

Galveston County Health District Site Evaluation Form

Date: _____

Client: _____

Address: _____

Phone: _____

City, State Zip: _____

Legal Description:

Site Address: _____

City/Area: _____

Subdivision: _____

Sec: ____ Lot: ____ Block: ____

Survey: _____

Abstract No: _____

Property Size: _____

Acres: _____

Existing or proposed structure to be served: (Circle one) Existing Structure/New Structure

Topography

Slope	Vegetation	Drainage
Flat: Under 2% ____ Note: If slope is flat a <u>detailed drainage plan</u> shall be provided on design.	Grass/Brush: ____	Poor: ____ Note: If drainage is poor a <u>detailed drainage plan</u> shall be provided on design.
Slight: Under 4% ____	Lightly Wooded: ____	Adequate: ____
Severe: Over 30% ____ Note: If slope is severe a <u>Topo Survey</u> with half foot contours should be provided with this form on design.	Heavily Wooded: ____	Good: ____
Other:	Other:	Other:

Flood Hazard

Property is located:

Outside 100 year flood plain: _____

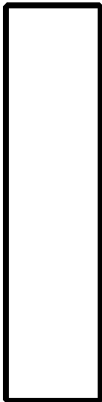
*In 100 year flood plain: _____

In 100 year flood plain and floodway: _____

Note: *Systems installed in flood plain must document how floatation concerns will be addressed on design. Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.

Soil Evaluation

(Based on at least two soil borings or two backhoe pits at opposite ends of the soil absorption area)

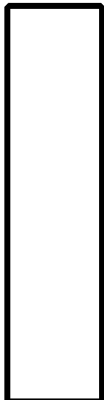


Profile Depth

Texture (USDA)

Color

(Minimum depth is two feet below proposed excavation)



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Color

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Normal Textures (USDA) course sand/gravel, loamy sand, sandy loam, loam, sandy clay, clay loam, silty clay, clay.

Note: Location of bore holes must be shown on design or on a separate sheet of paper attached to this report.

Separation Requirements {show features in the area where the OSSF is to be installed that could be contaminated by the OSSF or could prevent the proper operation of the system in space below or attached page (include items such as adjacent wells, ponds, slopes, etc)}



RESTRICTIVE HORIZON

Restrictive Horizon within 24" below bottom of proposed excavation? Yes _____ No _____

GRAVEL ANALYSIS (For Class II and Class III Soils with Gravel)

% Total Gravel: _____

% Gravel Less Than 2.0 mm: _____

% Gravel Greater than 5.0 mm: _____

EFFLUENT LOADING DETERMINATION

<u>Soil Class/Texture</u>	<u>Gallons per day per square foot</u>
Ia/Gravelly Soil >30% Gravel	To great for consideration >0.5
Ib/Sandy solis with <30% gravel	0.38
II/Sandy loams/loams	0.25
III/Sandy clay/clay loams	0.20
IV/Clay/silty clays	Unsuitable 0.10

Indication of seasonal water table: (Circle One) Yes No

Depth: _____

FINDINGS

Is soil suitable for standard subsurface disposal methods? (Circle One) Yes No

Wastewater application rate _____ Gal/day/sq.ft.

I, _____, a registered _____

did personally conduct the site evaluation on _____
(Date)

I certify that these results are true and correct for the property evaluated.

Site Evaluator

Registration Number