

Department of Health & Human Services  
Division of Environmental and Consumer Health Services



Making It Better, Together

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**FORM 2A**  
**GENERAL SITE EVALUATION DATA**

1. Name of Site Evaluator (print): \_\_\_\_\_
2. Business Address of Site Evaluator: \_\_\_\_\_
3. Business Phone Number of Site Evaluator: \_\_\_\_\_
4. Special Site Limitations Identified (Check appropriate Categories): ☐ Flood Plains ☐ Bedrock  
Outcrops ☐ Wetlands ☐ Excessively Stony ☐ Disturbed Ground ☐ Sink Holes  
☐ Sand Dunes ☐ Steep Slopes ☐ Other—Specify \_\_\_\_\_
5. Soil Logs—Enter on Form 2b—Use one sheet for each soil log.
6. Considerations Relating to Disturbed Ground:
  - a) Type of Disturbance (Check appropriate categories): ☐ Filled Area ☐ Excavated Area  
☐ Re-graded Area ☐ Subsurface Drains ☐ Other—Specify \_\_\_\_\_
  - b) Pre-existing Natural Ground Surface Elevation Relative to Existing Ground Surface \_\_\_\_\_  
\_\_\_\_\_ Method of Identification \_\_\_\_\_
  - c) Suitability of Disturbed Ground ☐ Unsuitable: Objects Subject to Disintegration or Change in  
Volume ☐ Excessively Coarse ☐ Proctor Test performed \_\_\_\_\_ % Standard Proctor  
Density = \_\_\_\_\_
7. Hydraulic Head Test:
  - a) Hydraulically Restrictive Horizon: Depth Top to Bottom \_\_\_\_\_
  - b) Piezometer A: Depth to Bottom \_\_\_\_\_ Depth of Water Level (24 hrs) \_\_\_\_\_
  - c) Piezometer B: Depth to Bottom \_\_\_\_\_ Depth of Water Level (24 hrs) \_\_\_\_\_
  - d) Witnessed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Attachments (Check items included): ☐ Site Plan ☐ Key Map Showing Location of Site On U.S.G.S.  
Quadrangle or Other Accurate Map ☐ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map  
☐ IMAP ☐ Other—Specify \_\_\_\_\_
9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.  
  
Signature of Soil Evaluator \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
Signature of Professional Engineer \_\_\_\_\_ License # \_\_\_\_\_