



Island County Public Health
Onsite Operation & Maintenance Program
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 Website: <http://www.islandcountyeoh.org>

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: Yes No Part-time

Record Drawing (Asbuilt) or Asbuilt Cert on File: Yes (*Record Drawing Number*): _____
 None (Please submit a System Sketch noting location of known system components)

On-Site Sewage (OSS) Source: Residential Community Other _____

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

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

A. SEPTIC TANK:

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

- Number of compartments: Single Double Other: _____
- Estimated tank volume: _____ Gallons
- Tank construction material: Concrete Fiberglass Poly Metal Wood Other: _____
- Surface access to the inlet: Yes No - how deep to access? _____ inches
- Risers and lids condition: Acceptable Corrections needed. What? _____ No risers
- Depth of scum at inlet: _____ inches
- Depth of sludge at inlet: _____ inches
- Inlet baffle condition: Acceptable Corrections needed. What? _____ None
- Surface access to the outlet: Yes No
- Effluent baffle screen (filter) condition: Acceptable Corrections needed. What? _____ None
- Evidence of water level above invert of outlet pipe: Acceptable Corrections needed. What? _____
- Depth of scum at outlet: _____ inches
- Depth of sludge at outlet: _____ inches
- Center wall condition: (not applicable for single compartment tank) Acceptable Corrections needed. What? _____
- Outlet baffle condition: Acceptable Corrections needed. What? _____
- Operational water depth (invert of outlet pipe to bottom of tank): _____ inches
- Does the tank need pumping: Yes Pumped No
- Evidence of water infiltration or sewage leak: Yes; where? _____ No
- External filter checked: Acceptable Corrections needed. What? _____ None

COMMENTS: _____

B. PUMP TANK: N/A

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

- Surface access: Yes No If "No", how deep to access? _____
- Risers and lids condition: Acceptable Corrections needed No risers
- Evidence of water infiltration or sewage leak: Yes; where? _____ No
- Depth of solids in pump chamber: Scum = _____ inches Sludge = _____ inches
- Does the tank need pumping: Yes Pumped No

COMMENTS: _____

Parcel #: _____

C. PUMP CONTROL: N/A

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

1. Panel Manufacturer: _____ **OR** No Panel
2. Pump controlled by: Dose Timer Demand
3. Pump controlled by: Floats Pressure Transducer Other _____
4. Is control panel and junction box water/gas tight? Yes No
5. Alarm working properly: Acceptable Corrections needed. What? _____ None
6. Pump draw down at time of evaluation: _____ Inches per minute
7. Timer settings at time of evaluation: _____ Min. On _____ Min. Off N/A - demand dosed system

COMMENTS: _____

D. DRAINFIELD:

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

1. Distribution Type: Gravity Pump to D-Box Pressure Laterals
2. Drainage Material: Gravelless Gravel-Filled
3. Is the drainfield located offsite: No Yes – Located on Parcel # _____
4. Sewage Surfacing: Yes No
5. Surface access to D-Box: Yes No None
6. D-Box Condition: Acceptable Corrections needed Insufficient access None
7. Surface access to pressure lateral cleanout: Yes No None
8. Monitoring ports accessible: Yes No None
9. Equal distribution in absorption system: Insufficient access to determine Yes No
10. Abnormal ponding in drainfield: Insufficient access to determine Yes (*Explain in comments*) No
11. Drainfield protected*: Acceptable Corrections needed
12. Reserve area protected*: Yes No No Reserve

*Protected = Down spouts and surface water diverted, no vehicle traffic, no encroachment by buildings or paving, etc.)

COMMENTS: _____

ADDITIONAL COMMENTS:

Print name of Certified Homeowner

Homeowner Certification Number

Signature of Certified Homeowner

Date

NOTE:

1. The homeowner must be certified by Island County Public Health to complete this form.
2. To be deemed valid, this form must be submitted to the Island County Public Health office and receive the appropriate date stamp.
3. Island County Code 8.07D requires an evaluation conducted by an Island County licensed Onsite Maintenance Service Provider for time of sale or title transfer. This evaluation is not valid for property sale or title transfer.
4. This form is updated periodically, please ensure that you have the most current version by visiting our website or contacting our office.

Last Updated 05/02/2012