

**EASTERN IDAHO PUBLIC HEALTH DISTRICT
SPECULATIVE EVALUATION FORM**

Date Paid _____

Receipt # _____ Amt _____

Requester: _____

Phone # _____

Mailing Address: _____ City: _____ St: _____ Zip: _____
(Current Address)

Location:

Legal Description: 1/4 Section. _____ Section _____ Township _____ Range _____
Subdivision Name if applicable: _____ Div. _____ Lot _____ Block _____
Address: _____ City _____ Zip _____

Directions to property: _____

Lot Size: _____ acres. Water Supply: Private Well () Shared Well () Public System ()

This review in no way guarantees issuance of a septic system permit. It is valid for one(1) year only. Fee may be applied toward permit within 1 year.

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

Signed By: X _____ Date: _____

Date(s) On-Site Evaluations Conducted. _____/_____/_____
Travel Time associated with evaluation. _____/_____/_____
Inspection Time associated with evaluation. _____/_____/_____
If more than 2 visits needed, \$200.00 additional fee required.

CURRENT LAND USE: _____

SITE SUITABILITY:

Soil Types:

Based on SCS maps. Type A B C Unacceptable
Based on Engineering Report. Type A B C Unacceptable
Based on Test Hole. Type 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: Has 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: (Property appears to have sufficient area for system and replacement to meet all separation requirements?)

Well location (owners 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: _____

By EHS. _____