

## Island County Public Health Onsite Operation & Maintenance Program

P.O. Box 5000 Coupeville, WA 98239 Phone: (360) 679-7350 Fax: (360) 679-7390 From South Whidbey (360) 321-5111 x7350 From Camano (360) 629-4522 x7350 Website: http://www.islandcountyeh.org ICPH Date Stamp Only

## On-Site Sewage System Evaluation - Form D

Inspection Type: ☐ Property Sale/Transfer ☑ Routine Reporting ☐ Monitoring or Maintenan	ce
Date of Inspection: June 4, 2016	
Owner/Contact Name: Mabana Chapel (Church) Phone Number: 360-387-6431	
Tenant's Name (if different) or Unit Space #:	
Site Address: 3871 South Camano Drive  City: Camano Island  State: WA Zip: 98  Is structure occupied: Yes No Part-time If vacant, how long:  Record Drawing (Asbuilt) or Asbuilt Cert on File: Yes (Record Drawing Number):  On-Site Sewage (OSS) Source: Residential Community Food Service Commercial Mobile Home Park	
OVERALL SYSTEM STATUS:	
★ Acceptable, no corrections needed       Acceptable, corrections made         Acceptable, corrections recommended       Corrections needed	Failure
PRIMARY TANK:   Acceptable, no corrections needed; Acceptable: □ corrections made □ corrections recommended; □ Corrections needed; Type of Tank: ■ Septic □ Recirculation/Septic □ Grinder □ Holding □ Multiple (attach Form D-1) □ Great Number of compartments: ■ Single □ Double □ Other: □ Estimated tank volume: 1000 □ Gallons  Tank construction material: ■ Concrete □ Fiberglass □ Metal □ Wood □ Other: □ Let Compartments: □ Wood □ Other: □ Let Compartments: □ Corrections made □ corrections recommended; □ Corrections needed; □	
Abnormal water level above invert of inlet pipe:  Depth of scum in:  Acceptable Corrections needed. What?  Inlet inches	inches No
Depth of sludge in: Inlet $\overline{10}$ inches  Inlet baffle condition: $\square$ Acceptable $\square$ Corrections needed. What?	None
2nd Compartment: ✓ N/A – Single Compartment Tank; skip next 5 questions.   Surface access to the outlet: Yes No   Evidence of water infiltration or sewage leak: Yes; where?   Depth of scum in: Outletinches   Depth of sludge in: Outletinches   Center wall condition: AcceptableCorrections needed. What?	□No
Outlet baffle condition:  Evidence of water level above invert of outlet pipe:  Effluent baffle screen condition:  Operational water depth (invert of outlet pipe):  Does the tank need pumping:  Tank, risers and lids condition:  External filter checked:  Corrections needed. What?  Yes  Pumped  Corrections needed. What?	None None None None
SECONDARY TANK: ⋈ N/A	
Acceptable, no corrections needed; Acceptable: corrections made corrections recommended; Corrections needed Type of Tank: Septic Pump Siphon Tank Other Surface access: Yes No - how deep to access? inches Tank, risers and lids condition: Acceptable Corrections needed Evidence of water infiltration or sewage leak: Yes; where? Depth of solids in pump chamber: Scum = inches Sludge = inches Does the tank need pumping: Yes Pumped Inlet baffle condition: Acceptable Corrections needed. What? Vault screen condition: Acceptable Corrections needed. What?  COMMENTS:	No No No Noe None

PUMP CONTROL: ▼N/A			
Acceptable, no corrections needed; Acceptable Panel Manufacturer:		decorrections recommended;C <b>orrecti</b> <u>OR</u>	ions needed; Failure
Pump controlled by:	Dose Timer	Demand	N/A
Pump controlled by: Floats	Pressure Tran		
Is control panel and junction box water/gas tight	? Yes	No	
Electrical, timer, and alarm working properly:	_AcceptableCorre	ections needed. What?	None
Floats/Transducer functioning properly: Acce	eptableCorre	ections needed. What?	N/A
Pump draw down at time of inspection: Timer settings at time of inspection:	Inches per	minute Min. Off OR	Gallons/minute
COMMENTS:		Willi. Off	_ Ganons/initiate
<b>AEROBIC TREATMENT UNIT: ⋈</b> N/A			
Acceptable, no corrections needed; Acceptab	<b>le:</b> corrections ma	de $igsqcup$ corrections recommended; $igsqcup$ C <b>orrecti</b>	ions needed; Failure
ATU Manufacturer:	~		
Alarm(s) working: Acceptable	Corrections needed. \	What?	□N
Solid levels: Acceptable Acceptable	Corrections needed. V	What?	None None
Air pump and alarm working: Acceptable Spin filter: Acceptable	Corrections r	peeded. What?	None
COMMENTS:	Corrections	eeded. What?	
MEDIA FILTER COMPONENT: N/A			_
Acceptable, no corrections needed; Acceptab			
Type: Intermittent Sand Filter Reci			
Electrical components, pump, timer, floats, alarm	n ok: Acceptable	Corrections needed. What?	
Is there solid material building up in pump/catch	basın? Yes	No Insufficient acc	cess to determine
Average residual head pressure:in	nches. OR Gravi	ty Distribution <b>OR</b> Insufficient access	to determine
Is the pressure: Acceptable Equal distribution: Yes	Corrections needed.	Insufficient access to determine	N/A
Abnormal ponding in filter:	No	Insufficient access to determine	
COMMENTS:		insufficient access to determine	
-			
<b>DISINFECTION UNIT:</b> N/A			
Type of Disinfection: Chlorine	UV	Ozone Other	
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	ating Bul	b inoperable Bulb/Unit Missir	ng
COMMENTS:	ating Bul	b inoperable Bulb/Unit Missir	ng
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