Pacific County

DEPARTMENT OF COMMUNITY DEVELOPMENT

BUILDING • ENVIRONMENTAL HEALTH • PLANNING

Record of Sewage Disposal System - *As-Built Sketch*

(must be on-site during final inspection)

PROPERTY ADDRESS/LOCATION:_____ PERMIT NO.:_____

PERMIT ISSUED TO:_____ PERMIT DATE:_____

INSTALLER:_____ PHONE #:_____

DESIGNER:_____PHONE #:_____

REPAIR:_____ NEW CONTRUCTION:_____ TYPE OF SYSTEM:_____

Please fill in the following where applicable:

Septic Tank Size:_____ Pump Tank Size:_____ Effluent Filter Installed?:_____

Drainfield Dimensions:_____ Trench/Bed Depth:_____ Depth of Cover:_____

Squirt Height_____Intermittent Sandfilter Dimensions:_____ Depth of Cover:_____ Squirt Height:_____

Timed Dosing:_____ Gallons Per Dose_____ Doses/Day:_____Drawdown:_____

Pump Run Time:_____ Timer On:_____ Timer Off:_____

Demand Dosing:_____ Gallons/Dose:_____ Doses/Day:_____ Inches of Float Travel:_____

Alarms and Floats Working Properly?:_____

Description or changes from approved design:

_____

_____

_____

Additional Observations:

_____

_____

_____

Please use space below to provide an **Accurate, Detailed** drawing of the septic system that includes the following required information:

1. Location of roads/driveways, easements, buildings, all wells, springs and surface water (including seasonal).
2. Specific description of installed septic system components and their distances from any foundations, structures, wells, surface water, property lines, potable water lines and banks greater than 5' in height and 100% slope.

I certify that this information is true and accurate and that the on-site sewage disposal system was installed according to permit requirements and all Washington State and Pacific County ordinances and regulations.

Installers Signature:_____**Date:**_____

Comments:_____

_____

_____

DCD USE ONLY: FINAL APPROVAL DATE:_____

***Signed*:**_____

Updated 10/10/11