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: CRT APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5/23/97
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Westview Lot # 15 Now #14 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	Old Existing Pit 2-4%	0-36"	Rd-brn C/L m	SBK SS,SP,SE,F	-FR				.3 PS
PH 2	LL 2-4%	0-26	Brn/Rd-brn C/L m	SBK SS,SP,SE,F	-FR				PS .3
		26-48"	Yellow/Rd-brn SL/C m	SBK SS,SP,SE,F	-FR				
PH 3	LL 2-4%	0-40"	Brn/Rd-brn C/L m w/some SAP inclusions	SBK SS,SP,SE,	F-FR				
		40-48"	C/L/C SAP Yellow Brn B-C Horizon	SS,SP,SE,	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: _____