

**YAMHILL COUNTY RECORD OF SEWAGE DISPOSAL SYSTEM: TO BE COMPLETED BY INSTALLER**

PERMIT NUMBER 979-\_\_\_\_\_-\_\_\_\_\_-PRMT       Tank Only     Drain Field only     Both

INSTALLATION COMPLETED BY:  Owner     DEQ Installer Name/License \_\_\_\_\_

Installation Address: \_\_\_\_\_ Tax Lot Number \_\_\_\_\_

<b>TANK INFORMATION</b>	Manufacturer: _____	Capacity: _____	Compartments: <input type="radio"/> 1 <input type="radio"/> 2
<b>PUMP INFORMATION</b>	Make/Model: _____	Controller Make/Model: _____	
	Dosing Tank Make/Model: _____	<input type="radio"/> Time Dosing <input type="radio"/> Demand Dosing	
<b>FILTER</b>	<input type="radio"/> No <input type="radio"/> Yes    Make/Model: _____		
<b>PRE-TREATMENT</b>	<input type="radio"/> None <input type="radio"/> Sand Filter <input type="radio"/> ATT Make/Model: _____		

<b>DISTRIBUTION</b>	<input type="radio"/> Equal (gravity) <input type="radio"/> Equal (hydro-splitter) <input type="radio"/> Serial <input type="radio"/> Steep Slope <input type="radio"/> Pressurized		
	EFFLUENT SEWER PIPE	Length: _____	Diameter: _____    ASTM #: _____
	BOXES	<input type="radio"/> Drop <input type="radio"/> Distribution	<input type="radio"/> Concrete <input type="radio"/> Plastic
	HEADER PIPES	Diameter: _____	ASTM #: _____

<b>ABSORPTION FIELD</b>	<input type="radio"/> Standard <input type="radio"/> Capping Fill <input type="radio"/> Seepage Trench <input type="radio"/> Other: _____		
	Total Length: _____	Number of Lines: _____	
	MEDIA	<input type="radio"/> Rock and Pipe ASTM#: _____	<input type="radio"/> Chamber Brand: _____
		<input type="radio"/> Polystyrene Brand/Model: _____	<input type="radio"/> Graveless
	Media Depth:	<input type="radio"/> 12" <input type="radio"/> 24" <input type="radio"/> Other: _____	

<b>DRAINAGE IMPROVEMENT</b>	<input type="radio"/> Tile Dewatering <input type="radio"/> Curtain Drain	Total Depth: _____
	Media Type: <input type="radio"/> Rock <input type="radio"/> Polystyrene <input type="radio"/> Other: _____	

<b>INSTALLER:</b> <input type="radio"/> YES <input type="radio"/> NO	The installer has tested septic tank and determined compliance with DEQ water tightness requirements. (OAR 340-73-025(3)).
<input type="radio"/> YES <input type="radio"/> NO	I certify construction was in accordance with the permit and rules of the Commission.
CERTIFIED INSTALLER SIGNATURE _____	DATE _____

<b>REGULATOR:</b> <input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED	AS-BUILT DRAWING RECEIVED? <input type="radio"/> YES <input type="radio"/> NO
REGULATOR SIGNATURE _____	DATE _____

**ATTACH SKETCH OF SYSTEM AS ACTUALLY CONSTRUCTED WITH ALL MEASUREMENTS**  
**Please include points of reference on the drawing.**