



Final Report Form

Clerical Use

Date Called In _____ Time _____

Installer _____ Applicant _____

Caller _____ Caller Phone _____

Property Owner: _____

Mailing Address: _____

Property Address: _____

APN #: _____ TrakIt _____

Subdivision/Lot _____

System Type (Check One) GRAVITY PRESSURE SUPPLEMENTAL TREATMENT

Inspection Schedule (Check One) APPOINTMENT PLUG IN

As-Built On-Site? (Check One) YES NO

Intake Staff: _____

Environmental Health Staff Use Only

Appointment Date: _____ Time: _____

Comments: _____

Inspection Findings

	<u>N/A</u>	<u>Yes</u>	<u>No, see below</u>
I. SEPTIC TANK			
A) >5 ft. From foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) >50 ft from wells and surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Bldg stub-out to septic tank: clean-out if not 1-2%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Baffles intact and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Dividing wall intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Risers installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Tank Size: _____ gal.; Manufacture _____			
II. D-BOX			
A) Leveled with water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Speed leveler used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. DRAINFIELD			
A) >10 ft from foundation and >5 ft from property lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) >100 ft from wells and surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) >10 ft from potable water lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Laterals level to +/- 1 inch & end caps present if not looped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Gravelless chambers utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) System dimensions the same as shown on the design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Gravel clean, properly sized, and proper depth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE SYSTEMS			
H) Sand quality as specified on design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I) Head height uniform and 24 inches? Actual head height _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J) Clean-outs and observation ports present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K) Mound: Side Slope 3:1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. PUMP/PUMP CHAMBER			
A) Screen basket or effluent filter (circle one) installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Riser installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Alarm installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Pump make _____; Pump model _____			
E) Chamber size ___ gal; ___ gal/inch; Chamber Manufacture _____			
F) Pump chamber draw-down _____ inches per minute; Height of pump off bottom of pump chamber _____ inches			
G) Pump controls: Timer –or- Elapsed Time Meter (circle if installed); If timer is used: Pump On _____ Pump Off _____			

Staff Comments

The undersigned has reviewed this installation and verifies these findings on behalf of Mason County Department of Health Services.

 Environmental Health Specialist

 Date