



Wahkiakum County Health and Human Services  
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## **Guidelines to reconnect or connect to an existing on-site septic system**

The WAC 246-272A-0200 states that prior to beginning the construction process, a person proposing the installation, repair, modification, connection to, or expansion of an OSS, shall report the following (listed on the attachment) to this sheet and obtain a permit from the local health officer. Additionally, according to our Wahkiakum County onsite sewage ordinance, no on-site sewage system that has abandoned or unused for more than six years may be reutilized.

To obtain a permit, it needs to be shown that your on-site septic system meets the definition of a “conforming system.” This means any on-site sewage system or component, meeting any of the following criteria:

- In full compliance with new construction requirements under WAC 246-272A; or
- Approved, installed and operating in accordance with requirements of previous editions of WAC 246-272A (when the onsite septic system was originally permitted); or
- Permitted by the waiver process under WAC 246-272A-0420 that assures public health protection by higher treatment performance or other methods.

To obtain a permit to reconnect please submit the following:

- A permit application (attached)
- An inspection report (attached)
- All the materials outlined in WAC 246-272A-0200 permit requirements (attached)
- This certification letter that the system meets the definition of a “conforming system.”

On-site septic systems that are failing or that have no records and/or permits will be required to be in full compliance with WAC 246-272A.

I certify that the onsite septic system at \_\_\_\_\_ meets the definition of the conforming system as defined above or is up to the current version of WAC 246-272A.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Existing System Evaluation Report for Onsite Wastewater systems

## Septic System Owner- Provided Information

Property Owner(s)/Sellers: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Legal Description: \_\_\_\_\_

Age of wastewater treatment system: \_\_\_\_\_ (years) Is there a service contract for system components? \_\_\_\_\_

Date the septic system was last pumped: \_\_\_\_\_ (please attach receipt if available)

Number of people occupying dwelling: \_\_\_\_\_ If unoccupied, for how long has it been vacant? \_\_\_\_\_

**The above information is true and to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Name of person performing evaluation (please print):** \_\_\_\_\_

Certification:

- Installer
- Professional engineer
- Licensed OSS Designer
- Other evaluator approved in writing (please describe): \_\_\_\_\_

Certification Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. General System Information**

The existing system evaluation report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you are unable to answer any of the questions on this form please indicate, in writing, why this information is not available at the time the evaluation was completed.

- The existing septic tank consists of (check all that apply):

- Septic Tank
- Disposal Trenches
- Seepage Bed
- Cesspool
- Sand Filter
- Other (please describe): \_\_\_\_\_

Note: If the system is a seepage bed or cesspool, contact your local county office for further guidance.

- Is there a permit for the septic system? \_\_\_\_\_
- Permit Number: \_\_\_\_\_
- Date Septic System Installed: \_\_\_\_\_
- Are all plumbing fixtures connected to the septic system? \_\_\_\_\_

If you answered no, please describe below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Overall Septic System Status**

- Discharge of sewage to the ground surface  Yes  No
- Discharge of sewage to surface waters  Yes  No
- Sewage backup into plumbing fixtures  Yes  No
- Additional Comments: \_\_\_\_\_

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

**3. Septic Tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the system tank was pumped during the course of *this* evaluation.

- Was the septic tank pumped during the course of *this* evaluation? \_\_\_\_\_
- If the septic tank was **NOT pumped** during the course of this evaluation, please explain below, e.g. septic system owner declined to have the tank pumped etc.: \_\_\_\_\_

• The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_

- Is the septic tank accessible? \_\_\_\_\_
- Septic tank volume (in gallons) \_\_\_\_\_
- Are septic tank risers at ground level? \_\_\_\_\_
- Does the tank appear to be watertight and in good condition? \_\_\_\_\_
- If you answered "no," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Are septic tank lid(s) intact? \_\_\_\_\_
- Are septic tank baffles and elbows intact? \_\_\_\_\_
- Is the effluent filter present? \_\_\_\_\_
- Is the effluent filter free of debris? \_\_\_\_\_
- What is the liquid level in the tank relative to the invert of the outlet? \_\_\_\_\_
- Scum layer? \_\_\_\_\_ (inches) Sludge Layer? \_\_\_\_\_ (inches)
- Are the scum and sludge layer more than 35% of the total tank volume? \_\_\_\_\_
- Additional Comments: \_\_\_\_\_

#### 4. Dosing Tank / Pump basin

Dosing tanks, where present, have a pump that sends effluent to the drain field. Not all septic system designs have a dosing tank.

