



Darke County General Health District
300 Garst Ave.
Greenville, OH 45331

Monday through Friday
Hours: 8:00 a.m. – 4:00 p.m.
Phone: (937) 548-4196
Fax: (937) 548-9654

*This sheet must be left at site or submitted to this department before inspection

PROPERTY ADDRESS: _____ TOWNSHIP: _____

OWNER(S) NAME: _____ DATE OF DRAWING: _____

OWNER(S) ADDRESS: _____ PHONE: _____

INSTALLER(S) / COMPANY NAME: _____

LOCATION OF SYSTEM (circle one): Front Rear Side Type of Septic System _____

Manufacturer of Septic Tank: _____ Septic Tank Size: _____

Effluent Filter (circle one): Yes No Manufacturer of Effluent Filter: _____

Lift Station Size: _____ Manufacturer of Pump: _____

Baseline Pressure (inches) _____ Distance from Dwelling to Tank: _____

Distance from Well to Tank: _____ Distance from Tank to Splitter: _____

Distance from Splitter to D-Box: _____ Treatment Capacity (GPD): _____

Lineal Footage: _____ Gravel-less (circle one) Yes No

Type of Gravel Used: _____ Manufacturer of Gravel: _____

Type of Sand Used: _____ Manufacturer of Sand: _____

Curtain Drain (circle one) Yes No Inspection Port (circle one) Yes No

Curtain Drain goes to: _____ (tile, creek) Distance from inspection port to that point: _____

Manufacturer of NPDES/Pretreatment: _____ Model of NPDES/Pretreatment: _____

National Pollutant Discharge Elimination Systems (NPDES) (circle one): Yes No

Type of Disinfection: _____ (UV light, chlorination) Date of Installation: _____

Weather conditions at time of installation: _____

Workers Present: _____

Changes from System Design: _____

COMMENTS: _____

I certify that the sewage treatment system has been installed in accordance with all applicable rules and design specifications.

(Signature of installer)

(Date)

Include on the back of this sheet or on a separate 8.5" x 11" sheet the information outlined in Section 9.1 (C) of the Darke County Household Sewage Treatment Rules (a drawing or as built of the system).

Diagram:

May use any scale.

Scale: _____

Septic System Design Sheet

System Design Preparer: _____
Date Design Submitted to HD: _____

<input type="checkbox"/> Design Requirements	<input type="checkbox"/> North Arrow
<input type="checkbox"/> Soil Test Holes	<input type="checkbox"/> Soil Test Area
<input type="checkbox"/> Septic Replacement Area	<input type="checkbox"/> All Nearby Buildings
<input type="checkbox"/> All wells	<input type="checkbox"/> Stream/Ditch/Pond
<input type="checkbox"/> Other structures/geothermal/propane	<input type="checkbox"/> Outlet Tile
<input type="checkbox"/> Cleanout	<input type="checkbox"/> Property Lines
<input type="checkbox"/> Benchmark (must be clearly marked at site)	<input type="checkbox"/> Leach Line Elevations
<input type="checkbox"/> Leach Line Elevations	<input type="checkbox"/> Tank/Lift Station Elevation
<input type="checkbox"/> Distribution Box Elevation	<input type="checkbox"/> Curtain Drain and Inspection Port
<input type="checkbox"/> (easements are required on new septic systems)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Designer Phone #: _____
Additional Comments: _____

*Do NOT submit design until the site is flagged and ready to be inspected
Property Owner: _____ Scale (if known): _____

Site Address: _____

General Information

_____ Daily Design Flow (GPD)

_____ Number of Bedrooms (Auditor, House Plans)

Additional materials information (including tank make & model and pipe specs):

Leaching Systems

_____ Trench Depth

_____ Vertical Separation Distance (6" seasonal water, 18" glacial till, 36" highly permeable material)

_____ Infiltrative Linear Loading Rate (ILLR)

_____ Hydraulic Linear Loading Rate (HLLR)

_____ Trench Width

_____ Square Footage of Each Trench

_____ Minimum Square Footage Required at all Times

_____ Minimum Square Footage with Resting

_____ Trench length

_____ Number of Trenches

Tank Information

_____ Septic Tank Size
Septic tank Manufacturer

Mounds

_____ Infiltrative Surface Depth
Lift Station/Dosing Tank Size (if applicable)

_____ Vertical Separation Distance (18" seasonal water, 24" glacial till, 36" highly permeable material)

_____ Soil Infiltrative Loading Rate (SILR)
Pump Manufacturer & Model

_____ Hydraulic Linear Loading Rate (HLLR)
Pump Size

_____ Distribution Area Width
Pump Size
Pre Treatment System Manufacturer and Model
NPDES Manufacturer and Model
_____ Overall System Width
_____ Number of Laterals
_____ Length of Laterals
_____ Number of Holes per Lateral

*Component spec sheets should be submitted if known and available.

Site Address: _____