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Onsite Wastewater Existing System Verification

Site Information:

Owner: _____ Phone: (_____) _____

Site Address: _____

Owner's mailing address same as site address

Owner's mailing address if different: _____

Email Address: _____

(TO BE COMPLETED BY CERTIFIED SEPTIC INSTALLER, MAINTENANCE PROVIDER, NAWT INSPECTOR CERTIFICATION, OR CERTIFIED SEPTIC CONSULTANT)

Date of Inspection ___ / ___ / ___

Performed By: _____

Phone: (_____) _____

License or Certification No: _____

Company: _____

Email: _____

1. Overall System Status:

- Discharge of sewage to the ground surface Yes No
- Discharge of sewage to surface waters Yes No
- Sewage backup into plumbing fixtures Yes No

2. Septic tank (s):

- Capacity _____ gal material: _____

3. Dosing Tank (skip if not applicable):

- Capacity _____ gal material: _____ mfg _____

4. Drainfield :

- Drainfield area free from roads, vehicular traffic, structures, livestock, etc: Yes No
- Drainfield area is free from surface water runoff & down spouts: Yes No
- Total number of lines _____ total lineal feet _____ ft
- Drainfield Distribution: Equal Serial Pressure
- Drain line(s) construction materials: Gravel Gravelless Tile Other _____
- Room for replacement area available: Yes No

5. Comments _____

This onsite sewage treatment system existing system verification is for verifying the location of an existing non-documented septic system. This document is not an indication of warranty, system certification, or guarantee of the septic system satisfactory performance for any length of time.

I have studied the information contained herein and find that my assessment is honest, thorough, and to the best of my ability, correct.

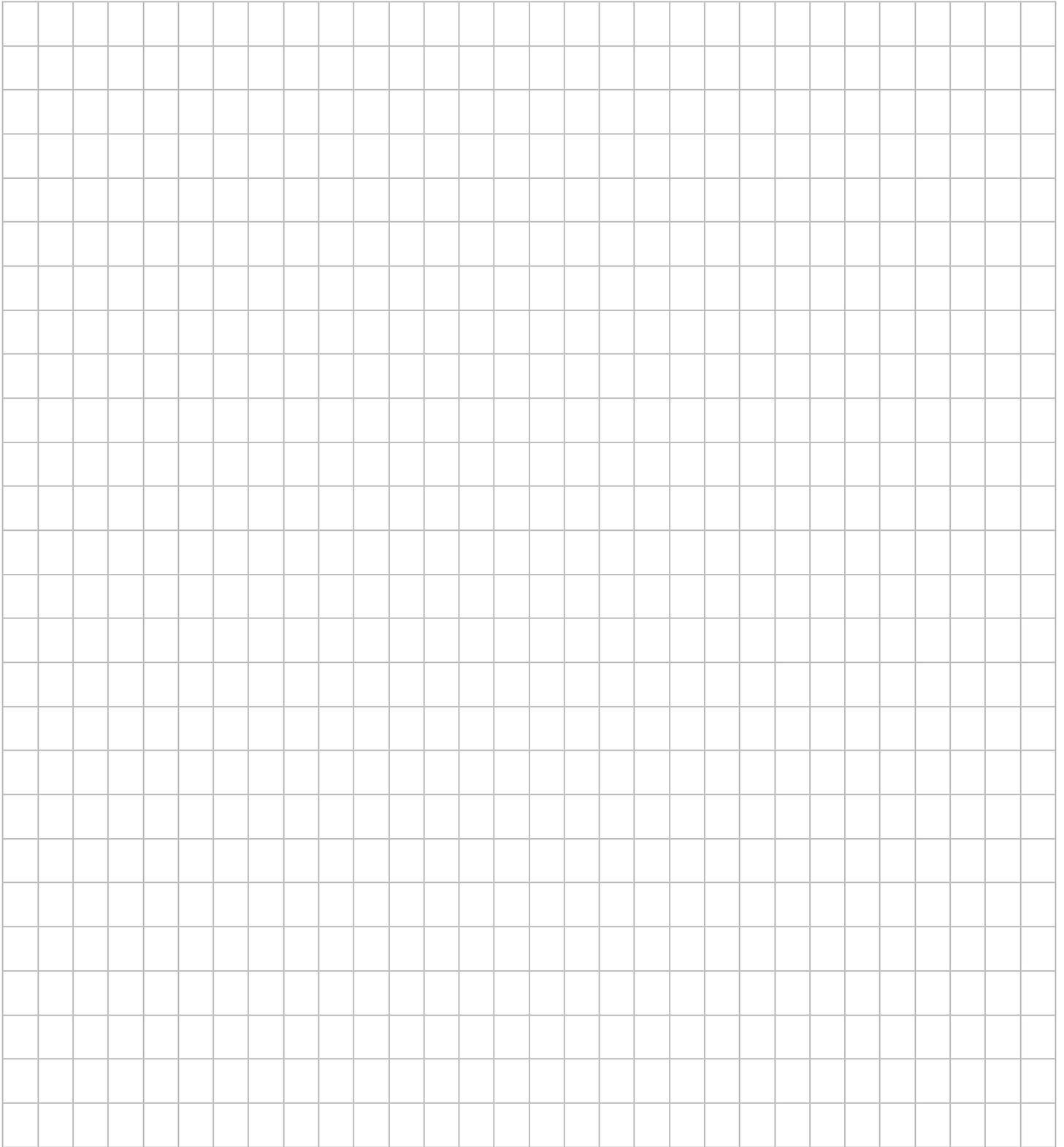
Signature: _____ Date: ____ / ____ / ____

