

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date Evaluated: \_\_\_\_\_  
 Proposed Facility: 3 BOD Design Flow (.1949): 360 gal Property Size: \_\_\_\_\_  
 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):
System Type(s)		257-120	Evaluated By: OX
Site LTAR		5	Others Present: —