



**CHECKLIST**  
**SUBSURFACE MAPPING SURVEYS**

**PROJECT:**

**DATE:**

|  |                      |
|--|----------------------|
| <b>COMPANY</b> _____                       | <b>CONTACT</b> _____ |
| <b>SITE NAME</b> _____                     | <b>PHONE</b> _____   |
| <b>SURVEY DATE</b> _____ <b>TIME</b> _____ | <b>Email</b> _____   |

**SURVEY OBJECTIVES**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Artifacts                  | <input type="checkbox"/> Contaminant Plumes       | <input type="checkbox"/> Tension Cables            |
| <input type="checkbox"/> Asphalt/Concrete Thickness | <input type="checkbox"/> Drain Fields             | <input type="checkbox"/> Underground Storage Tanks |
| <input type="checkbox"/> Bore Hole Clearance        | <input type="checkbox"/> Dry Wells                | <input type="checkbox"/> UST Pits                  |
| <input type="checkbox"/> Building Foundations       | <input type="checkbox"/> Geology                  | <input type="checkbox"/> Unexploded Ordnance       |
| <input type="checkbox"/> Buried Waste Drums         | <input type="checkbox"/> Grave Sites              | <input type="checkbox"/> Water Wells               |
| <input type="checkbox"/> Burn or Debris Pits        | <input type="checkbox"/> Monitoring Wells         | <input type="checkbox"/> Water Table               |
| <input type="checkbox"/> Cesspools                  | <input type="checkbox"/> Non-conductive Utilities | <input type="checkbox"/> Voids                     |
| <input type="checkbox"/> Conductive Utilities       | <input type="checkbox"/> Rebar                    | <input type="checkbox"/> Other _____               |
|   | <input type="checkbox"/> Septic Tanks             |  |

**SITE DESCRIPTION**

- Existing Site Map?
- Existing Site Photos?
- Location \_\_\_\_\_  
\_\_\_\_\_
- Type of Site \_\_\_\_\_  
(Residential, Commercial, Vacant Lot, etc.)
- Size \_\_\_\_\_  
(City Block, Acreage, Square Feet, etc.)
- Surface \_\_\_\_\_  
(Asphalt, Concrete, Soil, Etc.)
- Ground Cover \_\_\_\_\_  
(Scattered trees, Thick trees, Bushes, etc.)
- Topography \_\_\_\_\_  
(Flat, Steep, Hilly, Etc.)

**NOTES**

**PRESENTATION OF RESULTS**

- |   |   |
|---|---|
| <input type="checkbox"/> Written Report                                 | <input type="checkbox"/> Orthophoto Site Map        |
| <input type="checkbox"/> Mark Results on Surface                        | <input type="checkbox"/> Map Scale _____            |
| <input type="checkbox"/> Post results on preexisting Site Map or Photo. | <input type="checkbox"/> Digital Version of Results |
| <input type="checkbox"/> New Site Photo                                 |   |
| <input type="checkbox"/> New Site Map                                   |   |
| <input type="checkbox"/> GPS Site Map                                   |   |