



Skagit County Public Health

Monica Negrila, 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
COMMENTS										
SIGNATURE CERTIFIED INSTALLER/DESIGNER										
Company:										
Signature:						Date:				