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: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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		0-5	BSiL Cr	fri SSSP					P 5 3
		5-26	RCL SmSP	fri SSSP					
		26-51	RCL MFSBK	fri SSSP few SAP					
		51-56	SLSAP Mass	fri SSSP					
2		0-4	BCL WSBK	fri SSSP					P 3
		4-40	RC MFSBK	fri SSSP					
		40-56	R clCL MFSBK	fri SSSP few SAP					
3		0-21	RC SmSK	fri SSSP					P 5 3
		21-42	RCL WSBK	fri SSSP					
		42-57	SL SAP Mass	fri SSSP					
4		0-6	BSiL WSBK	fri SSSP					P 3
		6-22	RC MFSBK	fri SSSP					
		22-46	YR CL MFSBK	fri SSSP few SAP few Y Mott					

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

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

EVALUATED BY: _____
OTHER(S) PRESENT: _____