

Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

General Information

Date: _____ County Health Department

Owner: _____ Phone: _____

Owner Address: _____

Property Address: _____

Tax Map/GPIN #: _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: _____

2. Slope: _____ %

3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. Not observed4. Free Water Present: Yes No Range in inches: _____5. Depth to seasonal water table (gray mottling or gray color): _____ inches Not observed6. Soil percolation rate estimated: Yes No Estimated rate: _____ min/in at _____ inches depthTexture Group: I II III IV7. Percolation test performed: Yes No If yes, provide additional data on percolation test results.

Name and title of evaluator: _____

Signature: _____

Site approved: _____ (describe dispersal area, e.g. absorption trenches) dispersing _____ (proposed level of treatment at time of evaluation) to be placed at _____ (inches) depth at site designated on permit. Site provides a total of _____ square feet of absorption area for primary and reserve (if applicable).

Site disapproved: Reasons for rejection (check all that apply)

1. Position in landscape subject to flooding or periodic saturation.
2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.
4. Rates of absorption too slow.
5. Insufficient area of acceptable soil for required absorption area, and/or reserve area.
6. Proposed system too close to well.
7. Other (specify) _____

