COUNTY: _____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: _____ OWNER: __ AGENT: __ PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
_____ PROPOSED FACILITY: _____
_____ PROPERTY SIZE: _____
LOCATION OF SITE: 1-4 12
WATER SUPPLY: On-Site Well ___ Comm. Well ___ Public ___ Other _____ EVAL. METHOD: Auger Boring ___ Pit ___ Cut ___

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TENTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1943 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
1	Linear	0-6	SBk SCL	Fi SS SP	—	—	P/S		03
		6-40	SBk C	Fi SS SP					
		40-48	C/SP mix	SS SP					
2	Linear	0-4	SCL						
		4-24	C						
		24-35	C mix SP						
		35-	SP						
3		0-4	SCL						
		4-26	C						
		26-38	C/mix						
		38-48	SP						
4		0-4	SCL						
		4-38	C						
		38-48	SC						
			@ 42 Lateral Hdg moved						
5	Pits	0-4	SCL				P/S		48" 0.3
		4-36	C						
		36-48	C/CL mix						

AVAILABLE SPACE (.1945) _____ SITE CLASSIFICATION (.1948): _____ SITE LONG-TERM ACCEPTANCE RATE: _____
EVALUATED BY: _____ OTHER(S) PRESENT: _____
COMMENTS: _____