- Does the septic system have a dosing tank? \_\_\_\_\_ (if no, skip the rest of section 4)
- Dosing tank capacity \_\_\_\_\_ (gallons)
- Dosing tank material \_\_\_\_\_
- Dosing tank appears to be watertight and in good condition? \_\_\_\_\_

- Is the dosing tank lid intact? \_\_\_\_\_
- Are the electrical components sealed and water tight? \_\_\_\_\_
- Is the pump functional? \_\_\_\_\_
- Type of pump? (timed dose or demand dose) \_\_\_\_\_
- Is the pump control mechanism functional? \_\_\_\_\_
- Is there a high water alarm? \_\_\_\_\_
- Is the high water alarm working? \_\_\_\_\_
- Type of screen \_\_\_\_\_
- Is the screen clean and free of debris? \_\_\_\_\_
- Is there scum/ sludge present in the dosing tank? \_\_\_\_\_
- Scum layer? \_\_\_\_\_ (inches) Sludge Layer? \_\_\_\_\_ (inches)
- Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Soil Absorption System**

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the ground water.

- Does the septic system have a soil absorption system? \_\_\_\_\_
- Absorption distribution
  - Equal
  - Serial
  - Pressure
  - Equal via pressure
- Absorption lines construction material: \_\_\_\_\_
- Are the absorption distribution unit(s) intact? \_\_\_\_\_
- Are the absorption distribution unit(s) free of debris and solids? \_\_\_\_\_
- Are you able to locate all drain lines in soil absorption system? \_\_\_\_\_
- Total length of drain lines \_\_\_\_\_ (feet)
- Does the absorption area appear to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants, etc? \_\_\_\_\_ If you answered “no,” please describe below. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Does the absorption area appear to be free from surface water runoff and down spouts? \_\_\_\_\_
- Is there evidence of ponding in absorption area or distribution unit(s)? \_\_\_\_\_
- Does the reserve absorption area assigned in the “as-built” drawing appear to be intact? \_\_\_\_\_  
 If you answered “no,” please explain below. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Sand Filter System

There are different sand filter designs, not every sand filter system will contain all of the components mentioned below, e.g. pumps.

- Does the septic system have a sand filter? \_\_\_\_\_ (if not, skip the rest of section 6)
- Type of sand filter
  - Intermittent
  - Re-circulating
  - Bottomless
- Does the sand filter appear to be watertight and in good condition? \_\_\_\_\_
- Does the sand filter appear to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants, etc? \_\_\_\_\_  
\_\_\_\_\_ If you answered no, please describe below. \_\_\_\_\_  
\_\_\_\_\_
- Does the sand filter appear to be free from surface water runoff and down spouts? \_\_\_\_\_
- Is there evidence of ponding in/on the sand filter media surface? \_\_\_\_\_
- Lateral lines flushed and equal distribution verified? \_\_\_\_\_
- Are monitoring ports present? \_\_\_\_\_
- Is there surface access to manifold and valves? \_\_\_\_\_
- Does the sand filter have a pump? \_\_\_\_\_ (If no, skip the rest of section 6)
- Does the pump vault appear to be watertight and in good condition? \_\_\_\_\_
- Is the pump functional? \_\_\_\_\_
- Are the pump control mechanisms functional? \_\_\_\_\_
- High water alarm in pump vault working? \_\_\_\_\_
- Are the pump electrical components sealed and watertight? \_\_\_\_\_
- Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Alternative Treatment Technology System

The owner of an ATT system *must* maintain an annual service contract with a certified operation and maintenance provider. Maintenance records should be available from the system owner, or the contracted maintenance provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- Does the septic system have an Alternative Treatment technology? If no, skip the rest of section 7. \_\_\_\_\_
  - Product name: \_\_\_\_\_
  - System ID Number: \_\_\_\_\_
  - Manufacturer Name: \_\_\_\_\_

- Previous two years of maintenance records available and attached to this form? \_\_\_\_\_ If you answered no, please explain below. \_\_\_\_\_

• Additional Comments: \_\_\_\_\_

**8. Please attach a copy of the following items to this form, if available. Contact the health department to locate these items.**

- A copy of the original septic system permit
- A copy of the original as-built drawing

• Additional Comments: \_\_\_\_\_

**9. Provide a Plot Plan**

- Please provide a sketch of the complete system on the next page, if a copy of the original as-built drawing is NOT available, or if the original as-built drawing is NOT accurate or representative of the existing system.

• Additional Comments: \_\_\_\_\_

**10. Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. Wahkiakum County recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

***I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and to the best of my knowledge.***

**Signature of qualified septic system evaluator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provide a plot plan in the space below.** Show the actual or best estimate measurements that locate the existing septic tank, disposal trenches, property lines, easements, existing structures, driveways, and water supply. **Draw to scale and indicate the direction North.**

