



Island County Public Health
On-Site Operation & Maintenance Program

Mailing Address 1NE 7th St. Coupeville, WA 98239
Physical Address: 1 NE 6th St. Coupeville, WA 98239
Phone: (360) 679-7350 Camano (360) 678-8261
www.islandcountywa.gov

ICPH Date Stamp Only

On-Site Sewage System HOMEOWNER Evaluation

(To be used only for Conventional Gravity, Conventional Pressure and Pump to D-Box Systems)

Date of Inspection: Tax Parcel #:

Owner/Contact Name: Phone Number:

Tenant's Name (if different) or Unit Space #:

Site Address: City: State: Zip:

Is structure occupied: Yes No Part-time

Record Drawing (Asbuilt) or Asbuilt Cert on File: Yes (Record Drawing Number): None (Please submit a System Sketch noting location of known system components)

On-Site Sewage (OSS) Source: Residential Community Other

OVERALL SYSTEM STATUS: (complete this question after evaluating all components)

Acceptable, no corrections needed Acceptable, corrections made Corrections needed Failure

A. SEPTIC TANK:

Acceptable, no corrections needed Acceptable, corrections made Corrections needed Failure

- 1. Number of compartments: Single Double Other:
2. Estimated tank volume: Gallons
3. Tank construction material: Concrete Fiberglass Poly Metal Wood Other:
4. Surface access to the inlet: Yes No - how deep to access? inches
5. Risers and lids condition: Acceptable Corrections needed. What? No risers
6. Depth of scum at inlet: inches
7. Depth of sludge at inlet: inches
8. Inlet baffle condition: Acceptable Corrections needed. What? None
9. Surface access to the outlet: Yes No
10. Effluent baffle screen (filter) condition: Acceptable Corrections needed. What? None
11. Evidence of water level above invert of outlet pipe: Acceptable Corrections needed. What?
12. Depth of scum at outlet: inches
13. Depth of sludge at outlet: inches
14. Center wall condition: (not applicable for single compartment tank) Acceptable Corrections needed. What?
15. Outlet baffle condition: Acceptable Corrections needed. What?
16. Operational water depth (invert of outlet pipe to bottom of tank): inches
17. Does the tank need pumping: Yes Pumped No
18. Evidence of water infiltration or sewage leak: Yes; where? No
19. External filter checked: Acceptable Corrections needed. What? None

COMMENTS:

B. PUMP TANK: N/A

Acceptable, no corrections needed Acceptable, corrections made Corrections needed Failure

- 1. Surface access: Yes No If "No", how deep to access?
2. Risers and lids condition: Acceptable Corrections needed No risers
3. Evidence of water infiltration or sewage leak: Yes; where? No
4. Depth of solids in pump chamber: Scum = inches Sludge = inches
5. Does the tank need pumping: Yes Pumped No

COMMENTS:

Parcel #: \_\_\_\_\_

**C. PUMP CONTROL:**  N/A

Acceptable, no corrections needed     Acceptable, corrections made     Corrections needed     Failure

1. Panel Manufacturer: \_\_\_\_\_ **OR**  No Panel
2. Pump controlled by:     Dose Timer                       Demand
3. Pump controlled by:     Floats                               Pressure Transducer                       Other \_\_\_\_\_
4. Is control panel and junction box water/gas tight?     Yes     No
5. Alarm working properly:     Acceptable     Corrections needed. What? \_\_\_\_\_     None
6. Pump draw down at time of evaluation: \_\_\_\_\_ Inches per minute
7. Timer settings at time of evaluation:    \_\_\_\_\_ Min. On                      \_\_\_\_\_ Min. Off                       N/A - demand dosed system

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**D. DRAINFIELD:**

Acceptable, no corrections needed     Acceptable, corrections made     Corrections needed     Failure

1. Distribution Type:     Gravity     Pump to D-Box     Pressure Laterals
2. Drainage Material:     Gravelless     Gravel-Filled
3. Is the drainfield located offsite:                       No                       Yes – Located on Parcel # \_\_\_\_\_
4. Sewage Surfacing:                       Yes                       No
5. Surface access to D-Box:                       Yes                       No                       None
6. D-Box Condition:                       Acceptable     Corrections needed     Insufficient access                       None
7. Surface access to pressure lateral cleanout:                       Yes                       No                       None
8. Monitoring ports accessible:                       Yes                       No                       None
9. Equal distribution in absorption system:                       Insufficient access to determine     Yes                       No
10. Abnormal ponding in drainfield:                       Insufficient access to determine     Yes (*Explain in comments*)                       No
11. Drainfield protected\*:                       Acceptable                       Corrections needed
12. Reserve area protected\*:                       Yes                       No                       No Reserve

\*Protected = Down spouts and surface water diverted, no vehicle traffic, no encroachment by buildings or paving, etc.)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name of Certified Homeowner

Homeowner Certification Number

Signature of Certified Homeowner

Date

**NOTE:**

1. The homeowner must be certified by Island County Public Health to complete this form.
2. To be deemed valid, this form must be submitted to the Island County Public Health office and receive the appropriate date stamp.
3. Island County Code 8.07D requires an evaluation conducted by an Island County licensed Onsite Maintenance Service Provider for time of sale or title transfer. This evaluation is not valid for property sale or title transfer.
4. This form is updated periodically, please ensure that you have the most current version by visiting our website or contacting our office.

Last Updated 03/21/2023