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:_____
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		0-6	SCL GR	FR SS,SP					
		6-20	VFSCL MGR	FR SS,SP					
		22-30	CL WSBK	FR SS,SP					
		30+	HCL WSBK	FR SS,SP					
2		0-7	LS Grav-cl	FR					
		7-16	RYSCL - Rock						
		16-24	SCL GR	FR SS,SP					
		24-40	HCL WBK	FR SS,SP					
3			(Restrictive)						
4									
5									

AVAILABLE SPACE (.1945)_____SITE CLASSIFICATION (.1948):_____SITE LONG-TERM ACCEPTANCE RATE:_____
EVALUATED BY:_____OTHER(S) PRESENT:_____
COMMENTS:_____