COUNTY: _____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Bob Cline OWNER: AGENT: PHONE:
ADDRESS: APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY:
PROPERTY SIZE:
LOCATION OF SITE:
WATER SUPPLY: On-Site Well ___ Comm. Well ___ Public ___ Other ___ EVAL. METHOD: Auger Boring ___ Pit ___ Cut

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZO LTAR
1	linear 490	0 to 48	C SbK	SEAP	PS	PS	PS	N/A	.3
2	linear 690	0 to 48	C SbK	SEAP	PS	PS	PS	N/A	.3
3									
4									
5									

AVAILABLE SPACE (.1945): yes SITE CLASSIFICATION (.1948): PS SITE LONG-TERM ACCEPTANCE RATE: .3
EVALUATED BY: T.C. Moore OTHER(S) PRESENT:
COMMENTS: