Provided by: ADAMS COUNTY HEALTH DEPARTMENT
313 W. Jefferson St. Room 314
Decatur, IN 46733
Phone: 260-724-5326
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PLAN REVIEW CHECK LIST: To be completed by installer or engineer

Property Owner: _____

Property Location: _____

_____

THE CERTIFIED CONTRACTOR SHALL CONTACT THE BUILDER TO ENSURE THE PLUMBING OUTLET TO THE SEPTIC SYSTEM IS INSTALLED AT THE CORRECT ELEVATION. THIS IS EXTREMELY IMPORTANT!

SYSTEM COMPONENTS

1. RESIDENTIAL SEWER (from house to septic tank)
   a) Size/Type PVC/ABS ASTM-D/SDR _____
   b) Total length in lineal feet _____
   c) Positive slope (in./25 ft.) _____
   d) Depth of sewer from building _____
2. SEPTIC TANK – TWO COMPARTMENT
   a) Approved Manufacturer _____
   b) Liquid Capacity _____ gallons for _____house
   c) Meets required separation distances Yes or No
   d) Water tight & coated above the water line Yes or No
3. GRAVITY SEWER FROM SEPTIC TO (DOSING TANK OR D-BOX)
   a) Size/type PVX/ABS ASTM-D/SDR _____
   b) Total length in lineal feet _____
   c) Positive slope (.2 per 100 feet minimum)_____
4. DOSING TANK
   a) Approved Manufacturer _____
   b) Liquid capacity _____gallons for _____home
   c) Depth from grade to bottom interior of tank _____
   d) Location _____
   e) Water tight & coated above the water line Yes or No
5. EFFLUENT PUMP
   a) Static Head (difference from bottom of pump to highest point in system) _____
   b) Friction Loss (in delivery line) _____
   c) Design Head _____
   d) Total Dynamic Head (TDH) (a+b+c) _____
   e) Controls:

Equipped with high water alarm switch	Yes	or	No
Equipped with alarm (audio & visual)	Yes	or	No
Alarm on separate circuit from pump	Yes	or	No

f) Mercury float switches (pump start/stop) Yes or No

g) Break away flanges and lifting chains Yes or No

h) Pump mounted on _____ block

i) Daily design flow (DDF) = 150 x # of bedrooms equivalents _____ gallons

j) Total Dose Volume _____

k) Required pump capacity _____ gallons per minute

l) Pump/curve date provided from supplier Yes or No

Supplier _____ Model _____

6. PRESSURE DELIVERY LINE

a) Size/Type (PVC/ABS) ASTM-D _____

b) Total length in lineal feet _____

c) Delivery line pipe volume _____

Pipe diameter (inches)	1 ¼	1 ½	2	3	4
Gallons/ft. of pipe	.064	.092	.16	.37	.65

(Pipe to drain to dose tank or D-box between doses)

d) Deliver line pipe volume has been included in total dose volume if line drains to dose tank between doses

Yes or No

7. DISTRIBUTION BOX

a) Approved Manufacturer _____

b) Material _____

c) Number of D-boxes to be used _____

d) Size/# of holes per box _____

e) Fitted with a water tight removable lid Yes or No

f) Placed on firm foundation/undistributed/undisturbed soil Yes or No

8. PIPES FROM D-BOX TO TRENCHES

a) Size/type (PVC/ABS) ASTM-D/SDR _____

b) First five feet from D-box is solid Yes or No

c) Laid with gravel free back-fill Yes or No

9. DISTRIBUTION LATERALS

a) Size/Type (PVC/ABS) ASTM-D/SDR _____

b) Number of rows of holes _____

c) Holes are at 4 o'clock, 8 o'clock, and 12 o'clock Yes or No

d) Laterals are capped on ends Yes or No

10. AGGREGATE

a) Material: Washed Lime Stone Grave Other _____

b) Limestone (if used) meets hardness requirements Yes or No

c) Aggregate shall be ½ to 2 ½ in. in diameter Yes or No

d) Aggregate shall be free from fines, etc. Yes or No

e) Aggregate is larger than holes in laterals Yes or No

11. TRENCHES

a) Length_____ Number_____ Depth_____ on center

b) Installed on the contour Yes or No

12. PERIMETER SUBSURFACE AND SURFACE DRAINAGE

a) Separation from edge of trenches _____ ft.

b) Size/Type ASTM/SCS _____

c) Depth of installation from soil surface _____ inches

d) Location of outlet _____

e) Fall (minimum of .2 ft./100 ft.) Yes or No

f) Rodent guard provided Yes_____ No_____ N/A_____

g) Installed without dips Yes_____ No_____ N/A_____

h) Surface diversions consist of _____

_____

13. BARRIER MATERIAL

a) Geotextile fabric/Manufacturer _____

14. DRAWINGS

a) Lot size, dimensions, configuration, and North-South-East-West directions

b) Location (proposed) of house, other structures, driveways, all utilities and other easements.

c) Location of all parts of the residential sewage disposal system including all hole boring sites by soil scientist.

d) All slope directions and topographic lines at 2 foot increments for lot and particularly where the absorption field is proposed or instrument readings may be used with a minimum of 3 per trench

e) Show all drainage characterists of the lot and adjoining landscape.

f) Show all applicable separation distances as outlined in 410 Iac 6-8.1-36 (a) and (b) and 37. For Example: well and water lines for this lot and neighboring lots; buildings and other structures; lot lines; streams, ditches and drainage tile; bodies of water, etc.

g) Cross Sectional views
- trenches Yes or No
- Perimeter drain Yes or No

Registered Contractor_____

Business Address _____

Phone_____ Date_____

DO NOT WRITE BELOW THIS LINE

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FINAL INSPECTION INFORMATION:

Inspection Dates_____

Notes_____

FINAL INSPECTION SIGN-OFF:

Reg. Contractor or his authorized representative_____

Health Department Inspector _____

Date_____