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: Crowell OWNER:__AGENT:__ PHONE:_____
ADDRESS:_____APPLICATION DATE:_____DATE EVALUATED: 4/26/95
PROPOSED FACILITY:_____
PROPERTY SIZE:_____
LOCATION OF SITE: Lot 63 NST-II
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 | | 0-22 | MSCL | CL | | | 5 | | .3 |
| | | 22-46 | WSL | L | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

AVAILABLE SPACE (.1945)_____SITE CLASSIFICATION (.1948):_____SITE LONG-TERM ACCEPTANCE RATE:_____

EVALUATED BY:_____OTHER(S) PRESENT:_____

COMMENTS:_____