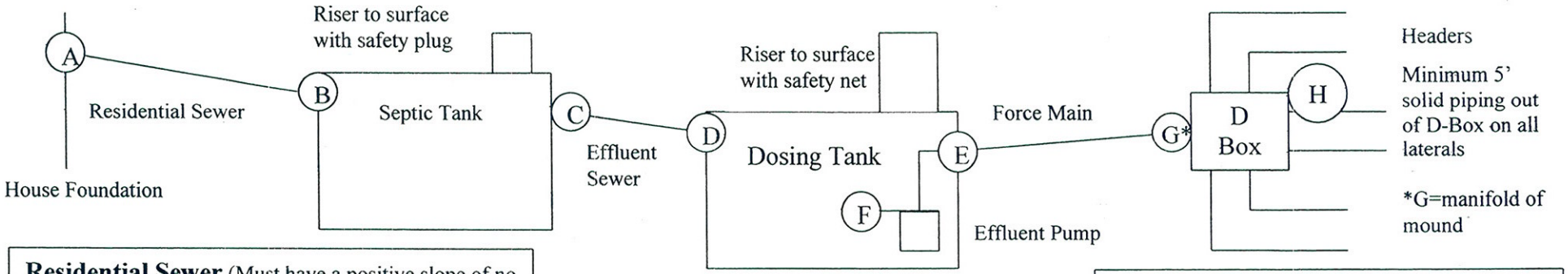


Residential Sewer (Must have a positive slope of no less than 4" in 25' and no more than 36" in 25'.)

ASTM# D 3034 D 2665 F 891
F 480 Upgraded _____
SDR _____
Length _____
Size 4" 6"

Septic Tank Capacity _____gal.
Concrete Polyethylene
Supplier _____
Compartments 1 2

Outlet Filter (Must meet requirement of Rule 410 IAC 6-8.2-64)

Manuf. _____
Model _____
Location _____

Effluent Sewer (Must have a positive slope of no less than 0.2% or 2.4" per 100')

ASTM# D 3034 D 2665 F 891
F 480 Upgraded _____
Length _____
Size 4" 6"

Dosing Tank Capacity _____gal.
Concrete Polyethylene
Supplier _____

Effluent Pump Attach Pump Curve
Brand _____
Model _____

Force Main ASTM# D1785 D2241
Length _____
Size 1" 2" 3" 4"

Subsurface Drain Stone in upslope sides:
___ to surface
___ to within 6" of surface with geotextile fabric
Depth _____in. (at shallowest point)

___ Perimeter ___Interceptor ___ Segment

D-Box Concrete Plastic
Sani-T Elbow Baffle
Manuf. _____

Headers (Must have a positive slope of no less than 0.2% or 2.4" per 100')

ASTM# D3034 D2665 F891

Absorption Field

_____ Aggregate/Pipe
Stone Gravel Tire Chips
Size ____ Washed Yes / No
Supplier _____
Pipe ASTM# D3034 D2665 D2729 F891 F810

_____ Chamber
Brand _____
Model _____

_____ Other – Attach Design Worksheet and Certification (if required)

_____ Mound
Spec 23 Sand Yes No
Supplier _____

Job Name _____ **Location** _____

Signature of Installer/Designer of System _____

_____ County Health Department

MATERIALS LIST FOR SEPTIC INSTALLATION

_____ County Health Department

Address

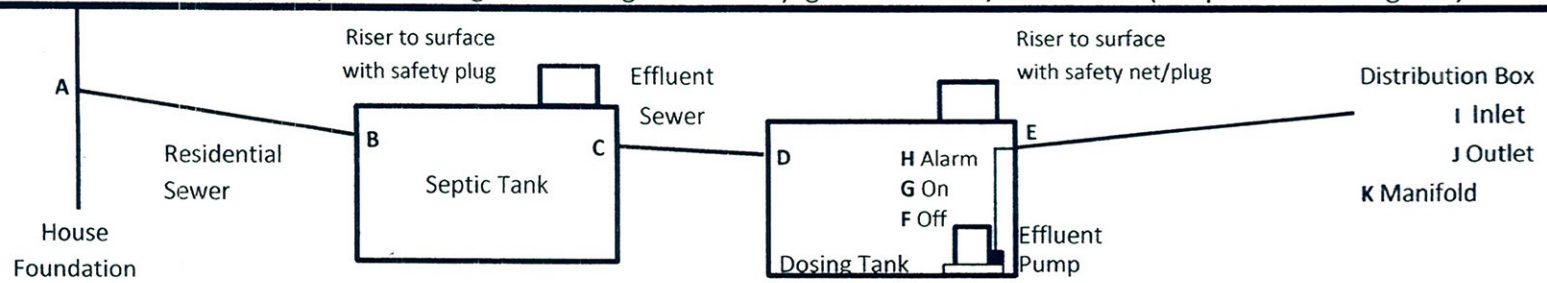
Elevations for Onsite System

Trench	Trench Length (feet)	Invert Pipe Elevation	Header End Ground Elevation	Center Ground Elevation	Distal End Ground Elevation	Maximum Elevation Difference	Min/Max Trench Depth	Trench Bottom Invert Elev.	Component Elevation	
1									First floor elevation	
2									A. Sewer outlet	
3									B. Septic tank inlet	
4									C. Septic tank outlet	
5									D. Dose tank inlet	
6									E. Dose tank outlet	
7									F. Pump off	
8									G. Pump on	
9									H. Alarm	
10									I. D-box inlet	
									J. D-Box outlets	
									K. Manifold invert	
					Benchmark Location:				Benchmark Elev.	

Subsurface Drainage

Shallow Point Elevations		2nd Corner Elevations		3rd Corner Elevations		4th Corner Elevations		Outlet Elevations	
Ground	Invert	Ground	Invert	Ground	Invert	Ground	Invert	Ground	Invert

Drain outlet location (circle): Existing free-flowing tile Daylight* Pond/Creek* (*requires a rodent guard)



Property Owner:

Sullivan County Health Department
Septic System Layout/Design

Site Address:

Installer:

Date: