



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 _____ Proposed # of Bedrooms _____

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
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"/>
1. <i>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