

- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by Don Jossie on 7/11/2011

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.



**Onsite Wastewater Specialist**

**7/25/2011**

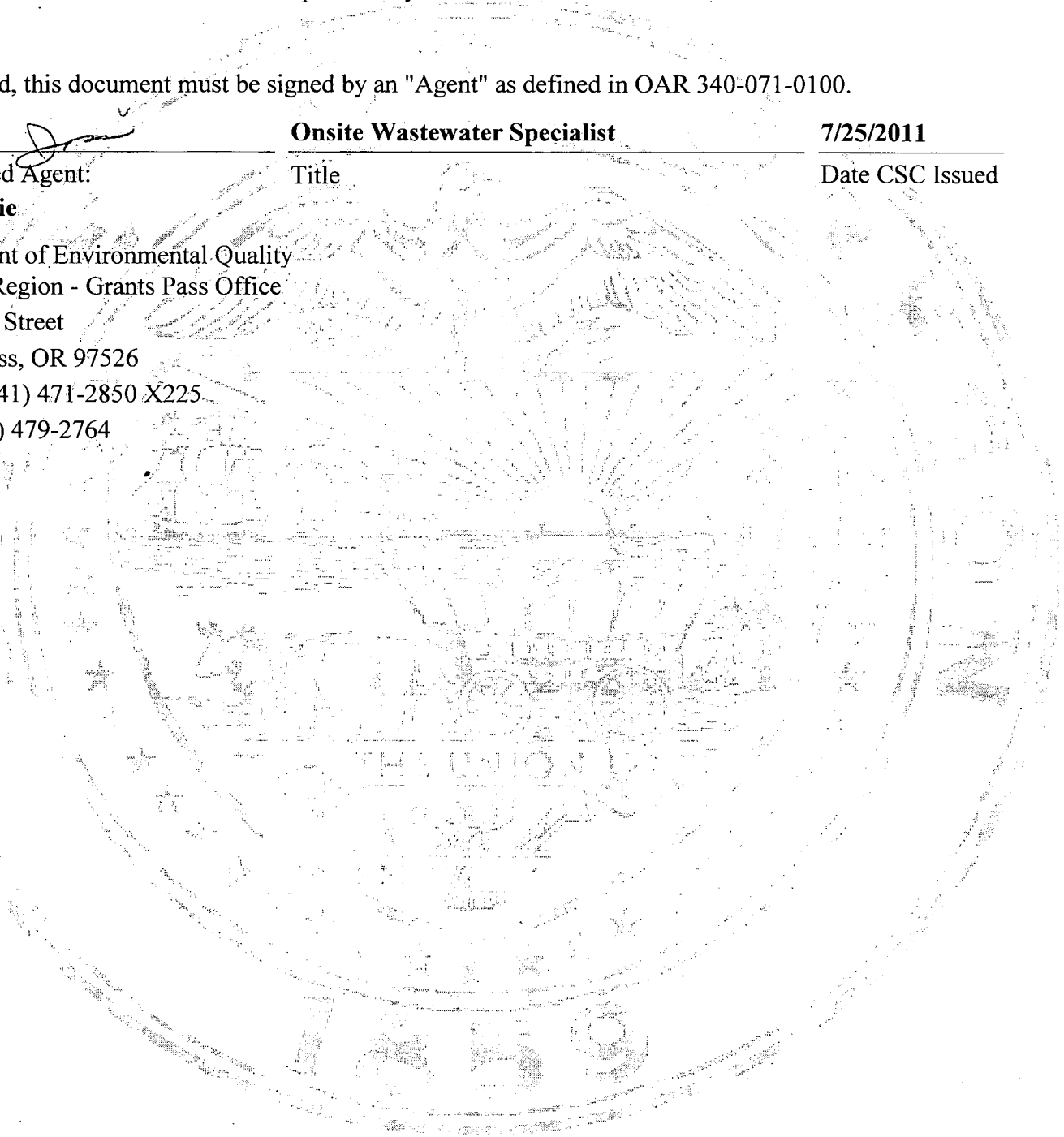
Authorized Agent:

Title

Date CSC Issued

**Don Jossie**

Department of Environmental Quality  
Western Region - Grants Pass Office  
302 SE H Street  
Grants Pass, OR 97526  
Phone: (541) 471-2850 X225  
Fax: (541) 479-2764



### Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS409386 as follows:

#### PROPERTY INFORMATION

Property Owner:	<b>Thomas A Lowell</b>	<b>Township 37S, Range 04W, Section 05</b>
Property Location:	<b>2394 Galls Creek Rd., Gold Hill</b>	<b>Tax Lot 3700</b>
Facility Type:	<b>Single Family Dwelling</b>	<b>Jackson County</b>
	<b>4 Bedrooms</b>	<b>County Worksheet #ZON2007-00418</b>

#### SPECIFICATIONS AND REQUIREMENTS

System type: **Sand Filter: Conventional - Residential**

Design Flow:	<b>450 gals/day</b>
Minimum Septic Tank Size:	<b>1000 gals</b>
Minimum Dosing Tank Size:	<b>500 gals</b>
Distribution Type:	<b>Serial</b>
Total Trench Length:	<b>150 Linear feet</b>
Trench Spacing:	<b>8 feet*</b>
Sand Filter:	<b>360 SqFt</b>
Media Type:	<b>Equalizer 24</b>
Maximum Trench Depth:	<b>36 inches</b>
Minimum Trench Depth:	<b>24 inches</b>

