

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:	_____	
	City	State	Zip	City	State Zip

DESIGN PARAMETERS	
Treatment Device	
<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 ²
Required Primary Area	_____ ft ²
Designed Primary Area	_____ ft ²
Designed Reserve Area	_____ ft ²
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

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:

- Laterals, 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.