



# ON-SITE WASTEWATER SITE EVALUATION FOR NEW DEVELOPMENT

Date paid: \_\_\_\_\_

Amount: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Form SE

## APPLICATION

APN #: \_\_\_\_\_

Traklt #: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Site Evaluation Parcel Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Telephone Number \_\_\_\_\_

Evaluation for:  Residential use  Commercial use

Number of bedrooms or parcels (or description of intended use if non-residential): \_\_\_\_\_

Name of Certified Designer (if applicable): \_\_\_\_\_

Name of Certified Installer (if applicable): \_\_\_\_\_

- Site Evaluation application complete and fees paid \*
- Directions to site attached and site flagged \*
- Site plan attached (use checklist included in this application) \*  
- and one of the following -
- Test holes excavated in manner described in On-Site Manual \*  
-or-
- Certified Installer/Designer will contact staff to schedule site inspection and soil evaluation \*

\* Items that must be completed before on-site evaluation takes place

Official Use Only – Do Not Write Below This Line

## OBSERVED SITE CHARACTERISTICS OF DISPERSAL SYSTEM PLACEMENT AREA

Parcel Size: \_\_\_\_\_ acres    Slope in drainfield area: \_\_\_\_\_%    Slope in repair area: \_\_\_\_\_%

Effective soil depth: \_\_\_\_\_ inches

Type of restrictive layer:  Impermeable     Seasonal groundwater     Excessively drained     N/A

Horizontal setback requirements can be met:     Yes     No     Need scaled site plan

Soil log data attached:     Yes     No

Update: August 8, 2010

TEL- 530.538.7281  
FAX- 530.538.5339

202 MIRA LOMA DRIVE  
OROVILLE, CA 95965

This section completed by applicant

This section completed by EH

TrakIt #: \_\_\_\_\_

**ADDITIONAL TESTING**

- N/A, no additional testing required for completion of this evaluation
- Additional test holes required
- Percolation testing required or recommended
- Seasonal groundwater monitoring (GWM) required

(After additional testing has been completed, attach **RESULTS**.)

**EVALUATION RESULTS**

**Wastewater System Type**

- Standard Gravity                       Non-Standard Gravity
- Pressure Distribution               Supplemental Treatment               Disinfection or engineered fill

**Dispersal System Requirements**

Application Rate \_\_\_\_ gpd/ft<sup>2</sup> based on:  Soil texture  Percolation rate  Soil data from original map

Minimum vertical separation \_\_\_\_\_ inches

Depth of curtain drain \_\_\_\_\_ inches               N/A, curtain drain not required

**Special Design Considerations/Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on the information provided by the applicant, the intended use described, and the site conditions observed on the date of this evaluation:

- An on-site wastewater system **can** be designed and approved meeting the requirements of Butte County Code Chapter 19 and the Butte County On-Site Wastewater Manual.
- An on-site wastewater system **cannot** be designed and approved meeting the requirements of Butte County Code Chapter 19 and the Butte County On-Site Wastewater Manual.

\_\_\_\_\_  
 Environmental Health Specialist                      Date              Certified Designer (if applicable)                      Date

**Note:** This Site Evaluation may be invalidated should one of the following occur: **(1)** The type of use will be different that what was indicated in this application, **(2)** Site conditions are altered, adversely impacting the drainfield or reserve areas, or **(3)** New information becomes available clearing indicating the that findings or conclusions of the Site Evaluation were incorrect and an adverse impact to water quality or public health would result if the evaluation was not altered or invalidated.

This section completed by Environmental Health

This section completed by applicant

**SITE EVALUATION SITE PLAN CHECKLIST**

- Owner's name
- Assessor's Parcel Number
- North arrow
- Property lines
- Any relevant site features such as cliffs, cut banks, irrigation canals, springs, rock outcrop, landslide areas, drainage ways, etc/
- Any existing and/or proposed site improvements, such as wells, buildings, pools, driveways, etc. (please specify whether existing or proposed)
- Existing wastewater dispersal areas, if present
- Proposed primary and repair wastewater dispersal areas
- Test hole locations (if already excavated at the time of application)

SITE PLAN

Assessor's Parcel Number:    -    -

Permit #: \_\_\_\_\_

I certify that the information in this site plan is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Owner Name: \_\_\_\_\_ Scale 1" = \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Site Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_