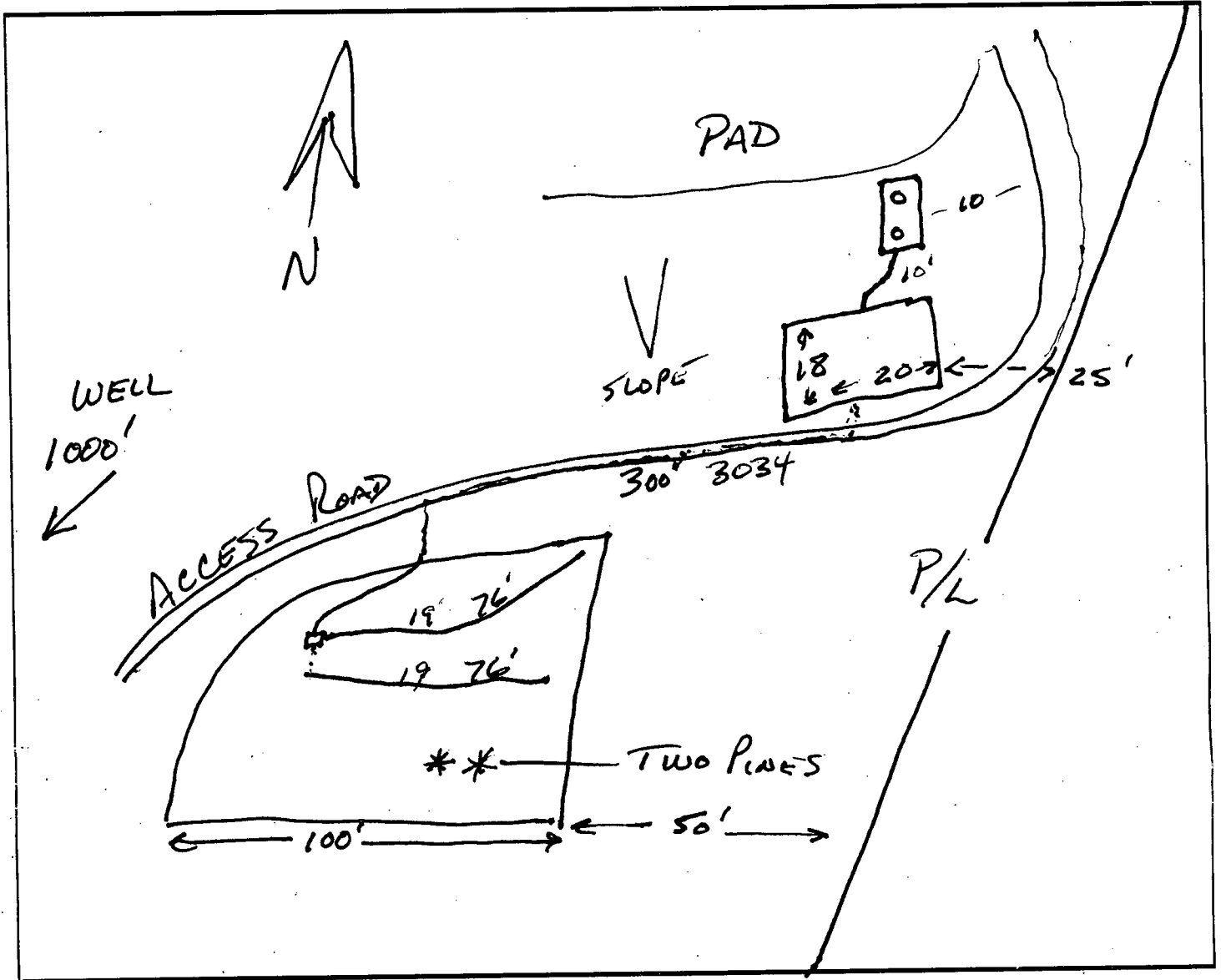
\*Minimum undisturbed soil between trenches

#### ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.

**SECTION 3 - As Built Plan**

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



**SECTION 4 - Construction was performed by (Signature Required)**

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#: \_\_\_\_\_ Print Name: Tom Lowell

Licensed Installer: Yes  No  License#: \_\_\_\_\_ Certification#: \_\_\_\_\_

Owner/ Certified Installer: Signature: [Signature] Date: 7-7-11 Phone#: \_\_\_\_\_

**SECTION 5 - Office Use Only:**

Notice Accepted Yes  No  Date: 7-25-11

Installer/Owner (Permittee) Notified: Yes  No  Date: 7-25-11

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

--

## Final Inspection Request and Notice - Onsite ID: 409386

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

**SECTION 1: Owner/Permittee Information:**

<p><b>Name:</b> Thomas A Lowell</p> <p><b>Property Address:</b> 2394 Galls Creek Rd., Gold Hill</p>	<p>Township 37S, Range 04W, Section 05</p> <p>Jackson County TaxLot#: Tax Lot 3700</p> <p>County Planning Approval #: ZON2007-00418</p>
---	---

