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: _____ OWNER: __ AGENT: __ PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
_____ PROPOSED FACILITY: _____
_____ PROPERTY SIZE: _____
LOCATION OF SITE: _____
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	2-3%	0-16			PS	PS	PS	PS	.3
		17-30	SBK / hcl	1:1 FI S - SP					
		31-49	SBK / cl	1:1 FR - S - SP					
2		0-12	GR / l	1:1 FR SS SP					.3
		13-29	SBK / cl	1:1 FI S SP					
		30-42	GR / cl	1:1 FR SSSP					
		43-49	SG / cl	1:1 FR SSSP					
3									
4									
5									

AVAILABLE SPACE (.1945) _____ SITE CLASSIFICATION (.1948): _____ SITE LONG-TERM ACCEPTANCE RATE: _____
EVALUATED BY: _____ OTHER(S) PRESENT: _____
COMMENTS: _____