



Skagit County Public Health
On Site Sewage Program
1800 Continental Place
Mount Vernon, WA 98273
Email: EH@co.skagit.wa.us Fax: 360-416-1320

For Office Use

INSPECTION DATE	ON SITE SEWAGE SYSTEM REPORT HOMEOWNER SELF-INSPECTION	
Inspected by:		
Parcel Number	Site Address:	City:
Owner Name:	Phone Number:	Email address:
System Type (check) <input type="checkbox"/> Gravity <input type="checkbox"/> Pump to Gravity <input type="checkbox"/> Pressure		
Certification Location and Date Ex: Septics 201, Alger 1/1/18		Company (for Pressure system)

Septic Tank	Capacity(G):	Comments
Effluent level within operational limits	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	
All required baffles in place	<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	
Effluent screen/filter in place and clean	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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	
Drainfield (check one) <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure		
Ponding present		<input type="checkbox"/> Yes <input type="checkbox"/> No
Lateral lines flushed (for Pressure Systems)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Average squirt height (feet)		
D-Box Checked		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
General Site and System Conditions		
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



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Pump Tank (Fill this section only if you have a 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 (inches)		
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/Alarms working	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

For questions, please contact us at the following: Greg Geleynse gregg@co.skagit.wa.us
 Corrina Marote corrnam@co.skagit.wa.us Steve Zimmerman stevenz@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 an as-built drawing with this inspection form **(Required)**.

Signature of Inspector: _____ Date: _____