



Health Department  
 42 Elochoman Valley Rd  
 PO Box 696  
 Cathlamet, WA 98612  
 Phone (360) 795-6207  
 Toll Free (888) 452-0326

## Operation and Maintenance Report Form

Address: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ Email: \_\_\_\_\_  
 Inspection performed on: \_\_\_\_\_ Type of Drainfield: \_\_\_\_\_  
 Inspection performed by: \_\_\_\_\_  
 Date of Last Inspection: \_\_\_\_\_ Date of last tank pumping: \_\_\_\_\_  
 Record on File?: \_\_\_\_\_

- A. **SEWAGE SURFACING:** No\_\_\_\_ Yes\_\_\_\_ If yes, answer a-c: (a.) State where sewage is surfacing in Section IV. (b.) Contained On-site\_\_\_\_ or Migrating Off-site\_\_\_\_ (c.) State possible cause(s) of failure in Section IV.
- B. **PRE-FAILING SIGNS:** No\_\_\_\_ Yes\_\_\_\_ If yes, state observations in Section IV.
- C. **OSS WORKING PROPERLY:** Yes\_\_\_\_ No\_\_\_\_ If no, state observations in Section IV (i.e. functioning but unable to maintain, etc).

### I. SEPTIC TANK/PUMP TANK CHARACTERISTICS

1. (a.) Septic Tank Size: \_\_\_\_\_ gal. (b.) Pump Tank Size: \_\_\_\_\_ gal. (c.) Tank Material: \_\_\_\_\_

#### 2. Solids Accumulation

	Scum (inches)	Sludge (inches)	Scum below liquid level (in.)
Septic Tank 1 <sup>st</sup> Compartment			
Septic Tank 2 <sup>nd</sup> Compartment			
Pump Tank			

3. Liquid Level is at\_\_\_\_, above\_\_\_\_, or below\_\_\_\_ the invert of outlet pipe.

#### 4. Baffles

	Satisfactory	Unsatisfactory	Not Accessible	Not Applicable
Inlet Baffle				
Center Baffle				
Outlet Baffle				

5. Outlet Baffle Screened: Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_ (a.) If yes, baffle cleaned: Yes\_\_\_\_ No\_\_\_\_

6. (a.) Pump Functioning Properly: Yes\_\_\_\_ No\_\_\_\_ (b.) Alarm Functioning: Yes\_\_\_\_ No\_\_\_\_ Not Accessible\_\_\_\_  
 (c.) If no to a or b, explain in Section IV.

7. Float Switches Functioning: Yes\_\_\_\_ No\_\_\_\_ (a.) If no, explain in Section IV.

8. Draw Down Test: (a.) \_\_\_\_\_ Inches/Min (b.) \_\_\_\_\_ Gals/Inch (c.) \_\_\_\_\_ Gals/Minute

9. Metering Devices Present: Yes\_\_\_\_ No\_\_\_\_ If yes, answer a-c:  
(a.) Design Flow: \_\_\_\_\_ gpd (b.) Average Flow: \_\_\_\_\_ gpd (c.) % Design Flow: \_\_\_\_\_%

10. Timer: Yes\_\_\_\_ No\_\_\_\_ If no, record: \_\_\_\_\_ Gals/Dose If yes, answer a-c:  
(a.) Timer Settings: On\_\_\_\_ Off\_\_\_\_ (b.) New Settings if Adjustments Made: On \_\_\_\_\_ Off \_\_\_\_\_  
N/A\_\_\_\_  
(c.) If adjustments made, state reason(s) in Section IV.

11. (a.) Dose Volume Correct: Yes\_\_\_\_ No\_\_\_\_ (b.) Adjustments Necessary: Yes\_\_\_\_ No\_\_\_\_

12. Signs of Ground Water Intrusion Into Tanks: Yes\_\_\_\_ No\_\_\_\_ (a.) If yes, state observations in Section IV.

13. Effluent Sampled: No\_\_\_\_ Yes\_\_\_\_ (a.) If yes, state results in Section IV.

**II. PRESSURE DISTRIBUTION, MOUND, SAND FILTER CHARACTERISTICS**

14. Monitoring ports present: Yes\_\_\_\_ No\_\_\_\_ (a.) Sand/Mound Bed Ponding: Yes\_\_\_\_ inches No\_\_\_\_  
If pressure distribution system is ponding, answer b-c: (b.) Ponding equal in each trench: Yes\_\_\_\_ No\_\_\_\_ (c.) If  
unequal ponding, provide diagram in Section IV of ponded trench(es) and label level of ponding in inches for each  
trench.

15. Gravelless Chambers: Yes\_\_\_\_ No\_\_\_\_

16. MOUND ONLY: Toe Saturated: Yes\_\_\_\_ No\_\_\_\_

17. SAND FILTER ONLY:

(a.) Sand Filter Disposal/Final Component: Gravity DF\_\_\_\_, PD DF\_\_\_\_, Mound\_\_\_\_, Other  
\_\_\_\_\_

(b.) Signs of Sand Filter Short Circuit: Yes\_\_\_\_ No\_\_\_\_

(c.) High water alarm is on\_\_\_\_ or below\_\_\_\_ bottom of the sand layer.

**III. RESERVE AREA CHARACTERISTICS**

18. Satisfactory: Yes\_\_\_\_ No\_\_\_\_ (a.) If no, explain: \_\_\_\_\_

**IV. DESCRIBE MAINTENANCE PERFORMED AND PROBLEMS (attach separate sheet if necessary):**

Line#: \_\_\_\_\_

Line#: \_\_\_\_\_

Line#: \_\_\_\_\_

O&M Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*Disclaimer of Assessment:* Neither the inspector nor the County warranty operation of the sewage disposal system described in this assessment. This report is a disclosure of the septic system conditions found at the time of the inspection only (this is not a septic system certification. No guarantee of future performance is implied or should be inferred.