



BREAK

**Carteret County
Environmental Health**

Section: Current Wastewater Information

ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT
BEAUFORT, NC 28516 (919) 728-8499

OPERATION PERMIT Ic-8-99
IMPROVEMENT PERMIT 9966
YEAR INSTALLED 1999

SYSTEM TYPE II
OPERATION PERMIT

OWNER: Susan Courtney % Eastern Gateway
MAILING ADDRESS: 535 Hwy 70 Betty
CITY, STATE, ZIP: Beaufort NC 28516
BUSINESS PHONE: 728-7790 HOME PHONE: 728-7790
PROPERTY LOCATION: Off Taylor Farm Road - Courtney Heirs Tract II
SYSTEM DESCRIPTION: 1000 gallon septic tank
Four - 70 foot drainlines
DESIGN DAILY SEWAGE FLOW 480 gpd BASED ON four bedrooms
(beds, seats, people, etc.)
DATE OF INSTALLATION INSPECTION: 19 Aug 99 INSPECTED BY: Robert LME cals
INSTALLER: Jerry Jackson
COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:

NAME: Susan Courtney ADDRESS: 10002 Regal Woods Lake
Tampa, Florida 33624

*It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.

*If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

ADDITIONAL REQUIREMENTS: See permit

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

*This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article Ii of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.
8. In event system fails, repairs must be permitted and installed within thirty (30) days.
9. Provide positive surface drainage over drainfield area, seed with perennial grass to prevent erosion, and keep area mowed. Divert water from roof gutters, driveway and other paved or hard surfaced areas away from drainfield area.
10. All ditches, swales, subsurface drainage, and outlets pertinent to the proper functioning of the septic system shall be maintained as required as long as the system is in use.
11. Garbage grinders are not recommended when a home is served by sub-surface sewage disposal. If a garbage grinder is used then it is recommended that the septic tank be pumped out annually to prevent the excessive accumulation of sludge.
12. Discharge from water softeners shall not be allowed into the system.
13. All other requirements of Section .1900 NCAC.

The Carteret County Health Department reserves the right to make inspections of these sewage collections, treatment, and disposal facilities as necessary to assure compliances with the provisions of this Operations Permit and the North Carolina Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal.

OPERATIONS PERMIT ISSUED 20 August 1999
BY Robert LME cals
ENVIRONMENTAL HEALTH SPECIALIST

ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT
BEAUFORT, NC 28516 (919) 728-8499

9966

C

CERTIFICATE OF COMPLETION:

Ground Absorption Sewage Disposal System G.S. 130A-337

Notice: This certificate of completion in no way binds the Environmental Health Division of Carteret County Health Department nor implies a guarantee that this system will function in all circumstances, but that the system is properly installed in accordance with applicable rules and Article 11, Chapter 130A of the North Carolina General Statutes.

- New Construction
 Repair
 Existing System

OWNER: Susan Courtney

SITE LOCATION: Taylor Farm Rd off Hwy 101
tax # 11-12-4-17

INSTALLER: _____

INSTALLATION INSPECTED BY: _____

DATE: _____

ELECTRICAL INSPECTION BY: _____

DATE: _____

LANDSCAPE INSPECTION BY: _____

DATE: _____

CERTIFICATE OF COMPLETION DATE: _____

BY: _____

*ADDITIONAL REQUIREMENTS ON BACK OF PERMIT

REMARKS: Based on 1995 Test well
data

DIAGRAM OF INSTALLATION AS INSTALLED
(if different from Improvement Permit layout)

**ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT
BEAUFORT, NC 28516 (919) 728-8499**

9966

G.S. 130A-336

IMPROVEMENT PERMIT

VALID FOR 60 MONTHS

Subject to revocation if site plans or if site is altered or intended use is changed.

DATE 7-13-95

M.E. CLASSIFICATION II-C

ELECTRICAL PERMIT REQUIRED: Yes () No (X)
OPERATIONS PERMIT REQUIRED: Yes () No (X)

- New Construction
- Repair
- Existing System

OWNER: Susan Courtney 90 Eastern Gateway Realty Rt. 2 Box 301
Off. H.C. 28516

ADDRESS: 10002 Regal Woods Lake Temp
Fla. 33624 PHONE: 728-7790

*SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS

PROPERTY LOCATION: Off Taylor Farm Rd.
Tax # 11-12-4-17

*Trench bottom depth to be no deeper than 12" Below
naturally occurring surface. 6" of fill
SANDY LOAM SANDY CLAY LOAM 300'

SUBDIVISION: Courtney Heir

LOT: Tract #1 BLOCK: _____

TYPE STRUCTURE: House (single) NO. BATHS: 2

NO. BEDROOMS: 4 NO. PEOPLE: 8 or less

DESIGN FLOW: 480 GARBAGE GRINDER: Yes () No (X)

SEPTIC TANK: 1000 GAL. PUMP TANK: NA GAL.

NO. LINES: 4 WIDTH: 3"

TOTAL LENGTH: 280 FT. TOTAL: 840 SQ. FT.

WATER SOURCE: Well

HORIZONTAL DISTANCE FROM WELL: 100 FT.

SITE MODIFIED: Yes () No (X)

DRAINAGE REQUIREMENTS: 6" of Topsoil fill
Shaped to shed surface water

EASEMENT REQUIRED: _____ Yes _____ No

DRAINAGE MAINTENANCE REQ.: Surface (X) Sub-surface ()

MAINTAIN MINIMUM 10' FROM WATER LINE

COMMENTS: Do not Build, park or pave over
Septic system or Repair area
Based on 1995 Test well data

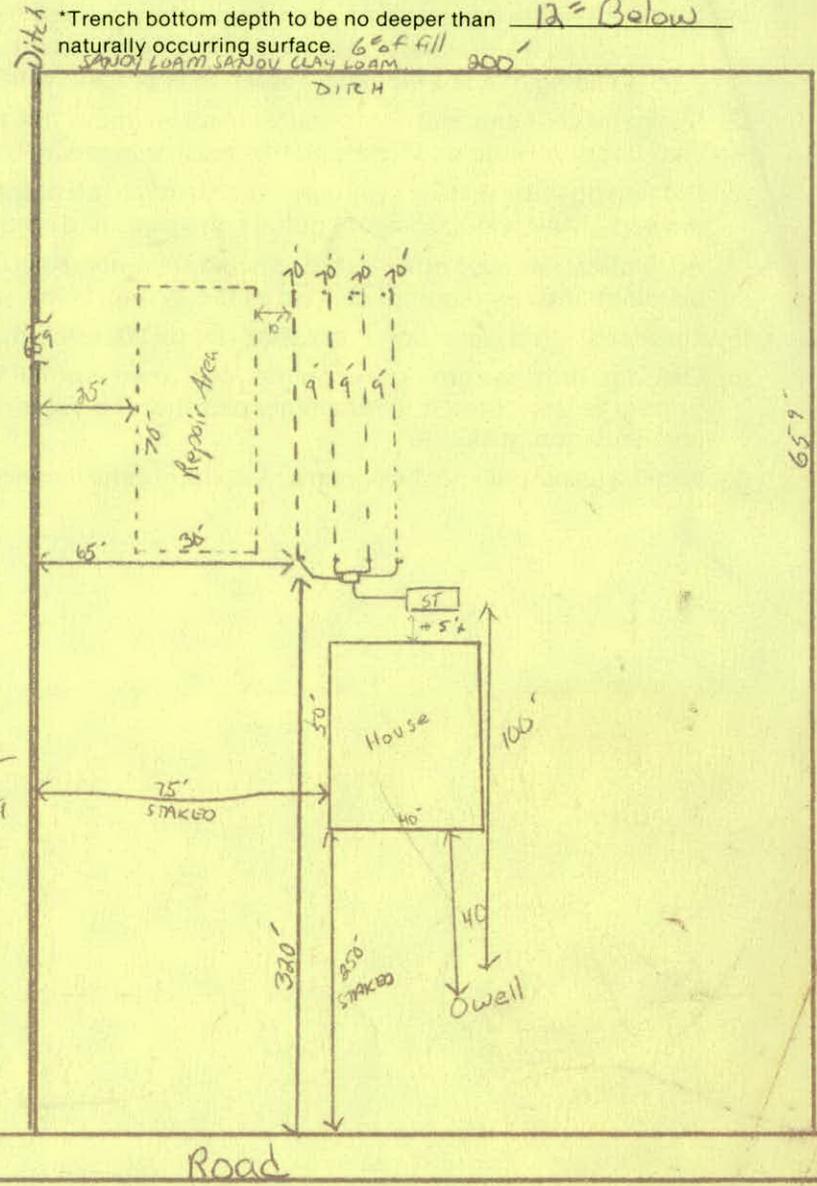
*Prior to any change in system layout, approval must be obtained from Health Department.

NOTICE: Construction must comply with all state and local regulations. Do not install well until well site has been approved. Do not cover any portion of the system until approved on inspection.

NOTICE: Beware, much property in Carteret County is subject to Wetland Regulations and properties containing wetlands should receive approval from U.S. Army Corp of Engineers prior to development.

