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: Mike Knox (Now Lot 14) OWNER:__ AGENT:__ PHONE:____
ADDRESS:____ APPLICATION DATE:____ DATE EVALUATED: 3/10/25
PROPOSED FACILITY:____
PROPERTY SIZE:____
LOCATION OF SITE: Lot 15 Mills Crest West
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		0-9	SAB L						.4
		9-48"	SAB - C						
2		0-14	SL - SCL						.4 .3
		14-41	SSAB - C						
		41-45+	WK SAB - CL						
3									
4									
5									

AVAILABLE SPACE (.1945)____ SITE CLASSIFICATION (.1948):____ SITE LONG-TERM ACCEPTANCE RATE:____

EVALUATED BY:____ OTHER(S) PRESENT:____

COMMENTS:____