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

OWNER: Mary S Coffey
ADDRESS: _____ APPLICATION DATE 16
PROPOSED FACILITY: _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPOSED DESIGN FLOW (.1949): _____ 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8	0-14	L SBK			48"			.3 PS
		14-36	CL SBK						
		36-48	C SBK						
2	8	0-14	L SBK			48"			.3 PS
		14-32	CL SBK						
		32-48	C SBK						
3	8	0-15	CL SBK			48"			.3 PS
		15-48	C SBK						
4									

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

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

COMMENTS: _____