



CONTRACTOR'S AS-BUILT REPORT

Staff Use Only

Date Received: _____

Verified in Field: Yes No

Inspector: _____

Form AS

Property Owner: _____

Mailing Address: _____

Property Address: _____ SAME AS MAILING ADDRESS

APN #: _____ TrakIt #: _____

Designer: _____ Installer: _____

All items below must be completed by the installer.

	N/A	Yes	No
I. SEPTIC TANK			
A) >5 ft. from foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) >50 ft from wells and surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Bldg stub-out to septic tank: clean-out if not 1-2%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Sanitary Ts in tank intact and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Risers installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Leak test performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Tank Size: _____ gal.; Manufacturer _____			
II. DISPERSAL FIELD			
A) >5 ft from foundation and >5 ft from property lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) >100 ft from wells and surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) >10 ft from potable water lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Distribution box leveled with water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Laterals level to +/- 1 inch & end caps present if not looped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Gravelless chambers utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) System dimensions the same as shown on the design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Gravel clean, properly sized, and proper depth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I) Observation ports present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. ADDITIONAL ITEMS FOR PRESSURE SYSTEMS			
A) Sand quality as specified on design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Head height uniform and 24 inches? Actual head height _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Clean-outs and observation ports present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Mound: Side Slope 3:1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. PUMP/PUMP CHAMBER			
A) Screen basket or effluent filter (circle one) installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Riser installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Alarm installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Pump make _____; Pump model _____			
E) Chamber size ___ gal; ___ gal/inch; Chamber Manufacture _____			
F) Pump chamber draw-down _____ inches per minute; Height of pump off bottom of pump chamber _____ inches			
G) Pump controls: Timer (or) Elapsed Time Meter (circle if installed); If timer is used: Pump On _____ Pump Off _____			

Certification of Installation

I certify that I installed the system without any deviation from the design stamped "APPROVED" by Butte County Environmental Health?

Certified Installer

Date

Update: February 23, 2011

TEL- 530.538.7281 | 202 MIRA LOMA DRIVE
FAX- 530.538.5339 | OROVILLE, CA 95965

This section completed by Certified Installer

As-Built Form

Traklt #: _____

As-Built Drawing

(An as-built drawing is required only if changes have been made from the original approved design.)

Completed by Installer

CHECKLIST

- Drainfield & manifold orientation & layout
- Trench/bed dimensions and critical distances within layout
- Septic/pump tank placement.
- Location of buildings.
- Observation port & clean-out location.
- Location of wells & roads.
- Undisturbed native soil between trenches.
- North arrow

Installer Certification

- I certify that all deviations from the design stamped "APPROVED" by Butte County Environmental Health are shown above, and (applicable for supplemental treatment systems only) I further certify that I contacted the designer and left the system open for inspection prior to cover.

Certified Installer

Date

Designer Certification

(Required only for Supplemental Treatment systems)

- I certify that I inspected the system installation and that it is in substantial conformity with the approved system design.

Certified Designer

Date

Designer