



Health & Community Services
San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

ON-SITE SEWAGE SYSTEM INSPECTION FORM

Instructions: Please complete & submit the inspection form to SJCH&CS, P.O. Box 607, Friday Harbor, WA 98250.

PROPERTY & SYSTEM INFORMATION:

Parcel Identification Number (PIN):
Island: Physical Address:
Septic System Design Number (If known): Permit UnID (If Known):

OWNER INFORMATION:

Name of Property Owner:
Mailing Address:
City: State: Zip Code: Telephone:

INSPECTION INFORMATION:

Type of System (One): Gravity Pressure Distribution Mound Sand Filter Other:
Inspector: Homeowner Wastewater Inspector:
Date of Inspection: For Sale Inspection

If for sale inspection, Maintenance Components Installed: Yes No N/A

1) Septic Tank - Trash Tank if Aerobic Treatment (complete a separate report if system has second tank - page 1 only)

Type of tank: Concrete Fiberglass Poly Steel
Size of tank: gallons # of compartments:
Depth of scum layer in first compartment: Depth of scum layer in second compartment:
Depth of sludge in first compartment: Depth of sludge in second compartment:
Access riser(s) present: Yes No
Condition of inlet baffle: OK Damaged N/A
Condition of center baffle: OK Damaged N/A
Condition of outlet baffle (gravity systems or PD systems w/separate pump tank): OK Damaged N/A
Outlet baffle screened or equipped with an effluent filter: Yes No N/A
If yes, was screen/filter cleaned (required), if no, explain in comment section... Yes No N/A
Indication of surface water or root intrusion: Yes No
Water levels at outlet invert (gravity systems or PD systems w/separate pump tank): Ok Above Below N/A
Is effluent draining back from drainfield... Yes No N/A
Septic tank pumped Yes No

2) Pump/Siphon Vault (Complete for all systems that utilizes a pump or siphon)

Does system have a separate pump/siphon tank: Yes No Riser present: Yes No
Depth of scum in pump/siphon tank: 1st compartment/2nd / Depth of sludge in tank: 1st / 2nd /
Pump/siphon chamber screened or equipped with an effluent filter Yes No
If yes, was the screen/filter cleaned (required), if no, explain in comment section... Yes No
Splice Box inspected & Electrical connections in good conditions Yes No N/A
On/Off floats in working condition Yes No N/A
High/low level floats & audible/visual alarms (circle all applicable) in working condition Yes No N/A
Pump/siphon in good working condition Yes No

3) Drainfield (complete for all systems: gravity, pressure distribution, mound and sand filter):

- Depth of ponding observed (systems equipped with observation ports): lat 1: _____ lat 2: _____ lat 3: _____
- Observation Ports Present: Yes No
- Evidence of surfacing sewage: Yes No
- Primary area properly maintained (i.e.: no roads, buildings or livestock pens etc...) Yes No
- Reserve area properly maintained (i.e.: no roads, buildings or livestock pens etc...) Yes No N/A
- Flow diversion device ((i.e.: distribution box ("D" box), cam valve, tee etc)) accessible: Yes No N/A
- If yes, is device operational (Note: "D"box should be located and inspected): Yes No

4) Pressure Distribution (complete for all systems equipped with a pump or siphon):

- Drainfield/mound equipped with clean-outs Yes No
- If yes, were laterals flushed (**required**), if no, explain in comment section Yes No
- Pressure head measured (recommended) Yes No
- If yes, indicate head of each lateral in comment section.
- Indications that orifices were plugged..... Yes No
- If yes, were orifices cleaned Yes No

5) Sand Filter (complete only if applicable):

- Distribution method from sand filter to drainfield/mound: Pumped Gravity
- If pumped, is the pump vault accessible:..... Yes No
- Monitoring ports present (pump vault can be utilized to monitor effluent levels) Yes No
- If yes, is the effluent above the lower gravel/sand interface (collection pipes)..... Yes No
- Clean-out valves present: Yes No
- If yes, were laterals flushed (**required**), if no, explain in comment section Yes No

6) Mound (complete only if applicable):

- Monitoring ports present: Yes No
- Evidence of sewage seeping around the toe of the mound:..... Yes No

7) Proprietary/Aerobic Unit (complete only if applicable)

- Proprietary Device: _____ (name of unit)
- Aeration operational Yes No N/A
- Filtering Devices Working..... Yes No N/A

8) Disinfection Units (complete only if applicable)

- Type of disinfection unit: Chlorinator Ultraviolet Other: _____
- Disinfection unit operational Yes No

9) System Status (complete for all system types)

- System Failing Yes No
- If yes, failure corrected Yes No
- Deficiencies Identified Yes No
- If yes, deficiencies corrected..... Yes No

Additional Comments / Observations: _____

Printed name/signature (Homeowner or Licensed Wastewater Inspector)

Date