

## Advanced Enviro-Septic® Wastewater Treatment System DESIGN CRITERIA WORKSHEET

Manufactured by Presby Environmental, Inc. (800) 473-5298

DESIGNED BY:	INSTALLED BY:
Name:	Name:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
PEI Cert. #	PEI Cert. #
SYSTEM OWNER(S):	SITE IDENTIFICATION:
Name:	Address:
Address:	Town:
Telephone:	Map/Lot:
	Permit #:
	County:

**Note:** Presby Environmental, Inc strongly recommend the completion of these worksheets for all system designs to assure proper design criteria are utilized. Completed documentation to be retained by Designer, with copies provided to the Installer, system owner and the local health officer.

### Instructions to Designer: Complete all white sections by filling in blanks or circling

<b>Soil Class</b> (circle one)		<i>Attach Site/Soil Evaluation Report. Refer to Table A page 8</i>
<b>Number of Bedrooms</b> (determines system size)	Sizing charts assume 150 gallons per day per bedroom # of bedrooms x 150 gallons per day = Daily Design Flow (Add 1 bedroom for each jetted tub 125 gal.+ capacity)	_____ # Bedrooms x 150 gpd = _____ <b>Daily Design Flow</b>
<b>Required Minimum Separation Distance to SHWT or Limiting Layer</b>	<b>18 INCHES Minimum</b> <i>Local code may dictate greater.</i>	<i>Measured from the bottom of the AES Pipe</i>
<b>Depth to Limiting Layer</b>	_____ inches	<i>It is <u>always</u> preferable to raise the bed when a SHWT is encountered.</i>
<b>Type of System</b> (circle one)	<b>GRAVITY FED</b> <b>Pumped to Elevation</b>	<i>Dose frequency: minimum=design flow ÷ 6 Maximum design flow ÷ 8 (per day)</i>
<b>Configuration</b> (circle one)	<b>BASIC SERIAL</b> <b>COMBINATION</b> <b>NON-CONVENTIONAL</b>	
<b>Site Slope/System Slope</b>	<b>LEVEL (0-5%)</b> <b>SLOPING</b> _____%	<i>See Table B on page 8</i>
<b>Grade of Finished Elevation</b>	_____ inches Above Grade or Level with Original Grade	<i>If level use 0"</i>
<b>Soil Loading Rate</b> <i>See Table A on page 8</i>		
<b>High Vent from d-box?</b>	<b>YES</b> <b>NO</b> (circle one)	<i>Pumped: High vent off d-box is req'd. Gravity: House (roof) vent is the high vent; no vent off d-box. <b>Low vent req'd. for ALL systems.</b> Note: 10 ft. min. differential btwn. High and Low vent inlets.</i>

**ENVIRO-SEPTIC® DESIGN CRITERIA WORKSHEET, page 2**

System Sand Bed Size	_____ GPD. ÷ _____ Soil Loading Rate = _____ MIN. Sand Bed Size <i>(From Table A page 8)</i>	
Minimum Enviro-Septic® pipe required	_____ FT. OF ENVIRO-SEPTIC® PIPE REQ'D. <i>(From Table A page 8)</i>	<i>Amount of pipe req'd. is based on the # of bedrooms and soil.</i>
Row Length	_____ FT. ROW LENGTH	<i>Ideal system shape is as long &amp; narrow as the site will allow. All rows (lines) w/in a bed must be equal in length.</i>
Total Number of Rows	_____ FT. PIPE REQ'D. ÷ ROW LENGTH _____ = _____ MIN. NUMBER OF ROWS <i>(Round UP if result is not a whole number)</i>	<i>All systems/beds require a minimum of 2 rows (lines). Easiest to work with 10 ft. increments.</i>
Determine System Sand bed length	_____ FT. Of AES + 1 FT. = _____ FT. SYSTEM SAND BED LENGTH	<i>Bed length is always 1 ft. more than min. row length.</i>
Determine System Sand bed width	_____ System Sand Bed Size ÷ _____ FT. System Sand Bed Length. = _____ FT. SYSTEM WIDTH SAND BED WIDTH	<i>System Sand always extends 1 ft. horizontally beyond pipe ends.</i>
Check System Sand bed Length to Width Ratio	<i>(From Table A page 8)</i>	<i>System Sand beds must conform to ratio for each perc rate.</i>

