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: Gary Gardner
ADDRESS: _____
APPLICANT: _____
APPLICATION DATE: _____
DATE EVALUATED: 11-6-98
PROPOSED FACILITY: _____
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: _____
LOCATION OF SITE: Lot 16 Twin Meadows
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	L 2-4%	0-27"	Sub bwk c	fi-he sp sso/p					PS -.3
		27-46	m-w ksbk f	cl fi sss/p so/p					
			lam pathic	mottles					
2	L 2-2%	0-12	Sub bwk c sand lm	fr					PS -.3
		12-30	Sub gr	fr sss/p so/p					
		30-48	m-wk sbk f	fi sp so/p					
			lam stratification						
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: _____