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: Full Spectrum
ADDRESS: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: Windward PT #167

APPLICATION DATE _____
DATE EVALUATED: 8/16/07
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-12"	Brw SCL	w/SBK					V.
		12"-40"	C SAP	w/ Numerous Rock Inclus.					
			Chrom 2		12"				
2		0-24	Bdl/Brw CL	/SCL w/SBK					PS
		24-35	C/C	m-w SBK F, S, P					.25
		35-48	SAP C?						to 35"
		48	SAP?						
3		0-4	Brw SCL						V
		4-17	Yel/Brw F	C					@ 17"
		17-34	Bdl/Brw to Yel/Brw Cay	Chroma 2					
		34-48	SAP	possibly Useable					
			Need Hydr Cond						
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1943): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____