



Benton County Health Services
Environmental Health Division
4077 SW Research Way
P.O. Box 3020
Corvallis, OR 97339-3020

INSTALLER'S PACKET

Property owner: Please make sure that your installer receives this complete packet including this cover sheet. These materials are required for your installer to have at the construction site and will help to ensure that your on-site sewage disposal system is installed to code.

The packet should contain the following minimum materials:

- Written permit specifications
- Permit plot plan
- As-built diagram & materials list
- _____
- _____
- _____



AS BUILT DIAGRAM & MATERIALS LIST

Permit # 138 - _____ Permit type: _____

Owner name: _____ Map/tax lot: T _____ R _____ S _____ TL _____

Site address: _____

A pre-cover inspection will NOT be scheduled until this Materials List & As-Built Drawing are submitted to Benton County Health Services Environmental Health Division.

SEPTIC TANK: Willamette Graystone Hanks Concrete Other: _____ Tank size: _____ gallons

- Water tightness tested after placement. **REQUIRED.**
- Riser (watertight) _____ inches to ground surface. **REQUIRED.**
- Tracer wire, green 18 gauge or larger. From clean out, to and over septic tank, to first D-box. **REQUIRED.**
- Effluent filter manufacturer (mfg.) _____
- Anti-buoyancy provided as per mfg. specifications
- Influent sewer pipe: length _____ diameter (dia.) _____ ASTM _____ material _____
- Effluent sewer pipe: length _____ dia. _____ ASTM _____ material _____

PUMP INSTALLATION RECORD (If applicable). **Water tightness especially critical.**

- Mfg. & model # _____ Pump installer _____
- Pump and float switches installed and operational. Gallons/dose _____
 - Audible-visual alarm installed and operational. Location _____
 - Pressure transport pipe: length _____ dia. _____ ASTM _____ material _____ PSI _____

DISPOSAL SYSTEM

- Type:** Standard Sapolite Capping fill Sand filter Pressure distribution ATT/type _____
- Seepage trench Steep slope Tank only Other _____
 - Total lineal feet of disposal line: _____ depth: from _____ to _____
 - Curtain drain: depth of trench _____ depth of gravel _____ media type _____ outlet location _____
- Distribution:** Equal Serial Hydro-splitter Pressure Other _____
- Drop box: mfg. _____ material _____
 - Distribution box: mfg. _____ material _____
 - Hydro-splitter mfg./supplier. *Show which disposal line is attached to which manifold of the hydro-splitter in your drawing of the system.*
- Media:** Gravel Infiltrator EZ-flow ADS bio-diffuser Other _____
- If gravel was used: total depth _____ depth below pipe _____ supplier _____
 - Pressure distribution (lateral piping): dia. _____ PSI _____ orifice dia. _____ orifice spacing _____

Installer comments: _____

*I understand that I am responsible for the satisfactory completion of all required testing, corrections and final cover of the system within 30 days of completion. I certify that construction described above complies with the requirements of Oregon Administrative Rules Chapter 340 and the permit issued by **BENTON COUNTY ENVIRONMENTAL HEALTH.***

Installer name (printed): _____ DEQ license # _____

Installer signature: _____ Date _____ Phone number(s) _____



AS BUILT DIAGRAM & MATERIALS LIST

Permit # 138 - _____ Permit type: _____

Owner Name: _____ Map/tax lot: T _____ R _____ S _____ TL _____

Site address: _____

INSTALLER'S name (please print) _____ DEQ license # _____

INSTALLER'S signature _____ Date _____

Drawing should include the following: *(see attached example drawings)*

- 1) Two measurements to the septic tank riser from known reference points *(i.e. house corners)*.
- 2) Please design your drawings to a 1"= 50' scale, or specify 1"= x feet in increments of 10' (up to 60' maximum).
- 3) Two measurements to the first D-box from known reference points.
- 4) Well location and any relevant setbacks.
- 5) Length of each line.
- 6) North arrow.
- 7) Distance between lines.

