

SITE CHARACTERIZATION EVALUATION

Applicant Name _____ Date _____ Project # _____

Applicant Address _____ Phone _____

Site Location (Address and/or Legal Description) _____

New Replacement Type of Building _____ # of Bedrooms _____ Estimated Flow _____

Soil Survey Map unit number & Name _____ Limiting Factor(explain) _____

Probe Depth _____ Soils match Map unit? Yes No

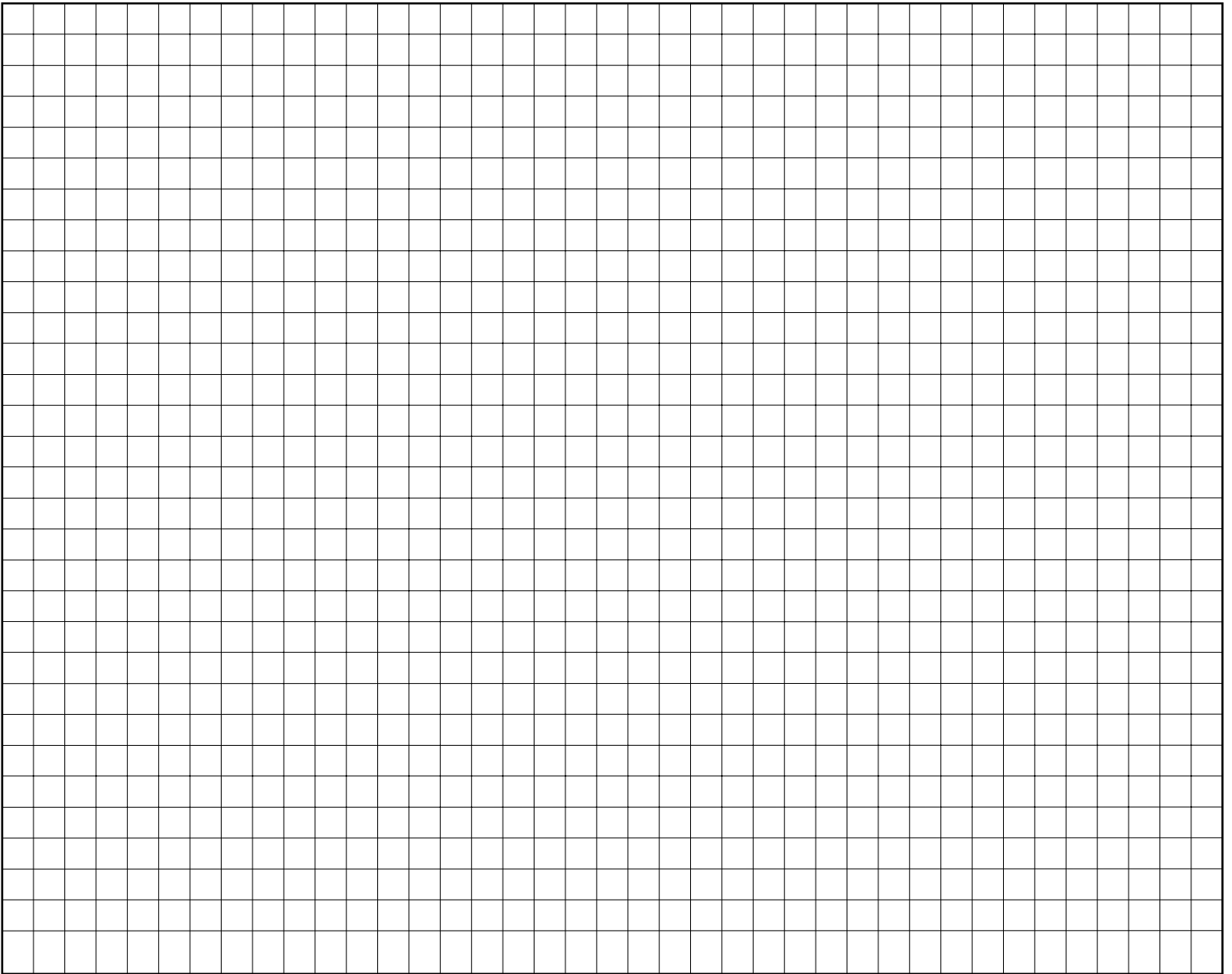
(explain) _____

Type of Vegetation _____ Slope Form _____

Landscape Position _____ % Slope _____ Limiting Layer No Yes

Type of Limiting Layer _____ Depth to Limiting Layer _____

SITE DRAWING



Remarks: _____

Evaluator's Signature _____ **Date Completed** _____