DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: Lot 70 Brookview ph 2 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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		0-8	BSCL fr	FRS SSP					5 .4 .45
		8-22	w/MSBK fr	fri SSP	common SAP				
		22-34	SL SAP M	FRS NSNP					
2		0-6	BSCL GR/MSBK fr	SSSP					FS .4 deep .25 shallow
		6-15	MSBK RB/MC fi	SP					
		15-25	WSBK CBCL fr	SSSP few SAP					
		25-36	RSAP WMSBK fr	SSSP					
3		0-7	gr brwsal fr	SSSP					.35-.4 deep .25 shallow
		7-14	MB ybrn brnse fi	SP					
		14-25	WKBK CBCL fr	SSSP common inSAP					
		25-59	massive WKSBK SL	SAP FRNSNP					
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: _____

COMMENTS: _____