



Always working for a safer & healthier Mason County

PO Box 1666, 415 N 6th Street, Bldg 8, Shelton WA 98584,
Shelton: (360) 427-9670 ext 400 ❖ Belfair: (360) 275-4467 ext 400 ❖ Elma: (360) 482-5269 ext 400
FAX (360) 427-7787

On-site Sewage and Disposal System Operation and Maintenance Report

(To be used only for Conventional Gravity, Conventional Pressure, Mounds and Sandfilter Systems)

Tax Parcel Number: _____

Property Address: _____

Following is a list of items that must be monitored and maintained to protect against failure of your on-site sewage system. A Mason County Septic System User's Manual is a good source of information about system systems. To request a Manual, please call us, or print a copy from the Public Health Web page at www.co.mason.wa.us Please complete this form and return it to Mason County Public Health.

Indicate your septic system type. Check all that apply.

- Gravity Drainfield Pressure Drainfield Sandfilter Sand-lined Drainfield Mound

Septic Tank

- Yes No Is the dividing wall in the tank intact? Single compartment tank
 Yes No Are the inlet and outlet baffles intact?
 Yes No Are the tank lids intact and secure
 Yes No Is the effluent filter screen free of debris? No filter screen
 Yes No Does the tank need to be pumped?

Sand Filters , Mounds, Drainfields

- Yes No Are there signs of effluent breakout or discharge to surface of the ground?
 Yes No Is the area free from roads, structures, and vehicular traffic?
 Yes No Is the area free of surface water drainage?
 Yes No Are down spouts diverted away from septic system components
 Yes No Does your system have observation ports? If Yes:
 Yes No Are observation ports accessible?
 Yes No Is there ponding of effluent observed in observation ports?

Pumps & Pump Chambers

- Please indicate type of pumps: None Solids (grinder) Lift to Gravity Pressure Siphon
 Yes No Is the pump chamber free of scum & sludge?
 Yes No Is the pump chamber and the inlet and outlet pipe joints water tight?
 Yes No Have floats been manually tested and operational?
 Yes No Are filter screens clean and free of debris? No filter screen

Homeowner signature _____

Date _____

Homeowner name (please print) _____

Phone number _____