

CARLTON COUNTY
ZONING AND ENVIRONMENTAL SERVICES
301 Walnut Avenue, Room 103
P.O. Box 220
Carlton, MN 55718-0220
218-384-9176
www.co.carlton.mn.us

Permit number

City/Township

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

PROPERTY OWNER: _____
PROPERTY ADDRESS: _____

PROPERTY DESCRIPTION: _____
SECTION: _____ **TOWNSHIP:** _____ **RANGE:** _____

DATE: _____ **TIME:** _____

Weather Conditions: _____

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

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

Soil Classification:

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

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

<u>Depth Information</u>	<u>Site #1</u>	<u>Site #2</u>
Standing water:	_____ inches	_____ inches
Bedrock:	_____ inches	_____ inches
Saturated soil:	_____ inches	_____ inches

Indicate N/A if not applicable

Q Soil Observation Logs attached
Q 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 _____

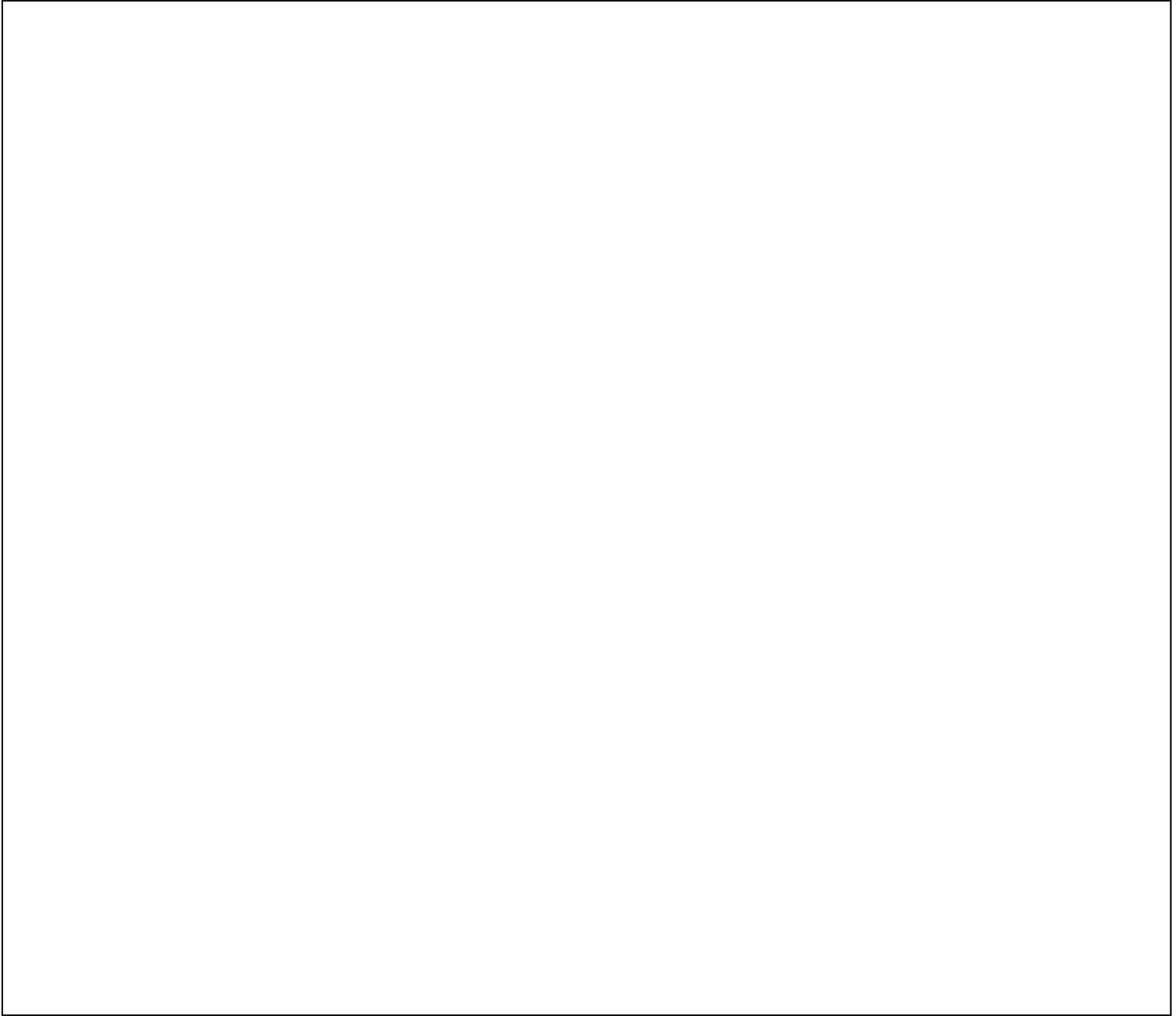
C/T _____ PLAT _____ PARCEL _____

SEWAGE TREATMENT SYSTEM SITE EVALUATION

Designer: _____

List any construction issues: _____

SEWAGE TREATMENT SYSTEM SITE MAP



MAPPING CHECKLIST:

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



Client/ Address:		Legal Description/ GPS:							
Soil parent material(s): (Check all that apply) <input type="checkbox"/> Outwash <input type="checkbox"/> Lacustrine <input type="checkbox"/> Loess <input type="checkbox"/> Till <input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter									
Landscape Position: (check one) <input type="checkbox"/> Summit <input type="checkbox"/> Shoulder <input type="checkbox"/> Back/Side Slope <input type="checkbox"/> Foot Slope <input type="checkbox"/> Toe Slope									Slope shape
Vegetation		Soil survey map units			Slope%		Elevation:		
Weather Conditions/Time of Day:						Date			
Observation #/Location:					Observation Type:				
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	----- Structure-----		
							Shape	Grade	Consistence
Comments									
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.									
#REF!		#REF!			#REF!		#REF!		#REF!
(Designer/Inspector)		(Signature)			(License #)		(Date)		

Additional Soil Observation Logs

Project ID: #REF!



Client/ Address:			Legal Description/ GPS:						
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