



Pressure Distribution or Supplemental Treatment System Design

A design will be reviewed when 3 copies of each of the following items are submitted:

- ✓ Completed design form that has been signed and dated;
- ✓ Scaled layout sketch, including all applicable items on checklist;
- ✓ Scaled plot plan, including all applicable items on checklist;
- ✓ Cross-section sketch, including all applicable items on checklist

Parcel Identification

APN #: _____

TrakIt #: _____

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

Make/Model _____

Textile Filter

Make/Model _____

Disinfect Unit

Make/Model _____

Dispersal Type

- Gravity
- Trench
- Drain Rock
- Subsurface Drip
- Pressure
- Bed
- Gravelles Chamber

Dispersal System Sizing

Number of Bedrooms _____

Daily Flow (gpd) _____

Septic Tank Capacity (gal) _____

Receiving Soil Type (1-6) _____

Receiving Soil Ap. Rt (gpd/ft²) _____

Required Square Footage _____

Designed Square Footage _____

Percent Reduction Taken _____

Elevation Measurements

Original Drainfield Area Slope _____%

New Slope if Altered _____%

Depth of Trench/Bed _____

Upslope _____

Downslope _____

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

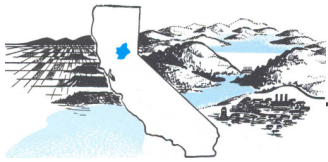
Pump Controls: Timer (or) Elapse Time Meter
(circle if required)

If Timer: Pump On _____ Pump Off _____

Check the following components if they drain between doses:

- Laterals
- Manifold
- Transport

Updated: July 11, 2007 T:\Land_Use\Wastewater Working Group\Ordinance and Manual\Forms\Design Form Suppl Treatment Jul 11.doc



Pressure Distribution and Supplemental Treatment System Design

Traklt #: _____

Pressure Distribution System Parameters

Laterals		Manifold	
Schedule/Class	_____	Schedule/Class	_____
Length (feet)	_____	Length (feet)	_____
Diameter (inches)	_____	Preferred Manifold Configuration Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	_____	Transport Pipe	
Separation (feet)	_____	Schedule/Class	_____
Orifices		Length (feet)	_____
Total Number of Orifices	_____	Diameter (inches)	_____
Diameter (inches)	_____		
Spacing (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 Wastewater Construction Permit has not expired, the Permit Expiration Date is: _____
- ✓ The system is installed by a licensed contractor or homeowner authorized by the Butte County Public Health Department
- ✓ Drainfield site conditions have not been altered to adversely affect conditions of design approval

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