



Whatcom County Health Department
ON-SITE SEWAGE SYSTEM (OSS)
FLOW TEST

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Date of Flow Test _____ Tax Parcel # _____

Site Address _____

Drainfield Flow Test Total Number of Bedrooms Served by OSS: _____

- Tank Volume _____
Ran test for _____ minutes; approximately _____ gallons ran through system
Level in septic tank at start of test _____ inches
Level at end of test _____ inches
Returned to normal in _____ minutes
Watertight [] Yes [] No
Risers/Lids in good condition, lids secure? [] Yes [] No

Pump systems

- Float tether length _____ inches
Number of pump cycles run _____

Evidence of dye and/or effluent surfacing [] Yes [] No

Comments: _____

I certify that I have performed the flow test on the above referenced property. The information submitted above is true and correct.

Installer, Designer, O&M Specialist Signature _____ Print _____ Date _____

Installation Company (if applicable): _____