SHEET ____ OF ____

DEPARTMENT OF ENVIRONMENT,
HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

DRAFT

PROPERTY I.D.#: _____
DATE: _____
COUNTY: _____

SOIL SITE EVALUATION FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Samuel Scott OWNER ___ AGENT: ___ PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED _____
PROPOSED FACILITY: _____
PROPERTY SIZE: _____
LOCATION OF SITE: Part of Lot 45 Ft Dobbs Fm
WATER SUPPLY: On-site Well ___ Comm. Well ___ Public ___ Other ___ EVAL. METHOD: Auger Boring ___ Pit ___ Cut ___

PROFILE #	1940 LANDSCP POS./ SLOPE(%)	HORIZON DEPTH (IN.)	.1941 (1) TEXTURE	(2) STRUCTURE	(3) MINERALOGY	MATRIX COLOR	MOTTLE COLOR	OTHER PROFILE FACTORS
1	linear 10-90	0 to 8	L	GR				.1942 Wetness Cond. N/A
		8 to 30	C	SBK	1:1			.1943 Depth/.1956 Sapr. N/A
		30 to 48	CL	weak SBK	1:1			.1944 Restrictive Hori. N/A
								.1948 Profile Class. PS
								Profile LTAR .35
2	linear 10-90	0 to 8	L	GR				.1942 Wetness Cond. N/A
		8 to 30	C	SBK	1:1			.1943 Depth/.1956 Sapr. N/A
		30 to 48	CL	weak SBK	1:1			.1944 Restrictive Hori. N/A
								.1948 Profile Class. PS
								Profile LTAR .35
3								.1942 Wetness Cond.
								.1943 Depth/.1956 Sapr.
								.1944 Restrictive Hori.
								.1948 Profile Class.
								Profile LTAR
4								.1942 Wetness Cond.
								.1943 Depth/.1956 Sapr.
								.1944 Restrictive Hori.
								.1948 Profile Class.
								Profile LTAR

AVAILABLE SPACE (.1945) Yes OTHER FACTORS (.1946) _____ SITE CLASSIFICATION (.1948) PS
SYSTEM TYPE Conv Gravity LONG TERM ACCEPTANCE RATE(S) .35
EVALUATED BY: J. C. Moore OTHERS PRESENT: Samuel Scott
COMMENTS _____