DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Skyline Corp APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5-19-99
PROPOSED FACILITY: Office - Mfg PROPOSED DESIGN FLOW (.1949): 100 gpd 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

Reduced dig to 60" - plumbing chk fill @ 24" dig
Laterals fill the deepest 3½ feet deep

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	PROFILE CLASS & LTAR
1	5-19-99	0-24	cl/sl fill						
		24-30	[illegible]	[illegible]					.3
		30-96	sbk clay	fi sp ss so	getting	lots			730"
		96+	wk sbk	fi ss so					
				30 [illegible]					
		0-40	sandy sbk clay	fi ss so					.30
			lots clays & lit a rocks						50"
2	5-19-99	0-5	sand sandy fi						RS
		5-24	sbk cc	fi so					.3
		24-60	m-wk sbk cl	fi ss so					
3									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
tem Type(s)		
e LTAR		

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