**ADDITIONAL REQUIREMENTS ON BACK OF PERMIT.

IMPROVEMENTS PERMIT BY:
Christine M Witt
ENVIRONMENTAL HEALTH SPECIALIST



All materials ready

C

APPLICATION FOR
INSTALLATION AND MONITORING OF TEST WELLS

OWNER'S NAME Susan Courtney PHONE 813-265-9411
MAILING ADDRESS 10002 Regal Woods Lane Tampa FL 33624
AGENT'S NAME Eddy Myers Monitoring Co PHONE 728-6745
AGENT'S ADDRESS _____
SITE LOCATION Courtney Keys Tract 11
TAX PARCEL# 11-12-4-19

I hereby agree to give representatives of the Carteret County Health Department access to my property for the installation and monitoring of the test wells for which I am making application. Further, I understand that the installation of test wells on my property is no guarantee that the Carteret County Health Department will be able to issue an Improvement Permit or reduce my current system design requirements.

If normal rainfall conditions as determined by the Carteret County Health Department, are not experienced during the test well monitoring period which is typically January, February, March and April and the three (3) months preceding January, I understand the data collected will be invalid and continued monitoring during the aforementioned months, during normal rainfall conditions will be necessary to collect valid data.

I understand that before test wells can be installed on my property it will be necessary to have the property lines clearly marked and the property accessible. It may be necessary to have additional clearing and/or mowing done for this purpose.

Adjustment to logged data may be required if precipitation is substantially below normal in the seasonal period evaluated, and shall be adjusted as determined by the Environmental Health Division, Carteret County Health Department. Results should not be expected until June of the year monitored.

Policy on lost data - NO DATA - NO RESULTS - Data must be submitted MONTHLY - must be submitted to Environmental Health Division PROMPTLY as listed below:

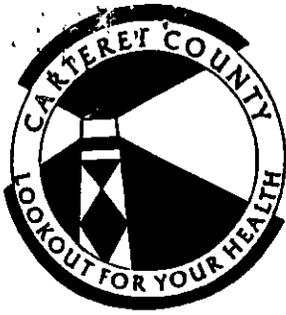
- January results DUE BY February 15th
- February results DUE BY March 15th
- March results DUE BY April 15th
- April results DUE BY April 30th

pd 100.00
FEE AMOUNT
yes
INSTRUCTIONS GIVEN

Susan L. Courtney
SIGNATURE
11/28/94
DATE

Eddy Myers
brought in app
12/6/94
WITNESS
DATE

App taken 9/12/94 - will mail app back



CARTERET COUNTY HEALTH CENTER

Courthouse Square, Beaufort, NC 28516

Robert M. (Mike) Hanes, Director

26 July 1994

Ms. Susan Courtney
c/o Ms. Mary G. Hill
Eastern Gateway Realty
Rt. 2, Box 301
Beaufort, NC 28516

Subject: Tract 11, Courtney Heirs (Tax #11-12-4-17)

Dear Ms. Courtney:

Evaluations have been made of the above lot for the purpose of determining the suitability of the soil for a septic tank wastewater system.

The evaluation was made according to the Laws and Rules for Sewage Treatment and Disposal Systems, Section .1900 of the North Carolina Administrative Code.

The lot has been classified as unsuitable due to soil wetness condition (<12", Rule .1942) and poor drainage (Group III and/or IV Soils which do not respond to drainage).

You have the right to an informal review of this decision by the environmental health supervisor of this health department and also by the regional staff of the Department of Environment, Health, and Natural Resources. You may contact the health department to arrange for this further review.

You may also wish to obtain the services of a private consultant to collect site-specific data and submit such data and a system design to the health department for technical review. A written documentation, including engineering, hydrogeologic, geologic, or soil studies indicates to the local health department and State Division of Environmental Health that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

Page 2

Ms. Susan Courtney

July 26, 1994

The substantiating data from these studies must meet Rule .1948 (d) and indicate that:

- (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
- (2) the effluent will not contaminate groundwater or surface water; and
- (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

An option would be to pump the sewage off-site to an approved location if one is available.

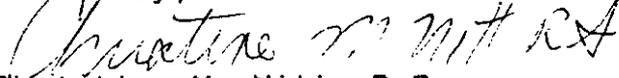
You may choose to install water monitoring test wells to determine the actual soil wetness during the 1995 wet season (January through mid-April). If you choose to install the test wells you should contact this office between August 01, 1994 and October 01, 1994 so the wells can be installed prior to December 01, 1994.

You have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of Administrative Hearings, P. O. Box 27447, Raleigh, NC 27611-7447. A copy of the the petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within thirty (30) days after the date of this notice which is 07/26/94.

If you file a petition for a hearing you must send a copy of the petition to Richard B. Whisnant, Office of General Counsel, P. O. Box 27687, Raleigh, NC 27611-7687.

Please contact this office if you have any further questions or if we may be of assistance at 728-8499.

Sincerely,


Christine M. Nitt, R.S.
Environmental Health Specialist
On-Site Sewage Program

Flagged accessible

NEW CONSTRUCTION
EXISTING
REPAIR

APPLICATION FOR IMPROVEMENTS PERMIT
ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH CENTER
BEAUFORT, NC 28516

AREA 3
PRIORITY 2

DATE: 6/28/94 UK
PHONE: 919-28-7190

OWNER Susan Courtney
ADDRESS 10002 Regal Woods Lane, Tampa, FL 33624

APPLICANT/AGENT Eastern Gateway Realty
ADDRESS Rt 2 Box 301 Bt, NC 28516

SUBDIVISION Courtney Hr LOT 11 BLOCK _____ SECTION _____
PROPERTY LOCATION Tract 11

TYPE STRUCTURE House CONCRETE FLOOR _____ (YES) (NO) _____
NO. BEDROOMS 3 NO. BATHS 2 NO. PEOPLE 8 GARBAGE GRINDER _____ (YES) (NO) _____

WATER SOURCE private well FLOOD ZONE BK ELEVATION _____
TAX PARCEL # 11-12-4-17

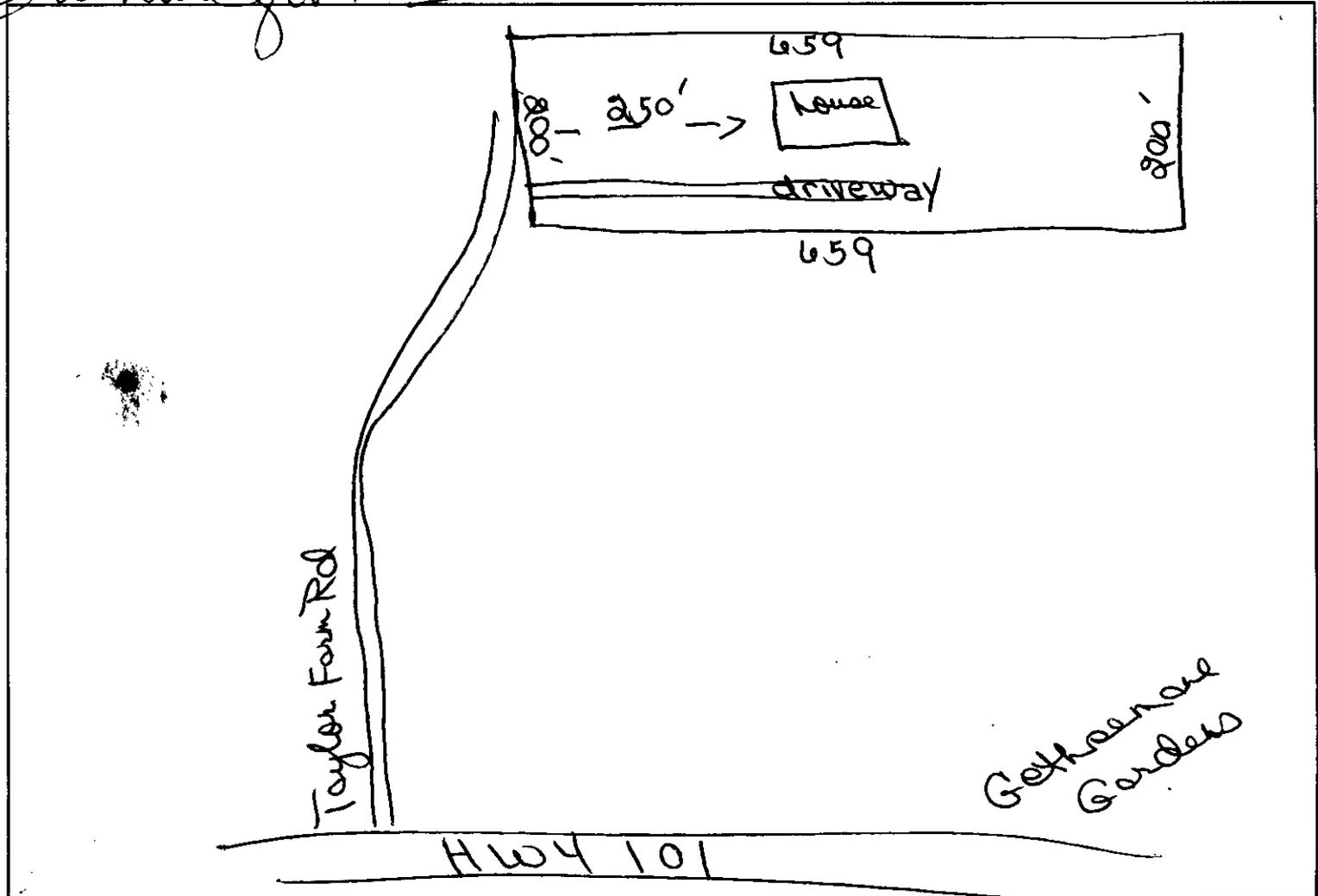
* ACTION ON THIS APPLICATION WILL NOT BE TAKEN UNTIL THIS OFFICE HAS BEEN ADVISED THAT THE HOUSE AND PROPERTY LINES ARE STAKED AND THE LOT IS ACCESSIBLE FOR EVALUATION.

