

PARCEL IDENTIFICATION

Permit Number	SWG _____ -- _____	Assessor's Parcel #	_____ (Twelve-Digit Number)
Applicant's Name	_____	Subdivision	_____ (Name/Division/Block/Lot)
Applicant Address	_____	Installer's Name	_____
City, State, Zip	_____	Designer's Name	_____

INSTALLER CHECKLIST

	N/A	Yes	Prior to Completion
I. SEPTIC TANK			
>5 ft. From foundation?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>50 ft from wells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>50 ft surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building stubout to septic tank: cleanout if not 1-2%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baffles intact and clean?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividing wall intact?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risers installed for access?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen basket or effluent filter installed? (circle one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank size: _____ gal.; Manufacture: _____			
II. D-BOX			
Leveled with water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed leveler used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. DRAINFIELD			
>10 ft from foundation?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 5 ft from property lines and easement lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 100 ft from wells?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 100 ft from surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>10 ft from potable water lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laterals level to ±1 inch & end caps present if not looped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravelless chambers utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravel clean, properly sized, and proper depth?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE SYSTEMS			
Sand quality ASTM C-33?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head height uniform ≥24 inches? Actual head height _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean-outs and observation ports present?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mound: Side Slope 3:1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner informed electrical connections must be made by owner or licensed electrician and inspected by L&I?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. PUMP/PUMP CHAMBER			
Pump make _____; Pump model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chamber size _____ gal; Manufacture _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height of pump off bottom of pump chamber _____ inches			
Pump chamber draw-down _____ gallons per inch per minute			
Pump capacity _____ gallons per minute			
Pump controls: Timer, Elapsed Time Meter, Counter? (Circle all that apply). If timer: Pump On _____ Pump Off _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riser installed for access?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm installed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

