

****SITE EVALUATION REPORT****

DATE: _____

APPLICANT'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SITE 911 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PHASE: _____

OR ABSTRACT#: _____ SURVEY NAME: _____

ADDITIONAL INFORMATION: _____

N

SITE EVALUATION RESULTS:

SITE ANALYSIS:

TOTAL SITE AREA: _____ ACRES
PROPOSED DEPTH OF OSSF EXCAVATION: _____ FEET
RESTRICTIVE HORIZON PRESENT: _____
DEPTH TO RESTRICTIVE HORIZON: _____ FEET
PRESENCE OR EVIDENCE OF GROUNDWATER: _____

EXISTING OR PROPOSED WELL WITHIN 100 FEET? _____
EST. SLOPE (%) IN OSSF AREA _____
PRESENCE OF NEARBY PONDS, STREAMS, DRAINAGE WAYS _____
IS THE PROPOSED OSSF IN FEMA 100 YEAR FLOODPLAIN? _____
COMMENTS: _____

SOIL ANALYSIS:

TEST#1

DEPTH (FEET)	SOIL TYPE (USDA)	SOIL CLASS (I THRU IV)	SOIL STRUCTURE (CLASS III)	SUITABLE?

TEST#2

DEPTH (FEET)	SOIL TYPE (USDA)	SOIL CLASS (I THRU IV)	SOIL STRUCTURE (CLASS III)	SUITABLE?

OVERALL SITE SUITABILITY:

SOIL CRITERIA: SUITABLE OR UNSUITABLE

SITE CRITERIA: SUITABLE OR UNSUITABLE

COMMENTS:

ATTESTED BY: _____ OF _____ REGISTRATION #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE#: _____ WORK PHONE #: _____ CELL PHONE #: _____