 Skagit County Public Health

Keith Higman, Director

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**On-Site Sewage System Installation Certification Setup Form**

**(Required with As-Built submittal for all OSS other than Gravity Flow)**

|  |  |  |  |  |  |  |  |  |  |
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| **OWNER AND PROPERTY INFORMATION** | | | | | | | | | |
| Date of completion: | | | 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: | | | | Additional tanks (if yes, add comment): | | Yes | | No | |
| Comments: | | | | | | | | | |
| **CONTROL PANELS** | | | | | | | | | |
| Panel | Yes | No | | Pump to Gravity | | Yes | | No | |
| Brand: | | | | High water alarm working | | Yes | | No | |
| Model: | | | | Redundant off working | | Yes | | No | |
| Counter reading: | | | | Timer cycling correctly | | Yes | | No | |
| On time: | | | | On/Off working | | Yes | | No | |
| Off time: | | | | Override link: | | Yes | | No | |
| **PROPRIETARY TREATMENT PRODUCT (PTP)** | | | | | | | | | |
| PTP Name: | | | | High water alarm working | | Yes | No | | N/A |
| Unit model: | | | | Aerator working | | Yes | No | | N/A |
| Unit size: | | | | UV light | | Yes | No | | N/A |
| **PRESSURE (Including DRIP) DISTRIBUTION LATERALS** | | | | | | | | | |
| Lateral squirt height (inches): | | | | Valves | | Yes | | No | |
| Orifice size: | | | | Valves accessible | | Yes | | No | |
| Orifice spacing: | | | | Laterals to finished grade | | Yes | | No | |
| Pump make & model: | | | | DRIP System | Pressure Out | Pressure Return | | | |
| **GLENDONS** | | | | | | | | | |
| All units checked for equal flow | Yes | No | | Riser over splitter valve | | Yes | | No | |
| **MOUND/OSCAR** | | | | | | | | | |
| Depth of media: | | | | Ends accessible | | Yes | | No | |
| Initial Pressure Reading | Out | psi | | Valves installed | | Yes | | No | |
| Return | psi | | Floats in sand filter functioning | | Yes | No | | N/A |
| **COMMENTS** | | | | | | | | | |
|  | | | | | | | | | |
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| **SIGNATURE CERTIFIED INSTALLER/DESIGNER** | | | | | | | | | |
| Company: | | | | | | | | | |
| Signature: | | | | | Date: | | | | |