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.

This form may be scanned and available for public view on the Mason County Web site. 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: | ______________________________ |

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### DESIGN PARAMETERS

#### Treatment Device

- Glendon Biofilter
- Sand Filter
- Mound
- Sand Lined Drainfield
- Recirculating Filter, Type: ________________________
- Aerobic Unit Make/Model __________________________
- Disinfection Unit Make/Model ______________________
- Other: ______________________

#### Drainfield Type

- Gravity
- Pressure
- Trench
- Bed
- 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 Type (1-6): __________
- Receiving Soil Appl. Rate: __________ gpd/ft²
- Required Square Footage: __________ ft²
- Designed Square Footage: __________ ft²
- Percent Reduction Taken: __________ %
- Trench/Bed Width: __________ ft
- Trench/Bed Length: __________ ft

#### Elevation Measurements

- Original Drainfield Area Slope: __________ %
- New Slope, If Altered: __________ %
- Depth of Excavation: __________ in
- UP-slope: __________ in
- Down-slope: __________ in
- Designed Vertical Separation: __________ in
- Gravelless Chambers Required? ☐ Yes ☐ No ☐ Optional
- Pump Required? ☐ Yes ☐ No

#### Pump/Siphon Specifications

- Difference in Elevation Between Pump Shutoff and Uppermost Orifice: __________ ft
- Uppermost Orifice: ☐ Higher ☐ Lower than Pump Shutoff
- Capacity @ Total Pressure Head: __________ gpm
- Calculated Total Pressure Head: __________ ft

### Laters

- Schedule/Class: __________
- Length: __________ ft
- Diameter: __________ in
- Number: __________
- Separation: __________ ft
- Total Number of Orifices: __________
- Diameter: __________ in
- Spacing: __________ in
- Manifold
- Schedule/Class: __________
- Length: __________ ft
- Diameter: __________ in
- Preferred manifold configuration used? ☐ Yes ☐ 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.
  - ☐ Timer ☐ Elapse Meter ☐ Event Counter
- If Timer: Pump on __________, Pump off __________

Comments
## DESIGN CHECKLISTS

### Scaled Plot Plan
- Test hole locations
- Soil logs
- Property lines
- Existing and proposed wells within 100 ft of property
- Measurements to cuts, banks, and surface water and critical areas
- Location and orientation of curtain drain and all absorption components
- Location and dimension of primary system and reserve area
- Buildings
- Direction of slope indicator
- Waterlines
- Roads, easements, driveways, parking
- North arrow and scale drawing shown on scale bar

### Scaled Layout Sketch
- Drainfield orientation and layout
- Trench/bed dimensions and critical distances within layout
- D-Box/Valve box locations
- Septic tank/pump chamber locations
- Observation port location
- Clean-out location
- Manifold placement
- Orifice placement
- Lateral placement with distance to edge of bed
- Audible/visual alarm referenced
- Scale of drawing shown on scale bar

### Cross-Section Sketch
- Reference depth from original grade:
  - Septic tank
  - Drainfield cover
- Reference depth from original grade and restrictive strata:
  - Lateral, trench/bed, top and bottom
  - Curtain drain collector
  - Sand augmentation
- Other cross-section detail:
  - Observation ports/clean-outs

### Other Information
- Yes
- No
- Design staked out
- Recorded Notices attached
- Waiver(s) attached
- Pump curve attached
- Evaluation of failure
- Non-residential justification
- Waste strength
- Flow

## 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.

*This form may be scanned and available for public view on the Mason County Web site.*

Revision Date: 1/12/2010