



Cowlitz County Health and Human Services

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ON-SITE SEWAGE SYSTEM – OPERATIONS & MAINTENANCE REPORT - GRAVITY & PRESSURE DISTRIBUTION SYSTEM -

Address _____

Owner Name _____ Parcel # _____

Phone No.: _____ No. of Bedrooms: _____ Email: _____

Inspection Performed on: _____ Type of Drainfield: _____

Inspection Performed by: Homeowner O&M Professional: _____

Date of Last Inspection: _____ by: You Other: _____

Date of last tank pumping: _____ Record Drawing on File: Yes No

Instructions

Operations & maintenance inspections are required annually for systems utilizing pressure distribution. Gravity & pump to gravity systems require an inspection every three years; however CCHD recommends annual inspections for these systems as well.

Please fill out this form based on the type of on-site sewage system:

Gravity Systems: Complete Sections 1, 2, 4-6

Pressure Distribution Systems: Complete ALL Sections

Sand Filter Pre-Treatment Units: Complete ALL Sections + Supplemental Report Form 8422 OSS O&M Sand Filter Supplement

If your system has access points (i.e. risers & monitoring ports) uncover, inspect, and report the condition at those points. If your system does not have any built-in access points, at a minimum, you must open & inspect your tanks for the evaluation to be acceptable. A reasonable effort should be made to determine if the drainfield is functioning properly, even if there is no access. For example, a visual inspection of the ground surface.

1. Overall System Status

Surfacing effluent and/or ponding present Yes No

2. Septic Tank Status

A. Presence of odor in general vicinity of system None Mild Strong Chemical Sour
Source of odor if present: _____

B. Tank Material Concrete Fiberglass/Polyethylene Steel* Other: _____

C. Tank Size _____ gallons

D. Number of Compartments Single Double Other: _____

E. Tank access at grade Yes No Lid Buried _____ feet deep

F. Condition of Tank Risers Intact and Watertight Damaged Not Present

Condition of Tank Lids Intact and Watertight Damaged Not Present

G. Condition of Inlet Baffle Intact Damaged Not Present

Condition of Outlet Baffle Intact Damaged Not Present

Condition of Compartment Baffle Intact Damaged Not Present

H. Effluent Filter Present Yes No

Effluent Filter Clean** & Free of Debris Yes No NA

I. Liquid Level Relative to Invert of Outlet At Above Below

J. **Layers in Tank:** Tank pumping required per CCC 15.42 if total sludge and scum occupy 25% to 33% of your total tank volume or if any sludge is present in the pump chamber. Attach a copy of the pumper's report if pumping of the tank is necessary.

	Scum Depth (inches)	Clear Zone Depth (inches)	Sludge Depth (inches)
Compartment #1			
Compartment #2			

K. Septic Tank appears to be watertight and in good condition Yes No

*Steel tanks should be replaced. Contact CCHHS for tank replacement information.

**Effluent filter should be hosed off into 1st compartment of septic tank every 6 months

3. Pump Chamber Status (if applicable) NA

A. Pump Chamber Material	<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass/Polyethylene
B. Pump Chamber Size	_____ gallons
C. Pump chamber appears to be watertight / in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Pump Chamber Access at Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Lid Buried _____ feet deep
E. Condition of Pump Chamber Risers	<input type="checkbox"/> Intact and Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Condition of Pump Chamber Lids	<input type="checkbox"/> Intact and Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
F. Scum/Solids present in Pump Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No Scum depth _____ inches Sludge depth _____ inches
G. Pump or Siphon Functional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump controlled by	<input type="checkbox"/> Dose Timer <input type="checkbox"/> Demand Float
Floats or Bell Sensor Functional	<input type="checkbox"/> Yes <input type="checkbox"/> No
High water alarm (visual and audible) working	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Electrical Components Sealed and Watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Type of Screen	<input type="checkbox"/> Vault w/basket <input type="checkbox"/> Vault w/filter <input type="checkbox"/> In-line screen <input type="checkbox"/> NA
Screen Clean*** and Free of Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No
***Pump chamber screen should be hosed off into 1st compartment of septic tank every 6 months.	

4. Drainfield Status

A. There are signs of sewage discharge to the surface (Strong odor, damp or spongy ground, excessive vegetation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. The area is free from roads, vehicular traffic, structures, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. The area is free from surface water drainage / down spouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. The dedicated reserve area is protected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gravity and Pump to Gravity	
E. Surface access to distribution box (d-box) or drop boxes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F. D-Box or drop boxes are intact and free of solids	<input type="checkbox"/> Yes <input type="checkbox"/> No Depth of solids: _____ inches
G. Condition of monitoring ports	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
H. There is abnormal ponding in trenches (more than 6 inches)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pressure Distribution	
I. Surface access to manifold and ball valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Lateral lines flushed and equal distribution verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Condition of monitoring ports	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
L. There is abnormal ponding in trenches (more than 6 inches)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

5. Existing System Drawing (Complete only if NO record drawing on file with the county)

Scale: 1" = _____ feet

6. Comments and Inspection Notes

Home utilizes a garbage disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home utilizes a water softener	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic Tank and/or Pump Chamber Pumped	<input type="checkbox"/> Yes <input type="checkbox"/> No ****If YES, attached licensed pumper's report & receipt
System Problem Identified	<input type="checkbox"/> Yes <input type="checkbox"/> No
System Problem Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

****Please describe necessary corrections below. Corrections should be completed within 6 months of the inspection and may require a repair permit from CCHD

Corrections Completed/Other Notes:

Signature _____ **Date** _____

Printed Name _____

Cowlitz County Health & Human Services assumes no responsibility for the accuracy of the information provided, nor does it guarantee the future condition or function of the on-site sewage system. Homeowners are responsible for correcting any problems noted on this form and obtaining the proper permits prior to repair. If your septic system is not functioning properly, please contact CCHHS for assistance.

FOR OFFICAL USE ONLY

Report Reviewed By: _____

Homeowner / O&M Provider Contacted: Yes, Date: _____ No

Supplemental Form Received: Yes No NA

Deficiencies Noted: Yes No

Deficiencies Corrected: Yes No NA

Notes: