DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID: She
COUNTY: COMME

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICANT: _____
PROPOSED FACILITY: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
LOCATION OF SITE: Lot 119 Bryanissing 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 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		0-3	BSiL	fri SSSP	fri SAP				PS .3
		3-22	RL MFSBK	fri SSSP					
		22-41	RCL MFSBK	fri SSSP					
2		0-23	RC SBK	fr. SSSP					PS .3
		23-52	RCL MFSBK	fr. SSSP					
3		0-26	RC MFSBK	fr. SSSP					PS .3
		26-48	RCL WSBK	fr. SSSP					
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: _____