



# ASOTIN COUNTY PUBLIC HEALTH DISTRICT

102 FIRST ST / PO BOX 306 ASOTIN, WA 99402  
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OFFICIAL USE ONLY
Rec'd Date:
Rec'd By:
Scan'd Date:
Scan'd To:
Scan'd By:

## CERTIFIED AS-BUILT (RECORD DRAWING)

New Installation  
  Replacement System  
  Modification/Minor Repair  
  Tank Replacement

PHYSICAL ADDRESS		PROPERTY OWNER		PARCEL NUMBER		
DAILY FLOW (GPD)	# BEDS	SOIL TYPE	LINEAL FEET	TANK SIZE	COMPARTMENTS	PUMP YES / NO

As per signed ON-SITE SEWAGE DESIGN AND PERMIT APPLICATION, upon completion of the new construction, alteration or repair of the OSS, a complete and detailed As-Built (Record Drawing) shall be submitted at the time of the final inspection BEFORE tank is covered.

Measurements and directions must be accurate to +/- 1/2 foot, to assure parts of the OSS can be easily located.

**DRAWING MUST INCLUDE:** 1) Drainfield orientation, location, and dimensions; 2) Tank location and access lids; 3) All other applicable component locations (distribution box, pumps, etc.); 4) Reserve area location and dimensions

N

Scale \_\_\_\_\_

**Y N NA**

- Materials and equipment used in this system meet the specifications contained in the design as verified by ACHD and installer or designer
- Initial settings of electrical or mechanical devices that must be known to operate the system in a manner intended by the designer or installer have been provided to ACHD and homeowner
- For proprietary products, manufacturer's standard product literature, including performance specifications and maintenance recommendations needed for operation, monitoring, maintenance or repair of the OSS have been provided to ACHD and homeowner

**I HEREBY CERTIFY THAT the above drawing is a complete and accurate diagram of the OSS installed.**

\_\_\_\_\_  
 Installer Name

\_\_\_\_\_  
 Installer Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 ACHD E.H. Specialist

\_\_\_\_\_  
 ACHD E.H. Signature

\_\_\_\_\_  
 Date