

AS-BUILT FORM

POLK COUNTY ENVIRONMENTAL HEALTH

850 MAIN STREET DALLAS, OR 97338

PHONE: (503)623-9237 EMAIL: environmentalhealth@co.polk.or.us

Permit #: _____ T _____ R _____ S _____ TL _____ Owner: _____	
Site Address: _____ Date: _____	
Constructed By: <input type="checkbox"/> Property Owner; or <input type="checkbox"/> Licensed D.E.Q Installer	
SYSTEM MATERIALS AND SPECIFICATIONS	
Tank	Septic Tank: _____ gal. Manufacturer: _____ <input type="checkbox"/> Concrete / <input type="checkbox"/> Poly Dosing Septic Tank: _____ gal. Manufacturer: _____ <input type="checkbox"/> Concrete / <input type="checkbox"/> Poly (Two Compartment) <input type="checkbox"/> Flow-Thru or <input type="checkbox"/> Baffled (up & over sanitary tee) Dosing Tank: _____ gal. Manufacturer: _____ <input type="checkbox"/> Concrete / <input type="checkbox"/> Poly Effluent Filter # of: _____ Manufacturer: _____ Model #: _____
Effluent Sewer	Effluent Sewer Pipe ASTM #: _____ Material _____ Diameter: _____ in. (Gravity or pressurized) Tracer Wire (Min. 18 gauge, Green): _____ ft.
Pumps	Pump Model #: _____ Manufacturer: _____ Gallons per cycle: _____ Control Box: Make & Model _____
Drainfield	<input type="checkbox"/> Drop Boxes # of: _____ Manufacturer: _____ <input type="checkbox"/> Concrete / <input type="checkbox"/> Poly <input type="checkbox"/> Distribution Boxes # of: _____ Manufacturer: _____ <input type="checkbox"/> Concrete / <input type="checkbox"/> Poly Header Pipe ASTM #: _____ Diameter: _____ in. Total Linear Feet: _____ ft. Trench Depth: Minimum: _____ in. Maximum: _____ in. <input type="checkbox"/> EZ Flow: Model _____ <input type="checkbox"/> Chambers: Type _____ <input type="checkbox"/> Rock and Pipe: Perf Pipe ASTM #: _____ Material: _____ Diameter: _____ in. Total Rock Depth _____ in. Under Pipe: _____ in. Above Pipe: _____ in.
Add. Info	Capping Fill Depth: _____ in. Curtain Drain or Ground Water Interceptor Depth _____ ft. <input type="checkbox"/> Hydrosplitter <input type="checkbox"/> Gravelless <input type="checkbox"/> Seepage Trenches <input type="checkbox"/> Other: _____ ATT Unit Manufacturer: _____ Make/Model: _____ *Attach an additional sheet for components and materials not listed above.

ATTACH AS-BUILT DRAWING OF ACTUAL SYSTEM AS CONSTRUCTED

Show at LEAST the following: North arrow, all system major components, proposed & existing adjacent structures/driveways/utility lines, future replacement area(s) as shown on approved plot plan, and lengths of drainlines & effluent transport sewers. Show distances between system components and to wells, structures/driveways/utility lines, and nearest property lines & bodies of waters-- if within 150' of initial and reserve system areas. Note existing septic system components such as tanks, drainfields, etc. as "existing". (SEE BACKSIDE OF FORM)

I hereby certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and rules regulating the construction of onsite sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Name: _____ PRINT _____ SIGNATURE _____ DATE SIGNED _____

DEQ INSTALLER COMPLETE THIS SECTION:

Business Name (Please Print): _____ DEQ License #: _____

DEQ certification # of Signee: _____

AS-BUILT DRAWING

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