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:_____ OWNER:__ AGENT:__ PHONE:_____
ADDRESS:_____ APPLICATION DATE:_____ DATE EVALUATED:_____
PROPOSED FACILITY:_____
PROPERTY SIZE:_____
LOCATION OF SITE:_____
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
1	NS	0-4"	gr. /sbk	SL 1:1	NONE	22"	PS		
		4-22"	sbk	scl 1:1			RS		
		22"+	hard-massive	saprolyte			U		
2	NS	0-5"	sbk/gr.	SL 1:1					
		5-27"	sbk	scL 1:1					
		27"+	gr when pulverized	hard sap.					
3	T/NS	0-6"	sbk gr.	SL 1:1	NONE	NONE	PS		.3
		6-36	sbk	C 1:1					
		36-48	sbk	CL 1:1					
4	T/NS	0-5"	sbk gr.	CL	NONE	NONE	PS		.3
		5-28"	sbk	C					
		28-48	sbk.	SiCL					
5									

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