



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
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) 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 _____			
II. DISPERSAL FIELD			
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"/>
III. ADDITIONAL ITEMS FOR PRESSURE SYSTEMS			
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"/>
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; 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:

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 N/A Required
(Required only for Alternative Septic System)

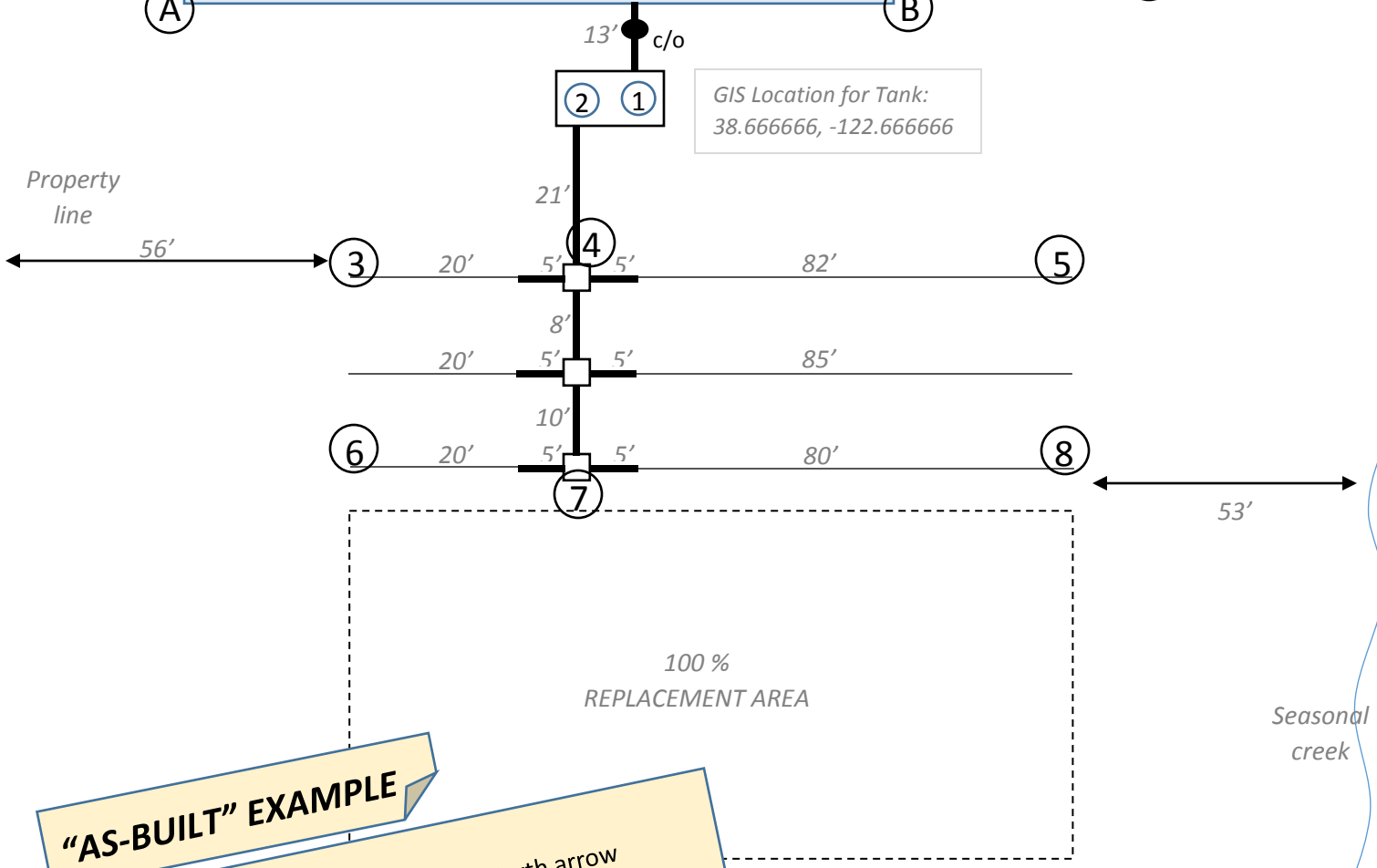
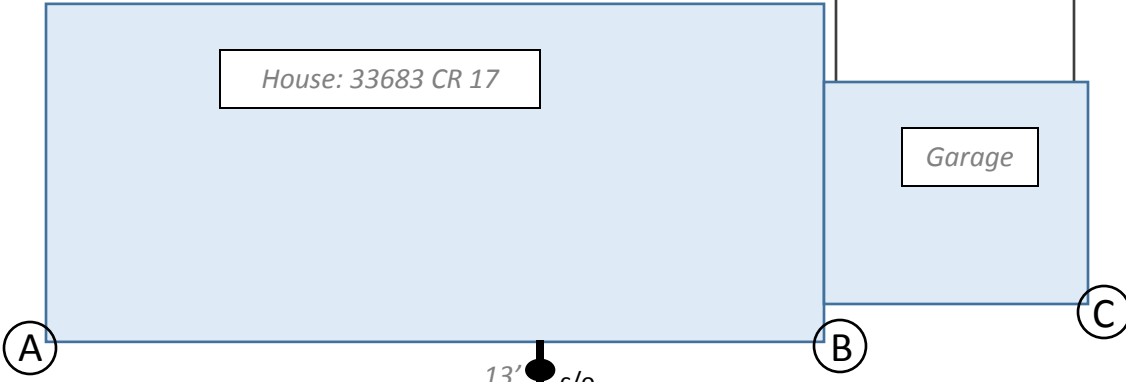
- ✓ I certify that I inspected the system installation and that is in substantial conformity with the approved system design.
- ✓ I certify that the owner has been given a copy of the as-built drawings and written septic maintenance instructions.

Designer

Date

Permit #1246-01
 33683 CR 17, Woodland
 APN 000-221-011

AS-BUILT - Completed by J. Crew Septic
 on 10/17/2016; copy given to owners



“AS-BUILT” EXAMPLE

REMEMBER:

- ✓ Permit #, APN, address, and North arrow
- ✓ 2 or more corners of permanent structure – label with letters
- ✓ Measure footprint of leach field
- ✓ Measure to components that will need to be found in the future
- ✓ Measure to surface features that require setbacks
- ✓ Use precise measurements – not >100'

LEGEND	
c/o – 1 = 8'	A – 6 = 96'
A – 1 = 75'	A – 7 = 115'
B – 1 = 60'	B – 8 = 98'
A – 2 = 68'	B – 7 = 105'
B – 2 = 67'	C – 5 = 85'
A – 3 = 71'	C – 8 = 120'
A – 4 = 90'	C – 4 = 152'
B – 5 = 72'	C – 7 = 183'
B – 4 = 81'	WELL – 5 = 152'