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: General Contract Service APPLICANT: Same
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
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
Celtic Ridge Lot #16

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
1	Linear 3%	0-26	c Adk	fi Sp SEXP					PS .25
		26-49	c W/Sap Sbk	fi Sp SEXP					
2	Linear 3%	0-25	c Adk	fi Sp SEXP					PS .25
		25-49	c/Sap Sbk	fi/fr Sp SEXP					
3	Linear 4%	0-24	c Adk	fi Sp SEXP					PS .25
		24-49	c/Sap Sbk	fi/fr Sp SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PT	PS
System Type(s)	Trench	Trench
Site LTAR	.25	.25

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