



MASON COUNTY

Public Health & Human Services



On-site Septic Homeowner Operation and Maintenance Report

(To be used only for Conventional Gravity, Conventional Pressure, Sand Filter, Bottomless Sand Filter and Mound Systems)

Tax Parcel Number: _____

Property Address: _____

The following is a list of items that must be monitored and maintained to protect against failure of your on-site septic system. Inspection frequency is every three years for gravity and every year for all other system types. Please complete this form and return it to Mason County Public Health to comply with WAC246-272A-0270. You may also submit online at: <https://masoncountywa.gov/health/environmental/onsite/homeowner-oandm-report.php>

Homeowners are allowed to inspect the following system types. Indicate your septic system type and circle your answers to the relevant sections below, providing comments as needed.

Gravity Drainfield Pressure Drainfield Sand Filter Bottomless Sand Filter Mound

General Site & System Conditions: (All Systems)

The general Site and System Conditions were: Fully inspected / Partially Inspected / Not Inspected

Components accessible for service: Yes / No

All required service performed (if no - specify omitted inspection items in notes): Yes / No

Surfacing effluent from any component (including mound seepage): Yes / No

Components appear to be watertight - no visual leaks: Yes / No

Improper encroachment (structures/impervious surfaces): Yes / No

All riser lids securely fastened upon departure: Yes / No

Electrical repairs needed. If YES describe in comments: Yes / No

Inspected components appear to be in good physical condition: Yes / No

Root intrusion on any components. If YES describe in comments: Yes / No

Settling problems observed. If YES describe in comments: Yes / No

The house/structure was vacant or used infrequently, assessment of the drainfield was not possible. Yes / No

Septic Tank: (All Systems)

This component was: Fully inspected / Partially Inspected / Not Inspected

Effluent level within operational limits (if NO explain in comments): Yes / No

All required baffles in place (N/A = No baffles required): Yes / No / N/A

Compartment 1 Scum accumulation (Inches, if other specify): _____

Compartment 1 Sludge accumulation (Inches, if other specify): _____

Compartment 2 Scum accumulation (Inches, if other specify): _____

Compartment 2 Sludge accumulation (Inches, if other specify): _____

Pumping recommended: Yes / No

Distribution: D-Box (Gravity only)

This component was: Fully inspected / Partially Inspected / Not Inspected

D-Box in good condition: Yes / No

D-Box outlets set to allow equal effluent distribution: Yes / No

Drainfield: (Gravity only)

This component was: Fully inspected / Partially Inspected / Not Inspected

Component appears to be functioning as intended: Yes / No

Ponding present? If YES explain in comments. Yes / No

Pump Tank: (Pressure Drainfield, Sand Filter, Bottomless Sand Filter, and Mound)

This component was: Fully inspected / Partially Inspected / Not Inspected

Compartment 1 Scum accumulation (Inches, if other specify): _____

Compartment 1 Sludge accumulation (Inches, if other specify): _____

Pumping recommended: Yes / No

Pump: Effluent Pump (Pressure Drainfield, Sand Filter, Bottomless Sand Filter, and Mound)

This component was: Fully inspected / Partially Inspected / Not Inspected

Controls functioning: Yes / No

Panel: Alarm- High Water (Pressure Drainfield, Sand Filter, Bottomless Sand Filter, and Mound)

This component was: Fully inspected / Partially Inspected / Not Inspected

Alarm mechanism functioning as intended: Yes / No

Drainfield: (Pressure Drainfield, Sand Filter, Bottomless Sand Filter, and Mound)

This component was: Fully inspected / Partially Inspected / Not Inspected

Ponding present? If YES explain in comments. Yes / No

Media Filter: (Mound only)

Slope integrity maintained: Yes / No

Media Filter: (Sand Filter only)

Ponding present? If YES explain in comments. Yes / No

Comments:

Homeowner signature _____ Phone # _____

Homeowner name (please print) _____ Date _____