



Pressure Distribution or Supplemental Treatment System Design

A proposed system design will be reviewed when the following items are submitted:

√ A completed design that has been signed and dated; √ Scaled layout plan, including all applicable items on checklist;

√ Scaled plot plan, including all applicable items on checklist; √ Cross-section sketch plan, including all applicable items on checklist;

√ A complete Septic Installation Permit Application

I. Parcel Identification

APN:	FA:
Site Address:	
Applicant name:	Designer name:
Applicant mailing address:	Designer mailing address:
Applicant phone number/email:	Designer phone number/email:

II. Design Parameters

Soil Data and Treatment Type <i>√If a Proprietary Unit, submit specification sheets with required listed standards</i>	
Vertical Separation (inches): _____	<input type="checkbox"/> Closed Bottom Sand Filter <input type="checkbox"/> Open Bottom Sand Filter <input type="checkbox"/> Mound
Limiting Layer Type: _____	<input type="checkbox"/> ATU (Make/Model: _____)
Limiting Layer Depth (inches): _____	<input type="checkbox"/> Textile filter (Make/Model: _____)
Groundwater? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disinfection Unit (Make/Model: _____)
	<input type="checkbox"/> Other: _____ (Make/Model: _____)
Dispersal Type	
<input type="checkbox"/> Gravity <input type="checkbox"/> Trench <input type="checkbox"/> Drain Rock <input type="checkbox"/> Subsurface Drip <input type="checkbox"/> Pressure-dose <input type="checkbox"/> Gravel less chamber <input type="checkbox"/> Bed	
Dispersal System Sizing	
Number of bedrooms (residential only): _____ Daily flow (gpd): _____ <i>(If commercial, submit separate calculations page)</i>	
Septic tank capacity (gal): _____ Receiving soil type: _____ Receiving soil Application rate (gpd/ft ²): _____	
Required square footage: _____ Designed square footage: _____ Percent reduction taken: _____	
Elevation Measurements	
Original drain field area slope _____% New slope if altered _____%	
Depth of trench bed for upslope (inches): _____ Depth of trench bed for down slope (inches): _____	
Pump Specifications <i>√Submit Pump specification sheets with required listed standards</i>	
Difference in elevation between pump shutoff and uppermost orifice (ft): _____	
Uppermost orifice is (check one) <input type="checkbox"/> Higher <input type="checkbox"/> Lower than pump shutoff	
Capacity at total pressure head (gpm): _____ Calculated total pressure head (ft) <i>(Attach pump curve)</i> : _____	
Dosing and Pump Chamber <i>√Submit specification sheets with required listed standards</i>	
Number of doses/day: _____ Dose quantity (gal): _____ Chamber capacity (gal): _____	
Pump control (check one): <input type="checkbox"/> Timer <input type="checkbox"/> Elapse time meter	
If timer, Pump on (mins.) _____; Pump off (mins.) _____	
Check the following components if they drain between doses: <input type="checkbox"/> Laterals <input type="checkbox"/> Manifold <input type="checkbox"/> Transport	

III. Pressure Distribution System Parameters

Laterals	Manifold
Schedule/class (feet) :	Schedule/class :
Diameter (inches) :	Length (feet) :
Number :	Preferred Manifold Configuration used?
Separation (feet) :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orifices	Transport pipe
Total number of Orifices:	Schedule/class:
Diameter (inches):	Length (feet):
Spacing (inches):	Diameter (inches):

IV. Certification of Design

The undersigned Designer has submitted this system design based on site evaluation report and has designed the system as shown on this design form and the drawings attached thereto to meet the requirements of Yolo County Code.

System designer

Date

Caution: This design approval is only valid when all the following conditions are met:

- ✓ The design is stamped "Approved" by Yolo County Environmental Health and the Permit has been signed and issued.
- ✓ The septic system installation permit has been issued, and has not expired. The permit expiration date is 1 year from the date of issuance.
- ✓ The system is installed by a qualified installer.
- ✓ Dispersal field site conditions have not been altered to adversely affect conditions of design approval.

Checklists for Required Drawings

Scaled Plot Plan

- ☐ Test hole locations
- ☐ Property lines
- ☐ Existing and proposed wells within 100 ft of property lines
- ☐ Critical distance measurements to cuts, banks, and surface water
- ☐ Location and orientation of curtain drain and all absorption components
- ☐ Location and dimension of primary system and replacement area
- ☐ Buildings
- ☐ Direction of slope indicator
- ☐ Waterlines
- ☐ Roads/easements/driveways/parking
- ☐ Critical resource lands (if applicable)
- ☐ North arrow and scale of drawing shown on scale bar.

Scaled Layout Plan

- ☐ Dispersal field orientation and layout
- ☐ Trench/bed dimensions and critical distances within layout
- ☐ D-box/"T"/"L" locations
- ☐ Septic tank/pump chamber location
- ☐ Observation ports locations
- ☐ Clean-out location
- ☐ Manifold placement
- ☐ Orifice placement
- ☐ Lateral placement, with distances to edge of bed
- ☐ Audible/visual alarm referenced
- ☐ Scale of drawing shown on scale bar

Mound System Only

- ☐ Overall fill dimensions
- ☐ Up-slope, downslope, and end-slope fill width

Additional cross-section information for mound system:

- ☐ Settled cap depth at center and edge of bed
- ☐ Sidewall slope
- ☐ Up-slope and downslope bed elevation

Cross-Section Plan

Reference depth from original grade:

- ☐ Septic tank lid and dispersal field cover depth

Reference depth from original grade and restrictive strata:

- ☐ Laterals, trench/bed top and bottom
- ☐ Curtain drain collector
- ☐ Sand augmentation

Other cross-section detail:

- ☐ Monitoring wells and clean-outs