

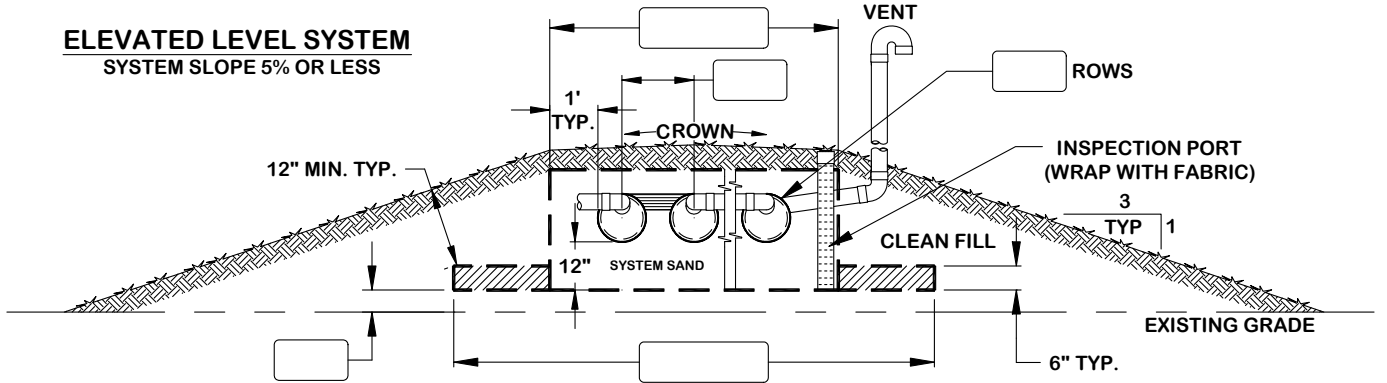
Advanced Enviro-Septic® Wastewater Treatment System DESIGN CRITERIA WORKSHEET

Manufactured by Presby Environmental, Inc. (800) 473-5298
Distributed in Ohio exclusively by Environmental Septic Solutions, Inc. (812) 457-3144

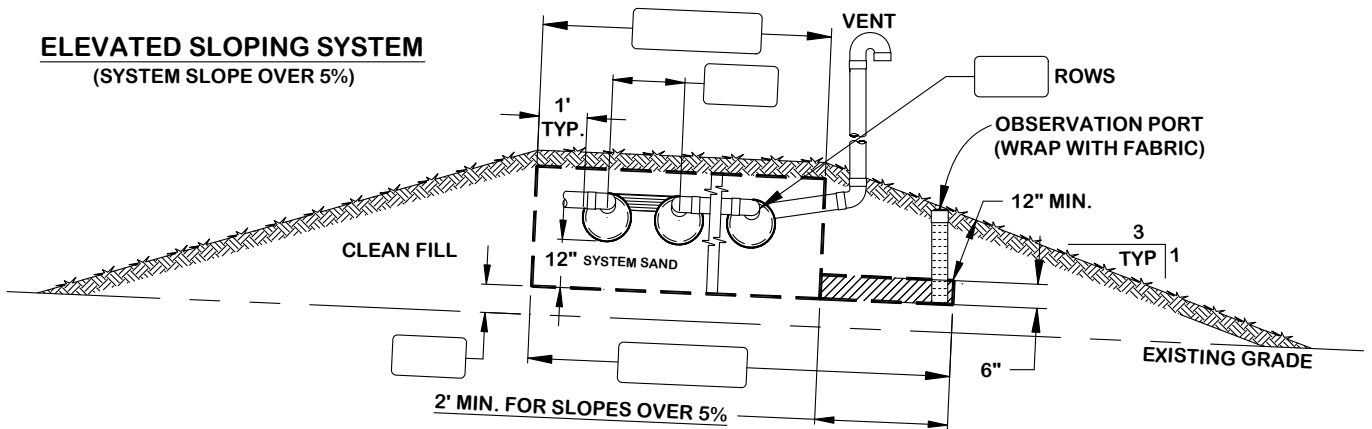
DESIGNED BY:		INSTALLED BY:	
Name: Company: Address: Telephone: PEI Cert. #		Name: Company: Address: Telephone: PEI Cert. #	
SYSTEM OWNER(S):		SITE IDENTIFICATION:	
Name: Address: Telephone:		Address: Town: Map/Lot: Permit #: County:	
<i>Note: Presby Environmental, Inc. and Environmental Septic Solutions, 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.</i>			
Instructions to Designer: Complete all white sections by filling in blanks or circling			
Soil Description (from Table A of manual)			Attach Site/Soil Evaluation Report. Refer to Soil Class Chart in manual.
Number of Bedrooms (determines system size)	# of Bedrooms=	DDF=	gpd
<i>120 gpd x # bedrooms = Daily Design Flow (DDF) gpd (water softener backwash to separate drywell)</i>			
Loading Rates from Table A	ILR=	gpd/ft ²	LLR=
<i>ILR = Infiltrative Loading Rate (gpd/ft²) LLR = Linear Loading Rate (gpd/ft.)</i>			
System Sand Bed Area (ft ²)	Req'd=	ft ²	Prov'd=
<i>Provided Area ≥ (DDF ÷ ILR) area</i>			
System Sand Bed Length (ft)	Req'd=	ft.	Prov'd=
<i>Provided Lg'th ≥ (DDF ÷ LLR) min. total length</i>			
Number of Beds	Req'd=		Prov'd=
<i>(DDF ÷ LLR) ÷ 102 = min. number of beds</i>			
Advanced Enviro-Septic pipe™	Req'd=	ft.	Prov'd=
<i>70 ft. minimum of Advanced Enviro-Septic™ pipe required per bedroom</i>			
AES Row Length (ft.)			<i>100 ft. maximum</i>
Number of AES Rows / Bed			<i># Rows x Row Lg'th x # beds ≥ AES req'd</i>
Sand Bed Width (ft.)			<i>Never less than LLR ÷ ILR</i>
Vertical Orientation of System (circle one)	SUBSURFACE (infiltrative surface below original grade)		ELEVATED (infiltrative surface above original grade)
<i>A perimeter drain may be used, but no reduction to the SHWT is allowed.</i>			
Type of System (circle one)	GRAVITY FED		FLOOD DOSED
<i>Flood dose frequency: minimum = design flow ÷ 4 (6 to 8 doses per day recommended)</i>			
Configuration (circle one)	BASIC SERIAL (all soils)		COMBINATION (ILR 1.6 to 0.5)
MULTIPLE BEDS (all soils)			
Site Slope/System Slope (as a percent)	SITE SLOPE =	%	SYSTEM SLOPE =
<i>Consult Table B for site and system slope restrictions.</i>			
Depth to SHWT	inches		Depth to Limiting Layer
<i>inches</i>			
Distribution Box included? (Flow Equalizers may be necessary)	YES	NO	Perimeter Drain included?
<i>(circle one) (no reduction to SHWT allowed)</i>			
Temporary Benchmark (TBM) description			Temporary Benchmark's assigned elevation
Bed Bottom at highest elevation of orig. grade relative to TBM			Above Inches (circle one) Below
Row Spacing	1.5' minimum AES Row Center-to-Center		

