



Public Health
Prevent. Promote. Protect.

Dubois County Health Department

Onsite Sewage Disposal Design Submittal – Site Plan Review

Owner Name _____	Septic Installer Name _____
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Materials List

- A. Septic Tank:** Manufacturer: _____ Capacity: 1000 1250 1500 Outlet Filter: Yes No
- B. Dose Tank (if Applicable):** Manufacturer: _____ Capacity: 500 750 1000 Other _____
- C. Distribution Box:** Manufacturer: _____ Size (# holes): _____ Material: Concrete Plastic
- D. Trench System:** Number of Bedrooms _____ Trenches: Depth: _____ Length: _____ # Trenches: _____
- 1. Chambers:** Manufacturer: _____ Model #: _____
- E. Presby AES Sand-Lined Absorption System:** Loading Rate: _____ Number of Bedrooms _____
- 1. Sand Bed:** Area: _____ Length: _____ Bed Width: _____ Number of Beds: One Two
- 2. Length of (1) Run of Pipe:** _____ Number of Runs: _____ Total Pipe Footage: _____
- 3. Depth of Bed Excavation:** _____ inches (*elevated bed = 0*) Inches of Sand Below Pipe: _____
- 4. Depth of Dirt Cover Over Sand-Lined System:** _____ inches 4" Inspection port: Yes Low Vent: Yes High vent: Yes No
- F. Drainage:** Upslope Perimeter Limiting Layer: _____ Depth: _____ Width: _____

Design Drawing

Applicable information on this drawing includes: property lines, all structures (planned or present), system layout w/ elevations, soil borings, water ways, drain outlet, easements, utilities, roads.

Plans Reviewed and Site Review Completed By: _____ Date: _____