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: Lee Gaskins APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 1-6-16
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 4 Hawks Nest PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut Now Lot 3
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.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	LSS 15%	0-4	wk sbk brn cL	fr					-3
		4-17	Sbk red cL	1:1 fr s.p					
		17-32	mod sbk red cL	fr					
		32-48	wk sbk red cL	1:1 fr					
2	LSS-NS	0-4	wk sbk brn cL	fr					
		4-17	sbk R-brn cL	1:1 fr					
		17-23	sbk R-brn cL w/ qtz rock						
			Hole stopped @ 23" due to rock						
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: _____