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: _____
ADDRESS: _____
PROPOSED FACILITY: _____ APPLICATION DATE _____
LOCATION OF SITE: Cashes Crossing Lot 3 PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 5-1-06
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____ PROPERTY SIZE: _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed PROPERTY RECORDED: _____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%D	0-20	1sbk cl	fr ss/sPSE		48			.3
		20-40	1sbk c	fr ss					
		40-48	1sbk/mbk c	fr					
			few yellow brown mottles around roots/channels						
2		0-6	1sbk cl			48			
		6-36	1sbk c	fr ss/sPSE					
		36-48	c+sap						
3		0-12	1sbk l	fr		48			
		12-34	1sbk cl	fr					
		34-46	1sbk c	fr					
		46-48	c+ yellow brown maybe relic						
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: _____