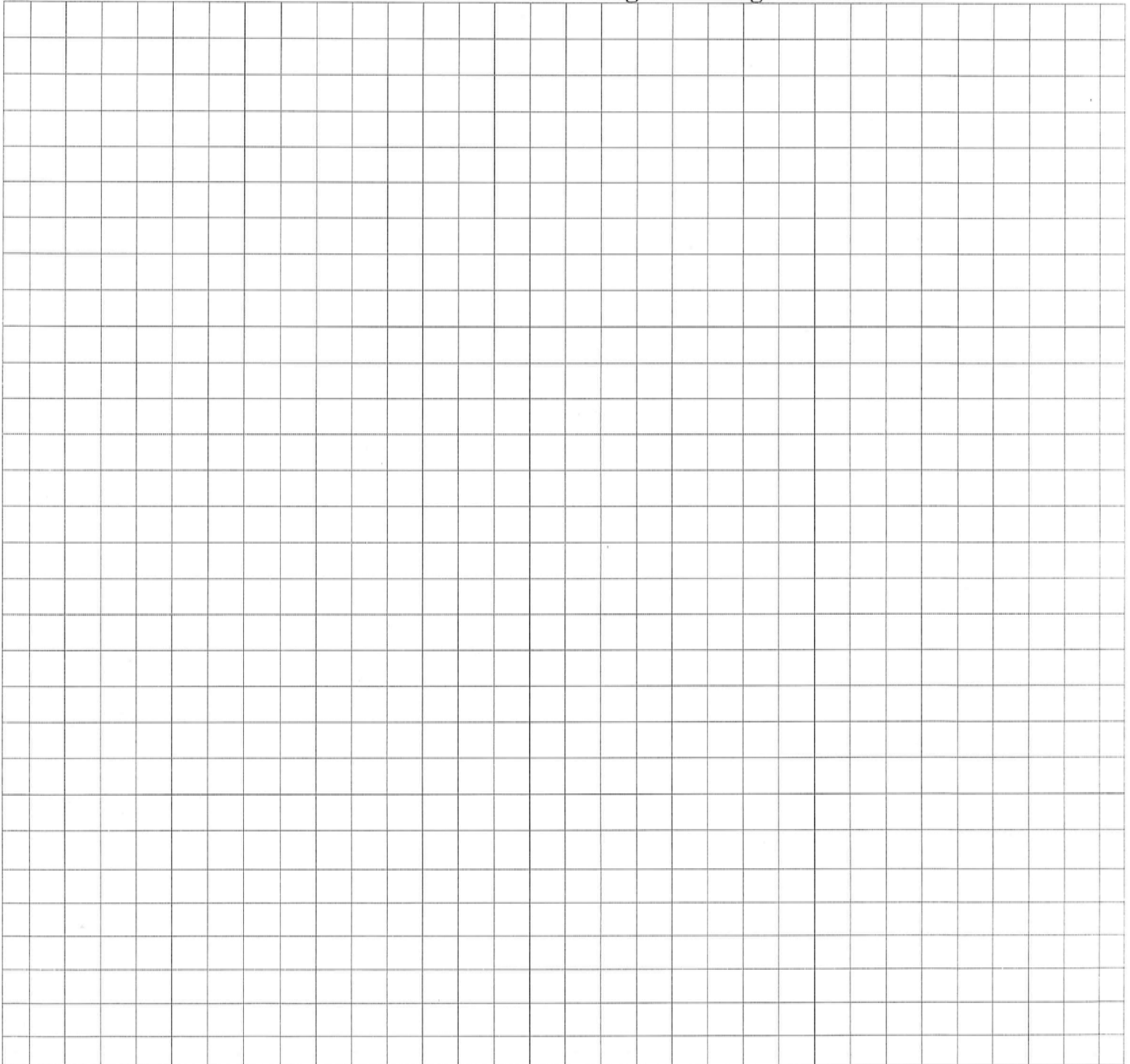


_____ COUNTY HEALTH DEPARTMENT
OSS Design Submittal - Plan Review - Field Inspection
Conventional Gravity

Owner's Name _____	Site Location _____	Phone _____
OSS Contractor's Name _____	Mailing Address _____	No. _____

Site Plan and OSS Design Drawing



OSS DESIGN SUBMITTAL	Located on Plan or N/A	FIELD INSPECTION
The following must be located on the plans: (Check N/A on right if this does not apply to this property)		
Residence	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Structures	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well/Public Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pond/Lake/Reservoir	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
River/Stream/Ditch/Drain Tile	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pools	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Lines	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Easements	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regulatory Flood Elevation	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Directional North	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Slope of Site	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Soil Boring/Pit Location	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Geothermal Wells	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of existing system(s)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
All components of System	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Sewer Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Septic Tank	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Effluent Sewer Pipe (septic tank to d-box, d-box to trenches)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Distribution Box(s)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Trenches	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Subsurface Drain (including surface diversion)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
List Separation Distances if Plan is Not to Scale	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
List Pipe Lengths if plan is not to scale	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

