Applied Resource Management System Installation Schedule

Name: Davis Don Trustee & Antioch Free Will	Project #: 230062			
Address:	Location: 494 Antioch Church Rd Harnett County			
	Initial System Off-Site		Yes / No Yes / No	
System Type: New 1000 gal ST and new 1000 gal PT	Repair Area Off-Site			
Inspection Schedule		Inspecto	or Date	
Pre-Construction Conference:				
Site Modification (as needed):				
Vacuum Test/ Leak Test (as needed):				
System Installation:				
System Start-Up (as needed): Post Construction Conference:				
Other inspections as needed:				
Contacts: Walter D. Glese, NCLSS: (910) 389-4410; wdgiese@gmail.c Davis McIver, REHS: (910) 616-1826; davis@armnc.com Gene Young, REHS: (910)617-4914; gene@armnc.com	<u>5111</u>			
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Walter D. Giese, NCLSS, AOWE	THE COUNTY OF THE			

Licensed Soil Scientist

Applied Resource Management System Installation Schedule

Installer:	Phone:	Email:	
Certification #:	Grade/Level:		

Septic Tank	Initial Date	Nitrification Lines/Laterals	Initial Date
Manufacture Date:		Trench/Lateral Type/Aggregate:	
State ID Number:		Trench Width:	
Capacity:		Trench Length:	
Tee/Approved Filter:		% Reduction Taken:	
Baffle:		Trench Bottom/Lateral Depth:	
Sealant:		Number of Lines/Laterals	
Tank Penetration Seal:		Trench Grade:	
Riser if Applicable:		Rock Depth & Quality (3 , 4, 5, 57, 6)	
Water Tightness Test	2	Aggregate Cover	
		Warranty (if applicable)	
	A CO	Dams/Step downs/Dropbox, etc.	
PUMP TANK		Pressure Lateral	
Manufacture Date		Hole Spacing/Hole Sizing	
State ID Number		Turn-ups/Protectors	
Capacity		Observation Ports	
Waterproof/Sealant		DISTRIBUTION SYSTEM	
Riser		Distribution Method	
Water Tightness Test		Serial Dist.	
		Pressure Manifold	
		Tap Size & Material	
PUMP		Pipe (Size, Material & Grade)	
Check Valve/Gate valve		Valves (Bull Run, Flow Divider, ect)	
Anti-siphon Hole (Size)		Valves	
Pressure Head		SUPPLY LINE	
Floats/ Pressure Bell / Transducer	i	Location	
Drawdown (inches)		Pipe (Material)	
Electrical Components		Depth (If specified)	
NEMA 4x Box		Pipe Size	
Rate (gpm)		Hydrostatic Leak Test	
Pump Manufacturer:		LANDSCAPING	
Pump Model Number:		Surface Drain	
Pump Removal Method:		Subsurface Drain	
Permanent Power		Depth of Cover: Tank: Drainfield:	
		Will Shed Surface Water (Turtleback)	
		Finish Grade/Stabilize (if applicable)	
GREASE TRAP		Permanent Markers (tank)	
Manufacture Date		OTHER	
State ID Number		System Setbacks	
Capacity		Legal Documents	
Tee/Approved Filter (Extends		Mound Approved (Texture, Interface,	
50% of liquid depth)		Location, Length, Depth, Width)	
24" Access Opening		ORC Contract/ Company	
Water Tightness Test		Tri-Party Draft	
Tracer rightness rest		Tri-Party Draft Finalized/Recorded	

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Installer:		Phone:Email:		
Certification #:				
OFF-SITE SYSTEMS	INITIAL DATE	DRIP SYSTEM/ADVANCED PRE-TREATMENT	INITIAI	
nditional CA for Supply Lines:		Preconstruction Meeting		
Date Issued:		Drip Manufacturer		
Date Installed:		Drip Tags Collected		
drostatic Leak Test:		Headworks (above SWC)		
rmanent Markers with Lot #		Start-up/Final		
(At Corners of Drainfield)		Manufacturers Approval for Design		
Weather Access Road		Field Representative Letter of Acceptance		
sments Recorded		Installer Authorized/Approval from Manufacturer		
		Cover Turtlebacked		
signs/ Plans Submitted		Pretreatment Product Device		
ans Approved				
lemetry		Designs/Plans Submitted		
Built Provided		Plans Approved		
signer/Engineer Letter of Acceptance		Telemetry		
		As Built Provided	1	
DRAINAGE		Deisgner/Engineer Letter of Acceptance		
sign Approved		Approval #'s		
pe:□ GWL				
☐ Interceptor				
☐ Ditch				
☐ Swale				
e Size:				
pth:	(i)			
mp Drainage Required				
mp Size				
mp Manufacturer				
wer Connected/Operational:				
(Generator Not Approved)				
COMMENTS:				
COMMENTS:	TESE.			