

# Backfill Verification and System Specifications



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.