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: Farms V
ADDRESS: _____
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 562

APPLICATION DATE _____
DATE EVALUATED: 5/9/06
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 REDX HORIZ	
1	Pit #9 L 5%	0-15	WK SBK SCL	FR SS/SP	Red Br		C/M sap		0.3
		15-49	Mo SBK C	FR SS/SP	Red				
		49+	Mo SBK CL	FR SS/SP	Lt Red				
2	#2 L	0-19	mo sbk c	fr ss/sp	Red		Fsap		0.3
		19-30	wk sbk c	fr ss/sp	Red		c sap fi/pr	Relic Yel/br	
		30-52	wk sbk cl	fr ss/sp	Red				
3	#3 L	0-5	WK GR L	FR SS/SP	DK Br		F sap		0.3
		5-38	WK SBK C	FR SS/SP	Red		F sap		
		38-50	Mo SBK CL	FR SS/SP	Red				
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: _____