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: _____ APPLICATION DATE _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 DATE EVALUATED: _____
LOCATION OF SITE: Lot 1000 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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 CONSISTENCY/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1935 SAPRO CLASS	.1944 REDOX MORPH.	
1	R-1.06	0-5	mgr lbm sl	frssso					.25
		5-32	m gr sbk scl	fr ss/sp					
		32-52	w/ SBK cl	fr ss/sp	common M. Red Fl				
2	L	0-4	WK SBK SCL	FR SS/SP	Br Red				0.25
		4-26	No SBK C	FR SS/SP	Red				
		26-52	WK SBK SCBL	FR SS/SP	Red		F YelBr Fsap	1 WR	
3	8%0	0-4	WK SBK sl/scl	fr ss/sp					.25
		4-22	WK SBK scl	fr ss/sp					
		22-51	WK SBK scl/cl	fr ss/sp	common sap				
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: