**Island County Public Health**
**Onsite Operation & Maintenance Program**
P.O. Box 5000 Coupeville, WA 98239
Phone: (360) 679-7350 Fax: (360) 679-7390
From South Whidbey (360) 321-5111 x7350
From Camano (360) 629-4522 x7350
Website: http://www.islandcountyeh.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***

1. Number of compartments: ☐ Single ☐ Double ☐ Other: _____
2. Estimated tank volume: _____ Gallons
3. Tank construction material: ☐ Concrete ☐ Fiberglass ☐ Poly ☐ Metal ☐ Wood ☐ Other: _____
4. Surface access to the inlet: ☐ Yes ☐ No - how deep to access? _____ inches
5. Risers and lids condition: ☐ Acceptable ☐ Corrections needed. What? _____ ☐ No risers
6. Depth of scum at inlet: _____ inches
7. Depth of sludge at inlet: _____ inches
8. Inlet baffle condition: ☐ Acceptable ☐ Corrections needed. What? _____ ☐ None
9. Surface access to the outlet: ☐ Yes ☐ No
10. Effluent baffle screen (filter) condition: ☐ Acceptable ☐ Corrections needed. What? _____ ☐ None
11. Evidence of water level above invert of outlet pipe: ☐ Acceptable ☐ 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) ☐ Acceptable ☐ Corrections needed. What? _____
15. Outlet baffle condition: ☐ Acceptable ☐ Corrections needed. What? _____
16. Operational water depth (invert of outlet pipe to bottom of tank): _____ inches
17. Does the tank need pumping: ☐ Yes ☐ Pumped ☐ No
18. Evidence of water infiltration or sewage leak: ☐ Yes; where? _____ ☐ No
19. External filter checked: ☐ Acceptable ☐ Corrections needed. What? _____ ☐ None

COMMENTS: _____

## B. PUMP TANK: ☐ N/A

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

1. Surface access: ☐ Yes ☐ No If "No", how deep to access? _____
2. Risers and lids condition: ☐ Acceptable ☐ Corrections needed ☐ No risers
3. Evidence of water infiltration or sewage leak: ☐ Yes; where? _____ ☐ No
4. Depth of solids in pump chamber: Scum = _____ inches Sludge = _____ inches
5. 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 by 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***