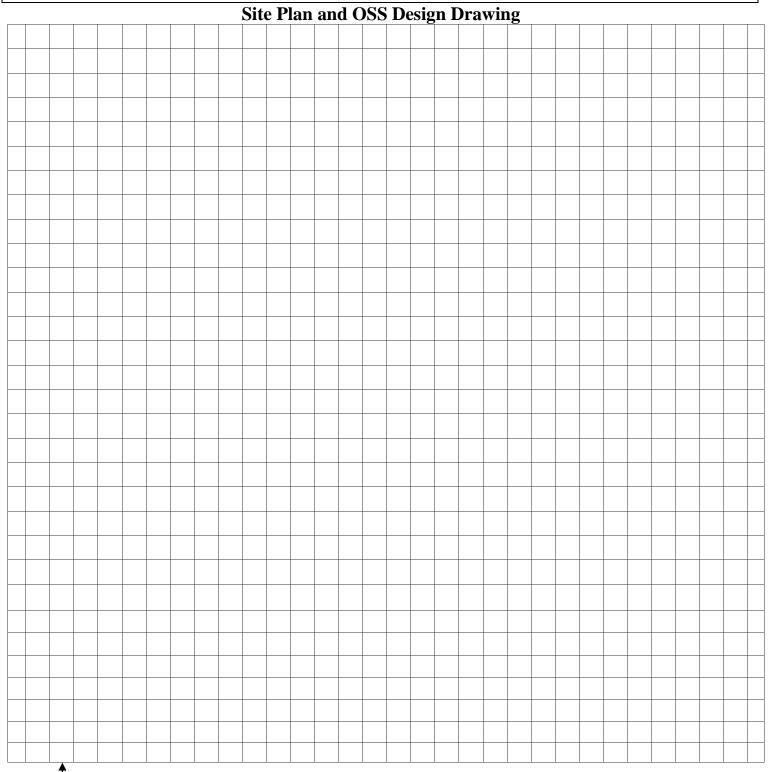
MONROE COUNTY HEALTH DEPARTMENT OSS Design Submittal - Plan Review - Field Inspection Conventional Gravity

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





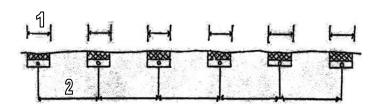
NATURAL GRAVITY

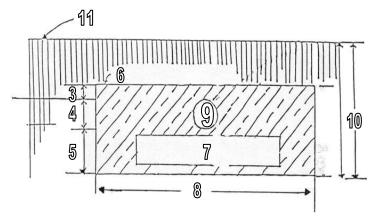
Drop or rise in inches from the Inlet of D-Box noted as "0"

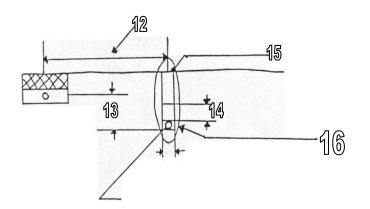
		Plan Submittal	Inspection Actual	SUBMITTAL APPROVED	FIELD INSPECTION
	House Outlet Septic Tank Inlet Septic Tank Outlet			☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	□Yes □No
	D- Box Inlet D-Box Outlet			☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	□Yes □No
	Trench #1 Trench #2 Trench #3 Trench #4 Trench #5			☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	□Yes □No
	Trench #6 Trench #7 Trench #8			☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	
Perimeter Drain Drop In Inches From High Corner	Comer "A" Comer "B" Comer "C" Comer "D" Drain Inlet			☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	□Yes □No
Noted As "0"	Drain Outlet	DISTAN	ICES	□Yes □No	
D-Box D-Box D-Box	to Trench #1 to Trench #2 to Trench #3 to Trench #4 to Trench #5			☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	□Yes □No
D-Box	to Trench #6 to Trench #7 to Trench #8			☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	
	e to Septic Tank o D-Box			□Yes □No □Yes □No	□Yes □No □Yes □No

