DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: SFR REPAIR 111 POINT OF VIEW DATE EVALUATED: 5-4-10
LOCATION OF SITE: _____ PROPOSED DESIGN FLOW (.1949): 480 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR 5%	0-17	R SCL	MSBK SSSF SEQP	FR				
		17-21	R/OCCLWS	BKCSSSPSEQP	UFR	NA			
		21-36	R/SCMS	BK SSSPSEQP	FR				
		36-56	R/OSCLWS	BK SSSPSEQP	UFR	MANY SAP @ 36"			.35
		56+	R/OLSAP	MASSIVE NS NP	UFR	56"	5	—	
2									
3									
4									

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

COMMENTS

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