

**County Health Department
Residential OSS Plan Review**

Property Owner Name _____
 Property Address _____
 Designer _____
 Date Received _____
 Plan Reviewer _____
 Date of Review _____

Meets or Exceeds Minimum Requirements	Does Not Meet Minimum Requirements	Additional Information Requested	Not Applicable
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Approval Constitutes Best Judgment for System Replacement

General Plan Requirements

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onsite Soil Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onsite System Evaluation (replacement systems)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Lines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structures - Existing and Proposed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bodies of Water, Field Tiles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and Geothermal Wells - on site and adjacent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Soil Boring Locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North Direction Arrow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All System Components

Separation Distances (57(a))*

				Min.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	200'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10'	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100'	

*Minimum Distances doubled for SLR >0.75gpd/ft²

** See complete listing in Table I, Section 57(a)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Protected from disturbance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Notes on General Plan Review

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable
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Residential Sewer (57(b), 57(c), 67(a)(1), 74(i), 74(j), 74(k))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping Specifications																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>PVC</td> <td><input type="checkbox"/></td> <td>ABS</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM 2665-12</td> <td><input type="checkbox"/></td> <td>ASTM D 2661-11</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM F 891-10</td> <td><input type="checkbox"/></td> <td>ASTM D 2680-01</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM D 3034-08</td> <td><input type="checkbox"/></td> <td>ASTM D2751-05</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM 480-12</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Upgraded Pipe</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pressure rated pipe</td> <td><input type="checkbox"/></td> <td>Waterworks ductile iron with mechanical/tyton joints</td> </tr> <tr> <td><input type="checkbox"/></td> <td>SDR 26 or less</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Compression Gasket Joints</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pipe Diameter</td> <td>_____</td> <td>Inches</td> </tr> <tr> <td></td> <td>Pipe Length</td> <td>_____</td> <td>Feet</td> </tr> </table>	<input type="checkbox"/>	PVC	<input type="checkbox"/>	ABS	<input type="checkbox"/>	ASTM 2665-12	<input type="checkbox"/>	ASTM D 2661-11	<input type="checkbox"/>	ASTM F 891-10	<input type="checkbox"/>	ASTM D 2680-01	<input type="checkbox"/>	ASTM D 3034-08	<input type="checkbox"/>	ASTM D2751-05	<input type="checkbox"/>	ASTM 480-12			<input type="checkbox"/>	Upgraded Pipe			<input type="checkbox"/>	Pressure rated pipe	<input type="checkbox"/>	Waterworks ductile iron with mechanical/tyton joints	<input type="checkbox"/>	SDR 26 or less			<input type="checkbox"/>	Compression Gasket Joints				Pipe Diameter	_____	Inches		Pipe Length	_____	Feet
<input type="checkbox"/>	PVC	<input type="checkbox"/>	ABS																																													
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<input type="checkbox"/>	ASTM 480-12																																															
<input type="checkbox"/>	Upgraded Pipe																																															
<input type="checkbox"/>	Pressure rated pipe	<input type="checkbox"/>	Waterworks ductile iron with mechanical/tyton joints																																													
<input type="checkbox"/>	SDR 26 or less																																															
<input type="checkbox"/>	Compression Gasket Joints																																															
	Pipe Diameter	_____	Inches																																													
	Pipe Length	_____	Feet																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Fall (Min. 4"/25' [1.33%] Max. 36"/25' [12%])																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertical Drop with cleanout																																												

