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: Ryan [redacted] Alivia Dillard APPLICANT: Same
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5/21/02
PROPOSED FACILITY: 3BR Home/Shop PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .830
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
The Landings Lot #18

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	PROFIL. CLASS & LTAR
1	Linear 5%	8-18	sce sbk	SFR	10YR Yellowish Mottling	40" Some Chroma 3			PS .30
		18-48	ce wsbk	SFR					
2	Linear 5%	0-14	sce wsbk	Fr SS SP SFR	34" yellow Red mottles				PS .35
		14-34	ce sbk	Fi SS SP SFR					
		34-48	ce wsbk	Fr SS SP SFR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Trn. Conv	Conv w/ 25% Red
Site LTAR	.30	.30

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