**SITE EVALUATION FOR SEPTIC SYSTEM INSTALLATION**

Report # \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soil Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Site Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The owner has been informed that the soils may be suitable for a soil absorption type system and a percolation test or soil analysis will be conducted at this site by a licensed engineer.

The owner has opted not to conduct a percolation test or soil analysis based upon a site assessment by Marion County and will install a non-soil absorption type system due to impervious soils types or other site restrictions.

SETBACKS

The owner was informed of the following setback requirements.

* Property Lines (10’)
* Easements (10’)
* Wells (50’/100’)
* Lake or Reservoir (50’/100’)
* Streams or Ponds (25’)
* Drainage Ditches (10’)
* Drainage Tiles (10’)
* Utility Lines (10’)
* Dwellings or Other Structures (10’)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SITE DIAGRAM

CONTRACTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED SYSTEM TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF BEDROOMS: \_\_\_\_\_

This report does not guarantee accuracy or that all setback requirements were found during the site evaluation. The maps and other tools used by the Marion County Environmental Health Department are for information purposes only and should not be interpreted as an official survey. Therefore, it is always recommended that a professional survey should be conducted to determine (but not limited to) property lines, easements and right-of-ways.

*I have read this site evaluation report and understand that it is ultimately the owner’s responsibility to ensure that all local and state setback requirements for septic systems are adhered to.*

Report # \_\_\_\_\_\_\_\_\_\_

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Owner Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Representative Date

Form Revision: 4/17/2017 BKM