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: Steve Dove
ADDRESS: _____
APPLICANT: _____
APPLICATION DATE: _____
DATE EVALUATED: 2-21-2
PROPOSED FACILITY: SFR (MH) PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: Scotch Ln
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	LSS 15-20%	0-8	Sa/Lo dbk cl	1:1 Pe					
		8-24	Sa/Lo R e	1:1 Fi Sa					
		24-40	m Sa/Lo R cl	1:1 fri					
		40-48	m sa/Lo R cl	1:1 fri					
			w/ bedrock fragments						
2	LSS 15% 50' above pond	0-6	dbk cl	1:1 Pe					
		6-15	Sa/Lo R y c	1:1 fi sp					
		15-48	ms Sa/Lo y-brn cl	1:1 fi					
3	LSS 2-5%	0-10	dbk cl	Pe					
		10-30	Sa/Lo dc	1:1 fi sp					
		30-48	Sa/Lo R cl	1:1 fi-Pe sp-sy					
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: _____