



WHATCOM COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE SYSTEM
HOMEOWNER REPORT OF SYSTEM STATUS CHECKLIST

509 Girard Street
 Bellingham, WA 98225
 Telephone: 360-676-6724

Date of Inspection _____ Tax Parcel # _____

Site Address _____ City _____

Owner _____ Phone _____

Originals must be submitted to the Health Department with a \$35 filing fee. No photocopies – No faxes.

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 ½" x 11")

SEPTIC TANK – *Everyone must complete this section.*

1. Is your inlet baffle intact and in good condition? Yes No
2. Is your outlet baffle intact and in good condition? Yes No
3. Did you clean your outlet baffle filter? Yes No N/A
4. Is the effluent level at the base of the outlet pipe?..... Yes No (*see below*)
If not, is it above or below the invert (bottom) of the outlet pipe?..... Above..... Below
5. Does your tank need pumping? Yes No

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?..... Yes No
7. Is your Pump Vault Basket Screen Filter intact and not collapsed? Yes No
8. Does your pump tank have a control panel?..... Yes No Brand _____
9. Does your Alarm Float work? Yes No
10. Does your timer setting still match your approved design?..... Yes No

DRAINFIELD – *Everyone must complete this section.*

11. If inspection ports are present, is sewage ponding in the ports?..... Yes No N/A
Is the ponding still present after 2 hours? Yes No
12. Is there surfacing effluent present over the drainfield? Yes No
13. Does effluent ever surface over the drainfield?..... Yes No

SAND FILTER – *Fill out this section if your septic system has a sand filter.*

14. If inspection ports are present, is sewage ponding in the ports?..... Yes No N/A
Is the ponding still present after 2 hours? Yes No
15. Is there surfacing effluent over the sand filter? Yes No
16. Does effluent ever surface over the sand filter?..... Yes No

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 to follow up on the results of this evaluation. 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 _____