



ENVIRONMENTAL HEALTH SITE ASSESSMENT

Form SA

APPLICANT NAME: _____

APN: _____

TRAKIT #: _____

OFFICE REVIEW

Total Age of System: _____ Years since Last Repair: _____ # of Previous Repairs: _____

Number of Bedrooms: _____ Daily Design Flow: _____ gpd Appl Rt: _____ gpd/ft²

Est. USDA Soil Type: _____ Est. Depth to Limiting Layer: _____ inches

Nature of Limiting Layer: Seasonal Watertable Restrictive Soil
 Excessively Drained Soil None anticipated

Estimated Soil Information Based on: Parcel/Subd Map soil logs Soil info in septic records
 Soil maps Knowledge of area soils

Est. Field Size: _____ ft² Est. Total Trench Length: _____ ft Width: _____ ft Depth: _____ ft

Special Design Considerations/Comments: _____

Field review waived? Yes No

Environmental Health Specialist

Date of Office Review

MOST LIKELY CAUSE OF FAILURE

Design flow exceeded Undersized drainfield Seasonal watertable Root intrusion

Other: _____

FIELD ASSESSMENT

Soil Analysis: (Attach Soil Mantle Form)

Drainfield Bottom Area: _____ ft² Total Trench Length: _____ ft Width: _____ ft Depth: _____ ft

Special Design Considerations/Comments: _____

Environmental Health Specialist

Date of Field Assessment

This section completed by Environmental Health