup>7</sup> / <sub>3</sub>		.1943 Depth/.1956 Sapr. -
		6"-12"	C	WABK	Fi, SS, Sp	10yr <sup>6</sup> / <sub>6</sub>	2.5y <sup>7</sup> / <sub>3</sub>	.1944 Restrictive Hori. -
		12-18"	C	WABK/Mass	Fi, PS	2.5y <sup>9</sup> / <sub>8</sub>	2.5y <sup>7</sup> / <sub>1</sub>	.1948 Profile Class. - U
		18"-46"	C	Mass	Fi, VS, VP	7.5yr <sup>4</sup> / <sub>8</sub>	10yr <sup>7</sup> / <sub>1</sub>	Profile LTAR -
3	112' F 257' R	0-6"	SiL	SubCrumb	Fr, Sp, Fr	2.5y <sup>5</sup> / <sub>3</sub>		.1942 Wetness cond. - 12-13"
		6-12"	C	WABK	Sp, P, Fi	2.5y <sup>4</sup> / <sub>4</sub>	2.5y <sup>7</sup> / <sub>3+7</sub> / <sub>2</sub>	.1943 Depth/.1956 Sapr. -
		12-24"	C	Mass	" "	10yr <sup>9</sup> / <sub>8</sub>	2.5y <sup>7</sup> / <sub>2</sub>	.1944 Restrictive Hori. -
		24"	Saturated			2.5y <sup>5</sup> / <sub>1</sub>		.1948 Profile Class. - U
								Profile LTAR -
4	F ≈ 162' Center	0-10"	SiL	Crumb	Fr, Sp, nd			.1942 Wetness cond. - 14"
		10"-16"	C	WABK	Fi, S, P	10yr <sup>4</sup> / <sub>8</sub>	10yr <sup>6</sup> / <sub>1</sub>	.1943 Depth/.1956 Sapr. -
		16-24"	C	Mass	VFi, VS, VP	" "	" <sup>7</sup> / <sub>2</sub> "	.1944 Restrictive Hori. -
		24-36"	C	Mass	VFi, VS, VP	10yr <sup>9</sup> / <sub>8</sub>	10yr <sup>7</sup> / <sub>1</sub>	.1948 Profile Class. -
		36-46"	C	Mass	" "	10yr <sup>7</sup> / <sub>1</sub>		Profile LTAR -

AVAILABLE SPACE (.1945) \_\_\_\_\_ OTHER FACTORS (.1946) \_\_\_\_\_ SITE CLASSIFICATION (.1948) K

SYSTEM TYPE: unsuitable LONG-TERM ACCEPTANCE RATE(S) \_\_\_\_\_

EVALUATED BY: Courtney Wedemann OTHERS PRESENT: None

COMMENTS: #5 F 257' Mass 48" 0-3" SiL: AbK

\* Center SHWC ≈ 15" 3-12" C: Mass → WABK

exp. ? 12-20" C Mass, & VFi, VS, VP 10yr<sup>4</sup>/<sub>8</sub>

\* Short on Flags - color means nothing 10yr<sup>7</sup>/<sub>1</sub>

172  
85  
257  
16  
18

## LEGEND

Use the following standard abbreviations

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

\* 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

**SOIL WETNESS** Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less\*

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

Long-term Acceptance Rate (LTAR): gal/day/ft<sup>2</sup>

\* As determined with the Munsell color chip designation

A large grid for site profile locations and features. The grid is approximately 30 units wide by 30 units high. It is intended for drawing site profiles, including dimensions, reference or benchmark, and North.

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

Soil/Site Evaluation For On-site Wastewater System

Applicant	James Moore		Property ID	1-016-3000
Address	405 Craven St. Beaufort, NC		Date Evaluated	4-30-03
			Proposed Facility	
			Property Size	
			Water Supply	Onsite Well <input type="checkbox"/> Other <input type="checkbox"/>
Phone #	252-728-4274	County	Craven	Evaluation Method
				Auger <input checked="" type="checkbox"/> Pit <input type="checkbox"/>

Location of Site: 2910 Hills Neck Rd

Profile #	.1940 landscape and slope %	Horizon Depth (in.)	.1941 (a)(1) Texture	.1941 (a)(2) Structure	.1941 (a)(3) Consistence	Matrix Color	Mottle Color	Other Profile Factors (in.)
	I	0-5	sl	1,gr	fr	10YR 4/1		18 - .1942 Soil Wetness
	CV	5-10	sl	1,gr	fr	10YR 6/2		- .1943 Depth/ .1956 Sapr.
	0-1	10-18	sc/lcl	2,abk	fi	10YR 6/6		- .1944 Restrictive Hori.
		18-24	cl	2,abk	fi	10YR 6/6	10YR 7/1	- .1948 Profile Class
								0.3 - Profile LTAR (gpd/ft <sup>2</sup> )

