

**A design will be reviewed when 3 copies of each of the following 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.

**This form may be scanned and available for public view on the Mason County Web site. Maximum paper size: 11" X 17"**

PARCEL IDENTIFICATION					
Permit Number:	SWG _____	Designer's Name:	_____		
Applicant's Name:	_____	Designer's Phone Number:	_____		
Mailing Address:	_____		Designer's Address:	_____	
	City	State	Zip	City	State Zip

DESIGN PARAMETERS	
<b>Treatment Device</b>	
<input type="checkbox"/> Glendon Biofilter	<input type="checkbox"/> Sand Filter
<input type="checkbox"/> Mound	<input type="checkbox"/> Sand Lined Drainfield
<input type="checkbox"/> Recirculating Filter, Type: _____	
<input type="checkbox"/> Aerobic Unit Make/Model _____	<input type="checkbox"/> Disinfection Unit Make/Model _____ Other: _____

Drainfield Type				
<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input type="checkbox"/> Trench	<input type="checkbox"/> Bed	<input type="checkbox"/> Sub Surface Drip

Septic Tank/Drainfield Specifications	
Number of Bedrooms	_____
Daily Flow: Operating Capacity	_____ gpd
Daily Flow: Design Flow	_____ gpd
Septic Tank Capacity (working)	_____ gal
Receiving Soil Type (1-6)	_____
Receiving Soil Appl. Rate	_____ gpd/ft <sup>2</sup>
Required Primary Area	_____ ft <sup>2</sup>
Designed Primary Area	_____ ft <sup>2</sup>
Designed Reserve Area	_____ ft <sup>2</sup>
Trench/Bed Width	_____ ft
Trench/Bed Length	_____ ft
Elevation Measurements	
Original Drainfield Area Slope	_____ %
New Slope, If Altered	_____ %
Depth of Excavation Up-slope	_____ in
from Original Grade Down-slope	_____ in
Designed Vertical Separation	_____ in
Gravelless Chambers Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional
Pump Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump/Siphon Specifications	
Diff. in Elevation Between Pump & Uppermost Orifice	_____ ft
Drainfield Squirt Height/ Selected Residual (head)	_____ ft
Uppermost Orifice <input type="checkbox"/> Higher <input type="checkbox"/> Lower than Pump Shutoff Capacity @ Total Pressure Head	_____ gpm
Calculated Total Pressure Head	_____ ft

Laterals	
Schedule/Class	_____
Length	_____ ft
Diameter	_____ in
Number	_____
Separation	_____ ft
Orifices	
Total Number of Orifices	_____
Diameter	_____ in
Spacing	_____ in
Manifold	
Schedule/Class	_____
Length	_____ ft
Diameter	_____ in
Preferred manifold configuration used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transport Pipe	
Schedule/Class	_____
Length	_____ ft
Diameter	_____ in
Dosing and Pump Chamber	
Number of doses/day	_____
Dose quantity	_____ gal
Chamber Capacity (flood)	_____ gal
Pump controls: Please check those required.	
<input type="checkbox"/> Timer <input type="checkbox"/> Elapse Meter <input type="checkbox"/> Event Counter	
If Timer: Pump on _____, Pump off _____	

Comments
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**DESIGN CHECKLISTS**

**Scaled Plot Plan**

- Test hole locations
- Soil logs
- Property lines
- Existing and proposed wells within 100 ft of property
- Measurements to cuts, banks, and surface water and critical areas
- 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
- North arrow and scale drawing shown on scale bar

**Scaled Layout Sketch**

- Drainfield orientation and layout
- Trench/bed dimensions and critical distances within layout
- D-Box/Valve box locations
- Septic tank/pump chamber locations
- Observation port location
- Clean-out location
- Manifold placement
- Orifice placement
- Lateral placement with distance to edge of bed
- Audible/visual alarm referenced
- Scale of drawing shown on scale bar

**Cross-Section Sketch**

Reference depth from original grade:

- Septic tank
- Drainfield cover

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/clean-outs

**Other Information**

Yes No

- Design staked out
- Recorded Notices attached
- Waiver(s) attached
- Pump curve attached
- Evaluation of failure

**Non-residential justification**

- Waste strength
- Flow

**DESIGN APPROVAL**

The undersigned designer must be notified by installer at time of installation  Yes  No

\_\_\_\_\_  
Signature of Designer

\_\_\_\_\_  
Date

The undersigned has reviewed this design on behalf of Mason County Public Health and determined it to be in compliance with state and local on-site regulations:

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

\_\_\_\_\_  
Date

**CAUTION: DESIGN APPROVAL IS VALID ONLY UNDER THE FOLLOWING CONDITION:**

- ✓ The design is stamped “Approved” by Mason County Public Health.
- ✓ The Onsite Sewage Permit has not expired, the Permit Expiration Date is: \_\_\_\_\_
- ✓ Drainfield site conditions have not been altered to adversely affect conditions of design approval.

**Please Note:** The system must be installed by a certified installer, unless prior authorization is obtained from Mason County Public Health.

**An Installation Fee is required.**