

**PARCEL IDENTIFICATION**

Permit Number _____	Assessor's Parcel #: _____
Applicant's Name _____	Designer/Engineer: _____
Project Address _____	Installer: _____

**INSTALLER CHECKLIST**

	N/A or No	Yes
<b>I. SEPTIC TANK</b>	<input type="radio"/>	<input type="radio"/>
>5 ft. from foundation?	<input type="radio"/>	<input type="radio"/>
>50 ft. from all wells?	<input type="radio"/>	<input type="radio"/>
>50 ft. from surface water?	<input type="radio"/>	<input type="radio"/>
Clean out at building?	<input type="radio"/>	<input type="radio"/>
Risers installed for tank access?	<input type="radio"/>	<input type="radio"/>
Effluent filter installed?	<input type="radio"/>	<input type="radio"/>
Tank water tested or sealed for water-tightness?	<input type="radio"/>	<input type="radio"/>
<b>(Tank guaranteed watertight to invert of outlet)</b>		
Tank size: _____ gallons    Manufacture: _____		
<b>II. DRAINFIELD</b>		
>10 ft. from foundation?	<input type="radio"/>	<input type="radio"/>
>5 ft. from property lines and easement lines?	<input type="radio"/>	<input type="radio"/>
>100 ft. from all wells?	<input type="radio"/>	<input type="radio"/>
>10 ft. from potable water lines?	<input type="radio"/>	<input type="radio"/>
Laterals level to +/- 1 inch?	<input type="radio"/>	<input type="radio"/>
Gravel clean, properly sized, and proper depth?	<input type="radio"/>	<input type="radio"/>
Gravel / gravelless chamber / EZ flow / subsurface drip line / other utilized? <i>(circle one)</i>		
<b>Pressure Systems</b>		
ASTM C-33 sand quality within DOH specifications? (attach sieve analysis from supplier)	<input type="radio"/>	<input type="radio"/>
Head height uniform +/- 15%?	<input type="radio"/>	<input type="radio"/>
Clean outs and observation ports installed?	<input type="radio"/>	<input type="radio"/>
Orifices sized and spaced per design?	<input type="radio"/>	<input type="radio"/>
Actual head height: _____ feet / inches		
<b>III. PUMP/PUMP CHAMBER</b>		
Riser installed for access?	<input type="radio"/>	<input type="radio"/>
Alarm floats tested and float heights set per design?	<input type="radio"/>	<input type="radio"/>
Tank water tested or sealed for water-tightness?	<input type="radio"/>	<input type="radio"/>
Pump make: _____ Pump model: _____		
Chamber size: _____ gal.    Manufacture: _____		
Pump chamber draw-down: _____ inches in 2 min (120 seconds) within +/- 1/4 inch.		
Chamber gallons per inch (from manufacture): _____		
Pump controls installed and settings programmed? (If not installed, see Certification next page).		
If Yes, Pump On: _____ min/sec.    Pump Off: _____ hrs.		

**IV. NOTES/COMMENTS**

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**RECORD DRAWING (accurate to +/- 1/2 foot)**

**CHECKLIST (use 100' tape measure)**

- Drainfield (DF) & manifold orientation & layout
- Trench/bed dimensions and critical distances within layout
- Septic/pump tank placement
- Location of buildings/property lines in relationship to the tank(s)/DF
- Observation ports & clean-out location
- Location of all wells & roads/driveways
- Undisturbed native soil between trenches/beds
- North arrow
- 100% Reserve area if new construction or expansion

**CAUTION:** Minor adjustments to septic tank location and drainfield orientation made in the field by the installer are generally acceptable to both the Health Department and the designer, but could in certain cases compromise the viability of the system. It is the installer's responsibility to obtain **prior written approval** from either the Health Department or the designer before making any deviations from the design that may affect the system viability. Any deviations from the approved design must be shown above.

**CERTIFICATION OF INSTALLATION**

Installer: Check the appropriate box from Row "A" and/or "B", sign and date the Certification

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|---|--|
| <p><b>A.</b> <input type="radio"/> I certify that I installed the system without any deviation from the design stamped "APPROVED" by Chelan-Douglas Health District (CDHD)</p> <p><b>B.</b> <input type="radio"/> For a pressurized system, I certify that the designed control panel is installed, tested, and correctly programmed.</p> | <p><input type="radio"/> I certify that all the deviations from the design stamped "APPROVED" by Chelan-Douglas Health District (CDHD) are shown above.</p> <p><input type="radio"/> For a pressurized system, the control panel was not installed. I have informed the owner that I will ensure the specified panel will be installed, tested, and correctly programmed. <b>I will inform CDHD in writing when completed.</b></p> |
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I further certify that all information contained on this form is accurate. I understand that if the information contained herein is not accurate, there will be just cause for immediate suspension of my installers license and/or fines.

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Signature of Installer      Date