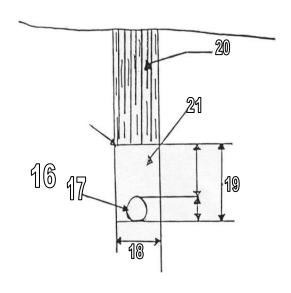
OSS DESIGN SUBMITTAL	SUBMITTAL APPROVED	FIELD INSPECTION	
	APPROVED	INSPECTION	
A. Residential pipe from house to septic tank			
1. Length from house to septic tank	Yes No	Yes No	
2. Separation distance from water supply	Yes No	Yes No	
3. Sewer pipe 4" Schedule # 40 SDR 35 SDR 26 PVC - ASTM F 891 ASTM D 3034 ASTM D 2665	☐Yes ☐No	☐Yes ☐No	
ASTM D 2241	□Yes □No	☐Yes ☐No	
4. Joint between residential sewer pipe:			
Glued Compression Gasket Mechanical	□Yes □No	☐Yes ☐No	
5. Positive fall from house to septic tank?		Yes No	
B. Septic Tank			
■ NEW ■ EXISTING Tank –(Must submit "Existing Tank Inspection")	☐Yes ☐No	☐Yes ☐No	
	Yes No	Yes No	
2. Manufacturer:	□Yes □No	☐Yes ☐No	
Material: Concrete Other			
3. Tank capacity: 1000 1250 1500 Other	☐Yes ☐No	Yes No	
Compartments: Single Double	☐Yes ☐No	Yes No	
4. Riser Material	☐Yes ☐No	Yes No	
5. Outlet filter: \square No \square Yes \rightarrow GPD \square Mfr.	Yes No	Yes No	
Installation Check:			
Tank installed level		Yes No	
Tank watertight: inlets/outlets; tank joint seal; risers; drain holes		Yes No	
Approved waterproof sealant above the tank water line		Yes No	
Riser and filter access at or above-grade with positive grade		Yes No	
C. Gravity Delivery Pipe to D-Box			
Separation distance from water supply	□Yes □No	☐Yes ☐No	
2. Delivery pipe 4": Schedule # 40 SDR 35 SDR 26			
ASTM D 3034 ASTM D 2665 ASTM D 2661 ASTM F 891	☐Yes ☐No	☐Yes ☐No	
3. Joint: Glued Compression Gasket	☐Yes ☐No	☐Yes ☐No	
D. Distribution Box			
Separation distance from water supply	☐Yes ☐No	∏Yes ∏No	
2. Supplier Size (# holes)	Yes No	Yes No	
3. Material: Concrete Other	Yes No	Yes No	
4. Baffling: Elbow W/ 3/8"Weep hole Baffle Other	☐Yes ☐No	☐Yes ☐No	
<u>Installation Check:</u>			
Box installed level		Yes No	
At least 5' of gravity sewer pipe		☐Yes ☐No	
Distribution pipes no more than 2" into D-box		Yes No	
Watertight connection between distribution pipes and box outlets		Yes No	
Speed levelers installed; Distribution pipes inverts uniform		Yes No	
D-box sealed with protective coating REQUIRED		☐Yes ☐No	
F Cravity Absorption System			
E. Gravity Absorption System			
Separation distances from water supply	□Yes □No	☐Yes ☐No	
2. Trenches: Depth # Trenches # Trenches	□Yes □No	Yes No	
3. Lateral pipe 4": PVC ASTM D 2729 ABS ASTM F 810	☐Yes ☐No	☐Yes ☐No	
4. 10" Gravelless: Manufacturer Model #	□Yes □No	☐Yes ☐No	
	_		
5. Chambers: ManufacturerModel #	□Yes □No	☐Yes ☐No	
Warranty attached? Yes No If no, why			