Septic Tank (60, 61, 63)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cross Section view provided										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Tank										
				<table border="0"> <tr> <td>Manufacturer</td> <td>_____</td> </tr> <tr> <td>Material</td> <td>_____</td> </tr> <tr> <td>Capacity</td> <td>_____ gal.</td> </tr> <tr> <td># Compartments</td> <td>_____</td> </tr> <tr> <td>Multiple septic tanks</td> <td>_____ (largest upstream)</td> </tr> </table>	Manufacturer	_____	Material	_____	Capacity	_____ gal.	# Compartments	_____	Multiple septic tanks	_____ (largest upstream)
Manufacturer	_____													
Material	_____													
Capacity	_____ gal.													
# Compartments	_____													
Multiple septic tanks	_____ (largest upstream)													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Tank Connectors										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Risers										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childproof Plug										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risers installed above floodplain elevation										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic tank installed level										
				<table border="0"> <tr> <td><input type="checkbox"/></td> <td>On undisturbed soil, sand, aggregate ≤1.5", or engineered base</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Poly tank set per manufacturer's requirements</td> </tr> </table>	<input type="checkbox"/>	On undisturbed soil, sand, aggregate ≤1.5", or engineered base	<input type="checkbox"/>	Poly tank set per manufacturer's requirements						
<input type="checkbox"/>	On undisturbed soil, sand, aggregate ≤1.5", or engineered base													
<input type="checkbox"/>	Poly tank set per manufacturer's requirements													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Existing Tank (condition confirmed)										
				<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Watertight</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Baffles in place / retrofitted</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Appropriate size</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Testing needed</td> </tr> <tr> <td><input type="checkbox"/></td> <td>To be abandoned - documentation to be provided</td> </tr> </table>	<input type="checkbox"/>	Watertight	<input type="checkbox"/>	Baffles in place / retrofitted	<input type="checkbox"/>	Appropriate size	<input type="checkbox"/>	Testing needed	<input type="checkbox"/>	To be abandoned - documentation to be provided
<input type="checkbox"/>	Watertight													
<input type="checkbox"/>	Baffles in place / retrofitted													
<input type="checkbox"/>	Appropriate size													
<input type="checkbox"/>	Testing needed													
<input type="checkbox"/>	To be abandoned - documentation to be provided													

Outlet Filter (64)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Filter								
				<table border="0"> <tr> <td>Manufacturer</td> <td>_____</td> </tr> <tr> <td>Model</td> <td>_____</td> </tr> <tr> <td>Flow Rating</td> <td>_____ gal/day</td> </tr> <tr> <td>Location</td> <td>_____</td> </tr> </table>	Manufacturer	_____	Model	_____	Flow Rating	_____ gal/day	Location	_____
Manufacturer	_____											
Model	_____											
Flow Rating	_____ gal/day											
Location	_____											

Effluent Sewer Pipe (67(a)(1), 74(l), 75(d), 75(e), 75(f))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping Specifications																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>PVC</td> <td><input type="checkbox"/></td> <td>ABS</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM 2665-12</td> <td><input type="checkbox"/></td> <td>ASTM D 2661-11</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM F 891-10</td> <td><input type="checkbox"/></td> <td>ASTM D 2680-01</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM D 3034-08</td> <td><input type="checkbox"/></td> <td>ASTM D2751-05</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ASTM 480-12</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Upgraded Pipe</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pressure rated pipe</td> <td><input type="checkbox"/></td> <td>Waterworks ductile iron with mechanical/tyton joints</td> </tr> <tr> <td><input type="checkbox"/></td> <td>SDR 26 or less</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Compression Gasket Joints</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pipe Diameter</td> <td>_____</td> <td>Inches</td> </tr> <tr> <td></td> <td>Pipe Length</td> <td>_____</td> <td>Feet</td> </tr> </table>	<input type="checkbox"/>	PVC	<input type="checkbox"/>	ABS	<input type="checkbox"/>	ASTM 2665-12	<input type="checkbox"/>	ASTM D 2661-11	<input type="checkbox"/>	ASTM F 891-10	<input type="checkbox"/>	ASTM D 2680-01	<input type="checkbox"/>	ASTM D 3034-08	<input type="checkbox"/>	ASTM D2751-05	<input type="checkbox"/>	ASTM 480-12			<input type="checkbox"/>	Upgraded Pipe			<input type="checkbox"/>	Pressure rated pipe	<input type="checkbox"/>	Waterworks ductile iron with mechanical/tyton joints	<input type="checkbox"/>	SDR 26 or less			<input type="checkbox"/>	Compression Gasket Joints				Pipe Diameter	_____	Inches		Pipe Length	_____	Feet
<input type="checkbox"/>	PVC	<input type="checkbox"/>	ABS																																													
<input type="checkbox"/>	ASTM 2665-12	<input type="checkbox"/>	ASTM D 2661-11																																													
<input type="checkbox"/>	ASTM F 891-10	<input type="checkbox"/>	ASTM D 2680-01																																													
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<input type="checkbox"/>	ASTM 480-12																																															
<input type="checkbox"/>	Upgraded Pipe																																															
<input type="checkbox"/>	Pressure rated pipe	<input type="checkbox"/>	Waterworks ductile iron with mechanical/tyton joints																																													
<input type="checkbox"/>	SDR 26 or less																																															
<input type="checkbox"/>	Compression Gasket Joints																																															
	Pipe Diameter	_____	Inches																																													
	Pipe Length	_____	Feet																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Slope (Min. 0.2%)																																												

