



**OSS As-Built System Specifications**

Pretreatment Type:  SF  ATU \_\_\_\_\_  Other \_\_\_\_\_  
Product Name

Dispersal Type:  Gravity  LPD  SSD  Mound  SLB  Other \_\_\_\_\_

**Submit separate page for each pump component**

Property Tax Account Number:		Lot Number:	
Permit Number:	Sec:	Twp:	Rg:
Date Pressure Tested:		Pressure tested using nominal voltage	

**On-Site Sewage System Information**

**Check and/or specify all that apply:**

Septic Tank Size	gallons	Septic Tank Manufacturer / Model	
Pump Chamber Size	gallons	Pump Chamber Manufacturer	
Pump Chamber	gal/inch	Pump Make / Model	
Tested Pump Capacity	GPM		
Dose Volume	gallons	Doses per Day	
Drawdown per Dose Cycle	inches	Make / Model of Control Panel or Alarm	
Time Dosing	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, then: Time pump on _____ Time pump off _____	
Disinfection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Disinfection:	
Elapsed Time Meter	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Anti-Siphon Hole / Valve	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Outlet Baffle Screen / Pump Basket Filter	Yes <input type="checkbox"/> No <input type="checkbox"/>		
All Tanks Tested and Found Water Tight	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Drainfield and Dispersal Information**

Designer Verified Acceptable Sieve Analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gravelless Drainfield System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:	
Satisfactory Pressure Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	Residual Head Squirt Height _____ inches	
Orifice Diameter	_____ inches	Total # of Orifices	
Orifice Spacing	_____ inches	Orifice Orientation	
Lateral Diameter	_____ inches		
Drip Tubing Mfg.		Baseline Drip System Pressure	

**Environmental Health Division**