

WELLS COUNTY HEALTH DEPARTMENT

223 WEST WASHINGTON STREET
BLUFFTON, IN 46714
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PLAN REVIEW CHECKLIST

Property Owner: _____

Property Location: _____

Installer & Builder: _____

Type of System: Elevated Trench Chamber Other: _____

Method of Distribution: Gravity Alternating-Field Flood-Dosing Pressure

Square Footage of Absorptive Area: _____

SYSTEM COMPONENTS

1. RESIDENTIAL SEWER

- Direction from residence _____; Distance to closest well _____
- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- All joints sealed according to manufacturer's recommendation Yes or No

2. SEPTIC TANK

- Approved manufacturer _____ Other _____ (include plans)
- Number of tanks ____ & Compartments ____; Liquid capacity _____gallons
- Tank Material _____; Water tight and drain hole plugged Yes or No
- Diameter of riser(s) _____inches
- Location of riser(s) _____; Type _____
- Plug or cap installed in riser below securely fastened lid/top Yes (only option)

3. GRAVITY SEWER FROM SEPTIC TANK TO DISTRIBUTION BOX

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- Positive slope of at least 2.4 inches per 100 feet Yes or No
- All joints sealed according to manufacturer's recommendation Yes or No

4. GRAVITY SEWER FROM SEPTIC TANK TO DOSING TANK

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- Positive slope of at least 2.4 inches per 100 feet Yes or No
- All joints sealed according to manufacturer's recommendation Yes or No

5. DOSING TANK

- Approved manufacturer _____ Other _____ (include plans)
- Tank liquid capacity _____gallons; Drain hole plugged Yes or No
- Tank Material _____
- Diameter of riser _____inches; Type of riser _____
- Plug or cap installed in riser below securely fastened lid/top Yes (only option)

6. EFFLUENT PUMP

- Manufacturer _____; Model _____
- Pump curve provided by the supplier Yes or Attached
- Required pump capacity _____ gallons/minute
- Equipped with high water alarm and alarm switch (audio and visual) Yes or No
- Alarm on separate circuit from pump Yes or No
- Mercury equivalent switches on pump floats Yes or No
- Approved means of quick disconnect from piping Yes or No
- Approved NEMA 4X electrical box Yes or No
- Can be accessed without entering tank Yes or No

7. EFFLUENT FORCE MAIN

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- All Joints sealed according to manufacturer's recommendation Yes or No
- Pipe drains to Dose Tank or D-Box or at least 60 inches deep (circle one)
- Friction loss calculated _____(B) feet
- Effluent force main pipe volume _____gallon (multiply length of delivery line times gallons for pipe diameter)

Pipe diameter in inches	1¼	1½	2	3	4
Gallons per foot of pipe	.064	.092	.16	.37	.65

8. CALCULATIONS

- Daily design flow in gallons _____ (multiply # of bedrooms/equivalents times 150)
- Drain back from Effluent force main, if any _____ gallons
- Total dose volume _____ (Design Flow plus Drain Back)
- Static head ____ (A) Friction head ____ (B) Design head ____ (C)
- TOTAL DYNAMIC HEAD (A + B + C) _____

9. OUTLET FILTER

- Approved manufacturer _____ Daily Flow Rate _____ Model # _____
- Location to be used: septic tank outlet or structure after septic tank (circle one)
- Installed according to manufacturer's recommendation Yes or No

10. DISTRIBUTION BOX

- Approved manufacturer _____ Material _____ Other _____ (include plans)
- Number of boxes to be used _____; Holes per box _____
- Will a riser be used Yes or No
- Designed to split effluent flow equally among the effluent ports Yes or No
- Plastic distribution box is bolted to cement base Yes or No
- At least 5 feet from the proximal end of each absorption trench Yes or No
- Inlet pipe; Baffled Sanitary Tee Elbow with weephole (circle one)

11. DISTRIBUTION LINES FROM D-BOX TO TRENCHES

- Size _____" PVC or ABS ASTM# _____ SDR _____
- All joints sealed according to manufacturer's recommendation Yes or No
- Positive slope of at least 2.4 inches per 100 feet Yes or No
- First five feet from D-box is solid and laid with gravel free back-fill Yes or No
- Unperforated pipe and laid with gravel free back-fill Yes or No