**NOTE: THIS PROPERTY MAY CONTAIN DESIGNATED WETLANDS. APPROVAL FROM U.S. ARMY CORPS OF ENGINEERS MAY BE REQUIRED PRIOR TO DEVELOPMENT. ADDITIONALLY, CAMA PERMIT SHALL BE REQUIRED IF ANY PART OF THIS STRUCTURE, SEPTIC TANK OR POTABLE WATER SYSTEM IS TO BE WITHIN 75' OF SHORELINE, CANALS OR OTHER WATERS OR MARSH.

*** IMPROVEMENT PERMITS ARE VALID FOR 60 MONTHS FROM DATE OF ISSUE. THIS IS NOT AN IMPROVEMENTS PERMIT.

*** IMPROVEMENT PERMIT SUBJECT TO REVOCATION IF SITE PLANS OR INTENDED USE CHANGES.

Brochure given SIGNATURE Mary G. Hill



Name: Susan Courtney
Courtney Hirs Trout II

1995 Test well DATA Review Sheet

Contract Co. Env. Health Division

Dates	Test well #1	Test well #2	Test well #3	Test #4	
Jan. 9 th	our 21"	23"	23.5"	21.5"	
Jan 8	their 34"	32"	37"	34"	
Jan 25 th	our 28"	31"	31"	29"	
	their 29"	32"	32"	29"	
Mar. 29 th	our 46"	44"	46"	46"	* 7-3-95 12" T. Bottom Keep down-line Right Rear of lot C. adn / R. Melville 16 gpd / 200' lines
No Data	No Data				
Jan 19 th	their 36"	35"	38.5"	35"	
(18)					
Feb 12 th	their 37"	33"	35"	34"	
(11)					
Feb 20 th	their 38	31.5	32"	29"	
(23)					
No Data 20 th					

Results:
Test well Data Reviewed 6-1-95
By _____

12" Trench Bottom 16 gpd C. adn / R. Melville
Keep 25' + from all ditches

SOIL/SITE EVALUATION

19102

FOR

ON-SITE WASTEWATER SYSTEM

OWNER: SWAN COURTNEY APPLICANT: EASTERN GATEWAY
 APPLICATION DATE: 6-28 DATE EVALUATED: NOT STATED (7-14) - Ready - 7-20-94, 17-21-94
 PROPOSED FACILITY: HOUSES PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
 LOCATION OF SITE: Courtney Heys (11)

WATER SUPPLY: Private _____ Public _____ Well _____ Spring _____ Other _____ EVAL. METHOD: Auger Boring Pit _____ Cut _____

PROFILE #	.1940 LANDSCP POS./ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .1941					OTHER PROFILE FACTORS
			(a)(1) TEXTURE	(a)(2) STRUCTURE	(a)(3) MINERALOGY CONSISTENCE	SOIL MATRIX COLOR	SOIL MOTTLE COLOR	
1		0-12	LS	gran	FR		3/1	.1942 WETNESS CONDITION <124
		12-36	SL	GRIMB	FR			.1943 SOIL DEPTH/ .1936 SAPROLITE 48
		36-48	SILT LOAM SL		FR			.1944 RESTRICTIVE HORIZON S
			GROUP III					.1947 PROFILE CLASSIF. U
		42-48	LS				PROFILE LTAR 6	
2		0-18	LW				3/1	.1942 WETNESS CONDITION <12
		18-22	SL					.1943 SOIL DEPTH/ .1936 SAPROLITE 48
		22-	SILT LOAM					.1944 RESTRICTIVE HORIZON S
								.1947 PROFILE CLASSIF. U
							PROFILE LTAR	
3		Same as 2-						.1942 WETNESS CONDITION <12
								.1943 SOIL DEPTH/ .1936 SAPROLITE 48
								.1944 RESTRICTIVE HORIZON S
								.1947 PROFILE CLASSIF. U
							PROFILE LTAR	
4	returned on 21st	0-14	ES	GRAN	FR		3/1	.1942 WETNESS CONDITION CR
		14-30	SL	CR GRAN	FR			.1943 SOIL DEPTH/ .1936 SAPROLITE 48"
		30-48	SILT LOAM	GRAN				.1944 RESTRICTIVE HORIZON S
		42-48	SANDY LOAM					.1947 PROFILE CLASSIF. U
							PROFILE LTAR 6	

AVAILABLE SPACE (.1945) approx 200 OTHER FACTORS (.1946) _____ SITE CLASSIFICATION U <12" SWL
 ACCEPTANCE RATE(S) _____ SITE LONG-TERM ACCEPTANCE RATE(S) .6
 COMMENTS BY: NITT OTHER(S) PRESENT: _____

COMMENTS: _____

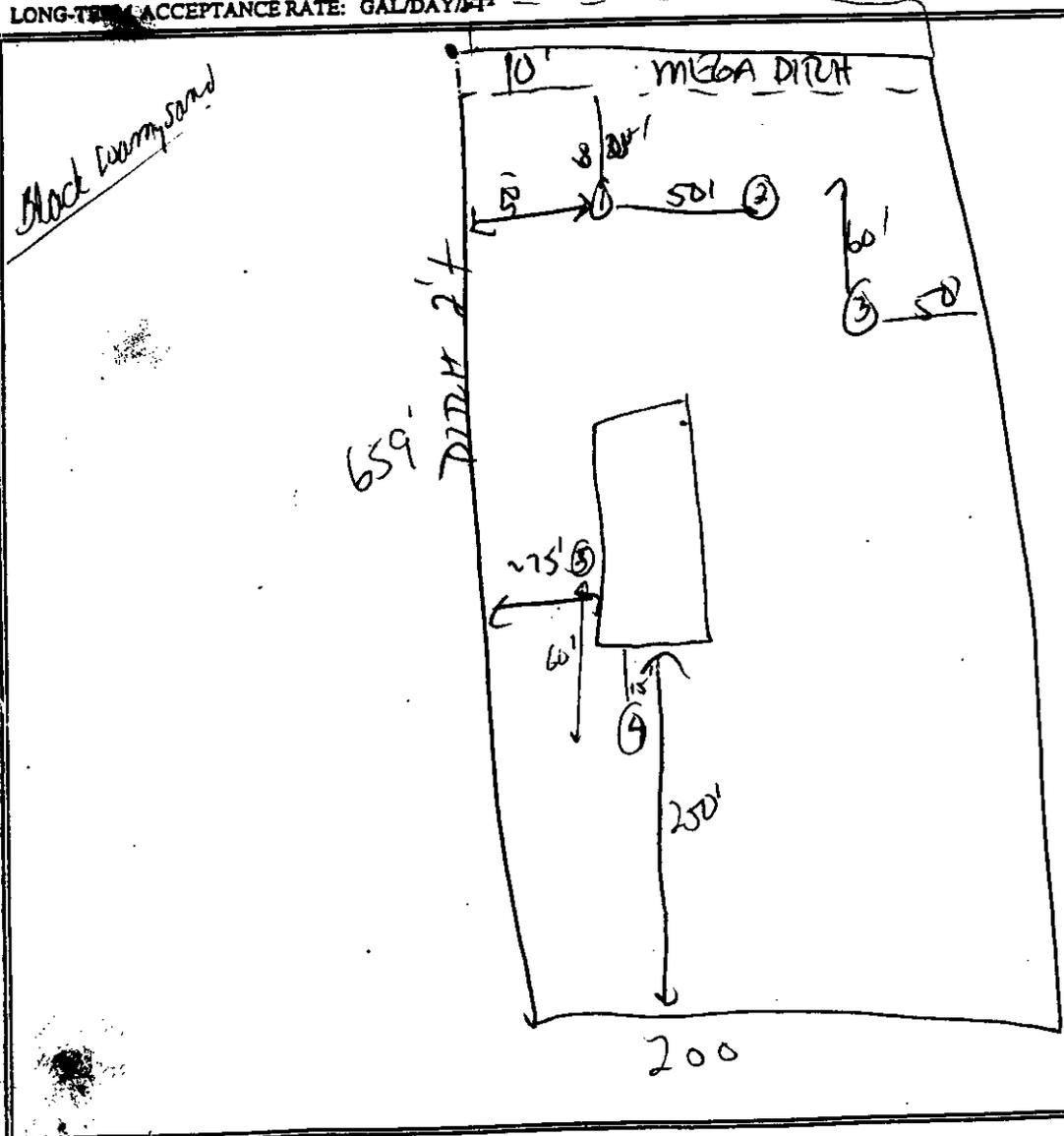
USE THE FOLLOWING STANDARD ABBREVIATIONS

