PROPOSED SYSTEM

Number 506-EH
March 19, 2004

PRIMARY AND RESERVE _____ PRIMARY ONLY _____ RESERVE ONLY _____

Owners Name: _____ APN: _____-_____-_____

The calculations below are based on the information from the site survey and proposed dwelling plans that indicate the number of bedrooms and provide a fixture count. The soil application rate from the soil analysis is derived from Arizona Administrative Code R18-9-A312 (D). The system shall be installed in accordance with the following instructions:

Which formula did you use to derive the daily flow and tank size? Circle A or B.

A. Proposed dwelling; number of bedrooms _____ and fixture count _____.
RC 6.1 daily flow _____ and tank size_____.

B. Number of bedrooms in the proposed dwelling_____@ 150gpd/bedroom = _____. The fixture count_____X 25 gal/fixture unit = _____gpd. Design flow _____X 2.1 = _____ which is the minimum septic tank size required; actual tank size used _____.

C. Design daily flow used _____ gpd.

D. Soil Application Rate from APP rules _____.

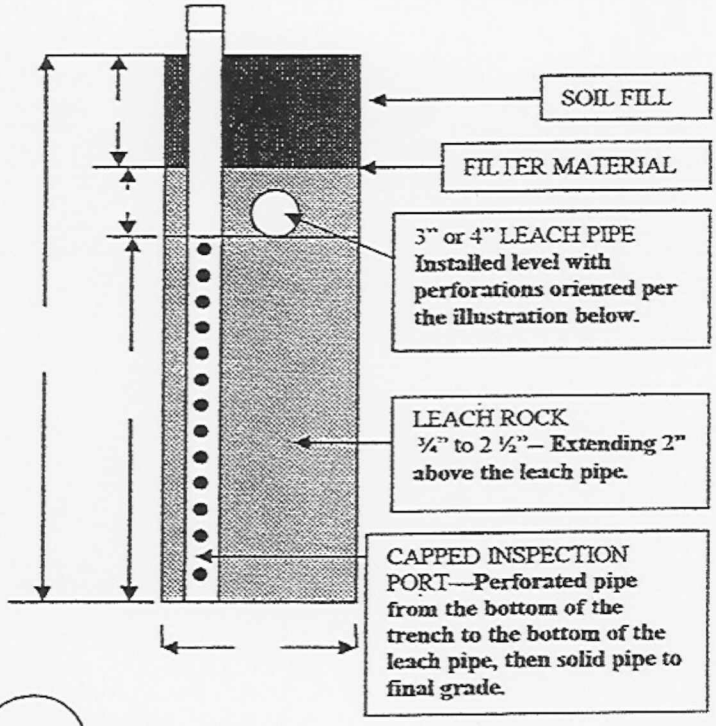
E. Total square feet of absorption area required_____.

F. Total depth of trench _____. Effective depth _____. Width of trench _____.
Number of square feet per lineal foot of trench _____.

G. Length of trench required _____. Number of trenches_____.Total length of each trench
_____/_____/_____/_____/_____/_____/_____/_____

H. Minimum distance between trenches _____ (minimum 5' or 2 X effective depth).

I. If the reserve SAR is different from the primary SAR then a separate Proposed System sheet must be filled out for the reserve area.



Example:

- Orientation of the leach pipe perforations are 5:00 and 7:00.
- Perforations to be evenly spaced along the pipe

CROSS SECTION PROFILE OF DISTRIBUTION TRENCH

CERTIFICATION

I, _____ hereby
Designer name: print

certify that the system will be installed as stipulated herein and in accordance with the construction plot plan (attached). I further agree that no changes shall be made during the construction of this system without prior written approval from Gila County Health Department.

Signed: _____
Designer

Date: _____

☐ Effluent Filter Manufacturer: _____

☐ Risers to Grade or: _____

☐ Permanent Marker to Grade: _____