



Island County Public Health
Onsite Operation & Maintenance Program
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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 [X] Routine Reporting [ ] Monitoring or Maintenance

Date of Inspection: June 4, 2016 Tax Parcel #: S7125-00-00021-2

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: 98282

Is structure occupied: [X] Yes [ ] No [ ] Part-time If vacant, how long: \_\_\_\_\_

Record Drawing (Asbuilt) or Asbuilt Cert on File: [X] Yes (Record Drawing Number): \_\_\_\_\_ [ ] None

On-Site Sewage (OSS) Source: [ ] Residential [ ] Community [ ] Food Service [ ] Commercial [ ] Mobile Home Park [X] Other \_\_\_\_\_

OVERALL SYSTEM STATUS:

[X] Acceptable, no corrections needed [ ] Acceptable, corrections made
[ ] Acceptable, corrections recommended [ ] Corrections needed [ ] Failure

PRIMARY TANK:

[X] Acceptable, no corrections needed; Acceptable: [ ] corrections made [ ] corrections recommended; [ ] Corrections needed; [ ] Failure

Type of Tank: [X] Septic [ ] Recirculation/Septic [ ] Grinder [ ] Holding [ ] Multiple (attach Form D-1) [ ] Grease [ ] Trash

Number of compartments: [X] Single [ ] Double [ ] Other: \_\_\_\_\_

Estimated tank volume: 1000 Gallons

Tank construction material: [X] Concrete [ ] Fiberglass [ ] Metal [ ] Wood [ ] Other: \_\_\_\_\_

1st Compartment:

Surface access to the inlet: [X] Yes [ ] No - how deep to access? \_\_\_\_\_ inches

Evidence of water infiltration or sewage leak: [ ] Yes; where? \_\_\_\_\_ [X] No

Abnormal water level above invert of inlet pipe: [X] Acceptable [ ] Corrections needed. What? \_\_\_\_\_

Depth of scum in: Inlet \_\_\_\_\_ inches

Depth of sludge in: Inlet 10 inches

Inlet baffle condition: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_ [X] None

2nd Compartment: [X] 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? \_\_\_\_\_ [ ] No

Depth of scum in: Outlet \_\_\_\_\_ inches

Depth of sludge in: Outlet \_\_\_\_\_ inches

Center wall condition: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_

Outlet baffle condition: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_

Evidence of water level above invert of outlet pipe: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_

Effluent baffle screen condition: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_ [ ] None

Operational water depth (invert of outlet pipe): \_\_\_\_\_ inches

Does the tank need pumping: [ ] Yes [ ] Pumped [X] No

Tank, risers and lids condition: [X] Acceptable [ ] Corrections needed. What? \_\_\_\_\_ [ ] None

External filter checked: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_ [X] None

COMMENTS: \_\_\_\_\_

SECONDARY TANK: [X] N/A

[ ] Acceptable, no corrections needed; Acceptable: [ ] corrections made [ ] corrections recommended; [ ] Corrections needed; [ ] Failure

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? \_\_\_\_\_ [ ] No

Depth of solids in pump chamber: Scum = \_\_\_\_\_ inches Sludge = \_\_\_\_\_ inches

Does the tank need pumping: [ ] Yes [ ] Pumped [ ] No

Inlet baffle condition: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_ [ ] None

Vault screen condition: [ ] Acceptable [ ] Corrections needed. What? \_\_\_\_\_ [ ] None

COMMENTS: \_\_\_\_\_

**PUMP CONTROL:**  N/A

Acceptable, no corrections needed; **Acceptable:**  corrections made  corrections recommended;  Corrections needed;  Failure

Panel Manufacturer: \_\_\_\_\_ **OR**  No Panel  N/A  
Pump controlled by:  Dose Timer  Demand  N/A  
Pump controlled by:  Floats  Pressure Transducer  Other \_\_\_\_\_

Is control panel and junction box water/gas tight?  Yes  No

Electrical, timer, and alarm working properly:  Acceptable  Corrections needed. What? \_\_\_\_\_  None

Floats/Transducer functioning properly:  Acceptable  Corrections needed. What? \_\_\_\_\_  N/A

Pump draw down at time of inspection: \_\_\_\_\_ Inches per minute  
Timer settings at time of inspection: \_\_\_\_\_ Min. On \_\_\_\_\_ Min. Off **OR** \_\_\_\_\_ Gallons/minute

