



Staff Use Only

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

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

# STANDARD GRAVITY SYSTEM DESIGN FORM

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

## Parcel Identification

Form DG

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

Dispersal Type:  Drainrock  Chamber  
 Polystyrene

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

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

Daily Flow (gpd) \_\_\_\_\_ gpd

Trench Width \_\_\_\_\_ inches

Septic Tank Capacity \_\_\_\_\_ gal

Total Lineal Trench Length \_\_\_\_\_ ft

Application Rate \_\_\_\_\_ gpd/ft<sup>2</sup>

Trench Depth \_\_\_\_\_ inches

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

Depth of Fill over  
Drainfield (if applicable) \_\_\_\_\_ inches

Ground Slope in Drainfield Area \_\_\_\_\_ %

Curtain Drain Depth (if applicable) \_\_\_\_\_ f

## Certification of Design

The undersigned **Certified Installer** or **Certified Designer** (circle one) has submitted this design based on observed site conditions as shown on this design form and the drawings attached thereto.

\_\_\_\_\_  
System 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 Wastewater Construction Permit has not expired; the Permit Expiration Date is 2 years from the date of issuance
- ✓ 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

This section completed by Certified Installer or Designer

This section completed by EH

### WASTEWATER SYSTEM DESIGN CHECKLIST

- Owner's name
- Assessor's Parcel Number
- North arrow
- Property lines
- Any relevant site features such as cliffs, cut banks, irrigation canals, springs, rock outcrop, landslide areas, drainage ways, etc. within 200 ft of the primary and repair dispersal areas
- Any existing and/or proposed site improvements, such as buildings, pools, driveways, parking areas, easements, waterlines, etc. (please specify whether existing or proposed)
- Existing wastewater dispersal areas, if present
- Location and dimensions of designated primary and repair wastewater dispersal areas
- Test hole locations from Site Evaluation
- Existing and proposed wells within 200 ft of the primary and repair dispersal areas and neighboring wells within 100 ft of property lines
- Location and orientation of curtain drain
- Direction of slope in primary and repair dispersal areas
- Dispersal field orientation and layout
- Trench/bed dimensions and critical distances within layout
- D-Box/"T"/"L" locations
- Septic tank/pump chamber location
- Observation port location
- Scale of drawing shown on scale bar
- Cross Section Drawings:
  - Dispersal trench
  - Observation port
  - Capping fill, if applicable
  - Curtain drain, if applicable

Note: Designer may use form attached for design drawing or may attached drawing on separate page, provided the elements identified in this checklist are included.

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

<p>I certify that the information in this site plan is accurate and complete to the best of my knowledge.</p> <p>_____ Signature</p> <p>_____ Date</p>
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Owner Name: \_\_\_\_\_ Scale 1" = \_\_\_\_\_

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

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

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