DEPARTMENT OF ENVIRONMENT 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: Bob Jernigan
ADDRESS: Sagamore Road
PROPOSED FACILITY: 3 BR
LOCATION OF SITE: _____
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE _____
DATE EVALUATED: 5/03
PROPERTY SIZE: _____
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Boring L/0-5	0-6	B s l s r	Fr SS SP SE Xp					PS
		6-22	Rc mmsbk	" " " "	-csap	48	-	-	0.3
		22-48	RYcl wsbk	" " " "	-msap				
2	Boring L/0-5	0-4	B s l s r	Fr SS SP SE Xp					PS
		4-34	Rc mmsbk	" " " "	-Fsap				
		34-48	Rcl wsbk	" " " "	-csap	48	-	-	0.3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	PP BPS
Site LTAR	0.25	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): AS
EVALUATED BY: SAR
OTHER(S) PRESENT: _____

COMMENTS: _____