



Cowlitz County Health & Human Services Departments

Environmental Health Unit
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www.co.cowlitz.wa.us/hhs

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Septic Tank

Presence of odor in general vicinity of system	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Chemical <input type="checkbox"/> Sour Source of odor if present: _____
Tank Material	<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass/Polyethylene <input type="checkbox"/> Steel* <input type="checkbox"/> Other: _____
Tank Size	_____ gallons
Septic Tank appears to be watertight and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Compartments	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Other: _____
Tank access at grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Lid Buried _____ feet deep
Condition of Tank Risers	<input type="checkbox"/> Intact and Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Condition of Tank Lids	<input type="checkbox"/> Intact and Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Condition of Inlet Baffle	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Condition of Outlet Baffle	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Condition of Compartment Baffle	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Effluent Filter Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effluent Filter Clean** & Free of Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Liquid Level Relative to Invert of Outlet	<input type="checkbox"/> At <input type="checkbox"/> Above <input type="checkbox"/> Below

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			

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

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

For more information, contact OMseptic@co.cowlitz.wa.us. Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm.

3. Pump Chamber Status (if applicable) NA

Pump Chamber Material	<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass/Polyethylene
Pump Chamber Size	_____ gallons
Pump chamber appears to be watertight and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump chamber Access at Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Lid Buried _____ feet deep
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
Scum/Solids present in Pump Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No Scum depth _____ inches Sludge depth _____ inches
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
Electrical Components Sealed & Watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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
The area is free from roads, vehicular traffic, structures, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The area is free from surface water drainage & down spouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
The dedicated reserve area is protected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surface access to manifold & ball valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gravity and Pump to Gravity	
Surface access to distribution box (d-box) or drop boxes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
D-Box or drop boxes are intact and free of solids	<input type="checkbox"/> Yes <input type="checkbox"/> No Depth of solids: _____ inches
Condition of monitoring ports	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
There is abnormal ponding in trenches (greater than 6 inches)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pressure Distribution	
Surface access to manifold and ball valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lateral lines flushed and equal distribution verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition of monitoring ports	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
There is abnormal ponding in trenches (greater 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

For more information, contact OMseptic@co.cowlitz.wa.us. Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm.

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 Department 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 CCHD for assistance.

FOR OFFICAL USE ONLY

Report Reviewed By: _____ Deficiencies Noted: Yes No
 Homeowner / O&M Provider Contacted: Yes, Date: _____ No Deficiencies Corrected: Yes No NA
 Supplemental Form Received: Yes No NA

Notes:

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