***** DO NOT WRITE BELOW THIS LINE (for department use only) *****

Tank location: Latitude: 44. _____ Longitude: - 123. _____

Well location: Latitude: 44. _____ Longitude: - 123. _____

Comments _____

Environmental Health Specialist _____ Field inspection date _____



AS BUILT DIAGRAM & MATERIALS LIST

Permit # 138- _____ Permit Type: _____

Owner Name: _____ Map/Tax lot: T _____ R _____ S _____ TL _____

Site address: _____

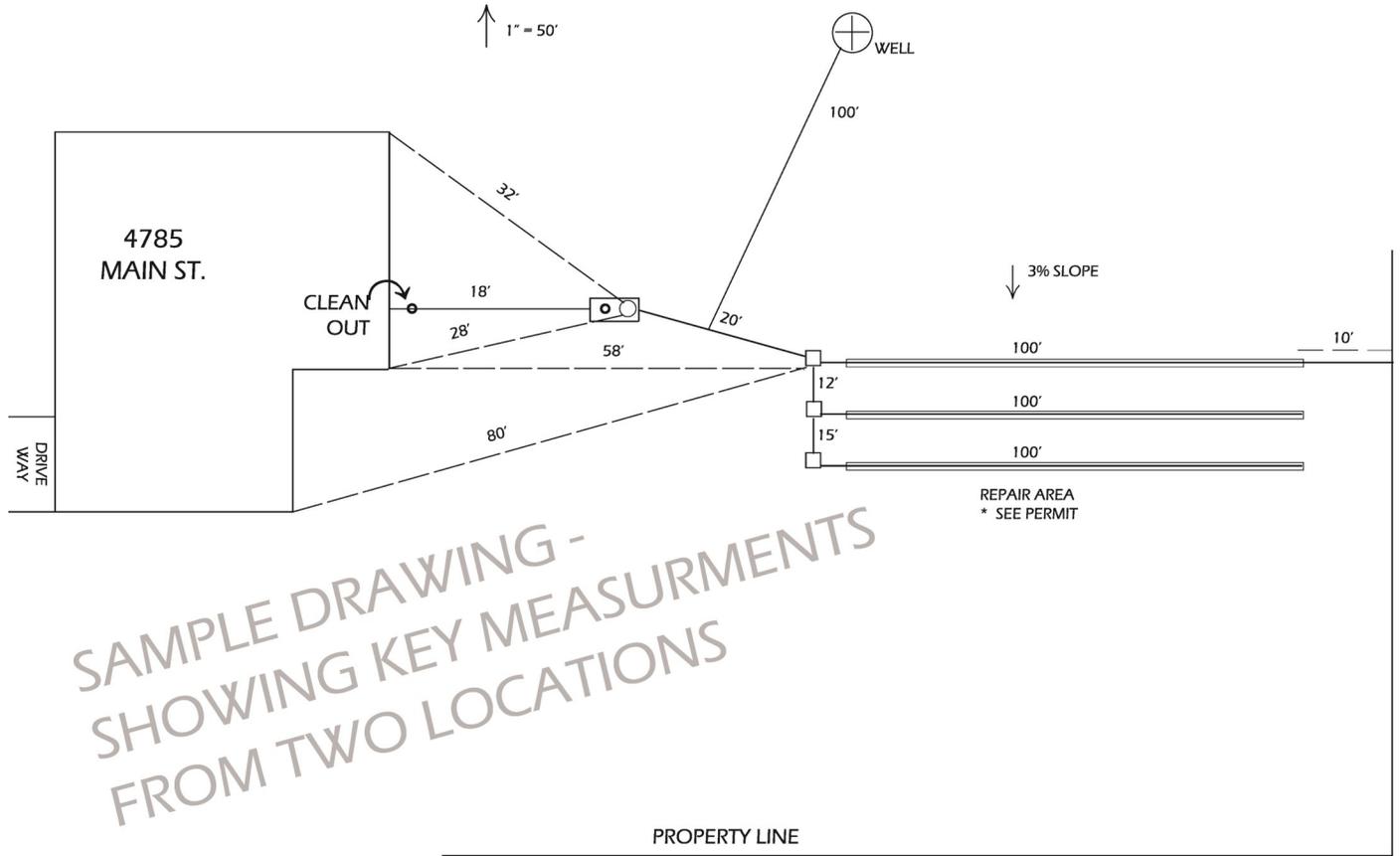
INSTALLER'S name (please print) _____ DEQ license # _____

