DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kelly Pope APPLICANT: K & Pope
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 9/10/02
PROPOSED FACILITY: 4BR House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 11.59 Ac.
LOCATION OF SITE: _____ PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1	6% Linear	0-8	sl	Fr NEx					PS -40
		8-14	scl sl	Fi SEp					
		14-20	Sce Cl	Fi SEp					
		20-42	SCL/SCL mix	VFr NEp					
2	6% Linear	0-7	Sl	Fr NEx					PS .40
		7-14	scl	Fr/Fi SEp					
		14-18	scl/scp	Fr SEp					
		18-38	Sand SCL mix	VFr NEp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	Conventional	
Site LTAR	.40	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: [signature]
OTHER(S) PRESENT: _____