



Benton County Health Services  
Environmental Health Division  
4500 SW Research Way  
P.O. Box 3020  
Corvallis, OR 97333

# 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) \_\_\_\_\_



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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 \_\_\_\_\_



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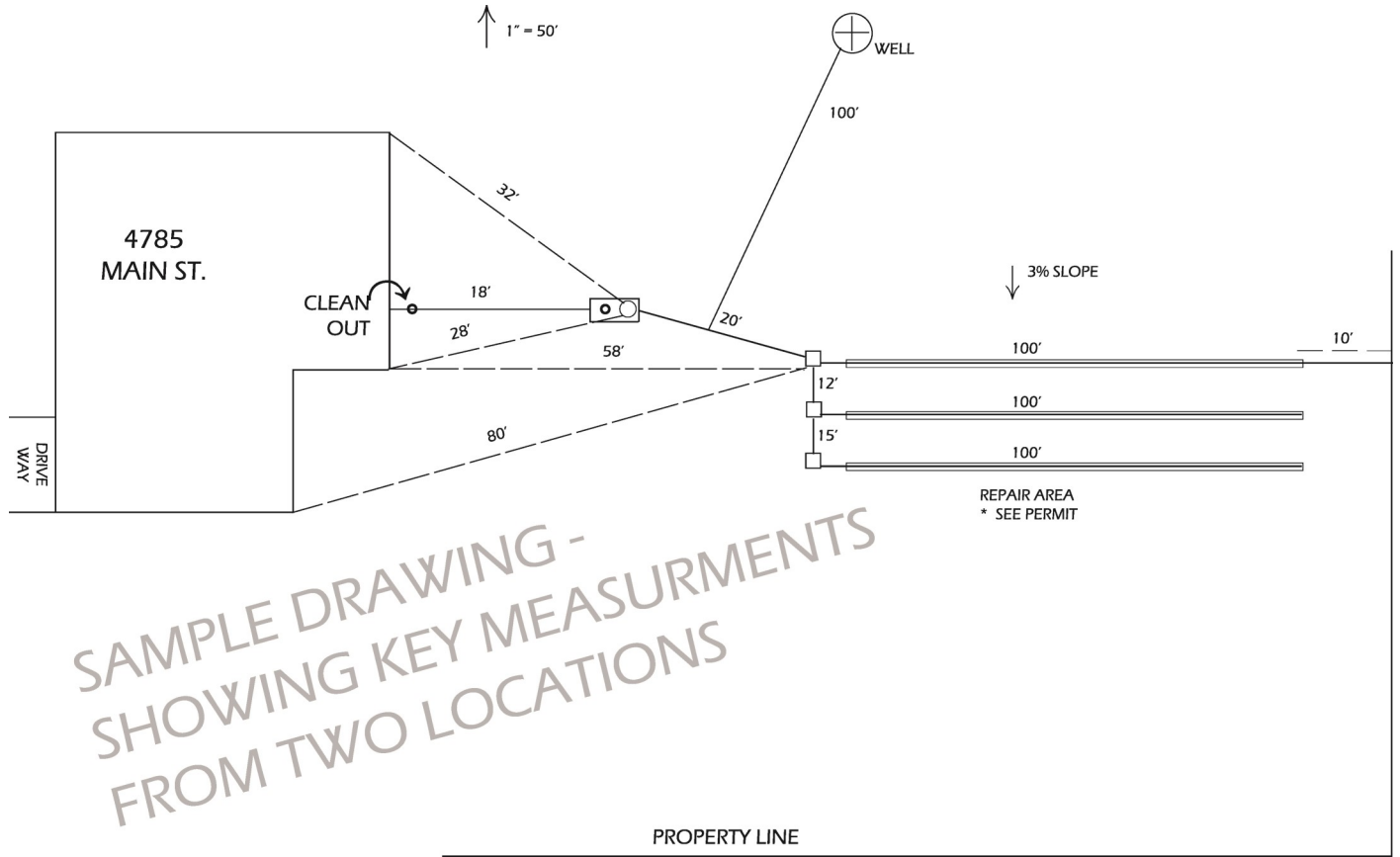
INSTALLER'S name (please print) \_\_\_\_\_ DEQ license # \_\_\_\_\_

