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: Lorrie Payne APPLICANT: Same
ADDRESS: Stacy Rd APPLICATION DATE: _____ DATE EVALUATED: 2/20/02
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed Tract #2

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	4% Linear	0-6	cr w sbk	fr ss sp					PS -3
		6-35	cr sbk	fr ss sp					
		35+	clay w/sap	fr ss sp					
2	4% Linear	0-5	scl w sbk	fr soap					
		5-34	cr sbk	fr soap					
		34+	clay w/sap	fr ss sp					
3	8% Linear (Repair)	0-11	cr w sbk	fr ss sp					PS -3
		11-31	cr sbk	fr ss sp					
		31+	cr w/sap	fr ss sp					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Bill Johnson
OTHER(S) PRESENT: _____