

Department of Health
and Human Services

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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 Bedrock
 Outcrops Wetlands Excessively Stony Disturbed Grounds Sink Holes

5. Soil Logs -Enter 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) Hydraulic Restrictive Horizon: Depth top to Bottom _____

B) Piezometer A: Depth Bottom _____ depth to Water level (24 hrs.) _____

C) Piezometer B: Depth Bottom _____ depth to 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 (N.J.S.A. 58:10A-1 et seq.)

Signature of Soil Evaluator _____ Date ____/____/____

Signature of Professional Engineer _____ License # _____