

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 Mound, Presby or Infiltrator ATL Systems****

Owner Name: _____ Phone: _____

Site Address: _____

Installer's Name: _____ Phone: _____

Installer's Signature: _____ Date: _____

Bedrooms: ____ Loading Rate: ____ (gpd/sq.ft.) Total Square Feet: _____

System Type: Mound ____ Presby ____ Infiltrator ATL ____

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

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

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

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

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

Pumping Uphill? Yes ____ No ____ *all pump electrical connections must be inside a
NEMA 4x junction box

Presby or Infiltrator ATL System

If dosing, fill in the shaded areas above.

Bed Dimensions: ____ x ____ # of Pipes: ____ Length of Pipes: _____

Number of Beds: ____ Depth of Bed: ____ Slope across Site: ____%

Drainage Type: Upslope Curtain Drain with Aggregate ____
Perimeter Drain Encircling Absorption Field with Aggregate ____
Socked Tile Yes ____ No ____
Drain Depth _____

Sand Mound

Dimensions: Basal Area ____ x ____ (ft) Gravel Bed ____ x ____ (ft)

Manifold Diameter ____ # of Laterals ____ Lateral Length ____

Lateral Diameter ____ # of Holes ____ Site Slope ____%

Drainage Type: Upslope Curtain Drain with Aggregate ____
Perimeter Drain Encircling Absorption Field ____ Drain Depth ____
Socked Tile Yes ____ No ____