DEPARTMENT OF ENVIRONMENT, HEALTH, 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: Mike Kovar APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 11-27-25
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 79 Mike Kovar 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-9	Rglad cl	fr	SP-				-3
		9-28	sbk R clay	fr-fi					
		28-48	weak sbk R cl	fr					
		faint seasonal water between 5"-36"							
2		0-11	weak sbk loam	fr					-3
		11-27	sbk R clay	fi-sh					
		27-48	weak sbk cl	fr-fi-sh					
		seasonal water 27-35"							
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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