**SECTION 2: System Component Specifications:**

<b>A. Tanks/Pumps</b>		<b>System Type: Sand Filter: Conventional - Residential</b>			Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: RIVERSIDE	Date: 6-22-11	
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:	
Pump(s)	HP: 1/2	Model/Manuf. ECP 401	Float(s)Type(1): A	Model/Manuf. ORENCO	
			Float(s)Type(2): 8	Model/Manuf. ORENCO	

<b>B. Piping</b>					
Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 3034	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/4"	ASTM#/Other: SCHED 40	Length: 12'

<b>C. Secondary Treatment Unit:</b>					
Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type:	Container Dimensions: 18' x 20'	
Underdrain pipe	Diameter: 4"		ASTM#/Other: SLOTTED UNDER DRAIN		Length: 18'
Manifold piping	Diameter: 1 1/4"		ASTM#/Other: SCHEDULE 40		Length: 136
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		
ATT	Yes	No <input checked="" type="checkbox"/>	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

<b>D. Drainfield Media</b>					
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No	INFILTRATOR 38		
Drop Box	Yes <input checked="" type="checkbox"/>	No			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 2729	Length: 30'
Comment					

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)  
 \*\*Attach sieve analysis for Underdrain Media and Filter Sand



# SAND SIEVE ANALYSIS REPORT

Jackson County Planning and Development Services  
10 S. Oakdale, Medford, Oregon 97501

Township 375 Range 04W Section 05 Tax Lot 3700

Permit Number 05409386 Installer owner

\* The sand filter media proposed for each sand filter shall be sieve tested in accordance with ASTM C-136 and ASTM C-117 and a report issued to determine conformance with the criteria outlined below prior to each sand filter installation.

The sieve analysis was done by a qualified party in accordance with test procedures in ASTM C-136 and ASTM C-117 and the results are reported below.

Crater Sand & Gravel  
Supplier (Company Name)

August 29, 2010 CRATER SAND & GRAVEL, Inc  
Date of Sieve Analysis Analysis Conducted by

### Oregon Administrative Rule 340-71-100(115) "Sand Filter Media"

Sieve Size	DEQ Specifications	Sample Analysis
	% Passing (ASTM C-136)	% Passing
3/8"	100%	100
#4	95-100%	99%
#8	80-100%	84%
#16	45-85%	64%
#30	15-60%	38%
#50	3-15%	5%
#100	0-4%	2%
#200	By Washing Per ASTM C-117	1%
#100 + #200 (Total)	0-4%	0%

\* The installer's signature below signifies that above analysis report depicts the material used in the installation of the sand filter system on the above referenced tax lot

6/27/11

Thomas Lued  
Installer

PRODUCERS OF  
Sand and Gravel  
Crushed Rock  
Concrete Mix

# CRATER SAND AND GRAVEL

17260 BLACKWELL ROAD CENTRAL POINT, OR 97502

PHONES  
Office 664-5148

## SIEVE ANALYSIS

SAMPLE No.: \_\_\_\_\_  
 PROJECT: Sand Filter Sand  
 PROJECT LOCATION: \_\_\_\_\_

### AGGREGATE SPECIFICATIONS

AASHTO T-11  T-27   
 DESIGNATED SIZE: 3/8" - 0 DEQ  
 SOURCE: High Banks PIT  
 DATE RECEIVED: August 29, 2010  
 DATE SAMPLED: August 29, 2010  
 SAMPLED BY: BERNARD SAUSAGE  
 DESCRIPTION: Sand

### TEST RESULTS

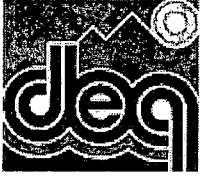
SIEVE SIZE	WEIGHT RETAINED (INDIVIDUAL SCREENS)	% RETAINED (INDIVIDUAL SCREENS)	% PASSING (TOTAL SAMPLE)	SPECIFICATION
3/8"	0	0	100%	100%
#4	25	1%	99%	95-100%
#8	370	15%	84%	80-100%
#16	492	20%	64%	45-85%
#30	618	26%	38%	15-60%
#50	786	33%	5%	3-15%
#100	63	3%	2%	0-4%
#200	30	1%	1%	ASTM-117
Pan	17	1%	0	
WEIGHT TOTAL SAMPLE		<u>2401</u>		

CRATER SAND + GRAVEL, Inc

TEST BY: \_\_\_\_\_

DATE: 9-5-10

## SAND FILTER INSPECTION CHECK LIST



Permit # 05409386

TWN. 37 RNG. 4W SEC. 05 TL # 3700

Property Location 2394 Galls Creech Rd.

Inspections Requested: \_\_\_\_\_  
 Date \_\_\_\_\_

**ALL ITEMS MUST BE INITIALED AND DATED TO INDICATE COMPLIANCE**

**SITE PREPARATION:**

1. Vegetation removed for bottomless sand filter? \_\_\_\_\_
2. Liner protected with appropriate bedding of sand (4-inch minimum thickness)? \_\_\_\_\_

**CONTAINER:**

1. Flexible liner approved (30 mL PVC liner)? \_\_\_\_\_
2. Container box adequate (structurally sound and free from sharp objects)? \_\_\_\_\_
3. Container dimensions? \_\_\_\_\_

