

PERSONAL REFERENCE FORM FOR SITE EVALUATOR EXAM

Reference: Complete and forward this form to the Division of Environmental Health, 286 Water Street, 3rd Floor, Augusta, Maine 04333, Telephone 207-287-5672.

APPLICANT

REFERENCER

Name _____

Name _____

Address _____

Business Address _____

Phone # _____

Business Phone# _____

What is your relationship to the applicant?

Employer

Supervisor

Co-Worker

Other (specify) _____

How long have you known the applicant and in what capacity?

Your knowledge of applicant's professional ability to design subsurface wastewater disposal systems, (Be specific and detailed.)

Your assessment of the applicant's knowledge and field experience pertaining to soil description and terminology.

While working with you or your business, what percentage of the applicant's time was (is) involved with site evaluation, soil mapping, surficial geology, and/or subsurface wastewater disposal design?

Site Evaluation _____% Soil Mapping _____% Surficial Geology _____%

Subsurface Wastewater Disposal Design _____%

Have you accompanied the applicant in his/her field work? (Note time and how much (days, mos., yrs.)

All the time _____

Some of the time _____

None of the time _____

Have you participated with the applicant in subsurface wastewater disposal design? __ Yes __ No

If yes, describe your involvement and time spent with applicant.

Your endorsement of the applicant: (Please elaborate below on your reason for selecting a particular endorsement)

Highly recommend

Recommend

Recommend with reservation

Do not recommend

Signed _____ Date _____

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