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: MJ Fox
ADDRESS: _____
PROPOSED FACILITY: _____
LOCATION OF SITE: Lot 17 Lakewood Heights

APPLICANT: _____
APPLICATION DATE: _____
PROPOSED DESIGN FLOW (.1949): _____

DATE EVALUATED: 1-19-99
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-32	wk sbk brn cl	fr sl sp					PS .4
		32-53	mod sbk red/brn sicl	fr sl sp sl p					
2		0-5	gr-wk sbk brn cl	fr					PS .3
		5-22	sbk rc	fr sl sp sl p					
		22-48	mod sbk yr cl	fr sl sp sl p					
			wet at pit bottom (42 inches)						
3		0-6	loam						PS .3
		6-19	sbk rc cl	fr sl p					
		19-43	mod sbk yr cl	fr sl sp					
		43-46	water						
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: _____