LANDSCAPE POSITION	GROUP	TEXTURE	.1953 (STAR)	.1957 (STAR) MINERALOGY/CONSISTENCE	STRUCTURE
CC - CONCAVE SLOPE	I	S - SAND	1.2 - 6.2	NEXP - NON-EXPANSIVE SEXP - SLIGHTLY EXPANSIVE EXP - EXPANSIVE	G - SINGLE GRAIN M - MASSIVE CR - CRUMB GR - GRANULAR FBC - SUBANGULAR BLOCKY ABC - ANGULAR BLOCKY FL - FLATY PR - PRISMATIC
CV - CONVEX SLOPE		LS - LOAMY SAND			
D - DRAINAGE WAY		L - LOAM			
DE - DEEPS SLUMP	II	SL - SANDY LOAM	6.2 - 6.6		
FP - FLOOD FLAIN		L - LOAM			
FS - FOOT SLOPE					
H - HEAD SLOPE	III	M - SILT	6.6 - 6.8	MOIST	WET
L - LINEAR SLOPE		SCL - SILTY CLAY LOAM			
N - NOSE SLOPE		CL - CLAY LOAM			
R - RIDGE		SCL - SANDY CLAY LOAM			
S - SHOULDER SLOPE		SCL - SILT LOAM CLAY			
T - TERRACE	IV	SC - SANDY CLAY	6.4 - 6.1	VFR - VERY FRIABLE FR - FRIABLE FI - FIRM VFI - VERY FIRM EPI - EXTREMELY FIRM	NS - NON-STICKY SS - SLIGHTLY STICKY S - STICKY VS - VERY STICKY NP - NON-PLASTIC SP - SLIGHTLY PLASTIC P - PLASTIC VP - VERY PLASTIC
		SC - SILTY CLAY			
		O - ORGANIC			

NOTES:

HORIZON DEPTH IN INCHES BELOW NATURAL SOIL SURFACE
 DEPTH OF FILL IN INCHES FROM LAND SURFACE
 RESTRICTIVE HORIZON— THICKNESS AND DEPTH FROM LAND SURFACE
 SAPROLITE S (SUITABLE) OR U (UNSUITABLE)
 SOIL WETNESS - INCHES FROM LAND SURFACE TO FREE WATER OR INCHES FROM LAND SURFACE TO SOIL COLORS WITH CHROMA 2 OR LESS - RECORD MUNSELL COLOR CHIP DESIGNATION. CLASSIFICATION - S (SUITABLE), PS (PROVISIONALLY SUITABLE), OR U (UNSUITABLE)
 EVALUATION OF SAPROLITE SHALL BE BY FITS.

LONG-TERM ACCEPTANCE RATE: GAL/DAY/FT



SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____

APPLICATION DATE: _____ DATE EVALUATED: _____

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

LOCATION OF SITE: _____

WATER SUPPLY: Private _____ Public _____ Well _____ Spring _____ Other _____ EVAL. METHOD: Auger Boring _____ Pit _____ Cut _____

PROFILE #	.1940 LANDSCP POS./ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .1941					OTHER PROFILE FACTORS
			(a)(1) TEXTURE	(a)(2) STRUCTURE	(a)(3) MINERALOGY CONSISTENCE	SOIL MATRIX COLOR	SOIL MOTTLE COLOR	
5 1	-	0-14	LS ¹				3/2	.1942 WETNESS CONDITION <u>U₂</u>
		14-30	SC <u>SILTY</u>					.1943 SOIL DEPTH/ .1956 SAPROLITE
		30-48	SCL <u>(.6)</u>					.1944 RESTRICTIVE HORIZON
		44-48	S.LS					.1947 PROFILE CLASSIF.
PROFILE LTAR								
6 2		0-12	LS				2/1	.1942 WETNESS CONDITION <u><16</u>
		12-48	SL ^{LT} LOAM					.1943 SOIL DEPTH/ .1956 SAPROLITE
								.1944 RESTRICTIVE HORIZON
								.1947 PROFILE CLASSIF.
PROFILE LTAR								
3								.1942 WETNESS CONDITION
								.1943 SOIL DEPTH/ .1956 SAPROLITE
								.1944 RESTRICTIVE HORIZON
								.1947 PROFILE CLASSIF.
PROFILE LTAR								
4								.1942 WETNESS CONDITION
								.1943 SOIL DEPTH/ .1956 SAPROLITE
								.1944 RESTRICTIVE HORIZON
								.1947 PROFILE CLASSIF.
PROFILE LTAR								

AVAILABLE SPACE (.1945) _____ OTHER FACTORS (.1946) _____ SITE CLASSIFICATION U

SYSTEM TYPE(S) _____ SITE LONG-TERM ACCEPTANCE RATE(S) 3/6

EVALUATED BY: CMN OTHER(S) PRESENT: R. DUNCAN offer TW

COMMENTS: _____

49211
- GROUP III

LEGEND
USE THE FOLLOWING STANDARD ABBREVIATIONS

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	.1957 (STAR)		STRUCTURE
				MINERALOGY/CONSISTENCE		
CC - CONCAVE SLOPE	I	S - SAND	1.2 - 0.8			
CV - CONVEX SLOPE		LS - LOAMY SAND				
D - DRAINAGE WAY	II	SL - SANDY LOAM	0.8 - 0.6			
DS - DEBRIS SLUMP		L - LOAM				
FP - FLOOD PLAIN	III	SI - SILT	0.4 - 0.3			
FS - FOOT SLOPE		SICL - SILTY CLAY LOAM				
H - HEAD SLOPE	IV	CL - CLAY LOAM	0.4 - 0.1			
L - LINEAR SLOPE		SCL - SANDY CLAY LOAM				
N - NOSE SLOPE		SILC - SILTY LOAM CLAY				
R - RIDGE	SC - SANDY CLAY					
SS - SHOULDER SLOPE		SLC - SILTY CLAY				
T - TERRACE		OC - ORGANIC				

MINERALOGY/CONSISTENCE

NEXP - NON-EXPANSIVE
 SEXY - SLIGHTLY EXPANSIVE
 EXP - EXPANSIVE

MOIST

VFR - VERY FRIABLE
 FR - FRIABLE
 FT - FIRM
 VF - VERY FIRM
 EFT - EXTREMELY FIRM

WET

NS - NON-STICKY
 SS - SLIGHTLY STICKY
 S - STICKY
 VS - VERY STICKY
 NP - NON-PLASTIC
 SP - SLIGHTLY PLASTIC
 P - PLASTIC
 VP - VERY PLASTIC

NOTES:

- HORIZON DEPTH IN INCHES BELOW NATURAL SOIL SURFACE
- DEPTH OF FILL IN INCHES FROM LAND SURFACE
- RESTRICTIVE HORIZON— THICKNESS AND DEPTH FROM LAND SURFACE
- SAPROLITE S (SUITABLE) OR U (UNSUITABLE)
- SOIL WETNESS - INCHES FROM LAND SURFACE TO FREE WATER OR INCHES FROM LAND SURFACE TO SOIL COLORS WITH CHROMA 2 OR LESS - RECORD MUNSELL COLOR CHIP DESIGNATION. CLASSIFICATION - S (SUITABLE), PS (PROVISIONALLY SUITABLE), OR U (UNSUITABLE)
- EVALUATION OF SAPROLITE SHALL BE BY PITS.

LONG-TERM ACCEPTANCE RATE: GAL/DAY/FT



7-14-94 P.C. from Mary Hill - ready to check *MLH*

CARTERET COUNTY HEALTH CENTER

Courthouse Square, Beaufort, NC 28516

Robert M. (Mike) Hanes, Director

12 July 1994

Ms. Susan Courtney
c/o Ms. Mary G. Hill
Eastern Gateway Realty
Rt. 2, Box 301
Beaufort, NC 28516

Subject: Tract 11, Courtney Heirs (Tax #11-12-4-17)

Dear Ms. Courtney:

An application was received in this office on 06/28/94 for the purpose of determining the suitability of the soil for a septic tank wastewater system.

We were notified at that time that the house was staked, property lines were clearly marked and ready for inspection.

An attempt was made on 07/11/94 to evaluate this lot. It will be necessary for you to clearly mark the property lines and stake off the proposed house so we can complete this evaluation.

When this has been completed please contact this office so another inspection can be scheduled.

If you have any further questions concerning this matter please feel free to contact this office at 728-8499.

Sincerely,

Christine M Nitt R.S.

