



**Island County Public Health
On-Site Operation & Maintenance Program**
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ICPH Date Stamp Only

On-Site Sewage System HOMEOWNER Evaluation

(To be used only for Conventional Gravity, Conventional Pressure and Pump to D-Box Systems)

Date of Inspection: _____	Tax Parcel #: _____		
Owner/Contact Name: _____	Phone Number: _____		
Tenant's Name (if different) or Unit Space #: _____			
Site Address: _____	City: _____	State: _____	Zip: _____
Is structure occupied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time			
Record Drawing (Asbuilt) or Asbuilt Cert on File: <input type="checkbox"/> Yes (Record Drawing Number): _____	<input type="checkbox"/> None (Please submit a System Sketch noting location of known system components)		
On-Site Sewage (OSS) Source: <input type="checkbox"/> Residential <input type="checkbox"/> Community <input type="checkbox"/> Other _____			

OVERALL SYSTEM STATUS: (complete this question after evaluating all components)

Acceptable, no corrections needed Acceptable, corrections made Corrections needed Failure

A. SEPTIC TANK:

<input type="checkbox"/> Acceptable, no corrections needed <input type="checkbox"/> Acceptable, corrections made <input type="checkbox"/> Corrections needed <input type="checkbox"/> Failure
1. Number of compartments: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Other: _____
2. Estimated tank volume: _____ Gallons
3. Tank construction material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____
4. Surface access to the inlet: <input type="checkbox"/> Yes <input type="checkbox"/> No - how deep to access? _____ inches
5. Risers and lids condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed. What? _____ <input type="checkbox"/> No risers
6. Depth of scum at inlet: _____ inches
7. Depth of sludge at inlet: _____ inches
8. Inlet baffle condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed. What? _____ <input type="checkbox"/> None
9. Surface access to the outlet: <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Effluent baffle screen (filter) condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed. What? _____ <input type="checkbox"/> None
11. Evidence of water level above invert of outlet pipe: <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed. What? _____
12. Depth of scum at outlet: _____ inches
13. Depth of sludge at outlet: _____ inches
14. Center wall condition: (not applicable for single compartment tank) <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed. What? _____
15. Outlet baffle condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed. What? _____
16. Operational water depth (invert of outlet pipe to bottom of tank): _____ inches
17. Does the tank need pumping: <input type="checkbox"/> Yes <input type="checkbox"/> Pumped <input type="checkbox"/> No
18. Evidence of water infiltration or sewage leak: <input type="checkbox"/> Yes; where? _____ <input type="checkbox"/> No
19. External filter checked: <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed. What? _____ <input type="checkbox"/> None

COMMENTS: _____

B. PUMP TANK: N/A

<input type="checkbox"/> Acceptable, no corrections needed <input type="checkbox"/> Acceptable, corrections made <input type="checkbox"/> Corrections needed <input type="checkbox"/> Failure
1. Surface access: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", how deep to access? _____
2. Risers and lids condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Corrections needed <input type="checkbox"/> No risers
3. Evidence of water infiltration or sewage leak: <input type="checkbox"/> Yes; where? _____ <input type="checkbox"/> No
4. Depth of solids in pump chamber: Scum = _____ inches Sludge = _____ inches
5. Does the tank need pumping: <input type="checkbox"/> Yes <input type="checkbox"/> Pumped <input type="checkbox"/> No

COMMENTS: _____

