

**Skagit County Public Health Department
ON SITE SEWAGE SYSTEM SUMMARY REPORT**

Parcel #: _____ **Additional Tank Form**

Tank type:	<input type="checkbox"/> Septic	<input type="checkbox"/> Trash	<input type="checkbox"/> Holding	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Processing
Volume: _____	Location: _____			Tank# _____ of _____	
Tank description:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Plastic	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Other _____
Overall operating conditions:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		Comments: _____
Compartments:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> _____	
Compartment 1 depths:	Scum: _____		Sludge: _____		
Compartment 2 depths:	Scum: _____		Sludge: _____		
Pumping recommended:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Tank access (secure and watertight):	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Structural condition	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Alarm(s):	<input type="checkbox"/> No		<input type="checkbox"/> Yes		
Alarm condition:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Effluent baffles:	Inlet	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	Replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Center	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable		
	Outlet	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	Replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Screen	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	Cleaned	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes		

TANK TYPE:	<input type="checkbox"/> Pump tank	<input type="checkbox"/> Siphon tank	<input type="checkbox"/> Surge tank	<input type="checkbox"/> Recirc tank	<input type="checkbox"/> Sump basin
Volume: _____	Location: _____			Tank # _____ of _____	
Tank site condition:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		Comments: _____
Tank description:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Plastic		
Tank access:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Operating conditions:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Pump/siphon condition:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Discharge assembly:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Electrical components sealed/watertight	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		<input type="checkbox"/> N/A
Tank structural condition:	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		
Solids accumulation:	Scum _____		Sludge _____		
Tank pumping recommended	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Type of screen/filter: _____	Model: _____		<input type="checkbox"/> Vault with basket		<input type="checkbox"/>
Vault with filter	<input type="checkbox"/> In line screen				
Screen cleaned:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Pump Delivery Rate (PDR): _____	in Gallons Per Minute (GPM)		Gallons Per Day _____		