DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET____OF_____
PROPERTY I.D.#:_____
PROPERTY RECORDED:_____
COUNTY:_____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: MI Homes OWNER:__AGENT:__ PHONE:_____
ADDRESS:_____ APPLICATION DATE:_____ DATE EVALUATED:_____
_____ PROPOSED FACILITY:_____
_____ PROPERTY SIZE:_____
LOCATION OF SITE: Parkside Blvd 32 EVAL. METH. AB ✓
WATER SUPPLY: On-Site Well____Comm. Well__✓Public____Other_____

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
1		0-4	SiL GR	FRI					PS .3
		4-18	RC	FRI					
2		0-12	RC SBK	FR SP					PS .3
		12-24	Hay CL MASSIVE	FRI SP					
		24-48	C-L WEAK	FRI SP					
			Thickness of topsoil was 24"						
3									
4									
5									

AVAILABLE SPACE (.1945)_____ SITE CLASSIFICATION (.1948):_____ SITE LONG-TERM ACCEPTANCE RATE:_____

EVALUATED BY:_____ OTHER(S) PRESENT:_____

COMMENTS:_____