Public Health
Prevent. Promote. Protect.
Morgan County

Morgan County Health Department
180 S. Main St., Ste. 252
Martinsville, IN 46151
765-342-6621

****Septic Installer Information for Sand Lined Systems****

Owner Name: _____ Phone: _____

Site Address: _____

Installer's Name: _____ Phone: _____

Installer's Signature: _____ Date: _____

Bedrooms: ____ Loading Rate: ____(gpd/sq.ft.) Total Square Feet: _____

System Type: Mound ____ Presby ____ Infiltrator ATL _____ Other _____

Sewer Pipe: ASTM- ____ SDR-____ Length ____(ft)

Septic Tank: Size _____ (gal) Manufacturer _____ Material_____

Dose Tank: Size _____ (gal) Manufacturer _____ Material_____

Effluent Pump: Manufacturer _____ Model _____ GPM _____
Design Head _____ Static Head _____ Friction Loss _____ TDH _____
Dose _____gal

Force Main: ASTM-____ SDR-____ Diameter _____ Length _____(ft)

Pumping Uphill? *Yes ___ No ____
*all pump electrical connections must be inside a **NEMA 4x** junction box

Presby or Infiltrator ATL System
If dosing, fill in the shaded areas above.

Bed Dimensions: _____x_____ # of Pipes: ____ Length of Pipes: _____
Number of Beds: ____ Depth of Bed: _____ Slope across Site: _____%

Drainage Type: Upslope Curtain Drain with Aggregate ____
Perimeter Drain Encircling Absorption Field with Aggregate ____
Socked Tile Yes_____ No_____
Drain Depth _____

Sand Mound
Dimensions: Basal Area ____x____(ft) Gravel Bed ____x____(ft)

Manifold Diameter ____ # of Laterals ____ Lateral Length ____

Lateral Diameter ____ # of Holes ____ Site Slope ____%

Drainage Type: Upslope Curtain Drain with Aggregate ____
Perimeter Drain Encircling Absorption Field ____ Drain Depth ____
Socked Tile Yes_____ No_____