DEPARTMENT OF ENVIRONMENT 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: Lakeland Luxury _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 4 BR SFD PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: _____
LOCATION OF SITE: LOT 5 PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1948 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1 (22)	L 6-10%	0-20	Mo, sbk, cl/c	Fr, ss, sp	(Red)	M-Sap	Inclus. @36"		0.30+
		20-36	Wk, sbk, CL	Fr, ss, sp	(Lt. Red)				
		36-53	Mass., L-Sap	Fr, ss, sp	(Mult.)				
2	6/0	0-4	Wk sbk cl	Fr ss sp	R Br	C-m sap			.3
		4-36	mo sbk c	Fr ss sp	Red				
		36-48	wk sbk cl	Fr ss sp					
3		0-38	ma sbk c	fr ss sp	Red	<50%	Sap.		.3
		38-52	wk sbk cl	fr sap					
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: _____
COMMENTS: _____