



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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

Submission Includes: [x] (a2) Improvement Permit [] (a2) Construction Authorization [] Fee \$

County: Harnett

PIN/Lot Identifier: 9597-27-5026

Issued To: TC Property Solutions, Inc

Property Location: 13341 NC 27 W - Broadway, NC 27505

Subdivision (if applicable) Lot #1 LRE Development, LLC

Lot #: 1 Block: Section:

LSS Report Provided: Yes [x] No []

If yes, name and license number of LSS: Alex Adams - LSS #1247

Proposed Structure: New [x] Expansion [] System Relocation [] Change of Use []

Number of bedrooms: 3 Number of Occupants: 6 Other:

Design Wastewater Strength: [x] domestic [] high strength [] industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTR (Initial): 0.4 Proposed LTR (Repair): 0.4

Proposed Wastewater System Type*: Type III (b) Pump Required: [] Yes [x] No [] May be required

Proposed Wastewater System Type*: Type III (b) Pump Required: [] Yes [x] No [] May be required

*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)

Saprolite System (initial): [] Yes [x] No [] Saprolite System (repair): [] Yes [x] No []

Fill System (initial): [] Yes [x] 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 [x] No [] if yes, specify: [] New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (initial): 36 Usable Soil Depth (Repair): 36

Max. Trench Depth (Initial): 20 Max. Trench Depth (Repair): 20

Artificial Drainage Required: [] Yes [x] No [] if yes, please specify details:

Type of Water Supply: [] Private well [] Public well [] Shared well [x] Municipal Supply [] Spring [] Other:

Drainfield location meets requirements of Rule .1945: Yes [x] No [] Drainfield location meets requirements of Rule .1950: Yes [x] No []

Permit valid for: [x] Five years [site plan submitted pursuant to GS 130A-334(13a)] [] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions: Pre Construction conference required with Alex Adams and installer. Alternating dual dispersal fields. Both initial and repair to be installed at same time.

Licensed Soil Scientist Print Name: Alex Adams

Licensed Soil Scientist Signature: Alex Adams

Date: 2-26-24

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Permit #: _____

Permit #: _____

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 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:

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: _____

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 by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. 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 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 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

Permit #: _____

Re-submittal of Improvement Permit

LHD USE ONLY: This IP re-submittal received: _____ by _____
Date Initials

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

I, _____
Licensed Soil Scientist (Print Name)
hereby attest that the information required to be included with this re-submittal 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: Harnett

PIN/Lot Identifier: 9597-27-5026

Issued To: TC Property Solutions, Inc

Property Location: 1341 NC 27 W - Broadway, NC 27505

AOWE/PE Plans/Evaluations Provided: Yes No If yes, name and license number of AOWE/PE: Alex Adams - AOWE #10021E

Facility Type: SFH

New Expansion Repair System Relocation Change of Use

Basement? Yes No

Type of Wastewater System* Type III (b) (initial) Type III (b) (Repair)

*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)

Design Daily Flow: 360 GPD Wastewater Strength: domestic high strength industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? Yes No

(If yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 135+130 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTR: 0.4 gpd/ft²

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth*: 18 inches * Measured on the downhill side of the trench

Aggregate Depth: 6 inches above pipe 6 inches below pipe 12 inches total

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? No Yes

Pump Requirements: 12.4 ft. TDH vs. 29.4 GPM Grease Trap Size (if applicable): 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 [1.937(h)]: Yes No

Easement, Right-of-Way, or Encroachment Agreement Required [1.938(i)]: Yes No

Declaration of Restrictive Covenants: Yes No

Pre-Construction Conference Required: Yes No

Conditions: Pre Construction meeting required with Alex Adams and Installer. Initial and repair will be installed at same time.

265 feet of T & J Panel block to be installed. See design sheet for specifications.

Rule 0.901 (h) to be utilized - alternating dual dispersal fields

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference

into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Alex Adams

AOWE/PE Signature: Alex Adams

Expiration Date: 12-31-24

Date: 2-26-24

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

Permit #:

Permit #: _____

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 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 Applicant on _____

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 G.S. 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 G.S. 130A-337.

Construction Authorization Expiration Date: _____

See attached site sketch



Permit #: _____

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____ on _____
Date Initials

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

I, _____ Authorized Onsite Wastewater Evaluator (Print Name) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Authorized On-Site Wastewater Evaluator

Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal 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 Applicant on _____ Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date: _____

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

February 22, 2024
Project #19872

"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)"

RE: 13341 NC 27 W Broadway, NC (Harnett County) for TC Property Solutions (PIN# 9597-27-5026)

To whom it may concern:

Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions based on the criteria found in the State Subsurface Rules, 15ANCAC 18E. From this evaluation, ASC is providing the attached 360 gallon/day septic design.

