To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

如需翻译服务或残障相关的协助，请与我们联系：
DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

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:___/__/_____

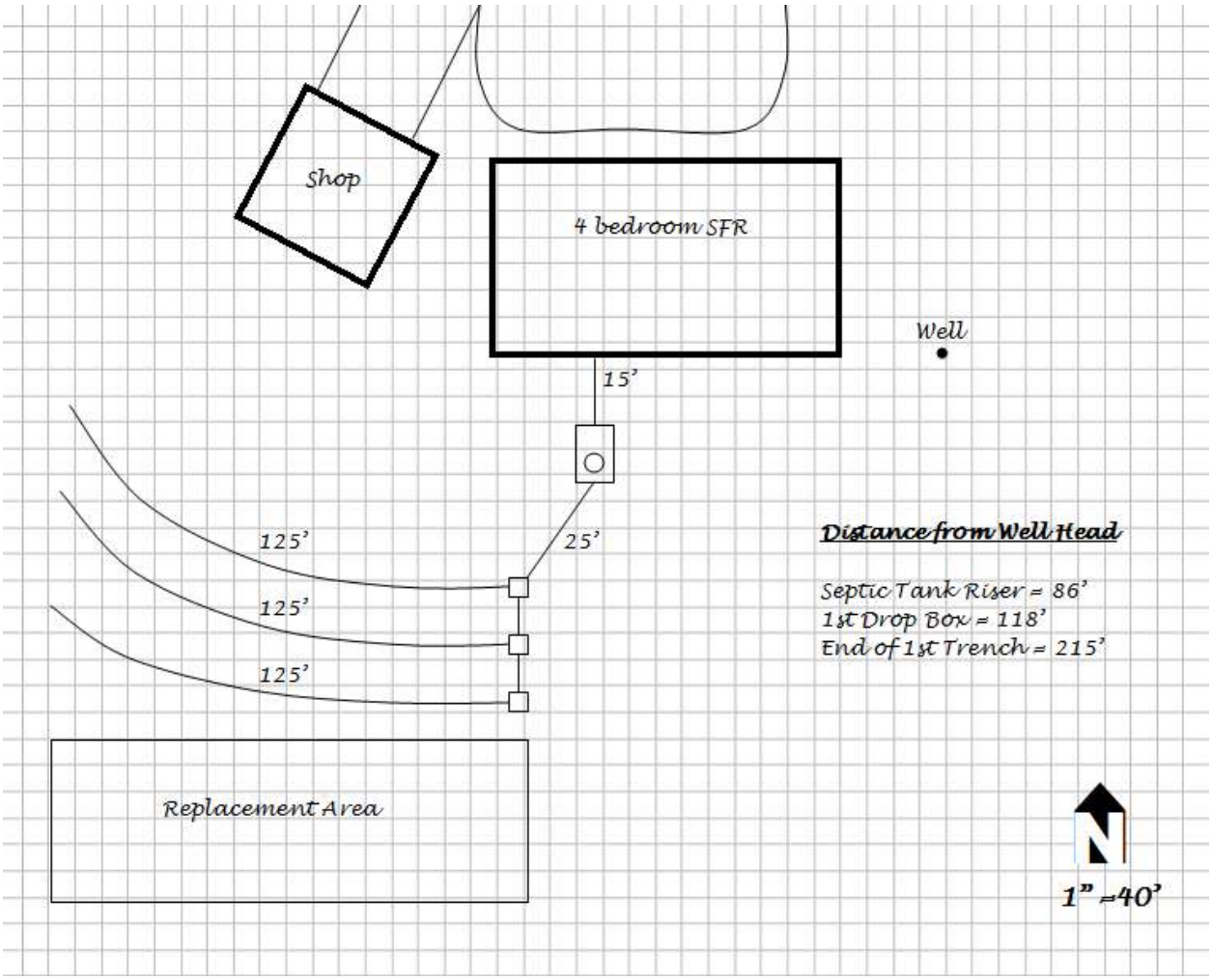
Clackamas County Disclaimer:

Clackamas County Septic and Onsite Wastewater Systems Division 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 Septic and Onsite Wastewater Systems Division 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 and existing structures at time of the system 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.