



STANDARD GRAVITY SYSTEM DESIGN FORM

Staff Use Only

Date Received: _____

Staff: _____

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/ft²

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: November 8, 2010

TEL- 530.538.7281 | 202 MIRA LOMA DRIVE
FAX- 530.538.5339 | OROVILLE, CA 95965

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>
--

Owner Name: _____ Scale 1" = _____

Address / Phone: _____

Site Location: _____

Contact Name: _____ Phone: _____