

SCOPE AND DETAIL REVIEW LIST

County/City: _____ Date Received: _____
 Project Name: _____ Date of S & D: _____
 Engineer/Consultant: _____ Reviewer: _____

Items Required to Initiate Plan Review

If a "NO" response is given for any required item(s), return the plans and specifications to the consultant.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
I. PRELIMINARIES			
A. Application for onsite system complete?	_____	_____	<u>required</u>
B. General Discharge Permit issued?	_____	_____	_____
C. Preliminary technical design conference held?	_____	_____	_____
II. GENERAL			
A. Original PE seal/signature/date (type III systems) on first sheet of plans?	_____	_____	<u>required</u>
B. Facsimile PE seal/signature/date (type III systems) on additional sheets?	_____	_____	<u>required</u>
C. Original PE seal/signature/date (type III systems) on specifications?	_____	_____	<u>required</u>
D. Four sets of plans and specifications provided?	_____	_____	<u>required</u>
E. Plans and specifications legible and of an adequate size/scale?	_____	_____	<u>required</u>
III. PLANS			
A. Location of project shown?	_____	_____	_____
B. Site plan with topography provided?	_____	_____	<u>required</u>
IV. DESIGN CRITERIA AND CALCULATIONS			
A. Acceptable design criteria provided?	_____	_____	<u>required</u>
B. Acceptable design calculations provided?	_____	_____	<u>required</u>
C. Soils reviewed and are adequate for treatment/disposal?	_____	_____	_____

**If plans are to be submitted to EEFO-OWP or DOSWS for review,
 please provide the following information, if appropriate. Check box if item is attached.
 (Incomplete projects submitted for review will be returned.)**

- | | |
|--|---|
| <input type="checkbox"/> Memorandum specifically identifying the type of review needed (REQUIRED) | |
| <input type="checkbox"/> Complete plans and specifications | <input type="checkbox"/> Engineer's/consultants design notes |
| <input type="checkbox"/> Approved variances | <input type="checkbox"/> Approved design exemptions |
| <input type="checkbox"/> Recommended design exemption(s) | <input type="checkbox"/> In-house review notes (COPIES ONLY) |
| <input type="checkbox"/> Soils data | <input type="checkbox"/> Product literature, i.e., pump curve |
| <input type="checkbox"/> O & M manual | |
| <input type="checkbox"/> Other (describe) _____ | |

 Environmental Health Manager Date