EAST SHORE DISTRICT HEALTH DEPARTMENT APPLICATION FOR SOIL EVALUATION

FOR APPLICANT:

Date:_	'	Town:		L	.ot #	Street No	o./Address	S				
			Non-residential Describe									
NewB100 or alteration Owner:												
				Applicant's Telephone #								
Applic	cant's Sign	ature										
FOR	SANITAR	IAN:										
	y Area Perc			Reserve Area Percolation					lditional Percolation Test #			
DepthDate					-	• • • • • • • • • • • • • • • • • • •		1	DepthDate			
Diameter Length of pre-soak						I		iameter				
_	-							ength of pre-soak ₂ O in hole				
H ₂ O in hole				H ₂ O in hole				1120 III liole				
Time	Reading	Drop "	Rate	Time	Reading	Drop "	Rate	Time	Reading	Drop "	Rate	
Pit # Depth	Primar Soil Cond		Pit # Depth	Pit # Primary Depth Soil Conditions			Pit # Primary Depth Soil Conditions		Pit # Reserve Depth Soil Conditions			
Soil Moisture Soil Moi				isture		Soil Moisture			Soil Moisture			
Water at Water a						Water at			Water at			
Mottling at Mottling				g at		Mottling at			Mottling at			
Ledge at Ledge a			t		Ledge at			Ledge at				
R.L. at R.L at			R.L at			R.L. at			R.L. at			
Slope = %: Slope =			%:		Slope = %:			Slope = %:				
Comn	nents:		1			1			1			

TEST LOCATION SKETCH:

Show North direction as

Show Roads, drainage courses and other environmental features:

SPECIAL	CONDITIONS					
Is public water service available:	Water supply watershed:					
Larger than 2000 GPD:	Possible seasonal flooding: Excessive slope (over 25%) Shallow suitable area					
High G.W. (Less than 3 ft)						
Watercourse, marsh or pond						
Perc rate > 30 min./ in.						
Perc rate < 1 min./in.						
Soils w/severe limitations						
CON	<u>CLUSIONS</u>					
Suitable	Additional Investigation required					
Unsuitable	Retest during wet season					
Engineering design required						
DESIGN REC	COMMENDATIONS					
Investigated by:	Title:					
Confirmed/witnessed by:	Title:					