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: Dean Harrelson APPLICANT: Same
ADDRESS: ___ APPLICATION DATE: 2-22-01 DATE EVALUATED: 3/3/01
PROPOSED FACILITY: 3BR House / Concrete Slab PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .47
LOCATION OF SITE: ___ PROPERTY RECORDED: Y
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
Gold Leaf Lot #1

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1	4% Linear	0-4	SL	fr SS SP SEXP					PS .3
		4-34	cl m SBK	fi SP SEXP					
		34-48	cl few mica	fi SP SEXP					
2	5% Linear	0-12	SL	BK SW Fr					PS .3
		12-48	cl m SBK	fi S P SEXP					
3	Linear 6% Refer	0-16	SL	fr SS SP SEXP					PS .3
		16-48	cl few mica	fi S P SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity Conv.	Pump 50% Reduction
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Bill Lehman
OTHER(S) PRESENT: ___