

ASBUILT INSPECTION REPORT For RECORD DRAWING

Designer _____ Permit # SEP _____
 Installer _____ Parcel # _____
 Electrician _____ Design Flow _____
 Property Owner _____
 Site Address _____

Answer all questions or indicate NA

Tanks, Pumps and Controls

DATE
INSP.

Tank (manufacturer, size, baffles) _____
 Pump chamber (manufacturer, size) _____

 Screen(s)and/or Pump Shroud (type, location) _____

Were Tanks tested onsite for water tightness? Yes / No

Panel Model _____ Timer Model _____
 Pump 1 – Man./Model _____ Flow Rate _____ gpm _____
 Pump Location (i.e. garage, treatment unit, basement) _____

Float/transducer settings Inches from bottom of tank- On/off - _____ in.	Timer Functions: On _____ sec/min
Veto - _____ in.	Off - _____ sec/min/hr
Alarm - _____ in.	Veto On - _____ sec/min
Storage Above High Water Alarm _____ gal.	Veto Off - _____ sec/min/hr
Dose Counter Reading _____	# gallons/dose _____ gal.
Elap. Time Meter Reading _____ min/hrs	Pump Throttled? Yes / No _____
Dose Drawdown (in inches) _____ in.	

Pump 2 – Man./Model _____ Flow Rate _____ gpm _____
 Pump Location (i.e. garage, treatment unit, basement) _____

Float/transducer settings Inches from bottom of tank- On/off - _____ in.	Timer Functions: On _____ sec/min
Veto - _____ in.	Off - _____ sec/min/hr
Alarm - _____ in.	Veto On - _____ sec/min
Storage Above High Water Alarm _____ gal.	Veto Off - _____ sec/min/hr
Dose Counter Reading _____	# gallons/dose _____ gal.
Elap. Time Meter Reading _____ min/hrs	Pump Throttled? Yes / No _____
Dose Drawdown (in inches) _____ in.	<i>If additional pumps- complete the info in this table for each and attach.</i>

Other Timer functions & settings (e.g. override on/off) _____

Pre-Treatment

Date Insp

Sandfilter basin high water alarm shuts down pump to Sandfilter Yes / No

Sandfilter Basin size/location _____

Sand Fill met design spec? Yes / No

ATU (manufacturer, model) _____ Alarm tested Yes / No

Disinfection Unit (manufacturer, type, model) _____ Independent Alarm Yes / No

Drainfield

Transport Pipe size, schd, diameter _____ Manifold size/schd _____

Orifice size _____ Lateral Size/schd _____

Barrier Material _____ Cover Material/Depth _____

Residual Head (lat.# & ft. Head) _____

The laterals/pods were balanced Yes / No _____

Source/Manufacturer of Drainrock/Gravelless chambers _____

Drainrock Clean? Yes / No If no, what action taken? _____

Mound/Glendon Site Prep _____

Drainfield Length _____ ft Width _____ ft Depth _____ inches

Caps for measuring residual head stored (location) _____

COMMENTS (inspection notes, changes from design or deficiencies in installation) Attach additional sheet(s) if necessary _____

Health Department Inspection issues resolved Yes / No / NA If yes how? _____

Users Manual Provided to Homeowner _____ Date _____

Tank/component Decommissioning Report Attached Yes / No / NA

Installer Certification attached/signed Yes / No

ATTACH RECORD DRAWING stamped/signed by Designer or Licensed Professional Engineer

I CERTIFY THE INFORMATION PROVIDED ABOVE WAS VERIFIED BY INSPECTION, THE SYSTEM WAS INSTALLED AS DESIGNED AND APPROVED by JEFFERSON COUNTY _____ (DATE) OR THAT CHANGES HAVE BEEN NOTED AND THE SYSTEM IS IN COMPLIANCE WITH WAC 246-272.

Designer Signature

Date

License #