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: CRI OWNER:__AGENT:__ PHONE:_____
ADDRESS:_____APPLICATION DATE:_____DATE EVALUATED: 12/10/94
_____PROPOSED FACILITY:_____
_____PROPERTY SIZE:_____
LOCATION OF SITE: 4/10 A off SR 1
WATER SUPPLY: On-Site Well____Comm. Well✓__Public____Other_____EVAL. METHOD: Auger Boring✓__Pit___Cut___

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	gr / SL						.3
		4-24	SBK / C						
		24-48	WK SBK / CL						
2									
3									
4									
5									

AVAILABLE SPACE (.1945)_____SITE CLASSIFICATION (.1948):_____SITE LONG-TERM ACCEPTANCE RATE: .3
EVALUATED BY: [illegible] JCM OTHER(S) PRESENT: [illegible]
COMMENTS:_____