

**LAKE COUNTY CHECK SHEET FOR INDIVIDUAL & SMALL
ON-SITE WASTERWATER SYSTEMS**

CONTRACTOR'S NAME: _____ **DATE:** _____ **\$50.00**
ADDRESS: _____ **TEL. #** _____ **CELL #** _____

Establishment: Residence / Accessory Bldg. Legal Description: _____

Landowner: _____
 Address: _____ City: _____ State/Zip: _____ Phone # : _____

Type of facility being served: _____ Additional information: (seating capacity, # of bedrooms, etc.
 _____.

ANTICIPATED MAXIMUM FLOW: _____ **PERCOLATION RATE:** _____

REQUIRED ABSORPTION AREA:

> 1,200 sq. ft. NO YES (Requires dosing system)

> 1,800 sq. ft. NO YES (Requires alternately dosed system)

Date of system construction: _____
 Lot size: (sq. ft., acres): _____
 Depth from surface to groundwater or bedrock: _____
 Depth of drinking water well: _____

SEPARATION DISTANCE FROM:	TO:	Septic Tank	Absorption Area
Wells, cisterns, reservoirs	_____	_____	_____
Lakes, streams, impoundments	_____	_____	_____
Pressurized water lines	_____	_____	_____
Dwelling, occupied bldgs.	_____	_____	_____
Property lines	_____	_____	_____

SEPTIC TANK INFORMATION:

Material: Plastic _____ Concrete _____ Fiberglass _____ Other _____

of compartments or tanks _____
 Liquid capacity _____
 Required capacity _____

ABSORPTION AREA DETAILS:

Trench System Trench width _____ Length _____ Depth _____ # of trenches _____ Distance between trenches _____ Depth of material under pipes _____	Seepage Bed (perc. Rate -5—30 mins. inch) Length _____ Depth _____ Width _____ Size of filler material _____ Size of filler material _____
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TOTAL Trench System _____ ft.
ABSORPTION AREA: Seepage bed _____ ft.