12. TRENCHES

- Number _____ Length _____ Width _____ Depth Range _____
- Installed on the contour Yes or No; _____ feet on center
- Bottom of each trench level Yes or No
- Excess vegetation removed prior to trench installation Yes or No

13. DISTRIBUTION LATERALS

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Number of rows or holes _____ Size of holes _____
- Installed level throughout length Yes or No
- Holes placed at 4 and 8 O'clock Yes or No
- Rows of holes separated by 120 degrees Yes or No
- Laterals capped on the ends Yes or No

14. AGGREGATE

- Material: Washed crushed limestone Gravel Other _____
 - Tons to be used in trenches: _____ in perimeter drain _____
 - Size: _____ inch minimum to _____ inch maximum; Free of fines Yes or No
 - Aggregate is larger than the holes in the distribution laterals Yes or No
 - List all possible suppliers of the aggregate _____
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15. SUBSURFACE DRAIN AND SURFACE DRAINAGE

- Slope at site _____
- Placement of drain: surrounds or up-slope only or segmented (circle one)
- 36 inches below the elevation of any adjacent soil absorption trench bottom Yes or No
- Depth of installation from soil surface _____ inches; Width of trench _____
- Upslope drain backfilled with aggregate to; Surface or within 6" of final grade with geo-fabric (circle one)
- Separation from edge of the absorption trenches _____ feet
- Type of equipment used to dig trench _____
- Drain tile: Size _____" ASTM# _____ Other _____
- Connecting tile: Size: _____" ASTM# _____ Other _____
- Outlet tile: Size _____" ASTM# _____ Other _____
- Outlet tile has been located, inspected and is free flowing Yes (only option)
- Distance to outlet _____' Rodent guard provided Yes or Not Applicable
- Subsurface drain and outlet tile installed without sags Yes or No
- Minimum fall for drain and connecting tile 0.2 feet per 100 feet when using 4 inch pipe or 0.1 feet per 100 feet when using a 6 inch pipe Yes or No
- Drain pipe wrapped with geotextile fabric Yes or No
- Inspection port provided on outlet tile Yes or No Location of outlet _____
- Surface diversions required at this site Yes or No
 - Positive grade of at least 0.2% Yes or No
 - Sufficient depth and width to move surface water away Yes or No

16. BARRIER MATERIAL

- Geotextile fabric manufacturer _____ Width _____
- Aggregate in aggregate trenches and sand mound aggregate beds are covered from side-side and end-end Yes (only option)

17. SOIL AND VEGETATIVE COVER

- Minimum soil cover of _____ inches; Crowned to shed water Yes or No
- Final cover will be placed and graded using what equipment _____

- Sources of soil cover: check all that apply
 _____ On-site top-soil _____ On-site soil from basement or pond excavation
 _____ Topsoil trucked from off-site Other _____
- Who is responsible for the placement of vegetative cover: _____ Installer _____ Homeowner
 _____ Builder _____ Landscaper _____ Other
- Will sod or seed be used for vegetative cover _____

18. DRAWINGS:

- Show the location of all components of the on-site sewage system and the borings/backhoe pits by the soil scientist** (location of the absorption field must match the area described by the soil scientist)
- Show all drainage characteristics for the lot and adjoining landscape.**
- Show all applicable separation distances as outlined in 410 IAC 6-8.3-57(a) and (b) and (c) Such as: well and water lines for this lot and adjoining lots; buildings and other structures; lot lines; streams, ditches and drainage tile; bodies of water; and etc.**
- Show the location of the proposed or existing house, other structures, driveways, all the utilities and other easements.**

19. ELEVATIONS: *You may indicate these elevations on your drawing*

- Invert of residential sewer **(at exit from home)** _____
- Invert of septic tank inlet _____
- Pump off in dosing tank _____
- Invert of D-Box inlet _____

*Elevation measurements should be indicated at the beginning, middle and end of each trench below (you may indicate this on your drawing or below).

Soil Absorption trenches

I, THE UNDERSIGNED, DO HEREBY AFFIRM, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS PLAN REVIEW IS TRUE AND CORRECT.

Printed Name _____ Title _____

Signed Name _____ Date _____