

<p>DESIGN INSTRUCTIONS and WORKSHEETS for a LESS than 2000 Gallons Per Day SEPTIC SYSTEM utilizing a LEACHFIELD</p>	<p><u>For Office Use Only</u></p>
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A. General Information.

1. Name of Owner: _____
2. Location: Address _____
1/4 Section _____, Section _____, Township _____N, Range _____W
3. Subdivision or Tract: a) Name _____
b) Lot # _____, c) Block # _____, d) Date Platted or Approved _____
e) Attach legal description of property (from Sales Contract or Deed)

B. Site Information.

1. Lot Size: 236 ft. by 150 ft. Area: 35,400 sf or .8 Acres
2. Water Supply: community, or private well
3. Ground Slope (at location of leachfield): 3 ft./100ft., or 3 %
4. Soil Description: sand/loam/clay mixture
5. Percolation Rate in minutes per inch (mpi) as determined from Percolation Test Procedure attachment. (The actual percolation test data must be submitted with the application).
 - a. If 3 to 5 holes were tested, the slowest rate (largest number) was 14 mpi.
 - b. If 6 or more holes were tested, the average percolation rate was _____ mpi.
 - c. If the percolation rate is less than 1 mpi or greater than 60 mpi, this site is unsuitable for a typical leachfield. Please contact the County Engineer's office for assistance.

C. Septic Tank Information. 1. Tank size: 1000 gallons, 1 compartment

D. Dosing Systems.

1. Is a dosing system required? Yes X No _____

(If no, skip to Section

G. Site Plan and detail sheets:

1. A site plan sheet (site sketch) of your property showing the septic system and leachfield layout along with detail sheets which are appropriate for your specific system must be completed and submitted with these worksheets. Sheets which do not apply to your system need not be submitted. Empty boxes will appear throughout the plan and detail sheets. These boxes require that you fill in information and/or dimensions that apply to your specific design. Much, but not all, of this information can be obtained from the blanks you have just filled out throughout the worksheets. Please select and complete the appropriate sheets for your system.
2. A profile plan showing the elevations of flow from the house to the absorption system must be submitted with this application.

H. Installer Information:

Agent or Contractor's Name: _____

Business Name (if applicable): _____

Mailing Address: _____

Phone number: _____

I. General Comments:

Such as unusual site conditions or physical limitations, special requests, or any other pertinent information not previously explained in the worksheets.

J. Owner's name _____

Address _____