ON OF ENVIRONMENTAL HEALTH
WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Fleetwood Homes APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/2/2001
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Regency LK Lots 6/7 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	0-10"	Brn SCL	GR FR					PS
	10-36"	Rd/Brn to Brn CL	wSBK SS,SP,SE,FR w/ Common Mica Flakes					.3
	36"-48"	Yel/Brn L	SAP					
	0-30"	Rd/Brn CL	wSBK SS,SP,SE,FR w/ Common Mica Flakes					PS
	30-36"	Rd/Brn CL	wSBK SS,SP,SE,FR w/Common Mica Flakes + few to many SAP Inclus					.3
	36-48"	L	SAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
LTAR	1	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____