

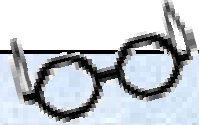


Form RSI

ON-SITE WASTEWATER SYSTEM  
REPAIR/REPLACEMENT/EXPANSION

INSTALLER INFORMATION

UPDATE: AUGUST 19, 2010



## ...process at a glance...

- |                                    |                              |
|------------------------------------|------------------------------|
| 1. Contact Environmental Health    | 4. Install system            |
| 2. Assist EH staff assess the site | 5. Prepare As-Built          |
| 3. Submit system design            | 6. Call for final inspection |

When someone needs to repair, replace, or expand their on-site wastewater system, they begin by applying for a Repair/Replacement/Expansion Permit from Environmental Health. They are then provided with an informational handout, a list of Certified Installers, and this Installer Information handout to provide to the Certified Installer they choose to perform the work.

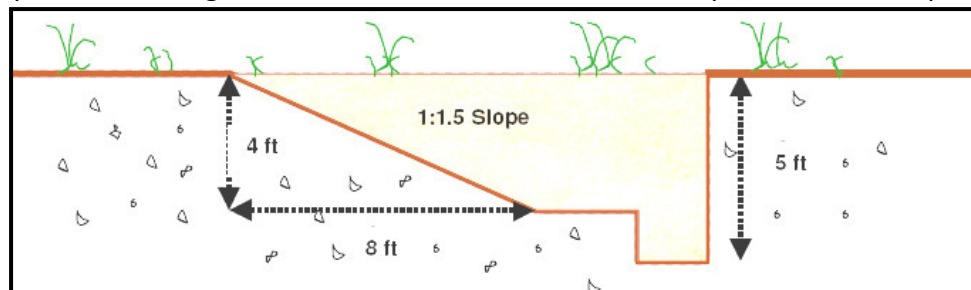
This informational handout is intended to provide the Certified Installer with the information needed to perform wastewater system repair, replacement, and expansion meeting the requirements of the new on-site wastewater program.

### 1. Contact Environmental Health

- ✓ Once you have been contacted by the applicant to place a bid or to perform the work, you need to contact Environmental Health and discuss the project with the Environmental Health Specialist assigned to the area in which your property is located.
- ✍ Because district assignment is subject to change, identification of the correct staff for processing your permit application can be made by calling (530) 538-7281.

### 2. Assist the Environmental Health Specialist Assess the Site

- ✓ The Environmental Health Specialist will work with you to determine the type of wastewater system replacement or modification is needed based on the site conditions found on your property.
- ✓ Except for where our staff already has sufficient information about the soil conditions on your property, soil testing will be required. Typically, this involves digging one or more test holes in the vicinity of where the replacement or additional drainfield trench will be installed.
- ✍ Note: The test holes must allow staff to evaluate the soil to a depth of 5-ft (or down to the restrictive layer if it is encountered shallower than 5-ft). The holes must be ramped from the ground surface to a shelf at a 4-ft depth with the slope of the



ramp having a slope no greater than a 1:1.5. A 1-ft deep notch must be dug at the end of the excavation so that staff, while standing in the hole no deeper than 4-ft from ground surface (per Cal OSHA requirements) can evaluate soil down to a total depth of 5-ft.

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### 3. Design the System

- ✓ Before the system can be repaired, replaced, or expanded, the Certified Installer needs to present a proposal for the work that needs to be done, based on the assessment in Step 2, above .
- ✓ After reviewing and approving your system design, Environmental Health will issue the Repair/Replacement/Expansion Permit.

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### 4. Install the Wastewater System Repair, Replacement, or Expansion

- ✓ You can now install the new or modified system, 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.

### 5. 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, provide an updated as-built drawing of the system on the form.
  - ✍ The As-Built for your wastewater system is one of the most important documents that will go in your files. It will be referred to whenever you apply for permits in the future to remodel or expand your home or build outside features such as patios.

