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

LOT #1

OWNER: TRIVESTER INC. APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 3 BR HSE. PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: .5 Ac.
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

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		0-6	SL VWSBK	FI NSNP	≥ 48"	≥ 48"	N/A	N/A	PS .35
		6-18	SCL WSBK	FI SS SP					
		18-42	SC WSBK	FI FI SS SP					
		42-48	SC/SAP						
2		0-3	SL VWSBK	VFI NS NP	≥ 48"	≥ 48"	N/A	N/A	PS .40
		3-8	SCL WSBK	VFI NS NP					
		8-38	SC-M-WSBK	FI SS SP					
		38-42	SC/SAP WSBK	FI SS SP					
		42-48	SAP (SL)						
3									
4									

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

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