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 Keen
ADDRESS: _____
APPLICANT: _____
APPLICATION DATE: _____
DATE EVALUATED: 1-20-95
PROPOSED FACILITY: _____
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: _____
LOCATION OF SITE: Lot 69 Milk Road
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS ~6%	0-5	gr-sl	fr					.3+
		5-22	sbk RC	1:1 fri, sl p					
		22-42	m-wksbk R-yCL	1:1 fri					
		42-48	wksbk sl CL	1:1 fr					
2	LSS ~8%	0-14	ssbk RC	1:1 fri, sl p					.3+
		14-48	m-wksbk RCL	1:1 fr					
3	LSS ~6%	0-5	gr-wksbk loamL	fr					.35
		5-22	ssbk RC	1:1 fri, sl p					
		22-35	mssbk RCL	fr					
		35-48	wksbk RL	fr					
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: _____