DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: MI Homes
ADDRESS: _____
PROPOSED FACILITY: _____
LOCATION OF SITE: Eastbourne East
APPLICANT: _____
APPLICATION DATE: _____
PROPOSED DESIGN FLOW (.1949): _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
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 CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-5	SL GR	FRSO SSSO					PS .35
		5-24	CL MGCoB	FRFI SSSP					
		24-42	SL MGCoB	FRFI SSSP					
2		0-4	SL GR	VFR SSSP					
		4-14	CL MGCoB	FRFI SSSP					
		14-36	CL MGCoB	FRFI SSSP					
		36-48	SCL MGCoB	FRFI SSSP					
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: _____