Christine M. Nitt, R.S.
Environmental Health Specialist
On-Site Sewage Program

CN/cw

CARTERET COUNTY CENTRAL PERMIT OFFICE
Courthouse Square * Beaufort, N.C. 28516-1898
*** DEVELOPMENT PERMIT ***

(919)728-8545

DATE: 6/28/94 TAX PARCEL #: 11-12-4-17
NAME: Susan L. Courtney PHONE #: 728-7790 Agent
ADDRESS: 10002 Regal Woods Ln, Tampa FL 33624
OWNER OF PROPERTY: Same
LOCATION OF PROPERTY: WPT TR 11 GC Courtney Ar
TYPE OF DEVELOPMENT: Septic - Frame House
FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

COMM NO	PANEL NO	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV
<u>370043</u>	<u>0520</u>	<u>C</u>	<u>8/19/88</u>	<u>B/C</u>	

REQUIRED LOWEST FLOOR ELEVATION: NA ELEVATION CERT. REQUIRED: YES/NO
CAMA: YES/NO ORW: YES/NO (PERMIT # _____)
COMMENTS: _____

JURISDICTION: County *** PLANNING/ZONING PERMIT *** 351 (919)728-8497
ZONE: R-15M MAX BLDG HT: _____

PROPOSED USE: SINGLE FAMILY DUPLEX MULTIFAMILY
 MANUFACTURED HOME BUSINESS
 INDUSTRIAL SIGN ON/OFF PREMISE
 ACCESSORY STRUCTURE OTHER _____

SET BACKS:
PRINCIPAL STRUCTURE: 20' FRONT 25' REAR 10' SIDE SIDE ON CORNER
ACCESSORY STRUCTURE: _____ FRONT _____ REAR _____ SIDE

COMMERCIAL/INDUSTRIAL:
TYPE OF BUSINESS _____ NO. PROPOSED _____
NO. OF REQUIRED PARKING SPACES _____
SIGN REQUIREMENTS _____

COMMENTS: _____
OK TO ISSUE IMP. PERMIT: YES/NO DATE: 6/28/94 ZONING OFFICIAL INIT. BH

*** ENVIRONMENTAL HEALTH *** (919)728-8499
IMPROVEMENT PERMIT REQUIRED: YES/NO PERMIT # _____
OWNER HEREBY CERTIFIES THAT STRUCTURE WILL NOT BE USED AS LIVING SPACE AND
WILL BE LOCATED MORE THAN 5 FEET FROM ANY PORTION OF THE SEWAGE DISPOSAL
SYSTEM OR REPAIR AREA REQUIRED FOR THE SEWAGE DISPOSAL SYSTEM.

COMMENTS: _____
DATE: 6/28/94 OWNER/AGENT: Mary Hill ENV. HEALTH INIT: JW
OWNER/AGENT SIGNATURE: Mary Hill DATE: 6/28/94
PERMIT OFFICIAL SIGNATURE: BH DATE: 6/28/94

SOIL/SITE EVALUATION
FOR

Test wells

ON-SITE WASTEWATER SYSTEM

OWNER: Susan Courtney APPLICANT: Mary Hill
APPLICATION DATE: 6-23-94 DATE EVALUATED: 12-20-94
PROPOSED FACILITY: house PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE:
LOCATION OF SITE: Courtney Heirs, tract 11

WATER SUPPLY: Private Public Well Spring Other EVAL. METHOD: Auger Boring Pit Cut

PROFILE #	.1940 LANDSCP POS./ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .1941					OTHER PROFILE FACTS
			(a)(1) TEXTURE	(a)(2) STRUCTURE	(a)(3) MINERALOGY CONSISTENCE	SOIL MATRIX COLOR	SOIL MOTTLE COLOR	
1		0-12	LS					.1942 WETNESS CONDITION
		12-36	SL					.1943 SOIL DEPTH/ .1936 SAPROLITE
		36-42	SILT LOAM					.1944 RESTRICTIVE HORIZON
		42-48	LS					.1947 PROFILE CLASSIF. PROFILE LTAR
2		0-18	LS					.1942 WETNESS CONDITION <i>CU</i>
		18-30	SL					.1943 SOIL DEPTH/ .1936 SAPROLITE <i>40</i>
		30-48	SILT LOAM					.1944 RESTRICTIVE HORIZON
								.1947 PROFILE CLASSIF. PROFILE LTAR
3		0-18	LS	black gran	VFL		2/2	.1942 WETNESS CONDITION <i>FL</i>
		18-30	SI. LOAM	CR.	FL			.1943 SOIL DEPTH/ .1936 SAPROLITE <i>44</i>
		30-44	massive					.1944 RESTRICTIVE HORIZON
								.1947 PROFILE CLASSIF. PROFILE LTAR
4		0-12	LS					.1942 WETNESS CONDITION <i>FL</i>
		12-18	SI LOAM					.1943 SOIL DEPTH/ .1936 SAPROLITE <i>40</i>
		18-30	S.L.					.1944 RESTRICTIVE HORIZON
		30-34	SI CL. LOAM	massive				.1947 PROFILE CLASSIF.
		34-48	SCL	SAB				PROFILE LTAR

AVAILABLE SPACE (.1945) *repping* OTHER FACTORS (.1946) *<12", orouptll* SITE CLASSIFICATION
SYSTEM TYPE(S) *CONW* SITE LONG-TERM ACCEPTANCE RATE(S) *6*
EVALUATED BY: *Nitt* OTHER(S) PRESENT: *Jenkins, Myers*
COMMENTS:

USE THE FOLLOWING STANDARD ABBREVIATIONS

LANDSCAPE POSITION	GROUP	TEXTURE	1925 STAR	MINERALOGY/CONSISTENCE	STRUCTURE
CONCAVE SLOPE	I	S - SAND	1.1 - 1.3	NON - NON-EXPANSIVE	G - SINGLE GRAIN
CONVEX SLOPE	II	LS - LOAMY SAND	1.4 - 1.6	SEXP - SLIGHTLY EXPANSIVE EX - EXPANSIVE	M - MASSIVE
DRAINAGE WAY		S - SANDY LOAM			CB - CRUMB
DEBRIS PILE		L - LOAM			CB - CRUMBULAR
FLOOD PLAIN	III	S - SILT	1.6 - 1.8	MOTT - MOTTLED WET	CB - CRUMBULAR BLOCKY
FOOT SLOPE		SCL - SILTY CLAY LOAM			AB - ANGULAR BLOCKY
HEAD SLOPE		CL - CLAY LOAM			PL - PLATTY
LINEAR SLOPE	IV	SCL - SANDY CLAY LOAM	1.9 - 2.1	VFB - VERY FRIABLE FB - FRIABLE F - FIRM VFB - VERY FIRM EF - EXTREMELY FIRM	PL - PLATTY
NOSE SLOPE		SL - SILTY LOAM CLAY			NP - NON-PLASTIC
RIDGE		SC - SANDY CLAY			SP - SLIGHTLY PLASTIC
SHOULDER SLOPE		EC - SILTY CLAY			P - PLASTIC
TERACE					VP - VERY PLASTIC
		O - ORGANIC	NONE		

NOTES:

ORIZON DEPTH IN INCHES BELOW NATURAL SOIL SURFACE

DEPTH OF FILL IN INCHES FROM LAND SURFACE

RESTRICTIVE HORIZON— THICKNESS AND DEPTH FROM LAND SURFACE

SAPROLITE S (SUITABLE) OR U (UNSUITABLE)