INSTALLER'S signature \_\_\_\_\_ Date \_\_\_\_\_

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# SAMPLE



SAMPLE DRAWING -  
 SHOWING KEY MEASUREMENTS  
 FROM TWO LOCATIONS

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Well location: Latitude: 44. \_\_\_\_\_ Longitude: - 123. \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
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Environmental Health Specialist \_\_\_\_\_ Field inspection date \_\_\_\_\_



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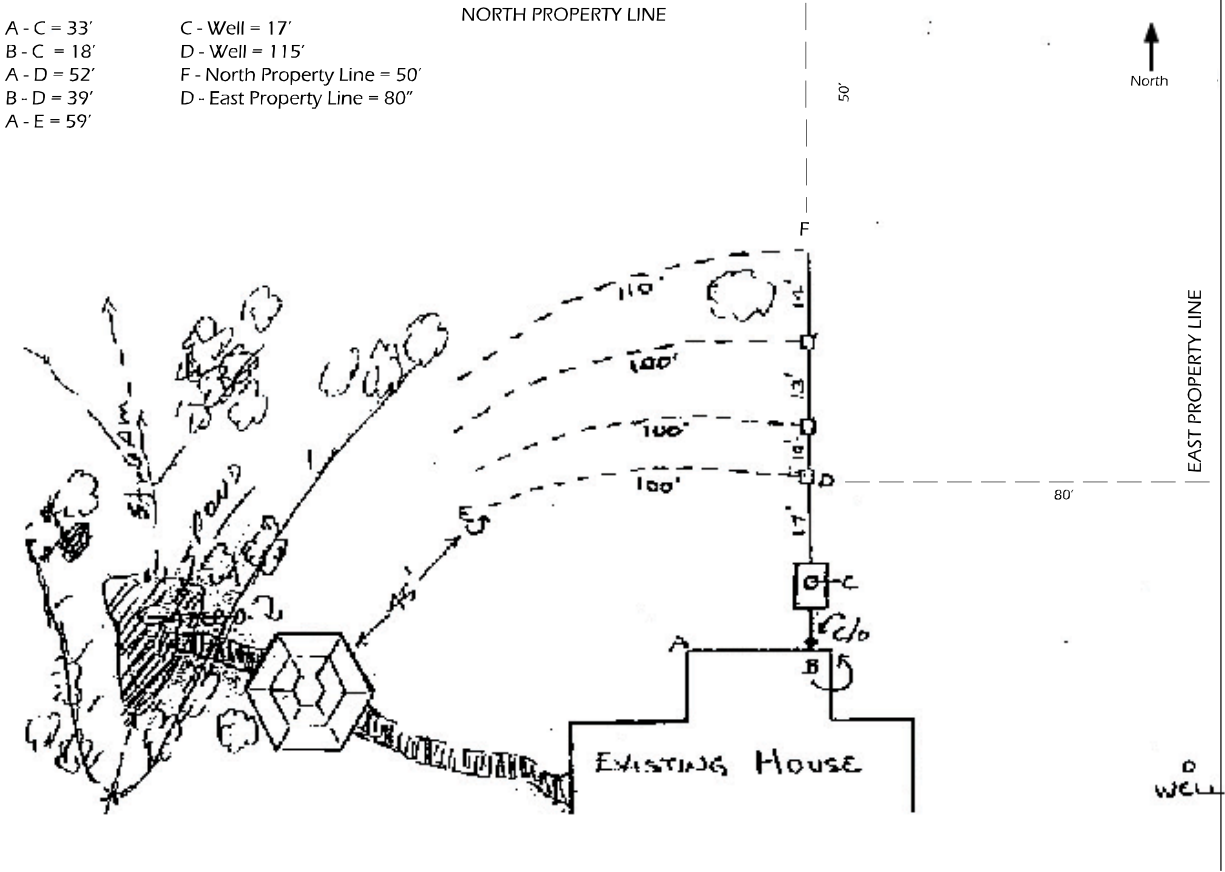
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Environmental Health Specialist \_\_\_\_\_ Field inspection date \_\_\_\_\_