

Dearborn County Health Department

Residential OSS Plan Review

Property Owner Name _____

Property Address _____

Designer _____

Date Received _____

Plan Reviewer _____

Date of Review _____

Meets or Exceeds Minimum Requirements	Does Not Meet Minimum Requirements	Additional Information Requested	Not Applicable
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Approval Constitutes
Best Judgment for
System Replacement

General Plan Requirements

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onsite Soil Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onsite System Evaluation (replacement systems)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Lines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structures - Existing and Proposed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bodies of Water, Field Tiles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and Geothermal Wells - on site and adjacent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Soil Boring Locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North Direction Arrow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All System Components

Separation Distances (57(a))*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Min.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	200'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100'

*Minimum Distances doubled for SLR >0.75gpd/ft²

** See complete listing in Table I, Section 57(a)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Protected from disturbance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes on General Plan Review

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Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable
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Residential Sewer (57(b), 57(c), 67(a)(1), 74(i), 74(j), 74(k))

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Piping Specifications

PVC	ABS
ASTM 2665-12	ASTM D 2661-11
ASTM F 891-10	ASTM D 2680-01
ASTM D 3034-08	ASTM D2751-05
ASTM 480-12	

Pipe Diameter _____ Inches

Pipe Length _____ Feet

Proper Fall (Min. 4"/25' [1.33%] Max. 36"/25' [12%])

Vertical Drop with cleanout

Septic Tank (60, 61, 63)

Cross Section view provided

Approved Tank

Manufacturer _____

Material _____

Capacity _____ gal.

Compartments _____

Multiple septic tanks _____ (largest upstream)

Approved Tank Connectors

Approved Risers

Childproof Plug

Risers installed above floodplain elevation

Existing Tank (condition confirmed)

	Watertight
	Baffles in place / retrofitted
	Appropriate size
	Testing needed
	To be abandoned - documentation to be provided

Outlet Filter (64)

Approved Filter

Manufacturer _____

Model _____

Flow Rating _____ gal/day

Location _____

Effluent Sewer Pipe (67(a)(1), 74(l), 75(d), 75(e), 75(f))
Piping Specifications

PVC	ABS
ASTM 2665-12	ASTM D 2661-11
ASTM F 891-10	ASTM D 2680-01
ASTM D 3034-08	ASTM D2751-05
ASTM 480-12	

Upgraded Pipe

Pressure rated pipe _____

Waterworks ductile iron with

SDR 26 or less

mechanical/tyton joints

Compression Gasket Joints

Pipe Diameter _____ Inches

Pipe Length _____ Feet

Proper Slope (Min. 0.2%)

Notes/Comments

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable
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Dosing Tank (62, 63)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cross Section view provided (with gal/in)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Approved Tank

Manufacturer _____

Material _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sufficient Liquid Capacity

Liquid Capacity _____ gal. _____ in. (as spec by manuf.)

Freeboard _____ gal. _____ in. (alarm to inlet inv)

Alarm _____ gal. _____ in. (on to alarm)

Dose + Drainback _____ gal. _____ in. (off to on)

Pump Submersion _____ gal. _____ in. (Bottom to off)

Total req. cap. _____ gal. _____ in. (Bottom to inlet inv)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Acceptable Access Ports

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Approved Tank Connectors

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Float / Sensors with elevations (Mercury comparable)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Float settings reflect correct dose (with elevations)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Top installed above floodplain elevation

Effluent Pump (65)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Acceptable Pump Selection with pump curve attached

Manufacturer _____

Model _____

Total Dynamic Head _____ ft.

