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: Loy Hare
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: Mobile Home PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
PROPERTY RECORDED: _____
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-7	SCWBK	SSSPSEPFR	yellow mottles	48	BV		P .25
		7-28	CWBK	SSSPSEPFR					
		28-48	CWBK	SSSPSEPFR					
2		0-9	SCWBK	SSSPSEPFR		48			P .25
		9-48	CWBK	SSSPSEPFR					
3		0-7	SCWBK	SSSPSEPFR	yellow BR				P .25
		7-31	CWBK	SSSPSEPFR					
		31-48	CWBK	SSSPSEPFR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440/360	1440-240
System Type(s)	25 G	LPP
Site LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): P
EVALUATED BY: Kenneth Coon
OTHER(S) PRESENT: _____

COMMENTS: _____