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: Dienst Enterprises APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 7-22-04
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 30 The Preserve 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 | 10% TC | 0-20 | wk fsbk rsc | frsssp | | | | | .3 |
| | | 20-39 | wk fsbk rscl | frsssp common med sap | | | | | |
| | | 39-48 | massive multicolored SL | sap frsssp | | | | | |
| 2 | 5% | 0-5 | wk fsbk rbrnscl | frsssp | | | | | .3 |
| | | 5-12 | mfsbk rc | fr sp sexp | few med sap | | | | |
| | | 12-38 | (B-C) wk fsbk yrcl | frsssp | common med sap | | | | |
| | | 38-52 | massive pg L | fr sp sap frsssp | | | | | |
| 3 | | 0-7 | wk fsbk rbrnscl | frsssp | | | | | .25 / .3 |
| | | 7-27 | mfsbk/mk rc | frsssp sexp | few low mottles very dk brn | | | | |
| | | 27-52 | wk fsbk yrcl | frsssp | common med sap | | | | |
| 4 | | 0-13 | wk fsbk brnscl | frsssp | | | | | .3 |
| | | 13-36 | mfsbk rc | fr sp sexp | | | | | |
| | | 36-46 | wk fsbk yrcl | frsssp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | LPP RBRS | CP RBRS |
| Site LTAR | .125-.3 | .25-.3 |

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