



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)

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									
SIGNATURE CERTIFIED INSTALLER/DESIGNER									
Company:									
Signature:					Date:				