

# Northeast Tri County Health District Environmental Health Division

## Operation & Maintenance Report for Gravity or Pressure Distribution On-Site Sewage Systems

Business Name: _____		Owner Name: _____	
Business Address: _____		City: _____	State: _____ Zip: _____
Parcel #: _____	On-Site Sewage Permit #: _____	Email: _____	
Date of Inspection: _____	Date of Last Inspection: _____	Date Last Pumped: _____	
Inspection Performed By: <input type="checkbox"/> Property Owner or Representative (name): _____			
<input type="checkbox"/> O & M Professional (name): _____			

### Directions:

An operations and maintenance inspection of the on-site sewage system is required annually for Food Establishments. 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 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 not access. For example, a visual inspection of the ground surface.

\* If system utilizes an Aerobic Treatment Unit (ATU), inspection must be conducted by an O & M professional.

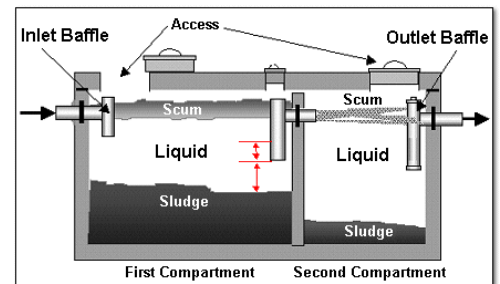
### Septic Tank Status:

Ensure lids are secured when inspection is complete.

Reports of problems with drainage or sewage back-ups: <input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of odor in general vicinity: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Chemical <input type="checkbox"/> Sour Source of Odor
Septic tank size: _____ gallons
Septic tank appears to be watertight and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank access at Grade:
<input type="checkbox"/> Yes → Condition of tank risers: <input type="checkbox"/> Intact & Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
<input type="checkbox"/> No → Lids buried _____ ft. deep Condition of Lids: <input type="checkbox"/> Intact & Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Inlet Baffle: <input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present Outlet Baffle: <input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Compartment Baffle: <input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Effluent Filter Present: <input type="checkbox"/> Yes <input type="checkbox"/> No ** Effluent Filter Clean: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
**Effluent filter should be hosed off into 1 <sup>st</sup> compartment of septic tank every 6 months. <span style="color: red;">Wear eye protection and gloves.</span>
Liquid level relative to invert of outlet: <input type="checkbox"/> At <input type="checkbox"/> Above <input type="checkbox"/> Below

### Layers in Tank:

Depth in Inches	A	Scum Depth	B	Clear Zone Depth	C	Sludge Depth	D	Operating Level Height
Compartment #1								
Compartment #2								
The following equation can be used to determine if the septic tank needs to be pumped						$D \div (A + C) \times 100 = \underline{\quad} \%$		
Compartment #1		$\underline{\quad} \div (\underline{\quad} + \underline{\quad}) \times 100 = \underline{\quad} \%$						
Compartment #2		$\underline{\quad} \div (\underline{\quad} + \underline{\quad}) \times 100 = \underline{\quad} \%$						
Tank pumping required if total sludge and scum occupy greater than 33% of your total tank volume, or if any sludge is present in the pump chamber (if present). Attach a copy of the pumper's report if pumping of the tank is necessary.								



Stevens County	Pend Oreille County	Ferry County
240 E. Dominion Colville, WA 99114 Phone: (509)684-2262 Option 2	605 Highway 20 Newport, WA 99156 Phone: (509)447-3131	PO Box 584/ 147 N. Clark, Ste 1 Republic, WA 99166 Phone: (509)775-3111
Website: <a href="http://www.netchd.org">www.netchd.org</a>		Email : <a href="mailto:EHMAIL@NETCHD.ORG">EHMAIL@NETCHD.ORG</a>

**Pump Chamber Status** (if applicable):  NA

Ensure lids are secured when inspection is complete.

<b>Pump chamber appears to be watertight and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pump chamber access at grade:</b>
<input type="checkbox"/> Yes → <b>Condition of Tank Risers:</b> <input type="checkbox"/> Intact & Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
<input type="checkbox"/> No → <b>Lids Buried</b> ___ ft. deep <b>Condition of Tank Risers:</b> <input type="checkbox"/> Intact & Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
<b>Scum / Sludge present in pump chamber:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If Yes → <b>Scum Depth</b> ___ IN. <b>Sludge Depth</b> ___ IN.
<b>Pump or Siphon Functional:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pump Controlled By:</b> <input type="checkbox"/> Dose Timer <input type="checkbox"/> Demand Float
<b>Floats or Bell Sensor Functional:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>High Water Alarm (visual &amp; audible) Working:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Electrical Components Sealed &amp; Watertight:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Drainfield Status:**

<b>Signs of Sewage Discharging to Ground Surface:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes → (check all that apply)</b> <input type="checkbox"/> Surfacing Effluent or Ponding <input type="checkbox"/> Strong Odor <input type="checkbox"/> Damp or Spongy Ground <input type="checkbox"/> Excessive Vegetation
<b>Monitoring Ports Present:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes → Condition of Monitoring Ports:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
<b>Abnormal Ponding in Trenches (greater than 6 inches):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Area free from roads, vehicular traffic, structures, etc.:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Area free from surface water drainage &amp; downspouts:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dedicated reserve area protected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Gravity & Pump to Gravity** (if applicable):  NA

<b>D-Box Access at Grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>D-Box is Intact and Free of Solids:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes → Depth of Solids</b> ___ IN.

**Pressure Distribution** (if applicable):  NA

<b>Access at Grade to Manifold &amp; Ball Valves (if present):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lateral Lines Flushed &amp; Equal Distribution Verified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Condition of Monitoring Ports:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
<b>Abnormal Ponding in Trenches (greater than 6 inches):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Sand Filter** (if applicable):  NA

**Recirculating Gravel Filter** (if applicable):  NA

<b>Biomat present on sand media surface:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Recirculating / mixing tank pumped:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ponding in /on sand media surface:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pump &amp; floats or bell sensor functional:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes → Ponding is</b> ___ inches deep	<b>Electrical components sealed &amp; watertight:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sand media appears to be settling:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gravel filter exposed, weeds removed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments & Inspection Notes:**

<b>Septic Tank and/or Pump Chamber Pumped:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>System Problem Identified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>System Problem Corrected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Corrections Completed / Other Notes:**

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

**Printed Name:** \_\_\_\_\_

**SUPPLEMENT to Operation & Maintenance Report for Food Establishments  
with Gravity or Pressure Distribution On-Site Sewage Systems**

Business Name: \_\_\_\_\_ Property Parcel # \_\_\_\_\_  
Business Address: \_\_\_\_\_ On-Site Sewage Permit # \_\_\_\_\_

- The record drawing (As-Built) for the on-site sewage system is attached. Please review the record drawing and verify it is accurate. If the record drawing is not accurate, please provide a drawing showing the location of all system components relative to structures and prominent site features in the area below.
  
- A record drawing (As-Built) is not on file for the on-site sewage system. Please provide a drawing showing the location of all system components relative to structures and prominent site features in the area below.

↑  
**NORTH**