The suitable soils found on the subject property were relatively consistent in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 36 inches in depth before a restrictive horizon was encountered.

Please find the attached wastewater soil/site evaluation forms for specific soil properties found in the initial and repair areas as well as assigned soil long term acceptance rate (LTAR). Numerous soil borings were made throughout the property and representative soil profile descriptions for the primary septic field and repair area are provided. A location sketch for profile descriptions is also attached. The initial and primary septic fields were sized based on a flow rate of 360 gallons/day and utilizing Accepted Status. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

Due to lack of available space this septic design/permit/construction authorization is utilizing Rule 0.901 (h) of the state subsurface rules 15ANCAC 18E. The initial and repair system will be installed at the time of initial construction. The

system use must be "alternating dual dispersal fields" in order to meet space requirements on the lot. A certified operator is required for this system or the future home owner must take responsibility for all future routine maintenance. A pre-construction meeting is required with the installer and Alex Adams.

The septic installer contractor shall install the primary and repair (if needed) system on contour, see attached site plan for the primary system and repair locations. No underground utilities, water lines, or sprinkler systems shall be placed into the initial or repair septic areas. Installation must meet all state and Harnett County regulations for septic system installation. The trenches must be installed in the same location as the site plan. If the installation is in question at the time of installation call me (Alex Adams) at 919-414-6761.

This report discusses the location of provisionally suitable soils identified on the property and does not guarantee the future function of any waste water disposal system installed.

If you have any questions regarding the findings on the attached map or in this report, please feel free to contact me anytime.

