

Do-It-Yourself Septic System Inspection Program

Clallam County Environmental Health Services
Physical Address: 223 E 4th Street, Room 130 Courthouse to drop off paper report forms
Mailing Address: 111 E 3rd Street, Port Angeles, WA 98362
Email: Send Fillable PDF DIY Report Forms to EnviroHealth@ClallamCountyWA.gov



DO-IT-YOURSELF SEPTIC INSPECTION CHECKLIST: Gravity Drainfield

- Assemble tools and materials needed for inspection (pg. 7-9 in the field guide) Name: _____
Review Safety Rules (pg. 10 of field guide or on website) Address: _____
Wear Protective Clothing. Do NOT Inspect Alone Inspection Date: _____
Remember, if you encounter problems, please STOP and Call a Professional SOM or USER ID: _____

SEPTIC TANK QUESTIONS (pages 11-18 in the field guide)

- | | | | |
|---|---|--------------------------------|--------------------------------------|
| Are the risers watertight with no visible leaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| Are the risers free of cracks or visible damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| Is the tank free of strong, overpowering odor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Where is the liquid level in the tank? | <input type="checkbox"/> At Base of Outlet Pipe | <input type="checkbox"/> Above | <input type="checkbox"/> Below |
| Does the scum layer look like living, healthy soil? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Can you clearly see baffles above the scum layer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the scum layer well below lid opening? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are baffles free of clogs and leaks around the seals?
(If concrete—Is it intact and not corroded?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Scum and Sludge Measurements

<u>Inlet</u>		<u>Outlet</u>	
Scum = _____"		Scum = _____"	
Sludge = _____"		Sludge = _____"	
Total = _____"		Total = _____"	

- | | | |
|---|------------------------------|-----------------------------|
| Did you clean the outlet baffle filter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your tank need pumping? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

GRAVITY DRAINFIELD QUESTIONS (pages 19-22 in the field guide)

- | | | | |
|---|------------------------------|-----------------------------|--------------------------------------|
| Are there any strong odors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are there any mushy or swampy areas or surfacing effluent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is there standing water inside the inspection port(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| If the system has a distribution box, is it accessible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the distribution box free of solid waste, scum and clogs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| Is the distribution box free from cracks and leaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| Does the effluent appear to be flowing evenly into all drain pipes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |

- Close up and Clean-up (page 23 in the field guide)
All openings covered and lids secured
Wash and sanitize all tools
Wash your hands

- Submit inspection report (page 24 in the field guide)
Add comments below: