

<b>Owner's</b>		<b>Site</b>
<b>Name</b> _____		<b>Location</b> _____
<b>OSS Contractor's</b>	<b>Mailing</b>	<b>Phone</b>
<b>Name</b> _____	<b>Address</b> _____	<b>No.</b> _____

[illegible]

## NATURAL GRAVITY

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

	Plan Submittal	Inspection Actual
House Outlet	_____	_____
Septic Tank Inlet	_____	_____
Septic Tank Outlet	_____	_____
_____	_____	_____
D- Box Inlet	0	_____
D-Box Outlet	_____	_____
Trench #1	_____	_____
Trench #2	_____	_____
Trench #3	_____	_____
Trench #4	_____	_____
Trench #5	_____	_____
Trench #6	_____	_____
Trench #7	_____	_____
Trench #8	_____	_____
<b>Perimeter</b>		
<b>Drain</b>		
Drop		
In		
Inches		
From		
High		
Corner		
Noted		
As		
"0"		
Corner "A"	_____	_____
Corner "B"	_____	_____
Corner "C"	_____	_____
Corner "D"	_____	_____
Drain Inlet	_____	_____
Drain Outlet	_____	_____

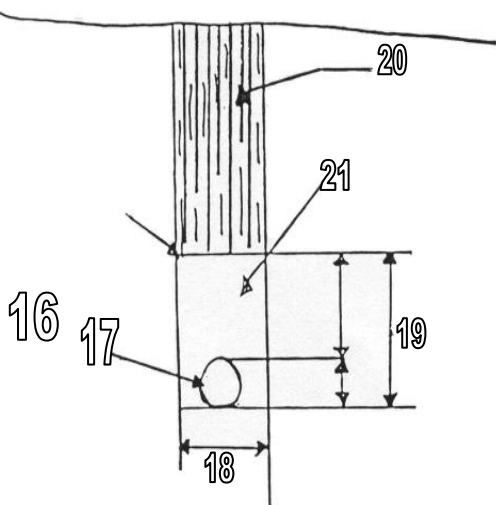
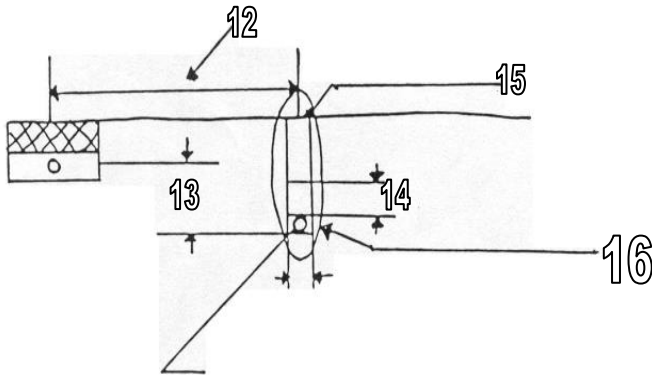
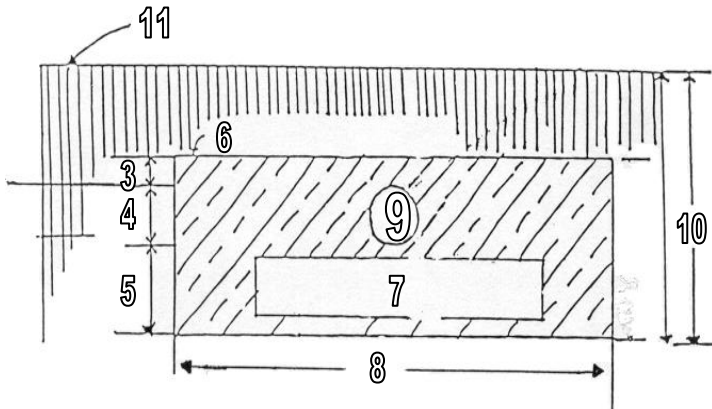
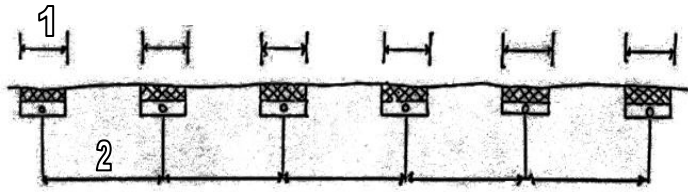
## DISTANCES

