



WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
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ON-SITE SEWAGE SYSTEM
REPORT OF SYSTEM STATUS
CHECKLIST SUPPLEMENT

ADDITIONAL TANKS

Date of Inspection _____ Tax Parcel # _____

Storage/Septic Tank

Tank Material [] Concrete [] Plastic [] Metal [] Wood [] Other _____
Volume _____ Gallons _____ # of Compartments _____
Depth of scum 1st compartment _____ inches 2nd compartment _____ inches
Depth of sludge 1st compartment _____ inches 2nd compartment _____ inches
Inlet baffle condition [] Satisfactory [] Needs Repair
Outlet baffle condition [] Satisfactory [] Needs Repair
Outlet Filter [] Satisfactory [] Needs Repair [] Not Present [] Cleaned
Watertight [] Yes [] No
Risers/Lids in good condition, lids secure & watertight [] Satisfactory [] Needs Repair [] Not Present

Comments _____

Pump Tank

Tank Material [] Concrete [] Plastic [] Metal [] Wood [] Other _____
Volume _____ Gallons _____
Vault Screen [] Satisfactory [] Needs Repair [] Not Present [] Cleaned
Watertight [] Yes [] No
Risers/Lids in good condition, lids secure & watertight [] Satisfactory [] Needs Repair [] Not Present
Depth of scum _____ inches Depth of sludge _____ inches

Comments _____

Notes (please print clearly)

