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

Sheet ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRI — APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: Lot 21 Harbour 6 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	PIT	0-48	sb gr/cL	fr sp sss ps ss					P5 .3
			Sw q mottles						
2	L ~6%	0-3	gr brsl	fr					P5 .3+
		3-21	sbk cl	fr sp sss ps ss					
		21-48	mottled cL	fr sss ps ss					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
As of Date of Issue (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___