



Skagit County Public Health

Keith Higman, Director
Howard Leibrand, M.D., Health Officer

SEPTICS 201

Pump/Pressure System Training Verification

Skagit County Homeowners who want to complete the annual inspections for their pump/pressure septic systems are required to complete this additional training verification form to ensure they have completed system specific training from a certified O&M Provider in Skagit County. Homeowner inspections will not be accepted until appropriate training has been documented.

Property Owner Information

Name: _____

Property Address: _____

Email: _____

Phone: _____

System Type: Pump Pressure Other (please call us to discuss your options)

Certified O&M Company

Septic System Company: _____

Individual Trainers Name: _____

Components Covered: (Providers- check off what you covered with the homeowner during training)

- | | | |
|--|---|--|
| <input type="checkbox"/> Pump(s) | <input type="checkbox"/> Flush lateral lines | <input type="checkbox"/> Alarm functions & modifications |
| <input type="checkbox"/> Pump controls | <input type="checkbox"/> Squirt height | <input type="checkbox"/> D-box |
| <input type="checkbox"/> GPM flow | <input type="checkbox"/> Sand or media filter | |

Notes on system, training, etc.:

Signature: _____ Date: _____

Skagit County Public Health/Onsite Program

www.skagitcounty.net/septic
eh@co.skagit.wa.us

SCPH Staff Use Only

QA/QC Required: Yes No

Interval: _____ Years

SKAGIT COUNTY PUBLIC HEALTH

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