

SAND-LINE ☐ Gravity ☐ Pumped

SAND-LINE

Drop or rise in inches from the Inlet of D-Box or Bed noted as "0"

		Plan Submittal	Inspection Actual	SUBMITTAL APPROVED	FIELD INSPECTION
Perimeter Drain Drop In Inches From High Corner Noted As "0"	House Outlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Septic Tank Inlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Septic Tank Outlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Septic Tank Top	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pump Tank Inlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pump Tank Outlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	D-Box Inlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D-Box Outlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bed # 1:				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	BED # 2:				
	Inlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Corner "A"	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corner "B"	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Corner "C"	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Corner "D"	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drain Inlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drain Outlet	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DISTANCES		
(pumped only)		
House to Septic Tank	_____	_____
Septic to Pump Tank	_____	_____
Pump Tank to D-Box	_____	_____
D-Box to BED # 1:	_____	_____
D-Box to BED # 2:	_____	_____

SAND-LINE

OSS DESIGN SUBMITTAL	SUBMITTAL APPROVED	FIELD INSPECTION
A. Residential pipe from house to septic tank		
1. Separation distance from water supply_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Length from house to septic tank_____	<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 <input type="checkbox"/> SDR _____ PVC -- <input type="checkbox"/> ASTM F 891 <input type="checkbox"/> ASTM D 3034 <input type="checkbox"/> ASTM D 2665 <input type="checkbox"/> ASTM D 2241 <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. Positive fall from house to septic tank?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Septic Tank		
<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. Riser Material _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <input type="checkbox"/> Outlet “T” → FILTER NOT REQUIRED for PRESBY <input type="checkbox"/> Filter: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Installation Check:</u> Tank installed level Tank watertight: inlets/outlets; tank joint seal; risers; drain holes Approved waterproof sealant above the tank water line Riser and filter access at or above-grade with positive grade		
C. Connector Pipe Septic Tank To Dose Tank		
1. Length: _____ Fall _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Connector 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"/> ASTM D 2241 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
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
D. Dose Tank or Second Tank		
<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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Inlet T at least 6” below inlet elevation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Riser Material _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. NEMA rated 4X junction box.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Installation Check:</u> Tank installed level Tank watertight: inlets/outlets; tank joint seal; riser; drain holes Approved water proof sealant on side walls and top of tank: Riser at or above-grade with positive grade		

SAND-LINE

Complete the Following Section ONLY IF a D-Box Will Be Used

Will A D-Box Be Used? ☐ Yes ☐ No

E. Pressure Delivery Pipe to D-Box

1. Separation distance from water supply _____
2. Pipe size: ☐ 1" (ASTM D 1785 ONLY) ☐ 2" ☐ 3" ☐ Other: _____
☐ Schedule # 40 ☐ SDR 35 ☐ SDR 26
☐ ASTM D 1785 ☐ ASTM D 2241 ☐ ASTM D 1527 ☐ ASTM D 2282
4. Joint: ☐ Glued (ASTM D 1785 ONLY) ☐ Compression Gasket

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. Distribution Box

1. Separation distance from water supply _____
2. Supplier _____ Size (#holes) _____
3. Material: ☐ Concrete ☐ Other: _____
4. Baffling: ☐ Elbow W/ 3/8" Weep hole ☐ Baffle
5. **High Vent From D-Box:** ☐ Free Standing ☐ Run Back to House Vent
Length (vertical) of 4" Schedule # 40 pipe _____
6. Riser : ☐ Yes ☐ No Material: _____ (Risers NOT Required)
7. **D-box sealed with protective coating -- REQUIRED**
8. Speed levelers installed
9. Distribution pipes no more than 2" into D-box
10. Watertight connection between distribution pipes and box outlets.
11. Gravity sewer pipe to Bed(s) installed per requirements.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Installation Check:

Box installed level
 Distribution pipes invert uniform within box
 High Vent at least 10' higher than low vent
 Riser (not required) at or above grade

