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: Dawn Davis
ADDRESS: _____ APPLICANT: _____
PROPOSED FACILITY: _____ APPLICATION DATE: _____ DATE EVALUATED: 10/5/21
LOCATION OF SITE: _____ PROPOSED DESIGN FLOW (.1949): 480 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 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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	3-4% Rolling ~CC	0-4	O - Sl loam	FI SS-SP					
		5-25	WF Sl SAP	FR S-SP	4YR				.2
		26-46	WF ABK cl	FR S-SP	4YR mtl R				
		46↓	WF SBK cl	FI SS-SP				mpl	.25 .25
2	3% L	0-5	O - Scl	FI SS-SP					
		6-24	WF Scl	FR S-SP	PS R				
		25-42	WF SBK cl	FR SS-SP	R				
		43-49	WF SBK Scl	FR SS-SP	R				.3
3									
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: _____