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: Doug Kuntz
ADDRESS: _____
APPLICANT: _____
APPLICATION DATE: _____
DATE EVALUATED: 6-28-16
PROPOSED FACILITY: _____
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: _____
LOCATION OF SITE: lot 5 Double Headed Arrow
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%	0-6	SPRD L brn CL fr						-3
		6-18	SAB RC	fi SP 1:1					
		18-48	MSAB RCL	fr SSSP 1:1					
			few relic mottles						
2	2-4%	0-8	GR SCL	FRI SSSP					PS -3
		8-24	SAB RC	FI SP					
		24-48	WMSAB CL	FRI SS SP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Eddy Freeman / David Nixon
OTHER(S) PRESENT: _____