Notes/Comments

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable
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Dosing Tank (62, 63)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cross Section view provided (with gal/in)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Tank
				Manufacturer _____
				Material _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient Liquid Capacity
				Liquid Capacity _____ gal. _____ in. (as spec by manuf.)
				Freeboard _____ gal. _____ in. (alarm to inlet inv)
				Alarm _____ gal. _____ in. (on to alarm)
				Dose + Drainback _____ gal. _____ in. (off to on)
				Pump Submersion _____ gal. _____ in. (Bottom to off)
				Total req. cap. _____ gal. _____ in. (Bottom to inlet inv)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Access Ports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Tank Connectors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dosing tank installed level
			<input type="checkbox"/>	On undisturbed soil, sand, aggregate ≤1.5", or engineered base
			<input type="checkbox"/>	Poly tank set per manufacturer's requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Float / Sensors with elevations (Mercury comparable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Float settings reflect correct dose (with elevations)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Top installed above floodplain elevation

Effluent Pump (65)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Pump Selection with pump curve attached
				Manufacturer _____
				Model _____
				Total Dynamic Head _____ ft.
				System Flow _____ gpm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting Rope
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Box (NEMA 4X)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump and Alarm on Separate Circuits

Effluent Force Main (67(a)(2), 67(b))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping Specifications
				PVC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM D 2241-09
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM D 1785-06
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDR ≤26 with Gasketed compression-type joints (≤10' from water line)
				ABS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM D 1527-99
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM D 2282-99
				Pipe Diameter _____ Inches
				Pipe Length _____ Feet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Drains to _____ or _____ Installed below frostline

Distribution Box (66, 75(c), (i))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Distribution Box
				Manufacturer _____
				Material _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum Size Req. _____ Baffle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Tee _____ 90 elbow with weephole
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribution box set level
			<input type="checkbox"/>	On undisturbed soil, sand, sand mix, aggregate ≤1.5", or engineered base
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equal distribution of Effluent

Effluent Sewer Pipe (Header Pipes) (67(a)(1), 74(l), 75(d), 75(e), 75(f), 75(i))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping Specifications
				PVC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM 2665-12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM F 891-10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM D 3034-08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTM 480-12
				Upgraded Pipe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure rated pipe _____ Waterworks ductile iron with mechanical/tyton joints
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDR 26 or less
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compression Gasket Joints
				Pipe Diameter _____ Inches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum 5' between distribution box and proximal end of trench
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Slope (Min. 0.2%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe backfilled with debris free soil (no aggregate) / soil compacted

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable	Approval Constitutes Best Judgment
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Soil Absorption Field General Parameters (To be checked for all SAFs)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Properly Sized (square footage)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequately described with soil evaluation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On Contour	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infiltrative surface above the regulated flood elevation	<input type="checkbox"/>

Subsurface Trench Soil Absorption Field

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Distribution	<input type="checkbox"/>
				<input type="checkbox"/> Gravity Feed	
				<input type="checkbox"/> Gravity Feed Alternating Fields	
				<input type="checkbox"/> Flood Dosed	
				<input type="checkbox"/> Pressure Distribution	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Design of Subsurface Trenches	<input type="checkbox"/>
				Number of Trenches _____	<input type="checkbox"/>
				Length of Trenches _____	<input type="checkbox"/>
				Width of Trenches _____	<input type="checkbox"/>
				Total square footage of trench bottom _____ sq. ft.	<input type="checkbox"/>
				Minimum Depth of Installed Trenches _____ In.	<input type="checkbox"/>
				Maximum Depth of Installed Trenches _____ In.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On Center Separation _____ ft.	<input type="checkbox"/>

