

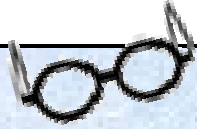


Form NDI

ON-SITE WASTEWATER SYSTEM  
**NEW DEVELOPMENT**

**INSTALLER INFORMATION**

UPDATE: AUGUST 19, 2010



...process at a glance...

1. Submit design
2. Install system
3. Prepare As-Built
4. Call for final inspection

When property owners want to develop their property, they begin the process with a Site Evaluation to determine soil type and depth and other site characteristics. If the wastewater system will require supplemental treatment, then a Certified Designer will assist Environmental Health in the Site Evaluation.

After the Site Evaluation, property owners can apply for a Construction Permit. If the Site Evaluation indicates the need for supplemental treatment, the design will need to be submitted by a Certified Designer. If the Site Evaluation is approved for a Standard Gravity System, then the system can be designed as well as installed by a Certified Installer.

Applicants for Site Evaluations and Construction Permits are provided with the appropriate applications, an informational handout, and lists of Certified Installers and Certified Designers.

This installer's handout is intended to provide the Certified Installer with the information you need to perform your activities in a manner consistent with the new wastewater program.

### 1. Submit Design

- ✓ Before the Construction Permit can be issued, the Certified Installer or Certified Designer needs to submit a design for the proposed wastewater system, based on the findings and requirements in the Site Evaluation.
- ✓ After reviewing and approving the system design, [Installer Info Packet: Form DG](#)  
Environmental Health will issue Construction Permit.
  - ✍ The system must be designed for the same location approved in the Site Evaluation, or else new soil test holes will be required prior to design approval.

### 2. Install the Wastewater System

- ✓ After the Construction Permit has been issued, the system can be installed following the approved design.
  - ✍ When you begin work on the wastewater system, you should have, in hand, a copy of the approved Permit and a copy of the approved design.

### 3. Prepare As-Built

- ✓ Complete the As-Built checklist.

- ✓ If the installation followed the approved design, you only need to check the appropriate box at the end of the document and sign it. If the installation varied from the design, you will need to include an updated as-built drawing of the system on the form.

Installer Info Packet: Form AS

*GR* The As-Built is one of the most important documents that will go into your customer's APN file. It will be referred to whenever there is a need in the future to remodel or expand their home or build outside features such as patios.

