

Date Paid: _____
Rcpt: _____ Amt: _____

## SPECULATIVE EVALUATION FORM

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

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

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

Location:  
 Legal Description: ¼ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ 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 \$300 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: _____							