YAMHILL COUNTY RECORD OF SEWAGE DISPOSAL SYSTEM *To Be Completed By Installer:*

PERMIT ISSUED TO: Owner_____ Installer's Name_____ DEQ License#_____
Site Address:_____ Permit Number _____ Tax Lot # _____

TOTAL NUMBER: Living Units _____ Bedrooms_____ **Basement:** [ ] Yes [ ] No Water Supply: [ ] Well [ ] Community [ ] Spring

SEPTIC TANK: Distance from well to tank _____ft. Length of Effluent Sewer Line_____ ft. ASTM# on Effluent Pipe _____
Diameter of Effluent Pipe _____Tank Volume_____ gal. Tank Manufacturer _____
Dosing Tank [ ] Manufacturer _____Volume_____ gal.

PUMP SYSTEM: Pump Manufacturer_____ Pump Model# _____Gallons per cycle____Control Box: Make & Model _____
DRAINFIELD: Total Linear Feet _____ ft. Number of D Boxes_____ Concrete [ ] Poly [ ] Header Pipe (ASTM#) _____
Pressurized Drainline: [ ] Type_____ Orifice Spacing _____ Pipe Diameter _____ in.
Type of Drainline [ ]Rock & Pipe [ ]Chamber [ ]Easy flow
Total Rock Depth _____in. Beneath Drain Line _____in. Above Drain Line_____in.
Chamber Info: [ ] Bio Diffuser [ ] Infiltrator # of Chambers [ ]
Easy flow info: [ ] Model 1201Single Cylinder (attach warranty card) [ ] Model 1202p Double Cylinder - # of Chambers [ ]

XTRA INFO: Capping Fill Depth_____in. Curtain Drain or Ground Water Interceptor Depth_____ ft. Length_____ ft.
Effluent Filter Make & Model_____
ATT Unit Manufacturer_____Make & Model_____

N ⇑

SKETCH OF ACTUAL SYSTEM AS CONSTRUCTED

The installer has tested septic tank and determined compliance with current DEQ water tightness requirements [OAR 340-73-025(3)] ☐ Yes ☐ No
I certify construction was in accordance with the permit and rules of the commission. ☐ Yes ☐ No

APPROVED ☐
DISAPPROVED ☐

SIGNATURE OF INSTALLER **DATE**

SIGNATURE OF SANITARIAN **DATE**

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WHITE COPY - County *CANARY COPY - Homeowner* *PINK COPY - Installer*