



**Staff Use Only**

Date Received: \_\_\_\_\_

Staff: \_\_\_\_\_

# PRESSURE DISTRIBUTION AND SUPPLEMENTAL TREATMENT DESIGN FORM

Form DS

**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

|   |                                  |
|---|----------------------------------|
| APN #: _____                              | Traklt #: _____                  |
| Applicant Name _____                      | Designer Name _____              |
| Parcel Address _____                      | Designer Mailing Address _____   |
| City _____ State _____ Zip _____          | City _____ State _____ Zip _____ |
| Subdivision Name/Division/Block/Lot _____ | Designer Telephone Number _____  |

## Design Parameters

### Treatment Type

Vertical Separation (inches) \_\_\_\_\_

Closed Bottom Sandfilter

Open Bottom Sandfilter

Mound

ATU \_\_\_\_\_

Textile Filter \_\_\_\_\_  
Make/Model \_\_\_\_\_

Disinfect Unit \_\_\_\_\_  
Make/Model \_\_\_\_\_

### Dispersal Type

Gravity                       Pressure

Trench                          Bed

Drain Rock                   Gravelles Chamber

Subsurface Drip

### Dispersal System Parameters

Number of Bedrooms \_\_\_\_\_

Daily Flow \_\_\_\_\_ gpd

Septic Tank Capacity (gal) \_\_\_\_\_ gal.

Receiving Soil Type (A-E) \_\_\_\_\_

Receiving Soil Ap. Rt \_\_\_\_\_ gpd/ft<sup>2</sup>

Designed Vertical Separation \_\_\_\_\_

Drainfield Square Footage \_\_\_\_\_

Percent Reduction Taken \_\_\_\_\_

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

This section completed by Certified Designer

Pressure Distribution and Supplemental Treatment System Design

TrakIt #: \_\_\_\_\_

**Pressure Distribution System Parameters**

**Laterals**

Schedule/Class \_\_\_\_\_  
Length (feet) \_\_\_\_\_  
Diameter (inches) \_\_\_\_\_  
Number \_\_\_\_\_  
Separation (feet) \_\_\_\_\_

**Orifices**

Total Number of Orifices \_\_\_\_\_  
Diameter (inches) \_\_\_\_\_  
Spacing (inches) \_\_\_\_\_

**Manifold**

Schedule/Class \_\_\_\_\_  
Length (feet) \_\_\_\_\_  
Preferred Manifold Configuration Used?  Yes  No

**Transport Pipe**

Schedule/Class \_\_\_\_\_  
Length (feet) \_\_\_\_\_  
Diameter (inches) \_\_\_\_\_

**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

This section completed by Certified Designer

This section completed by EH

## 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

### 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

### 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

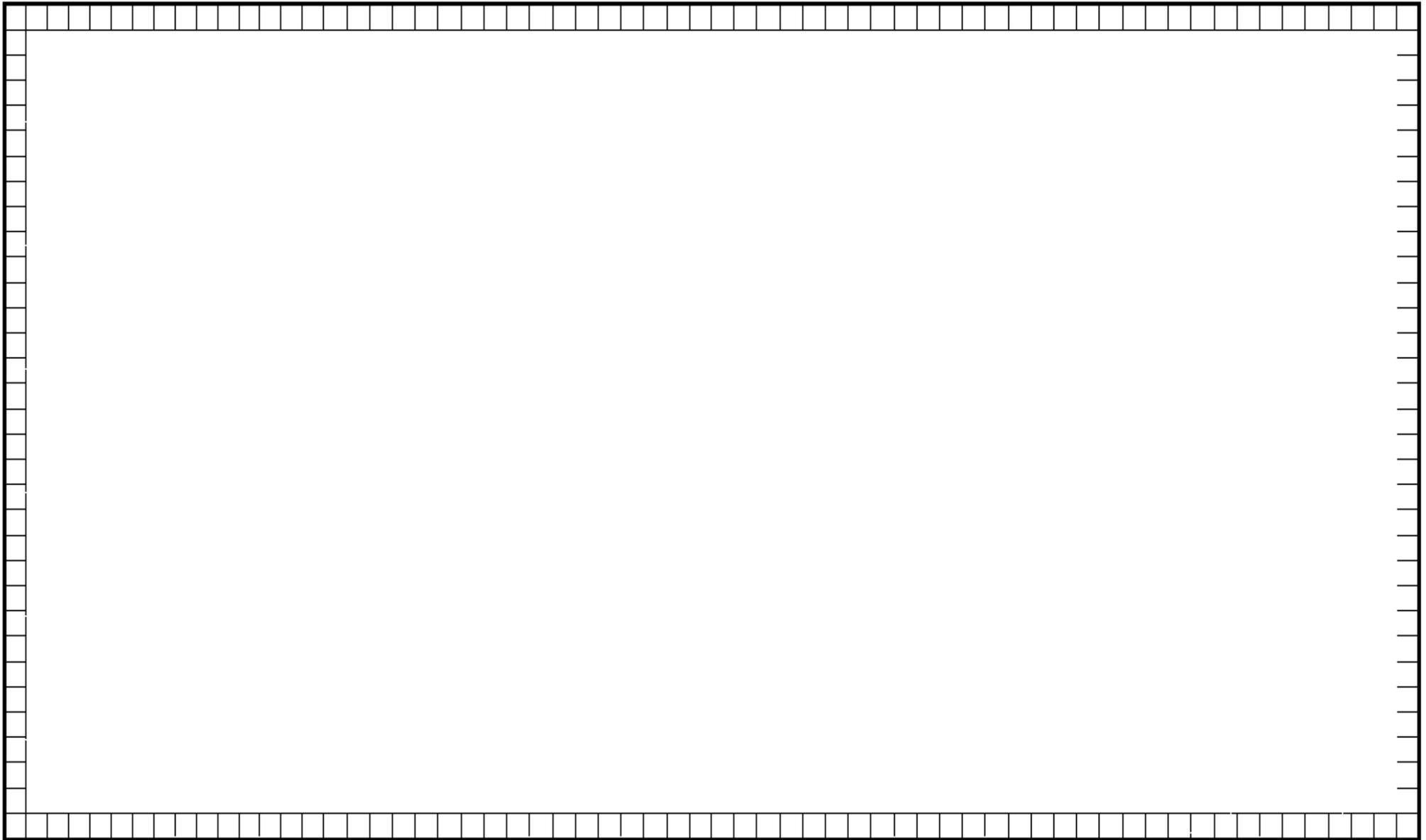
#### Reference depth from original grade and restrictive strata:

- Laterals, trench/bed top and bottom
- Curtain drain collector
- Sand augmentation

#### Other cross-section detail:

- Observation ports and clean-outs

SITE PLAN Assessor's Parcel Number:    -    -    Permit #: \_\_\_\_\_



Owner Name: \_\_\_\_\_ Scale 1" = \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Site Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_