DEPARTMENT OF ENVIRONMENT, HEALTH, 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: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: RIVERGREEN 19 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	8% L	0-3"	scl, wk, gr	fr, NS, NP, NCP		>48"			PS .5
		3-24"	C, med, sbk	fi, S, P, SCP					
		24-48"	C, med, sbk	fr, SS, SP, SCP					
2	8% L	0-3"	scl, wk, gr	fr, NS, NP, NCP		>48"			PS .5
		3-24"	C, med, sbk	fi, S, P, SCP					
		24-48"	C, med, sbk	fr, SS, SP, SCP					
3	6% L	0-3"	scl, wk, gr	fr, NS, NP, NCP		>48"			PS .5
		3-24"	C, med, sbk	fi, S, P, SCP					
		24-48"	C, med, sbk	fr, SS, SP, SCP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	YES
System Type(s)	CONV. PANEL	SUMPLESS PANEL
Site LTAR	.3	.3

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