



**ON-SITE SEWAGE SYSTEMS (OSS)  
RECORD DRAWING CERTIFICATION  
OF COMPLETION** (Submit in Triplicate)

ADDRESS OF PROPERTY \_\_\_\_\_  
(Street)

SYSTEM TYPE \_\_\_\_\_

(City) \_\_\_\_\_ (Zip) \_\_\_\_\_

OPERATIONAL CAPACITY \_\_\_\_\_ (gals/day)

PERMIT NO. 

O	N						
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APN (PARCEL #) 

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No. of Bedrooms designed for \_\_\_\_\_ LEGAL DESCRIPTION \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Designer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Master Installer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**INSTRUCTIONS TO (OSS) DESIGNER**

→ ATTACH A SEPARATE SHEET FOR THE RECORD DRAWING PLAN(S). USE A SCALE OF 1"=20' OR 1"=30' (max. paper size 11x17"). ALSO: INCLUDE THE INSTALLATION PERMIT, DOCUMENTATION OF FINAL COVER, PERFORMANCE DEMONSTRATION REPORT FORM, AND OTHER DOCUMENTS APPLICABLE TO THE SYSTEM (See Title 13 – Sections 13.56.050/13.56.054)

**STATUS OF RECORD DRAWING**

☐ This Record Drawing is **UNSATISFACTORY** for the following reason(s): \_\_\_\_\_

☐ See attached comments/explanation

☐ I hereby certify that the accompanying drawing and support documents accurately represent the system installed at the address/parcel indicated above, and that all requirements and conditions (concerning plumbing stub elevations; maintenance of grades; fills; surface drains; etc.) indicated on the approved site design (or latest approved revision thereof) dated \_\_\_\_\_, have been complied with. I further certify that this system meets all requirements of the King County On-Site Sewage Code, Title 13, Code of the King County Board of Health.

\_\_\_\_\_  
SIGNATURE OF LICENSED DESIGNER OR P.E.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CERTIFICATION NUMBER

**TO BE FILLED IN BY HEALTH DEPARTMENT ONLY**

**APPROVED** \_\_\_\_\_ **BY:** \_\_\_\_\_  
(Date) (Health Official)

**DISAPPROVED** \_\_\_\_\_ **BY:** \_\_\_\_\_  
(Date) (Health Official)

☐ **NEW CONSTRUCTION: UNLAWFUL TO OCCUPY  
PREMISES WITHOUT HEALTH DEPARTMENT APPROVAL OF THE  
OSS/SEPTIC SYSTEM RECORD DRAWING CERTIFICATION**

Comments: \_\_\_\_\_

**RECEIVED**

**INSTRUCTIONS TO THE OSS OWNER/SYSTEM USER:**

Please refer to your OSS owner's operating maintenance and technical specifications manual and Notice on title pertaining to the OSS. Your OSS has limitations! Refer to the Operational Capacity of the System established by the OSS designer. Overloading it or disturbing the soil absorption system (SAS) or treatment device (e.g. drainfield, mound, sand filter, ATU, etc.) may cause the system to prematurely fail. For further information, contact your Health Department Service Center (206) 477-8050