



## CONTRACTOR'S AS-BUILT REPORT

*This is required for new system and major repair*

Septic Permit No.: \_\_\_\_\_ APN: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  Same as mailing address  
 Designer name/phone: \_\_\_\_\_

All items below must be completed by the installer

	N/A	Yes	No
<b>I. SEPTIC TANK</b>			
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) Effluent filter installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Risers installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Leak test performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Tank Size: _____ gal.; Manufacturer _____			
<b>II. DISPERSAL FIELD</b>			
A) >5 ft from foundation and >10 ft from property lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) >100 ft from all 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) Gravel-less 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"/>
<b>III. ADDITIONAL ITEMS FOR PRESSURE SYSTEMS</b>			
A) Sand quality as specified on design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Head height uniform? 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"/>
<b>IV. PUMP/PUMP CHAMBER</b>			
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; Pump Tank Manufacturer _____			
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 _____			

**OTHER:**

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## As-Built Drawing

*Minimum requirements: a scaled plot plan identifying the location of the installed system and components in relation to structures on the property*

### Checklist

- Drainfield & manifold orientation & layout
- Two corners (labeled as A and B) of a permanent structure closest to the septic tank. Triangulate measurements shall be taken from A and B to septic tank, D-boxes, ends of drainfield laterals, wells, curtain drains and roof drainage.
- Trench/bed dimensions and critical distances within layout
- Pump tank placement.
- Location of buildings
- Observation port & clean-out location
- Roads
- Septic replacement area
- Undisturbed native soil between trenches
- GIS coordinates for the septic tank
- North arrow

### Installer Certification on Installation

- I certify that the system was installed per system design stamped "Approved" by Yolo County Environmental Health. I certify that if there any deviation made from the system design stamped "Approved" by Yolo County Environmental Health, they are shown above, and (applicable for supplemental treatment system only)
- I further certify that I contacted the designer and left the system open for inspection prior to cover.  N/A
- I certify that the owner has been given a copy of the as-built drawings.
- I certify that the owner has been given written septic maintenance instructions.

\_\_\_\_\_  
Installer

\_\_\_\_\_  
Date

### Designer Certification

*(Required only for Alternative Septic System)*

- I certify that I inspected the system installation and that is in substantial conformity with the approved system design.
- I certify that the owner has been given a copy of the as-built drawings and written septic maintenance instructions.

\_\_\_\_\_  
Designer

\_\_\_\_\_  
Date