SUBSURFACE SEWAGE TREATMENT SYSTEM
SITE EVALUATION
Complete ONE (1) form per proposed parcel

PROPERTY OWNER: ____________________________________________________________
PROPERTY ADDRESS: __________________________________________________________

LEGAL DESCRIPTION: _________________________________________________________
SECTION: ________________ TOWNSHIP: ________________ RANGE: ___________________
DATE: ____________________ TIME: ____________________

Weather Conditions: __________________________________________________________

Are there two (2) acceptable sites that would support Type I septic systems?  □ Yes  or  □ No

Check all that apply:  □ Shoreland  □ Dwelling  □ In Wellhead Protection Area  □ Class V
□ Food, Beverage, or Lodging Establishment  □ New  □ Existing

Soil Classification:
Unsuitable/Disturbed/Compacted:  □ Yes  or  □ No
Type of Observation:  □ Pit  □ Auger
Vegetation Type:  □ Wet  □ Dry  □ Unknown
Drainage (select one):  □ Good  □ Fair  □ Poor  □ Ponding  □ Flooding
Floodplain:  □ Yes  or  □ No

Soil Boring Information (complete 3 soils observations per site and record on the attached Soil Observation Logs):

<table>
<thead>
<tr>
<th>Depth Information</th>
<th>Site #1</th>
<th>Site #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing water:</td>
<td>_____ inches</td>
<td>_____ inches</td>
</tr>
<tr>
<td>Bedrock:</td>
<td>_____ inches</td>
<td>_____ inches</td>
</tr>
<tr>
<td>Saturated soil:</td>
<td>_____ inches</td>
<td>_____ inches</td>
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</tbody>
</table>

Indicate N/A if not applicable

□ Soil Observation Logs attached
□ Site Evaluation Maps on other side and attached

Additional Notes: _______________________________________________________________

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.
Date: ____________________
Signature: ___________________________________________  License #: ____________________
Address: ____________________________________________  Phone #: ____________________

FOR OFFICE USE ONLY
DATE________________________  □ APPROVED  □ DENIED  BY _______________________
REMARKS__________________________________________________________
C/T__________________________  PLAT____________  PARCEL________

Page 1 of 4
Designer: ________________________________

List any construction issues: ____________________________________________________________

SEWAGE TREATMENT SYSTEM SITE MAP

MAPPING CHECKLIST:

☐ Dimensions of lot          ☐ Location of easements and utilities including phone, electric, natural gas and roads
☐ North directional arrow    ☐ Location of all existing structures and setbacks
☐ Property line setbacks
☐ Unsuitable areas
☐ Site #1                     ☐ Site #2
☐ Existing system(s)         ☐ Pumping access
☐ Soil observation locations
☐ Slope % and direction
☐ Non-community transient supply well if within 200 feet
☐ Water supply wells if within 100 feet
☐ Setback from OHWL of streams, rivers and lakes
☐ Setback from floodway and flood fringe
### OSTP Soil Observation Log

#### Client/ Address:  
Legal Description/ GPS:

**Soil parent material(s):** (Check all that apply)  
- [ ] Outwash  
- [ ] Lacustrine  
- [ ] Loess  
- [ ] Till  
- [ ] Alluvium  
- [ ] Bedrock  
- [ ] Organic Matter

**Landscape Position:** (Check one)  
- [ ] Summit  
- [ ] Shoulder  
- [ ] Back/Side Slope  
- [ ] Foot Slope  
- [ ] Toe Slope  

**Vegetation:**  

**Soil survey map units**  

**Slope%**  

**Elevation:**

**Weather Conditions/Time of Day:**  

**Observation #/Location:**  

**Observation Type:**  

<table>
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<tr>
<th>Depth (in)</th>
<th>Texture</th>
<th>Rock Frag. %</th>
<th>Matrix Color(s)</th>
<th>Mottle Color(s)</th>
<th>Redox Kind(s)</th>
<th>Indicator(s)</th>
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### I------ Structure--------

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<th>Shape</th>
<th>Grade</th>
<th>Consistence</th>
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**Comments**  

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

(Designer/Inspector)  
(Signature)  
(License #)  
(Date)
### Additional Soil Observation Logs

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