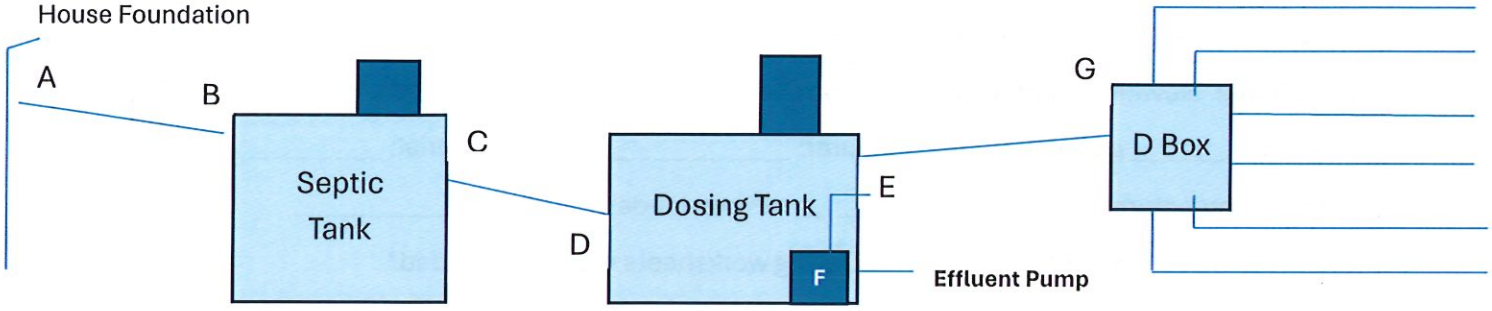
Grant County Health Department

Installer Materials Data Sheet

Property Owner: _____ Date: ____/____/_____

Property Address : _____ Phone: _____



PIPE INFORMATION	RESIDENTIAL SEWER House to tank **A-B**	EFFLUENT SEWER Tank to D-box **C-D or C-G**	EFFLUENT FORCE MAIN Dose Tank to D-box **E-G**	GRAVITY HEADER D-box to field
ELEVATIONS				N/A
PIPE SIZE				
LENGTH				
ASTM #				
SDR				
POSITIVE GRADE	Y or N	Y or N	Y or N	Y or N
Aggregate free backfill at least 5 feet of solid pipe :				Y or N

SEPERATION DISTANCES

Private Water Supply or Geothermal Well >=50' :	Y	N	N/A
Commercial Water Supply or Geothermal Well ?=100' :	Y	N	N/A
Public Water Supply Well, Lake, or Reservoir >=200' :	Y	N	N/A
Pond, Retention Pond, Lake, Reservoir >=50' :	Y	N	N/A
Storm Water Detention Area >=25' :	Y	N	N/A
River, Stream, Ditch, or Drainage Tile >=25' :	Y	N	N/A
Buildings, Foundations, Pools, Driveways, etc. >= 10' :	Y	N	N/A
Front, Side, Rear Property Lines >=5' :	Y	N	N/A
Water Lines Continually Under Pressure >= 10' :	Y	N	N/A
Suction Water Lines >= 50' :	Y	N	N/A
Private Water Supply, property abandoned >= 10' :	Y	N	N/A

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Septic Tank

Capacity _____ gallons 2 compartments ☐ New ☐ Existing ☐ (if existing, attach report)

Manufacturer: _____ Material: _____

Effluent Filter

Manufacturer: _____ Model: _____

Location: ☐ Outlet ☐ Separate Compartment

Dose Tank: Elevations- Force Main to Pump (E-F): _____ _____ Static Lift (F-G)_____"

Capacity: _____gallons Manufacturer: _____ Material: _____

Pump Manufacturer: _____ Pump Model : _____

Drainback To : ☐ Tank ☐ Field * Dosing worksheets must be provided*

D- Box Manufacturer: _____Material: _____

☐ Baffle ☐ Elbow w/weep hole ☐ Sanitary Tee

Absorption Field

☐ Aggregate/Pipe ☐ Stone ☐ Gravel ☐ Tire Chips Size _____ ☐ Washed

Aggregate Supplier: _____

Pipe ASTM: ☐ D3034-2021 ☐ D2665-20 ☐ F480-14 ☐ F810-12 ☐ D2729-2021

☐ Other _____

☐ Chamber Brand: _____ Model: _____

☐ Elevated Sand Mound

☐ Sand lined System * attach cross- section drawing & all info labeled on blueprint*

Manufacturer _____

Drainage (min. 0.2 % slope) Perimeter Interceptor Segment Geotextile: Y or N

Depth: _____" Drain Pipe: ASTM# _____ Size ☐ 4" ☐ 6"

Outlet : Existing Tile Daylight* Pond/Creek* (*Requires a rodent guard)

Final Cover: Who will be responsible for seeding & grading site: _____

NO work must be done on site without a permit. Request for final inspection must be a minimum of 48 business hours BEFORE completion.

_____ _____ _____ _____

Installer Signature: Date: Reviewed by: Date: