Benton County
HEALTH DEPARTMENT

Environmental Health
Office: (541) 766-6841
Fax: (541) 766-6248
4500 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
- ☐ _____
- ☐ _____
- ☐ _____

Benton County
HEALTH DEPARTMENT

As Built Diagram & Materials List

Environmental Health

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 Program.

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 ☐ Saprolite ☐ 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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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 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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SAMPLE

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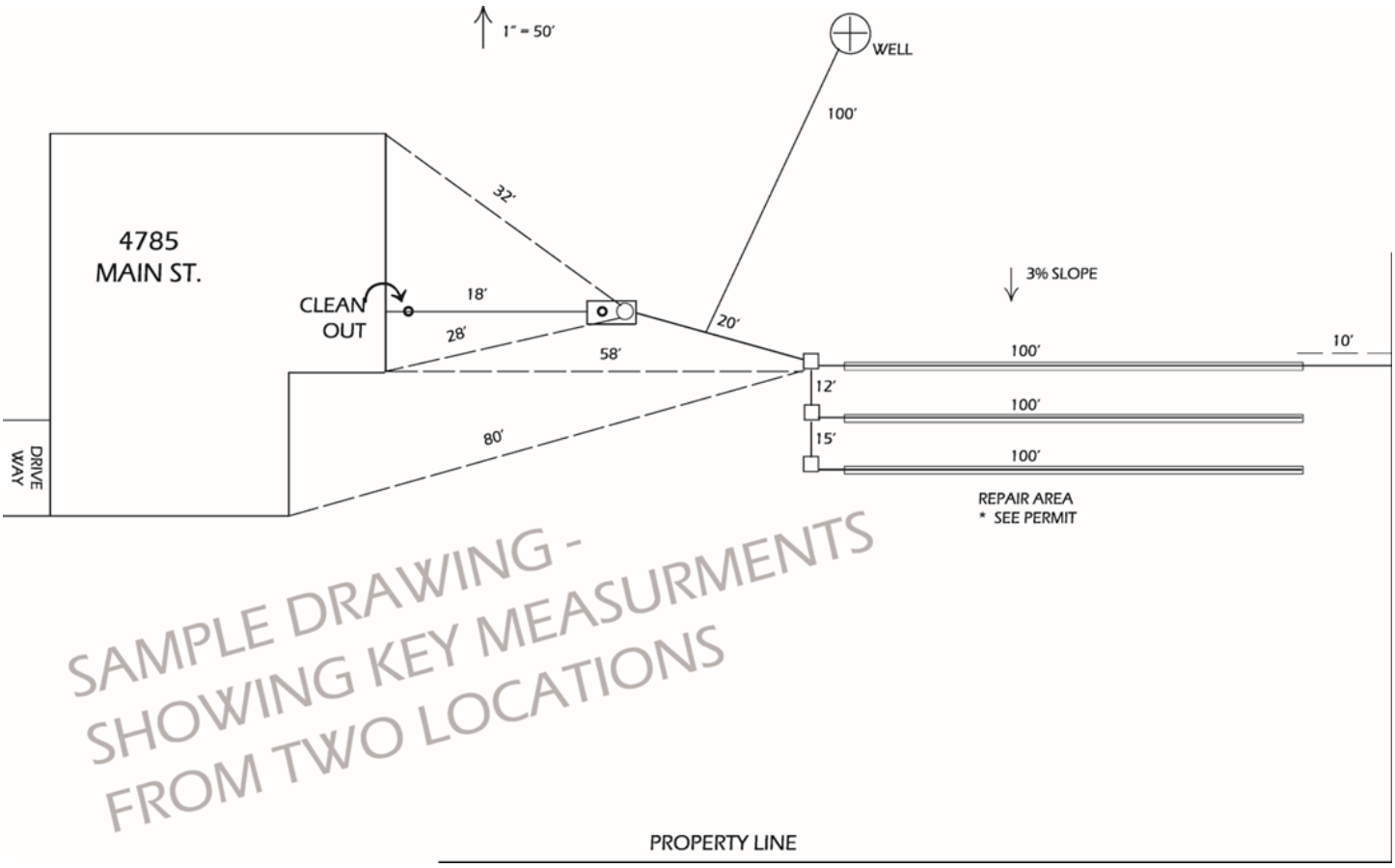

