

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

PERMIT ISSUED TO: Property Owner: _____ Permit Number: _____

Installer's Name/Company: _____ DEQ License#: _____

Site Address: _____

Tax Lot#: _____ Lot Size: _____ Water Supply: [] Well [] Community [] Spring [] Other

TOTAL NUMBER: Living Units _____ Bedrooms _____ Basement: [] Yes [] No

SEPTIC TANK: Distance from well to tank: _____ ft. Length of Effluent Sewer Line: _____ ft.

ASTM# on Effluent Pipe: _____ Diameter of Effluent Pipe: _____

Tank Manufacturer: _____ Tank Volume: _____ gal.

Dosing Tank [] Manufacturer: _____ Tank 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 [] Other _____

Total Rock Depth _____ in. Beneath Drain Line _____ in. Above Drain Line _____ in.

Chamber Info: [] Bio Diffuser [] Infiltrator # of Chambers []

Easy flow info: [] Model 1201 Single Cylinder

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: _____

ATTACH 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