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:____ OWNER:__ AGENT:__ PHONE:____
ADDRESS:____ APPLICATION DATE:____ DATE EVALUATED:____
PROPOSED FACILITY:____
PROPERTY SIZE:____
LOCATION OF SITE: LOT 53
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		0-7	BSL-SCL GR-	WSP					PS
		7-15	CRCL - MASSIVE	FRI SS, SP					.3
		15-60	SL Sand CL M	FRI SS. SP					
			Inclusions of RCL						
2		0-5	BCL SCL						
		5-22	CL M SBK	FRI SS SP				1948 L	(4)
		22-30	CL Smooth M	FRI SS SP					
		30-3.	SL Smooth	FRI SS SP					
3		0-6	brown SA gr	fr SS/vr					
		6-24	and L SAR	fr SS/vr				fen inl	.3
		24-64	and L SAR	fr SS/vr					
4									
5									

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

EVALUATED BY:____ OTHER(S) PRESENT:____

COMMENTS:____