

On-Site Sewage System (OSS) As-Built

Pretreatment Type: SF ATU _____ Other _____
Product Name

Dispersal Type: Gravity LPD SSD Mound SLB Other _____

Property Tax Account #:		Lot #:	Sec:	Twp:	Rg:
Permit #:	# of Bedrooms:	Operating Capacity:	gal/day	Design Flow:	gal/day
Address of Property:			City:		
Legal Description/Plat Name:			Check box if this is: <input type="checkbox"/> Repair <input type="checkbox"/> Revised As-Built for Construction Clearance		
Owner Name:		Email:			
Address:		City:	State:	Zip:	
Designer Name:			Phone:		
Address:		City:	State:	Zip:	
Email:					
Installer Name:			Phone:		
Address:		City:	State:	Zip:	
Email:					

I hereby certify the accompanying documentation is an accurate representation of the system installed at the above referenced property. I also certify all requirements listed on the approved *Application For An On-Site Sewage System Permit* dated _____ have been complied with.

 Signature of Designer or PE License # Date

FOR HEALTH DISTRICT USE ONLY

ACCEPTED NOT ACCEPTED DATE _____

Signature of Sanitarian _____

Comments _____

ATTENTION HOME OWNER

It is the homeowner's responsibility to insure the on-site sewage system is properly operated and maintained, per the Rules and Regulations of the State Board of Health governing On-site Sewage Systems (WAC 246-272A).

Visit our website for more information: <https://www.snohd.org/157/Septic>

