

Morgan County Health Department

180 S. Main St., Suite 252
Martinsville, IN 46151-1988
Phone: 765-342-6621 Fax: 765-342-1062

****Septic Installer Information for Trench Systems****

Owner Name: _____ Phone: _____

Site Address: _____

Installer's Name: _____ Phone: _____

Installer's Signature: _____ Date: _____

Bedrooms: _____

Water supply: Existing Well _____ Proposed Well _____ Public _____

Trench System Type: Gravity _____ Flood Dose _____ Other _____

Sewer Pipe: ASTM- _____ SDR- _____ Length _____(ft)

Septic Tank: Size _____ (gal) Manufacturer _____ Material _____

Dose Tank: Size _____ (gal) Manufacturer _____ Material _____

Effluent Pump: Manufacturer _____ Model _____ GPM _____
Static Head _____ Friction Loss _____ TDH _____ Dose _____ gal

**all pump electrical connections must be completed inside a NEMA 4x junction box.*

Force Main: ASTM- _____ SDR- _____ Diameter _____ Length _____(ft)

Pumping Uphill? Yes _____ No _____

Distribution Box: # of holes _____ Manufacturer _____ Material _____

Absorption Field: Aggregate _____
Chamber _____ Manufacturer _____ Model _____
Other _____ Manufacturer _____ Model _____

of Trenches _____ Length _____ Width _____ Depth _____

Total Square Feet: _____

Drainage: Site Slope _____% Water Table Depth _____ Drain Depth _____

Drainage Type: Upslope Curtain Drain with Aggregate _____
Perimeter Drain Encircling Absorption Field _____
Socked Tile yes _____ no _____

Drain outlets to: Daylight _____ Ditch _____ Common Drain _____ Other _____