Installer Info Packet: Form AS

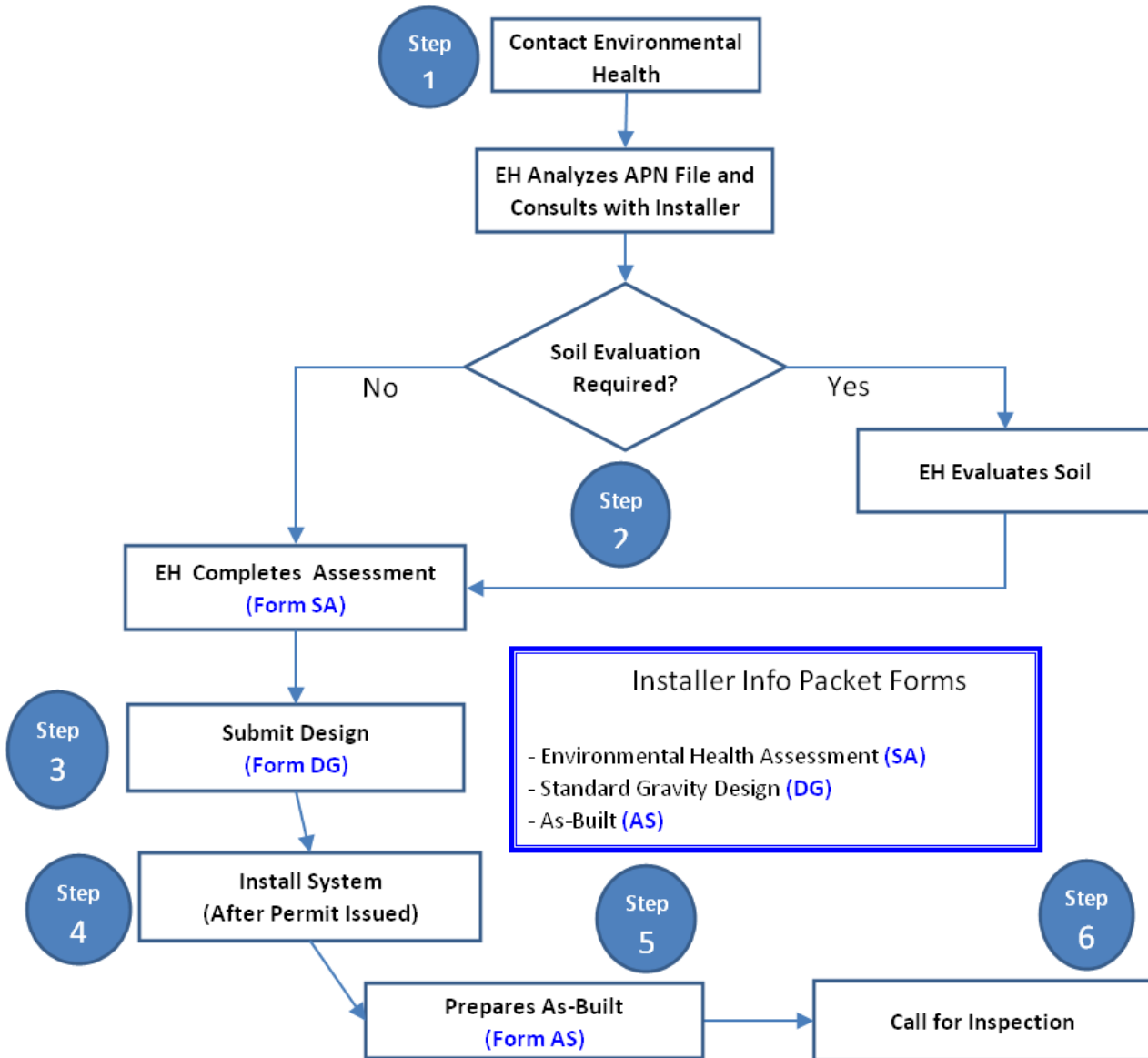
### 6. Call for Final Inspection

- ✓ Call Environmental Health for a final inspection. The system should not yet be covered, so EH staff can inspect the pipe and drainrock.
  - ✍ 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>

## Repair Permit Process Summary





# ENVIRONMENTAL HEALTH SITE ASSESSMENT

Installer Info Packet: Form SA

APPLICANT NAME: \_\_\_\_\_

APN: \_\_\_\_\_

TRAKIT #: \_\_\_\_\_

### ANALYSIS OF SYSTEM FAILURE (IF APPLICABLE)

Age of System: \_\_\_\_\_

Years Since Last Repair: \_\_\_\_\_

Number of Previous Repairs: \_\_\_\_\_

Most likely reason for system failure: \_\_\_\_\_

\_\_\_\_\_

### SITE CHARACTERISTICS

Effective soil depth: \_\_\_\_\_ inches      Texture of receiving soil: \_\_\_\_\_

### SYSTEM DESIGN PARAMETERS

#### Dispersal System Requirements

Application Rate \_\_\_\_\_ gpd/ft<sup>2</sup> based on:  Soil texture    Soil data from file    Knowledge of soils in area

Minimum vertical separation \_\_\_\_\_ inches

Depth of curtain drain \_\_\_\_\_ inches       N/A, curtain drain not required

#### Special Design Considerations/Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date of Review

- On-site review
- Office review



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

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

This section completed by Certified Installer

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.

This section completed by Certified Installer

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

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

## 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.

\_\_\_\_\_  
Certified Installer

\_\_\_\_\_  
Date