**MATERIALS:**

1. Type of filter material used (round drain rock/underdrain media)? \_\_\_\_\_
2. Type of approved filter fabric? \_\_\_\_\_
  - a. On top of round drain media? \_\_\_\_\_
  - b. On top of pressure manifold filter material? \_\_\_\_\_
3. Date of current sieve analysis (sand filter media/underdrain media "pea gravel")? \_\_\_\_\_
4. 4" slotted or perforated piping? \_\_\_\_\_
5. 6" bottom layer of filter material? \_\_\_\_\_
6. Pressure transport piping (type and size)? \_\_\_\_\_
7. Effluent sewer (drop to drainfield)? \_\_\_\_\_
8. Indicate depth of filter material around manifold? \_\_\_\_\_
9. Drainfield pre-cover approved? \_\_\_\_\_
10. Spacing of pressure laterals? (Note: 30" maximum)  
 Orifice Size: 3/8" Spacing: 24"
11. Pipe manifold flushing system in place? \_\_\_\_\_
12. Watertight tank test results (Inches of fall per 24 hour period)? \_\_\_\_\_
13. 6" to 12" shaped soil cap over filter (no finer than loam)? \_\_\_\_\_
14. Soil cap seeded to prevent erosion? \_\_\_\_\_

**OPERATION:**

1. Pump in place w/screen, floats, ball & check valves, etc? \_\_\_\_\_
2. Pressure test at S F (squirt height)? 10' \_\_\_\_\_
3. Alarm function? \_\_\_\_\_
4. Floats set to deliver appropriate dose (45 gal. Max. for 4brm home)? \_\_\_\_\_
5. Float levels worksheet completed and submitted to DEQ? \_\_\_\_\_
6. Pump brand name, HP rating, model #? \_\_\_\_\_

**SAND FILTER WITH INTERNAL PUMP:**

1. Internal pump chamber properly constructed? \_\_\_\_\_
2. Float settings worksheet completed and submitted to DEQ? \_\_\_\_\_
3. Pump "ON" float setting is 2" below level of sand? \_\_\_\_\_
4. Pump brand name, HP rating, model #? \_\_\_\_\_
5. Both pumps electrically linked? \_\_\_\_\_

COMMENTS: \_\_\_\_\_ cdc/wvk:03 -28-00



# Oregon

John A. Kitzhaber, MD, Governor

Department of Environmental Quality

Western Region Grants Pass Office

302 SE "H" Street

Grants Pass, OR 97526

(541) 471-2850

FAX (541) 479-2764

May 6, 2011

THOMAS LOWELL  
2580 CRATER LAKE HIGHWAY  
MEDFORD, OR 97504

RE: WQ-SS-Josephine County  
2394 Galls Creek Rd., Gold Hill  
37-3W-05 Tax Lot #3700  
PERMIT EXPIRATION

On **7/07/10** we issued you a permit to install an on-site septic system at the above described property located in Jackson County. To date we have not been requested to make the final inspection as required by the permit. The permit will expire on **6/30/2011**.

We will appreciate your checking one of the following:

- The installation has been completed and covered. (If this is the case, it may be necessary to uncover the system so that the required inspection can be made.)
- The installation will be completed prior to the expiration date. I will call for the appropriate inspection(s).
- Installation will not be completed by the expiration date, but I still plan construction of the system. The construction-installation permits are valid for one (1) year from the date of issuance. Renewal or reinstatement of a permit may be granted to the original permittee if an application for permit renewal or instatement is filed within one year after the expiration date. Renewal fee is \$212 within one (1) year after the expiration of the permit. A new application and Development Permit from the Josephine County Planning Department is required. Application forms for renewal are available at this office.
- Plans have changed. I do not intend to install an on-site sewage disposal system on this property at this time.

After checking your option, please sign here and return a copy of this letter to this office at the address listed above:

Sincerely,

Don Jossie, R.S.  
On Site Waste Water Specialist

DJ:te

**INSPECTION REQUIREMENTS**

- 1 A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- 2 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 3 A squirt test inspection of the pressurized piping system is required.
- 4 An inspection of the constructed cap is required.

For pre-cover inspection information, contact your agent below:

	<b>Onsite Wastewater Specialist</b>	<b>7/7/2010</b>	<b>7/7/2011</b>
Authorized Agent:	Title	Date Issued	Expiration Date

**Don Jossie**

Department of Environmental Quality  
Western Region, Grants Pass Office  
302 SE H Street  
Grants Pass, OR 97526  
Phone: (541) 471-2850 X225  
Fax: (541) 479-2764

See the Attachment 1 for additional information about your permit.

### Construction-Installation Permit

This Construction-Installation Permit OS409386 authorizes the property owner to construct an onsite wastewater system as follows:

#### PROPERTY INFORMATION

Property Owner: **Thomas A Lowell** Jackson County  
Property Location **2394 Galls Creek Rd., Gold Hill** Township **37S, Range 04W, Section 05**  
Facility Type: **Single Family Dwelling** Tax Lot **3700**  
**4 Bedrooms** County Planning Approval #: **ZON2007-00418**

