VISION OF ENVIRONMENTAL HEALTH
I-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 32 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut #5) 0-10 [illegible]
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed 10-60 RCL [illegible]
Mottles [illegible] @ 36" PS .3
Weathered [illegible]

.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	PROFILE CLASS & LTAR
	0-9	LSCL GR	FRI					
	9-12	R C	FR					PS
	12-24	YRCL MSPA	FR	Mottles				
	0-9	LCL GR	FR					
	9-36/24	RCL/C MSPA	FI/FM SS P					PS
	24-[illegible]	YRC SPA/MPA	FI SP	Mottles	Mottles @ 36"			
	0-9	SCL GR	FR					PS
	9-27	YRC SPA	SP					.3
	27-43	YRCL MSPA	FR	Mottles				
	43-55	SL SAP MSPA	FRI					
	0-6	SCL GR	FRI					
	6-12	LCL SCL MSPA	FRI					
	12-48	YRCL MSPA	FRI					
	48-60	C SAP/SCL SAP	FRI				A	

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

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