

CEP-2/3 Site Evaluation Data

Name/Establishment/Development _____

Location/Address _____

Evaluator

Soil Classifier Engineer Land Surveyor Geologist PHESS – CEP2 only

Method Used

Percolation Unified Mapping Morphology

NOTE: All percolation results shall be reported. All testing methods and results are subject to verification by the ADPH.

**1. Unified / Morphology Method / Soil Boring Data for Percolation Method
(Attach Additional Sheets As Needed)**

Hole No.	Layer ID/ Horizon*	Depth Of Up/Lo Boundary	Dominant Color Of Each Layer	Mottles, Redox, Etc	Texture*	Texture Group*	Other
		Field Sizing _____ mpi @ _____ Depth (in.)	Restriction Depth (in.) _____	Restriction Type (<i>circle</i>): ASHES Rock Pan Water Indicator Other _____	Minimum Vertical Separation Distance in Appendix A, Table 19 _____		
		Field Sizing _____ mpi @ _____ Depth (in.)	Restriction Depth (in.) _____	Restriction Type (<i>circle</i>): ASHES Rock Pan Water Indicator Other _____	Minimum Vertical Separation Distance in Appendix A, Table 19 _____		

Field Sizing _____ mpi @ _____ Depth (in.)	Restriction Depth (in.) _____	Restriction Type (<i>circle</i>): ASHES Rock Pan Water Indicator Other _____	Minimum Vertical Separation Distance in) Table 19 _____				

* Required for Unified/Morphology Method only

2. Percolation Test Data (Attach Additional Sheets As Needed)

Extended Saturation Procedure Testing <input type="checkbox"/> No <input type="checkbox"/> Yes	Percolation Hole No.	Date Of Percolation Tests	Beginning / End Time Of Saturation	Beginning / End Time Of Testing	Total Depth of Hole	Depth From Surface To Restriction	Stabilized Percolation Rate in Min. per inch

3. Professional Soil Classifier Certified Soil Mapping data attached

SITE EVALUATOR

Primary EDF design is limited by the most restrictive test result, which is recorded as Hole # _____.

I, _____ a (professional engineer, surveyor, soil classifier or
Print/Type Name

geologist) do hereby certify that the above and/ attached soil tests were conducted as specified in the Rule 420-3-1-.61 thru Rule 420-3-1-.76 and are true and accurate as presented..

Signature _____ Date _____ Registration No. _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Firm Name

Address