SHEEL

Division of Environmental Health

Property ID: Lot #:

On-site Wastewater Section

File #:

Code:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: 07-500 17777 Applicant:

[] Individual

Address:

Design Flow (.1949): フイン

Date Evaluated: 7 / 2 - 67

Proposed Facility: SFA

Property Size: 45 Az

Location of Site: 173)

Property Recorded:

Water Supply:

[]Well

[] Spring

[]Other

Evaluation Method:

Public |
Auger Boring

[] Pit

[] Cut

Type of Wastewater:

[] Sewage

[] Industrial Process

[] Mixed

PROF	4) Sizw	SOIL	ORPHOLOGY	PROFI				
- 411	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	1941 Structures Texture	1941 6 Consistence Mineralogy	Soil Fill Wetness/Fill Color	Sold Depth (IN.)	1966 Sapra Class	Oals Toris	Profile
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Description	Initial System	Repair System
Available Space (.1945)		/
System Type(s)	25%	ML
Site LTAR 26 LC	. 3	il Trolf

Other Factors (.1946):

Site Classification (.1948): (

Evaluated By: 5

Others Present: () L

FILE #	
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COMMENTS:	
524	

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE S-SHOULDER SLOPE L-LINEAR SLOPE FS-FOOT SLOPE N-NOSE SLOPE H-HEAD SLOPE CC-CONCLAVE SLOPE CV-CONVEX SLOPE T-TERRACE FP-FLOOD PLAN	1 111	S-SAND LS-LOAMY SAND SL-SANDY LOAM L-LOAM SI-SILT- SIL-SILT LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM SICL-SILTY CLAY LOAM	1.2 - 0.8 0.8 - 0.6 0.6 - 0.3	VFR-VERY FRIABLE FR-FRIABLE FI-FIRM VFI-VERY FIRM EFI-EXTREMELY FIRM	NS-NON-STICKY SS-SLIGHTLY STICKY S-STICKY VS-VERY STICKY NP-NON-PLASTIC SP-SLIGHTLY STICKY P-PLASTIC VP-VERY PLASTIC

0.4 - 0.1

STRUCTURE
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY SLIGHTLY EXPANSIVE

SIC-SILTY CLAY

SC-SANDY CLAY

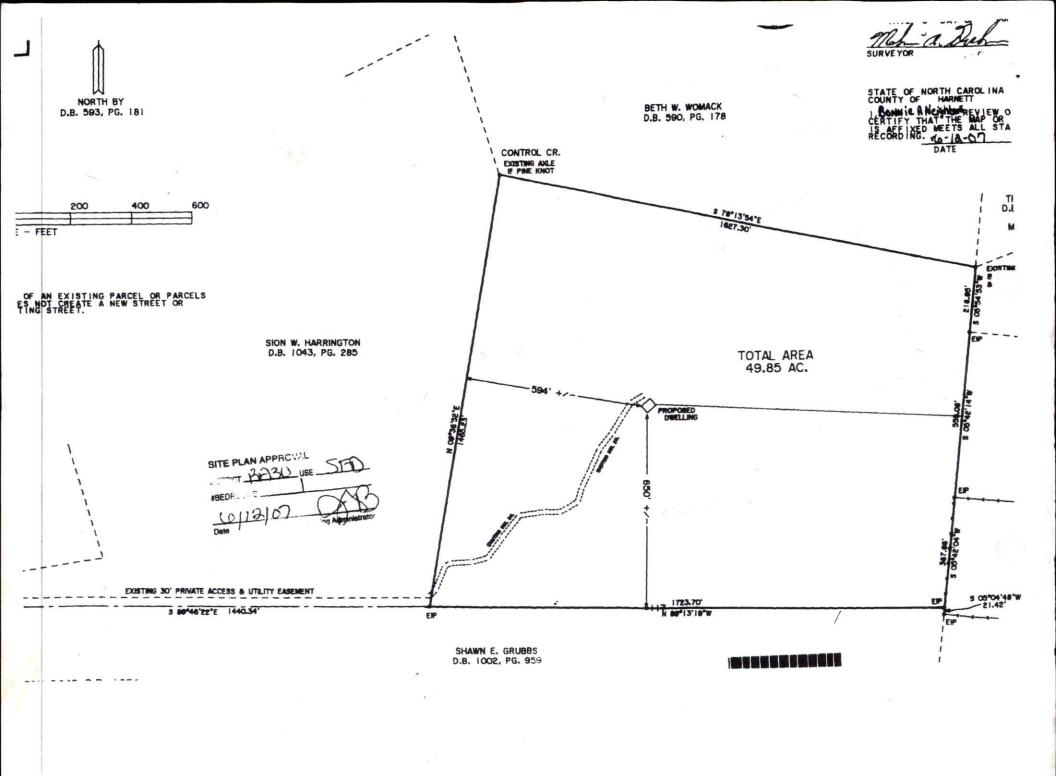
EXPANSIVE

C-CLAY

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OWNER NAME: Lygn D'Wilson MC.	APPLICATION #:	17772
This application to be filled out only when ap	plying for a new septic sy	stem.*
County Health Department Application for Improvement	nt Permit and/or Aut	horization to Construct
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHAIN IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT S 60 months or without expiration depending upon documentation submitted expiration)	HALL BECOME INVALL	D. The permit is valid for either
DEVELOPMENT INFORMATION		
New single family residence		
☐ Expansion of existing system		
☐ Repair to malfunctioning sewage disposal system		
□ Non-residential type of structure		
WATER SUPPLY		
□ New well		
□ Existing well		
□ Community well .		
Public water		
□ Spring		·A :
Are there any existing wells, springs, or existing waterlines on this property	?	
{}} yes {} no {	4	
		ν.
SEPTIC If applying for authorization to construct please indicate desired system type(s)	e can be ranked in order of r	arafaranca must shaasa ana
{} Accepted { } Innovative	. can be ranked in order or p	reference, must choose one.
{ } Alternative { } Other		
{\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
The applicant shall notify the local health department upon submittal of this question. If the answer is "yes", applicant must attach supporting document		llowing apply to the property in
{}}YES {\$\nu_{\nu}}\$ NO Does the site contain any Jurisdictional Wetlands	s?	
{}YES {\subseteq} NO Does the site contain any existing Wastewater Sy		
{}YES {/} NO Is any wastewater going to be generated on the si	te other than domestic sew	age?
{}}YES {} NO Is the site subject to approval by any other Public		
{}}YES {}} NO Are there any easements or Right of Ways on this	s property?	
{}}YES{{}} NO Does the site contain any existing water, cable, pl		
known the If yes please call No Cuts at 800-632-4949 to loc	ate the lines. This is a free	service.
I Have Read This Application And Certify That The Information Provided Her		
State Officials Are Granted Right Of Entry To Conduct Necessary Inspections		7-5
I Understand That I Am Solely Responsible For The Proper Identification And	Labeling Of All Property Lin	nes And Corners And Making

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

VERS OF OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)