

**GREENVILLE-HUNT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES**

ON-SITE SEWAGE TECHNICAL INFORMATION SHEET

(To be turned in with design. All blanks are to be completed or marked NA if not applicable)

Property Owner's Name: _____
911 address of site: _____

Based upon site evaluation of this site, check each of the following types of wastewater disposal systems that you consider appropriate for this site:

- Conventional (rock) Leaching Chambers Low-Pressure Dosing
- ET Beds Aerobic w/spray Other _____
- Gravel-less Pipe Aerobic w/drip _____

1. Treatment Tanks/ Pump Tank Unit (s):

a) Aerobic Treatment:

Pretreatment Tank: _____gallons Manufacture: _____
Secondary Treatment: _____gallons/day
 Manufacture: _____ Model: _____
Pump Tank: _____gallons Manufacture: _____
Dosing Tank (If required): _____gallons Manufacture: _____

b) Non-Aerobic Treatment: Tank (Two Compartments) Tank (Series)
 Pump Tank (If required)

Tank #1: _____gallons Manufacture: _____
Tank #2: _____gallons Manufacture: _____
Tank #3: _____gallons Manufacture: _____

2. Disposal System :

Subsurface:

Pipe size and length: _____ Sch 40, Sdr 26, Other _____
If applicable, type and size of media used in trenches: _____
Disposal area required: _____ Disposal area proposed: _____

Surface:

Disposal area required: _____ Disposal area proposed: _____

3. Based on estimated peak flow, does dosing issues need to be addressed? Yes No

Designers Signature Registration # Date