ISION OF ENVIRONMENTAL HEALTH
ITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

VER: Acorn Development APPLICANT: _____
DRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
POSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
ATION OF SITE: _____ PROPERTY RECORDED: _____
TER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
LUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
E OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

		SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 Linear H90	0 to 48	Clay SBK	Fi SEAP	SS SP	48"+			PS .3
2 Linear H90	0 to 48	Clay SBK	Fi SEAP	SS SP	48"+			PS .3
3								
4								

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Sized TAP		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

0034 06