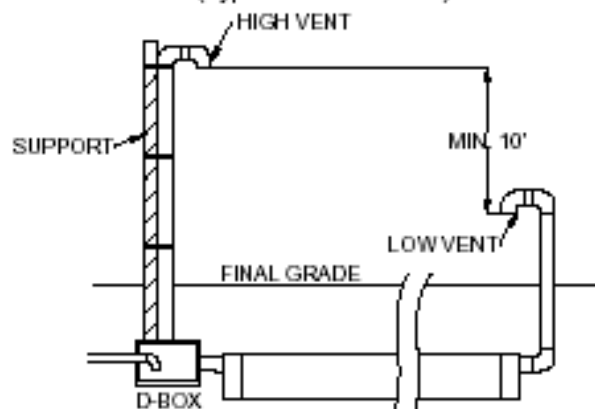
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Flood Dose Systems

- A low vent through an offset adapter installed only at the end of each section or basic serial bed.
- A high vent through an unused distribution box outlet.

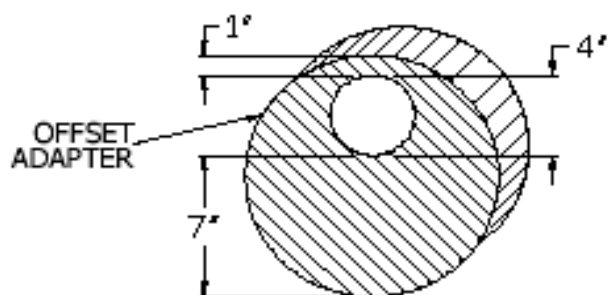
Differential Venting for Flood Dose Systems

(Typical – Not to Scale)



SAND-LINE

G. SAND-LINE ABSORPTION SYSTEM					
1. Separation distance from water supply _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Number of Sand Beds: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Soil Loading Rate: _____ Number of Bedrooms _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. FROM BOOK: Min. Line Length _____ Min. Bed Area _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. DESIGN: <input type="checkbox"/> Infiltrator ATL <input type="checkbox"/> Eljen <input type="checkbox"/> Presby ES <input type="checkbox"/> Presby AES Length of (1) Pipe _____ Number of Pipes _____ Total Bed Length (Pipe + 2 ft.) _____ Total Bed Width (System Bed + Extension Bed) _____ Depth of Bed Excavation _____ inches (<i>elevated bed = 0</i>) Depth of dirt cover over Sand-Line System _____ inches 4" Inspection Port (bottom edge --middle of bed): Cleanout at grade.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. VENTED: <input type="checkbox"/> Yes <input type="checkbox"/> No ► ALL PRESBY SYSTEMS <u>MUST BE VENTED</u> AND FLOOD-DOSED PRESBY BEDS MUST HAVE <u>LOW AND HIGH VENT PIPES</u>: ---SEE BOTTOM OF PAGE 4---	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

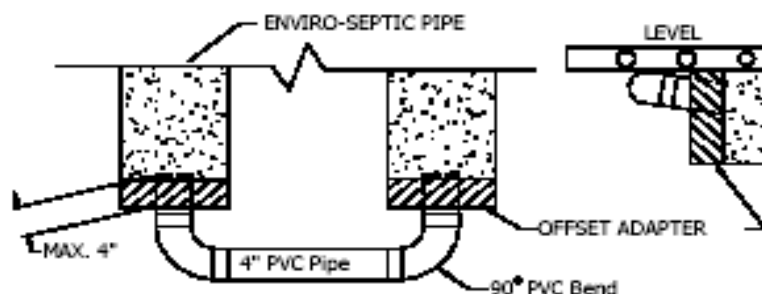


TOP VIEW

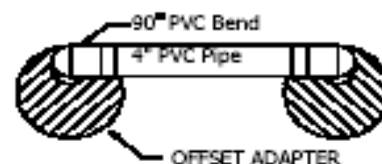
Installation Notes:

1. Insert PVC pipe no more than 2-4" into the offset adapter. Exceeding 2-4" may cause air locking.
2. Install the raised connection so that the top of the 90° elbow is level with the top of the offset adapter (see side view diagram below).
3. Pack sand under and around the raised connection to prevent movement.

