



Skagit County Public Health
 On Site Sewage Program
 301 Valley Mall Way, Suite 110
 Mount Vernon, WA 98273
 Email: EH@co.skagit.wa.us

For Office Use

ON SITE SEWAGE SYSTEM REPORT Gravity HOMEOWNER INSPECTION FORM

Inspection Date:	Inspected by:	
Parcel Number:	Site Address:	City:
Owner Name:	Phone Number:	Email address:
Certification Location and Date: Ex: Septics 201, 1/18/2018 WSU Research Station		Required Photographs (*): <input type="checkbox"/> Open tank <input type="checkbox"/> Outlet baffle <input type="checkbox"/> D-Box

Septic Tank	Capacity(G):	Comments
Effluent level within operational limits *	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	
Effluent screen/filter in place and clean	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Required baffles in place & good condition *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Component appears sound and watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Compartment 1 - Scum accumulation (inches)		
Compartment 1 - Sludge accumulation (inches)		
Compartment 2 - Scum accumulation (inches)		
Compartment 2 - Sludge accumulation (inches)		
Pumping recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Pumping is not required, but recommended at times. Use the formula on the next page to answer this question</i>		
Drainfield		
Ponding present	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distribution Box checked *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D-box outlets set to allow equal effluent distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
General Site and System Conditions		
All components accessible for service	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All required components inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surfacing effluent from any component	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Improper encroachment or settling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Structures connected to system occupied	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Risers watertight and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
As built available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reserve area in tact	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Comments:

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I certify that this inspection is for my single family residence, residential rental unit or accessory dwelling unit and I meet the other Skagit County Public Health requirements to perform this inspection, which may include a joint inspection with, or follow up by, an Environmental Health Specialist in the future per the Homeowner On-Site Sewage System Inspection Policy. **I have included the required photographs (*) of the following: 1. each open tank, 2. each outlet baffle 3. the distribution box (if present) (Required).**

Signature of Inspector: _____ Date: _____

Does my tank need pumping? Fill out this handy equation to decide. *Pumping is recommended (not required) when the tank is 1/3 full of solid material. Operational Depth is the depth of the interior of the septic tank. Average operational depth is 48-52" thus pumping is recommended at 18" solid material accumulation, or when solids are within 3" of either side of the outlet baffle.*

1 st compartment scum	+	1 st compartment sludge	÷	Tank Depth	=
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Total Solids greater than 1/3 (0.33)? Contact a licensed pumper.