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: Andy Smith APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Comet Trail PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

(5) 0-4 sl gr Fr sso
4-20" sc sbk Fi sp
Chroma 2 @ 20" US

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-6	Br sl gr	Fr sss p	4/6 mottles				PS 0.25
		6-36	4/R sc sbk	Fr s p					
			chroma 2 @ 36"						
2		0-8	Br sl gr	Fr sss p	4/Br mottles				PS 0.25
		8-40	4/R c sbk	Fr s p					
			chroma 2 @ 40"						
3		0-4	Br sl gr	Fr sss p	Mn stains				PS 0.25
		4-48	R c sbk	Fr s p					
4		0-4	Br sl gr	Fr sss p					PS 0.3
		4-48	R c sbk	Fr sss p					
			Incl sap @ 35"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Gary McNeely
OTHER(S) PRESENT: _____