

APPLICANT: _____
 MAILING ADDRESS: _____
 PHONE/EMAIL: _____
 SITE ADDRESS: _____

PROPERTY INFORMATION:
 PARCEL NUMBER: _____
 USE: _____ (#OF BDRMS) _____
 SYSTEM DESIGN FLOW: _____ SEPTIC PERMIT# _____
 SEPTIC SYSTEM TYPE: _____

SYSTEM FUNCTIONING AT TIME OF EVALUATION? _____
MEETS SETBACKS TO WELL; SURFACE WATER? _____

CORRECTION STATUS:
 ALL CORRECTIONS MADE
 CORRECTIONS IN PROGRESS
 NO CORRECTIONS NEEDED
 NO CORRECTIONS MADE
 SOME CORRECTIONS MADE
 OTHER (SEE COMMENTS)

INSPECTION TYPE:
 ROUTINE
 PROPERTY SALE
 LOT ALTERATION
 FOOD ESTABLISHMENT
 BUILDING PERMIT
 OTHER (SEE COMMENTS)

INSPECTION DATE: _____

COMMENTS: _____

GENERAL SITE & SYSTEM CONDITIONS:
 All Components Accessible for Service: YES NO
 Property Occupied (details in comments): YES NO
 Surfacing Effluent from any Component: YES NO
 Improper Cover, Setbacks or Settling problems: YES NO
 Abnormal Ponding present: YES NO
 Sewage Leaking from any Components: YES NO
 Effluent Contaminating ground or surface water: YES NO
 Sewage backing up into structure, tank or dbox YES NO
 Risers appear to be Watertight: N/A YES NO
 Site or Landscape Maintenance Required: YES NO
 Occupant Compliance problem noted: YES NO
 Past indentified Deficiencies Corrected: N/A YES NO
 OSS Components located per record drawing: YES NO
 Additional Documents (site drawing) Submitted: YES NO
 Alterations made to OSS or setting changes: YES NO
 Current OSS use meets original design criteria: YES NO

UV DISINFECTION: (if applicable)
 Alarm Functioning? YES NO
 UV Light Present? YES NO
 Light Functioning? YES NO
 Replaced Bulb? YES NO

PRE-TREATMENT DEVICE: (Type): _____
 Functioning As Intended: YES NO
 Effluent Level In Operational Limits: YES NO
 Aerobic Mechanism Appears To Be Functioning Per
 Manufacturers Specifications: YES NO
 ATU Service Per Manufacturers Requirements Including
 Cleaning Filters: YES NO
 Trash Compartment Solids Accumulation In Operational
 Limits Per Manufacturer: YES NO
 Aerobic Chamber Solids Accumulation Within Manufacturer
 Operational Limits: YES NO
 Clarifying Chamber Solids Accumulation With Manufacturer
 Operational Limits: YES NO
 Pumping Needed: YES NO

SEPTIC TANK: Material: _____
 Volume: _____ Gallons
 Number Of Compartments: ONE or TWO
 Functioning As Intended: YES NO
 Effluent Level In Operational Limits: YES NO
 Baffles In Place: YES NO
 Effluent Filter Cleaned: N/A YES NO
 Scum Depth: _____ Inlet _____ Outlet
 Sludge Depth: _____ Inlet _____ Outlet
 Pumping Needed: YES NO

MEDIA FILTER: SANDFILTER (if applicable)
 Functioning As Intended: YES NO
 Monitoring Ports Present: YES NO
 Ponding Present: (If YES: _____ Inches) YES NO
 Signs Of Surfacing Effluent: YES NO
 Lateral Lines Jetted: YES NO
 Lateral Lines Flushed: YES NO
 Average Squirt Height: _____

PUMPTANK: Volume: _____ Gallons
 Functioning As Intended: YES NO
 Scum Depth: _____ Sludge Depth: _____
 Pumping Needed: YES NO

MEDIA FILTER: BIOFILTER (if applicable)
 Functioning As Intended: YES NO
 Equalized Dosing: N/A YES NO
 Slope Integrity Maintained: YES NO
 Ponding Present: YES NO
 Sludge Accumulation: YES NO
 Pumping Needed: YES NO
 Normal Effluent Levels Within
 Operational Limits: YES NO

PUMP: Type: _____
 Functioning As Intended: YES NO
 Filter Cleaned: N/A YES NO
 Floats Operational: N/A YES NO
 Gallons Per Minute Flow: _____

DISTRIBUTION BOX: PRESENT OR N/A
 Fully Inspected: YES NO
 In Good Condition: YES NO
 Equal Flow At Outlets: YES NO

CONTROL PANEL: Type: _____
 Panel & Alarm Functional: N/A YES NO
 Transducer Operational: N/A YES NO
 Timer Setting: _____ ON _____ OFF
 Elapsed Timer Meter: _____
 Dose Meter: _____ Doses: _____
 Draw Down: _____ INCHES _____ GPM _____ GPD

DRAINFIELD: TYPE: _____
 Fully Inspected: YES NO
 Functioning As Intended: YES NO
 Ponding Present: YES NO

FINDINGS: THIS REPORT DOES NOT CONSTITUTE A GUARANTEE, WHETHER EXPRESSED OR IMPLIED THAT THE SEPTIC SYSTEM WILL CONTINUE TO FUNCTION PROPERLY. THIS REPORT CONSTITUTES ONLY A SUMMARY OF FINDINGS ON THE INSPECTION DATE.

SERVICE INFORMATION:
 COMPANY: _____
 WORK PERFORMED BY: _____

BY SIGNING THIS FORM, ENVIRONMENTAL HEALTH SERVICES IS CERTIFYING THAT THE PERSON PERFORMING THIS EVALUAION IS A CERTIFIED DESIGNER OR O&M PROVIDER IN CLALLAM COUNTY. O&M SYSTEMS STATUS INSPECTIONS ARE TO BE PERFORMED IN ACCORDANCE WITH CCC 41.20.23.230

DATE STAMP: _____
 EH RECIPIENT: _____

Parcel #: _____

Per Clallam County Chapter 41.20.180 (2) (d) *Septic system components (i.e. tanks, pump chambers, drainfield, or other components) must be located and documented in a system status record drawing.* Provide a complete, detailed, and dimensional or to-scale site plan, including encumbrances affecting system such as structures, driveways, property lines, surface water and wells.

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