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: Wanda Myers / The Field Trust
ADDRESS: _____ APPLICATION DATE 10-2-07
PROPOSED FACILITY: 3BR House DATE EVALUATED: _____
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: Lot #10 - Skyfield PROPERTY SIZE: 0.67 ac.
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	L/R 3%	0-12	gr / L	vfr sap?	7/8	7/8	–	–	PS 0.3
		12-44	sbk / C	fr-fi sap?					
		44-48	sbk / C sap	fr sap					
2	L/R 3%	0-11	gr / L	vfr sap?	7/8	7/8	–	–	PS 0.275
		11-38	sbk / C	fr sap?					
		38-48+	sbk / C sap	fr sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II 25% Red	III 50% Red
Site LTAR	0.275	0.3

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

COMMENTS: _____