COUNTY: _____

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____

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

PROFILE #	.1940 LAND-SCAPE 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	6% LSS	0-6"	loam, med, sbk	fi, s, fi, scsp					PS
		6-18"	c, med, sbk	fi, s, p, sl/sp					.4
		18-24"	c micq, med, sbk	fr, ss, sp, scsp		748"			
		24-60"	loamy sap	fr, ns, np, nsp					
2	6% LSS	0-6"	loam, med, sbk	fi, s, p, scsp					PS
		6-18"	c, med, sbk	fi, s, p, scsp					.3
		18-48"	c, med, sbk	fr, ss, sp, scsp		748"			
3	6% LSS	0-6"	loam, med, sbk	fi, sp, scsp					PS
		6-36"	c, med, sbk	fi, s, p, scsp		748"			.3
		36-48"	c, med, sbk	fr, ss, sp, scsp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	YES
System Type(s)	CAP/PANEL	PUMP 2% AB
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: C. COOK

OTHER(S) PRESENT: _____