



Wahkiakum County Health and
 Human Services
 42 Elochoman Valley Rd / PO Box 696
 Cathlamet, WA 98612
 360-795-6207 Fax 360-795-6224

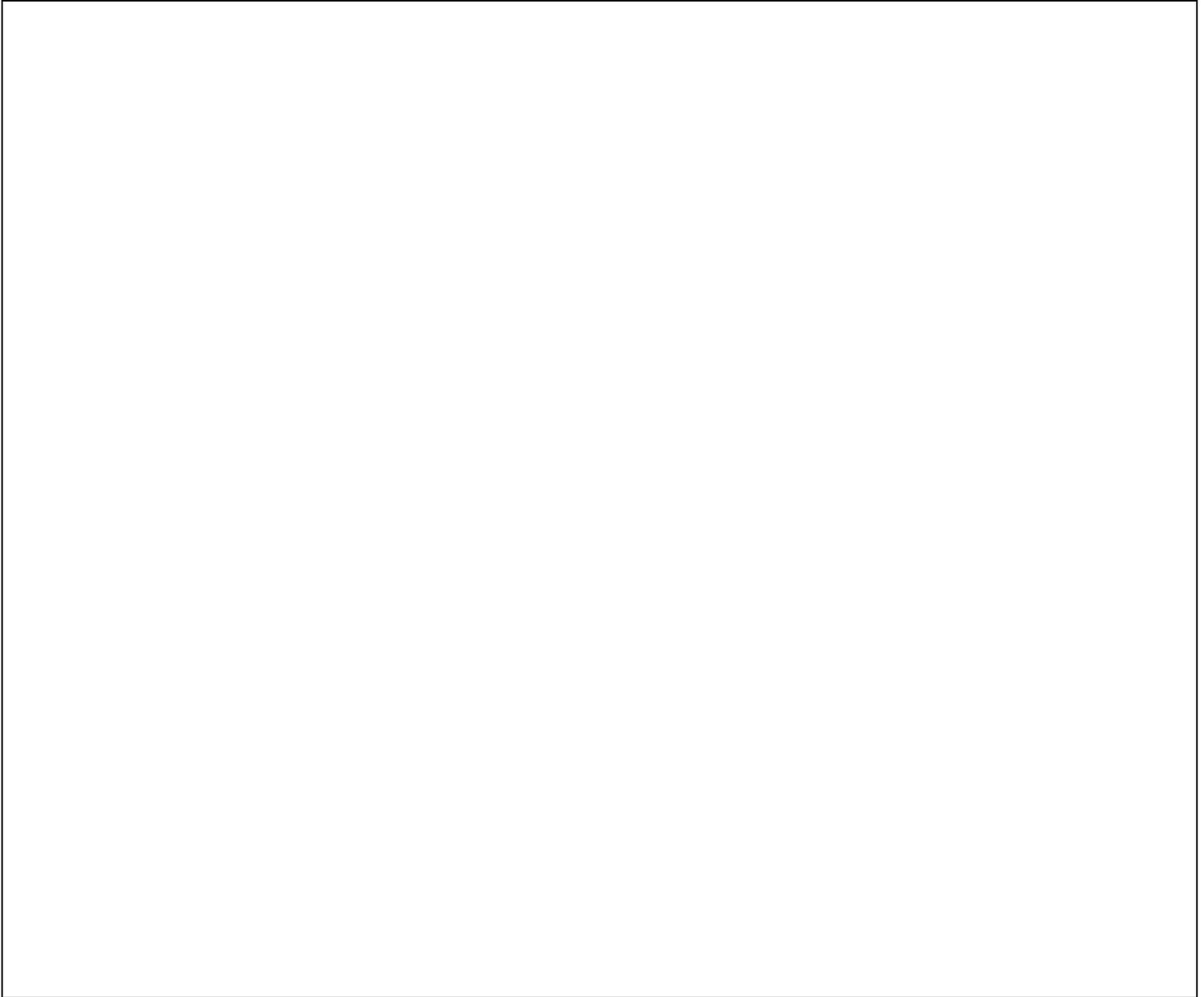
Onsite Sewage System As-built Installation Record

Installation Address:
Property Owner:
Email and Phone number:
Current Mailing Address:
Onsite Sewage System Installer:
Onsite Sewage System Type:
Date Installed:

Septic Tank	Manufacturer	Liquid Capacity (gal)	Model	Material
Pretreatment	Type/Proprietary Name		Model	Material and Size
Orifice Info (sand filters)	Size of Orifices:		# of Orifices:	# of Laterals:
Disinfection	Manufacturer	Model	Disinfection Unit Type:	
Pump Tank	Manufacturer	Liquid Capacity (gal)	Model	Material
Pump Info	Manufacturer	Model	HP	Volts
Control Panel	Manufacturer	Model	Type	Hour meter present? Counter Present?
Effluent Filter	Manufacturer	Model	Material	Location
Drainfield	Type	Model	Width of trench/bed:	Trench depth into native soil:
Drainfield (cont)	Vertical Separation	Total Linear Ft	Size of orifices:	# of orifices: # of laterals:

Please provide an accurate, detailed drawing of the constructed OSS system, drawn to scale OT locations triangulated, that includes the following required information:

- Location of all roads/driveways
- Include an arrow indicating North.
- Triangulate the location in feet and inches of all septic/pump tank lids and distribution boxes.
- 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.



Installer Name	Signature	Date
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