

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](http://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:** \_\_\_\_\_  
\_\_\_\_\_

**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):**

| <b><u>Depth Information</u></b> | <b><u>Site #1</u></b> | <b><u>Site #2</u></b> |
|---------------------------------|-----------------------|-----------------------|
| Standing water:                 | _____inches           | _____inches           |
| Bedrock:                        | _____inches           | _____inches           |
| Saturated soil:                 | _____inches           | _____inches           |

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 \_\_\_\_\_

## 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: |                 |                   |              |                        |       |             |
|--|---------|-----------------------|-------------------------|-----------------|-------------------|--------------|------------------------|-------|-------------|
| 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) | I----- Structure-----I |       |             |
|  |         |                       |                         |                 |                   |              | Shape                  | Grade | Consistence |
|  |         |                       |                         |                 |                   |              |                        |       |             |
|  |         |                       |                         |                 |                   |              |                        |       |             |
|  |         |                       |                         |                 |                   |              |                        |       |             |
|  |         |                       |                         |                 |                   |              |                        |       |             |
|  |         |                       |                         |                 |                   |              |                        |       |             |
|  |         |                       |                         |                 |                   |              |                        |       |             |
| Comments   |         |                       |                         |                 |                   |              |                        |       |             |

| Observation #/Location: |         |              |                 |                 | Observation Type: |              |                        |       |             |
|-------------------------|---------|--------------|-----------------|-----------------|-------------------|--------------|------------------------|-------|-------------|
| Depth (in)              | Texture | Rock Frag. % | Matrix Color(s) | Mottle Color(s) | Redox Kind(s)     | Indicator(s) | I----- Structure-----I |       |             |
|                         |         |              |                 |                 |                   |              | Shape                  | Grade | Consistence |
|                         |         |              |                 |                 |                   |              |                        |       |             |
|                         |         |              |                 |                 |                   |              |                        |       |             |
|                         |         |              |                 |                 |                   |              |                        |       |             |
|                         |         |              |                 |                 |                   |              |                        |       |             |
|                         |         |              |                 |                 |                   |              |                        |       |             |
| Comments                |         |              |                 |                 |                   |              |                        |       |             |