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: Dark View Lot 29
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	Css 40%	0-8	SCL WSBK	FRI SS,SP					PS .3 to 36+
		8-36	RC SBK	FR S,P					
		36+	Weathered Rock	Rock					
2		0-5	SCL WSBK	FRI SS,SP					PS .3
		5-10	CL WSBK	FRI SS,SP					
		10-44	RC SBK	FI S,P					
3		0-6	SCL WSBK	FRI SS,SP					PS .3
		6-34	RC SBK	FI S,P					
		34-42	SCL WSBK	FRI SS,SP					
4									
5									

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

EVALUATED BY:_____OTHER(S) PRESENT:_____

COMMENTS:_____