



Health Department
477 23rd Street
Ogden, Utah 84401

WEBER-MORGAN HEALTH DEPARTMENT
WASTEWATER PROGRAM OFFICE
477 23RD STREET, OGDEN, UT 84401
Phone (801) 399-7160 Fax (801) 399-7170
Email: envhealth@co.weber.ut.us

C 03/09/2021 11:42AM 0004 992
000000#8813 ELVIRA 5
S *COPY* 094
II SUB-REVIEW \$195.00 5
A 26 @ \$45.00 17G
E SUB-REVIEW \$1170.00
M 31 @ \$170.00
T SEPTIC SITE VIST
C \$5270.00 .00 M
C. CARD \$6635.00
SALE AMOUNT \$0000.00

APPLICATION FOR WASTEWATER SITE AND SOIL EVALUATION

748 East UT 39, Huntsville, UT 21-013-0001
Land Serial 21-013-0007, 21-013-0009

Yes No Subdivision Name Getaway Estates

Water Supply Wells Approved

Matthew Lowe Phone 801-648-8229

6028 South Ridgeline Dr. #203 City Ogden

Zip 84,405 Email matt@lowecompanies.com

CUSTOMER COPY

A fee of \$170 is required for each exploration pit. Exploration pits are to be dug by backhoe in the approximate location of the proposed absorption field(s) to a minimum depth of **ten** feet or **four** feet below the proposed absorption field. Exploration pits should have a vertical sidewall and be sloped for entry **not to exceed 1.5 ft horizontal to 1 ft vertical fall**. The area must also be marked with an address or other identifier if the pit is not visible from the road. Please be advised that absorption fields must be located 100 feet from wells, ditches, and water courses. Please provide keys or codes to any locked gates and insure any animals are secured.

A preliminary site plan must be submitted prior to the soil evaluations being conducted if property is to be subdivided.

The completed evaluation will be mailed to the applicant. The evaluation will include:

1. A plat of the exploration pit(s) with an assigned numerical code for each pit(s).
2. The required percolation depth(s) with a list of qualified testers.
3. Ground water table monitoring information, if necessary.
4. Additional site specific information as needed.

Signature [Signature] Date 2/9/2021

For Office Use: Soil Log # _____ Fee Paid

Date Exploration Pit Available _____ Date of Evaluation _____