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: Gloria F Gulley APPLICANT: Same
ADDRESS: 630 S Spencer Rd APPLICATION DATE: _____ DATE EVALUATED: 2/5/02
PROPOSED FACILITY: 3BR mfg/clsn PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
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	PROFIL. CLASS & LTAR
1	7% Linear	0-48	2c W/Mica SBk	FrFi SSp SEXP					PS .35
2	8% Linear	0-18	2c SBk	FrFi SWP SEXP					PS .30
		18-24	2c SBk	FrFi SSP SEXP					
		24-48	2c W/Sand Grains	FrFi SSP SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity Trench	Pump Trench
Site LTAR	.30	.30

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: [signature]
OTHER(S) PRESENT: _____