



SITE & SOIL EVALUATION APPLICATION

Mark Check-off Boxes as Applicable for Type of Work

Type of Work

- Site Evaluation (30)
- Soil Profile Evaluation (33)
- Percolation Test w/ contractor (38)

Type of Building

- Single-Family Dwelling
- Multiple-Family Dwelling
- Commercial
- Industrial
- Other _____

Projected Sewage Flow

- No. of Bedrooms _____
- No. of Employees _____
- No. of Seats _____
- Other _____

Water Supply

- Off-site Public Water
- On-site Public Water
- Name of Supplier _____
- Private Well
- Number of Wells _____

PLEASE PRINT CLEARLY. ALL FIELDS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED

Legal Owner's Name		E-mail:	
Legal Owner Address			
City/ State/ Zip		Country	*Owner Telephone
Owner Billing Address (if different from above)			
Site Address (if different from Owner)		Assessor's Parcel #	
Contractor Company Name			Lot/Parcel #
Contractor or Agent Contact Name		E-Mail:	
Contractor or Agent Address/ City/ State/ Zip Code			*Contact Person's Telephone

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all applicable laws and regulations. **(NOTE: Percolation tests are valid for five (5) years).**

Signature of Owner or Agent

Date

Signature of Contractor

Date

FOR OFFICE USE ONLY

Site Evaluation (PE 4230)

PR#	Amount Paid: \$ _____	Receipt #:	Check #:	CASH / Credit Card: MC__ VISA__
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Soil Profile (PE 4233)

PR#	Amount Paid: \$ _____	Receipt #:	Check #:	CASH / Credit Card: MC__ VISA__
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Percolation Test (PE 4238)

PR#	Amount Paid: \$ _____	Receipt #:	Check #:	CASH / Credit Card: MC__ VISA__
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Facility ID#	Date:	Received by:	REHS:	Supervisor:
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