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: TRIPLE OAKS APPLICANT: _____
ADDRESS: ~~BEAUFORT~~ LOT 3 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1	4% L	0-3"	scl, wk, gr	fr, ns, np, sscp		>48"			PS .3
		3-12"	cl, med, sbk	fi, ss, sp, scp					
		12-48"	c, med, sbk	fr, ss, sp, scp					
2	4% L	0-3"	scl, wk, gr	fr, ns, np, sscp		>48"			PS .3
		3-12"	cl, med, sbk	fi, ss, sp, scp					
		12-48"	c, med, sbk	fr, ss, sp, scp					
3	4% L	0-3"	scl, wk, gr	fr, ns, np, sscp		>48"			PS .3
		3-12"	cl, med, sbk	fi, ss, sp, scp					
		12-48"	c, med, sbk	fr, ss, sp, scp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	YES
System Type(s)	GRAVITY/RED	LP PANEL
Site LTAR	.3	.3

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