



ENVIRONMENTAL HEALTH & SAFETY DIVISION
 WAHKIAKUM COUNTY HEALTH DEPARTMENT
 64 MAIN STREET, P. O. BOX 696
 CATHLAMET, WASHINGTON 98612
 (360) 795 - 6207

**ONSITE SEWAGE SYSTEM PERMIT:
 AS-BUILT INSTALLATION RECORD**

OSS Permit Memo #	Date
<input type="checkbox"/> Alternative System	

PERMIT INFORMATION					
Assessors Account Number			Onsite Sewage System Installer		
Property Owner			Owner Phone #		E-mail Address
Current Mailing Address		Street	City	State	Zip Code
Installation Address		Street	City	Onsite Sewage System Type	

CAPACITY & DWELLING INFORMATION					
Primary Dwelling Bedrooms	+	Outbuilding Dwelling Bedrooms	=	Total Bedrooms (within all dwellings)	Maximum Gallons Per Day OSS Is Sized For

ONSITE SEWAGE SYSTEM DETAIL									
Septic Tank/ Trash Tank	Manufacturer		Liquid Capacity (gallons)		Model		Material		
	Type/Proprietary Name		Model		Material/Size				
Pretreatment <input type="checkbox"/> N/A	Orifice Information: (sand filters)		Size Of Orifices		# Of Orifices		# Of Laterals		
	Disinfection <input type="checkbox"/> N/A		Manufacturer		Model				
Disinfection <input type="checkbox"/> N/A	Disinfection Unit Type:		<input type="checkbox"/> Ultraviolet Unit		<input type="checkbox"/> Chlorine Unit				
	Pump Tank <input type="checkbox"/> Turbine Pump <input type="checkbox"/> Centrifugal Pump	Manufacturer		Model		Material			
Total Liquid Capacity (gallons)		Pump Information:		Manufacturer		Model		HP	Volts
Control Panel <input type="checkbox"/> N/A	Manufacturer		Model		Type				
	Hour Meter Present		<input type="checkbox"/> Yes <input type="checkbox"/> No		Counter Present		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Effluent Filter <input type="checkbox"/> N/A	Manufacturer		Model		Material				
	Location Of Filter:								
Drainfield <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure <input type="checkbox"/> Drip	Type		Model						
	Width Of Trench Or Bed:		Trench Depth Into Native Soil:		Vertical Separation:		Total Linear Feet:		
	Orifice Information: (if applicable)		Size Of Orifices		# Of Orifices		# Of Laterals		

"As-Built" DRAWING ON REVERSE SIDE
(DRAWING OF ACTUAL SYSTEM AS CONSTRUCTED)
 (Use permanent landmarks as reference points when identifying distances.)

Note: **This is a permanent record.** Please use a straightedge to prepare an accurate, detailed drawing of the constructed OSS system, drawn to scale OR locations triangulated, that includes the following required information:

- Location of all roads/driveways.
- Triangulate the location in feet and inches of all septic / pump tank lids and distribution boxes unless risers are installed to the surface and noted on the as-built. Please use a sidebar box instead of drawing lines through the OSS. Label 2 permanent points as A and B.
- Triangulate both ends of all drainfield laterals unless observation ports are installed to the surface at **both ends of each lateral**.
- Show all surface water sources, wells, buildings, water lines, curtain drains, roof infiltration systems, etc. and their **distances** to the OSS.
- Specifically locate all O&M accessibility components (including check valves) if a riser to the surface is not installed.
Identify the reserve area (if applicable) with length and width dimensions.

Tax Account Number



INSTALLER/DESIGNER SIGNATURE

Print Name

Signature

Date