

GRAVITY DISTRIBUTION SEEPAGE BED INSPECTION CHECKLIST

[complete and attach to local agency copy of permit]

Property Location: _____

Permit # _____ **SEO** _____

Location: Date inspected _____

Located where called for on the site plan? Yes No

Excavation: Date inspected: _____

Appropriate soil consistency Yes No

Scarified (optional) Yes No

Dug to proper depth Yes No

Comments: _____

Aggregate: Date inspected: _____

Certification slips received Yes No

Aggregate depth is 6 inches under pipe Yes No

Aggregate dimensions correct Yes No

Aggregate length _____ feet

Aggregate width _____ feet

Comments: _____

Piping: Date inspected: _____

Lateral diameter 3 inch 4 inch ____ inch

Lateral length _____ feet Number of laterals _____

Are laterals configured as per plan? Yes No

Are holes aligned at 30 degrees off center? Yes No

Type of distribution D-Box Header

D-box level on good base? Yes No N/A

D-box passed water test? Yes No N/A

Are header and tailer non-perforated? Yes No N/A

Comments: _____

Soil Barrier:

Soil barrier inspected? Yes No

If yes, date inspected: _____

Material used: _____

Comments: _____

Top Cover: Date inspected: _____

Minimum soil cover of 12 inches? Yes No

Maximum soil cover of 36 inches? Yes No

Is the cover soil crowned ? Yes No

Top cover free of rock and deleterious material? Yes No

Top cover material suitable for growing grass? Yes No

Top cover seeded with grass seed? Yes No

Top cover mulched? Yes No

Bed free of downspout and stormwater drainage? Yes No

Comments: _____

Signed

date