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: CKT APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 7-22-15
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: SFE 1 Harbour Seals PROPERTY RECORDED: ___
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	SOIL MORPHOLOGY (1941) 1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO GLASS	1944 RESTR. HORIZ.	PROFILE CLASS & LTAR
SFE 1	24A 1 2%	0-3	gr SL	fr					≥3+
		3-48	sb RCL	fr					
			and gravel						
SFE 2	24A 1 2%	0-6	gr brwn SL						≥3+
		6-48	sab RCL	fr ss sp 1:1					
			few die worms						
			38%						
SFE 3	23A 1 6%	0-3	gr SL						≥3+
		3-46	sab RCL	fr ss sp 1:1					
SFE 4	23A 4-6%	0-30	gr-sab brwn SL						≥3+
		30-42	sab RCL	fr ss sp 1:1					
		42-48	sab RCL	fr sp 1:1					

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

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