For Office Use:

CASE #_____
Date _____Initial_____

AS BUILT RECORD DRAWING SHEET FOR PARCEL #_____

REQUIRED MEASUREMENTS/MARKINGS:

(1) Measurements and directions accurate to +/- 1/2 foot of the following parts of the Onsite Septic System (OSS):

   (a) All sewage tank openings and distribution box requiring access at finished grade;
   (b) The ends, and all changes in direction, of installed and found buried pipes and electrical cables that are part of the OSS; and
   (c) Any other OSS component
   (d) Size of tank(s) _____

(2) Location and dimensions of reserve area; (not required for repairs)

(3) Any modifications that do not meet the specifications contained in the design;

(4) Initial settings of electrical or mechanical devices that must be known to operate the system in the manner intended by the designer or installer.

(5) North direction arrow (labeled "N")

(6) Scale for drawing if ALL measurements are not included

(7) Pump Specifications_____

  Pump time on_____ Pump time off_____ Intended gallons/dose_____

Licensed Installer Signature   **Printed Name**   **Date**

Licensed Designer Signature   **Printed Name**   **Date**

THIS FORM MUST BE FILLED OUT AND AVAILABLE TO YHD INSPECTOR PRIOR TO OR AT THE TIME OF THE FINAL INSPECTION Permit is NOT final until both signatures are provided.
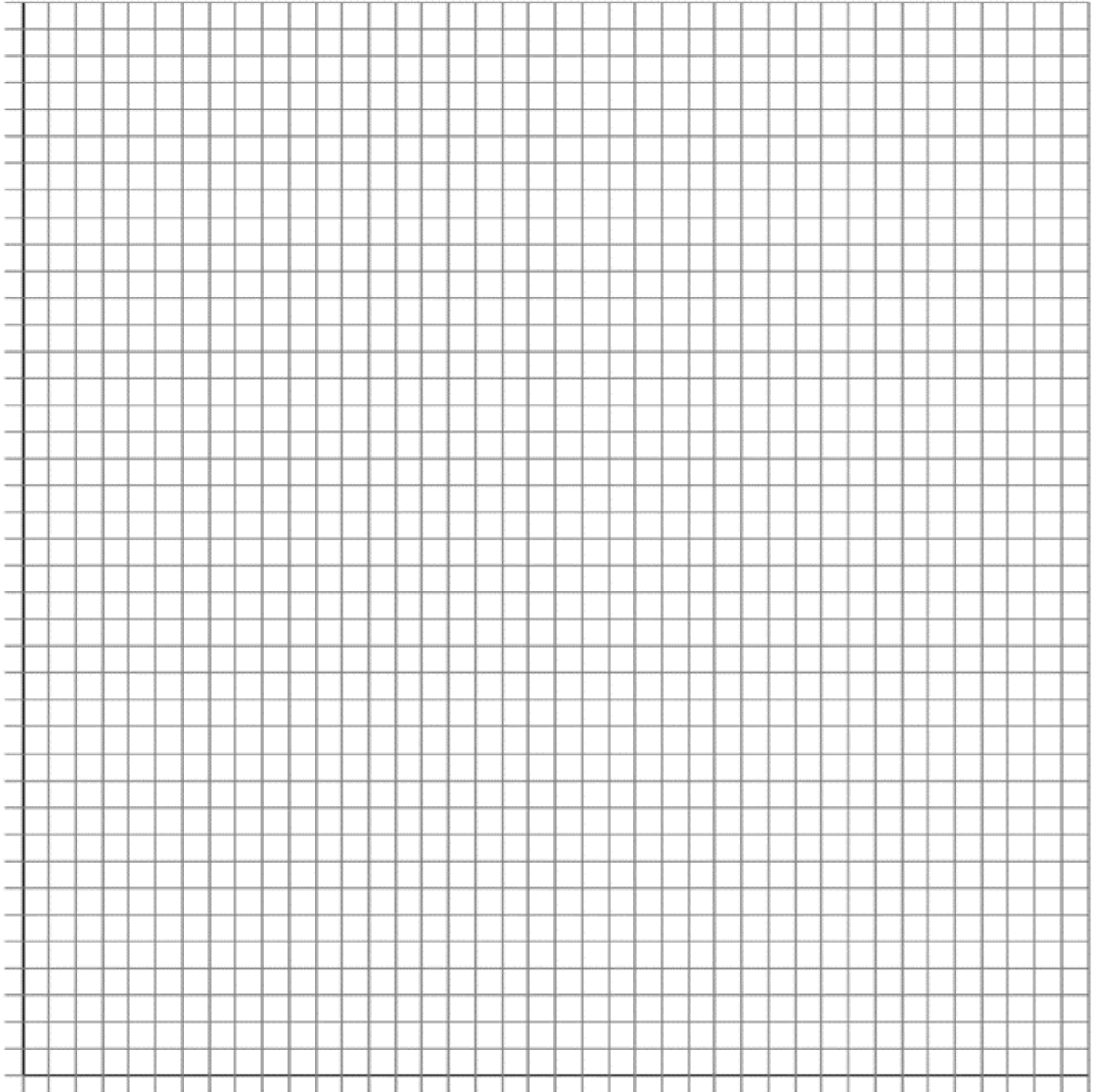
(Signature of this document indicates all equipment installed meets WAC 246-272A and matches all equipment and specification on the approved design submitted under this parcel number and subsequent case records). Anything modified or adjusted from the original design should be identified on the back of this form on the graph provided.

Yakima Health District
1210 Ahtanum Ridge Drive
Union Gap, Washington 98903
Phone (509) 249-6508
Fax (509) 575-7894
http://www.yakimahealthdistrict.org

AS BUILT RECORD DRAWING SHEET FOR PARCEL #_____

This must be accurate and readable