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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Vidal
APPLICANT: _____
ADDRESS: _____
APPLICATION DATE: _____
DATE EVALUATED: _____
PROPOSED FACILITY: _____
PROPOSED DESIGN FLOW (.1949): 960
PROPERTY SIZE: _____
LOCATION OF SITE: Hobson, Lot # 4
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9%	0-32	C MSBK	FRF SS,SP					PS .3
		32-46	CL WSBK	FRF SS,SP					
			Quartz - Saprolite						
2		0-28	C MSBK	FRF SS,SP					PS .35
		28-46	R4 LCL WSBK	FRF SS,SP					
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: _____