

# Site and Soil Evaluation Report

<b>VDH Use Only</b>
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 observed
  4. Free Water Present:  Yes  No Range in inches: \_\_\_\_\_
  5. Depth to seasonal water table (gray mottling or gray color): \_\_\_\_\_ inches  Not observed
  6. Soil percolation rate estimated:  Yes  No Estimated rate: \_\_\_\_\_ min/in at \_\_\_\_\_ inches depth  
 Texture Group:  I  II  III  IV
  7. 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) \_\_\_\_\_

