CENTRAL UTAH HEALTH DEPARTMENT
JUAB · MILLARD · PIUTE · SANPETE · SEVIER · WAYNE

Request for Subdivision Feasibility Review

Property ID Number: _____ Date: _____

Applicant's Name: _____ Email: _____

Mailing Address: _____ Phone: _____

Proposed Subdivision Name: _____ Proposed # of Lots: _____

Property Address/Location: _____

Distance to Public Sewer: _____ Source of Drinking Water: _____

Survey Plat Requirements:

- A vicinity map
- Street and lot layout with all lots consecutively numbered
- Size and dimensions of each lot
- Location of all water lines, utilities, easements, etc.
- Surface drainage systems, flood plain areas, wetlands, waterways, and water bodies
- Location of drinking water systems and their protection areas
- Existing onsite wastewater systems
- Areas proposed for wastewater dispersal, including replacement area
- Each proposed lot shall have at least one soil exploration pit
    - The location of all soil exploration pits shall be clearly identified on the subdivision final plat and identified by a key number or letter designation.
    - The results of such soil tests, including stratified depths of soils and final percolation rates for each lot shall be recorded on or with the final plat.
    - Soil exploration pits and percolation tests shall be conducted as closely as possible to the dispersal system sites on the lots or parcels.

Applicant's Signature: _____ Date: _____

Approved By: _____ Date: _____

Office Use Only

Review Fee: $200 Amount Paid: _____ Receipt #: _____ Date Received: _____

Received by: _____ Payment Method: ▢ Cash ▢ Check #: _____ ▢ Credit Card

12/25 EL

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Soil Analysis
For Subdivision Feasibility

(Fill out one sheet per lot)

Subdivision Name: _____ Lot #: _____

Soil Log:

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____
7) _____
8) _____
9) _____
10) _____

(Depths in inches; USDA soil classification; rock/soil percentages, as applicable)

Determined Groundwater Level: _____

Certified Individual: _____

Certification Number: _____ Date: _____

Signature: _____

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Percolation Test For Subdivision Feasibility

(Only needed for certain soils)

Subdivision Name: _____ Lot #:_____

Period of time hole presoaked: _____ Depth of Hole: _____

Period of time soil allowed to swell: _____ Diameter of Hole: _____

Successive Reading	Initial Depth to Water	Beginning Time	Final Depth to Water	Ending Time	Distance Water Dropped	Elapsed Time	Per Rate (min/inch)
1							
2							
3							
4							
5							
6							
7							
8							

Stabilized Percolation Rate: _____

Certified Individual: _____

Certification Number: _____ Date: _____

Signature: _____