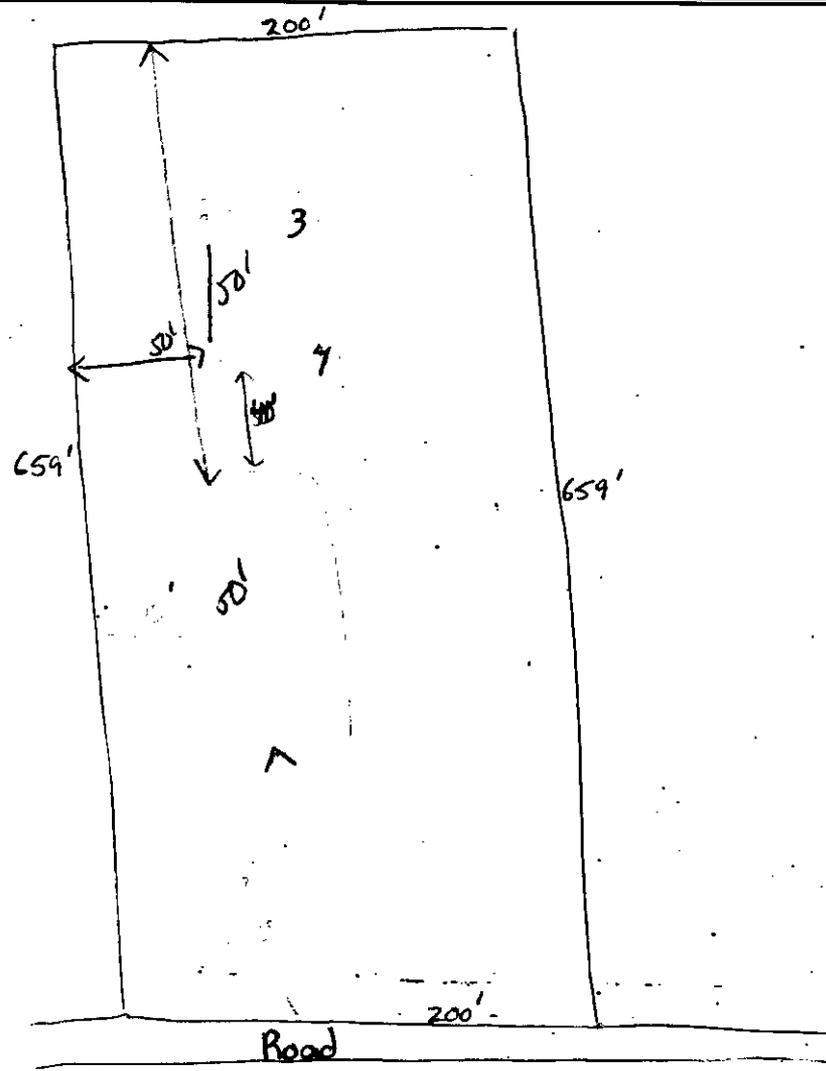
SOIL WETNESS - INCHES FROM LAND SURFACE TO FREE WATER OR INCHES FROM LAND SURFACE TO SOIL COLORS WITH CHROMA 2 OR LESS - RECORD MUNSELL COLOR CHIP DESIGNATION. CLASSIFICATION - S (SUITABLE), PS (PROVISIONALLY SUITABLE), OR U (UNSUITABLE)

EVALUATION OF SAPROLITE SHALL BE BY PITS.

LONG-TERM ACCEPTANCE RATE: GAL/DAY/FT²

Test wells

- 1 12"
- 2 12"
- 3 12"
- 4 12"



① 300 300
 ② 300 300
 200
 415



CARTERET COUNTY HEALTH CENTER

Courthouse Square, Beaufort, NC 28516

Robert M. (Mike) Hanes, Director

16 May 1994

Mr. Jerry R. Jones
2009 Farmstead Court
Morehead City, NC 28557

Subject: Tract 11, Courtney Heirs (Tax #11-12-4-11)

Dear Mr. Jones:

An evaluation was made on 05/05/94 of the above lot for the purpose of determining the suitability of the soil for a septic tank wastewater system.

The evaluation was made according to the Laws and Rules for Sewage Treatment and Disposal Systems, Section .1900 of the North Carolina Administrative Code.

The lot has been classified as unsuitable due to soil wetness condition (<12", Rule .1942), poor drainage (contains Group III Soils that do not respond to drainage) and massive soil structure (Rule .1941).

You have the right to an informal review of this decision by the environmental health supervisor of this health department and also by the regional staff of the Department of Environment, Health, and Natural Resources. You may contact the health department to arrange for this further review.

You may also wish to obtain the services of a private consultant to collect site-specific data and submit such data and a system design to the health department for technical review. A written documentation, including engineering, hydrogeologic, geologic, or soil studies indicates to the local health department and State Division of Environmental Health that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

Page 2
Mr. Jerry R. Jones
May 16, 1994

The substantiating data from these studies must meet Rule .1948 (d) and indicate that:

- (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
- (2) the effluent will not contaminate groundwater or surface water; and
- (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

An option would be to pump the sewage off-site to an approved location if one is available.

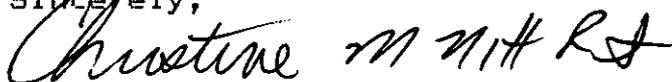
You may choose to install water monitoring test wells during the 1995 wet season (January through mid-April) to determine the actual water table. If you choose to install these test wells you should contact this office between August 01, 1994 and October 01, 1994 so the wells can be installed prior to December 01, 1994.

You have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of Administrative Hearings, P. O. Box 27447, Raleigh, NC 27611-7447. A copy of the the petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within thirty (30) days after the date of this notice which is 05/16/94.

If you file a petition for a hearing you must send a copy of the petition to Richard B. Whisnant, Office of General Counsel, P. O. Box 27687, Raleigh, NC 27611-7687.

Please contact this office if you have any further questions or if we may be of assistance at 728-8499.

Sincerely,



Christine M. Nitt, R.S.
Environmental Health Specialist
On-Site Sewage Program

CN/cw

Flagged
NEW CONSTRUCTION (4)
EXISTING (2)
REPAIR (1)

APPLICATION FOR IMPROVEMENTS PERMIT
ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH CENTER
BEAUFORT, NC 28516

Call to meet
AREA 3
PRIORITY 2

DATE: 4-15-94
PHONE: 247-6937

OWNER: JERRY R JONES
ADDRESS: 209 FARMSTEAD CT MORFITT, NC 28557

APPLICANT/AGENT: _____
ADDRESS: _____
SUBDIVISION: Courtney Hts - Pt. Tract II LOT _____ BLOCK _____ SECTION _____

PROPERTY LOCATION: TAYLOR Farm Rd
TYPE STRUCTURE: MH 14x45 CONCRETE FLOOR _____ (YES) _____ (NO)
NO. BEDROOMS: 2 NO. BATHS: 1 NO. PEOPLE: 4 or less GARBAGE GRINDER: _____ (YES) _____ (NO)
WATER SOURCE: Ind. Well FLOOD ZONE: B ELEVATION: C
TAX PARCEL #: 11-12-4-11

* ACTION ON THIS APPLICATION WILL NOT BE TAKEN UNTIL THIS OFFICE HAS BEEN ADVISED THAT THE HOUSE AND PROPERTY LINES ARE STAKED AND THE LOT IS ACCESSIBLE FOR EVALUATION.

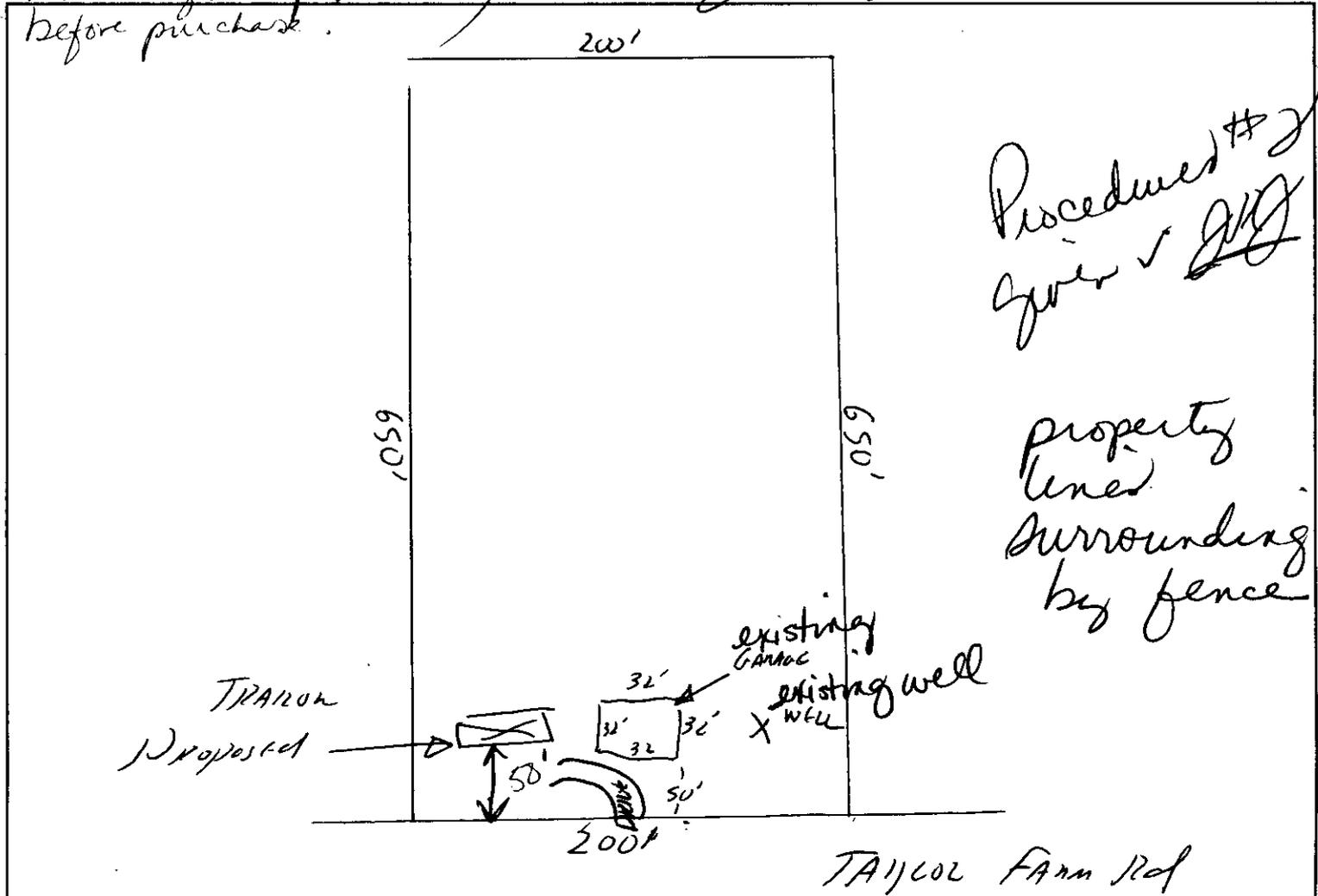
**NOTE: THIS PROPERTY MAY CONTAIN DESIGNATED WETLANDS. APPROVAL FROM U.S. ARMY CORPS OF ENGINEERS MAY BE REQUIRED PRIOR TO DEVELOPMENT. ADDITIONALLY, CAMA PERMIT SHALL BE REQUIRED IF ANY PART OF THIS STRUCTURE, SEPTIC TANK OR POTABLE WATER SYSTEM IS TO BE WITHIN 75' OF SHORELINE, CANALS OR OTHER WATERS OR MARSH.

