



# Cowlitz County Health and Human Services

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## ON-SITE SEWAGE SYSTEM – OPERATIONS & MAINTENANCE REPORT - AEROBIC TREATMENT UNIT SUPPLEMENT -

Address \_\_\_\_\_

Owner Name \_\_\_\_\_ Parcel # \_\_\_\_\_

O&M Professional: \_\_\_\_\_ Date of last inspection: \_\_\_\_\_

### Instructions

Operations & maintenance inspections are required at least annually, and more frequently as prescribed by the manufacturer, for systems utilizing an aerobic treatment unit 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

### Aerobic Treatment Unit Status

Type of ATU: Manufacturer: _____ Model #: _____	<input type="checkbox"/> Attached Growth <input type="checkbox"/> Suspended Growth <input type="checkbox"/> Packed Bed Filter
UV Light Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
UV Light properly functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATU lid/risers are secure and watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air supply method	<input type="checkbox"/> Aspirator <input type="checkbox"/> Aerator <input type="checkbox"/> Compressor <input type="checkbox"/> Blower <input type="checkbox"/> Free Air
Air supply unit operating properly and per manufacturer specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Venting mechanism operating properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Components Sealed & Watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm(s) (visual & audible) functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telemetry system in tact / functioning properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Effluent odor after passing through the ATU	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong
Effluent color after passing through the ATU	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Black
Solids accumulation within manufacturer operational limits:	
Trash Compartment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Depth of Solids: _____ inches
Clarifying Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Depth of Solids: _____ inches
Aerobic Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Depth of Solids: _____ inches
Pumping Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATU was serviced ATU was serviced per manufacturer requirements including cleaning of applicable filter(s) <i>(Attach manufacturer inspection form to this report, if supplied)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Optional:</i>			
D.O. _____	pH _____	Turbidity _____	Settleable Solids _____ %

System Problem Identified <i>(If yes, please note problem on O&amp;M Report Form 8420 or 8421)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
System Problem Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.