SNOHOMISH COUNTY HEALTH DEPARTMENT

On-Site Sewage System (OSS) As-Built

Pretreatment Type: ☐ SF ☐ ATU _____ ☐ Other _____
Product Name

Dispersal Type: ☐ Gravity ☐ LPD ☐ SSD ☐ Mound ☐ SLB ☐ Other _____

Property Tax Account #:		Lot #:	Sec: Twp: Rg:
Permit #:	# of Bedrooms:	Operating Capacity: gal/day	Design Flow: gal/day
Address of Property:		City:	
Legal Description/Plat Name:		**Check box if this is:** ☐ Repair ☐ Revised As-Built for Construction Clearance	

Owner Name:	Email:		
Address:	City:	State:	Zip:
Designer Name:	Phone:		
Address:	City:	State:	Zip:
Email:			
Installer Name:	Phone:		
Address:	City:	State:	Zip:
Email:			

I hereby certify the accompanying documentation is an accurate representation of the system installed at the above referenced property. I also certify all requirements listed on the approved *Application For An On-Site Sewage System Permit* dated _____ have been complied with.

_____ Signature of Designer or PE

_____ License #

_____ Date

FOR HEALTH DEPARTMENT USE ONLY

☐ ACCEPTED ☐ NOT ACCEPTED DATE _____

Signature of Sanitarian _____

Comments _____

ATTENTION HOME OWNER

It is the homeowner's responsibility to ensure the on-site sewage system is properly operated and maintained, per the Rules and Regulations of the State Board of Health governing On-site Sewage Systems (WAC 246-272A).

Visit our website for more information: https://www.snohd.org/157/Septic

Environmental Health Division
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