Distribution Pipe Specifications (67(c))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM 2665-12	<input type="checkbox"/> ASTM D 2661-11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM F 891-10	<input type="checkbox"/> ASTM D 2680-01
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 3034-08	<input type="checkbox"/> ASTM D 2751-05
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 2729-11	<input type="checkbox"/> ASTM D 1527-99
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM F 810-07	<input type="checkbox"/> ASTM D 2282-99
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 2241-09	<input type="checkbox"/> Water works grade ductile iron
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 1785-06	<input type="checkbox"/> ASTM 480-12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AASHTO M252-09	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Diameter _____ Inches	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottom of Trench Level _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hole placement (4-8-12) or (4-8)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Level throughout length of trench	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Materials for subsurface trench	<input type="checkbox"/>

- Stone / Gravel and Pipe
- Agg. Supplier _____
- Size _____
- Fines, Sand, Clay Removed
- Approved Barrier Material
- Proper Cross Section View

- Chamber
- Manufacturer _____
- Model _____
- % Reduction _____

- Tire Chips and Pipe
- Supplier _____
- Size _____ in.
- Approved Barrier Material
- Proper Cross Section View

- Gravelless Pipe (gravity systems only)
- Manufacturer _____
- Model _____
- Size _____

- Other (may require additional plan submittal paperwork)

Notes/Comments

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable		Approval Constitutes Best Judgment
Elevated Sand Mound System (79-89)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Design of Elevated System	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sloping Site (>1/2%) Aggregate Bed Upslope	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Level Site (≤1/2%) Aggregate Bed Centered	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggregate Bed Area _____ sq. ft.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Length _____ ft.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Width _____ ft.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basal Area _____ sq. ft.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Length _____ ft.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Width _____ ft.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cross Section of Elevated Sand Mound	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Min. 12" sand under Aggregate Bed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Min. 6" agg under and 2" agg over distribution lateral	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved Barrier Material over aggregate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan View of Elevated Sand Mound	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proper Lateral Separation (2-3')	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proper Lateral to Edge separation (1-1.5')	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proper Lateral to End separation (1.5')	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accurate effluent force main approach to ESM	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approach from upslope side (sloping site)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approach from either end (level or sloping site)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimal Disturbance to Basal Area	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDOT Spec 23 sand specified in basal area	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggregate in Aggregate Bed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Aggregate _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size of Aggregate _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional 1' sand surrounding aggregate bed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional sand on ends of ESM (min. 3:1 slope)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional sand on upslope of ESM (sloping sites) (min. 3:1 slope)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifold Specifications	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVC	ABS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 2241-09	<input type="checkbox"/> ASTM D 1527-06
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 1785-06	<input type="checkbox"/> ASTM D 2282-99
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifold Length _____ Feet	Manifold Diameter _____ Inches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Center feed	<input type="checkbox"/> End feed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Distribution Laterals Specifications	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVC	ABS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 2241-09	<input type="checkbox"/> ASTM D 1527-06
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ASTM D 1785-06	<input type="checkbox"/> ASTM D 2282-99
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lateral Length _____ Feet	Lateral Diameter _____ Inches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of laterals _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Lateral Hole Spacing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/4" holes	<input type="checkbox"/> Holes deburred
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3' on center spacing (beginning 1.5' from manifold)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proper hole placement in endcap	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holes per lateral _____	Holes per network _____ Holes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Cover Material	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Min. 12" over ESM & 18" Crowned over Agg. Bed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Min. 3:1 slope	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Installation Technique	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Protection of Site	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tillage Method	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth of tilling _____ in.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Parallel to contour	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chisel	<input type="checkbox"/> Backhoe (with approval)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Moldboard	<input type="checkbox"/> Bulldozer with ripper

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable
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Approval Constitutes Best Judgment

Sand Lined System (SLS) Soil Absorption Field

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Product proposed in design
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Manufacturer _____

