Advanced Enviro-Septic® Wastewater Treatment System DESIGN CRITERIA WORKSHEET
Manufactured by Presby Environmental, Inc. (800) 473-5298

COMPLETED BY:	INSTALLED BY:
Name:	Name:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
PEI Cert. #	PEI Cert. #

Note: Presby Environmental, Inc strongly recommends 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

Percolation Rate		*Attach Site/Soil Evaluation Report.* *Refer to Table A page 8*
Number of Bedrooms (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 = _____ **Daily Design Flow**
Required Minimum Vertical Separation Distance to SHWT or Limiting Layer	12 INCHES Minimum to the Bottom of the System Sand *Local code may dictate greater.*	*18″ Minimum Measured from the Bottom of the AES Pipe*
Depth to Limiting Layer	_____ inches From Natural Ground Surface (NGS)	*System thickness is 30″total, 6″ Sand, 12″ AES Pipe, 6″ Sand, 6″ cover soil.*
Type of System (circle one)	GRAVITY FED Pumped to Elevation	*Dose frequency: minimum=design flow ÷4* *Maximum design flow ÷ 6 (per day)*
Configuration (circle one)	D-BOX COMBINATION NON-CONVENTIONAL	
Site Slope/System Slope	LEVEL (0-5%) SLOPING _____%	*See Table B on page 8*
Grade of Finished Elevation	_____ inches Above Grade or Level with Original Grade	*Thickness (30″ min.) – NGS =Finished Elevation*
High Vent from d-box?	YES NO (circle one)	*Pumped: High vent off d-box is req'd.* *Gravity: House (roof) vent is the high vent; no vent off d-box.* **Low vent req'd. for ALL systems.** *Note: 10 ft. min. differential btwn. High and Low vent inlets.*

Additional Notes:

ENVIRO-SEPTIC® DESIGN CRITERIA WORKSHEET, page 2

System Sand Bed Size		*(From Table A page 8)*
Minimum Enviro-Septic® pipe required	_____ FT. OF ENVIRO-SEPTIC® PIPE REQ'D. *(From Table A page 8)*	*Amount of pipe req'd. is based on the # of bedrooms. 70' per bedroom.*
Row Length	_____ FT. ROW LENGTH	*Ideal system shape is as long & narrow as the site will allow. All rows (lines) w/in a bed must be equal in length.*
Total Number of Rows	_____FT. PIPE REQ'D. ÷ ROW LENGTH _____ = _____ MIN. NUMBER OF ROWS *(Round UP if result is not a whole number)*	*All systems/beds require a minimum of 2 rows (lines).* *Easiest to work with 10 ft. increments.*
Determine System Sand bed length	_____FT. Of AES + 1 FT. = _____ FT. SYSTEM SAND BED LENGTH	*Bed length is always 1 ft. more than min. row length.*
Determine System Sand bed width	_____System Sand Bed Size ÷ _____ FT. System Sand Bed Length. = _____ FT. SYSTEM WIDTH SAND BED WIDTH	*System Sand always extends 1 ft. horizontally beyond pipe ends.*

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: _____   )

Additional Notes:

