



# Skagit County Department of Public Health

**Jennifer Johnson, Director**  
**Howard Leibrand, M.D., Health Officer**

## Environmental Health Forms

The following document is a fillable form. You may complete all fields in the form electronically or you may print the form and complete it manually. We require an actual signature on all applications. If you are able to sign using an electronic device please do so in the designated area, otherwise you will need to print the form to sign.

Completed forms and signed applications can be submitted via:

- E-mail to [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us)
- Fax to 360-416-1565
- Mail to Environmental Public Health, 1800 Continental Place, Mount Vernon, WA 98273

You may save a copy of your completed form electronically but if you leave this website your changes within the webform will not be saved. Incomplete forms and applications will be returned to the applicant and not processed.

If you have questions regarding the forms or applications please contact us by phone at 360-416-1500 or via e-mail at [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us) .



**Skagit County Department of Public Health**  
**Environmental Public Health Division**  
**On Site Sewage Program**  
**1800 Continental Place**  
**Mount Vernon, WA 98273**  
**Telephone: 360-416-1500 Fax: 360-416-1565**

Date Stamp Only

<b>INSPECTION DATE</b>	<b>ON SITE SEWAGE SYSTEM REPORT HOMEOWNER SELF-INSPECTION</b>	
Parcel Number	Site Address:	City:
Owner Name:	Phone Number:	Inspected by:
System Type (check) <input type="checkbox"/> Gravity <input type="checkbox"/> Pump <input type="checkbox"/> Pressure		
Septics 201 class location:		Septics 201 date:

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 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	
<b>Pump Tank</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	



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Drainfield (check one)	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	Comments
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)			
<b>General Site and System Conditions</b>			
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 intact	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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 Department of Public Health requirements to perform this inspection.

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_