

MENDOCINO COUNTY
Site Evaluation Report Summary

Environmental Health
ST# _____ *(EH office use only)*

Site Address: _____
 City, State, Zip: _____
 Owner Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Location Description: _____
 Project Description (# of bedrooms): _____
 Water Source: _____

Site Evaluator: _____
 APN: _____
 Land Division #: _____
 Home phone: _____
 Work phone: _____

Distance to Wastewater System: _____

	Initial Area	Expansion Area
Profile #	_____	_____
Slope (%)	_____	_____
Effective Soil Depth (IN)	_____	_____
Absorption System Type	_____	_____
Distribution Method	_____	_____
Soil Suitability Class	_____	_____
Soil Perc Rate (MPI)	_____	_____
Design App. Rate (G/SF/D)	_____	_____
Design Flow (G/D)	_____	_____
Absorption Area (SF)	_____	_____
Linear Area (SF/LF)	_____	_____
Total Trench (LF)	_____	_____
Trench Depth (IN)	_____	_____
Trench Width (IN)	_____	_____
Effective Absorption Depth (IN)	_____	_____

Tanks:	Septic Tank	Pump Tank	Treatment Tank
Volume (GAL)	_____	_____	_____
Construction Material	_____	_____	_____

Trench Calculation: Design Flow ÷ Design App. Rate ÷ Linear Area = Total Trench (LF) _____

Requested Waiver (attach justification): _____

Special Design Features: _____

Site Evaluator's Statement: I hereby certify that I have examined the above designated site using approved procedures, and that to the best of my information, knowledge and belief it complies with all State and County requirements for an On-site Sewage System at the time of this evaluation.

Date: _____

(seal)

Signature: _____