



Skagit County Public Health
On Site Sewage Program
1800 Continental Place
Mount Vernon, WA 98273
 Email: EH@co.skagit.wa.us Fax: 360-416-1501

For Office Use

ON SITE SEWAGE SYSTEM REPORT Pressure & Pump to Gravity HOMEOWNER INSPECTION FORM		
Inspection Date:	Inspected by:	
Parcel Number:	Site Address:	City:
Owner Name:	Phone Number:	Email address:
System Type (check) <input type="checkbox"/> Pump to Gravity <input type="checkbox"/> Pressure		
Homeowner Certification Location and Date Ex: Septics 201, Alger 1/1/18		Required Photographs (*): <input type="checkbox"/> Open tank <input type="checkbox"/> Outlet baffle <input type="checkbox"/> D-Box
Date, Company & O&M Provider who trained you Ex: 7/14/2019, ABC Septic Co., Septic Sam		

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 (inch)		
Compartment 1 - Sludge accumulation		
Compartment 2 - Scum accumulation		
Compartment 2 - Sludge accumulation		
Pumping recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drainfield <input type="checkbox"/> Pressure <input type="checkbox"/> Pump to Gravity		
Ponding present	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lateral lines flushed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Average squirt height (feet)		
Distribution/Valve Box checked *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D-box/ Valve 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 <input type="checkbox"/> N/A	



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Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Component appears sound and watertight *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Compartment 1 - Scum accumulation (inches)		
Compartment 1 - Sludge accumulation		
All required baffles in place *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pumping recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Controls functioning as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Modification made to controls	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Effluent Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Controls/Alarms functioning as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tested Gallons per minute flow	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Alarm mechanisms functioning as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A modification was made (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

For questions, please contact us at the following: Samantha Russell srussell@co.skagit.wa.us
 Greg Geleyse gregg@co.skagit.wa.us Corrina Marote corrnam@co.skagit.wa.us

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 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.