

SCPHD Onsite Sewage System (OSS) Installation Certification Setup Form
 (Required with as built submittal for all OSS other than gravity flow)

APPLICANT AND PROPERTY INFORMATION			
Date:	Name:		
Parcel Number:	Address:		
SYSTEM INFORMATION			
OSS Type:	**Is system permanently wired to structure: YES NO		
TANK INFORMATION			
Septic tank capacity:	Pump tank capacity:	Gallons/ dose:	
Maximum daily flow:	Doses/ day:		
CONTROL PANELS Mechanical: yes no Floatless panel: yes no Pump to Gravity: yes no			
Type:	High water alarm working: yes no	Redundant off working:	yes no
Counter reading:	Timer cycling correctly: yes no	On/off working:	yes no
On time:	Off time:	Override link:	yes no
PROPRIETARY TREATMENT PRODUCT (PTP)			
PTP type:	High water alarm working: yes no	Aerator working:	yes no
Unit model and size:	UV light functioning: yes no		
PRESSURE (Including DRIP) DISTRIBUTION LATERALS			
Lateral squirt height (inches):	Valves: yes no	Valves accessible:	yes no
Laterals to finished grade: yes no	Orifice size:	Orifice spacing:	
Pump make and model:	Post filter gauge reading (Drip):		
GLENDONS			
All units checked for equal flow: yes no	Riser over splitter valve: yes no		
SANDFILTER /MOUND			
Ends accessible: yes no	Depth of media:		
Floats in sandfilter functioning: yes no	Valves installed: yes no		
COMMENTS:			
SIGNATURE CERTIFIED INSTALLER /DESIGNER			
Company:			
Signature:			
Date:	**Do NOT submit as built until OSS is permanently wired to structure		