DEPARTMENT OF ENVIRONMENT, HEALTH, 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: ABJ Const APPLICANT: _____
ADDRESS: R. Shores APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: #75 PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-8	CL, SBK, F/Fr						.3
		8-24	C, SBK, F/Fr						
		24-36	SAP, WR						
		36-48	WR						
2		0-8	CL, SBK, F/Fr						.3
		8-18	CL, SBK F/Fr						
		18-36	CL, SBK, WR/SAP Fr						
		36-48	WR/SAP						
3		0-8	C, SBK, F/Fr						.3
		8-20	CL, SBK, F/Fr						
		20-36	CL, SBK, F/Fr	WR/SAP					
		36-48	WR/SAP						
4		0-16	C, SBK, F/Fr w/M,C						.3
		16-24	CL, SBK, F/Fr	SAP/WR w M,C					
		24-48	SAP, WR						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Size/LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____