



Cowlitz County Health and Human Services

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ON-SITE SEWAGE SYSTEM – OPERATIONS & MAINTENANCE REPORT - SAND FILTER SUPPLEMENT -

Address _____

Owner Name _____ Parcel # _____

Inspection Performed by: Homeowner O&M Professional: _____

Date of previous inspection: _____ By: You Other: _____

Instructions

Operations & maintenance inspections are required annually for systems utilizing a sand filter for a pre-treatment device, per Cowlitz County Code Chapter 15.42.

Please complete this form in ADDITION to the appropriate Drainfield System Report: Form 8420 OSS O&M Gravity & Pressure Distribution Report or Form 8421 OSS O&M Sand Media Drainfield Report

If your sand filter has access points (i.e. risers and monitoring ports) uncover, inspect, and report the condition at those points. If your system does not have any built-in access points, a reasonable effort should be made to determine if the sand filter 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. Sand Filter 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
Sand filter appears to be watertight & in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Vault Access at Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Lid buried _____ feet deep
Condition of pump vault lid	<input type="checkbox"/> Intact & Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not present
Pump or Siphon Functional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Floats or Bell Sensor Functional	<input type="checkbox"/> Yes <input type="checkbox"/> No
High water alarm (visual & audible) working	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Components Sealed & Watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Effluent odor after passing through sand filter	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong
Effluent color after passing through sand filter	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Black
Surface access to manifold & ball valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lateral lines flushed & 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
Biomat present on sand media surface	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ponding in/on the sand media surface	<input type="checkbox"/> Yes <input type="checkbox"/> No Ponding is _____ inches deep
Sand media appears to be settling	<input type="checkbox"/> Yes <input type="checkbox"/> No

System Problem Identified (If yes, please note problem on O&M Report Form 8420 or 8421) Yes No

System Problem Corrected Yes No NA

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.