

Owner: _____ Applicant: _____ Date Evaluated: 4/6/15

Address: _____ Design Flow (.1949): _____ Property Size: _____

Proposed Facility: _____

Location of Site: _____ Property Recorded: _____

Water Supply: ☐ Public ☐ Individual ☐ Well ☐ Spring ☐ Other

Evaluation Method: ☐ Auger Boring ☐ Pit ☐ Cut

Type of Wastewater: ☐ Sewage ☐ Industrial Process ☐ Mixed

[illegible]

Description	Initial System	Repair System	Other Factors (.1946):
Available Space (.1945)			Site Classification (.1948): <i>RS</i>
System Type(s)		<i>Comp 257</i>	Evaluated By: <i>g</i>
Site LTAR		<i>.3</i>	Others Present:

4x50
18-20