Profile #	.1940 landscape and slope %	Horizon Depth (in.)	.1941 (a)(1) Texture	.1941 (a)(2) Structure	.1941 (a)(3) Consistence	Matrix Color	Mottle Color	Other Profile Factors (in.)
2								- .1942 Soil Wetness
								- .1943 Depth/ .1956 Sapr.
								- .1944 Restrictive Hori.
								- .1948 Profile Class
								- Profile LTAR (gpd/ft <sup>2</sup> )

Profile #	.1940 landscape and slope %	Horizon Depth (in.)	.1941 (a)(1) Texture	.1941 (a)(2) Structure	.1941 (a)(3) Consistence	Matrix Color	Mottle Color	Other Profile Factors (in.)
3								- .1942 Soil Wetness
								- .1943 Depth/ .1956 Sapr.
								- .1944 Restrictive Hori.
								- .1948 Profile Class
								- Profile LTAR (gpd/ft <sup>2</sup> )

Profile #	.1940 landscape and slope %	Horizon Depth (in.)	.1941 (a)(1) Texture	.1941 (a)(2) Structure	.1941 (a)(3) Consistence	Matrix Color	Mottle Color	Other Profile Factors (in.)
4								- .1942 Soil Wetness
								- .1943 Depth/ .1956 Sapr.
								- .1944 Restrictive Hori.
								- .1948 Profile Class
								- Profile LTAR (gpd/ft <sup>2</sup> )

Available Space (.1945) \_\_\_\_\_ Site Classification (.1948) \_\_\_\_\_ Evaluated by: R. L. Hebler

Initial System Type Fill system (18") LTAR 0.3 Others Present: B. Chagaris

Repair System Type \_\_\_\_\_ LTAR \_\_\_\_\_ P. Morris

Comments: The soil from 10 to 18 inches although firm does not appear to have enough clay to be considered expansive. The texture is likely a sandy clay loam.

**CRAVEN COUNTY HEALTH DEPARTMENT**  
**SOIL SITE EVALUATION for ON-SITE WASTEWATER SYSTEM**

PARCEL ID # 1-016-3000

APPLICANT: James m Moore Jr OWNER  AGENT  PHONE: 252 728 4274

ADDRESS: 405 Craven St APPLICATION DATE: 4/9/03

Beaufort, NC 28516 DATE EVALUATED: 4/21/03

PROPERTY SIZE: \_\_\_\_\_ PROPOSED FACILITY: 3BR

LOCATION OF SITE: 2910 Hills Neck Rd

WATER SUPPLY: On-Site Well  Comm. Well:  Public  Other:  EVALUATION METHOD: Auger Boring  Pit:  Cut:

Profile	.1940 Landscape Pos./ Slope (%)	Horizon Depth (in.)	(a)(1) Texture	.1941 (a)(2) Structure	(a)(3) Mineralogy Consistence	Matrix Color	Mottle Color	Other Profile Factors
1	F142' R 84' <2%	0-10	sl	cr	fr	2.5Y3/2		.1942 Wetness cond. - 18"
		10-12	scl	lsbk	fr-fi	2.5Y5/6		.1943 Depth/.1956 Sapr. - /
		12-18	L	labk	fi,s,p	2.5Y5/6	10YR5/8	.1944 Restrictive Hori. - /
		18-24	Fsc	l-2abk	L	10YR5/8	10YR6/2	.1948 Profile Class. - U>PS
		24-42	L	labk-om	vfi	L	10YR6/1	Profile LTAR - 0.3
2	F112' R 50'	0-10	sl	cr	fr	2.5Y3/2		.1942 Wetness cond. - 13"
		10-13	scl	labk	fi,s,p	2.5Y5/6	2.5Y4/3	.1943 Depth/.1956 Sapr. - /
		13-24	L	L	vfi-fi,s,p	2.5Y5/4	2.5Y6/2	.1944 Restrictive Hori. - /
		24+	sc	L	L	2.5Y6/1	7.5Y6/8	.1948 Profile Class. - U>PS
								Profile LTAR - 0.3
3	F192 Center	0-3	sl	cr	fr	2.5Y4/2		.1942 Wetness cond. - 18"
		3-18	L	L	L	2.5Y5/6		.1943 Depth/.1956 Sapr. - /
		18-24	scl	lsbk	fr-fi	L	2.5Y6/2	.1944 Restrictive Hori. - /
		24+	L	L	fr	2.5Y6/1	2.5Y5/6	.1948 Profile Class. - U>PS
								Profile LTAR - 0.3
4	B78 L50	0-11	sl	cr	fr	2.5Y5/3		.1942 Wetness cond. - 18-19"
		11-13	scl	lsbk <sup>comp</sup> -action	fi-fr	7.5Y6/6		.1943 Depth/.1956 Sapr. - /
		13-19	L	labk-lsbk	L		2.5Y6/3	.1944 Restrictive Hori. - /
		19-24	sc-scl	labk	L		2.5Y6/1	.1948 Profile Class. - U>PS
		24+	scl	L	fr	L	L	Profile LTAR - 0.3

