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

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

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: CRT OWNER: AGENT: PHONE: ____
ADDRESS: ____ APPLICATION DATE: ____ DATE EVALUATED: 8/1/95
PROPOSED FACILITY: ____
PROPERTY SIZE: ____
LOCATION OF SITE: 524 Pinnacle
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		0-11	Gr. sl						.3
		11-28	Sbk	cl Common					
		28-48	sbk	Mangd - red mottles					
2									
3									
4									
5									

AVAILABLE SPACE (.1945) ____ SITE CLASSIFICATION (.1948): ____ SITE LONG-TERM ACCEPTANCE RATE: ____

EVALUATED BY: ____ OTHER(S) PRESENT: ____

COMMENTS: ____