

ONSITE SEWAGE SYSTEM PERMIT: RECORD OF CONSTRUCTION

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

PROPERTY INFORMATION

Installation Address	Street	City	Assessors Account Number
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ONSITE SEWAGE SYSTEM DETAIL

TANKS

PRESENT	Tank Type	Manufacturer	Model	Material	Liquid Capacity	Compartments	Gal/Inch
<input type="checkbox"/>	Trash Tank						N/A
<input type="checkbox"/>	Septic Tank 1						N/A
<input type="checkbox"/>	Septic Tank 2						N/A
<input type="checkbox"/>	Pump Tank 1						
<input type="checkbox"/>	Pump Tank 2						

ADVANCED -TREATMENT

PRESENT	Type	Manufacturer	Model	Number of Orifices	Number of Laterals	Orifice Size
<input type="checkbox"/>	Proprietary			N/A	N/A	N/A
<input type="checkbox"/>	Sand Filter/ Mound	N/A				

<input type="checkbox"/>	Disinfection	Manufacturer	Model
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DISPERSAL

- Gravity
- Pressure
- Sand Lined Trench
- Sand Filter
- Mound
- Drip

Manufacturer		Model			
Width:		Depth Into Native Soil:		Vertical Separation:	
Orifice Information: (if applicable)		Size Of Orifices	# Of Orifices	# Of Laterals	

ELECTRICAL SETUP INFORMATION: Only Fill out Applicable Sections

Pump Information

	Pump Run Test Time:	Drawdown (inches per min):	Gallons Per Minute:	Gallons Per Dose:	Doses Per Day:	Maximum Daily Flow:
Pump 1:						
	Manufacturer:		Model:		Size/Voltage:	
Pump 2 (If applicable):						
	Manufacturer:		Model:		Size/Voltage:	

ELECTRICAL SETUP INFORMATION (Continued):
Only Fill out Applicable Sections

Panel Settings - (Complete Pertinent Sections)							
Manufacturer:				Model:			
<input type="checkbox"/> Mechanical Panel	On Time (hrs/min/sec)	Off Time (hrs/min/sec)	Inches Between ON Setting & Alarm	Cycle Counter Reading	Hour Meter Reading	Float-less Panels Only	
<input type="checkbox"/> Float-less Panel						1. On Setting:	2. Veto Setting:
Controls Pump 1:							
Override/Veto Settings:						3. Z bias:	4. Auto Clear Cycles:
Manufacturer:				Model:			
<input type="checkbox"/> Mechanical Panel	On Time (hrs/min/sec)	Off Time (hrs/min/sec)	Inches Between ON Setting & Alarm	Cycle Counter Reading	Hour Meter Reading	Float-less Panels Only	
<input type="checkbox"/> Float-less Panel						1. On Setting:	2. Veto Setting:
Controls Pump 2:							
Override/Veto Settings:						3. Z bias:	4. Auto Clear Cycles:
Float-less Panel Notes: 1. On Setting: Inches from the Bell bottom 2. Veto Setting: Inches from the on setting 3. Z bias: Written on the bottom of the Bell 4. Auto Clear Cycles: Number of cycles to clear all effluent from bell							

PRESSURE DISTRIBUTION LATERALS - (If applicable)			
<input type="checkbox"/> Lateral Squirt Height (Inches)		<input type="checkbox"/> Drip Irrigation Specific Setup	Initial Effluent Flow Meter Reading:

ATTACH RECORD OF CONSTRUCTION DRAWING
(DRAWING OF ACTUAL SYSTEM AS CONSTRUCTED)

Note: This is a permanent record. Please use a straightedge to prepare an accurate, detailed drawing of the constructed OSS system, conforming to Kitsap County Board of Health Ordinance 2008A-1, Section 12.C.3.

ACKNOWLEDGMENT:

By signing this installation record of construction you are certifying that: a) The system has been setup to operate per state, local code and manufacturers requirements, including proprietary device settings and alarm functionality; and b) All components are accessible for maintenance per the "Onsite Sewage Systems Use, Monitoring & Maintenance Field Manual".

INSTALLER		
Print Name	Company	Contact Phone
DESIGNER		
Print Name	Contact Phone	Install Date
COMMENTS		
	Designer/Engineer Stamp	