

Please attach an 8.5" x 11" plot map showing the locations of all test pits triangulated from permanent landmarks or known property corners. The map must be drawn to scale and include a North arrow, surrounding geographic and topographic features, direction and % slope, distance to drainages, water bodies, potential areas for flooding, unstable landforms, existing or proposed roads, structures, utilities, domestic water supplies, wells, ponds, existing wastewater treatment systems and facilities.

Permit #:	
APN:	
(County Use Only) Reviewed by:	Date:

PLEASE PRINT OR TYPE ALL INFORMATION

Property Owner	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Relocation <input type="checkbox"/> Other:
Property Owner Mailing Address	<input type="checkbox"/> Residential - # of Bedrooms: Design Flow : gpd
City State Zip	<input type="checkbox"/> Commercial – Type:
Site Address/Location	Sanitary Waste: gpd Process Waste: gpd <input type="checkbox"/> Other:
	Sanitary Waste: gpd Process Waste: gpd

Evaluation Conducted By:

Company Name	Evaluator's Name	Signature (Civil Engineer, R.E.H.S., Geologist, Soil Scientist)
Mailing Address:		Telephone Number
City State Zip	Date Evaluation Conducted	

<p><u>Primary Area</u></p> <p>Acceptable Soil Depth: in. Test pit #'s:</p> <p>Soil Application Rate (gal. /sq. ft. /day):</p> <p>System Type(s) Recommended:</p> <p>Slope: %. Distance to nearest water source: ft.</p> <p>Hydrometer test performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p> <p>Bulk Density test performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p> <p>Percolation test performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p> <p>Groundwater Monitoring Performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p>	<p><u>Expansion Area</u></p> <p>Acceptable Soil Depth: in. Test pit #'s:</p> <p>Soil Application Rate (gal. /sq. ft. /day):</p> <p>System Type(s) Recommended:</p> <p>Slope: %. Distance to nearest water source: ft.</p> <p>Hydrometer test performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p> <p>Bulk Density test performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p> <p>Percolation test performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p> <p>Groundwater Monitoring Performed? No <input type="checkbox"/> Yes <input type="checkbox"/> (attach results)</p>
<p>Site constraints/Recommendations:</p>	

Test Pit #

PLEASE PRINT OR TYPE ALL INFORMATION

Horizon Depth (Inches)	Boundary	%Rock	Texture	Structure	Consistence			Pores	Roots	Mottling
					Side Wall	Ped	Wet			

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