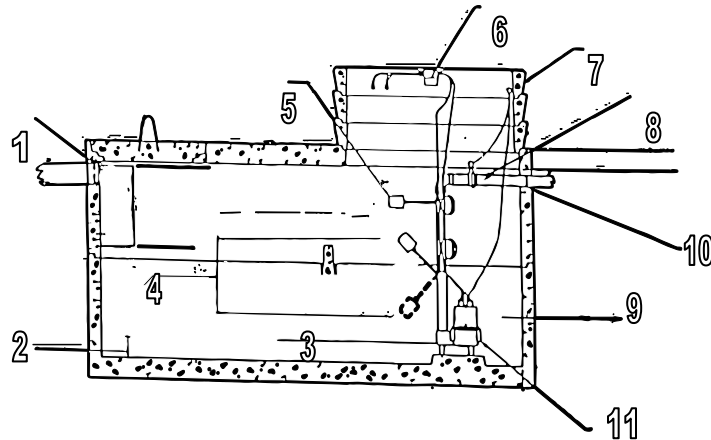
SIDE VIEW



END VIEW



Cross Section of Dose Tank



Flood Dose Cut-Aways (Pre-Inspection)

1. Connector Pipe Tank to Dose Tank amount of fall _____
2. Gallons per Inch in Tank _____
3. Inches Unused Bottom _____
4. Inches to: Off Float _____ Inches to: On Float _____
5. Inches To Alarm Float _____
6. Alarm Connected To Separate Circuit _____
7. Lifting device: ☐ Chain ☐ Rope ☐ Other _____
8. ☐ Break Away Flange ☐ Quick Coupler
☐ Other _____
9. "Pump-Off" Elevation _____ D-Box Elevation _____
10. Length Force Main _____ Size Pipe: _____
 # 90's _____ # 45's _____
11. Pump Sizing Info:
 - A. Vertical Lift _____ ft.
 - B. Friction Loss _____ ft.
 - C. T. D. H. _____ ft
 - E. Dose Volume. _____ G.P. Dose
 - F. Pump discharge rate: _____ G.P.M.
 - G. Manuf. & Model # _____
 Supply Pump Curve From Manuf. _____

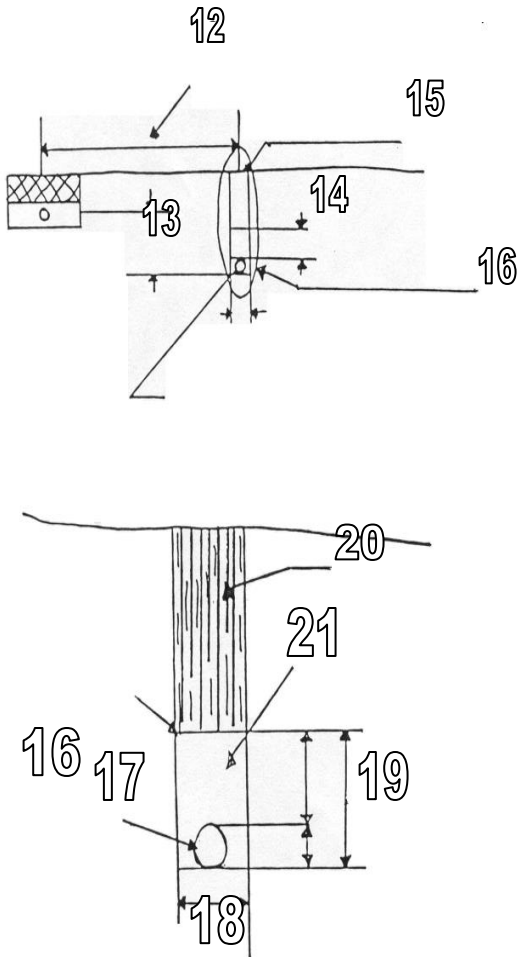
PLAN APPROVAL

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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FIELD INSPECTION

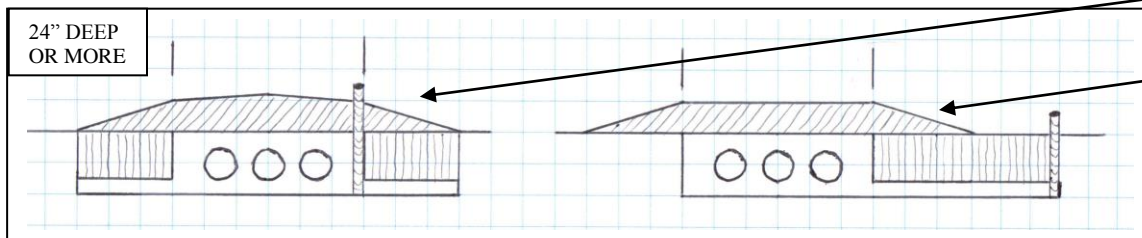
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PERIMETER DRAIN LAYOUT

