Department of Environment, Health and ~~ural~~ Resources
Division of Environmental Health
On-Site Wastewater Section

et:
Property ID:
Lot #:
File #:
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: Design Flow (.1949):   Property Size:
Location of Site: Property Recorded:
Water Supply: ☑ Public   ☐ Individual   ☐ 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 | | OTHER PROFILE FACTORS | | | | Profile Class & LTAR |
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
	45	0-20	G/SL	VFR NS NP					PS. 5
		20-36	SBK BCL	G SSSP					
		0-28	G/SL	VFR NS NP					PS. 45
		28-36	SBK SCL	G SS SP	Towe t Ast 36"				
		0-16	G/SL	VFR S SUP					
		16+			10YR 7/2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		Ding 25/30
Site LTAR		.45

Other Factors (.1946):
Site Classification (.1948): PS
Evaluated By: Ba
Others Present:

COMMENTS: _____

LANDSCAPE POSITIONS

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

GROUP / TEXTURES / .1955 LTAR

GROUP	TEXTURES	.1955 LTAR
I	S-SAND	1.2 - 0.8
	LS-LOAMY SAND	
II	SL-SANDY LOAM	0.8 - 0.6
	L-LOAM	
III	SI-SILT	0.6 - 0.3
	SIL-SILT LOAM	
	CL-CLAY LOAM	
	SCL-SANDY CLAY LOAM	
IV	SIC-SILTY CLAY	0.4 - 0.1
	C-CLAY	
	SC-SANDY CLAY	

CONSISTENCE MOIST

VFR-VERY FRIABLE
FR-FRIABLE
FI-FIRM
VFI-VERY FIRM
EFI-EXTREMELY FIRM

WET

NS-NON-STICKY
SS-SLIGHTY STICKY
S-STICKY
VS-VERY STICKY
NP-NON-PLASTIC
SP-SLIGHTLY STICKY
P-PLASTIC
VP-VERY PLASTIC

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

MINERALOGY
SLIGHTLY EXPANSIVE

EXPANSIVE

Show profile locations and other site features (dimensions, references or benchmark, and North)

HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible and answer all questions to the best of your ability. Thank you.

Have you received a letter for a failing septic system from our office? [ ] YES [ ] NO

Also, within the last 5 years have you completed an application for repair for this site? [ ] YES [ ] NO

Installer of system _____
Septic Tank Pumper _____
Designer of System _____
_____

1. Number of people who live in house? __2__ # adults __3__ # children __5__ # total

2. What is your average estimated daily water usage? _____ gallons/month or day _____ county water
   If HCPU please give the name that the water bill is listed in? _____

3. If you have a garbage disposal, how often is used? [ ] daily [ ] weekly [ ] monthly

4. When was the septic tank last pumped? _under 1year_ How often do you have it pumped? _____

5. If you have a dishwasher, how often do you use it? [ ] daily [ ] every other day [ ] weekly

6. If you have a washing machine, how often do you use it? [ ] daily [ ] every other day [ ] weekly [ ] monthly

7. Do you have a water softener or treatment system? [ ] YES [✓] NO Where does it drain? _____

8. Do you use an "in tank" toilet bowl sanitizer? [ ] YES [ ] NO

9. Are you or any member in your family using long term prescription drug(s), antibiotics or chemotherapy?
   [ ] YES [ ] NO If yes, please list _____

10. Do you put household cleaning chemicals down the drain? [ ] YES [ ] NO If so, what kind? _____

11. Have you put any chemicals (paints, thinners, etc.) down the drain? [ ]YES [ ] NO
    If yes, what kind? _____

12. Have you installed any water fixtures since your system has been installed? [ ] YES [ ] NO If yes, please list
    any additions including any spas, whirlpools, sinks, lavatories, bath/showers, toilets. _____

13. Do you have an underground lawn watering system? [ ] YES [✓] NO

14. Has any work been done to your structure since your initial move, such a roof, gutter drains, basement
    foundation drains, landscaping, etc? [ ] YES [✓] NO If yes, please list _____

15. Are there any underground utilities on your lot? [✓] YES [ ] NO
    Please check all that apply [ ] Power [ ] Phone [ ] Cable [✓] Gas [✓] Water

16. Describe what is happening when you have problems with your septic system and when was it first
    noticed. _____
    _____

17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains,
    household guests)? [ ] YES [ ] NO If yes, please list _____