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): _____
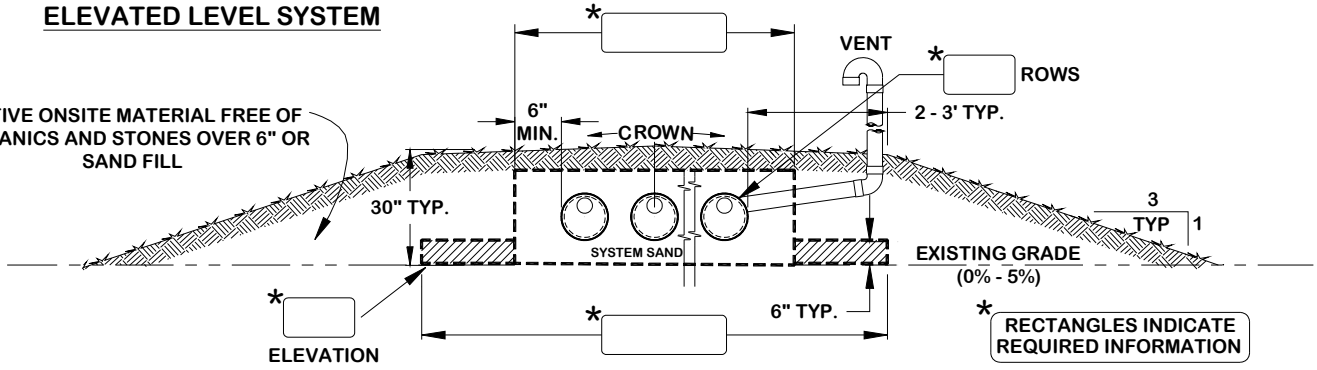
Installer's Name: _____ Date of Installation: _____
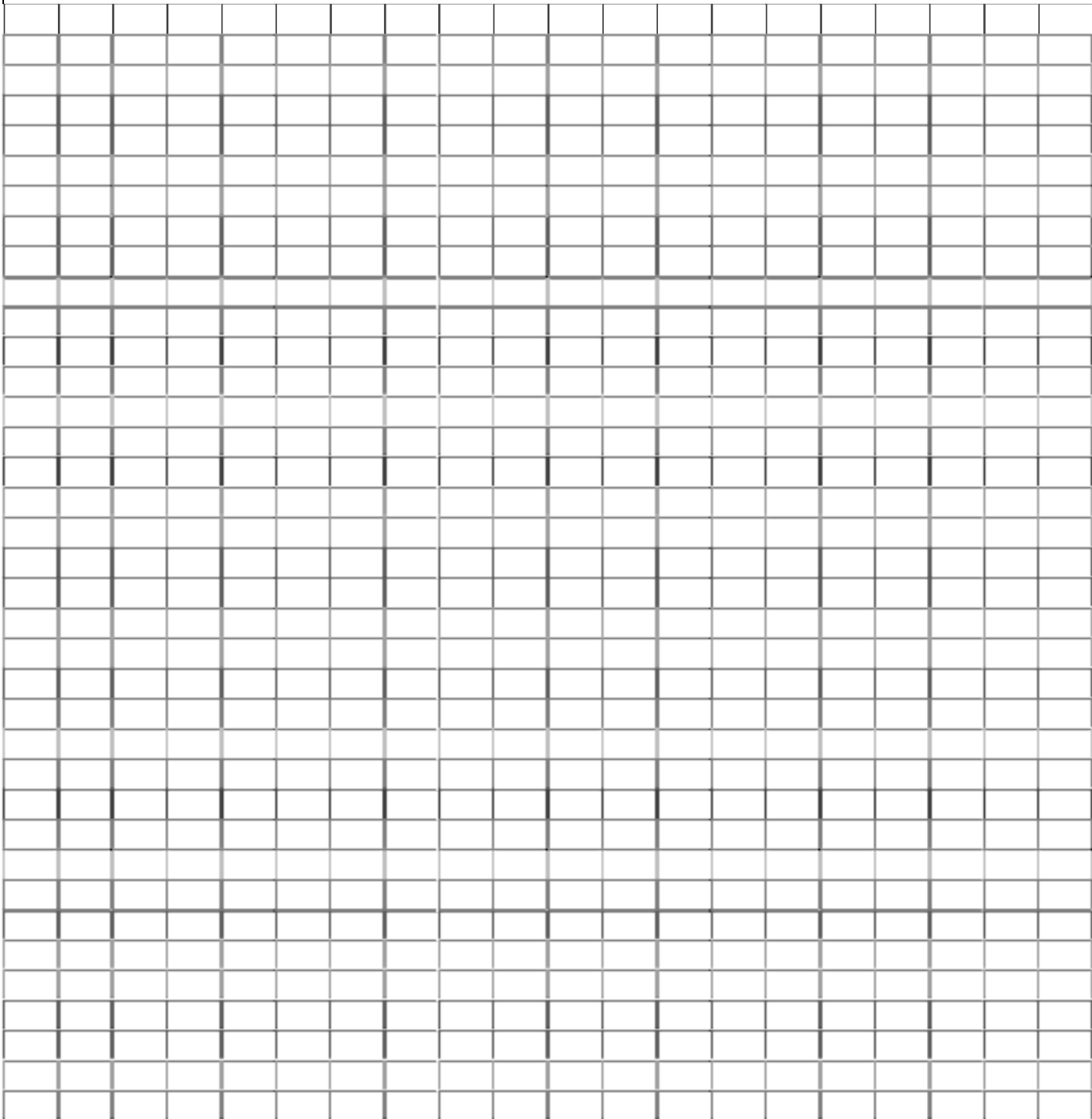
* NOT TO SCALE UNLESS NOTED*

