



ON-SITE SEWAGE SYSTEM OPERATIONS & MAINTENANCE REPORT: GRAVITY & PRESSURE DISTRIBUTION SYSTEM

EM- 1

Address: _____
 Owner Name: _____ Parcel #: _____
 Phone #: _____ # of Bedrooms : _____ Email : _____
 Inspection performed on: _____ Type of Drainfield: _____
 Inspection performed by: Homeowner O&M Professional: _____
 Date of last inspection: _____ By: You Other: _____
 Date of last tank pumping: _____ Record Drawing on File: Yes No

Directions:

Operations & maintenance inspections are required annually for systems utilizing pressure distribution. Gravity & pump to gravity systems require an inspection every three years; however CCB&P recommends annual inspections for these systems as well.

Please fill out this form based on the type of on-site sewage system.

Gravity = Please complete Sections 1, 2, 4-6 **Pressure Distribution = Please complete ALL Sections**
Sand Filter Pre-Treatment Unit = Please complete ALL Sections + Supplemental Report EM-3

If your system has access points (i.e. risers & monitoring ports) uncover, inspect, and report the condition at those points. If your system does not have any built-in access points, at a minimum, you must open & inspect your tanks for the evaluation to be acceptable. A reasonable effort should be made to determine if the drainfield is functioning properly, even if there is no access. For example, a visual inspection of the ground surface.

1. Overall System Status:

SURFACING EFFLUENT AND / OR PONDING PRESENT Yes No

2. Septic Tank Status:

- ◆ Presence of odor in general vicinity of system None Mild Strong Chemical Sour
 Source of odor if present: _____
- ◆ Tank Material Concrete Fiberglass/Polyethylene
 Steel* Other _____
- ◆ Tank Size _____ gallons
- ◆ Septic tank appears to be watertight & in good condition Yes No
- ◆ Number of Compartments Single Double Other _____
- ◆ Tank Access at Grade Yes No Lid buried _____ ft. deep
- ◆ Condition of Tank Risers Intact & Watertight Damaged Not Present
- ◆ Condition of Tank Lids Intact & Watertight Damaged Not Present
- ◆ Condition of Inlet Baffle Intact Damaged Not Present
- Condition of Outlet Baffle Intact Damaged Not Present
- Condition of Compartment Baffle Intact Damaged Not Present
- ◆ Effluent Filter Present Yes No
- Effluent Filter Clean** & Free of Debris Yes No NA
- ◆ Liquid Level Relative to Invert of Outlet At Above Below
- ◆ Layers in Tank: Tank pumping required per CCC 15.42 if total sludge and scum occupy 25% to 33% of your total tank volume or if any sludge is present in the pump chamber. Attach a copy of the pumper's report if pumping of the tank is necessary.

	Scum Depth (inches)	Clear Zone Depth (inches)	Sludge Depth (inches)
Compartment #1			
Compartment #2			

*Steel tanks should be replaced. Contact CCB&P for tank replacement information.

**Effluent filter should be hosed off into 1st compartment of septic tank every 6 months.

3. Pump Chamber Status (if applicable):

NA

- ◆ Pump Chamber Material Concrete Fiberglass /Polyethylene
- ◆ Pump Chamber Size _____ gallons
- ◆ Pump Chamber appears to be watertight & in good condition Yes No
- ◆ Pump Chamber Access at Grade Yes No Lid buried _____ ft. deep.
- ◆ Condition of Pump Chamber Risers Intact & Watertight Damaged Not Present
- ◆ Condition of Pump Chamber Lids Intact & Watertight Damaged Not Present
- ◆ Scum / Solids present in Pump Chamber Yes No
- Scum depth _____ in. Sludge depth _____ in.
- ◆ Pump or Siphon Functional Yes No
 - Pump controlled by Dose Timer Demand Float
 - Floats or Bell Sensor Functional Yes No
 - High water alarm (visual & audible) working Yes No
- ◆ Electrical Components Sealed & Watertight Yes No
- ◆ Type of screen Vault w/ basket Vault w/ filter
 - In-line screen NA
 - Screen Clean** & Free of Debris Yes No NA

**Pump chamber screen should be hosed off into 1st compartment of septic tank every 6 months.

4. Drainfield Status:

- ◆ There are signs of sewage discharge to the surface (Strong odor, damp or spongy ground, excessive vegetation) Yes No
- ◆ The area is free from roads, vehicular traffic, structures, etc. Yes No
- ◆ The area is free from surface water drainage & down spouts Yes No
- ◆ The dedicated reserve area is protected Yes No NA
- Gravity & Pump to Gravity**
- ◆ Surface access to distribution box (d-box) or drop boxes Yes No NA
- ◆ D-Box or drop boxes are intact & free of solids Yes No NA
- ◆ Condition of monitoring ports Intact Damaged Not Present
- ◆ There is abnormal ponding in trenches (greater than 6") Yes No NA
- Pressure Distribution**
- ◆ Surface access to manifold & ball valves Yes No
- ◆ Lateral lines flushed & equal distribution verified Yes No
- ◆ Condition of monitoring ports Intact Damaged Not Present
- ◆ There is abnormal ponding in trenches (greater than 6") Yes No

5. Existing System Drawing (complete only if NO record drawing on file with the county)

Scale: 1" = _____ feet

6. Comments & Inspection Notes

◆ Home utilizes a garbage disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
◆ Home utilizes a water softener	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
◆ Septic Tank and/or Pump Chamber Pumped	<input type="checkbox"/> Yes***	<input type="checkbox"/> No	*** If YES, attach licensed pumper's report & receipt**
◆ System Problem Identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
◆ System Problem Corrected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Please describe necessary corrections below. Corrections should be completed within 6 months of the inspection and may require a repair permit from CCB&P.

Corrections Completed/ Other Notes:

Printed Name

Signature

Date

Cowlitz County Building & Planning assumes no responsibility for the accuracy of the information provided, nor does it guarantee the future condition or function of the on-site sewage system. Homeowners are responsible for correcting any problems noted on this form, and obtaining the proper permits prior to repair. If your septic system is not functioning properly, please contact CCB&P for assistance.

For Official Use Only

Report Reviewed By: _____ Deficiencies Noted: Yes No
Homeowner / O&M Provider Contacted: Yes, Date: _____ No Deficiencies Corrected: Yes No NA
Supplemental Form Received: Yes No NA

Notes: