



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY

## Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802  
Personal Health: 509/886-6400 • FAX 886-6478  
Environmental Health: 509/886-6450 • FAX 886-6449  
Maternal Child Health: 509/886/6400 • FAX 886-6436

### ON-SITE SEWAGE SYSTEM INSPECTION FORM (Time of Sale Inspection)

#### Condition of the Onsite Septic System (✓ by inspector):

Satisfactory  Needs Corrective Action  Failure

Copy of this form delivered to Health District (date/inspector initial): \_\_\_\_\_

#### PROPERTY INFORMATION:

Tax Parcel Identification Number: \_\_\_\_\_ Physical Address: \_\_\_\_\_

#### GENERAL INFORMATION:

Type of System (✓ One):  Gravity  Pressure Distribution  Mound  Sand Filter  Other: \_\_\_\_\_

Inspection done by:  O&M Service Provider  
 Designer/Engineer

Date of Inspection: \_\_\_\_\_ Kitchen Macerator Grinder:  Yes  No # of bedrooms: \_\_\_\_\_ Occupied:  Yes  No

Copy of design/as-built/permit available during inspection (Required)

Was the original system permitted / inspected / approved for use (circle all that apply) by CDHD  Yes  No  
Permit Number: \_\_\_\_\_ Authorized number of bedrooms from permit: \_\_\_\_\_

#### INSPECTION INFORMATION:

##### 1) Septic Tank (complete a separate report if system has second tank – page 1 only)

Size of tank: \_\_\_\_\_ gallons. # of compartments: \_\_\_\_\_ Access riser(s) present:  Yes  No  Damaged

Type of tank:  Concrete  Fiberglass  Poly  Steel  Other: \_\_\_\_\_

Based upon scum and sludge levels, should tank be pumped .....  Yes  No

Condition of inlet/center/outlet baffles: .....  OK  Damaged  N/A

Outlet baffle screened or equipped with an effluent filter.....  Yes  No  N/A

If yes, was screen/filter cleaned (required at pumping).....  Yes  No  N/A

Indication of surface water or root intrusion .....  Yes  No

Indications of water levels above/below (circle applicable) outlet invert .....  Yes  No  N/A

If yes, measurement above / below outlet baffle: \_\_\_\_\_

Is effluent draining back from drainfield during pumping .....  Yes  No  N/A

Was the septic tank pumped .....  Yes  No

Overall condition of the septic tank:  Satisfactory  Poor (needs repair/replacement, explanation below)

##### 2) Pump/Siphon Vault (Complete for all systems that utilizes a pump or siphon)

Size of pump chamber: \_\_\_\_\_ Riser present: .....  Yes  No  Damaged

Based upon scum and sludge levels, should the tank be pumped .....  Yes  No

Timer Settings (if applicable) On: \_\_\_\_\_ Off: \_\_\_\_\_ Event counter reading (if applicable): \_\_\_\_\_

Pump/siphon chamber screened or equipped with a effluent filter .....  Yes  No

If yes, was the screen/filter cleaned (required at pumping), if no, explain in comment section ....  Yes  No

Electrical connections in good condition .....  Yes  No  N/A

On/Off floats in working condition.....  Yes  No  N/A

High/low level floats & audible/visual alarms (circle all applicable) in working condition.....  Yes  No  N/A

Pump/siphon in good working condition .....  Yes  No

##### 3) Drainfield (complete for all systems: gravity, pressure distribution, mound and sand filter):

Observation Ports Present:  Yes  No If yes, is ponding evident? If yes, explain below.

Evidence of surfacing sewage:  Yes  No If yes, explain below.

Primary area properly maintained (i.e.: no roads, buildings or livestock pens etc...) .....  Yes  No

Reserve area properly maintained (i.e.: no roads, buildings or livestock pens etc...) .....  Yes  No

Flow diversion device (distribution box or "D" box, cam valve, tee, etc) accessible: .....  Yes  No  N/A  
 If yes, is device operational: .....  Yes  No  
 Is drainfield within 50' of any well, spring, or surface water .....  Yes  No

**4) Pressure Distribution** (complete for all systems equipped with a pump or siphon):

Drainfield/mound equipped with clean-out sweeps .....  Yes  No  
 If yes, were laterals flushed .....  Yes  No  
 Pressure head measured and timed drawdown taken (record results below) .....  Yes  No  
 If yes, indicate head measurement of each lateral below and timed drawdown.  
 Indications that orifices were plugged .....  Yes  No  
 If yes, were laterals cleaned .....  Yes  No

**5) Sand Filter** (complete only if applicable):

Distribution method from sand filter to drainfield/mound:  Pumped  Gravity  
 If pumped, is the pump vault accessible:  Yes  No If yes, depth of sludge level in vault: \_\_\_\_\_  
 Pump vault water tight: .....  Yes  No  N/A  
 Monitoring ports present (pump vault can be utilized to monitor effluent levels) .....  Yes  No  N/A  
 If yes, is the effluent above the lower gravel/sand interface (collection pipes) .....  Yes  No  
 Clean-out sweeps present: .....  Yes  No  N/A  
 If yes, were laterals flushed .....  Yes  No  
 Pressure head measured and timed drawdown taken (record results below) .....  Yes  No  N/A  
 Indications that orifices were plugged .....  Yes  No  
 If yes, were distribution laterals cleaned .....  Yes  No

**6) Mound** (complete only if applicable):

Monitoring ports present .....  Yes  No  
 If yes, depth of ponding at the gravel/sand or infiltrator/sand interface: \_\_\_\_\_  
 If yes, depth of ponding at the sand/native soil interface (base of the mound): \_\_\_\_\_  
 Evidence of sewage seeping around the toe of the mound: .....  Yes  No

**7) Aerobic Treatment Unit** (complete only if applicable)

Manufacture: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Unit serviced .....  Yes  No  
 Air supply working .....  Yes  No Solids level indicate pumping necessary .....  Yes  No

**8) Miscellaneous Items** (complete only if applicable)

Type of disinfection unit:  Chlorinator  Ultraviolet Disinfection Unit serviced: .....  Yes  No  
 Subsurface Drip Drainfield:  
 Inspect and service filters .....  Yes  No  
 Checked vacuum breakers and automatic/manual flushing operation .....  Yes  No  
 System return pressure, dosing frequency, and flow rate same as start-up .....  Yes  No  
 Drip field ponding or soggy:  Yes  No If yes, explain below

**Comments / Observations / Recommendations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Printed name/signature (O&M Service Provider, Designer, or Engineer) \_\_\_\_\_ Date \_\_\_\_\_

**Disclaimer:** I hereby certify with my signature that my observations recorded on this form are accurate as of the date of this inspection. No determination of future hydraulic performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system, wastewater strength, and/or inadequate maintenance, all of which will adversely affect the life of the system.