



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 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: Yes No Part-time If vacant, how long: _____

Record Drawing (Asbuilt) or Asbuilt Cert on File: Yes (*Record Drawing Number*): _____ None

On-Site Sewage (OSS) Source: Residential Community Food Service Commercial Mobile Home Park Other _____

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; Failure

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

Number of compartments: Single Double Other: _____

Estimated tank volume: 1000 Gallons

Tank construction material: Concrete Fiberglass Metal Wood Other: _____

1st Compartment:

Surface access to the inlet: Yes No - how deep to access? _____ inches

Evidence of water infiltration or sewage leak: Yes; where? _____ No

Abnormal water level above invert of inlet pipe: Acceptable Corrections needed. What? _____

Depth of scum in: Inlet _____ inches

Depth of sludge in: Inlet 10 inches

Inlet baffle condition: Acceptable 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? _____ 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 No

Tank, risers and lids condition: Acceptable Corrections needed. What? _____ None

External filter checked: Acceptable Corrections needed. What? _____ None

COMMENTS: _____

SECONDARY TANK: 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
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)
Print name of MSP/Certified Homeowner
Anthony C. Garland
Signature of MSP/Certified Homeowner
June 4, 2016
Date

2009-318
Name of Company/Homeowner Certification Number

Signature of Owner (Optional)

Date