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: 2-22-02
LOCATION OF SITE: Lot 120 the 2 Brooklea 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-3	gr wk sub brn scl fr						
		3-18	sab rcl fr ss sp						
		18-43	wk sab rcl common ss sp						.3
		43-54	LSAp fr ss p						
2		0-6	gr wk sab brn scl fr ss p						
		6-18	SAB rcl fr sp-ss p						
		18-36	wk sab rcl fr ss p common ss sp						.3
		36-60	LSAp fr ss p						
3		0-3	fr scl						
		3-13	sab rcl fr ss p						
		13-30	wk sab rcl common ss sp fr ss p						.3
		30-61	LSA Sap fr ss p						
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: _____