DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____
PROPOSED FACILITY: _____ APPLICATION DATE _____
LOCATION OF SITE: _____ PROPOSED DESIGN FLOW (.1949): Bay View Estates) 24 DATE EVALUATED: 8-19-08
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____ PROPERTY SIZE: _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed PROPERTY RECORDED: _____

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
A	L2%	0-10	SCMSBK	SSSPSexp	—		—	—	
1		10-40	CLMSBK	SSSPSexp	Sapric 20" ↓				1.3
		40-50	CLWSBK	SSSPSexp					
2									
3									
4									

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

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

COMMENTS: _____