CLARK COUNTY PUBLIC HEALTH
1601 E. Fourth Plain Blvd. ♦ PO Box 9825
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(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 ☐ SITE AUDIT ☐ PAPER AUDIT ☐

		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_2O 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	Cleanouts, valve box and end sweeps present						
15	Pipes flushed (if pressurized)						
16	Cover soil per design						
17	Splash blocks / caps as required						
	DRAINFIELD (ALL TRENCH/BED/DRIP)						
18	D-box level						
19	Trenches level +/- 1/2". Installer verified w/ laser.						
20	Gravelless panel / drip tube type per design						
21	Trench depth, width and OC per plan						
22	Approved lateral/tube # & length per plan						
	ABOVE GROUND SYSTEMS						
23	Soil moisture checked and okay						
24	Ground prep per specifications						
	SAND SYSTEMS						
25	SM or SF dimensions per design (H, W & L match)						
26	Sand Cards provided, meets design/required sieve						
27	SF liner water tight & seamed per RS&G						
	PROPRIETARY SYSTEMS						
28	Operating per manufacture specifications						
29	Disinfection system operational						
30	Effluent sampling port installed						
	GLENDON						
31	Jute net and seeding						
32	Vessels set within ½" of level						
33	Timer set per manufacturer specifications						
	SUBSURFACE DRIP						
34	Flush mechanism operational						
35	Air relief valve(s) at high point(s)						

	PERMIT ID#: _____	Installer:		Designer:		CCPH:	
	GENERAL	**Initial**	**Date**	**Initial**	**Date**	**Initial**	**Date**
36	Trench bottom & sidewalls not smeared						
37	Old tank(s) legally abandoned						
38	Pipes bedded (or will be w/ backfill)						
39	Gravel / rock clean & per RS&Gs, Geotextile						
40	Permit and approved design on site						
41	Pipes encased under driveways						
42	Water/sewer pipe crossing mitigations met						
43	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_____ S AND 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*:_____ (and works as intended) ON/OFF FLOAT*:_____ (and works as intended)

***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

B = Duration of pump run test (Recommend 2 min)

C = Calculated inches of drawdown per minute

D = Pump chamber gallons/inch. See design.

E = Required dose size (gallons). See design.

F = Timer "ON" min

G = Timer "ON" 1/10 min

H = Timer "ON" seconds

I = Timer "OFF" time

A ÷ B = _____ = C

C X D = _____ = GPM

E ÷ GPM = __ . ____ = (F . G)

G X 60 = : _____ = H

A = _____

B = _____

D = _____

E = _____

"ON" TIME:

- Use (F . G) for dial timers
- Use (F : H) for other timers

"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: _____

OSS TYPE:_____ **PERMIT ID#**_____

PROPERTY ADDRESS / LOCATION: _____

PERMIT ISSUED TO:_____ **PHONE#**_____

DESIGNER'S NAME:_____ **PHONE#**_____

INSTALLER'S NAME:_____ **PHONE#**_____

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

<u>OR</u> 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.**

<u>OR</u> 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:**_____