COMMENTS: \_\_\_\_\_

**AEROBIC TREATMENT UNIT:**  N/A

Acceptable, no corrections needed; **Acceptable:**  corrections made  corrections recommended;  Corrections needed;  Failure

ATU Manufacturer: \_\_\_\_\_  
Alarm(s) working:  Acceptable  Corrections needed. What? \_\_\_\_\_

Solid levels:  Acceptable  Corrections needed. What? \_\_\_\_\_  None

Air pump and alarm working:  Acceptable  Corrections needed. What? \_\_\_\_\_  None

Spin filter:  Acceptable  Corrections needed. What? \_\_\_\_\_  None

COMMENTS: \_\_\_\_\_

**MEDIA FILTER COMPONENT:**  N/A

Acceptable, no corrections needed; **Acceptable:**  corrections made  corrections recommended;  Corrections needed;  Failure

**Type:**  Intermittent Sand Filter  Recirculating Gravel  Textile Filter  Other \_\_\_\_\_

Electrical components, pump, timer, floats, alarm ok:  Acceptable  Corrections needed. What? \_\_\_\_\_

Is there solid material building up in pump/catch basin?  Yes  No  Insufficient access to determine

Average residual head pressure: \_\_\_\_\_ inches. **OR**  Gravity Distribution **OR**  Insufficient access to determine

Is the pressure:  Acceptable  Corrections needed. What? \_\_\_\_\_  N/A

Equal distribution:  Yes  No  Insufficient access to determine

Abnormal ponding in filter:  Yes  No  Insufficient access to determine

COMMENTS: \_\_\_\_\_

**DISINFECTION UNIT:**  N/A

Type of Disinfection:  Chlorine  UV  Ozone  Other \_\_\_\_\_  
If UV:  Bulb operating  Bulb inoperable  Bulb/Unit Missing

COMMENTS: \_\_\_\_\_

**DRAINFIELD:**

Acceptable, no corrections needed; **Acceptable:**  corrections made  corrections recommended;  Corrections needed;  Failure

**Type:**  Gravelless  Trench  Gravity  Pump to D-Box  Sand-Lined  Mound  
 Gravel-Filled  Bed  Pressure  Drip Irrigation  Bottomless Sandfilter  Glendon

Is the drainfield located offsite:  No  Yes - Located on Parcel # \_\_\_\_\_

Sewage Surfacing:  Yes  No

Surface access to D-Box:  Yes  No  None

D-Box Condition:  Acceptable  Corrections needed  Insufficient access  None

Monitoring ports accessible:  Yes  No  None

Equal distribution in absorption system:  Insufficient access to determine  Yes  No

Abnormal ponding in drainfield:  Insufficient access to determine  Yes (Explain in comments)  No

Surface access to pressure lateral cleanout:  Yes  No  None

Average residual head pressure: \_\_\_\_\_ inches. **OR**  Gravity Distribution **OR**  Insufficient access to determine

Is the residual head pressure:  Acceptable  Corrections needed. What? \_\_\_\_\_  N/A

Head works box and spin filter:  Acceptable  Corrections needed. What? \_\_\_\_\_  None

Drainfield pods rotated:  Single field only  Yes  No

Drainfield protection (downspouts diverted, evidence of vehicle traffic, encroachment, ect.)  Acceptable  Corrections needed

Reserve area protected:  Yes  No  No Reserve

COMMENTS: \_\_\_\_\_

**Disclaimer:** An on-site sewage system evaluation is a report by a maintenance service provider based only on the system components inspected on the day noted in the report. The evaluation is offered by the maintenance service provider who is an independent contractor. Island County Public Health assumes no responsibility for the accuracy of the information provided. No claim is made by Island County Public Health or the undersigned maintenance service provider, either expressed or implied, concerning future success or failure of the on-site sewage system evaluated above.

Anthony C. Garland (co-pastor) \_\_\_\_\_

2009-318 \_\_\_\_\_

Print name of MSP/Certified Homeowner

Name of Company/Homeowner Certification Number

Anthony C. Garland

June 4, 2016

Signature of MSP/Certified Homeowner

Date

Signature of Owner (Optional)

Date