

Checksheet for Individual and Small On-site Wastewater Systems

Establishment: _____ County: _____
 Owner: _____ Phone: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____
 Legal Description: _____
 Type of facility/ #bedrooms, seating, people served, etc.: _____

Garbage disposal present? Yes _____ No _____
 Anticipated Maximum Daily Flow: _____
 Average Soil Percolation Rate: _____
 Required Absorption Area: _____
 Is area greater than 1,200 square feet? NO YES (YES requires dosing system).
 Is area greater than 1,800 square feet? NO YES (YES requires alternate dosing).
 Date of Construction: _____ Lot Size: _____
 Depth from surface to bedrock or ground water: _____
 Depth of well/top of aquifer: _____

SEPARATION DISTANCE FROM:	Septic Tank	Absorption Area
Wells, cisterns, reservoirs:	_____	_____
Lakes, streams, wetlands, etc.	_____	_____
Pressurized water lines:	_____	_____
Dwelling, occupied building:	_____	_____
Property lines:	_____	_____

SEPTIC TANK INFORMATION:
 Material: Concrete Plastic Fiberglass Other _____
 Number of tanks: _____ Number of compartments: _____
 Liquid capacity: _____ Required capacity: _____

ABSORPTION AREA DETAILS:

<u>Trench System</u>	<u>Seepage Bed</u>
Trench width: _____	(Perc. rates 5-30 min. per inch)
Length: _____	Length: _____
Depth: _____	Depth: _____
Number of trenches: _____	Width: _____
Distance between trenches: _____	Size of fill material: _____
Depth of fill under pipes: _____	
Size of fill material: _____	
TOTAL ABSORP. AREA: _____	TOTAL ABSORP. AREA: _____

*Drainfield may not slope more than 4"/100'. Seepage beds must be level.

Also include a sketch or drawing that shows the layout of the system. lot lines, buildings, streets, wells, surface water, water lines, etc. Show all distances between the system and those features. Include cross section of the absorption system.