SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LS 3-5%	0-7	FILL		Comm to many Dr. Mottles	50"			PS .25
		7-28	Red Clay SBK	FR. SS/SSP					
		28-50	Red CL SBK	FR SS/SP					
6	LS 3%	0-7	FILL		Comm to many Dr. Mott. Chr. 3	48"			PS .25
		7-30	Red Clay SBK	FR SS/SP					
		30-48	Red CL WSBK	FR SS/SP					
P 1	LS 3-5%	0-5	FILL		Comm to many Dr. Mott. Chr 3-4	50"			PS .25
		5-32	Red Clay ABK	FR SS/SP					
		32-50	Red CL WSBK	FR SS/SP					
P 2	LS 3-5%	0-9	FILL		Comm to many Dr. Mott.	50"			PS .25
		9-30	RY Clay ABK	FR SS/SP					
		30-50	Red CL WSBK	FR SS/SP					
P 3		0-9	FILL		Comm. Dr. Mott.	50"			PS .25
		9-30	Red Clay ABK	FR SS/SP					
		30-50	Red CL WSBK	FR SS/SP					

COMMENTS: _____