



Uintah County
133 S 500 E
Vernal, UT 84078
P: (435) 247-1160
F: (866) 249-5255

Duchesne County
409 S 200 E
Roosevelt, UT 84078
P: (435) 722-6310
F: (866) 269-6335

SITE ASSESSMENT REQUEST INSTRUCTIONS

The wastewater drainfield area needs to be determined before any other plans are made. The following items must be completed before a Site Assessment can be done:

1. Consult with Planning and Zoning in your area to determine land use restrictions.
2. Consult with water and sewer districts in your area about connecting to public sewer and water. **PLEASE NOTE:** You are required to connect to public sewer if it is available within 300 feet of the property line.
3. Dig soil exploration hole(s). (See page 2 for Instructions.)

PLEASE NOTE: If you do not have 4 feet of soil before reaching ground water (seasonal changes such as irrigation and snow melts may cause higher ground water) **and** 6 feet of soil before reaching bedrock or other impervious layer, you may be denied a wastewater permit. **Do not proceed.** Consult with a certified individual (see list of Certified Individuals) *or* your local Health Department.

4. Submit percolation test(s) results and soil log. Percolation test must be conducted or supervised by a certified individual. (See page 3 & 4)
5. Draw details (as per instructions on page 5) on the plat obtained from the County Recorder. 6.

Fill out the request form completely. (See page 6)

7. **All** of the following must be submitted before the request will be accepted:

- Request form
- County plat of lot with details.
- Percolation test(s) results (if required)
- Soil Log
- Exploration hole(s) dug.
- Fee (\$200.00 non-refundable and subject to change) **Only** covers **one** visit to the site.
- Tax I.D. Form: Copy of property tax statement or print-out from the County showing legal description and property serial # or tax I.D. #.

TriCounty Health Department

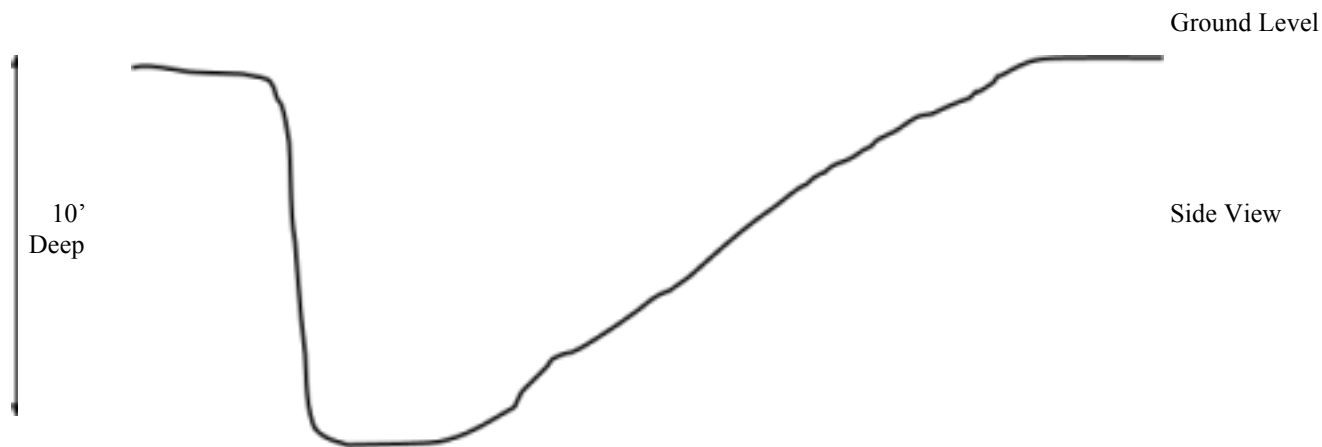
SOIL EXPLORATION HOLE INSTRUCTIONS

Use a backhoe to dig at least one soil exploration hole in the proposed drainfield area. Multiple exploration holes will improve the site assessment. **Return visits will require additional assessment fees.**

The exploration hole **must** meet the following requirements:

- > It must be dug to a depth of at least 10 feet or until bedrock is hit, whichever comes first.
- > It must be dug at least 4 feet below the bottom of the proposed absorption system.
- > One end of each exploration hole must be gently sloped.

