

## Additional Wet Season Monitoring Data

OWTS Application No. \_\_\_\_\_

Site information

Street name \_\_\_\_\_

Plat/Lot \_\_\_\_\_

Owner name \_\_\_\_\_

<i>TEST HOLE NO.</i>	<i>DATE</i>	<i>DATE</i>	<i>DATE</i>	<i>DESIGNER'S/SOIL EVALUATOR'S DETERMINATION: SHWT Depth</i>

Preparer's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Designer License Number \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be completed and submitted to the Department along with the 4-part Verification of Groundwater form no later than April 1.**