



Cowlitz County Health & Human Services Departments

Environmental Health Unit
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www.co.cowlitz.wa.us/hhs

ON-SITE SEWAGE SYSTEM – OPERATIONS & MAINTENANCE REPORT - SAND MEDIA DRAINFIELD -

Address _____

Owner Name _____ Parcel # _____

Phone # _____ # of Bedrooms _____ Email _____

Inspection performed on: _____ Type of Drainfield _____

Inspection performed by: Homeowner O&M Professional: _____

Date of last tank last inspection: _____ By: You Other: _____

Date of last tank pumping: _____ Record Drawing on File: Yes No

Instructions

Operations & maintenance inspections are required annually for systems utilizing a sand mound, bottomless sandfilter, or sand-lined bed/trenches, per Cowlitz County Code Chapter 15.42.

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

Sand Mound, bottomless sandfilter, or sand-lined trench/bed drainfields: Complete ALL Sections

If your system contains a Pre-Treatment Unit: Complete ALL Sections PLUS:

Report Form 8422 OSS O&M Sand Filter Supplement OR Form 8423 OSS O&M Aerobic Treatment Unit Supplement

If your system has access points (i.e. risers and 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 and 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. Sand Filter Status

Presence of odor in general vicinity of system None Mild Strong Chemical Sour
Source of odor if present: _____

Tank Material Concrete Fiberglass/Polyethylene Steele*
 Other: _____

Tank Size _____ gallons

Septic Tank appears to be watertight and in good condition Yes No

Number of Compartments Single Double Other: _____

Tank access at grade Yes No Lid Buried _____ feet deep

Condition of Tank Risers Intact and Watertight Damaged Not Present

Condition of Tank Lids Intact and 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

For more information, contact OMseptic@co.cowlitz.wa.us. Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm.

3. Pump Chamber Status (if applicable) NA

Pump Chamber Material	<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass/Polyethylene
Pump Chamber Size	_____ gallons
Pump chamber appears to be watertight and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump chamber Access at Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Lid Buried _____ feet deep
Condition of Pump Chamber Risers	<input type="checkbox"/> Intact and Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Condition of Pump Chamber Lids	<input type="checkbox"/> Intact and Watertight <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Scum/Solids present in Pump Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No Scum depth _____ inches Sludge depth _____ inches
Pump or Siphon Functional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump controlled by	<input type="checkbox"/> Dose Timer <input type="checkbox"/> Demand Float
Floats or Bell Sensor Functional	<input type="checkbox"/> Yes <input type="checkbox"/> No
High water alarm (visual and audible) working	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Components Sealed & Watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Screen	<input type="checkbox"/> Vault w/basket <input type="checkbox"/> Vault w/filter <input type="checkbox"/> In-line screen <input type="checkbox"/> NA
Screen Clean*** and Free of Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No
***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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The area is free from roads, vehicular traffic, structures, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The area is free from surface water drainage & down spouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
The dedicated reserve area is protected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surface access to manifold & ball valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lateral lines flushed & equal distribution verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition of monitoring ports	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Not Present
Biomat present on sand – gravel interface	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ponding on the sand – gravel interface	<input type="checkbox"/> Yes <input type="checkbox"/> No Ponding is _____ inches deep
Ponding on the sand – native soil interface	<input type="checkbox"/> Yes <input type="checkbox"/> No Ponding is _____ inches deep
Sand media appears to be settling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Requirements for MOUNDS ONLY:	
Ponding at the toe or sides of the mound	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seepage at the toe or sides of the mound	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Scale: 1" = _____ feet

For more information, contact OMseptic@co.cowlitz.wa.us. Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm.

6. Comments and 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, attached 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
<i>****Please describe necessary corrections below. Corrections should be completed within 6 months of the inspection and may require a repair permit from CCHD</i>	
Corrections Completed/Other Notes:	

Signature _____ **Date** _____

Printed Name _____

Cowlitz County Health Department 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 CCHD for assistance.

FOR OFFICAL 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:

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