#### SPECIFICATIONS AND REQUIREMENTS

**System Type: Sand Filter: Conventional - Residential**

Design Flow: **450 gals/day**

Minimum Septic Tank Size: **1000 gals**

Minimum Dosing Tank Size: **500 gals**

Total Trench Length: **150 Linear feet**

Trench Spacing: **8 feet\***

Sand Filter: **360 SqFt**

Maximum Trench Depth: **36 inches**

Minimum Trench Depth: **24 inches**

Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

\*Minimum undisturbed soil between trenches

#### ADDITIONAL CONDITIONS

- 1 V-Ditch needed
- 2 Vehicular traffic and livestock must be restricted from the system area.
- 3 All roof drains must be directed away from the system.
- ★4 An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division or the municipality with jurisdiction is required for all pump wiring installation.
- 5 Each trench to be level and on contour.
- 6 Meet all required setbacks.
- 7 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 8 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 9 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 10 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

SITE PLAN: SYSTEM W/ SAND FILTER  
 DRAINFIELD: 150 LF INFILTRATOR  
 TRENCHES: 24x36  
 SAND FILTER: 10 X 36 SF  
 TANK: 1500 GL RIVERSIDE

DRAINFIELD NOTES:

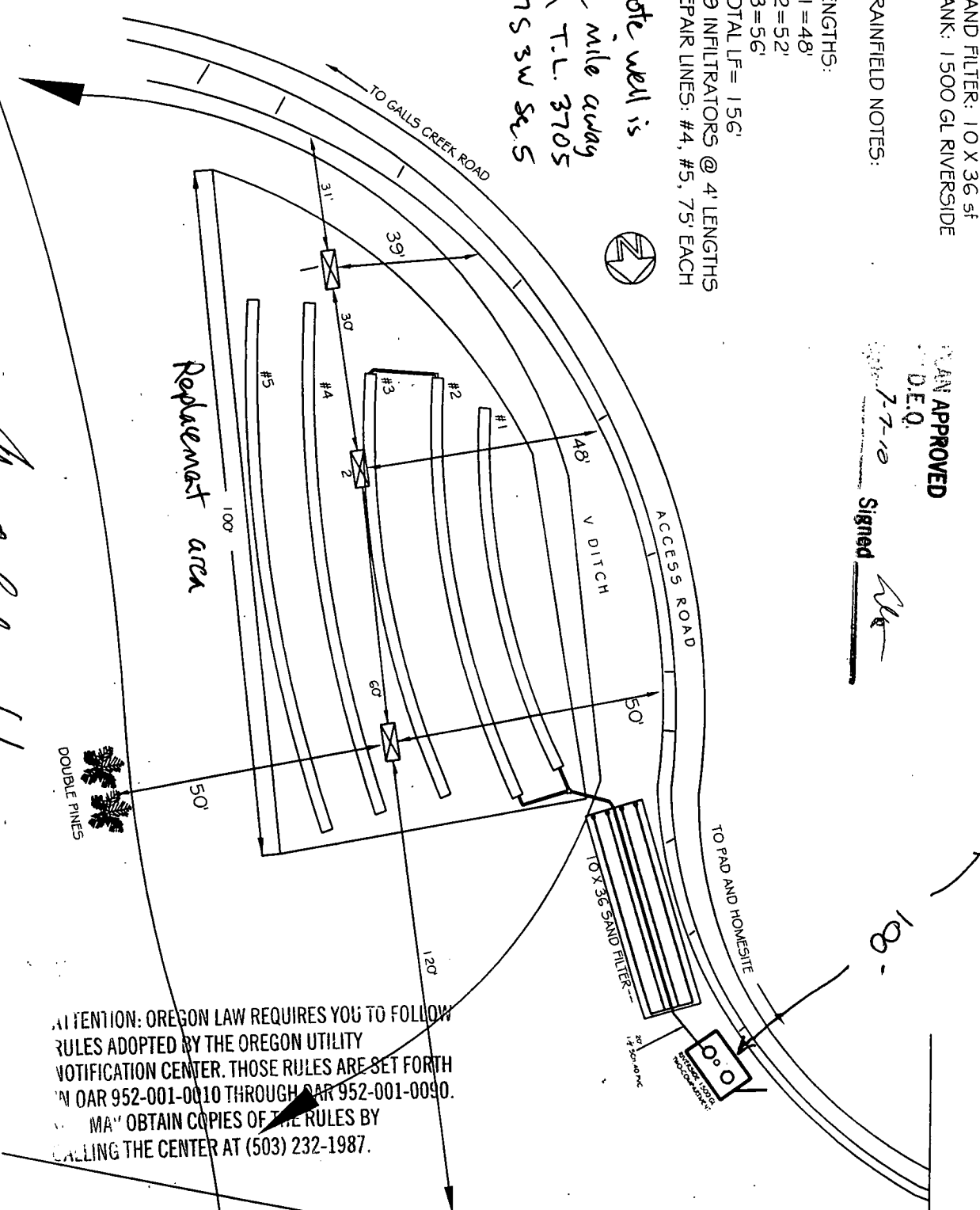
LENGTHS:  
 #1=48'  
 #2=52'  
 #3=56'  
 TOTAL LF= 156'  
 39 INFILTRATORS @ 4' LENGTHS  
 REPAIR LINES: #4, #5, 75' EACH

Note well is  
 1/2 mile away  
 on T.L. 3705  
 37S 3W Sec 5

PLAN APPROVED  
 D.E.O.

Signed

SFD



ATTENTION: OREGON LAW REQUIRES YOU TO FOLLOW RULES ADOPTED BY THE OREGON UTILITY NOTIFICATION CENTER. THOSE RULES ARE SET FORTH IN OAR 952-001-0010 THROUGH OAR 952-001-0090. "MA" OBTAIN COPIES OF THE RULES BY CALLING THE CENTER AT (503) 232-1987.

