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: ANDERSON APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 1/31/01
PROPOSED FACILITY: 3 BR HSE. PROPOSED DESIGN FLOW (.1949): 360 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 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		0-3	SL GR	VFR NonP	≥ 20	≥ 28	N/A	N/A	E
		3-20	SCL WGR	FR SS SP					
		20-28	SC WGR/BR	FR SS SP					
		28+	AUGER REF	REFUSAL					
2		0-4	SL		≥ 20	≥ 28	N/A	N/A	
		4-28	SCL						
		28-36	SC						
		36+	AUGER REFUSAL						
3		0-3	SL		≥ 48	≥ 48	N/A	N/A	PS
		3-24	SCL						.35
		24-46	SC						
		46-48	SC/SAP						
4		0-4	SCL						PS
		4-23	SC						.35
		23-48	SC-SCL/SAP						

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

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