

Date: \_\_\_\_\_

Site Evaluation Number: \_\_\_\_\_

Site Evaluator Information		Installer Information	
Name		Name	
Company		Company	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	
Fax		Fax	
Applicant Information		Site Location	
Name		Lot / Block	
Address		Subdivision	
City, Zip		Address	
State		City, Zip	
Phone		Unincorporated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax		Additional Info	

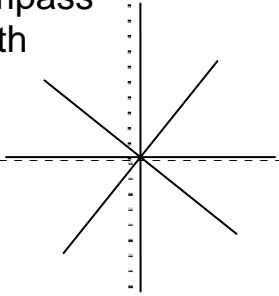
**Schematic of Lot or Tract**

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other surface improvements where known (drainage, patios, sidewalks).
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point).
- Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Indicate:

- Topography: Flat-Under 2% \_\_\_\_\_; Slight-Under 5% \_\_\_\_\_; Severe-Over 5% \_\_\_\_\_
- Lot Size: \_\_\_\_\_ ft. by \_\_\_\_\_ ft. acres **\*\*Show contour lines and drainage on drawing below\*\***

Compass North 	<b>Site Drawing</b>				
	Scale: 1 inch = 50 feet Note type of vegetation on lot				

**Features of Site Area**

- |  |           |          |
|--|-----------|----------|
| Is seasonal water table indicated?                         | Yes _____ | No _____ |
| Is site located in 100 year flood zone?                    | Yes _____ | No _____ |
| Are adjacent ponds, streams, water impoundments indicated? | Yes _____ | No _____ |
| Is existing or proposed water well in nearby area?         | Yes _____ | No _____ |
| Is organized sewage service available to lot or tract?     | Yes _____ | No _____ |

This site is suitable for a:  Conventional system  Low-Pressure Dosing System  Aerobic/Sprinkler  Other: \_\_\_\_\_

Site Evaluator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ License No: \_\_\_\_\_

(Circle one: RS, PE, DR, Installer II)