TRENCH SYSTEM - PERIMETER DRAIN LAYOUT









Trench Cut-Aways (Pre-Inspection)	<u>Field</u> <u>Inspection</u>			
	Approved			
1. No. Trenches	☐Yes ☐No			
2. Separation Distance				
Center to centerAmount Aggregate:	☐Yes ☐No			
3. Top_2" 4. Pipe_4" 5. Bottom_6"	☐Yes ☐No			
6. Geotextile Fabric	Yes No			
7. Aggregate Type	☐Yes ☐No			
Aggregate Size	☐Yes ☐No			
Aggregate Supplier	☐Yes ☐No			
Est. Aggregate Amount	Yes No			
8. Trench Width 36" Other: 9. 4" Pipe	☐Yes ☐No			
10" Gravelless SB 2	☐Yes ☐No			
Chambers				
10. Trench Depth	☐Yes ☐No			
11. Additional cover required	Yes No			
* * * * * * * * * * *				
	* * * *			
<u>Perimeter Drain Cut-Aways</u> (<u>Pre-Inspection</u>)	<u>Approved</u>			
12 Separation Distance	□Yes □No			
13. Vertical Distance from Trench Bottom				
to Drain Bottom	☐Yes ☐No			
14. Inches of Aggregate	☐Yes ☐No			
15. Inches of Backfill	☐Yes ☐No			
16. SIZE: ☐ 4" ☐ 5" ☐ 6" ☐ ASTM F 405 ☐ ASTM F 667	Dv., Dv.			
Other: ASTM #	☐Yes ☐No			
17. Fabric Wrap Required: Yes No	☐Yes ☐No			
18. Perimeter Drain Width	□Yes □No			
19. Perimeter Drain Depth	☐Yes ☐No			
20. Perimeter Drain Length	☐Yes ☐No			
Distance to Outlet Outlet Elevation:	☐Yes ☐No			
Beginning Daylight	□Yes □No			
21. Aggregate Size #	☐Yes ☐No☐Yes ☐No			
22. Animal guard as required:If no, why	☐Yes ☐No			
23. Outlet protected: If no, why	☐Yes ☐No			
24. Surface diversion: Yes No	□Yes □No			
Approved as Submitted	□Yes □No			

Installation Check								
Individual trenches connect to D-box -	-	-	-	_	_	_	Yes	□No
Soil absorption system site protected							Yes	□No
Soil absorption system site not compacted.	-	-	-	-	-	-	Yes	□No
System installed in approved soil conditions							Yes	□No
Trenches installed along contour	-	-	-	-	-	-	∐Yes	∐No
Trench bottoms and side walls not smeared Trench bottoms installed level							☐Yes ☐Yes	□No □No
Gravity distribution laterals installed level	-	-	-	-	-	-	☐ Yes	
Holes at 12-4-8 (OR 4-8) -	_	_	_	_	-	_	Yes	No
Invert elevations of all piping at inlets and outle	ts						Yes	No
Lateral ends capped:							Yes	□No
	-	-	-	-	-	-	_	
Gravelless pipe or Chamber system installed to	manufactı	arer specs					∐Yes	No
Set aside area (if required) not disturbed.	-	-	-	-	-	-	☐Yes	□No
Surface water drains away from system Approved vegetative cover and soil stabilized							☐ Yes ☐Yes	□No □No
Approved vegetative cover and son stabilized	-	-	-	-	-	-	∐ i es	
Compliance requirements and comments:								
Installer states all components of this OSS	covered p	rior to Hea	lth Departn	nen	t inspection com	pli	es	
to the OSS Design Specs, Design Plan and	current Ŝ	tate & Loca	al Codes. I	nsta	aller also states a	ıll c	omponent	ts not
finished at time of Health Department on-s		spection w	rill be comp	olet	ed to meet the O	SS	Design Sp	pecs,
Design Plan and all current State and Local	l Codes.							
Totallor on April or 1 A					ъ.			
Installer or Authorized Agent					Date			
This OSS was visually inspected in wh	nole or in	part by the	Health Dep	art	ment indicated b	y it	tems checl	ked.
H 14 D					D.			
Health Department Inspector					Date			_