EPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
'ISION OF ENVIRONMENTAL HEALTH
SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 7-30-02
LOCATION OF SITE: 1149 SFE Rte 11 To 14 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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	PROFILE CLASS & LTAR
1		0-5	wksbk brnsdl frssp						.25
		5-15	wksbk rbrnsdl frsp						
		15-30	mmsbk rbrnsdl frsp		common f bor mottles				
		30-52+	wksbk yrcl fi sp						
2		0-7	gr sandsdl frssp						.15
		7-28	wksbk rc frsp						
		28-32	wmsbk yrcl fr ssp fr vsp						
3		0-10	granular compacted brnsdl fi sp						.25
		10-36	mmsbk brn rc fr sp vfr sp		few common f bor mottles				
		36-54	wksbk yrcl fr ssp						
4									

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

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

COMMENTS: _____