

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

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/ft²

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

This section completed by Certified Designer

Update: July 19, 2010

Pressure Distribution and Supplemental Treatment System Design

Traklt #: _____

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

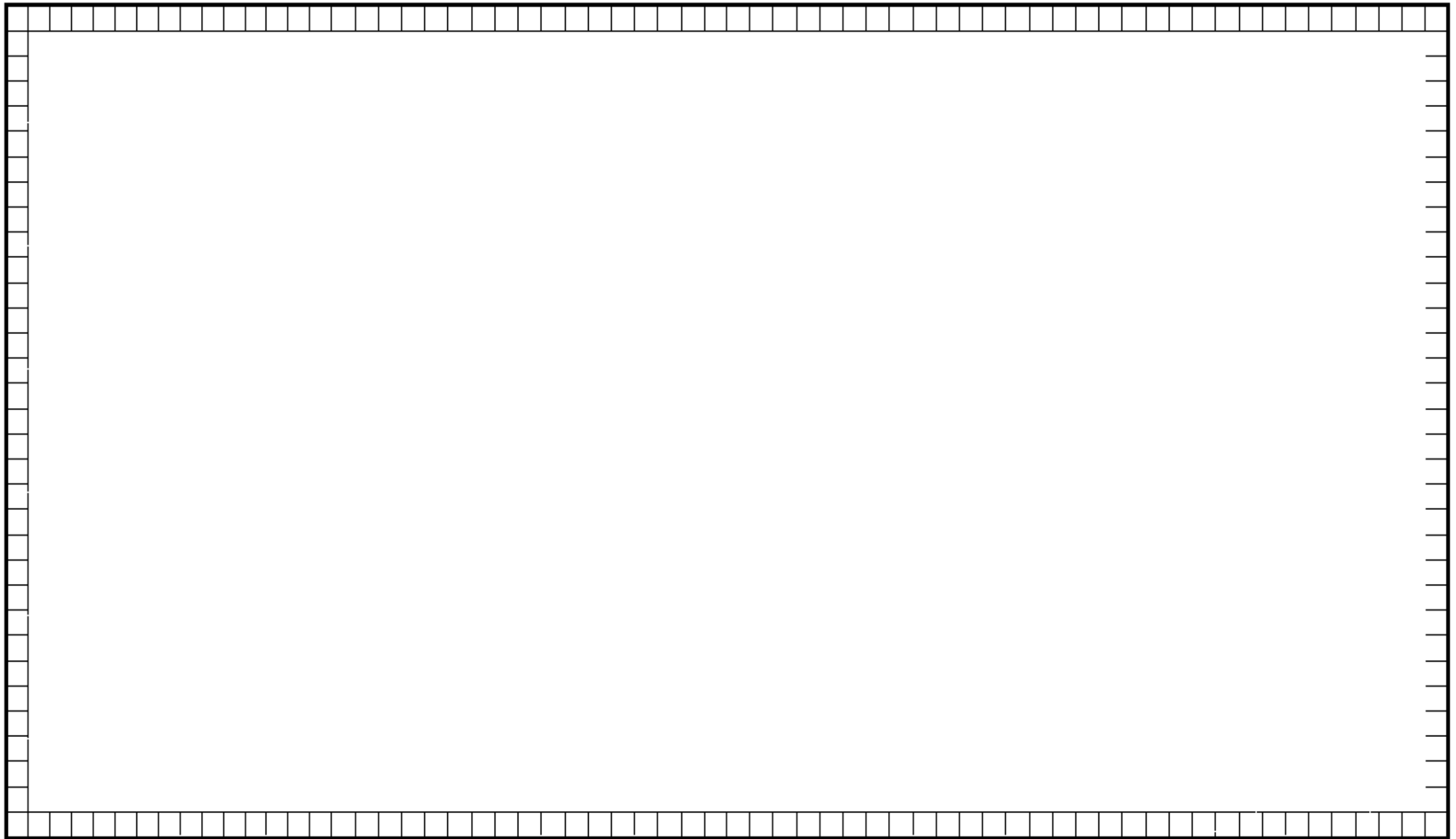
Reference depth from original grade and restrictive strata:

- 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: _____