CHOOSE CROSS-SECTION THAT APPLIES AND PROVIDE REQUIRED INFORMATION

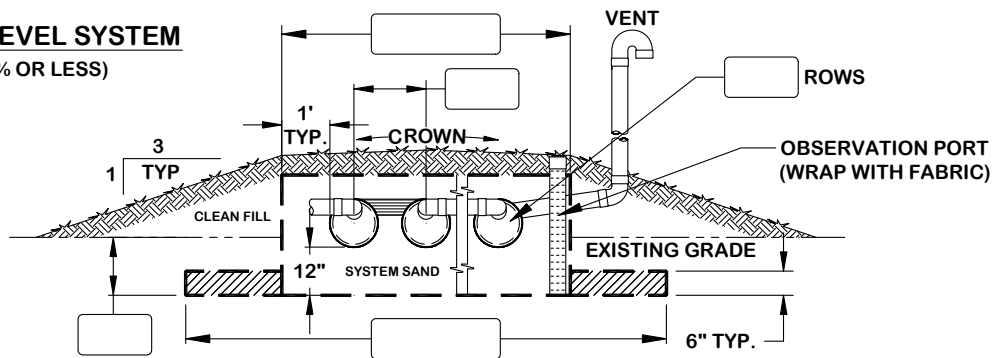
ELEVATED LEVEL SYSTEM
SYSTEM SLOPE 5% OR LESS



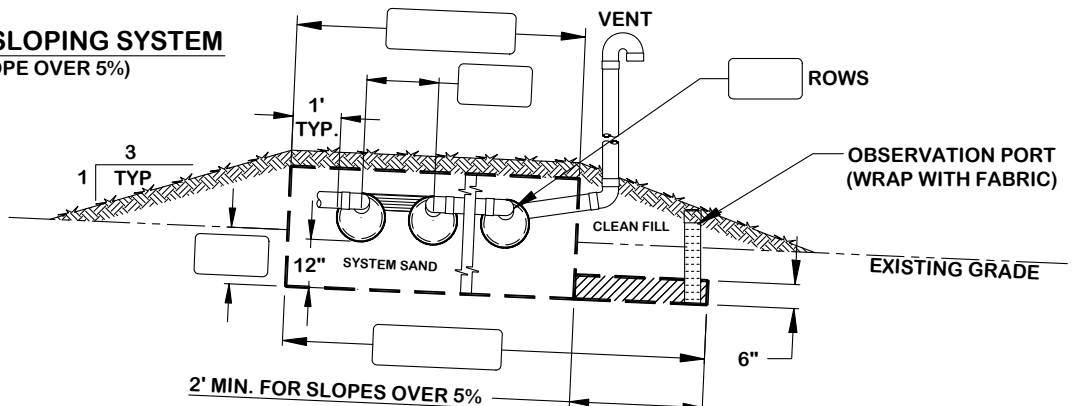
ELEVATED SLOPING SYSTEM
(SYSTEM SLOPE OVER 5%)



SUBSURFACE LEVEL SYSTEM
(SYSTEM SLOPE 5% OR LESS)



SUBSURFACE SLOPING SYSTEM
(SYSTEM SLOPE OVER 5%)



In the space below, sketch the Advance 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.

System Owner(s):

Site Address: _____

Installer's Name: _____ Date of Installation: _____

Large empty rectangular area for sketching the system design.

*** NOT TO SCALE UNLESS NOTED***

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: _____