DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brent mumford APPLICANT: ____
ADDRESS: ____ APPLICATION DATE: ____ DATE EVALUATED: ____
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
LOCATION OF SITE: Amanda Circle lot 9 PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other Community well
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
1	5% linear Slope	0 to 36	C SBK	Fi SEAP	Reddish Brown	48"	PS	PS	PS .3
		36 to 48	CL WSBK	Fi to Fr SEAP					
2	9% Linear	0 to 48	C SBK	Fi SEAP	Reddish Brown	48"	PS	PS	PS .3
3	2% linear	0 to 12	L GR	VFr NEAP	Brown	38"	PS	PS	PS .25
		12 to 38	CL SBK	Fi to Fr SEAP	Brownish Red				
		38 to 48	C ABK +sap	VFi SEAP to EAP	Yellow Red (Figuritst)				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity	Pump To Gravity
Site LTAR	.3 Absorption	.25

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: T. C. Moore
OTHER(S) PRESENT: ____