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 #15

OWNER: Spears Builder
ADDRESS: _____ APPLICATION DATE 1-9-07
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 1-22-07
LOCATION OF SITE: Swan Crossing PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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		0-30	C WSBK	SSSPSPL					
		30-50	SSSPSPL	WSBK					1.3
2		0-15	CWSBK	SSSPSPL					
		550	CWSBK	SSSPSPL	SAPROLEG				1.3
3		0-18	CWSBK	SSSPSPL					
		18-56	CWSBK	SSSPSPL					1.3
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 / 20	1200 / 20
System Type(s)	25%	50% low pressure
Site LTAR	3	3

COMMENTS: _____

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): P
EVALUATED BY: Kelly J Cox
OTHER(S) PRESENT: _____