DEPARTMENT OF ENVIRONMENT 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: Bobby Reid
ADDRESS: 186 Justin Dr.
PROPOSED FACILITY: Residential PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Flower house TR Carl 4/0 TL Justin at end
APPLICATION DATE _____
DATE EVALUATED: 2-7-06
PROPERTY SIZE: _____
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10' from creek PL 12% linear slope	0-4	1sbk cl			48			PS .3
		4-35	1sbk c	fr ss/sp se					
		35-48	1sbk/1abk	c+sap fr					
			42-48	few firm					
			sap peds						
2	10%	0-5	1sbk cl			48			PS .3
		5-30	1sbk c	fr ss/sp se					
		30-48	1sbk cl						
3		0-3	1sbk cl						
		3-36	1sbk c	fr ss/sp se					
		36-48	1sbk/1abk	c+sap					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: J. Melville
OTHER(S) PRESENT: B. Reid - owner