



SCOTT W. LINDQUIST, MD, MPH, DIRECTOR  
 345 6<sup>th</sup> Street, Suite 300  
 Bremerton, Washington 98337-1866  
 (360) 337-5285  
 FAX (360) 337-5291

**ONSITE SEWAGE SYSTEM PERMIT:  
 AS-BUILT INSTALLATION RECORD**

OSS Permit Memo #	Date
<input type="checkbox"/> Alternative System	

**PERMIT INFORMATION**

Assessors Account Number		Onsite Sewage System Installer	
Property Owner		Owner Phone #	E-mail Address
Current Mailing Address	Street	City	State Zip Code
Installation Address	Street	City	Onsite Sewage System Type

**CAPACITY & DWELLING INFORMATION**

Primary Dwelling Bedrooms	+	Outbuilding Dwelling Bedrooms	=	Total Bedrooms (within all dwellings)	Maximum Gallons Per Day OSS Is Sized For


**ONSITE SEWAGE SYSTEM DETAIL**

<b>Septic Tank/ Trash Tank</b>	Manufacturer	Liquid Capacity (gallons)	Model	Material
<b>Pretreatment</b> <input type="checkbox"/> N/A	Type/Proprietary Name		Model	Material
	<b>Orifice Information: (sand filters)</b>	Size Of Orifices	# Of Orifices	# Of Laterals
<b>Disinfection</b> <input type="checkbox"/> N/A	Manufacturer		Model	
	<b>Disinfection Unit Type:</b> <input type="checkbox"/> Ultraviolet Unit <input type="checkbox"/> Chlorine Unit			
<b>Pump Tank</b> <input type="checkbox"/> Turbine Pump <input type="checkbox"/> Centrifugal Pump	Manufacturer		Model	
	Total Liquid Capacity (gallons)	<b>Pump Information:</b>	Manufacturer	Model HP Volts
<b>Control Panel</b> <input type="checkbox"/> N/A	Manufacturer		Model	Type
	<b>Hour Meter Present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Counter Present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Effluent Filter</b> <input type="checkbox"/> N/A	Manufacturer		Model	Material
	<b>Location Of Filter:</b>			
<b>Drainfield</b> <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure <input type="checkbox"/> Drip	Type		Model	
	Width Of Trench Or Bed:	Trench Depth Into Native Soil:	Vertical Separation:	Total Linear Feet:
	<b>Orifice Information: (if applicable)</b>	Size Of Orifices	# Of Orifices	# Of Laterals

**“As-Built” DRAWING ON REVERSE SIDE  
 (DRAWING OF ACTUAL SYSTEM AS CONSTRUCTED)  
 (Use permanent landmarks as reference points when identifying distances.)**

**Note: This is a permanent record. Please use a straightedge to prepare an accurate, detailed drawing of the constructed OSS system, drawn to scale OR locations triangulated, that includes the following required information:**

- Location of all roads/driveways.
- Triangulate the location in feet and inches of all septic / pump tank lids and distribution boxes unless risers are installed to the surface and noted on the as-built. Please use a sidebar box instead of drawing lines through the OSS. Label 2 permanent points as A and B.
- Triangulate both ends of all drainfield laterals unless observation ports are installed to the surface at **both ends of each lateral**.
- Show all surface water sources, wells, buildings, water lines, curtain drains, roof infiltration systems, etc. and their **distances** to the OSS.
- Specifically locate all O&M accessibility components (including check valves) if a riser to the surface is not installed. Identify the reserve area (if applicable) with length and width dimensions.
- Show the Class 'B' Attenuation Zone if applicable.

Tax Account Number	
--------------------	---

**Please note that all Onsite Sewage System electrical setup information will be completed on the KCHD Certification Setup Form**

<b>INSTALLER OR DESIGNER SIGNATURE</b>		
Print Name	Signature	Date