VISION OF ENVIRONMENTAL HEALTH:
-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION

for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 105 Shaver Dr S Bluff PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	0-18	RC MESH	FR SSSP					PS 3
	18-46	YR C/F WSHH	FR SSSP	Few/Com - SAP				
	0-18	RC MESH	FR SSSP					PS 3
	18-30	YR C/F WSHH	FR SSSP					
AH Repair Area	0-6"	Brw SCL GR FR						PS 3
	6-24"	Rd/Brw C/F	m-w SBK SS SP, SF; FI-FR					
	24-48"	Rd/Brw C/F	m-w SBK SS SP, SF; FR					
				Lw Few SAP		Indks 9-13-2001		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Suitable Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____