PRESSURE DISTRIBUTION AND SUPPLEMENTAL TREATMENT DESIGN FORM

A design will be reviewed when this form and design drawings are submitted with an On-Site Wastewater System Construction Permit application and fees are paid.

**Parcel Identification**

<table>
<thead>
<tr>
<th>APN #: ______________________________</th>
<th>Traklt #: ______________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Designer Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parcel Address</th>
<th>Designer Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subdivision Name/Division/Block/Lot</th>
<th>Designer Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

**Design Parameters**

**Treatment Type**

- Horizontal Separation (inches) ____________
- ☐ Closed Bottom Sandfilter
- ☐ Open Bottom Sandfilter
- ☐ Mound
- ☐ ATU
- ☐ Textile Filter
- ☐ Disinfect Unit

<table>
<thead>
<tr>
<th>Make/Model</th>
<th>Make/Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Make/Model</th>
<th>Make/Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

**Dispersal Type**

- ☐ Gravity
- ☐ Pressure
- ☐ Trench
- ☐ Bed
- ☐ Drain Rock
- ☐ Gravelles Chamber
- ☐ Subsurface Drip

**Design Parameters**

Trench width ____________ inches
Total lineal trench length ____________ ft.
Trench depth ____________ inches
Depth of fill over drainfield ____________ inches
Slope in drainfield area ____________%

**Pump Specifications**

Difference in Elevation Between Pump Shutoff and Uppermost Orifice: ____________ ft
Uppermost Orifice is: ☐ Higher ☐ Lower than Pump Shutoff
Capacity @ Total Pressure Head: ____________ gpm
Calculated Total Pressure Head: ____________ ft
(Attach Pump Curve)

**Dosing and Pump Chamber**

Number of Doses/Day ____________
Dose Quantity ____________ gal
Chamber Capacity ____________ gal
Pump Controls: Timer (or) Elapse Time Meter (circle if required)
If Timer: Pump On ____________ Pump Off ____________

Check the following components if they drain between doses:

- ☐ Laterals
- ☐ Manifold
- ☐ Transport

Update: September 12, 2014
Pressure Distribution and Supplemental Treatment System Design

Trakt #: ____________________

**Pressure Distribution System Parameters**

<table>
<thead>
<tr>
<th>Laterals</th>
<th>Manifold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule/Class</td>
<td>Schedule/Class</td>
</tr>
<tr>
<td>Length (feet)</td>
<td>Length (feet)</td>
</tr>
<tr>
<td>Diameter (inches)</td>
<td>Preferred Manifold Configuration Used? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Separation (feet)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orifices</th>
<th>Transport Pipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Orifices</td>
<td>Schedule/Class</td>
</tr>
<tr>
<td>Diameter (inches)</td>
<td>Length (feet)</td>
</tr>
<tr>
<td>Spacing (inches)</td>
<td>Diameter (inches)</td>
</tr>
</tbody>
</table>

**Designer Certification**

The undersigned has submitted this design based observed site conditions and has designed the system as shown on this design form and the drawings attached thereto.

______________________________  ____________________
Designer  Date

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

______________________________  ____________________
Environmental Health Specialist  Date

**Caution: This design approval is only valid when all the following conditions are met:**

- The design is stamped “Approved” by Butte County Public Health Department
- The Construction Permit has not expired.
- The system is installed by a Certified Installer or homeowner authorized by the Butte County Public Health Department
- Drainfield site conditions have not been altered to adversely affect conditions of design approval

Update: September 12, 2014
**Required Drawings**

### Scaled Plot Plan
- Test hole locations
- Property lines
- Existing and proposed wells within 100 ft of property lines
- Critical distance measurements to cuts, banks, and surface water
- 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
- Critical resource lands (if applicable)
- North arrow and scale of drawing shown on scale bar

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

### Cross-Section Sketch
- **Referenced depth from original grade:**
  - Septic tank lid and drainfield cover depth
- **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 and clean-outs

---

**Mound Systems Only**

**Additional layout information for mound system:**
- Overall fill dimensions
- Up-slope, downslope, and endslope fill width

**Additional cross-section information for mound system:**
- Settled cap depth at center and edge of bed
- Sidewall slope
- Up-slope and downslope bed elevation

---

*Update: September 12, 2014*