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: _____ 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 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	PROFILE CLASS & LTAR
1		0-6	GR / SCL	FR / NEXP	—	U	—	U @ 24" ROCK	U
		6-24	WM SBK / C	FI / NEXP					
		24	ROCK						
2		0-8	WMSBK / SC	FI / NEXP	—	PS	PS	—	PS 0.3 GPD/FT
		8-30	MMSBK / C	FI / NEXP					
		30-42	WFSBK / SiC	FI / SS/SP NEXP					
		42+	SAPROLITE						
3		0-10	FILL	—	—	U	—	U @ 20"	U
		10-20	GRAVELLY SC	FI					
		20+	ROCK	—					
4		0-12	GR / GRAVELLY SCL	FR / NEXP	—	PS	PS		PS 0.3 GPD/FT
		12-29	SBK / CL	FR / NEXP					
		29-48	SBK / C W/SSAP	FI / NEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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