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: Grand Bay lot 17
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		0-6	SL GR	FR SS SP					PS 1.35
		6-44	CL MSBK	FR SS SP					
2		0-2	Fill Material						PS 1.35
		2-8	SL GR	FR SS SP					
		8-36	CL MSBK	FR SS SP					
		36-44	SL GR	FR SS SP					
3									
4									
5									

AVAILABLE SPACE (.1945)_____SITE CLASSIFICATION (.1948):_____SITE LONG-TERM ACCEPTANCE RATE:_____

EVALUATED BY:_____OTHER(S) PRESENT:_____

COMMENTS:_____