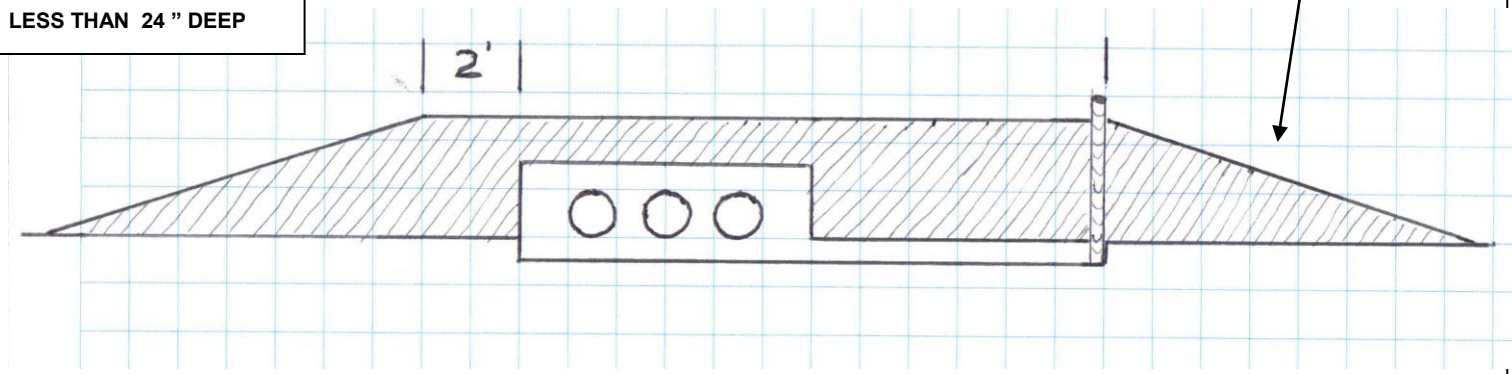


<u>Perimeter Drain Cut-Aways</u> <u>(Pre-Inspection)</u>	<u>Field Inspection</u>
12. Separation Distance _____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Vertical Distance from Trench Bottom to Drain Bottom (Min. 36") _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Inches of Aggregate _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Inches of Backfill _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. SIZE: <input type="checkbox"/> 4" <input type="checkbox"/> 5" <input type="checkbox"/> 6" <input type="checkbox"/> ASTM F 405 <input type="checkbox"/> ASTM F 667 <input type="checkbox"/> Other: ASTM # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Fabric Wrap: REQUIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Perimeter Drain Width _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Perimeter Drain Depth _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Perimeter Drain Length _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance to Outlet _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outlet Elevation _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beginning _____ Daylight _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Aggregate Size # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Animal guard as required: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Outlet protected: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Surface diversion: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved as Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dirt Cover



MINIMUM
3-TO-1 RUN-OUT
for dirt cover
SIDES & ENDS



Installation Check											
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
Beds installed along contour. - - - - - - -										<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bed bottoms and side walls not smeared										<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sand Bed Dimensions / Measurements Correct. -- -- -- -- -- -- --										<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pipe installed level										<input type="checkbox"/> Yes	<input type="checkbox"/> No
4" PVC pipes connecting System Pipes installed correctly - - - - - - -										<input type="checkbox"/> Yes	<input type="checkbox"/> No
4" PVC connecting pipes not more than 4" into System Pipes										<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
Approved vegetative cover and soil stabilized										<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surface water drains away from system - - - - - - -										<input type="checkbox"/> Yes	<input type="checkbox"/> No
										<input type="checkbox"/> Yes	<input type="checkbox"/> No

Compliance requirements and comments:_____

Installer states all components of this OSS covered prior to Health Department inspection complies with OSS Design Specs, OSS Design Plan and Current State & Local Codes. Installer also states all components not finished at time of Health Department on-site final inspection will be completed to meet OSS Design Specs, OSS Design Plan and all Current State and Local Codes.

Installer or Authorized Agent _____ Date_____

This OSS was visually inspected in whole or in part by the Health Department Indicated by items checked.

Health Department Inspector_____ Date_____