**PROPOSED SYSTEM SUMMARY OF DESIGN CRITERIA :**

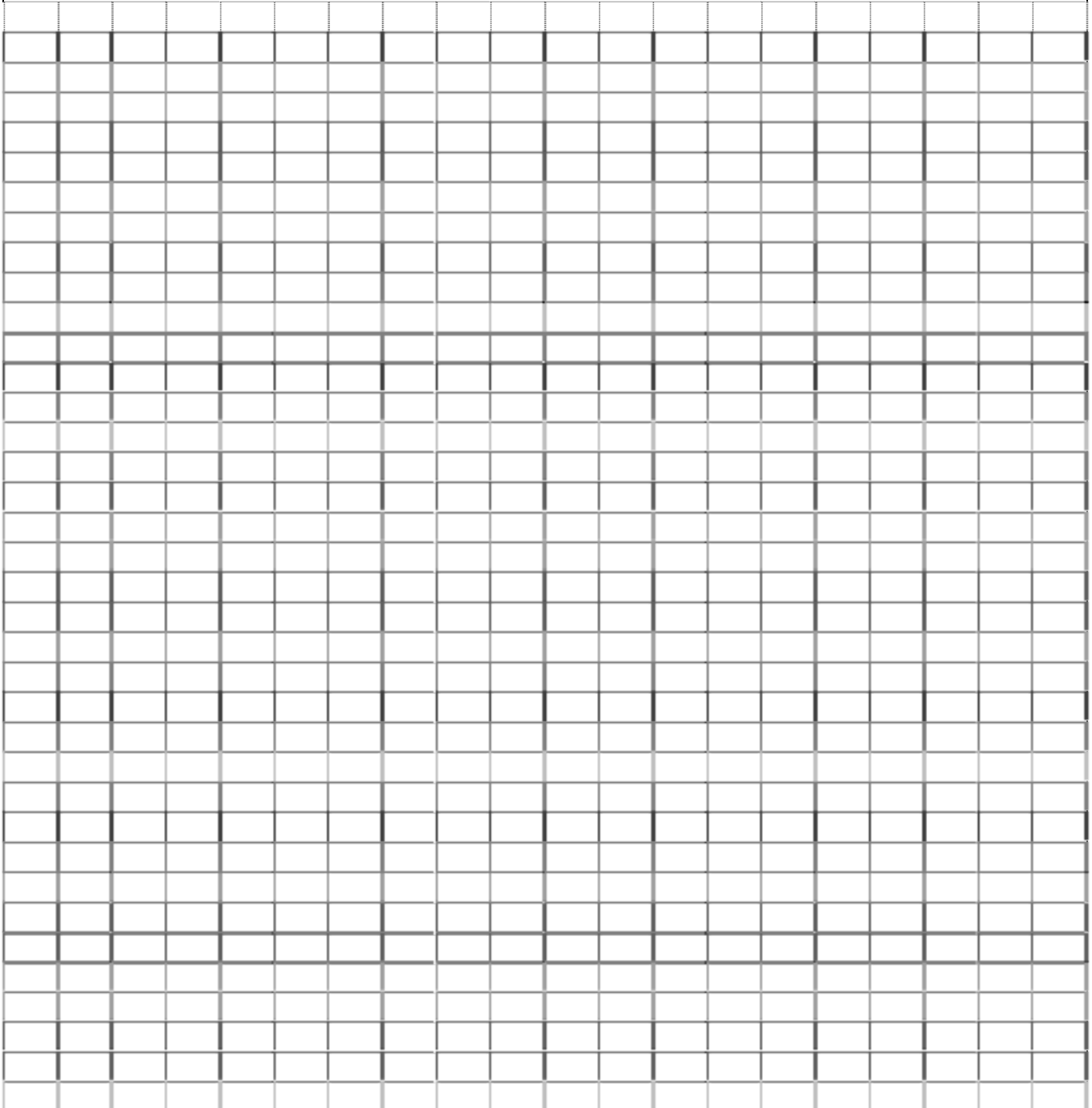
DESIGN CRITERIA:	REQUIRED MINIMUM	ACTUAL PROVIDED IN DESIGN
Total Enviro-Septic® Pipe (in ft.)	_____ FT.	_____ FT.
Row Lengths	_____ FT.	_____ FT.
Numbers of Rows	_____	_____
System Sand Bed		_____ X _____ FT. Length X Width
Number of Beds	_____	_____

