DIVISION OF ENVIRONMENTAL HEALTH:
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 309 Bint ph 4 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

0-17 scBC
17+ fc

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		0-6	SCL wk	FRI SS SP					PS .3 +0 26"
		6-26	SCL/CL wkm	FRI S, P					
		26+	CL Saprolite						
3 2		0-32	SAB CL	fri SS SP	with saprolite > 40"				PS .3
		32-64	SAB CL	fri SS NP					
2 3		0-34	SAB HCL/CL	fri SS SP			LZ during wetness		.2 LZ
		34-51							
4		0-30	ACL MWK	FRI SS SP					PS .3
		30-48	SCL/LFSCL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____