



Whatcom County Health Department
ON-SITE SEWAGE SYSTEM
HOMEOWNER REPORT OF SYSTEM STATUS CHECKLIST

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000

Date of Evaluation _____ Tax Parcel # _____

Site Address _____ Email _____

Owner _____ Phone _____

DATE OF EVALUATION MUST BE WITHIN 30 DAYS OF SUBMITTAL. REPORT WILL NOT BE ACCEPTED IF SUBMITTED MORE THAN 30 DAYS AFTER DATE OF INSPECTION (ORIGINALS ONLY).

PROVIDE PHOTOS OF OPENED SEPTIC TANK AND OUTLET BAFFLE. REPORT WILL NOT BE ACCEPTED IF SUBMITTED WITHOUT PHOTO(S).

Everyone must complete this section

OPERATIONAL STATUS: Satisfactory Maintenance Needed Maintenance Performed Failure

OSS TYPE: Conventional Gravity Pressure Distribution Mound
Check One Sand Filter w/ Pressure Dist. Sand Filter w/ Mound Non-Pressurized Mound
Pump to Gravity Distribution Other

PERMIT STATUS: Permit on File with WCHD No Permit on File - OSS Drawing Required (Must use 8 1/2" x 11")

SEPTIC TANK - Everyone must complete this section.

- 1. Is your inlet baffle intact and in good condition?
2. Is your outlet baffle intact and in good condition?
3. Did you clean your outlet baffle filter?
4. Is the effluent level at the base of the outlet pipe?
If not, is it above or below the invert (bottom) of the outlet pipe?
5. Does your tank need pumping?

PUMP TANK - Fill out this section if your septic system has a pump and pump tank.

- 6. Are there solids present in the pump tank?
7. Is your pump vault basket screen filter intact and not collapsed?
8. Does your pump tank have a control panel?
9. Does your alarm float work?
10. Does your timer setting still match your approved design?

DRAINFIELD - Everyone must complete this section.

- 11. If inspection ports are present, is sewage ponding in the ports?
Is the ponding still present after 2 hours?
12. Is there surfacing effluent present over the drainfield?
13. Does effluent ever surface over the drainfield?

Have you included the following items:

- 14. Homeowner certification form (if training completed on-line)
15. Photos of septic tank and outlet baffle
16. OSS site sketch (if no OSS permit on file)

NOTES - if maintenance was needed or performed, please describe: (please attach more pages if necessary)

I certify that I have performed the required OSS evaluation on the above referenced property. The information submitted in this report is true and correct at the time this OSS was evaluated. I may be contacted by WCHD, and I will allow WCHD staff access to my system for inspection, based upon WCC 24.05.240 (J) "The health officer shall have the right of entry to inspect any sewage disposal system." If at any time my property is listed for sale, an OSS evaluation must be completed and filed with WCHD by a licensed Operation and Maintenance Specialist.

Signature _____ Print _____ Date _____

Office Use Only:
Rec'd By: _____
Rec'd Date: _____