



CLARK COUNTY PUBLIC HEALTH

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For Office Use Only

EXISTING SEPTIC SYSTEM LOCATE RECORD DRAWING

(existing septic systems with no records/permit)

OSS TYPE: _____ DATE: _____

PROPERTY ADDRESS / LOCATION: _____ ID# _____

PROPERTY OWNER NAME: _____ PHONE# _____

BUILDING PERMIT #: _____

CERTIFIED O&M SPECIALIST NAME: _____ PHONE# _____

Note: This is a permanent record to be completed by a Clark County Certified O&M Specialist.

Please use a straight edge to prepare an accurate detailed drawing of the existing OSS system, drawn to scale OR locations triangulated, including the following required information:

- Location of all roads/driveways.
- Triangulate the location in feet and inches of all septic / pump tank lids and distribution boxes unless risers are installed to the surface and noted on the as-built. Label 2 permanent points as A and B.
- Triangulate both ends of all drainfield laterals unless observation ports are installed to the surface at both ends of each lateral.
- Show all surface water features, wells, buildings, waterlines, curtain drains, roof infiltration systems, etc. and their distances to the OSS.



O&M SPECIALIST SIGNATURE: _____ DATE: _____