AVAILABLE SPACE (.1945)  OTHER FACTORS (.1946)  SITE CLASSIFICATION (.1948) PS

SYSTEM TYPE: 3b Fill 18" LONG-TERM ACCEPTANCE RATE(S) 0.3

EVALUATED BY: EAC OTHERS PRESENT: CW; Mr. Moore

COMMENTS: soil @ back left is more desirable than front

## LEGEND

Use the following standard abbreviations

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

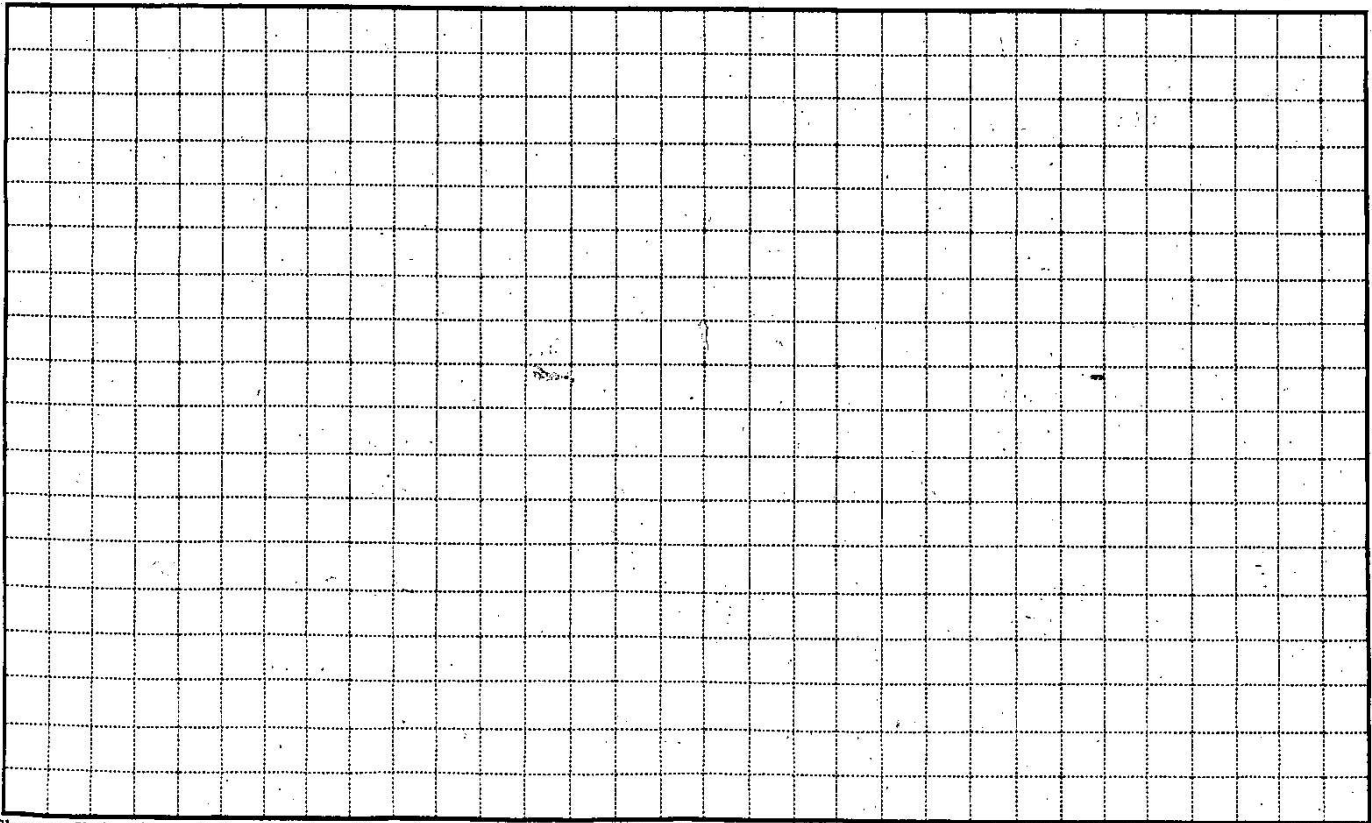
\* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape position, wastewater flow and quality

**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
- SOIL WETNESS**                    Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less\*
- CLASSIFICATION**                S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Long-term Acceptance Rate (LTAR): gal/day/ft<sup>2</sup>

\* As determined with the Munsell color ship designation



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