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: _____
_____ PROPERTY SIZE: _____
LOCATION OF SITE: _____
WATER SUPPLY: On-Site Well ____ Comm. Well ___ Public ___ Other _____ EVAL. METHOD: Auger Boring ___ Pit ___ Cut ___

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									
2									
3									
4									
5									

AVAILABLE SPACE (.1945) _____ SITE CLASSIFICATION (.1948): _____ SITE LONG-TERM ACCEPTANCE RATE _____

EVALUATED BY: _____ OTHER(S) PRESENT: _____

COMMENTS: _____