Foundation lines of any structure must be a minimum of 5 ft. from the septic tank & a minimum of 10 ft. from the disposal field. No vehicular traffic is allowed over the tank or field.

Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

PE

Steve D. Stump 7/6/10

JOB NAME:	SITE ADDRESS:	MAP I.D.:	DRAWN FOR:	DRAWN BY:	DATE:
Lowell-Septic 3	2394 Galls Creek Gold Hill, OR 97525	37-3w-3700	Tom Lowell	C.D.G.	12/17/08



State of Oregon  
Department of  
Environmental  
Quality

Application for On-Site Sewage  
Treatment System

Department of Environmental  
Quality  
510 N.W. 4<sup>TH</sup> St.  
Grants Pass, OR 97526

Phone: (541) 471-2850  
Fax: (541) 479-2764

- Requirements:
- Plot Plan
  - Vicinity and Tax Lot Map
  - Test Pits—5 feet deep
  - Zoning Clearance
  - (County Planning Approval)
  - Included:
  - Plot Plan
  - Vicinity and Tax Lot Map
  - Test Pits—5 feet deep
  - Development Permit

For DEQ Use Only: Scan ID  
410658

Date Received 9-6-2010

Fee Paid \$7,295.00

Receipt Number 141076

Application Number 410658

Date of 1st Response \_\_\_\_\_

Date of 2nd Response \_\_\_\_\_

Date of Final Response \_\_\_\_\_

Date of Completion \_\_\_\_\_

Scanned  Data Entry

Underground Utility Locate Number  
1-503-232-1987 or 1-800-332-2344

**A. Property Owner Information**

Name Thomas Lowell Mailing Address 2580 Crater Lake Highway Medford OR 97504 Phone Number 541-821-3032

**B. Legal Property Description**

Township 37S Range 3W Section 5 Tax Lot 3700 Acreage or Lot Size 15 ± ac County Jackson

Property Address: 2394 Galls Cr. Road City Gold Hill OR 97525 Zip Code 97525

Directions to Property: Go 2.3 miles up Galls Cr Rd to F.O. address sign  
Then turn right go across bridge and follow RR/FD address signs to property.

**C. Existing Facility / Proposed Facility / Water Information**

Existing Facility:  Single Family Residence  
Number of Bedrooms \_\_\_\_\_  
 Other \_\_\_\_\_

Proposed Facility:  Single Family Residence  
Number of Bedrooms 2-4  
 Other \_\_\_\_\_

Water Supply:  Public  
Name \_\_\_\_\_  
 Private WC 11  
Well, Spring, Shared

**D. Type of Application**

- Site Evaluation
- Construction Permit
- Repair Permit
  - Major  Minor
- Alteration Permit
  - Major  Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Authorization Notice for:
  - Connecting to an Existing System Not in Use
  - Replacing a Mobile Home or House with Another Mobile Home or House
  - The Addition of One or More Bedrooms
  - Personal Hardship
  - Temporary Housing
  - Other - Please Specify \_\_\_\_\_

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a sign with your name and address at the entrance to the property. Flag route to site and indicate lot and test hole numbers.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature Thomas A. Lowell Date 7/6/10

Applicant's Name - Please Print Legibly Thomas A. Lowell Applicant's Phone Number 541-821-3032 Applicant's E-mail Address Lowellt@sov.edu

