

CEP-2/3 PART-C

SITE EVALUATION DATA

Name of Applicant/Establishment/Development _____

Location/Address _____

Evaluator

☐ Engineer ☐ Land Surveyor ☐ Soil Classifier ☐ Geologist ☐ PHESS (CEP-2 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 LHD and/or the ADPH.

1. Unified / Morphology / Percolation Soil Boring Data (Attach additional sheets if necessary)

Hole No.	Layer ID/Horizon *	Depth of Upper/Lower Boundary	Dominant Color of Each Layer	Mottles, Redox, etc.	Texture*	Texture Group *	Other
	Field Sizing _____ mpi @ _____ Depth (in.)			Restriction Depth (in.) _____	Restriction Type per Table 7 _____	Minimum Vertical Separation Distance per Table 7 _____ (in.)	

Hole No.	Layer ID/Horizon *	Depth of Upper/Lower Boundary	Dominant Color of Each Layer	Mottles, Redox, etc.	Texture*	Texture Group *	Other
	Field Sizing _____ mpi @ _____ Depth (in.)			Restriction Depth (in.) _____	Restriction Type per Table 7 _____	Minimum Vertical Separation Distance per Table 7 _____ (in.)	

Hole No.	Layer ID/Horizon *	Depth of Upper/Lower Boundary	Dominant Color of Each Layer	Mottles, Redox, etc.	Texture*	Texture Group *	Other
	Field Sizing _____ mpi @ _____ Depth (in.)		Restriction Depth (in.) _____	Restriction Type per Table 7 _____	Minimum Vertical Separation Distance per Table 7 _____ (in.)		

* Required for Unified / Morphology methods only.

2. Percolation Test Data (Attach additional sheets if necessary)

Extended Saturation Procedure Testing ☐ No ☐ Yes	Percolation Hole No.	Date of Percolation Tests	Beginning / End Time of Saturation	Beginning / End Time of Testing	Total Depth of Hole (in.)	Depth from Surface to Restriction (in.)	Stabilized Percolation Rate in Minutes per Inch

3. Professional Soil Classifier Mapping Data attached ☐

SITE EVALUATOR

Primary EDF design is limited by the most restrictive test result as recorded for hole number _____.

I, _____, do hereby certify that the above and attached (if applicable) soil tests were conducted as specified in Rule 420-3-1 and are true and accurate as presented.

Signature _____ Date _____ Registration No. _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Firm Name _____ Address _____