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

Sheet ___ of
PROPERTY ID #: 104105
COUNTY: 4747-98-9033

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: JACK BORDERS APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: AMBLESIDE LOT 29 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	PROFIL CLASS & LTAR
1		0-8"	scl, wk, gr	fr, ns np, vsp		>48"			PS .55
		8-48"	cl, med, sbk	fr, ss, sp scp					
2	7 13 LTAR.	0-8"	scl, wk, gr	fr, ns, np, vsp		48"			PS .3
		8-20"	c, med, sbk	fr, ss, sp, scp					
		20-48"	cl sap mix	fr ns np vsp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	pump 25/40	LPP PANEL
System Type(s)	YES	YES
Site LTAR	13	.3

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