

Town of Jamestown Worksheet
Section 314
High Ground Water Table -
Impervious Layer Overlay District

To Be Completed by the Engineer of Record:

1. Lot Owner: _____ Telephone: _____
Plat: _____ Lot: _____
2. Class IV Soil Evaluator: Name: _____
Telephone: _____
3. Seasonal High Ground Water Table
(ISDS Design Depth, in inches): _____
4. Distance from grade to category 9 soils _____
5. Separation (in inches) between the bottom elevation of the structure and the
seasonal water table: _____
6. Type of ISDS system: _____
7. Percentage of total nitrogen removal: _____
8. Total nitrogen reduction (mg/L) _____
9. TSS (mg/L): _____
10. BOD 5 (mg/L) _____
11. Pathogen Fecal Coliform Removal: _____
12. If the distance between the well and the leachfield is less than 100 ft.:
What is the final concentration of fecal coliform per 100 ml.: _____
13. Is the ISDS located on the same lot as the structure it serves? _____
14. Percentage of lot covered by impervious surface: _____
15. Type of stormwater control system (Please Attach): _____
16. Test pit # _____ Existing Grade @ _____'

DEM GWT Confirmed @ _____", elevation _____'

17. Test pit # _____ Existing Grade @ _____'

DEM GWT Confirmed @ _____", elevation _____'
(use additional sheets if necessary)

18. Grade in area of drainage leach field @ _____'

19. Invert of drainage field (bottom of stone) @ _____'

20. Seasonal high GWT elevation at this location @ _____'

21. Provide confirmed DEM soil evaluation forms with drainage design

System Designer _____ Date: _____

Designer License# _____

The following section to be completed by the Building Official and Town Planner:

Project to be reviewed as: Sub-District A _____.
Sub-District B _____.

Administrative Review: _____ Approved
_____ Rejected

Comments/reasons:

Building Official: _____ Date: _____.

Town Planner: _____ Date: _____.