



Health & Community Services
San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

ON-SITE SEWAGE SYSTEM INSPECTION FORM

PROPERTY INFORMATION:

Parcel Identification Number (PIN):
Island: Physical Address:

OWNER INFORMATION:

Name of Property Owner:
Mailing Address:
City: State: Zip Code: Telephone:

GENERAL INFORMATION:

Type of System (One): Gravity Pressure Distribution Mound Sand Filter Other:
Inspection done by: Homeowner Wastewater Inspector (Print): # Bedrooms:
Date of Inspection: Date of Last Inspection:
Macerator Grinder: Yes No Date of Last Pumping: Septic Design #:

INSPECTION INFORMATION:

1) Septic Tank (complete a separate report if system has second tank – page 1 only)

Type of tank: Concrete Fiberglass Poly Steel
Size of tank: gallons. # of compartments: Access riser(s) present: Yes No # of risers:
Depth of scum layer in first compartment: Depth of scum layer in second compartment:
Depth of sludge in first compartment: Depth of sludge in second compartment:
Condition of inlet baffle: OK Damaged N/A
Condition of center baffle: OK Damaged N/A
Condition of outlet baffle: OK Damaged N/A
Outlet baffle screened or equipped with an effluent filter: Yes No N/A
If yes, was screen/filter cleaned (required), if no, explain in comment section...: Yes No N/A
Indication of surface water or root intrusion: Yes No
Indications of water levels above/below (circle applicable) outlet invert: Yes No N/A
If yes, measurement above / below outlet baffle:
Is effluent draining back from drainfield: Yes No N/A
Was septic tank pumped: Yes No

2) Pump/Siphon Vault (Complete for all systems that utilizes a pump or siphon)

Does system have a separate pump/siphon tank: Yes No If yes, size of tank: Riser present: Yes No
Depth of scum in pump/siphon tank: Depth of sludge in tank: Pump make/model
Timer Settings (if applicable) On: Off: Event counter reading (if applicable):
Pump/siphon chamber screened or equipped with an effluent filter: Yes No
If yes, was the screen/filter cleaned (required), if no, explain in comment section: Yes No
Electrical connections in good conditions: Yes No N/A
On/Off floats in working condition: Yes No N/A
High/low level floats & audible/visual alarms (circle all applicable) in working condition: Yes No N/A
Pump/siphon in good working condition: Yes No

3) Drainfield (complete for all systems: gravity, pressure distribution, mound and sand filter):

Observation Ports Present: Yes No If yes, depth of ponding observed in lat 1: _____ lat 2: _____ lat 3: _____
Evidence of surfacing sewage: Yes No
Primary area properly maintained (i.e.: no roads, buildings or livestock pens etc...) Yes No
Reserve area properly maintained (i.e.: no roads, buildings or livestock pens etc...) Yes No
Flow diversion device ((i.e.: distribution box ("D" box), cam valve, tee etc)) accessible: Yes No N/A
If yes, is device operational (Note: "D"box should be located and inspected): Yes No

4) Pressure Distribution (complete for all systems equipped with a pump or siphon):

Drainfield/mound equipped with clean-outs Yes No
If yes, were laterals flushed (**required**) Yes No
If not flushed, explain why: _____
Pressure head measured (recommended) Yes No
If yes, indicate head of each lateral: Lat. 1: _____ Lat. 2: _____ Lat. 3: _____ Lat. 4: _____
Indications that orifices were plugged..... Yes No
If yes, were laterals cleaned Yes No

5) Sand Filter (complete only if applicable):

Distribution method from sand filter to drainfield/mound: Pumped Gravity
If pumped, is the pump vault accessible: Yes No If yes, depth of sludge level in vault: _____
Pump vault water tight: Yes No N/A
Monitoring ports present (pump vault can be utilized to monitor effluent levels) Yes No
If yes, is the effluent above the lower gravel/sand interface (collection pipes)..... Yes No
Clean-out valves present: Yes No
If yes, were laterals flushed (**required**) Yes No
If not flushed, explain why: _____
Pressure head measured (recommended) Yes No
If yes, indicate head of each lateral: Lat. 1: _____ Lat. 2: _____ Lat. 3: _____ Lat. 4: _____
Lat. 5: _____ Lat. 6: _____ Lat. 7: _____ Lat. 8: _____
Indications that orifices were plugged:..... Yes No
If yes, were distribution laterals cleaned Yes No

6) Mound (complete only if applicable):

Monitoring ports present Yes No
If yes, depth of ponding at the gravel/sand or infiltrator/sand interface: _____
If yes, depth of ponding at the sand/native soil interface (base of the mound): _____
Evidence of sewage seeping around the toe of the mound: Yes No

7) Miscellaneous Items (complete only if applicable)

Type of disinfection unit: Chlorinator Ultraviolet Other: _____
Disinfection unit operational Yes No Repaired
Chlorine residual: _____

Additional Comments / Observations: _____

Printed name/signature (Homeowner or Licensed Wastewater Inspector)

Date