



Morgan County Health Department
180 S. Main St., Ste. 252
Martinsville, IN 46151
765-342-6621

****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 ____