



**CLARK COUNTY PUBLIC HEALTH**

1601 E. Fourth Plain Blvd. ♦ PO Box 9825  
 Vancouver, WA 98666-8825  
 (360) 397-8428 ♦ Fax (360) 397-8084

*For Office Use Only*

**QUALITY CONTROL & ASSURANCE  
 DESIGNER/INSTALLER OSS CHECKLIST**

SITE ADDRESS: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

PERMIT ID#: \_\_\_\_\_ Permit Date: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_ OSS Type: \_\_\_\_\_

FINAL <input type="checkbox"/>	SITE AUDIT <input type="checkbox"/>	PAPER AUDIT <input type="checkbox"/>	Installer:		Designer:		CCPH:	
Line #	SEPTIC TANK & PUMP CHAMBER:	Initial	Date	Initial	Date	Initial	Date	
1	Septic tank leak-tested & passed, level							
2	Septic tank size per design							
3	Risers & lids secured to tank							
4	Baffles & outlet filter installed							
5	Poly tanks are WDOH Approved							
6	Pump chamber leak-tested & passed, level							
7	Riser visibility, gas & water tight							
8	Pump working per design spec.			or				
9	Check valve installed per plan							
10	Vacuum break installed per plan							
11	Float tree installed per plan <i>(pending RS &amp; Gs)</i>							
12	High water alarm operational <sup>1</sup>			or				
13	Pump model _____ (Spec., or equal)							
14	Control Panel _____							
15	Pump time setting (off) _____ min <sup>1</sup>			or				
16	Pump time setting (on) _____ min <sup>1</sup>			or				
17	Drawdown per dose _____ inch <sup>1</sup>			or				
18	Drawdown per dose _____ gal. <sup>1</sup>			or				
19	Float setting (high water) _____ inch <sup>1,2</sup>			or				
20	Float Setting (on/off) _____ inch <sup>1,2</sup>			or				
21	Float setting (redundant off) _____ inch <sup>1,2</sup>			or				
22	Bell sensor setting _____ inch <sup>1,2</sup>			or				

**DRAINFIELD & PD DRAINFIELD:**

23	Approved location per design						
24	Reserve area intact						
25	D-box level, drain pipe orifices @ 5 & 7 o'clock						
26	Trenches level +/- 1" installer used laser						
27	Maximum trench width per design						
28	Trench depth from original grade per plan						
29	Approved distance on center per plan						
30	Approved lateral # & length per plan						
31	Splash blocks as required						
32	Rock below pipe at adequate depth						
33	Geotextile covers entire trench (if gravel)						
34	Gravelless chamber per design						
35	Orifice size & spacing per design						
36	Monitoring ports secured						
37	Clean-outs accessible to final grade						
38	Check valves accessible from surface						
39	Total lateral length _____ ft.						
40	Squirt height & within spec. _____ in.						

SAND FILTER, SF PUMP VAULT:		Installer:		Designer:		CCPH:	
		Initial	Date	Initial	Date	Initial	Date
41	SF water tight & seamed per RS&G						
42	SF construction per design						
43	Gravel / rock clean & per RS&G						
44	Orifice size & spacing per design						
45	SF monitor ports per design						
46	Pump works per design						
47	Check valve per design						
48	Vacuum break installed						
49	Float tree installed per design (SF vault)						
50	High water alarm operational <sup>1</sup>			or			
51	Pump model _____						
52	Control Panel _____						
53	Drawdown per dose _____ inch <sup>1</sup>			or			
54	Float setting (high water) _____ inch <sup>1,2</sup>			or			
55	Float setting (on/off) _____ inch <sup>1,2</sup>			or			
56	Float setting (redundant off) _____ inch <sup>1,2</sup>			or			
57	Squirt height _____ inch						
58	Sand meets design spec., sieve receipts						

**SAND MOUND:**

59	Soil moisture appropriate						
60	Mound in approved location per design						
61	Mound dimensions per design spec.						
62	Basal area surface preparation to RS&Gs						
63	Gravel / rock clean & per RS&Gs						
64	Orifice size & spacing per design						
65	Monitor ports per design						
66	Clean-outs per design, with box						
67	Squirt height _____ inch <sup>1</sup>						
68	Sand meets design spec., sieve receipts						
69	Mound cover appropriate						

**ATU & COMPONENTS:**

70	ATU model is installed per design						
71	Disinfection unit installed & operational						
72	Sampling ports in place per design						

**GLENDON:**

73	Soil moisture appropriate						
74	Control panel complete and set to specs.						
75	Basal area surface prep per RS&Gs						
76	Top OB port at gravel / sand interface						
77	Sand slope stable, jute / seeding in place						
78	Start-up by cert. tech. / vessel level						

**SUBSURFACE DRIP:**

79	System flushing & zone dist. valve test						
80	Initial operating PSI _____			or			
81	Initial flow rate GPM _____			or			
82	Drip line installation depth _____ "						
83	Drip line spacing _____ '						
84	Air release valves @ highest elev. w/cover						
85	Drip line type matches design						

**GENERAL:**

86	Permit & Design on the site						
87	CCPH conditions on front of design/permit met						
88	Rock clean, round and correct size						
89	Trench bottom & sidewalls not muddy						
90	Water line 18" over waste lines & encased						
91	Waste lines encased under driveways						
92	Old tank legally abandoned						

