DEPARTMENT OF ENVIRONMENT,
EALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET ____ OF ____
PROPERTY I.D.#: _____
PROPERTY RECORDED: _____
COUNTY: _____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Otto Dickinson OWNER: AGENT: PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
_____ PROPOSED FACILITY: _____
_____ PROPERTY SIZE: _____
LOCATION OF SITE: 23 Shoreacres Rd
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		0-9	sl	1:1 FR SSSP					
		10-	cl	SIEVE FI S P					.3
		23	c	FR. S P					
		38	cl	1:1 VFR SSSP					.35
2									
3									
4									
5									

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

120 < 162 / 100 < 533
535 / 3 / 1599
190 / 75 / 265