Backfill Verification and System Specifications

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Site Address _____ City _____

Parcel Number _____

Installation Firm _____ Phone _____

System Designer _____ Phone _____

I, _____, Certified Installer, was present at the above property supervising placement of the final cover.

Date Covered _____/_____/_____ Minimum Depth of Cover _____(Range)

_____ _____
Signature Certification Number

Specifications (As applicable)

Septic Tank Manufacturer _____ Size _____

Compartments _____ Outlet Filter Manufacturer _____

Model _____

ATU Manufacturer _____ Model _____

Pump Chamber Manufacturer _____ Size _____

Pump Manufacturer _____ Model _____ Volts _____

Squirt Height _____ in., Drawdown _____ in/min gal/min _____

Timer Control Panel Manufacturer _____

Model _____

"On" Time _____ (min/sec) "Off" Time _____ (min/hr)

Gal/Dose _____ Number of Doses/Day _____Counter Number _____

Sand Medium Used (if applicable) ❑ ASTM C-33 ❑ Coarse Sand Media (DOH Sandlined Trench RS&G)

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.