

# OSS INSTALLATION RECORD DRAWING



**WAC 246-272A** requires a complete and detailed record drawing submitted to **both the Health Department and the OSS owner** upon completion of new construction, alteration, or repair of an OSS system. Local code requires the as-built to be submitted to the home owner and Klickitat County Health department within 30 days of completion. Measurements and directions must be accurate to  $\pm 1/2$  foot. The record drawing must include the location and dimensions of the reserve area. Initial settings for electrical or mechanical devices must be provided to the homeowner to operate the system.

**Property Owner:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Installer:** \_\_\_\_\_

**Installer Phone:** \_\_\_\_\_

**PLEASE INDICATE THE TYPE OF CONSTRUCTION**

**New System**

**Repair**

**Alteration**

**Date of Completion:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**SYSTEM SUMMARY**

**# of Bedrooms:** \_\_\_\_\_ **GPD:** \_\_\_\_\_

**Lateral Material:** \_\_\_\_\_

**Trench Depth:** \_\_\_\_\_ **Trench Width:** \_\_\_\_\_

**Total Linear Feet:** \_\_\_\_\_ **# of laterals:** \_\_\_\_\_

**Tank Capacity:** \_\_\_\_\_

**Tank Manufacturer:** \_\_\_\_\_

**PRESSURE OR DOSING SYSTEMS**

**# of orifices:** \_\_\_\_\_ **Size of orifices:** \_\_\_\_\_

**Pump Tank Capacity:** \_\_\_\_\_

**Provide well, building, property, and utility setbacks in the drawing below. Show length of all transport lines.**

**I certify that the information and drawing above, are true and accurate, and that the on-site sewage system was installed according to permit requirements.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_