DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paul Mark Overcash
ADDRESS: Kendall Rd
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: _____
APPLICATION DATE _____
DATE EVALUATED: 8-20-08
PROPERTY SIZE: _____
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	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
1	5%	0-16	LSW	NSNPNexp	R	49"	inc 26" com 36"	—	.35
		16-49	CLMSBK	SSSPSexp	—				
2	5%	0-8	SCLW	NSNPNexp	R	48"	inc 32" com 47"	—	.3 / .35
		8-24	CLMSBK	SSSPSexp	—				
		24-48	CMSBK/ABK	SSSPSexp					
3	5%	0-10	SCLW	NSNPNexp	R	52"	inc 30" com 48	—	.35
		10-45	CLMSBK	SSSPSexp	—				
		45-52	CLWSBK	SSSPSexp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conventional	Conventional
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1938): _____
EVALUATED BY: BA
OTHER(S) PRESENT: none

COMMENTS: _____