Model _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certification of designer for product used
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Design
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Sloping Site (>1/2%) Aggregate Bed Upslope

Level (≤1/2%) Aggregate Bed Centered

Elevated

Site slope confirmed ≤6%

Minimum 12" sand under pipes

Installed at original grade

Installed at ≤4" (Presby or Infiltrator ATL) or at surface (Eljen)

Subsurface

Site slope confirmed ≤15%

Minimum 6" sand under pipes

Max. Installation depth _____ in

Gravity flow Pump assisted (may require velocity reduction)

Pressure distribution (Eljen only)

Serial distribution Parallel distribution

Sequential distribution (Eljen only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Min. 1% slope and 2" fall from septic tank to pipe or D-box and pipe (Presby)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed Design (SLS using trenches or ESM, use conventional SAF checklist)
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As long and narrow as site allows

Pipe Bed dimensions Length ft Width ft

Length of pipe/conduit/unit run ft

Depth of sand under pipe bed ft

On-center separation between rows ft

Separation between pipe and edge ft

Min. 1' sand at each end

Raised connections

Basal Area Dimensions Length ft Width ft

Bed Area sq. ft.

INDOT Spec 23 sand specified in basal area

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover Material
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Min. sand over pipe

None required Min. 3" required (Presby)

Soil cover (min. sand plus soil = 12")

Min. 3:1 slope

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Venting (Required for Presby, only required for ATL and Eljen if >18" cover)
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Low Vent

At low point of system

Min. 1' above grade

Remote with proper design

High Vent

House vent At D-box Remote

Min. 10' above low vent

Proper vent design

Notes/Comments

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable		Approval Constitutes Best Judgment
Dispersal Area (58)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate dispersal area identified	
				<input type="checkbox"/> 1/4 width of SAF on each side of system (slope $\leq 1/2\%$)	<input type="checkbox"/>
				<input type="checkbox"/> 1/2 width of SAF on downslope side of system (slope $>1/2\%$)	<input type="checkbox"/>
				<input type="checkbox"/> No portion slopes back toward SAF (slopes $>1/2\%$)	<input type="checkbox"/>
				<input type="checkbox"/> 10' to perimeter drain	<input type="checkbox"/>
Drainage (59)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surface Diversion	
				<input type="checkbox"/> Positive Grade (min. 0.2%)	<input type="checkbox"/>
				<input type="checkbox"/> Sufficient Depth & Width	<input type="checkbox"/>
				<input type="checkbox"/> Proper separation to soil absorption field	<input type="checkbox"/>
				<input type="checkbox"/> Upslope position	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Drainage	
				Calculated site slope _____ %	<input type="checkbox"/>
				<input type="checkbox"/> Full Perimeter drain	<input type="checkbox"/>
				<input type="checkbox"/> Interceptor Drain	<input type="checkbox"/>
				<input type="checkbox"/> Segment Drain	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Depth	
				<input type="checkbox"/> 2" into massive clay, glacial till or fragipan	<input type="checkbox"/>
				<input type="checkbox"/> 36" below adjacent trench bottom (subsurface)	<input type="checkbox"/>
				<input type="checkbox"/> 32" below grade (ESM)	<input type="checkbox"/>
				<input type="checkbox"/> Drainage Calculations included	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Min. 10' separation to SAF laterals	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive Slope (min. 0.2% for 4" or min. 0.1% for 6")	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Outlet	
				<input type="checkbox"/> To existing approved tile	<input type="checkbox"/>
				<input type="checkbox"/> To daylight with rodent guard	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Specifications (67(e))	
				<input type="checkbox"/> ASTM F 405-05 <input type="checkbox"/> NRCS 606	<input type="checkbox"/>
				<input type="checkbox"/> ASTM F 667-12	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrapped with geotextile fabric (63(b)(3))	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Backfill (59 (i) and (j))	
				<input type="checkbox"/> Backfilled to surface with aggregate	<input type="checkbox"/>
				<input type="checkbox"/> Backfilled to within 6" of grade with geotextile fabric	<input type="checkbox"/>

Notes/Comments