



Permit Owner Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Construction Date: \_\_\_\_\_ Installer: \_\_\_\_\_ License Number: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_ Vegetative Cover Responsibility: \_\_\_\_\_

Tanks/Pumps: Maximum Burial Depth: \_\_\_\_\_ Filter: \_\_\_\_\_ Insulation: \_\_\_\_\_

Number of Tanks: \_\_\_\_\_ Septic/Pump Combo: Yes: \_\_\_ No: \_\_\_

Tank Manufacturer: \_\_\_\_\_ Tank Model(s): \_\_\_\_\_

Septic Tank/Compartment Volume: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Pump Tank/Dosing Chamber: \_\_\_\_\_

Pump Manufacturer: \_\_\_\_\_ Pump Model: \_\_\_\_\_ Pump Size: \_\_\_\_\_ Floats Set: Yes: \_\_\_ No: \_\_\_

Treatment System: Pressurized: \_\_\_ Gravity: \_\_\_ System Type: Trench: \_\_\_ Bed: \_\_\_ Mound: \_\_\_ At-Grade: \_\_\_

Distribution Media: \_\_\_\_\_ Supply Pipe Diameter: \_\_\_\_\_ Distribution Pipe Diameter: \_\_\_\_\_

Trench: # of Trenches: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Max. Depth: \_\_\_\_\_ Total Linear Feet: \_\_\_\_\_

Bed: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Max. Depth: \_\_\_\_\_

Mound/At-Grade: Bed Length: \_\_\_\_\_ Bed Width: \_\_\_\_\_ Min. Sand Lift: \_\_\_\_\_ Absorption Area: \_\_\_\_\_

		A		B
	1			
	2			
	3			
	4			
	5			
	6			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Olmsted County SSTS Soil Verification Log

<b>Client/ Address:</b>	<b>Legal Description/GPS:</b>	<b>Date:</b>
<b>Soil Parent Material(s):</b> Till    Outwash    Lacustrine    Alluvium    Loess    Organic Matter    Bedrock (circle all that apply)		
<b>Landscape Position:</b> Summit    Shoulder    Back/Side Slope    Foot Slope    Toe Slope (circle one)		
<b>Vegetation:</b>		<b>Soil Survey Map Unit(s):</b>
<b>Weather conditions/Time of Day:</b>		<b>Slope (%):</b>
		<b>Slope Shape:</b>

Depth (in)	Texture	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Saturated Soil Indicator(s) (see back)	I----- Structure-----I		
						Shape	Grade	Consistence
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
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Inspector: \_\_\_\_\_