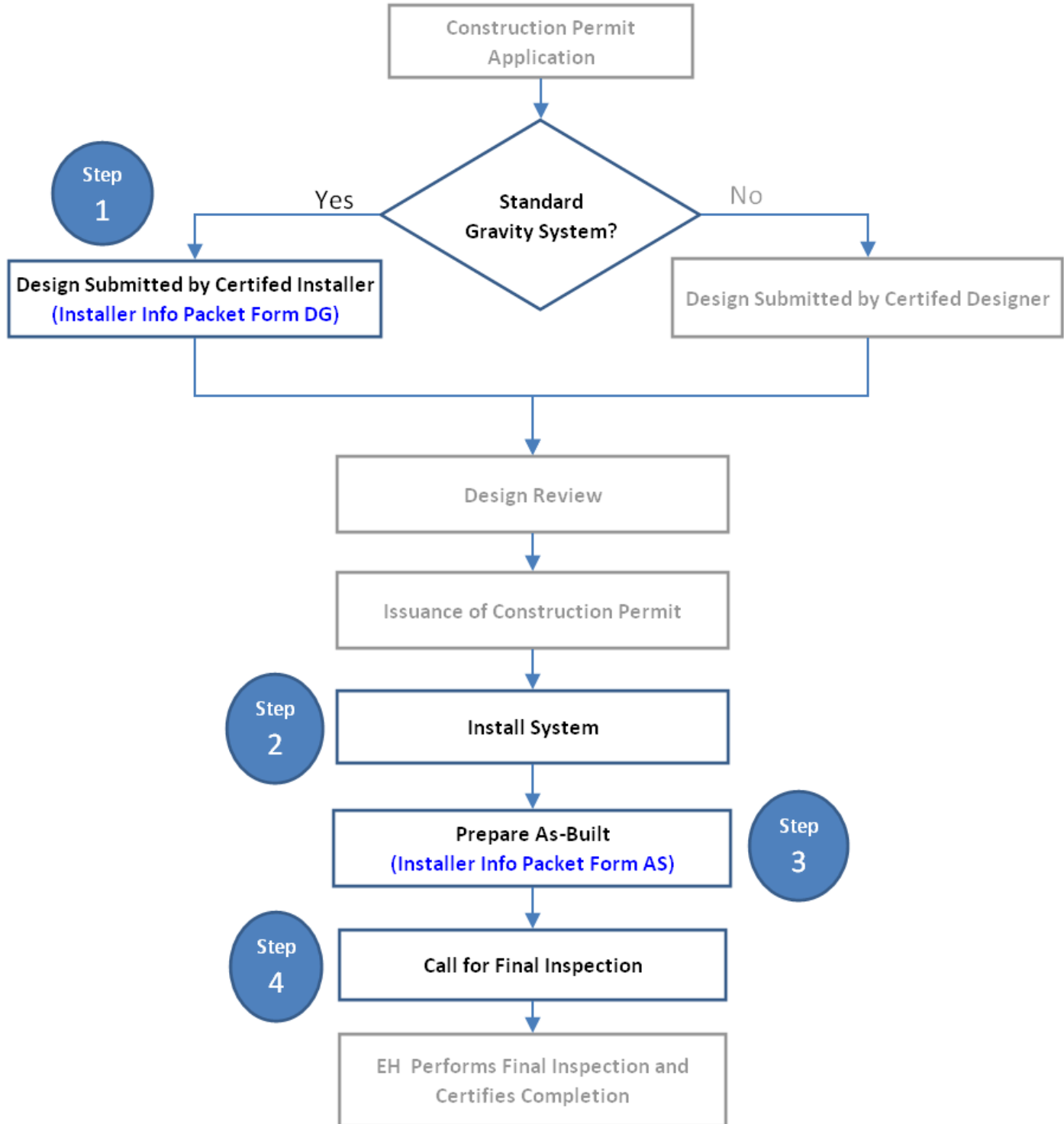
#### 4. Call for Final Inspection

- ✓ Call Environmental Health for a final inspection. The system should be left uncovered, so that EH staff can inspect the pipe and drainrock.
  - ✓ If it is necessary to cover a portion of the system during the construction process due to site constraints, you will need to first discuss this with our office and make prior arrangements for inspection of the system's most critical components.
- GR* Final approval and certification of completion of the installation will be made when the installation is complete, consistent with the design, and the As-Built has been reviewed by the Environmental Health Specialist.

Note: Other information, including our On-Site Wastewater Ordinance and On-Site Wastewater Manual, is available at our office or found online at:

<http://www.buttecounty.net/publichealth/environmental/environmental.html>

## Construction Permit Process Summary





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

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 \_\_\_\_\_ inches

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

Drainfield (if applicable) \_\_\_\_\_ inches

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

## Certification of Design

The undersigned **Certified Installer** or **Certified Designer** (circle one) has submitted this design based 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: August 19, 2010

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FAX- 530.538.5339 | OROVILLE, CA 95965

This section completed by Certified Installer or Designer

This section completed by EH

### WASTEWATER SYSTEM DESIGN CHECKLIST

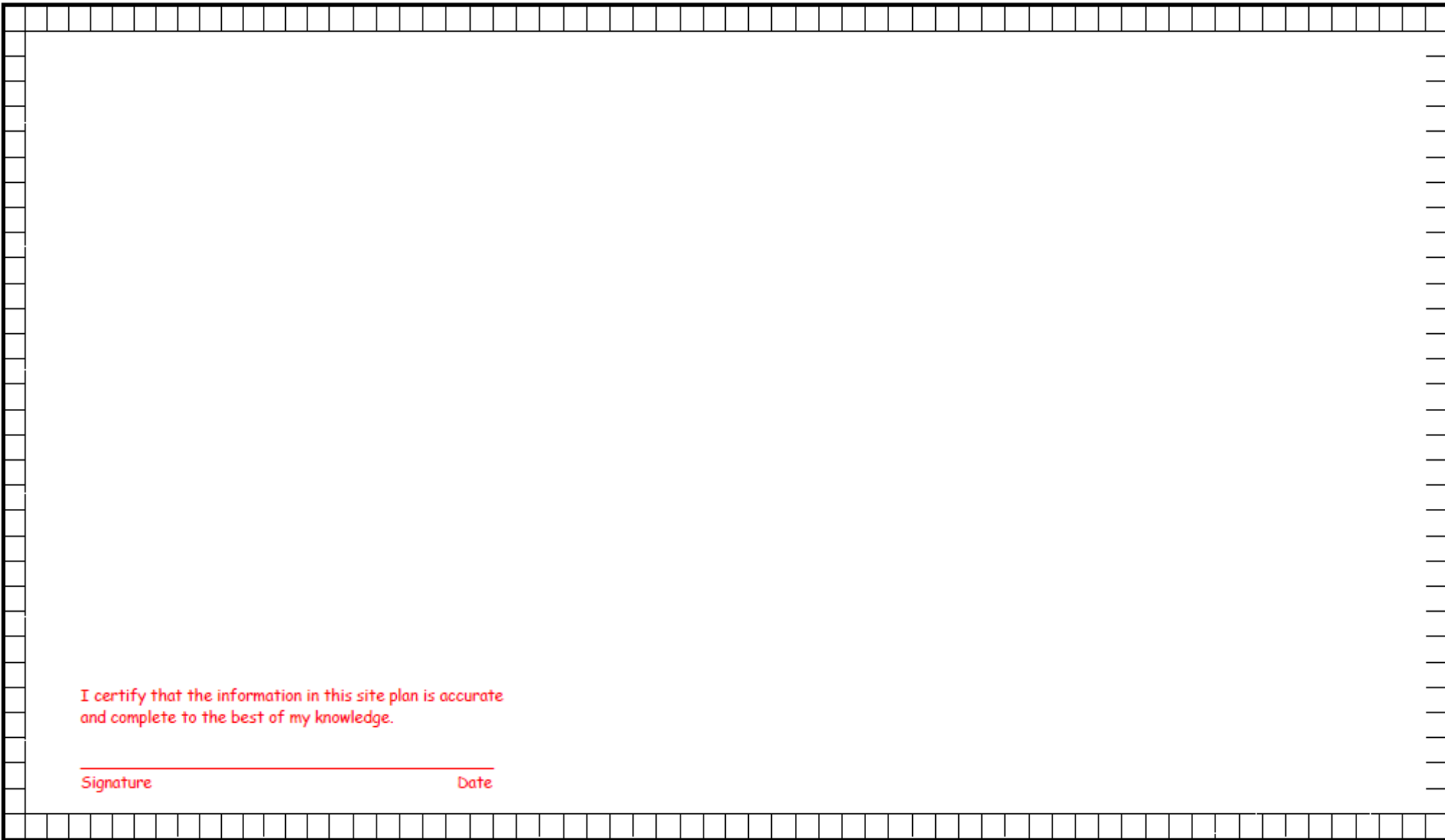
- Owner's name
- Assessor's Parcel Number
- North arrow
- Property lines
- Any relevant site features such as cliffs, cut banks, irrigation canals, springs, rock outcrop, landslide areas, drainage ways, etc. within 200 ft of the primary and repair dispersal areas
- Any existing and/or proposed site improvements, 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
  - D-box
  - 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 #: \_\_\_\_\_



