



# LOT CONFIGURATION ANALYSIS

## OFFICE USE ONLY

Date \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Received by: \_\_\_\_\_  
 Invoice # \_\_\_\_\_ Authorization # \_\_\_\_\_ Check # \_\_\_\_\_  Cash  MC  Visa  Discover

Application Date: \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_  
 Applicant's Email: \_\_\_\_\_  
 Property Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
 Owner's Email: \_\_\_\_\_  
 Property Address / Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Number of Lots: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Land District / Section \_\_\_\_\_

### SEWAGE DISPOSAL

On-Site Sewage Management System  Public Sewer  Letter stating that public sewer is unavailable

### WATER SUPPLY

Public  Individual (see specific lot size requirements for property utilizing an individual water supply)

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### CHECKLIST FOR LOT REQUIREMENTS

YES NO N/A

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Minimum 21,780 sq. ft. of suitable soils ( <i>Larger lot size required if more than 4 bedrooms or 600 gpd sewage flow</i> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Minimum 100 ft width in area of proposed system   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Minimum Level 3 Soil Survey   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Existing house on property  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Meets requirements 1-3 above  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Existing system located   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Existing system approved  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Full replacement area available   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Soil survey available for replacement area  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Existing wells affecting property   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Public Health Representative: \_\_\_\_\_ Date of Initial Review: \_\_\_\_\_

Approved  Disapproved  Hold

### COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Final Disposition:  Approved  Disapproved