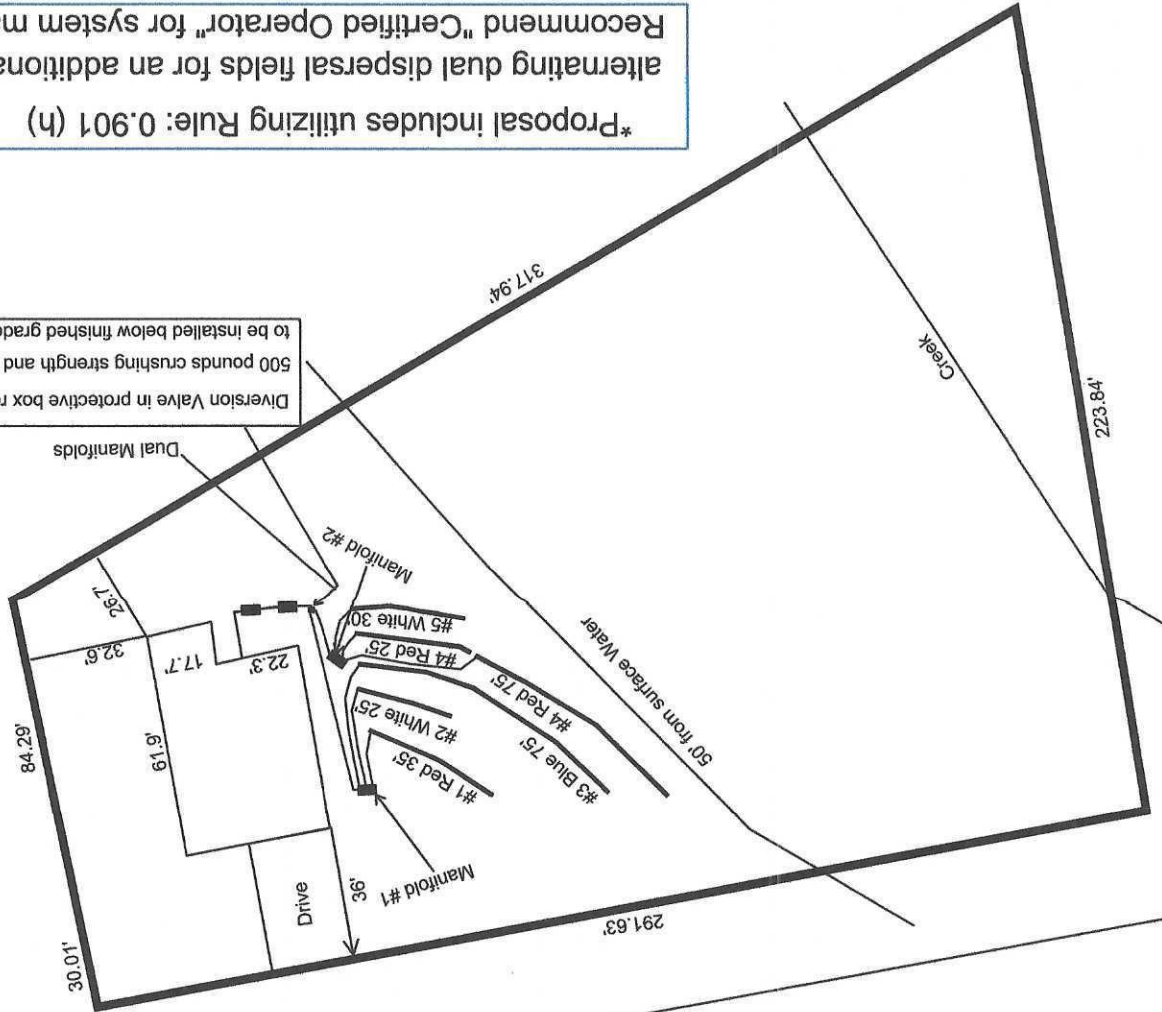
Sincerely,



Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E



T C Property Solutions, Inc
 3-Bedroom - Septic Proposal
 13341 NC Hwy 27 W - Broadway, Harnett County



Dual Manifolds
 500 pounds crushing strength and corrosion resistant,
 Diversion Valve in protective box resistant to 500 pounds
 to be installed below finished grade in valve box.

*Proposal includes utilizing Rule: 0.901 (h)
 alternating dual dispersal fields for an additional 25% reduction
 Recommend "Certified Operator" for system maintenance

**1000 Gallon Septic and Pump Tanks
 Tank and trenches to be located minimum of 10'
 from any property line and minimum of 5'
 from any building foundation.
 *Do Not Cut, Fill, or Alter Drainfield or Repair Area
 *Comply with all setbacks

System: Pressure Manifold
 Lines: 1-3 (135')
 0.4 LTAR
 20" Max Trench Bottom
 T&J Pane Block - 50% Reduction system
 Repair: Pressure Manifold
 Lines: 4-5 (130')
 0.4 LTAR
 20" Max Trench Bottom
 T&J Pane Block - 50% Reduction system

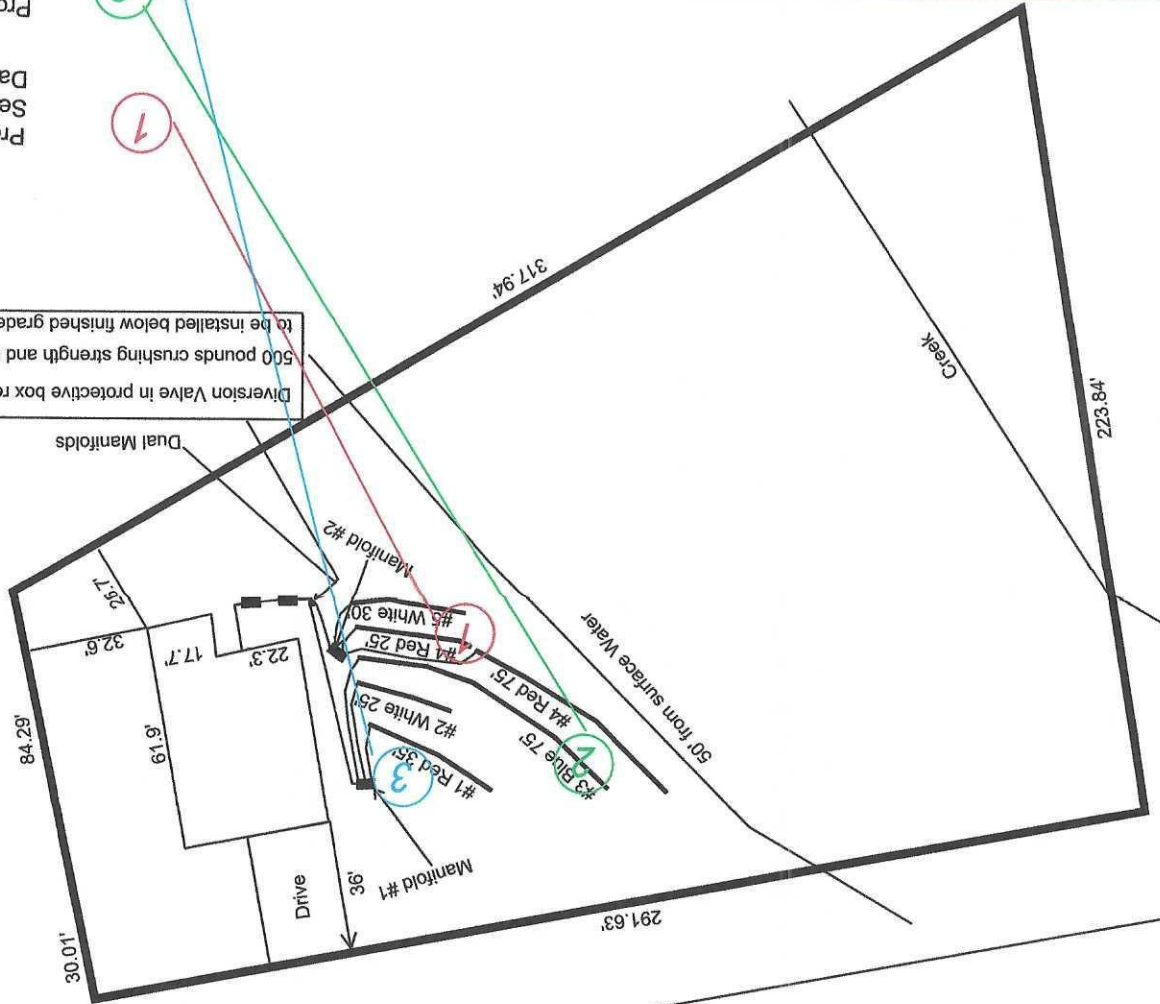
GRAPHIC SCALE
 1" = 50'



