

|                        |
|------------------------|
| Date Paid: _____       |
| Rcpt: _____ Amt: _____ |

## SPECULATIVE EVALUATION FORM

Requester: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip

Email Address: \_\_\_\_\_

**Location:**

Legal Description: Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ ¼ Section: \_\_\_\_\_  
 Subdivision Name (if applicable): \_\_\_\_\_ Division: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Parcel #: \_\_\_\_\_ County: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

Lot Size: \_\_\_\_\_ acres      Water Supply:     Private Well     Shared Well     Public System

**This review in no way guarantees issuance of a septic permit. It is valid for one (1) year only. Fee may be applied toward permit within one (1) year. If more than two (2) visits needed, an additional \$400 fee is required.**

I hereby authorize access to this property for the purpose of conducting a speculative on-site evaluation.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>EIPH Use Only</b>  |     |    |      |  |     |    |      |
|---|-----|----|------|--|-----|----|------|
| <b>CURRENT LAND USE:</b> _____  |     |    |      |  |     |    |      |
| <b>SITE SUITABILITY:</b> _____  |     |    |      |  |     |    |      |
| <b>Soil Types:</b>  |     |    |      |  |     |    |      |
| Based on SCS Maps   | A   | B  | C    | Unacceptable                                     |     |    |      |
| Based on Engineering Report   | A   | B  | C    | Unacceptable                                     |     |    |      |
| Based on Test Hole  | A   | B  | C    | Unacceptable                                     |     |    |      |
| <b>Test Hole Information:</b>   |     |    |      |  |     |    |      |
| Depth of Test Hole: _____   |     |    |      | Predominant soil type observed: _____            |     |    |      |
| Bedrock encountered: _____  |     |    |      | Any ground water encountered: _____              |     |    |      |
| Other concerns: _____   |     |    |      |  |     |    |      |
| <b>Effective Soil Depth:</b> Is there sufficient soil depth below bottom of proposed system to meet rules?    Yes    No    Unk*               |     |    |      |  |     |    |      |
| <b>Depth to nearest Groundwater:</b> _____  |     |    |      | <b>Depth to nearest impermeable layer:</b> _____ |     |    |      |
| <b>Separation Distances:</b> Does property appear to have sufficient area for system and replacement to meet all separation requirements for: |     |    |      |  |     |    |      |
| Well location (owner's property):   | Yes | No | Unk* | Nearest neighbor's well:                         | Yes | No | Unk* |
| Water distribution lines:   | Yes | No | Unk* | Downslope cut or scarp:                          | Yes | No | Unk* |
| Temporary surface waters:   | Yes | No | Unk* | Property lines:                                  | Yes | No | Unk* |
| Permanent or intermittent surface water:  | Yes | No | Unk* |  |     |    |      |
| *Comments: _____  |     |    |      |  |     |    |      |
| Date(s) On-Site Evaluation Conducted: _____   |     |    |      |  |     |    |      |
| Travel time associated with evaluation: _____   |     |    |      |  |     |    |      |
| Inspection time associated with evaluation: _____   |     |    |      |  |     |    |      |
| EHS: _____  |     |    |      |  |     |    |      |