*** IMPROVEMENT PERMITS ARE VALID FOR 60 MONTHS FROM DATE OF ISSUE. THIS IS NOT AN IMPROVEMENTS PERMIT.

** IMPROVEMENT PERMIT SUBJECT TO REVOCATION IF SITE PLANS OR INTENDED USE CHANGES.

(Jerry has owned 3-4 months did not get a permit before purchase.)

SIGNATURE: *[Signature]*



Proceedures #2
given ✓ *[Signature]*

property lines
surrounding
by fence

CARTERET COUNTY CENTRAL PERMIT OFFICE
 Courthouse Square * Beaufort, N.C. 28516-1898
 *** DEVELOPMENT PERMIT ***

Call to meet

(919) 728-8545

DATE: 4/15/94 TAX PARCEL #: 11-12-4-11
 NAME: Jerry Jones PHONE #: 247-8937
 ADDRESS: 2009 Farmstead Court
 OWNER OF PROPERTY: _____
 LOCATION OF PROPERTY: PT TR 11 - Courtney HRS
 TYPE OF DEVELOPMENT: Septic - MH

FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

COMM NO	PANEL NO	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV
<u>570043</u>	<u>0520</u>	<u>C</u>	<u>5-15-80</u>	<u>B</u>	<u>10</u>

REQUIRED LOWEST FLOOR ELEVATION: M/A ELEVATION CERT. REQUIRED: YES/NO

CAMA: YES/NO NO ORW: YES/NO NO (PERMIT # 0)

COMMENTS: _____

JURISDICTION: County *** PLANNING/ZONING PERMIT *** (919) 728-8497
 ZONE: R-5m MAX BLDG HT: 35'

PROPOSED USE: 1-2 SINGLE FAMILY 10 DUPLEX 10 MULTI FAMILY
1-2 MANUFACTURED HOME 10 BUSINESS
1-2 INDUSTRIAL 10 SIGN ON/OFF PREMISE
1-2 ACCESSORY STRUCTURE 10 OTHER

SET BACKS:
 PRINCIPAL STRUCTURE: 40 FRONT 25 REAR 10 SIDE SIDE ON CORNER
 ACCESSORY STRUCTURE: _____ FRONT _____ REAR _____ SIDE

COMMERCIAL/INDUSTRIAL:
 TYPE OF BUSINESS _____ NO. PROPOSED _____
 NO. OF REQUIRED PARKING SPACES _____
 SIGN REQUIREMENTS _____

COMMENTS: _____

OK TO ISSUE IMP. PERMIT: YES/NO NO DATE: 4/15/94 ZONING OFFICIAL INIT. [Signature]

*** ENVIRONMENTAL HEALTH ***

(919) 728-8499

IMPROVEMENT PERMIT REQUIRED: YES/NO NO PERMIT # _____
 OWNER HEREBY CERTIFIES THAT STRUCTURE WILL NOT BE USED AS LIVING SPACE AND
 WILL BE LOCATED MORE THAN 5 FEET FROM ANY PORTION OF THE SEWAGE DISPOSAL
 SYSTEM OR REPAIR AREA REQUIRED FOR THE SEWAGE DISPOSAL SYSTEM.

COMMENTS: _____

DATE: 4-15-94 OWNER/AGENT: [Signature] ENV. HEALTH INIT. [Signature]
 OWNER/AGENT SIGNATURE: [Signature] DATE: 4-15-94
 PERMIT OFFICIAL SIGNATURE: _____ DATE: _____

Jerry has plans

No septic on property

CARTERET COUNTY CENTRAL PERMIT OFFICE
Courthouse Square * Beaufort, N.C. 28516-1898
(919)728-8545

PERMIT NO: 40256 ENA LAND USE #: N/A

DATE: 31.194 TAX PARCEL #: 11-12-4-11

NAME: Jerry Jones PHONE #: 247-6937

ADDRESS: 2009 Farmstead Ct - Morehead

OWNER OF PROPERTY: Same

LOCATION OF PROPERTY: PT TR11 Courtney Hr.

DESCRIPTION OF WORK: Garage

FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

COMM NO	PANEL NO	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV
				<u>N/A</u>	<u>B-C</u>

REQUIRED LOWEST FLOOR ELEVATION: _____ ELEVATION CERT. REQUIRED: YES/NO

PERMISSION IS HEREBY GRANTED TO: _____

Owner/Agent

TO BUILD, REMODEL, REPAIR, ALTER OR MOVE THE FOLLOWING STRUCTURE:

TYPE OF CONST: _____ NO. STORIES: _____ OCCUPANCY TYPE: _____

TYPE OF BLDG: _____ NEW _____ EXISTING _____ ADDITION _____ N/A

PROPERTY USE: _____ SINGLE FAMILY _____ TWO FAMILY _____ APT. _____ CONDO
_____ TOWNHOUSE _____ OTHER _____

RESIDENTIAL/NON-RESIDENTIAL SQ.FT: _____ HEATED _____ UNHEATED 1024 TOTAL

Owner

BUILDING..... 71.00

ELECTRICAL..... _____

PLUMBING..... _____

MECHANICAL..... _____

SPRINKLER..... _____

FEES PAID

FIRE PREVENTION..... _____

MANUFACTURED HOME.... _____

MODULAR HOME..... _____

INS. CONFIRMATION.... _____

OTHER: HOLF, ETC..... _____

TOTAL FEES PAID..... 71.00

Value 10,000 -

The applicant has certified that the information shown on the application, plans and specifications is correct and true to his/her knowledge. All work performed shall comply with the North Carolina State Building Code, Flood Damage Prevention Ordinance of Carteret County and all other regulations, rules and ordinances as applicable. Misinformation, lack of information, or statements made in error could result in revocation of all permits and subject the owner/agent to litigation in the process.

[Signature]
Owner/Agent
R 15-in - 30 - 30 - 10 - Rear side.

[Signature]
Permit Official
- Per skips Instructions

SOIL/SITE EVALUATION
FOR

ON-SITE WASTEWATER SYSTEM

OWNER: Jerry Jones APPLICANT: same
APPLICATION DATE: 11-15-94 DATE EVALUATED: 5-5-94
PROPOSED FACILITY: MH PROPOSED DESIGN FLOW (.1949): 290 PROPERTY SIZE: 650x200
LOCATION OF SITE: Countryside Hills Trail II

WATER SUPPLY: Private Public Well Spring Other EVAL. METHOD: Auger Boring Pit Cut

PROFILE #	.1940 LANDSCP POS./ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .1941					OTHER PROFILE FACTORS
			(a)(1) TEXTURE	(a)(2) STRUCTURE	(a)(3) MINERALOGY CONSISTENCE	SOIL MATRIX COLOR	SOIL MOTTLE COLOR	
1		0-18	SL	CR	FR		5/1	.1942 WETNESS CONDITION <12"
		18-40	SCL/SL	SAB	NS FIRM NP.			.1943 SOIL DEPTH/ .1936 SAPROLITE —
		40-40	S.L.					.1944 RESTRICTIVE HORIZON —
								.1947 PROFILE CLASSIF. U PROFILE LTAR .5
2		0-16	S.L				2/1	.1942 WETNESS CONDITION 48"
		16-20	SILT LOAM	SAB	SL STICKY BRN			.1943 SOIL DEPTH/ .1936 SAPROLITE —
		20-40	SILTY CL. LOAM					.1944 RESTRICTIVE HORIZON —
		40-	SL					.1947 PROFILE CLASSIF. U PROFILE LTAR .5
3		0-18	SL				2/2	.1942 WETNESS CONDITION <12"
		18-30	SL/SCL					.1943 SOIL DEPTH/ .1936 SAPROLITE —
		30-48	SILT LOAM		V FIRM			.1944 RESTRICTIVE HORIZON —
					MASSIVE 2"			.1947 PROFILE CLASSIF. U PROFILE LTAR .
4	Same ⑤ same							.1942 WETNESS CONDITION <12"
								.1943 SOIL DEPTH/ .1936 SAPROLITE 48"
								.1944 RESTRICTIVE HORIZON S
								.1947 PROFILE CLASSIF. U PROFILE LTAR