Adams
 Soil Consulting
 919-414-6761
 Job #1872
 2-1-24

T C Property Solutions, Inc
Soil Boring Locations

13341 NC Hwy 27 W - Broadway, Harnett County



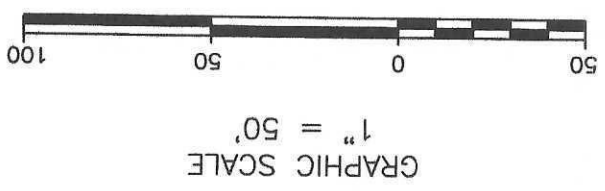
Diversion Valve in protective box resistant to 500 pounds crushing strength and corrosion resistant, to be installed below finished grade in valve box.

Profile Description #1
See Soil/Site Evaluation
Data Form

Profile Description #2
See Soil/Site Evaluation
Data Form

Profile Description #3
See Soil/Site Evaluation
Data Form

**1000 Gallon Septic and Pump Tanks
Tank and trenches to be located minimum of 10'
from any property line and minimum of 5'
from any building foundation.
*Do Not Cut, Fill, or Alter Drainfield or Repair Area
*Comply with all setbacks



Adams
Soil Consulting
919-414-6761
Job #1872
2-1-24

RESIDENTIAL PRESSURE MANIFOLD DESIGN

TC Property Solutions - Initial - Manifold #1

13341 NC Hwy 27 W - Roadway

of BDR: 3 Daily Flow: 360 gal/day L.T.A.R.: 0.4000 gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 405 System Type: PPBPS-Horizontal

Number of Taps: 3 Length of Trenches: 135 ft(See Tap Chart for Details)

Depth of Trenches: 20 in Manifold Length: 36 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 150 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 4.42 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft Elevation Head: 16.00 ft

Total Head: 22.42 ft Pump to Deliver: 29.39 gals/min at 22.42 ft head

Dosing Volume: 112 gals,

Drawdown: 112 gals divided by 21.4 gals/in = 5.2 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

TAP CHART

Benchmark	Pump tank elev.	line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	# of Panels (PPBS)	Spacing of Panels (in)
0	18	1	Red	8.00	92.00	35	1/2in SCH 40	7.11	87.09	105	0.8294	8	8
is = 100.00 set at	82.00	2	White	8.80	91.20	25	1/2in SCH 80	5.48	67.12	75	0.8950	6	6
		3	Blue	9.60	90.40	75	1in SCH 80	16.80	205.78	225	0.9146	17	17
Total Feet =	135	Total Feet Required =		31	Des. Flow =		360	LTAR =		0.4000			
Pump Run=	12.25	Tank Gal/IN		21.4	Elev. Head		16.00	(tar w/50% red)		0.8000			
Velocity =	2.81	%		70	Dose Pump Time		3.80	(tar + 5%)		0.4200			
Drawdown in inches	5.2	Dose Volume		112	Total # of Panels (PPBS)		31	%		0.8400			
Comments:		Dose Pump Time		112	%		70	%		0.8400			

