



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

PROPERTY OWNER: _____

PERMIT ID#: _____

SITE ADDRESS: _____

CITY/ZIP: _____

DESIGNER: _____

PH #: _____

INSTALLER: _____

PH #: _____

FINAL <input type="checkbox"/>	SITE AUDIT <input type="checkbox"/>	PAPER AUDIT <input type="checkbox"/>	Installer:		Designer:		CCPH:	
Line #	TANKS, PUMP CHAMBERS AND VAULTS:	Initial	Date	Initial	Date	Initial	Date	
1	Level in all directions, leak-tested and passed							
2	Sized per design							
3	Riser/lids secured to tank, appear water/gas tight							
4	Baffle(s)/outlet filter with handle as required							
5	Check valve(s) / vacuum break(s) - as required							
6	Control panel operational (no timer over-ride)							
7	Elapsed time meter/dose counter if not H ₂ O metered							
8	Pump(s)/alarm(s) working per design spec.							
9	Electrical hard-wired prior to designer inspection							
10	Pump and alarm on separate circuits (tested)							

DISPOSAL COMPONENT (ALL TYPES)

11	Approved location per design/reserve area intact							
12	Monitoring ports installed and secured							
13	Check valves accessible from surface							
14	Trench and/or ground interface not smeared							
15	Pipes flushed (if pressurized)							
16	Cover soil per design (or will be)							
17	Orifice (or emitter) size & spacing per design							
18	Cleanouts accessible to grade (w/ valve box)							
19	Splash blocks / caps as required							

DRAINFIELD (ALL TRENCH/BED/DRIP)

20	D-box level							
21	Trenches level +/- 1/2". Installer verified w/ laser.							
22	Gravelless panel / drip tube type per design							
23	Trench depth, width and OC per plan							
24	Approved lateral/tube # & length per plan							

ABOVE GROUND SYSTEMS

25	Soil moisture checked and okay							
26	Ground prep per specifications							

SAND SYSTEMS

27	SM or SF dimensions per design							
28	Sand meets design sieve specifications							
29	SF liner water tight & seamed per RS&G							
30	SF construction per design							

PROPRIETARY SYSTEMS

31	Operating per manufacture specifications							
32	Disinfection system operational							
33	Effluent sampling port installed							

GLENDON

34	Vessels set within 1/2" of level							
35	Timer set per manufacturer specifications							
36	Jute net and seeding (or will be)							

SUBSURFACE DRIP

37	Flush mechanism operational							
38	Air relief valve(s) at high point(s)							

PERMIT ID#: _____

GENERAL	Installer:		Designer:		CCPH:	
	Initial	Date	Initial	Date	Initial	Date
39	Trench bottom & sidewalls not smeared					
40	Permit and approved design on site					
41	Pipes bedded (or will be w/ backfill)					
42	Gravel / rock clean & per RS&Gs, Geotextile					
43	Old tank(s) legally abandoned (or will be w/ backfill)					
44	Pipes encased under driveways					
45	Water/sewer pipe crossing mitigations met					
46	CCPH conditions on front of design met					

..... INSTALLER TO COMPLETE, DESIGNER TO VERIFY

GENERAL INFO: (check all that apply)

BLDG. INFO: RESIDENTIAL _____ COMMERCIAL _____ BEDROOMS(list) _____ OTHER(list) _____

TYPE OF SYSTEM: GRAVITY _____ PUMP TO GRAVITY _____ PRESSURE DISTRIBUTION _____ SAND FILTER _____ SAND MOUND _____

GRAVELESS _____ SANDLINED TRENCH/BED _____ DRIP _____ PROPRIETARY(list) _____

SYSTEM COMPONENTS:

SEPTIC TANK: VOLUME: _____ MANUFACTURER: _____ MODEL#: _____

PUMP CHAMBER: VOLUME: _____ MANUFACTURER: _____ MODEL#: _____

CHAMBERS OR DRIP TUBE: MANUFACTURER: _____ MODEL#: _____ TOTAL LENGTH: _____

EFFLUENT FILTER: MANUFACTURER: _____ MODEL#: _____ LOCATION: _____

DISINFECTION: MANUFACTURER: _____ MODEL#: _____ LOCATION: _____

PUMP INFO: MANUFACTURER: _____ MODEL#: _____ HP: _____ VOLTS: _____

CONTROL PANEL: MANUFACTURER: _____ MODEL#: _____ HR METER: (Y / N) COUNTER?: (Y / N)

SPECIFICATIONS:

MAX. DAILY FLOW _____ (GPD) ORIFICE SIZE: _____ TOTAL ORIFICE #: _____ PUMP FLOW: _____ (GPM) SQT HT: _____

TRENCH WIDTH: _____ TRENCH DEPTH: _____ ON CENTER: _____ TIMER "ON": _____ min (F) _____ (G or H) TIMER "OFF": _____ hrs (I)

DOSE DRAWDOWN: _____ IN = _____ GAL (E) DOSES/DAY: _____ HIGH WATER ALARM FLOAT*: _____ ON/OFF FLOAT*: _____

*Setting measured in inches from top of the concrete on tank to the float clamp on the float tree or bottom of the Aquaworx bell sensor

SETBACKS (list distance):

TANKS TO: WELLS*: _____ SURFACE WATER: _____

DISPOSAL TO: WELLS*: _____ SURFACE WATER: _____

ATTEMPTED TO IDENTIFY ALL WELLS WITHIN 150'

TIMER SETTING HELP CENTER:

A = Inches drawdown during pump run test	A ÷ B = _____ = C
B = Duration of pump run test (Recommend 2 min)	C X D = _____ = GPM
C = Calculated inches of drawdown per minute	E ÷ GPM = _____ = (F . G)
D = Pump chamber gallons/inch. See design.	G X 60 = _____ = H
E = Required dose size (gallons). See design.	
F = Timer "ON" min	"ON" TIME:
G = Timer "ON" 1/10 min	- Use (F . G) for dial timers
H = Timer "ON" seconds	- Use (F : H) for other timers
I = Timer "OFF" time	"OFF" TIME: (per design)
	- I = 24hr ÷ # doses per day

COMMENTS**:

** Note all non-significant changes including: (1) Reserve & Initial SSAS swap (if same type of treatment & adjacent). (2) Tank or treatment vessel relocate that does not affect dose or pump requirements. (3) Gravelless chamber brand change (with appropriate length adjust). (4) Drainrock for chambers with 40% length increase. (5) Septic tank outlet baffle filter different from design. NOTE: "Significant" changes must be submitted to and approved by CCPH.

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 systems as required by the approved design

Final Inspection by Certified Installer: _____ Date: _____

Final Inspection by Designer: _____ Date: _____

Final Inspection by CCPH: _____ Date: _____



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RECORD DRAWING

DATE: _____

PERMIT ID# _____

OSS TYPE: _____

PROPERTY ADDRESS / LOCATION: _____

PERMIT ISSUED TO: _____ PHONE# _____

DESIGNER'S NAME: _____ PHONE# _____

INSTALLER'S NAME: _____ PHONE# _____

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: _____