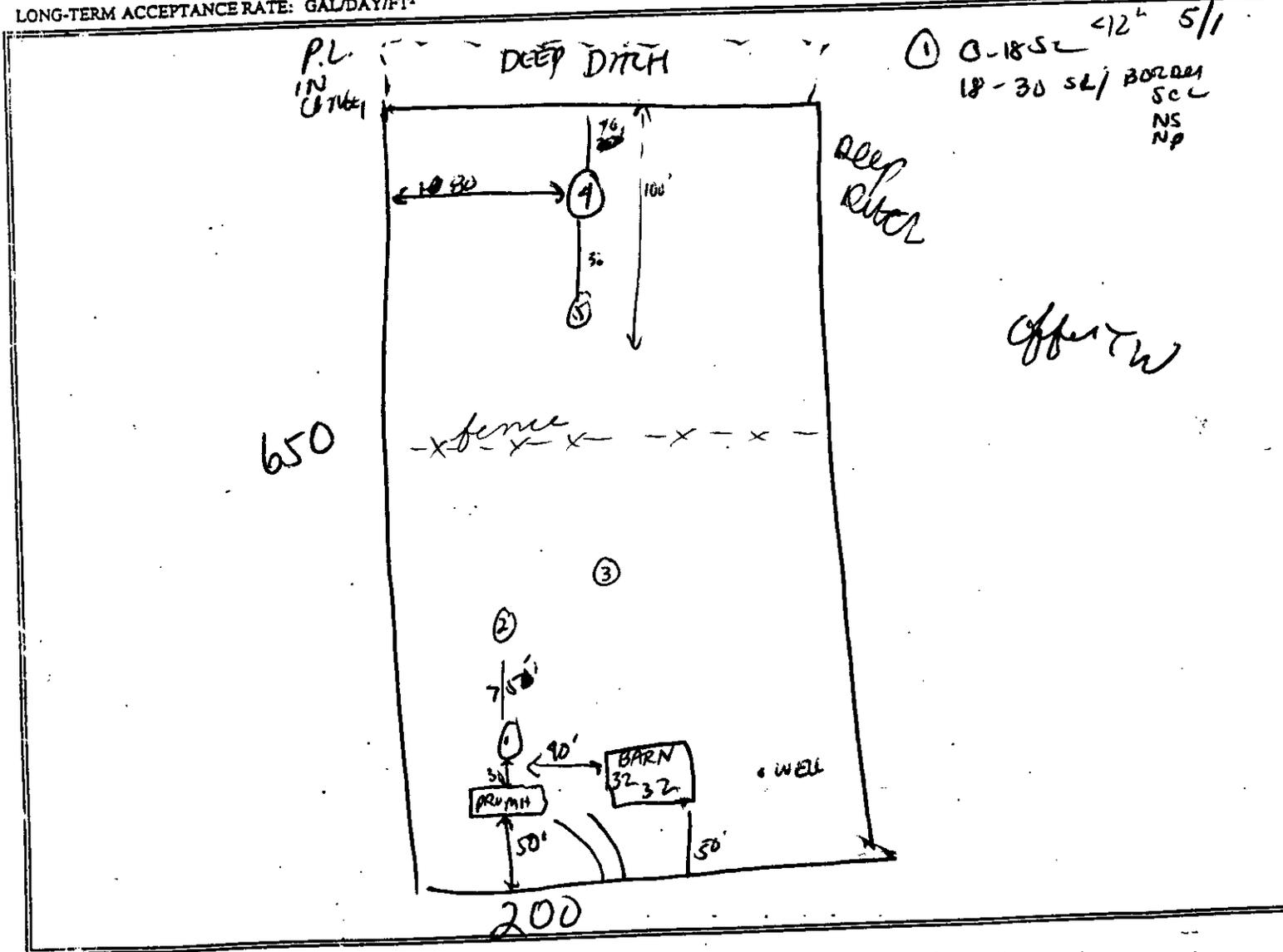
AVAILABLE SPACE (.1945) rep. req. OTHER FACTORS (.1946) Group III soils SITE CLASSIFICATION U
SYSTEM TYPE(S) _____ SITE LONG-TERM ACCEPTANCE RATE(S) .5
EVALUATED BY: Mitt OTHER(S) PRESENT: Jerry Jones
COMMENTS: offer TW - up front, near barn + MH
Keep off ditch 25'

LANDSCAPE POSITION	GROUP	TEXTURE	MOISTURE	MINERALOGY/COMPOSITION	STRUCTURE
CV - CONCAVE SLOPE	I	S - SAND	1.5 - 0.5	NEXP - NON-EXPANSIVE SEXP - SLIGHTLY EXPANSIVE EXP - EXPANSIVE	G - SINGLE GRAIN M - MASSIVE CR - CRUMB GR - GRANULAR FK - FIBRANGULAR BLOCKY AB - ANGULAR BLOCKY PL - PLATTY PR - PRISMATIC
CV - CONVEX SLOPE		LS - LOAMY SAND			
D - DRAINAGE WAY	II	SL - SANDY LOAM	0.5 - 0.5		
D - DEBRIS SLUMP		L - LOAM			
F - FLOOD FLAIN	III	S - SILT	0.5 - 0.3	MOIST WET	
F - FOOT SLOPE		SCL - SILTY CLAY LOAM			
H - HEAD SLOPE	IV	CL - CLAY LOAM	0.5 - 0.1	VFR - VERY FRABLE FR - FRABLE FI - FIRM VFI - VERY FIRM EFI - EXTREMELY FIRM	NS - NON-STICKY SS - SLIGHTLY STICKY S - STICKY VS - VERY STICKY NP - NON-PLASTIC SP - SLIGHTLY PLASTIC P - PLASTIC VP - VERY PLASTIC
L - LINEAR SLOPE		SCL - SANDY CLAY LOAM			
N - NOSE SLOPE		SCL - SILTY LOAM CLAY			
R - RIDGE		SC - SANDY CLAY			
S - SHOULDER SLOPE		SC - SILTY CLAY			
T - TERRACE		O - ORGANIC	NONE		

NOTES:

HORIZON DEPTH IN INCHES BELOW NATURAL SOIL SURFACE
 DEPTH OF FILL IN INCHES FROM LAND SURFACE
 RESTRICTIVE HORIZON— THICKNESS AND DEPTH FROM LAND SURFACE
 SAPROLITE S (SUITABLE) OR U (UNSUITABLE)
 SOIL WETNESS - INCHES FROM LAND SURFACE TO FREE WATER OR INCHES FROM LAND SURFACE TO SOIL COLORS WITH CHROMA 2 OR LESS - RECORD MUNSELL COLOR CHIP DESIGNATION. CLASSIFICATION - S (SUITABLE), PS (PROVISIONALLY SUITABLE), OR U (UNSUITABLE)
 EVALUATION OF SAPROLITE SHALL BE BY PITS.

LONG-TERM ACCEPTANCE RATE: GAL/DAY/FT²



Call materials ready

**APPLICATION FOR
INSTALLATION AND MONITORING OF TEST WELLS**

OWNER'S NAME Susan Courtney PHONE 813-265-9411
MAILING ADDRESS 10002 Regal Woods Lane Tampa FL 33624
AGENT'S NAME Eddy Myers Monitoring Lot PHONE 128-6745
AGENT'S ADDRESS _____
SITE LOCATION Courtney Keys Tract 11
TAX PARCEL# 11-12-4-19

I hereby agree to give representatives of the Carteret County Health Department access to my property for the installation and monitoring of the test wells for which I am making application. Further, I understand that the installation of test wells on my property is no guarantee that the Carteret County Health Department will be able to issue an Improvement Permit or reduce my current system design requirements.

If normal rainfall conditions as determined by the Carteret County Health Department, are not experienced during the test well monitoring period which is typically January, February, March and April and the three (3) months preceding January, I understand the data collected will be invalid and continued monitoring during the aforementioned months, during normal rainfall conditions will be necessary to collected valid data.

I understand that before test wells can be installed on my property it will be necessary to have the property lines clearly marked and the property accessible. It may be necessary to have additional clearing and/or mowing done for this purpose.

Adjustment to logged data may be required if precipitation is substantially below normal in the seasonal period evaluated, and shall be adjusted as determined by the Environmental Health Division, Carteret County Health Department. Results should not be expected until June of the year monitored.

Policy on lost data - NO DATA - NO RESULTS - Data must be submitted MONTHLY - must be submitted to Environmental Health Division PROMPTLY as listed below:

- January results DUE BY February 15th
- February results DUE BY March 15th
- March results DUE BY April 15th
- April results DUE BY April 30th

pd 100.00

FEE AMOUNT

Susan L. Courtney
SIGNATURE

11/28/54
DATE

INSTRUCTIONS GIVEN

Eddy Myers
brush for
22/4/54

WITNESS

DATE