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:_____
PROPOSED FACILITY:_____
PROPERTY SIZE:_____
LOCATION OF SITE: Lot 11 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	Front	0-6	gr. sl	vfr					.5
		6-20	sbk, -c	fi					
		20+	m-wk sbk scl	fm					
2	~25% Rear Lateral Portion	0-8	wk sbk - blocky	fm					.5
		8-15	m sbk w/ lt clay	fi					
		15-24	wk sbk RdBr scl	fm					
		24+	wk sbk RdBr Loam	vfr					
3									
4									
5									

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