*By signing below, Designer confirms dimensions have been written in on the appropriate (one) cross section on the attached page and a copy of the plan or a sketch of the plan is attached to this worksheet. Designer further confirms that a copy of the completed worksheet has been provided to the installer, system owner, and local health officer.*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Print Name Here: \_\_\_\_\_ )

In the space below, sketch the Enviro-Septic® System design, including references to structures or other benchmarks to indicate system location on the site. Indicate "As Built" changes. Retain a copy with system documentation and provide a copy to the System Owner.

Site Address: \_\_\_\_\_ System Owner(s): \_\_\_\_\_  
Installer's Name: \_\_\_\_\_ Date of Installation: \_\_\_\_\_



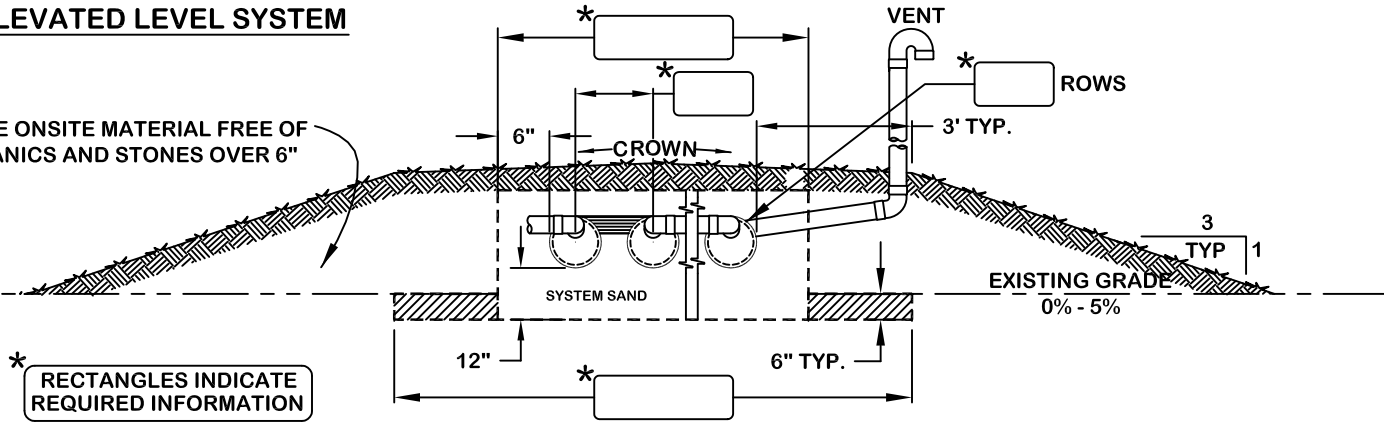
**\* NOT TO SCALE UNLESS NOTED\***



# CHOOSE CROSS-SECTION THAT APPLIES AND PROVIDE REQUIRED INFORMATION

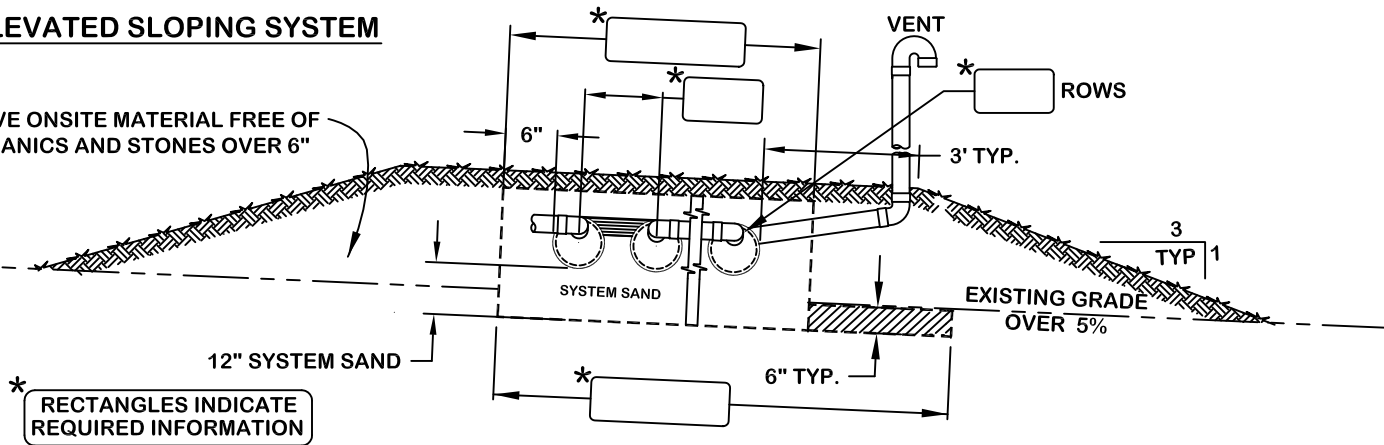
## ELEVATED LEVEL SYSTEM

NATIVE ONSITE MATERIAL FREE OF ORGANICS AND STONES OVER 6"

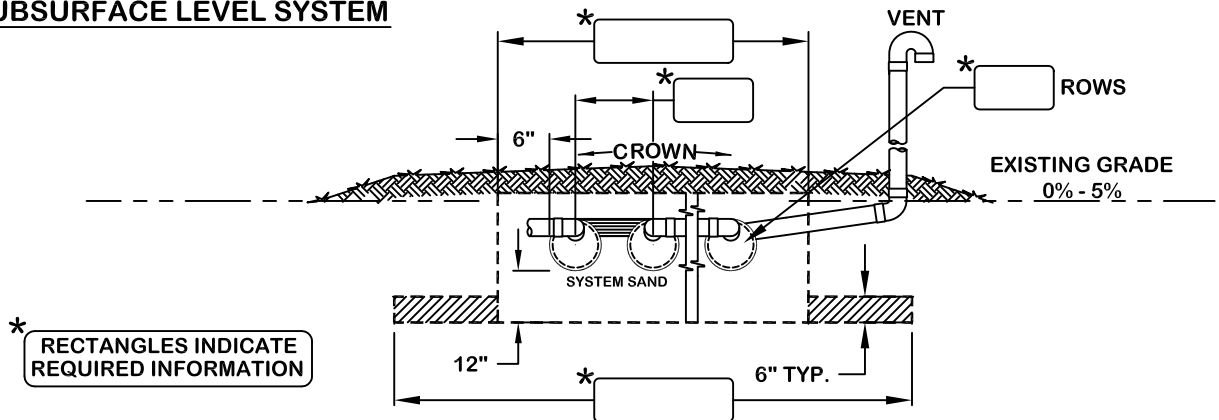


## ELEVATED SLOPING SYSTEM

NATIVE ONSITE MATERIAL FREE OF ORGANICS AND STONES OVER 6"



## SUBSURFACE LEVEL SYSTEM



## SUBSURFACE SLOPING SYSTEM