I certify that the information in this site plan is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature Date

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

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

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

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



Installer Info Packet: Form AS

**Staff Use Only**

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

Verified in Field: Yes  No

Inspector: \_\_\_\_\_

## CONTRACTOR'S AS-BUILT REPORT

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

Designer: \_\_\_\_\_ Installer: \_\_\_\_\_

All items below must be completed by the installer.

	<u>N/A</u>	<u>Yes</u>	<u>Prior to Completion</u>
<b>I. SEPTIC TANK</b>			
A) >5 ft. from foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) >50 ft from wells and surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Bldg stub-out to septic tank: clean-out if not 1-2%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Sanitary Ts in tank intact and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Risers installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Leak test performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Tank Size: _____ gal.; Manufacturer _____			
<b>II. D-BOX</b>			
A) Leveled with water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Speed leveler used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. DISPERSAL FIELD</b>			
A) >5 ft from foundation and >5 ft from property lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) >100 ft from wells and surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) >10 ft from potable water lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Laterals level to +/- 1 inch & end caps present if not looped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Gravelless chambers utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) System dimensions the same as shown on the design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Gravel clean, properly sized, and proper depth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Observation ports present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL ITEMS FOR PRESSURE SYSTEMS</b>			
I) Sand quality as specified on design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J) Head height uniform and 24 inches? Actual head height _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K) Clean-outs and observation ports present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L) Mound: Side Slope 3:1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. PUMP/PUMP CHAMBER</b>			
A) Screen basket or effluent filter (circle one) installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Riser installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Alarm installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Pump make _____; Pump model _____			
E) Chamber size _____ gal; _____ gal/inch; Chamber Manufacture _____			
F) Pump chamber draw-down _____ inches per minute; Height of pump off bottom of pump chamber _____ inches			
G) Pump controls: Timer (or) Elapsed Time Meter (circle if installed); If timer is used: Pump On _____ Pump Off _____			

Update: August 19, 2010

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This section completed by Certified Installer

Contractor As-Built Form

Traklt #: \_\_\_\_\_

## As-Built Drawing

This section completed by Certified Installer

### CHECKLIST

- Drainfield & manifold orientation & layout
- Trench/bed dimensions and critical distances within layout
- Septic/pump tank placement.
- Location of buildings.
- Observation port & clean-out location.
- Location of wells & roads.
- Undisturbed native soil between trenches.
- North arrow

### Certification of Installation

Installer Check a box from Row "A" and "B", sign and date the certification

- A.  I certify that I installed the system without any deviation from the design stamped "APPROVED" by Butte County Environmental Health  
 I certify that all deviations from the design stamped "APPROVED" by Butte County Environmental Health are shown above.
- B.  I certify that I contacted the designer and left the system open for inspection prior to cover.

I further certify that all information contained on this form is accurate. I understand that if the information contained herein is not accurate, there will be just cause for suspension of my installer certification.

\_\_\_\_\_  
Installer

\_\_\_\_\_  
Date