System Flow _____ gpm

Lifting Rope Electrical Box (NEMA 4X)

Pump and Alarm on Separate Circuits

Effluent Force Main (67(a)(2), 67(b))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Piping Specifications

PVC ABS

ASTM D 2241-09 ASTM D 1527-99

ASTM D 1785-06 ASTM D 2282-99

SDR ≤26 with Gasketed compression-type joints (≤10' from water line)

Pipe Diameter _____ Inches

Pipe Length _____ Feet

Pipe Drains to _____ or Installed below frostline

Distribution Box (66, 75(c), (i))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Approved Distribution Box

Manufacturer _____

Material _____

Minimum Size Req. Baffle

Sanitary Tee 90 elbow with weephole

Effluent Sewer Pipe (Header Pipes) (67(a)(1), 74(l), 75(d), 75(e), 75(f), 75(i))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Piping Specifications

PVC ABS

ASTM 2665-12 ASTM D 2661-11

ASTM F 891-10 ASTM D 2680-01

ASTM D 3034-08 ASTM D2751-05

ASTM 480-12 Upgraded Pipe

Pressure rated pipe Waterworks ductile iron with

SDR 26 or less mechanical/tyton joints

Compression Gasket Joints

Pipe Diameter _____ Inches

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Minimum 5' between distribution box and proximal end of trench

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Proper Slope (Min. 0.2%)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pipe backfilled with debris free soil (no aggregate) / soil compacted

Soil Absorption Field General Parameters (To be checked for all SAFs)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Properly Sized (square footage)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Adequately described with soil evaluation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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On Contour

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Infiltrative surface above the regulated flood elevation

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable
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Subsurface Trench Soil Absorption Field

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Distribution	<input type="checkbox"/>
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- Gravity Feed
- Gravity Feed Alternating Fields
- Flood Dosed
- Pressure Distribution

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Design of Subsurface Trenches	<input type="checkbox"/>
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Number of Trenches	_____
Length of Trenches	_____
Width of Trenches	_____
Total square footage of trench bottom	sq. ft.
Minimum Depth of Installed Trenches	in.
Maximum Depth of Installed Trenches	in.
On Center Separation	ft.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribution Pipe Specifications (67(c))	<input type="checkbox"/>
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<input type="checkbox"/>	ASTM 2665-12	<input type="checkbox"/>	ASTM D 2661-11
<input type="checkbox"/>	ASTM F 891-10	<input type="checkbox"/>	ASTM D 2680-01
<input type="checkbox"/>	ASTM D 3034-08	<input type="checkbox"/>	ASTM D 2751-05
<input type="checkbox"/>	ASTM D 2729-11	<input type="checkbox"/>	ASTM D 1527-99
<input type="checkbox"/>	ASTM F 810-07	<input type="checkbox"/>	ASTM D 2282-99
<input type="checkbox"/>	ASTM D 2241-09	<input type="checkbox"/>	Water works grade ductile iron
<input type="checkbox"/>	ASTM D 1785-06	<input type="checkbox"/>	ASTM 480-12
	AASHTO M252-09		

Pipe Diameter _____ Inches

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottom of Trench Level	<input type="checkbox"/>
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Proper hole placement (4-8-12) or (4-8)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Level throughout length of trench	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Materials for subsurface trench	<input type="checkbox"/>
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Stone / Gravel and Pipe

Agg. Supplier _____

Size

- Fines, Sand, Clay Removed
- Approved Barrier Material
- Proper Cross Section View

Chamber

Manufacturer _____

Model _____

% Reduction _____

Tire Chips and Pipe

Supplier _____

Size _____ in.

Approved Barrier Material

Proper Cross Section View

Gravelless Pipe (gravity systems only)

Manufacturer _____

Model _____

Size _____

Other (may require additional plan submittal paperwork)

