Septic Application Review

on Review COSA

Owner:					Signed & Dated?									
Road Address:						GIS	Verifi	or 3067 if not on mapper						
Purpose:										<u> </u>				
						Yes	No	NR		Co	mments			
Planning approval complete?									Date:					
Failed? If yes, why?														
Is there a public system <200'?														
Type and nun	nber of	struc	ctures to be served											
# of bedroom	s:						GPD:							
Possibly com	mercial	? If ye	es, commercial add	dendur	n completed?									
Is this a food	service	estal	blishment?											
Other dwellin	gs on p	rope	rty? If not permitt	ed, mu	st be addressed.				Permit #:					
Detached structure form complete?														
Lot Size: COSA:							EQ#							
Pre 1984? If yes, may need SE.								Adjusted size red	q'd:					
If <20ac. And app has SE, look up creation date to find if it <i>should have or does have</i> a Use SE review worksheet for soil data (if required) and attach to this review sheet. <u>Be</u>						e a COS Be sur	A. Mig	ht need ite in p	d sub review if impropage numbers at the b	perly filed ottom.	or certain exemptions on the pla			
COSA filed with C&R?									If no, can't issue	until file	ed.			
Health Officer Approved COSA?														
Problem Sub?									If yes, why?					
SE required (N	lo COSA	۱)?							See SE Review Worksheet					
COSA Sizing re Allowed lot us If no COSA and	age (re	siden	ntial, commercial)				Locarina						
Site Plan subm	nitted?													
3 copies	If COS	4, We	ell/DF in approved	locatio	on/orientation?		Parce	el size	North Arre	ow	1° DF + 100% Repl.			
If SE, DF <25'	of TP?		Well Location no	ted?	100' setba	ick to v	vell	v	/ells/septics shov	vn withi	n 100' of property line?			
Home site, dri	veways	, outl	buildings noted?		Water supplies	s, surfa	ce wa	ter, si	hown within 100'					

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					Yes	No	NR	Comm	ents				
Public Water System? ≥25people; ≥60 days/year								Name:					
Multi-User water system? 3-14 connections													
System Sizir	ng						************						
Aft²/bed X# of bedroom								-		t	otal ft² in	system	OR
B application						(gpd,	/ft²) =	:			to	otal ft² in sy	stem
Reduction?	duction?Total ft² from			above	pove X total ft ²							2	
25% reduction for gravelless; 25% for Level 2 with 51-120mpi; 50% for Level 2 with 3-							may ha	ave alread	dy bee	n calcul	ated with re	duction credit	included.
Septic Tank	Size			Dose Tank Size (Dose +25% reserve)							Adequa	te?	
Does site plan need to be altered?								(Must	PD if	if >1000ft² before any reductions!!)			
If PD, have dose volumes been calculated?								Requir	Require PD Specs if complicated				
System Type	System Type						Max Dep	Trench th					
System Cert Required by:						If SE/PE, why?							
Appropriate Fees-Submitted? \$							Cash	сс	Check	#	Reciept#	· · · · · · · · · · · · · · · · · · ·	
Monitoring Requirements:							 -	<u>.</u>	·				
O&M Requi	remen	ts:											
Variance?								If yes, see variance review checklist.					
Other deficiencies?													
30 Day lette	r sent	?	Date	_	15 C	15 Day letter sent? Date							
Extension?													
Permit Issue	Permit Issued? Permit #							Ву			Dat	:e	-

Comments/Calculations (use another sheet if necessary):

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Site Evaluation Review

Owner:	Road Address:										
Purpose:											
Name of Qualified Site Evaluator					Confirmation Number						
Signature/PE Seal?		GCC	HD O	bserv	e?		If yes, notes?				
			Yes	No	NR	Comments					
Ag exemption, sanitary restrictions,	etc on COS	or Plat?				If yes, m	ust remove be	fore permit issu	ed.		
COS#			Plat								
Has the Flood Plain been delineated	d?					/mv/					
If yes, 100' setback from D	F?										
Buildings within FP?									Projection of the state of the		
Site specific flood study do	ne/required	?				If yes, co	mments from	FP admin?			
Estimated depth to seasonal high G	iW (shgw)?		How	deter	mine	d?					
GW found at 7'?											
If yes, GW monitored w/ 2 peaks?						GW mon	nitoring #		The state of the s		
GW monitoring well <25' from DF?									A CALCALLER IN THE CALC		
New or increased source?						(>5 beds	, second dwell	ling, etc)	enders (c) the case present		
If yes, non deg addressed to							T ELIBORY LANGE TO				
• TP depth – P mixing depth											
Background N sample <1 y				This well	l must be incl.	in hydraulic con	ductivity.				
Wells—shallowest aquifer	? All well log	s provided?				GWIC#		and the state of t			
 Vicinity map with all well le Acceptable? 	og locations	shown?									
Distance to surface H₂O?						If <2640	' (0.5 mi), see	Trigger Value Flo	w Chart.		
Adjacent to surface H₂O required?						Use trigg	ger value flow	chart.			
Cumulative effects addressed?											
Mixing zone appropriate?						Length					
• SSMZ requested?								- OAR			
Pathogen Transport address	ssed?	and the second					- vo				
All wells within 200' of MZ shown?							A Carlos Car Carlos Carlos Car				

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				NR	Comments			
Slope across DF >25	%?				If yes, PE must justify ≥35%.			
TP dug to 96"?								
• Thickness,	texture, structure of horizons?							
Color and	mottling noted?							
Water observed?					Depth			
Limiting layer observed?					Depth			
Stoniness, root depth, other noted?								
Perc test done? Depth:					MPI			
Perc rate <3 mpi?					If yes, PD and sand line.			
Soils ≥0.6gpd/ft² ar	nd/or perc rate <10mpi				Must PD.			
Do soil and perc tests differ?					Size most conservatively.			
Drain field sizing ba	ased on soil/perc							
Comments/Calcu	lations (use another sheet if necessary):							