A log of the soil and bedrock formations encountered must be submitted describing the texture, structure, and depth of each soil type, the depth of the ground water table, and indications of the maximum ground water table. (USDA Soil Classification System).



(Not to Scale)



The above design example does not meet OSHA standards for human access. If access is necessary the exploration must be constructed to OSHA standards. Observations about soil classifications, ground water levels, and bedrock should be made from ground level looking down.

- DEPTH IN INCHES
- USE USDA SOIL CLASSIFICATIONS

GROUNDWATER STATEMENT

Property Serial # _____ Date: _____

I estimate the high water table to be _____ inches from the ground surface. This estimation is based on the following:

Certified individual: _____

Certification number: _____

Signature: _____

Phone number: _____

Email address: _____

Page 1
PERCOLATION TEST RESULTS

Property Owner: _____ Property Serial # _____ Location _____
of Property: _____

Perc Test Intervals	Start	30 min.	1 hr.	1 ½ hrs. 2 hrs.	2 ½ hrs. 3 hrs.	3 ½ hrs.	4 hrs.
Depth from Reference Point to water							
Distance water dropped in inches							
Inches of Water Added							

***Measure water drop (to 1/16") at 30min intervals for 4 hours or until 2 successive water level drops do not vary by more than 1/16"**

Depth from original grade to the bottom of the percolation test hole: _____

Date percolation test was conducted: _____

I certify that this percolation test has been conducted on the above property, in accordance with requirements specified in R317-511, Utah Administrative Code, and to the best of my knowledge this information is correct.

Certified Individual: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City, State, Zip : _____

Certification I.D.: _____

Signature: Date: _____ **(unsigned test certificates will not be accepted)**

NOTE: PERCOLATION TEST RESULTS ARE SUBJECT TO VERIFICATION BY TRICOUNTY HEALTH DEPARTMENT

PLAT INSTRUCTIONS

Get a copy of the property plat with property lines and **dimensions** from the County Recorder's office. Indicate all of the following information on the plat:

- Location of soil exploration holes and percolation tests (if required). Indicate exact distance and direction from nearest property corner. Please Note: The inspector should be able to locate all of the property corners on site.
- Distance from property line to nearest public sewer and public water, and size of service lines.
- Location of all existing and/or proposed private water sources within 200 feet, and all public water sources within 1500 feet of exploration hole(s).
- Location of easements or drainage right-of-ways affecting the property.
- Location of all streams, ditches, watercourses, ponds, subsurface drains, etc. within 200 feet of exploration hole(s).



SITE ASSESSMENT REQUEST

Property Serial # _____ Date: _____

Total Lot Acreage: _____ **For Division of Property: Y or N**

APPLICANT:

Name: _____ Daytime Phone #: _____

Mailing Address: _____ Email: _____
Route, Box, or Street Address

_____ Cellular Phone #: _____

City, State Zip

PROPERTY OWNER (if different from applicant):

Name: _____

Mailing Address: _____
Route, Box, or Street Address City State Zip

PROPERTY ADDRESS TO BE INSPECTED:

Legal Address: _____
Street Address City State Zip

Directions to site: _____

PLEASE NOTE: If you do not have a street address, **please include a map** with specific, easy to find landmarks and 1/10 mile odometer readings for every turn. For any gates, keys or combinations must be provided to the inspector. Failure to do so may result in a delay in processing your application.

Drinking Water Source: _____ **Reason for site assessment:** _____

Structure to be built: _____ **or Dwelling:** _____ **# of bedrooms:** _____ **or**

Commercial/Industrial Use: _____ **Type:** _____ **# of employees:** _____

HEALTH DEPARTMENT USE ONLY Checklist

Date Fee Paid: _____ Amount Paid: _____

Received by: _____ Receipt # _____

- County Plat of Lot
- Tax ID form
- Soil Log
- Percolation test results
- Groundwater statement
- Drinking Water Source
- Fee

Rev. 9/22/2020 ca

Page 1

