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: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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		0-18	SBK SC	FR NS NP NE-XP					PS
		18-40	SBK SCL	FI SS NP SE-XP					
		40-48	SAP						.33
2		0-18	SBK SC	FR NS NP NE-XP					PS
		18-36	SBK SC	FI SS NP SE-XP					
		36-48	SAP						.33
3		0-12	SBK SC	FR NS NP NE-XP					PS
		12-48	SBK SC	FR SS NP SE-XP					
									.33
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Availbble Space (.1945)		
System Type(s)	IIA Conv.	IIA Conv
Site LTAR	.33	.33

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