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: Carolyn Potts APPLICATION DATE 7-22
ADDRESS: 629 Powell Bridge Rd DATE EVALUATED: 8-3-08
PROPOSED FACILITY: Mobile Hom PROPOSED DESIGN FLOW (.1949): 3LO 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) .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		0-9	SCWSBK	SSSPSexPSa		48			3
		9-48	Clay WSBK	SSSPSoPR					
2		0-8	SC WSBK	SSSPSexPR		48			3
		8-48	C WSBK	SSSPSexR					
3		0-8	SCWSBK	SSSPSexFR		48			3
		8-48	CWSBK	SSSPSxR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	000/300	000/300
System Type(s)	Gravity	Gravity/Pump
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): B
EVALUATED BY: Jerri L Cook
OTHER(S) PRESENT: Kyle Baker

COMMENTS: _____