DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET____OF_____
PROPERTY I.D.#:_____
PROPERTY RECORDED:_____
COUNTY:_____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: CPA OWNER:__AGENT:__ PHONE:_____
ADDRESS:_____ APPLICATION DATE:_____ DATE EVALUATED: Feb 27, 25
PROPOSED FACILITY:_____
PROPERTY SIZE:_____
LOCATION OF SITE: Lot 15 The Bastion
WATER SUPPLY: On-Site Well____Comm. Well___Public___Other_____ EVAL. METHOD: Auger Boring___Pit___Cut___

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
AH 1		0-6	sg-sl						.3
		6-18	Weathered						
		18-32	C SAB						
		32-46+	Cl SAB						
AH 2		0-3	rel cl-fill						.3
		3-9	lg Worked						
		9-24	C / SAB						
		24-43	C / SAB						
3									
4									
5									

AVAILABLE SPACE (.1945)_____ SITE CLASSIFICATION (.1948):_____ SITE LONG-TERM ACCEPTANCE RATE:_____
EVALUATED BY:_____ OTHER(S) PRESENT:_____
COMMENTS:_____