

System Specifications

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|---------------------|
| VDH Use Only |
| HDIN: _____ |

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| Application Information | |
| Name: _____ | Address: _____ |
| Phone: _____ | _____ |
| Location Information | |
| Tax Map/GPIN #: _____ | Property Address: _____ |
| Subdivision: _____ | Section: _____ Block: _____ Lot: _____ |
| Directions: _____ | |
| General Information | |
| Property Type (e.g. residential): _____ | Number of Bedrooms: _____ |
| Daily Flow: _____ gpd | Conditions: _____ |
| Notes: _____ | |
| Sewer Line | |
| Diameter: _____ in. Material: _____ (or equivalent) Notes: _____ | |
| Pretreatment Unit(s) | |
| Treatment Level: _____ | Septic Tank Capacity: _____ gallons |
| Number of Septic Tanks _____ | Size of Septic Tank(s) _____ gallons |
| Per the Sewage Handling and Disposal Regulations, check which option(s) chosen: | |
| <input type="checkbox"/> Septic tank with inspection port <input type="checkbox"/> Septic tank with effluent filter <input type="checkbox"/> Reduced maintenance septic tank | |
| Secondary treatment device(s), if applicable: _____ | |
| Notes: _____ | |
| Conveyance Line | Distribution Method and Header Lines |
| Conveyance Method: _____ | Distribution Method: _____ |
| If pumping, include pump specifications sheet. | No. of boxes: _____ No. of outlets: _____ |
| Material: _____ Diameter: _____ | Surge or splitter box required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes: _____ | Header Line Material: _____ |
| Percolation Lines/Absorption Area | |
| Dispersal Method (e.g. laterals, pad, mound): _____ | |
| If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet. | |
| No. of laterals/pads: _____ Length of lateral(s)/pad(s): _____ ft. Width of lateral(s)/pad(s): _____ in. | |
| Center to center spacing: _____ ft. Installation depth: _____ in. Aggregate depth: _____ in. | |
| Size/Type of Aggregate: _____ Lateral/pad slope: _____ in. per _____ ft. | |
| Reserve Area Provided: _____ % Notes: _____ | |
| _____ | |
| Please Note: _____ | |