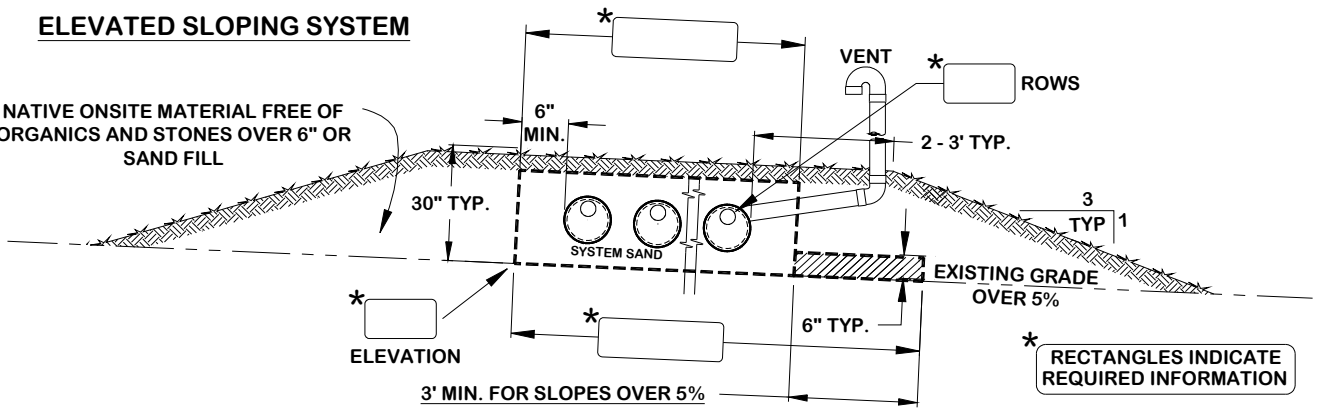# CHOOSE CROSS-SECTION THAT APPLIES AND PROVIDE REQUIRED INFORMATION

ELEVATED LEVEL SYSTEM

*
VENT
* ROWS
2 - 3' TYP.

NATIVE ONSITE MATERIAL FREE OF
ORGANICS AND STONES OVER 6" OR
SAND FILL

6" MIN.
CROWN

30" TYP.

SYSTEM SAND

3 TYP 1

EXISTING GRADE
(0% - 5%)

* ELEVATION

6" TYP.

*

* RECTANGLES INDICATE
REQUIRED INFORMATION

ELEVATED SLOPING SYSTEM

*
VENT
* ROWS
2 - 3' TYP.

NATIVE ONSITE MATERIAL FREE OF
ORGANICS AND STONES OVER 6" OR
SAND FILL

6" MIN.

30" TYP.

SYSTEM SAND

3 TYP 1

EXISTING GRADE
OVER 5%

* ELEVATION

*

6" TYP.

*

* RECTANGLES INDICATE
REQUIRED INFORMATION

3' MIN. FOR SLOPES OVER 5%

INGROUND LEVEL SYSTEM

*
VENT
* ROWS

NATIVE ONSITE MATERIAL FREE OF
ORGANICS AND STONES OVER 6" SAND
FILL

6" MIN.
CROWN

3 TYP 1

30" TYP.

SYSTEM SAND

EXISTING GRADE
0% - 5%

* ELEVATION

6"

*

6" TYP.

*

* RECTANGLES INDICATE
REQUIRED INFORMATION
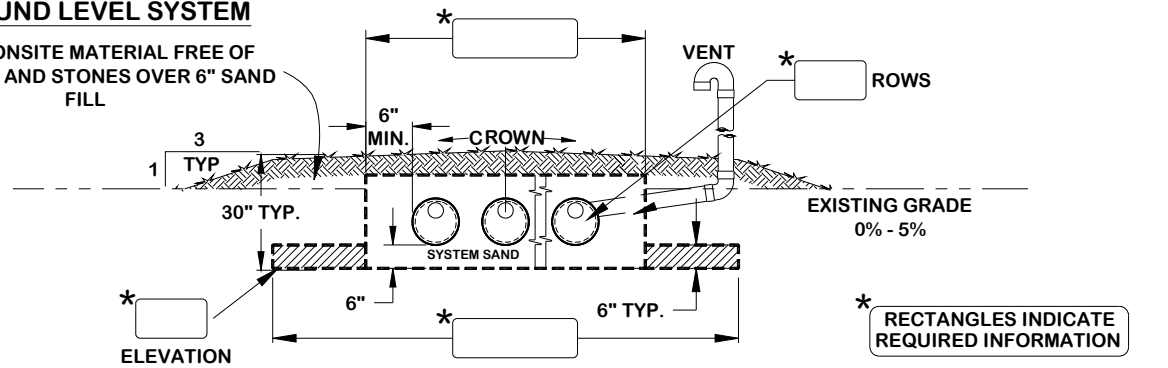
INGROUND SLOPING SYSTEM

*
VENT
* ROWS

NATIVE ONSITE MATERIAL FREE OF
ORGANICS AND STONES OVER 6" OR
SAND FILL

6" MIN.

3 TYP 1

30" TYP.

SYSTEM SAND

EXISTING GRADE
OVER 5%

* ELEVATION

*

6" TYP.

3' MIN. FOR SLOPES OVER 5%

*

* RECTANGLES INDICATE
REQUIRED INFORMATION