<sup>1</sup>Designer or installer may initial #'s 12, 15-22, 50 & 53-56

<sup>2</sup>Setting measured from top of the concrete on tank to the float clamp on the float tree or bottom of the aquaworx bell sensor

**ATTEMPTED TO IDENTIFY WELL LOCATIONS**

Comments/Designer & \*\*CCPH Approved Non-Significant Modifications: \_\_\_\_\_

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\*\* (1)Reserve & Initial SSAS swap if same type of treatment & they are adjacent. (2) Tank, pump chamber, containment vessel relocate that does not affect dose or pump. (3) Gravelless chamber brand change (with appropriate length adjust of drain lines) (4) Drain rock for chambers + 40% length increase septic tank outlet baffle filter different from design specifications. NOTE: Significant modifications must be submitted and approved by CCPH.

----- **INSTALLER TO COMPLETE** -----

**GENERAL INFO:**

<b>BLDG. INFO:</b>	MOBILE HM _____ HOME _____	BEDROOMS _____	OTHER _____	GARBAGE DISPOSAL _____
<b>TYPE OF SYSTEM:</b>	CONV. _____	CAP _____	GRAVELLESS _____	LIFT PUMP _____
			PRESSURE DISTRIBUTION _____	
	PROPRIETARY _____	SANDMOUND _____	SANDFILTER _____	SANDLINED TRENCHES _____

**SYSTEM CAPACITIES:**

<b>MAX. DAILY FLOW</b> _____ (GPD)	<b>PRIMARY DWELLING</b> _____ (GPD)	<b>OTHER DWELLING</b> _____ (GPD)
<b>SEPTIC TANK:</b>	VOLUME: _____	MANUFACTURER: _____
		MODEL#: _____
<b>PUMP CHAMBER:</b>	VOLUME: _____	MANUFACTURER: _____
		MODEL#: _____
<b>PUMP INFO:</b>	MANUFACTURER: _____	MODEL#: _____
		HP: _____ VOLTS: _____

**HIGH MAINTENANCE COMPONENTS:**

<b>EFFLUENT FILTER:</b>	MANUFACTURER: _____	MODEL#: _____	LOCATION: _____
<b>DISINFECTION UNIT:</b>	MANUFACTURER: _____	MODEL#: _____	LOCATION: _____

**ELECTRONIC CONTROLS:**

<b>CONTROL PANEL:</b>	MANUFACTURER: _____	MODEL# _____	TYPE: _____
HR METER?: ( Y / N ) COUNTER?: ( Y / N ) ALARM OVERRIDE OFF?: ( Y / N ) TELEMETRY DEVICE?: ( Y / N )			

**DRAINFIELD TYPE & SPECIFICATIONS:**

<b>GRAVITY:</b> _____	<b>PRESSURE:</b> _____	<b>DRIP:</b> _____	<b>TRENCH WIDTH:</b> _____	<b>TRENCH DEPTH:</b> _____	<b>DIS. ON CENTER</b> _____
<b>ORIFICE INFO:</b>	ORIFICE SIZE: _____	ORIFICE #: _____	LATERAL #: _____		

**SETBACKS:**

<b>SEPTIC TANKS TO WELLS:</b> _____	<b>TO SURFACE WATER:</b> _____	<b>TO FOUNDATION:</b> _____	<b>TO D-BOX:</b> _____
<b>PUMP CHAMBER TO WELLS:</b> _____	<b>TO SURFACE WATER:</b> _____	<b>TO FOUNDATION:</b> _____	<b>TO D-BOX:</b> _____
<b>DRAINFIELD TO WELLS:</b> _____	<b>TO SURFACE WATER:</b> _____	<b>TO FOUNDATION:</b> _____	<b>TO D-BOX:</b> _____

I certify by initialing the applicable boxes that this OSS system has been installed according to the approved design and meets CCC 24.17, WAC 246-272A and applicable RS&Gs governing on-site wastewater treatment systems:

CCPH Approved Installer: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

Designer: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_



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## PLOT PLAN

OSS TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ID# \_\_\_\_\_  
 PROPERTY ADDRESS / LOCATION : \_\_\_\_\_  
 PERMIT ISSUED TO: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 DESIGNER'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 DESIGNER'S ADDRESS: \_\_\_\_\_  
 INSTALLER'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 INSTALLER'S ADDRESS: \_\_\_\_\_

Note: This is a permanent record. Please use a straight edge to prepare an accurate detailed drawing of the constructed OSS system, drawn to scale.

OR locations triangulated, including the following required information:

- Location of all roads/driveways.
- Triangulate the location in feet and inches of all septic / pump tank lids and distribution boxes unless risers are installed to the surface and noted on the as-built. Please use a sidebar box instead of drawing lines through the OSS. Label 2 permanent points as A and B.
- Triangulate both ends of all drainfield laterals unless observation ports are installed to the surface at both ends of each lateral.
- Show all surface water features, wells, buildings, waterlines, curtain drains, roof infiltration systems, etc. and their distances to the OSS. Identify the Reserve Area and 100% area with length and width dimensions.

OR a to-scale designer CAD drawing, including the above required information.



**(Designer Stamp Required)**

INSTALLER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 FINAL INSPECTION BY DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 -OR-  
 FINAL INSPECTION BY CCPH: \_\_\_\_\_ DATE: \_\_\_\_\_