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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gene Pickens / Pickens Enterprises
ADDRESS: _____
PROPOSED FACILITY: 4 bd House
LOCATION OF SITE: Lot #17 Skyline
APPLICATION DATE _____
DATE EVALUATED: _____
PROPERTY SIZE: 0.69 ac
PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
PROPOSED DESIGN FLOW (.1949): 480 gpd
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	L/SL 5%	0-11	vfr L	vfr sap	>18	>18	>18		PC 0.7
		11-18+	SBK C	fr sap					
2	L/SL 5%	0-14	SBK CL	vfr sap	>18	>18	>18	-	PC 0.7
		14-18+	SBK C	fr sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	11	
Site LTAR		

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

COMMENTS: 1100 gpd

3 3x72 1x64 / 1x56 1x44