

OSS Performance Demonstration Report

All systems are to be tested with permanent wiring and permanent power. This form is to be included with the final As-built submission.

Fill out the following boxes according to system type:

Gravity 1, 2, 3, 9 **Pump to Gravity** 1, 2, 3, 4, 9 **PD** 1,2,3,4,5,6,7, 8, 9
Mound 1, 2, 3, 4, 5, 6, 7, 8, 9 **Sand filter** 1,2,3,4,5,6,7,8,9,10,11,12,13
Sand filter to Mound 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,12, 13

1 System Type: Gravity PD Mound Sand Filter = SF/M, SF/PD, SF/Gravity Other specify _____

2 Permit Address _____ **Designer** _____
Installation Permit No. H _____ **Installer** _____
Parcel No. _____ **Date system tested/inspected** _____

3 Septic Tank: Size _____ **Manufacturer** _____ **Approval No.** _____
Screened Outlet Baffle Yes No **Make and Model No.** _____
Water tight Test Satisfactory Yes No

4 Pump Tank: Size _____ **Manufacturer** _____ **Approval No.** _____
Pump Chamber gals/inch _____ **Pump make/model /HP** _____ **voltage** _____
Water tight Test Satisfactory Yes No

5 Pump System Performance:

Dose Volume (gallons) _____ **Draw down per cycle (inches)** _____
Doses per Day _____ **Method:** Residual Head Squirt Height _____
Pump run time per cycle (min) _____ **GPM discharge** _____

6 Timer:

Timed Dosing Yes No **Control Panel make/model** _____
Time pump ON _____ min. _____ sec. **Time pump OFF** _____ specify time increments
Timed dosing to (circle one) PD, Mound, SF, other

7 Lateral Diameter _____ **Check valves (manifold)** Yes No **Monitoring ports in place** _____
Orifice Size _____ **Flow control valves** Yes No **Lateral Clean-outs in place** _____
Orifice Spacing _____ **Anti-siphon device** Yes No **Gravelless chambers** Yes No
Orifice Orientation: _____ **Orifice shields** Yes No **Alarm location** _____
Manifold Diam. _____ **Manifold Length** _____

8 System drains between cycles Yes No **Variation in orifice discharge rate over entire system < 15%** Yes No
System meets performance standards on the design Yes No

Laterals	1	2	3	4	5	6	7	8
Lateral Length								
Orifice Spacing								
No. of Orifices								
Residual Head								

As the Installer of record I have verified all data in box #8 and it accurately represents the work that was performed at the site. **Licensed Installers Signature** _____ **Date** _____

9 I have inspected the installed OSS and conducted a performance test in accordance with the current DOH design standards and this system has passed the performance test and As-built inspection. All information accurately represents what I observed at the site.

Designer/Engineer Signature _____ **Date** _____

☐ I request final inspection from the Health Department

Note: failure to supply adequate information to evaluate system performance is grounds for rejecting the performance test and disapproving the installation.

All Sand Filters or Sand Filters to Mounds see page 2

Tracking Number _____

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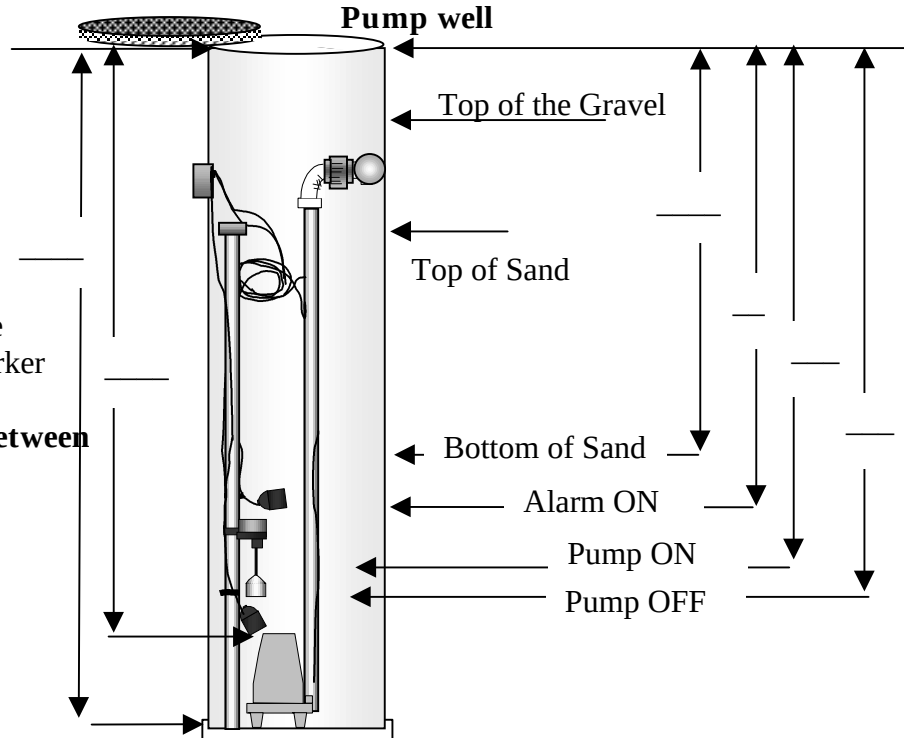
Note: all measurements taken from top of riser

Sand Filter Measurements

Mark a fixed position on the pumpwell (top of the gravel)
Provide the measurement
From this fixed mark to the
Bottom of the sand layer

Clearly mark this measurement
on the underside of the lid to the
pumpwell with a permanent marker

Provide all measurements between
Arrows as indicated



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Lateral Diameter _____	Check valves (manifold)	Yes	No	Monitoring ports in place _____
Orifice Size _____	Flow control valves	Yes	No	Lateral Clean-outs in place _____
Orifice Spacing _____	Anti-siphon device	Yes	No	Gravelless chambers _____
Orifice Orientation: _____	Orifice shields	Yes	No	Alarm location _____
Pump make/model _____				

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Laterals	1	2	3	4	5	6	7	8
Lateral Length								
Lateral Spacing								
No. of Orifices								
Residual Head								

System drains between cycles Yes No Variation in lateral discharge rates over entire system between 15% Yes No System meets the performance standards approved on the design Yes No

As the installer of record I have verified all data in box #12 and it accurately represents the work that was performed at the site. Licensed Installers Signature _____ Date _____

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I have performance tested this system in accordance with the current Guidelines for use of Pressure Distribution Systems and this system has passed the performance test and As-built inspections. All information supplied accurately represents what was observed at the site.

Designer Signature _____ Date _____

Note: failure to supply adequate information to evaluate system performance is grounds for rejecting the performance test and disapproving the installation.

☐ Request for Final inspection from Health Department

HD Date/Time Received _____