Notes/Comments

<input type="checkbox"/>

Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable	Approval Constitutes Best Judgment
Elevated Sand Mound System (79-89)				
Acceptable Design of Elevated System				
<input type="checkbox"/> Sloping Site (>1/2%) Aggregate Bed Upslope <input type="checkbox"/> Level Site ($\leq 1/2\%$) Aggregate Bed Centered				
Aggregate Bed Area _____ sq. ft. Length _____ ft. Width _____ ft. Basal Area _____ sq. ft. Length _____ ft. Width _____ ft.				
Cross Section of Elevated Sand Mound				
<input type="checkbox"/> Min. 12" sand under Aggregate Bed <input type="checkbox"/> Min. 6" agg under and 2" agg over distribution lateral <input type="checkbox"/> Approved Barrier Material over aggregate				
Plan View of Elevated Sand Mound				
<input type="checkbox"/> Proper Lateral Separation (2-3') <input type="checkbox"/> Proper Lateral to Edge separation (1-1.5') <input type="checkbox"/> Proper Lateral to End separation (1.5')				
Accurate effluent force main approach to ESM				
<input type="checkbox"/> Approach from upslope side (sloping site) <input type="checkbox"/> Approach from either end (level or sloping site)				
Minimal Disturbance to Basal Area				
INDOT Spec 23 sand specified in basal area				
Aggregate in Aggregate Bed				
Type of Aggregate _____ Size of Aggregate _____				
Additional 1' sand surrounding aggregate bed				
Additional sand on ends of ESM (min. 3:1 slope)				
Additional sand on upslope of ESM (sloping sites) (min. 3:1 slope)				
Manifold Specifications				
<input type="checkbox"/> PVC <input type="checkbox"/> ASTM D 2241-09 <input type="checkbox"/> ASTM D 1785-06		<input type="checkbox"/> ABS <input type="checkbox"/> ASTM D 1527-06 <input type="checkbox"/> ASTM D 2282-99		
Manifold Length _____		Feet	Manifold Diameter _____	Inches
<input type="checkbox"/> Center feed <input type="checkbox"/> End feed				
Pressure Distribution Laterals Specifications				
<input type="checkbox"/> PVC <input type="checkbox"/> ASTM D 2241-09 <input type="checkbox"/> ASTM D 1785-06		<input type="checkbox"/> ABS <input type="checkbox"/> ASTM D 1527-06 <input type="checkbox"/> ASTM D 2282-99		
Lateral Length _____		Feet	Lateral Diameter _____	Inches
Number of laterals _____				
Proper Lateral Hole Spacing				
<input type="checkbox"/> 1/4" holes <input type="checkbox"/> 3' on center spacing (beginning 1.5' from manifold) <input type="checkbox"/> Proper hole placement in endcap		<input type="checkbox"/> Holes deburred <input type="checkbox"/> Holes per lateral _____ Holes per network _____ Holes		
Soil Cover Material				
<input type="checkbox"/> Min. 12" over ESM & 18" Crowned over Agg. Bed <input type="checkbox"/> Min. 3:1 slope				
Proper Installation Technique Methods Noted				
<input type="checkbox"/> Protection of Site <input type="checkbox"/> Tillage Method				
Depth of tilling _____		in.		
<input type="checkbox"/> Parallel to contour <input type="checkbox"/> Chisel <input type="checkbox"/> Moldboard		<input type="checkbox"/> Backhoe (with approval) <input type="checkbox"/> Bulldozer with ripper		

Meets or Exceeds Does Not Meet Additional Information Not Applicable Approval Constitutes Best Judgment

Sand Lined System (SLS) Soil Absorption Field

Product proposed in design

Manufacturer _____

Model _____

Certification of designer for product used

Acceptable Design

<input type="checkbox"/>	Sloping Site (>1/2%) Aggregate Bed Upslope
<input type="checkbox"/>	Level (<1/2%) Aggregate Bed Centered
<input type="checkbox"/>	Elevated

<input type="checkbox"/>	Site slope confirmed ≤6%
<input type="checkbox"/>	Minimum 12" sand under pipes
<input type="checkbox"/>	Installed at original grade
<input type="checkbox"/>	Installed at ≤4" (Presby or Infiltrator ATL) or at surface (Eljen)

<input type="checkbox"/>	Subsurface
<input type="checkbox"/>	Site slope confirmed ≤15%
<input type="checkbox"/>	Minimum 6" sand under pipes

<input type="checkbox"/>	Max. Installation depth _____ in
<input type="checkbox"/>	Gravity flow <input type="checkbox"/> Pump assisted (may require velocity reduction)
<input type="checkbox"/>	Pressure distribution (Eljen only)
<input type="checkbox"/>	Serial distribution <input type="checkbox"/> Parallel distribution
<input type="checkbox"/>	Sequential distribution (Eljen only)

