DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Crescent Resources
ADDRESS: ____ APPLICANT: ____
PROPOSED FACILITY: ____ APPLICATION DATE: ____ DATE EVALUATED: 5/4
LOCATION OF SITE: Beacon Pt II Lot #7 PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____ PROPERTY RECORDED: ____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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		0-18	Rd Cl SL	SP, SE, FR					PS .4 LSAP
		18-48	Yel-Brn	SL SAP					
2		0-11	Rd/Brn CL	wSBK SS, SP, SE, FR			B/C w/Compos SAP Indic		PS .4
		11-53	L/SL	SAP FR					
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: ____