

## 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 #: \_\_\_\_\_

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 \$450 fee is required.**

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

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

### EIPH Use Only

**CURRENT LAND USE:** \_\_\_\_\_

**SITE SUITABILITY:** \_\_\_\_\_

**Soil Types:**

Based on SCS Maps	A	B	C	Unacceptable
Based on Engineering Report	A	B	C	Unacceptable
Based on Test Hole	A	B	C	Unacceptable

**Test Hole Information:**

Depth of Test Hole: \_\_\_\_\_ Predominant soil type observed: \_\_\_\_\_

Bedrock encountered: \_\_\_\_\_ Any ground water encountered: \_\_\_\_\_

Other concerns: \_\_\_\_\_

**Effective Soil Depth:** Is there sufficient soil depth below bottom of proposed system to meet rules? Yes No Unk\*

**Depth to nearest Groundwater:** \_\_\_\_\_ **Depth to nearest impermeable layer:** \_\_\_\_\_

**Separation Distances:** 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: \_\_\_\_\_