# 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.

## 1 System Type

Gravity | PD | Mound | Sand Filter = SF/M, SF/ PD, SF/Gravity | Other | specify ________________

## 2 Permit Address

Installation Permit No. | H______________ | Designer ________________

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

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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 ________________

Print Date 12.23.99

Performance Test version 6/99 REV 12/23/99
Sand Filter Measurements

Mark a fixed position on the pumpwell (top of the gravel) and 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.

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 __________________

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 _______________

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 ______________

Performance Test version 6/99 REV 12/23/99