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

Instructions: Please complete & submit the inspection form with the appropriate fee to SJCH&CS, P.O. Box 607, Friday Harbor, WA 98250 (for current fee amount contact SJCH&CS at (360) 378-4474 or go to http://www.sanjuanco.com/health/ehswaste.aspx).

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 a 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 Fee submitted