Clackamas County Disclaimer:

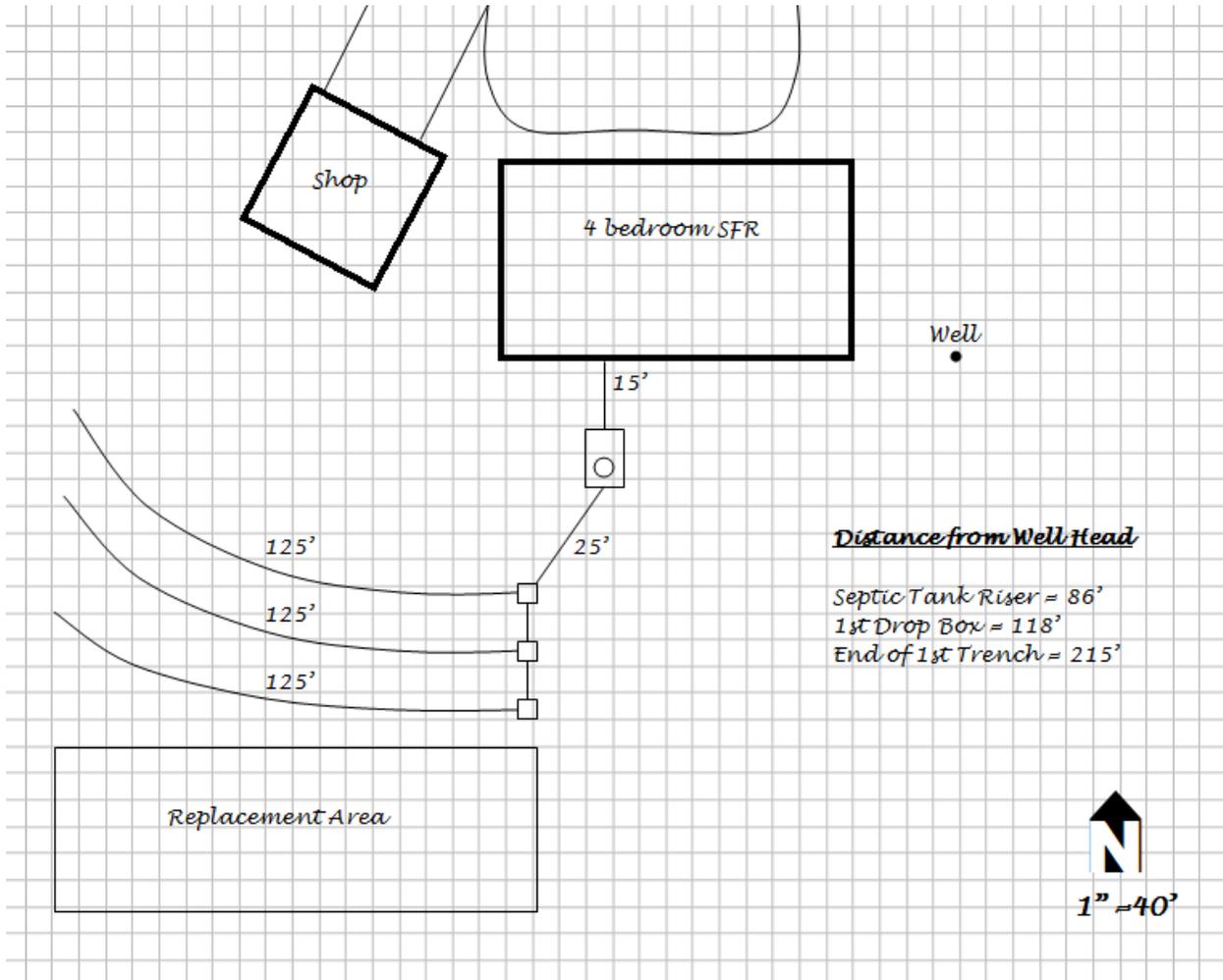
Clackamas County Water Environment Services assumes no responsibility for the accuracy of the information provided, nor does it guarantee the future condition or function of the onsite wastewater treatment system. Homeowners are responsible for correcting any problems noted on this form, and obtaining the proper permits prior to repair. If you have any questions about your septic system, or your system is not functioning properly, please contact Water Environment Services for assistance.

Clackamas County has Received this verification on: Date: ____ / ____ / ____ By: _____

Sketch of System:



Sample As-Built Drawing



- 1) Drawn to engineer's scale
- 2) Arrow pointing north
- 3) Proposed or existing structures at time of maintenance inspection
- 4) Septic tank, pretreatment, and drainfield components as installed
- 5) Approved replacement area (if applicable)
- 6) Distances to major septic components from one or more permanent points (property corner, well head, building foundation)

Accurate As-Built drawings are critical in locating of the buried components of a septic system for future development and maintenance during the life of the system.