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: Juanita Mabry
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 6/6/11
LOCATION OF SITE: Pinnacle Shores 3 Lot #11 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) .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
1	L 4%	0-6"	Rd/Brw SiL	GR,FR,SS,SP,SE					PS .35
		6-26"	Rd CL	m-wSBK,SS,SP,SE,FR					
		26-48	Rd to Rd/Brw/Yel CL						
			w/ many SAP Indus						
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	25% Red	50% Red
System Type(s)	3B	IV
Site LTAR	.3-.35	.3-.35

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____