Le Sueur County ISTS SITE EVALUATION FORM

PROPERTY INFORMATION

Owner_____Buyer_____
Mailing Address_____Phone_____
City, State, Zip_____
Property Address_____
PID#_____Twp#_____Range#_____
Township Name_____Section_____
Subdivision_____Lot_____Block_____

SOILS:

N.R.C.S. Map Unit Symbol_____
Landscape Position (horizontal) cc cv pl (vertical) cc cv pl
Vegetation Type_____
Depth to Restricting Layer_____inches
Soil Sizing Factor (SSF)_____

DESIGN CRITERIA: *(Circle One)*

New **Upgrade**

Number of Bedrooms_____Type (I) (II) (III) (IV)
Type of Water Using Appliances_____
_____
Design Flow_____gpd

TANK SIZE: **MATERIAL:**

Septic_____gal _____
Aerobic_____gal _____
Pump Tank_____gal _____
Holding Tank_____gal _____
Manufacturer Name_____
Depth of Cover Over Tank_____inches

TRENCH SYSTEM:

Rock 6" 12" 18" 24" Graveless 8" 10" Chamber_____Slat Hgt.
Land Slope_____%
Lineal Feet of Trench_____ft
Trench Depth Below Natural Grade_____inches
Depth of soil over Laterals_____inches

MOUND SYSTEM:

Land Slope_____%
Rockbed Dimensions_____ft x _____ft
Absorption Width_____ft
Berm Width Upslope_____ft Downslope_____ft
Final Mound Dimensions_____ft x _____ft

ATGRADE SYSTEM:

Landslope_____%
Linear Loading Rate_____gpd/ft 8 6 4 3 2
Rockbed Dimensions_____ft x _____ft
Absorption Width_____ft
Berm Width: Upslope_____ft Downslope_____ft

PRESSURE DISTRIBUTION SYSTEM:

Size of Perforated Laterals 1.25" 1.5" 2.0"
Size of Perforations 3/16" 1/4 " 7/32" @_____inch spacings
Required Flow Rate_____gpm

PUMP INFORMATION:

Pump Capacity_____gpm Total Head_____ft

FOR OFFICE USE ONLY

DATE RECEIVED_____

Zone: A AR C I B RR SP RC R1
Lake Classification: NE RD NA
Acreage:_____
Pumping Contract: Y N NA
Monitoring / Mitigation: Y N NA

Boring #		Boring Logs
Depth in Inches	USDA Soil Texture	Munsell Color
		Y /
		Y /
		Y /
		Y /
		Y /
Boring #		
Depth in Inches	USDA Soil Texture	Munsell Color
		Y /
		Y /
		Y /
		Y /
		Y /
Boring #		
Depth in Inches	USDA Soil Texture	Munsell Color
		Y /
		Y /
		Y /
		Y /
		Y /

SYSTEM TYPE: ***(Circle One)***

Standard **Alternative** **Other** **Other Establishment**

CONTRACTOR INFORMATION

Company_____License#_____Exp Date_____
Designer Signature_____Date_____
Reviewed By_____Date_____

☐ **Approved** ☐ **Hold Additional Information Needed**