

Traklt #: _____

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/ft² 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

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.