



# Skagit County Public Health

Jennifer Johnson, Interim Director  
Howard Leibrand, M.D., Health Officer

ON-SITE SEWAGE SYSTEM (OSS) REPORT GRAVITY HOMEOWNER INSPECTION FORM		
Inspection Date:	Inspected by:	
Parcel Number:	Site Address:	
Owner Name:	Phone:	Email:
Septics 201 Completion Date:		Required Photographs (*if applicable): <input type="checkbox"/> Open Tank <input type="checkbox"/> Outlet Baffle <input type="checkbox"/> D-Box(*)

Septic Tank	Capacity	Comments
Effluent level within operational limits	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	
All required baffles in place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Components appear sound and watertight	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	
Effluent screen in place and cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Compartment 1 scum accumulation (inches)		
Compartment 1 sludge accumulation (inches)		
Compartment 2 scum accumulation (inches)		
Compartment 2 sludge accumulation (inches)		
Pumping recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Pumping is not required, but is recommended at times. Use the formula below to answer this question:*

1 <sup>st</sup> compartment scum	+	1 <sup>st</sup> compartment sludge	÷	Tank Depth	=
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*Total solids greater than 1/3 (0.33)? Pumping recommended, contact a licensed pumper (more info page 2)*

Drainfield	
Ponding present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distribution box checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D-box outlets set to allow equal effluent distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
General Site and System Conditions	
All components accessible for service	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)
All required components inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)
Surfacing effluent from any component	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain)
Improper encroachment or settling	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain)
Structure connected to system occupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risers watertight and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
As-built available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reserve area intact	<input type="checkbox"/> Yes <input type="checkbox"/> No



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## Comments:

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**Does my tank need pumping?** Pumping is recommended (not required) when the tank is 1/3 full of solid material. Operational depth is the depth of the interior of the septic tank. Average operational depth is 48-52" thus pumping is recommended at 18" solid material accumulation, or when solids are within 3" of either side of the outlet baffle.

Completed septic inspection reports and photos can be submitted by mail or email. For questions, please contact us at [septic@co.skagit.wa.us](mailto:septic@co.skagit.wa.us)

**I certify that this inspection is for my single-family residence, residential rental unit, or accessory dwelling unit and I meet the other Skagit County Public Health requirements to perform this inspection, which may include a joint inspection with, or follow up by, an Environmental Health Specialist in the future per the Homeowner On-Site Sewage System Inspection Policy.**

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