

GREGG COUNTY HEALTH DEPARTMENT

405 East Marshall Avenue

Longview, Texas 75601

Office (903) 237-2628

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ON-SITE WASTERWATER SYSTEM CHECKLIST FOR PROFESSIONALLY DESIGNED SYSTEM

OWNER'S NAME _____

The following information must be included with the design package for review by the Gregg County Health Department. Failure to include or address all of the following items may result in approval delays.

- Plans and Report** must bear a **Signed and Dated Seal** of the responsible **Registered Sanitarian or Registered Professional Engineer**. The address and telephone number of this person must also be included in the submittal.
- A Report** must be included in the submittal containing the following information:
 - Basis of design
 - Site Evaluation**
 - System flow and sizing calculations
 - Material specifications
 - Size and model number of approved aerobic system (if used)
- Construction Drawing** must include the following information:
 - A Scaled, Legible Site Plan with Boundary Description**
 - The location of **all** buildings (existing or proposed) **on the site plan**
 - The location of the **wastewater treatment units and disposal area**
 - Setback Distances** and **Water Wells** must be **identified** and **located on the site plan**
 - The site plan must also include topographical contours for slopes greater than 15%
 - Easements** and **Bodies of Water** (lakes, streams, creeks, ditches, ponds etc.) **must be identified**
 - Installation details such as septic tank configuration, layouts, cross-sections of drainfields and disposal beds, irrigation systems and pump station including piping and controls

Signature of Designer

Address

Telephone Number