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: Lee Easter (Lot) APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5-14-96
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 3 bd sd PROPERTY SIZE: _____
LOCATION OF SITE: Milton Ct Subdivision - Lot 7 PROPERTY RECORDED: No
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) 1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (1941) 1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR. HORIZ.	PROFILE CLASS & LTAR
1	V 1%	0-4	gr Sl	fr					=St
		4-11	SAB	fr					
		11-22	SAB	fr SP					
		22-46	mSAB	fr SP					
			few redox						
2	L	0-6	gr Sl	fr					=St
		6-23	SAB	SP					
		23-43	SAB	fr SP					
		43-48	Weathered	fr					
			gr SAP						
3									
4									

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

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