DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRT
ADDRESS: _____ APPLICANT: _____
PROPOSED FACILITY: SFR APPLICATION DATE: _____ DATE EVALUATED: 5-22-
LOCATION OF SITE: Lot 46 A PROPOSED DESIGN FLOW (.1949): 480 gpd 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 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	PROFILE CLASS & LTAR
1	L 46	0-10	A-brwsl	fr-fi ss,sp,1,1					
		10-25	sabRC	fi sp 1:1					
		25-48	sabyrcL	fr ss,sp,1					-51
2									
3									
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: _____