



## As-Built Report Form

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

APN #: \_\_\_\_\_ TrakIt #: \_\_\_\_\_

Designer: \_\_\_\_\_ Installer: \_\_\_\_\_

All items below must be completed by the installer.

		<u>N/A</u>	<u>Yes</u>	<u>Prior to Completion</u>
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)	Baffles intact and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E)	Dividing wall intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F)	Risers installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G)	Tank Size: _____ gal.; Manufacture _____			
II.	D-BOX			
A)	Leveled with water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	Speed leveler used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.	DRAINFIELD			
A)	>10 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)	Laterals level to +/- 1 inch & end caps present if not looped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E)	Gravelless chambers utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F)	System dimensions the same as shown on the design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G)	Gravel clean, properly sized, and proper depth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PRESSURE SYSTEMS			
H)	Sand quality as specified on design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I)	Head height uniform and 24 inches? Actual head height _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J)	Clean-outs and observation ports present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K)	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 _____			

Updated: July 11, 2007 T:\Land\_Use\Wastewater Working Group\Ordinance and Manual\Forms\As-Built Form Jul 11.doc

## As-Built Drawing

**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

## Certification of Installation

Installer Check a box from Row "A" and "B", sign and date the certification

- A.  I certify that I installed the system without any deviation from the design stamped "APPROVED" by Butte County Environmental Health  
 I certify that all deviations from the design stamped "APPROVED" by Butte County Environmental Health are shown above.
- B.  I certify that I contacted the designer and left the system open for inspection up to 48 hrs prior to cover.  
 I did not contact the designer prior to final cover because the designer waived the notification requirement.

I further certify that all information contained on this form is accurate. I understand that if the information contained herein is not accurate, there will be just cause for immediate suspension of my installer certification.

\_\_\_\_\_  
Installer

\_\_\_\_\_  
Date