DEPARTMENT OF ENVIRONMENT 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: Reave
ADDRESS: ____
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): 480 gpd 3 bd + Pers.
LOCATION OF SITE: ____

APPLICATION DATE ____
DATE EVALUATED: 8-23-07
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		0-28	wk sbk cl	fr sss p	0-12	compaction			.3
		28-50	wk/mod sbk c	fr ss p		50			40" + B for growth
2									
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: ____
COMMENTS: ____