ON-SITE WAS... COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Acorn Development APPLICANT: ____
ADDRESS: ____ 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) LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MOTTLING	OTHER PROFILE FACTORS (.1942) SOIL WETNESS/ COLOR	(.1943) SOIL DEPTH	(.1956) SAPRO CLASS	(.1944) RESTR HORIZ	PROFILE CLASS & LTAR
1	Ridge 4%	0to48	SCL	WSBK FR	SEXP Ref	48"	PS	PS	PS .3 to .35
2	Linear 10%	0to24	C	SBK FI	SEXP Ref				
		24to48	CL	SBK FI	SEXP Ref	48"	PS	PS	PS .25 to .3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Ref	25% Ref
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J.C. Woore
OTHER(S) PRESENT: ____