DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET____OF_____
PROPERTY I.D.#:_____
PROPERTY RECORDED:_____
COUNTY:_____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT:_____OWNER:__AGENT:__ PHONE:_____
ADDRESS:_____APPLICATION DATE:_____DATE EVALUATED:_____
PROPOSED FACILITY: 480 - No Basement
PROPERTY SIZE:_____
LOCATION OF SITE:_____
WATER SUPPLY: On-Site Well____Comm. Well___Public___Other_____EVAL.

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
1		0 - 6	sbk / c	1:1 / SPSS	S				.3
		7 - 17	wksbk / c	1:1 / SPFI	S				
		18 - 46	sbk / scc /	1:1 / SSSP FR	.3				
2									
3									
4									
5									

AVAILABLE SPACE (.1945)_____SITE CLASSIFICATION (.1948):_____SITE LONG-TERM ACCEPTANCE RATE:_____
EVALUATED BY:_____OTHER(S) PRESENT:_____
COMMENTS:_____