85
90
90
80
70
60
475

13341 NC Hwy 27 W - Boardway PRESSURE MANIFOLD DESIGN - Repair

TC Property Solutions

of BDR: 3 Daily Flow: 360

Manifold #2

L.T.A.R.: 0.4000 gal/day/sq.ft

Pump Tank: 1000 gals Sq. Foot: 390

System Type: PPBS-Horizontal

Number of Taps: 3

Length of Trenches: 130

ft(See Tap Chart for Details)

Depth of Trenches: 18 in

Manifold Length: 36 in

in

Manifold Diameter: 4 in sch 80 PVC

Tap Configuration: 6 in spacing

1 side(s) of manifold

Supply Line: length: 150 ft

Diameter: 2 in sch 40 PVC

Friction Loss + Fitting Loss: 4.42 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft

Elevation Head: 6 ft

ft

Total Head: 12.42 ft

Pump to Deliver: 29.39

gals/min at

12.42

ft head

Dosing Volume: 108 gals,

Drawdown: 108 gals divided by 21.4 gals/in = 5.0 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

TAP CHART

Benchmark	0	1	2	3	4	5	6
Pump tank elev.	85.00	85.00	85.00	85.00	85.00	85.00	85.00
Elevation	85.00	89.60	89.60	89.00	89.00	87.80	87.80
rod read	9	10.40	10.40	11.00	11.00	12.20	12.20
color	White	Red	Red	Red	Red	White	White
line	6	5	4	5	6	5	6
Total # of Panels (PPBS)	30	70	108	108	108	108	108
% of Dose Vol.	30	70	108	108	108	108	108
Dose Volume	30	70	108	108	108	108	108
Dose Pump Time	3.67	3.67	3.67	3.67	3.67	3.67	3.67
Drawdown in inches	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Comments:							

Design Head:	2	75	90
Manifold elev.	90.60	225	225
trench area	90.60	225	225
gal/day	205.78	67.12	87.09
flow/tap	16.80	5.48	7.11
hole size	1/2 in SCH 80	1/2 in SCH 80	1/2 in SCH 80
length	75	25	30
Pump elev.	90.00	90.00	90.00
Des. Flow	130	130	130
Velocity =	2.81	2.81	2.81
gals/min =	29.39	29.39	29.39
L.T.A.R. =	0.4000	0.4200	0.8400
(tar + 5%)	0.4200	0.8000	0.8400
(tar w/50% red)	0.4200	0.8000	0.8400
(tar + 5%)	0.4200	0.8000	0.8400

LINE LTAR	0.9146	0.8950	0.9677
# of Panels (PPBS)	17	6	7
Spacing of Panels (in)	17	6	7
Change in	17	6	7

**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**
 (Complete all fields in full)

OWNER: TC Property Solutions, Inc
 ADDRESS: 13341 NC 27 W - Broadway, NC
 PROPOSED FACILITY: Single Family, 3-bedroom
 LOCATION OF SITE: 13341 NC 27 W - Broadway, NC
 WATER SUPPLY: Public Water
 EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

APPLICATION DATE:
 DATE EVALUATED: 2-16-24
 PROPERTY SIZE: ~1.15 acres

#	E L I T I O R	LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN)	SOIL MORPHOLOGY (.1941)				OTHER PROFILE FACTORS																				
				STRUCTURE/ TEXTURE .1941	CONSISTENCE/ MINERALOGY .1941	SOIL WETNESS/ COLOR .1942	SOIL DEPTH .1943	SAPRO CLASS .1956	RESTR HORIZ .1944	CLASS & LTAR	PROFILE																	
1	Linear	Slope/10% 30-40	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	N/A	N/A	PS/0.4																	
														SBK/SCL	FI/SEXP/SS	N/A	N/A	N/A	N/A	N/A	N/A							
																						0-21	GR/SL	FR/SEXP/NS	N/A	36"	N/A	N/A
2	Linear	Slope/10% 21-36	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	N/A	N/A	PS/0.4																	
														SBK/SCL	FI/SEXP/SS	N/A	N/A	N/A	N/A	N/A	N/A							
																						0-20	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A
3	Linear	Slope/10% 0-20	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	N/A	N/A	PS/0.4																	
														SBK/SCL	FI/SEXP/SS	N/A	N/A	N/A	N/A	N/A	N/A							
																						0-20	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A
4	Linear	Slope/10% 0-4	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	N/A	N/A	PS/0.4																	
														SBK/SCL	FI/SEXP/SS	N/A	N/A	N/A	N/A	N/A	N/A							
																						0-4	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	>5,000 ft ²	>5,000 ft ²	SITE CLASSIFICATION (.1948): PS
System Type(s)	Type III (b)	Type III (b)	EVALUATED BY: A. Adams
Site LTAR	0.4	0.4	OTHER(S) PRESENT:

