VISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6-22-09
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 17 Matthew Homestead PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☒ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
28-1 TCJ	0-20	wksbk brwsd	fssSp					.25
	20-48	SBK dk rdbrwn	mvfrgvacon fssSp					
②	0-7	BSCL GR/WSHK	FRI SSSP	common many				45
	7-44	RBCL MWSBK	FI SSSP					.25
	44-51	VRCL WSHK	VFI SSSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
System Type(s)		
LTAR		

OTHER FACTORS (.1946): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____