



WHITMAN COUNTY ENVIRONMENTAL HEALTH

PULLMAN BRANCH OFFICE
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CENTRAL OFFICE
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Whitman County Environmental Health Use Only
Date Received: _____
Follow up needed: Yes No
Reviewed by: _____

GRAVITY ONSITE SEWAGE SYSTEM EVALUATION

PROPERTY INFORMATION

Property Owner: _____
Property Address: _____ Parcel Number: _____

SYSTEMS OPERATION AND MAINTENANCE

Currently Occupied Yes No Signs of Root Intrusion Yes No
Kitchen Grinder/Macerator Used Yes No Use of System Treatments Yes No
Number of Bedrooms _____ **Required:** Tank pumped today or within last two years (Date) _____

TANK EVALUATION

Capacity: _____ Gallons _____ Compartments
Tank Risers + Lid Secure: Yes No
Tank Type: Concrete Poly Other _____
Tank Pumped for Inspection Yes No
Baffles Undamaged and Cleaned Yes No
Signs of Sewage Levels Above/Below _____
Tank Outlet? (explain in comments) Yes No
Effluent Returning from Drainfield Yes No
Tank Status: Satisfactory Needs improvement (explain in comments)

DRAINFIELD EVALUATION

Observation Ports Present Yes No
Signs of Sewage Surfacing Yes No
Primary and Reserve Drainfield areas protected (No soil compaction, building, livestock etc.) Yes No
Distribution Device Working Properly Yes No NA
Well, Spring, or Surface Water within 100' Yes No
Number of Legs _____
Length of Legs _____

SYSTEM LOCATION DIAGRAM OR ATTACH AS BUILT

[Blank area for system location diagram or attach as built]

Evaluator's System Assessment

Satisfactory Corrective Action Needed Failure

Evaluator Comments (Use Back of Form for Additional Comments)

EVALUATOR

Evaluator's Name + Company: _____ Signature: _____ Date: _____
 Whitman County Licensed Installer Whitman County Licensed Designer Washington State Licensed Engineer

I hereby certify with my signature that my observations recorded on this form are accurate as of the date of this inspection.