



Skagit County Public Health  
On Site Sewage Program  
301 Valley Mall Way, Suite 101  
Mount Vernon, WA 98273  
Email: EH@co.skagit.wa.us

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		<b>Required Photographs (*):</b> <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	
<b>Drainfield</b> <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	
<b>General Site and System Conditions</b>		
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	

Revised: March 2024



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<b>Pump Tank</b>	<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	
<b>Effluent Pump</b>	<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	
<b>Alarm</b>	<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:

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For questions, please contact us at: EH@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 <sup>st</sup> compartment scum	+	1 <sup>st</sup> compartment sludge	÷	Tank Depth	=
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Total Solids greater than 1/3 (0.33)? Contact a licensed pumper.