EPARTMENT OF ENVIRONMENT,
EALTH, & NATURAL RESOURCES
VISION OF ENVIRONMENTAL HEALTH

SHEET____OF_____
PROPERTY I.D.#:_____
PROPERTY RECORDED:_____
COUNTY:_____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

PLICANT: Shirley Glasgow OWNER:__AGENT:__ PHONE:_____
DDRESS:_____ APPLICATION DATE:_____ DATE EVALUATED:_____
PROPOSED FACILITY:_____
PROPERTY SIZE:_____
CATION OF SITE: NE of Elmwood
ATER SUPPLY: On-Site Well____Comm. Well___Public___Other_____EVAL. METHOD: Auger Boring___Pit___Cut___

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
1	Linear 5%	0 to 48	Heavy sticky	Firm Red clay	PS	PS	PS	N/A	.25
2	Linear H%	0 to 48	Heavy Sticky	Firm Red clay	PS	PS	PS	N/A	.25
3									
4									
5									

VAILABLE SPACE (.1945)_____SITE CLASSIFICATION (.1948):_____SITE LONG-TERM ACCEPTANCE RATE: .25
VALUATED BY:_____OTHER(S) PRESENT:_____
OMMENTS:_____

00195