Min. 1% slope and 2" fall from septic tank to pipe or D-box and pipe (Presby)

Bed Design (SLS using trenches or ESM, use conventional SAF checklist)

<input type="checkbox"/>	As long and narrow as site allows
<input type="checkbox"/>	Pipe Bed dimensions Length <input type="checkbox"/> ft Width <input type="checkbox"/> ft
<input type="checkbox"/>	Length of pipe/conduit/unit run
<input type="checkbox"/>	Depth of sand under pipe bed
<input type="checkbox"/>	On-center separation between rows
<input type="checkbox"/>	Separation between pipe and edge
<input type="checkbox"/>	Min. 1' sand at each end

<input type="checkbox"/>	Raised connections
<input type="checkbox"/>	Basal Area Dimensions Length <input type="checkbox"/> ft Width <input type="checkbox"/> ft
<input type="checkbox"/>	Bed Area <input type="checkbox"/> sq. ft.

INDOT Spec 23 sand specified in basal area

Cover Material

<input type="checkbox"/>	Min. sand over pipe
<input type="checkbox"/>	None required <input type="checkbox"/> Min. 3" required (Presby)
<input type="checkbox"/>	Soil cover (min. sand plus soil = 12")
<input type="checkbox"/>	Min. 3:1 slope

Venting (Required for Presby, only required for ATL and Eljen if >18" cover)

<input type="checkbox"/>	Low Vent
<input type="checkbox"/>	At low point of system
<input type="checkbox"/>	Min. 1' above grade
<input type="checkbox"/>	Remote with proper design
<input type="checkbox"/>	High Vent
<input type="checkbox"/>	House vent <input type="checkbox"/> At D-box <input type="checkbox"/> Remote
<input type="checkbox"/>	Min. 10' above low vent
<input type="checkbox"/>	Proper vent design

Notes/Comments

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Meets or Exceeds	Does Not Meet	Additional Information	Not Applicable	Approval Constitutes Best Judgment
Dispersal Area (58)				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Adequate dispersal area identified
				<input type="checkbox"/> 1/4 width of SAF on each side of system (slope $\leq 1/2\%$) <input type="checkbox"/> 1/2 width of SAF on downslope side of system (slope $> 1/2\%$) <input type="checkbox"/> No portion slopes back toward SAF (slopes $> 1/2\%$) <input type="checkbox"/> 10' to perimeter drain
Drainage (59)				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Surface Diversion <input type="checkbox"/> Positive Grade (min. 0.2%) <input type="checkbox"/> Sufficient Depth & Width <input type="checkbox"/> Proper separation to soil absorption field <input type="checkbox"/> Upslope position
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Subsurface Drainage <input type="checkbox"/> Calculated site slope _____ %
				<input type="checkbox"/> Full Perimeter drain <input type="checkbox"/> Interceptor Drain <input type="checkbox"/> Segment Drain
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Adequate Depth <input type="checkbox"/> 2" into massive clay, glacial till or fragipan <input type="checkbox"/> 36" below adjacent trench bottom (subsurface) <input type="checkbox"/> 32" below grade (ESM) <input type="checkbox"/> Drainage Calculations included
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Min. 10' separation to SAF laterals <input type="checkbox"/> Positive Slope (min. 0.2% for 4" or min. 0.1% for 6")
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Acceptable Outlet <input type="checkbox"/> To existing approved tile <input type="checkbox"/> To daylight with rodent guard
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Pipe Specifications (67(e)) <input type="checkbox"/> ASTM F 405-05 <input type="checkbox"/> NRCS 606 <input type="checkbox"/> ASTM F 667-12
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Wrapped with geotextile fabric (63(b)(3))
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Appropriate Backfill (59 (i) and (j)) <input type="checkbox"/> Backfilled to surface with aggregate <input type="checkbox"/> Backfilled to within 6" of grade with geotextile fabric

Notes/Comments

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