D-Box to Trench # 1	_____	_____
D-Box to Trench # 2	_____	_____
D-Box to Trench # 3	_____	_____
D-Box to Trench # 4	_____	_____
D-Box to Trench # 5	_____	_____
D-Box to Trench # 6	_____	_____
D-Box to Trench # 7	_____	_____
D-Box to Trench # 8	_____	_____
House to Septic Tank	_____	_____
Tank to D-Box	_____	_____

SUBMITTAL APPROVED		FIELD INSPECTION
<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		<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		

OSS DESIGN SUBMITTAL	SUBMITTAL APPROVED	FIELD INSPECTION
<b>A. Residential pipe from house to septic tank</b>		
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"/> 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>B. Septic Tank</b>		
<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. Outlet filter: <input type="checkbox"/> No <input type="checkbox"/> Yes → GPD _____ Mfr. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Installation Check:</b>		
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
<b>C. Gravity Delivery Pipe to D-Box</b>		
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 <input type="checkbox"/> ASTM D 3034 <input type="checkbox"/> ASTM D 2665 <input type="checkbox"/> ASTM D 2661 <input type="checkbox"/> ASTM F 891	<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
<b>D. Distribution Box</b>		
1. Separation distance from water supply _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Supplier _____ Size (# holes) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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
4. Baffling: <input type="checkbox"/> Elbow W/ 3/8" Weep hole <input type="checkbox"/> Baffle <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Installation Check:</b>		
Box installed level		<input type="checkbox"/> Yes <input type="checkbox"/> No
At least 5' of gravity sewer pipe		<input type="checkbox"/> Yes <input type="checkbox"/> No
Distribution pipes no more than 2" into D-box -- -- -- --	-- -- -- --	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watertight connection between distribution pipes and box outlets		<input type="checkbox"/> Yes <input type="checkbox"/> No
Speed levelers installed; Distribution pipes inverts uniform. -- -- -- --	-- -- -- --	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D-box sealed with protective coating -- REQUIRED</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. Gravity Absorption System</b>		
1. Separation distances from water supply _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Trenches: Depth _____ Length _____ # Trenches _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <b>Lateral pipe 4":</b> <input type="checkbox"/> PVC ASTM D 2729 <input type="checkbox"/> ABS ASTM F 810	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <input type="checkbox"/> <b>10" Gravelless:</b> Manufacturer _____ Model # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <input type="checkbox"/> <b>Chambers:</b> Manufacturer _____ Model # _____ Warranty attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# TRENCH SYSTEM - PERIMETER DRAIN LAYOUT



<u>Trench Cut-Aways</u> <u>(Pre-Inspection)</u>	<u>Field</u> <u>Inspection</u>
1. No. Trenches _____	<b>Approved</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Separation Distance Center to center _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Amount Aggregate:</b> 3. Top <u>2"</u> 4. Pipe <u>4"</u> 5. Bottom <u>6"</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Geotextile Fabric</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Aggregate Type _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aggregate Size _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aggregate Supplier _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Est. Aggregate Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Trench Width <input type="checkbox"/> 36" <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. <input type="checkbox"/> 4" Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 10" Gravelless SB 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chambers	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Trench Depth _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Additional cover required _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
*****	*****
<b><u>Perimeter Drain Cut-Aways</u></b> <b><u>(Pre-Inspection)</u></b>	<b>Approved</b>
12. Separation Distance _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Vertical Distance from Trench Bottom to Drain Bottom _____	<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"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> ASTM F 405 <input type="checkbox"/> ASTM F 667	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: ASTM # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. <b>Fabric Wrap Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<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: 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: If no, why _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Outlet protected: 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
<b>Approved as Submitted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance requirements and comments: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

Health Department Inspector\_\_\_\_\_ Date\_\_\_\_\_