SAMPLE DRAWING - SHOWING KEY MEASURMENTS FROM TWO LOCATIONS

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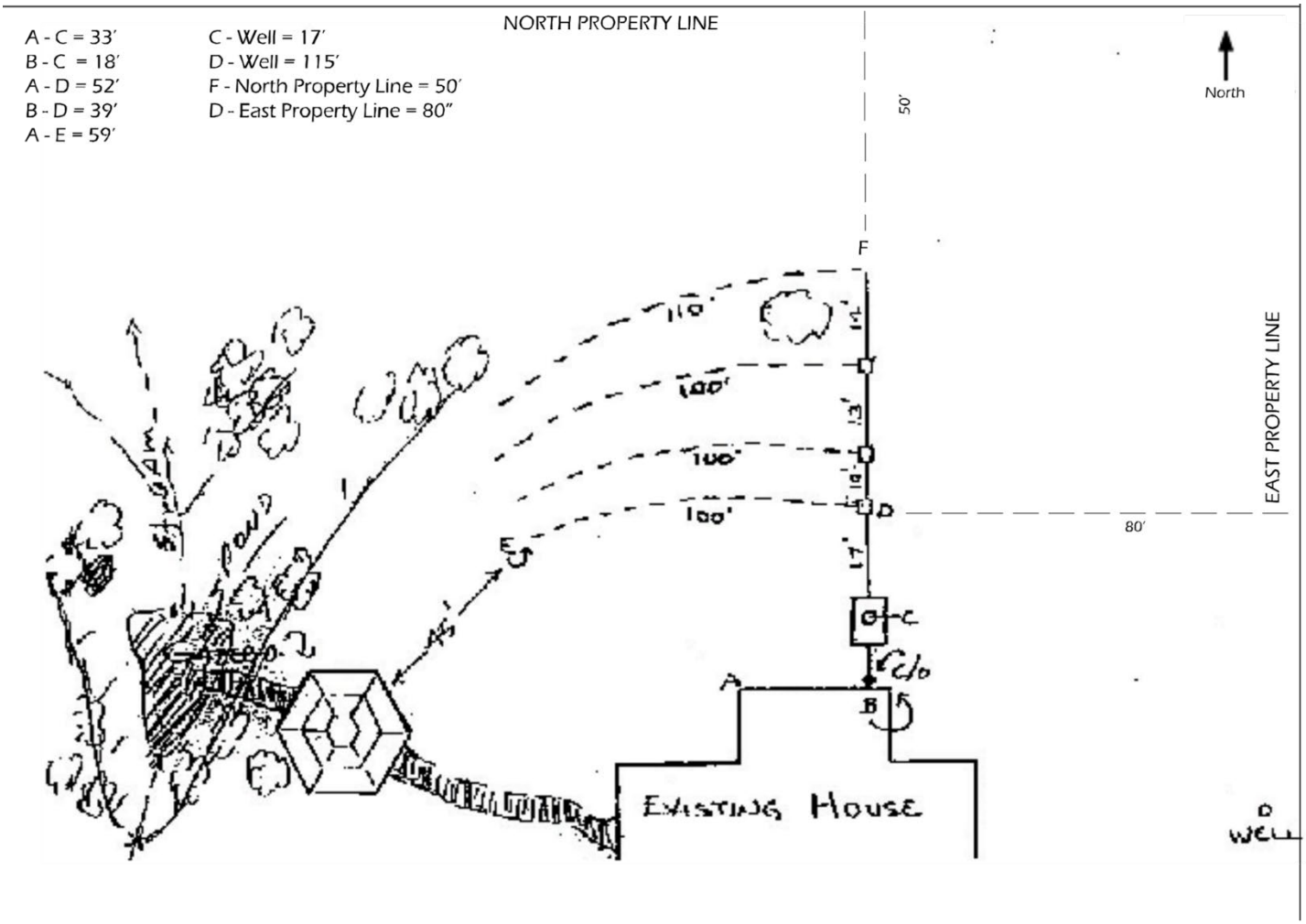

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