OSS DESIGN SUBMITTAL	SUBMITTAL APPROVED	FIELD INSPECTION
A. Residential sewer pipe from house to septic tank		
1. Length from house to septic tank _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Separation distance from water supply _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sewer pipe 4" <input type="checkbox"/> Schedule # 40 <input type="checkbox"/> SDR 35 <input type="checkbox"/> SDR 26 PVC - <input type="checkbox"/> ASTM F 891 <input type="checkbox"/> ASTM D 3034 <input type="checkbox"/> ASTM D 2665 <input type="checkbox"/> Waterworks grade ductile iron pipe ABS - <input type="checkbox"/> ASTM D 2661 <input type="checkbox"/> ASTM D 2751	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Joint between residential sewer pipe: <input type="checkbox"/> Glued <input type="checkbox"/> Compression Gasket <input type="checkbox"/> Mechanical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Length of Pipe _____ Invert Elevation at Structure _____ Invert Elevation at Septic Tank Inlet _____ Calculated Slope (min 1.33%, max 12%) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Vertical Drop w/cleanout <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Septic Tank (Include cross section view)		
<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING Tank (Must submit "Existing Tank Inspection")	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Separation distance from water supply: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Manufacturer: _____ Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Tank capacity: <input type="checkbox"/> 1000 <input type="checkbox"/> 1250 <input type="checkbox"/> 1500 <input type="checkbox"/> Other _____ Compartments: <input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Multiple Septic Tanks _____ Larger Tank Upstream _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Tank Connector (Rubber Boot) Manufacturer _____ Model _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Riser Diameter (min 18") _____ Installed above RFE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Access Opening Diameter (min 18") _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Child Proof Plug <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Outlet filter: <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____ Flow Rating _____ Manufacturer _____ Model _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installation Check:		
Tank installed level		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank watertight: inlets/outlets; tank joint seal; risers; drain holes		<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved waterproof sealant above the tank water line		<input type="checkbox"/> Yes <input type="checkbox"/> No
Riser and filter access at or above-grade with positive grade		<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Effluent Sewer Pipe (Septic Tank to D-Box)		
1. Separation distance from water supply _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Delivery pipe 4": <input type="checkbox"/> Schedule # 40 <input type="checkbox"/> SDR 35 <input type="checkbox"/> SDR 26 PVC- <input type="checkbox"/> ASTM D 3034 <input type="checkbox"/> ASTM D 2665 <input type="checkbox"/> ASTM F 891 ABS- <input type="checkbox"/> ASTM D 2661 <input type="checkbox"/> ASTM D 2680 <input type="checkbox"/> ASTM D 2751	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Joint: <input type="checkbox"/> Glued <input type="checkbox"/> Compression Gasket	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Length of Pipe _____ Invert Elevation at Septic Tank Outlet _____ Invert Elevation at D-box Inlet _____ Calculated Slope (min .2%) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Subsurface Drainage

1. Surface Diversion <input type="checkbox"/> Yes <input type="checkbox"/> No	Depth _____ Width _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Slope (min .2%) _____ Distance from trench or cover material (min 10') _____					
2. <input type="checkbox"/> Perimeter Drain (Surround) <input type="checkbox"/> Interceptor Drain (Upslope) <input type="checkbox"/> Segment		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Drain Depth _____ or <input type="checkbox"/> 36" below adjacent trench bottom		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Pipe Diameter <input type="checkbox"/> 4" <input type="checkbox"/> 6"		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Slope of Drain Pipe (4", min .2%, 6" .1%) _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Invert Elevations Top of Ground Elevation				
High Point of Drain (A)	_____				
Corner (B)	_____				
Corner (C)	_____				
Corner (D)	_____				
Outlet	_____				
6. Separation Distance from SAF (min 10') _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Pipe Specifications <input type="checkbox"/> ASTM F 405-05 <input type="checkbox"/> ASTM D 667-12 <input type="checkbox"/> NRCS 606		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wrapped with geotextile fabric Yes <input type="checkbox"/> No					
8. Aggregate <input type="checkbox"/> ½ - 2 ½" <input type="checkbox"/> INDOT Spec 8-11 <input type="checkbox"/> INDOT Spec 23 Sand		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Backfill <input type="checkbox"/> Aggregate to Final Grade <input type="checkbox"/> Aggregate w/in 6" of Final Grade		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Barrier Material: Manufacturer _____ or attach specification		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Drain Outlet: <input type="checkbox"/> Daylight <input type="checkbox"/> Existing Drain Tile <input type="checkbox"/> Rodent Guard		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Installation Check

Individual trenches connect to D-box	-	-	-	-	-	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Soil absorption system site protected								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Soil absorption system site not compacted.	-	-	-	-	-	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System installed in approved soil conditions								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trenches installed along contour.	-	-	-	-	-	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trench bottoms and side walls not smeared								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trench bottoms installed level	-	-	-	-	-	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gravity distribution laterals installed level								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holes at 12-4-8 -- (OR -- 4-8)	-	-	-	-	-	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Invert elevations of all piping at inlets and outlets								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lateral ends capped:								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gravelless pipe or Chamber system installed to manufacturer specs								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Set aside area (if required) not disturbed.	-	-	-	-	-	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surface water drains away from system								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved vegetative cover and soil stabilized	-	-	-	-	-	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Compliance requirements and
comments: _____

This OSS was inspected and approved by the Health Department.

Health Department Inspector _____ Date _____