 Skagit County Public Health

 Keith Higman, Director

 Howard Leibrand, M.D., Health Officer

**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: |