

**A design will be reviewed when 3 copies of each of the following are submitted:**

- ✓ Completed design form that has been signed and dated.
- ✓ Scaled layout sketch, including all applicable items on checklist
- ✓ Scaled plot plan, including all applicable items on checklist.
- ✓ Cross-section sketch, including all applicable items on checklist.

*Maximum paper size: 11" X 17"*

PARCEL IDENTIFICATION					
Permit Number:	SWG _____	Designer's Name:	_____		
Applicant's Name:	_____	Designer's Phone Number:	_____		
Mailing Address:	_____	Designer's Address:	_____		
	City _____ State _____ Zip _____		City _____ State _____ Zip _____		

DESIGN PARAMETERS	
<b>Treatment Device</b>	
<input type="checkbox"/> Glendon Biofilter <input type="checkbox"/> Sand Filter <input type="checkbox"/> Mound <input type="checkbox"/> Sand Lined Drainfield <input type="checkbox"/> Recirculating Filter, Type: _____	
<input type="checkbox"/> Aerobic Unit Make/Model _____ <input type="checkbox"/> Disinfection Unit Make/Model _____                        Other: _____	

Drainfield Type				
<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input type="checkbox"/> Trench	<input type="checkbox"/> Bed	<input type="checkbox"/> Sub Surface Drip

Septic Tank/Drainfield Specifications	
Number of Bedrooms	_____
Daily Flow: Operating Capacity	_____ gpd
Daily Flow: Design Flow	_____ gpd
Septic Tank Capacity	_____ gal
Receiving Soil Type (1-6)	_____
Receiving Soil Appl. Rate	_____ gpd/ft <sup>2</sup>
Required Square Footage	_____ ft <sup>2</sup>
Designed Square Footage	_____ ft <sup>2</sup>
Percent Reduction Taken	_____ %
Trench/Bed Width	_____ ft
Trench/Bed Length	_____ ft
Elevation Measurements	
Original Drainfield Area Slope	_____ %
New Slope, If Altered	_____ %
Depth of Excavation Up-slope	_____ in
from Original Grade Down-slope	_____ in
Designed Vertical Separation	_____ in
Gravelless Chambers Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional
Pump Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump/Siphon Specifications	
Difference in Elevation Between Pump Shutoff and Uppermost Orifice	_____ ft
Uppermost Orifice <input type="checkbox"/> Higher <input type="checkbox"/> Lower than Pump Shutoff	
Capacity @ Total Pressure Head	_____ gpm
Calculated Total Pressure Head	_____ ft

Laterals	
Schedule/Class	_____
Length	_____ ft
Diameter	_____ in
Number	_____
Separation	_____ ft
Orifices	
Total Number of Orifices	_____
Diameter	_____ in
Spacing	_____ in
Manifold	
Schedule/Class	_____
Length	_____ ft
Diameter	_____ in
Preferred manifold configuration used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transport Pipe	
Schedule/Class	_____
Length	_____ ft
Diameter	_____ in
Dosing and Pump Chamber	
Number of doses/day	_____
Dose quantity	_____ gal
Chamber Capacity	_____ gal
Pump controls: Please check those required.	
<input type="checkbox"/> Timer <input type="checkbox"/> Elapse Meter <input type="checkbox"/> Event Counter	
If Timer: Pump on _____, Pump off _____	

Comments
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<b>DESIGN CHECKLISTS</b>		
<p><b>Scaled Plot Plan</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Test hole locations</li> <li><input type="checkbox"/> Soil logs</li> <li><input type="checkbox"/> Property lines</li> <li><input type="checkbox"/> Existing and proposed wells within 100 ft of property</li> <li><input type="checkbox"/> Measurements to cuts, banks, and surface water and critical areas</li> <li><input type="checkbox"/> Location and orientation of curtain drain and all absorption components</li> <li><input type="checkbox"/> Location and dimension of primary system and reserve area</li> <li><input type="checkbox"/> Buildings</li> <li><input type="checkbox"/> Direction of slope indicator</li> <li><input type="checkbox"/> Waterlines</li> <li><input type="checkbox"/> Roads, easements, driveways, parking</li> <li><input type="checkbox"/> North arrow and scale drawing shown on scale bar</li> </ul>	<p><b>Scaled Layout Sketch</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drainfield orientation and layout</li> <li><input type="checkbox"/> Trench/bed dimensions and critical distances within layout</li> <li><input type="checkbox"/> D-Box/Valve box locations</li> <li><input type="checkbox"/> Septic tank/pump chamber locations</li> <li><input type="checkbox"/> Observation port location</li> <li><input type="checkbox"/> Clean-out location</li> <li><input type="checkbox"/> Manifold placement</li> <li><input type="checkbox"/> Orifice placement</li> <li><input type="checkbox"/> Lateral placement with distance to edge of bed</li> <li><input type="checkbox"/> Audible/visual alarm referenced</li> <li><input type="checkbox"/> Scale of drawing shown on scale bar</li> </ul>	<p><b>Cross-Section Sketch</b></p> <p>Reference depth from original grade:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Septic tank</li> <li><input type="checkbox"/> Drainfield cover</li> </ul> <p>Reference depth from original grade and restrictive strata:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Laterals, trench/bed, top and bottom</li> <li><input type="checkbox"/> Curtain drain collector</li> <li><input type="checkbox"/> Sand augmentation</li> </ul> <p>Other cross-section detail:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observation ports/clean-outs</li> </ul> <p><b>Other Information</b></p> <p>Yes No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Design staked out</li> <li><input type="checkbox"/> <input type="checkbox"/> Recorded Notices attached</li> <li><input type="checkbox"/> <input type="checkbox"/> Waiver(s) attached</li> <li><input type="checkbox"/> <input type="checkbox"/> Pump curve attached</li> <li><input type="checkbox"/> <input type="checkbox"/> Evaluation of failure</li> </ul> <p><b>Non-residential justification</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Waste strength</li> <li><input type="checkbox"/> <input type="checkbox"/> Flow</li> </ul>

**DESIGN APPROVAL**

The undersigned designer must be notified by installer at time of installation  Yes  No

\_\_\_\_\_

Signature of Designer Date

The undersigned has reviewed this design on behalf of Mason County Public Health and determined it to be in compliance with state and local on-site regulations:

\_\_\_\_\_

Environmental Health Specialist Date

**CAUTION: DESIGN APPROVAL IS VALID ONLY UNDER THE FOLLOWING CONDITION:**

- ✓ The design is stamped “Approved” by Mason County Public Health.
- ✓ The Onsite Sewage Permit has not expired, the Permit Expiration Date is: \_\_\_\_\_
- ✓ Drainfield site conditions have not been altered to adversely affect conditions of design approval.

**Please Note:** The system must be installed by a certified installer, unless prior authorization is obtained from Mason County Public Health. An Installation Fee is required.