Applicant's Mailing Address 2580 Crater Lake Highway Medford OR 97504

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer

Authorization Attached

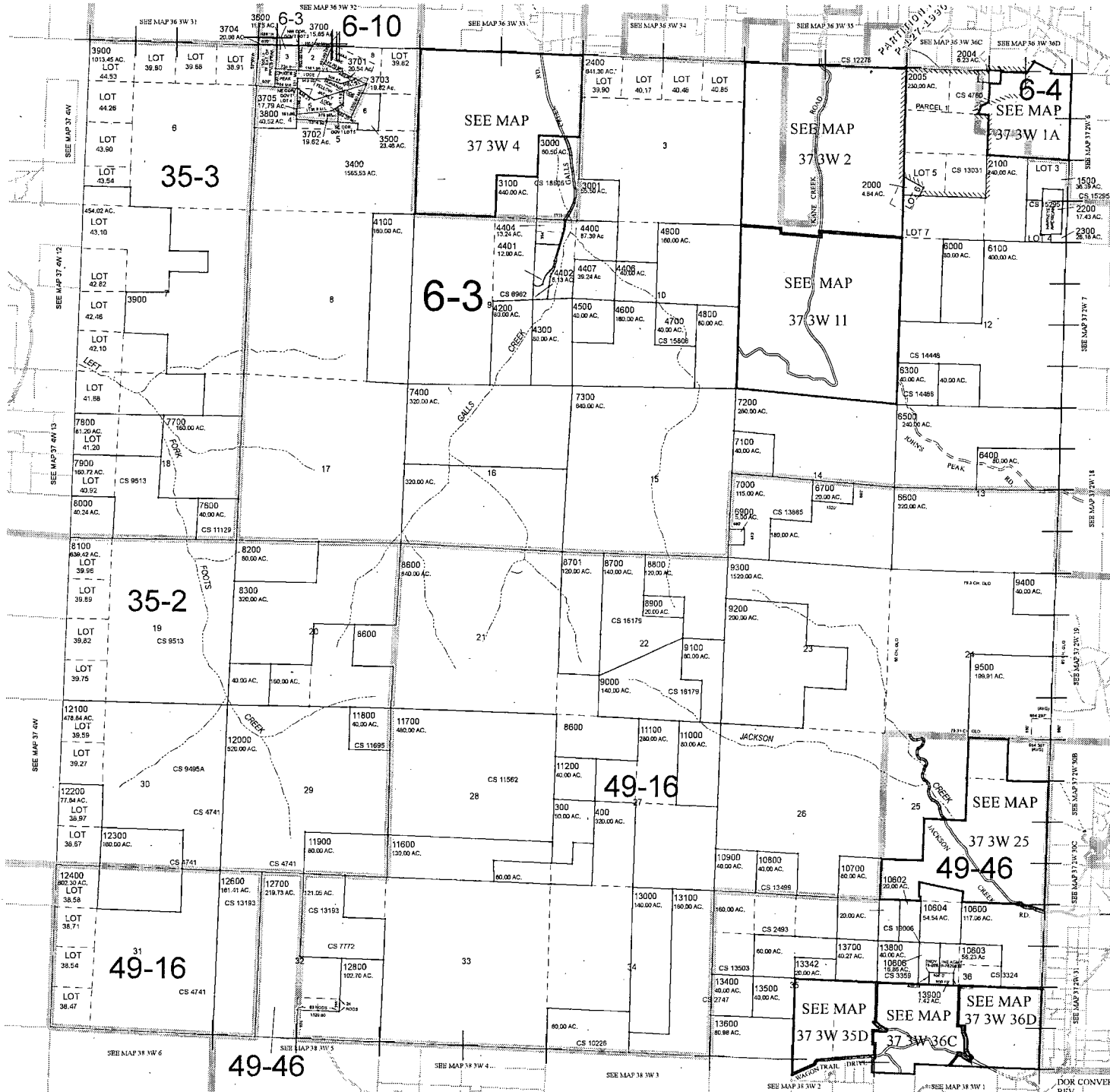
Installer's Name Thomas A. Lowell



FOR ASSESSMENT AND TAXATION ONLY

T.37S., R.3W., W.M.  
JACKSON COUNTY  
1" = 2000'

37 3W  
& INDEX

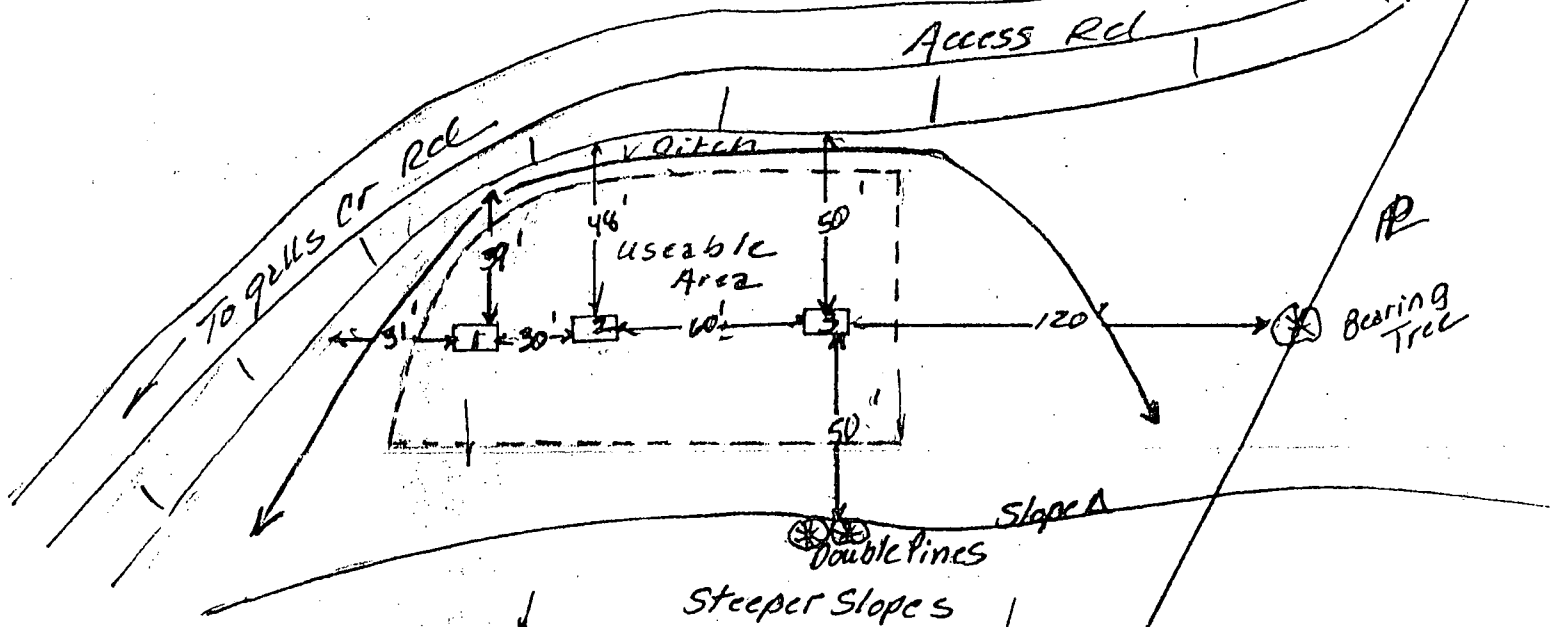


CANCELLED TAX LOT NUMBERS:  
 10606 ADDED TO 10600  
 15607  
 12500  
 303  
 4403  
 4405  
 9501

37 3W  
& INDEX

North

↑ To Pad & Home Site



**CALL BEFORE YOU DIG (1-800-332-2344)**  
**ATTENTION:** Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0010 through OAR 952-001-0090. You may obtain copies of the rules by calling the center. (Note: the telephone number for the Oregon Utility Notification Center is (503)232-1987).

Potential Permit Recommendations:  
 (See Permit For Specifics)

Scale: 1 inch = 50

Gallons Per Day (GPD) 450 Lineal Feet Per 150GPD 50 Total Lineal Feet 65  
 Trench Depth 24-36 With 12 Rock Cap \_\_\_ Curtain Drain \_\_\_ With \_\_\_  
 Other V-Ditch

Position: Foot Slope Side Slope Top Fan High Terrace Low Terrace Bottom Flood Plain Other \_\_\_\_\_  
 Relief: Smooth Concave Convex Undulating Hummocky

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
1	0-10	L	sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>7.5YR 3/2</u> Feature: ___
	10-16	CL	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>10YR 5/4</u> Feature: ___
	16-32	W. meta	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: ___ Feature: ___
	32-41	Fx meta Sub	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: ___ Feature: ___

Pit #1 Notes: common med & fine roots to 16"  
com fine 32"

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
2	0-6	L	sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>10YR 3/2</u> Feature: ___
	6-25	CL	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>7.5YR 4/2</u> Feature: ___
	25-35	Hcl/Ltc	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>7.5YR 4/4</u> Feature: ___
	35-40	C Not Vete	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>7.5YR 4/6</u> Feature: ___

Pit #2 Notes: com fine roots to Pit Bottom

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
3	0-4	L	sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>sim to</u> Feature: ___
	4-24	CL	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: <u>#2</u> Feature: ___
	24-29	c/wrth Sub	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: ___ Feature: ___
	29-39	wrth Sub	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: ___ Feature: ___

Pit #3 Notes: Roots to Pit bottom

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
			sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro ___	Matrix: ___ Feature: ___

Position: Foot Slope Side Slope Top Fan High Terrace Low Terrace Bottom Flood Plain Other

Relief: Smooth Concave Convex Undulating Hummocky

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
#1	0-10	L	sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: 7.5YR 3/2 Feature:
	10-16	CL	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: 10YR 5/4 Feature:
	16-32	W. meta	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:
	32-41	Fx meta Sub	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:

Pit #1 Notes: common med & fine roots to 16"  
com fine 32"

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
#2	0-6	L	sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: 10YR 3/2 Feature:
	6-25	CL	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: 7.5YR 4/2 Feature:
	25-35	Hal/Ltc	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: 7.5YR 4/4 Feature:
	35-40	C Not Vert	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: 7.5YR 4/6 Feature:

Pit #2 Notes: com fine roots to Pit Bottom

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
#3	0-4	L	sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: <u>sim to</u> Feature:
	4-24	CL	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: <u>#2</u> Feature:
	24-29	C/ weath Sub	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:
	29-39	weath. Sub	sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:

Pit #3 Notes: Roots to Pit Bottom

PIT #	Depth	Texture	Structure	Pores	REDOX	Water Table at
#4			sa Wk Mod Str SG a Bk Grn Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:
			sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:
			sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:
			sa Wk Mod Str SG a Bk Pri Ply Mas	Few Com Mny disc F Med Co con	Faint Dis Pro	Matrix: Feature:

Pit #4 Notes:

Additional Notes:

SITE SUITABILITY: Sand Filter USEABLE AREA: 100 x 70 Acre  
 Site Evaluation By: Robin Davis Date On-Site: 10/20/08 Date Completed: 10/28/08

- Abbreviations:
- |                  |                          |                       |                      |                  |                       |                 |
|------------------|--------------------------|-----------------------|----------------------|------------------|-----------------------|-----------------|
| a - angular      | DG - decomposing granite | Hd - hard             | Med - medium         | Ply - platy      | S - sand(y)           | Str - strong    |
| Bk - blocky      | disc - discontinuous     | HW - highly weathered | Meta - Metamorphic   | Pri - prismatic  | Seds - sedimentary    | Sub - substrata |
| C - clay         | Dis - distinct           | Gr - gravelly         | Mny - many           | Pro - prominent  | SG - single grain     | V - very        |
| Cy - clayey      | F - fine                 | K - cobbles (3-10")   | Mod - moderate       | Rx - rock        | Si - silt(y)          | Vol - volcanic  |
| Co - coarse      | Fx - fractured           | L - loam              | P - pebbles(2mm-.3") | Rx Out - outcrop | Slicks - Slickensides | W - weathered   |
| con - continuous | H - heavy                | Lt - light            | Pf - pressure faces  | sa - subangular  | St - stones (+10")    | Wk - weak       |
|                  |                          | Mas - massive         |                      | Sap - Saprolite  |                       |                 |