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OSS Installation Certification Setup Form

| A. APPLICANT AND PROPERTY INFORMATION | | | |
|---------------------------------------|--|--------------------------|------|
| Property Owner; Name on Permit | | Assessors Account Number | |
| Installation Address | | Street | City |

| B. SYSTEM INFORMATION | |
|-----------------------|--|
| Type of System | All Components Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No |

| C. TANK CAPACITY - DRAWDOWN | | | |
|------------------------------|--|-------------------------------|--|
| Pump Tank Capacity (gallons) | | Drawdown (inches per minute) | |
| Pump Tank Gallons Per Inch | | Drawdown (gallons per minute) | |

| D. TANK CAPACITY - DRAWDOWN | |
|-----------------------------|--|
| Maximum Daily Flow | |
| Doses Per Day | |
| Gallons Per Dose | |

| E. CONTROL PANELS - (Complete Pertinent Sections) | | | | | | | | | | | | | | | |
|---|--|--|---|------------------------------------|--|----------------------------|--|-----------------------------|--|---------------------------------------|--|--------------------------|--|-----------------------|--|
| <input type="checkbox"/> Mechanical Panel <input type="checkbox"/> Floatless Panel <input type="checkbox"/> Pump To Gravity | | | | | | | | | | | | | | | |
| Control Panel Type | | Timer Cycling Correctly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | FLOATLESS SPECIFIC SETUP INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">On Setting Inches from Bell Bottom</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Veto On Time (hrs/min/sec)</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Veto Off Time (hrs/min/sec)</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Veto Setting - Inches from On Setting</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Z bias (Written on Bell)</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Auto Clear Cycles (#)</td><td style="padding: 2px;"></td></tr> </table> | On Setting Inches from Bell Bottom | | Veto On Time (hrs/min/sec) | | Veto Off Time (hrs/min/sec) | | Veto Setting - Inches from On Setting | | Z bias (Written on Bell) | | Auto Clear Cycles (#) | |
| On Setting Inches from Bell Bottom | | | | | | | | | | | | | | | |
| Veto On Time (hrs/min/sec) | | | | | | | | | | | | | | | |
| Veto Off Time (hrs/min/sec) | | | | | | | | | | | | | | | |
| Veto Setting - Inches from On Setting | | | | | | | | | | | | | | | |
| Z bias (Written on Bell) | | | | | | | | | | | | | | | |
| Auto Clear Cycles (#) | | | | | | | | | | | | | | | |
| On Time (seconds) | | On/Off Working <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| Off Time (hours) | | High Water Alarm Working <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| Counter Reading | | Redundant Off Working <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | | | | | | | | | |
| Hour Meter Reading | | | | | | | | | | | | | | | |
| High Water Alarm Setting - Inches from On Setting | | VERRIDE PANELS Override Link Removed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | | | | | | | | | |

| F. AEROBIC TREATMENT UNITS - (If applicable) | | |
|--|---|---|
| ATU Type & Model | High Water Alarm Functioning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | Air Mechanism Functioning <input type="checkbox"/> Yes <input type="checkbox"/> No |

| G. DISINFECTION - (If applicable) | | | |
|---|--|--|--|
| <input type="checkbox"/> Ultraviolet Disinfection | | <input type="checkbox"/> Chlorine Disinfection | |
| Disinfection Unit Model | | Disinfection Unit Model | |
| Ultraviolet Light Alarm Functioning | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chlorine Tablets in Place | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sample Port Present | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sample Port Present | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| H. PRESSURE DISTRIBUTION LATERALS - (If applicable) | | | |
|---|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Lateral Squirt Height (Inches) | <input type="checkbox"/> Drip Irrigation Specific Setup | Pre Filter Gauge Reading - psi | Initial Effluent Flow Meter Reading |
| | | Post Filter Gauge Reading - psi | |

| I. GLENDON UNITS - (If applicable) | |
|---|---|
| All Units Have Been Field Checked for Equal Flow <input type="checkbox"/> Yes <input type="checkbox"/> No | Effluent Splitter Valve Assembly With Access Riser <input type="checkbox"/> Yes <input type="checkbox"/> No |

| J. COMMENTS |
|-------------|
| |

| K. SIGNATURE - CERTIFIED O&M SPECIALIST OR INSTALLING CONTRACTOR ONLY | | |
|---|-----------|------|
| Company | Signature | Date |