DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Celia Hunter APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 10/5/9[illegible]
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-12"	Brw SCL	GR FR	SS, SP, SE FR				PS
		12-36"	Rd/Brw CL	m-wBK					.3+
		36-48"	Rd/Brw/Gy/Rd CL		w/mix of Loamy SAP				
2		0-12"	Brw SCL	GR FR	SS, SP, SE FR-FR				PS
		12-24"	Rd/Brw CL	mSBK					.3
		24-48"	Rd/Brw to Gy/Rd CL		w/Feature many LSAP Inclus				
3									
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: _____