

## TOWN OF HALIFAX

## Septic Plan Preparation & Review – checklist Please COMPLETE Before Returning

Loc	ation:			
Des	ign Enginee	(Lot #/Property address)		
Phone #: _		: Fax #:		
Rev	iew Enginee	r:		
Phone #:		: Fax #:		
	Des. Rev Eng. Eng	Engineers: Please check off each item		
1.		Maximum of 1"=40' Scale		
2.		Location and dimensions of system, (including reserve area)		
3.		Design flow calculation (110 gal/bdrm/day, or other, as required)		
4.		Septic Tank – 1,500-gallon minimum, (Zabel Filter or equivalent)		
5.		Vent Required.		
6.		Garbage Grinder – Yes No		
7.		Septic system sizing calculations, (Leaching facility: sq.ft.)		
8.		Soil logs, perc test data and location of test pits and perc tests		
9.		When using sieve analysis, provide the silt/sand/clay triangle on the plan.		
10.		Location of existing and proposed water supply (including water mains) are shown on the plan.		
11.		Location of wells within 200' of system (if none, statement saying so)		
12.		Location of streams, surface and subsurface drains, and/or wetlands within 100' of system and reserve area or a statement that none exist within 100'		
13.		Statement regarding whether or not property is in a Zone II.		
14.		Limit of unsuitable material excavation (if required)		
15.		Ground water table adjustment calculations, when applicable.		
16.		Hydraulic profile system		
17.		Details of elements of system (septic tank, leaching facility, etc.).		
18.		Slope breakout calculations (when applicable).		
19.		Existing contours to be shown a minimum of 25' off subject property.		

20.	Proposed contours to be shown.			
21.	Design calc for pump sizing (if use	ed).		
22.	Location of flood plain district.			
23.	Benchmark location and elevation	ı <b>.</b>		
24.	This Plan requires a variance. Ye	s No		
25.	25. Land Surveyor's stamp required when requesting to go closer to property line.			
26. Variance requests reviewed.				
27.	An abutters list has been pulled in	preparation for a Public Hearing. Yes No		
28.	Location of any and all easements	must be shown (if applicable).		
29. Show existing abutting foundations within 25' of SAS or statement of none existing.				
30. Buoyancy calculations, if needed.				
31. If septic tank sits in the water table, a monolithic tank is required.				
32. Monolithic septic tank needed if within 200' of Monponsett Ponds.				
33.	Concrete walls require structural	specifications and final inspections.		
34.	Designer's seal and signature.			
35.	35. What lead you to believe the system is in failure? (Please choose or explain.) a. Title V Inspection Report			
	b. Interview with homeowner			
	c. Other (Please explain.)			
36.	Electric junction box shall be out	tside of pump chamber riser		
<b>37.</b>	If an I/A/Secondary Treatment sy	stem is being proposed, you must submit the <u>most</u>		
current DEP Approval Letter to the Board of Health with plan.				
38. (	Other comments:			
Design Engineer				
		on my plan except as noted:		
Des	sign Engineer	Date		
<b>Review Engineer:</b> (One of the three *_*_* recommendations below is <u>required</u> with signature and date)				
***Recommended for approval:				
Reviewer Signature Date				
*** <u>Recommended</u> for approval with the following corrections:				
Reviewer Signature Date				
***	Not Recommended for approval:			
Reviewer Signature Date				