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: Lot 3 Harbour View
WATER SUPPLY: On-Site Well____Comm. Well___Public___Other_____EVAL. METHOD:

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		0-4	SCL GR	FRI SS,SP					PS
		4-42	RC SBK	FR SP					3
2		0-3	SCL GR	FRI SS,SP					
		3-18	CL WFSBK	FRI SS,SP					(4)
		18+	W Rock [illegible] Rock - C Mixture						
3		0-6	SCL GR	FRI SSSP					
		6-10	C SBK	FR SP					(4)
4		0-4	SCL GR	FRI SS,SP					PS
		4-36	RC SBK	FR SP					3
		36-48	RCL MISBK	FRI SS,SP					
5									

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

EVALUATED BY:_____OTHER(S) PRESENT:_____

COMMENTS:_____