INSTALLER'S signature _____ Date _____

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SAMPLE



SAMPLE DRAWING -
 SHOWING KEY MEASUREMENTS
 FROM TWO LOCATIONS

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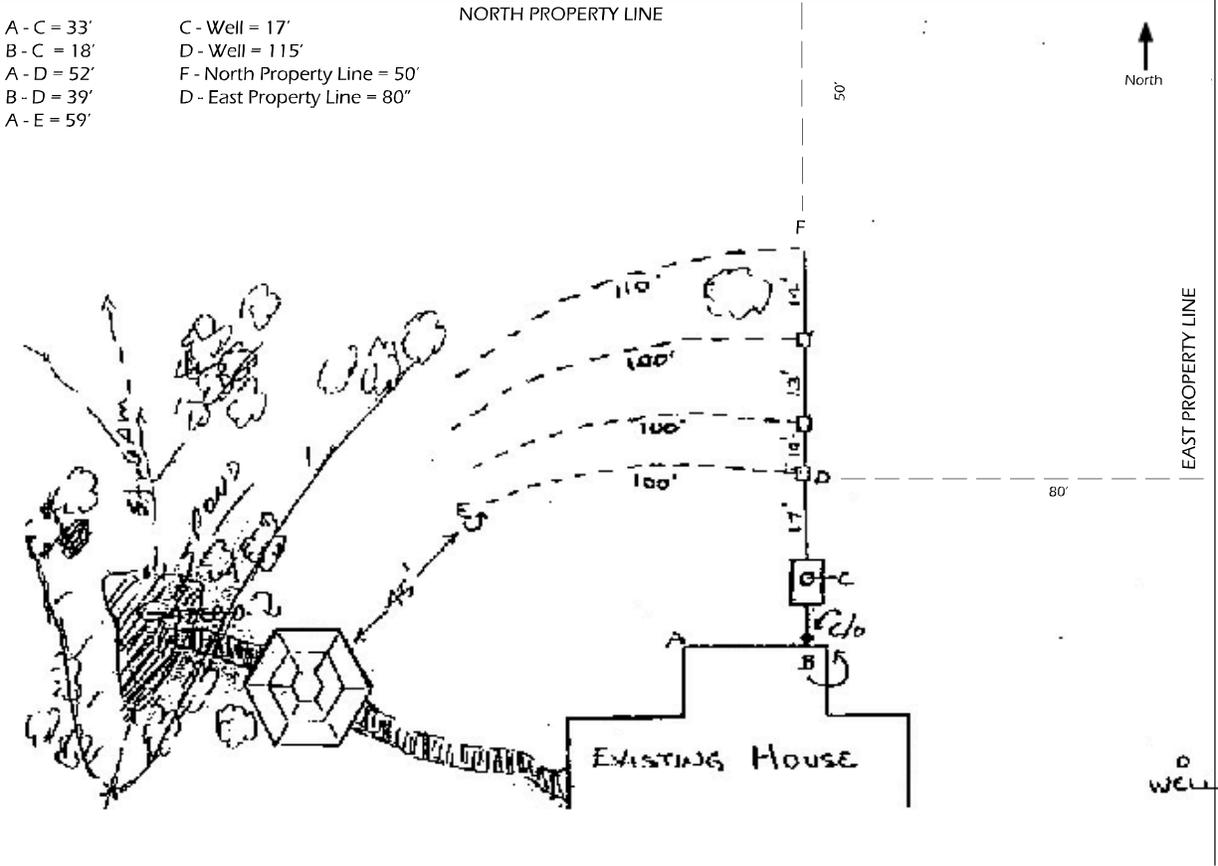
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