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: Mid Atlantic Custom Homes APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 4-29-04
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 4 bdrm PROPERTY SIZE: _____
LOCATION OF SITE: Lot 9 Water Tree Landing PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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	S-L 8%	0-10	gr DRN SL	FRSSSNP					.3
		10-29	MFSBKRC	FRSSSNP					
		29-45	WKFSBK YRCL	FI SSSP	Seasonal Sat				
2	SL 5%	0-4	WKSOL RBrwn	FRSSSP					.3
		4-20	MFSBK RC	FR SSKSP					
		20-46	WKFSBK YRCL	FI SSSP	Seasonal Sat				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space	PS	PS
System Type(s)	LPPBPS	LPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
EVALUATED BY: DW
OTHER(S) PRESENT: _____