



415 N 6th Street, Bldg 8, Shelton WA 98584
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Wet Season Observations

SWG: _____

1. Preliminary Activities

A wet season monitoring program will be conducted after completion of the appropriate application form and payment of fees. The fees are based on whether the monitoring was performed by Mason County Public Health (6 inspections) or by a licensed designer (with 3 quality assurance inspections by Mason County Public Health.)

If a licensed designer will be conducting the monitoring program, a site specific monitoring plan will be submitted by the designer as part of the overall system design.

2. Site Preparation

A minimum of 2 observation ports will be installed in locations representative of a cross section of the proposed drainfield area. Recommended monitoring port design will consist of a vertically oriented section of 4 inch diameter perforated pipe, wrapped in filter fabric and bedded in clean, washed drainrock or pea-gravel that has been backfilled into a 12-24 inch test hole. The drainpipe should be capped and flagged so as to be easily visible to Public Health staff.

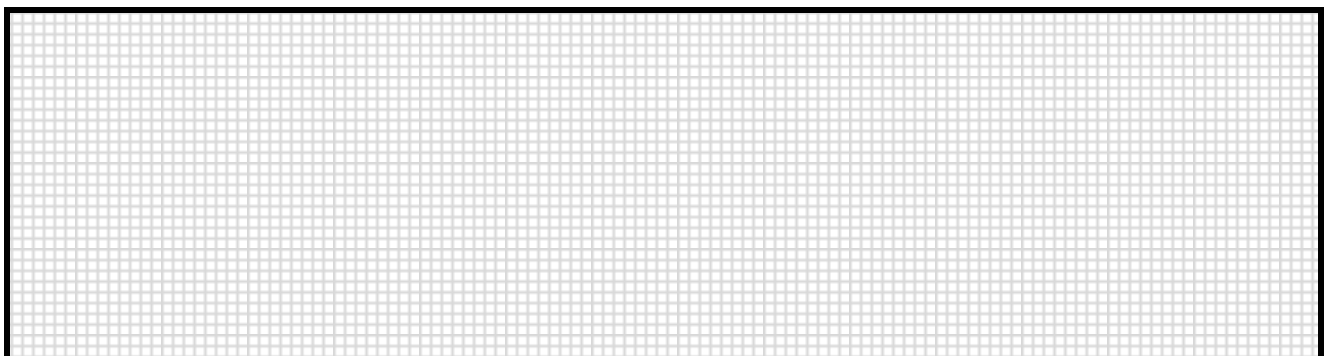
3. Observations and Presentation of Findings

Wet season observations will take place during the months of January through March. The frequency and timing of observations will be dependent on site characteristics and on rainfall characteristics that occur during the monitoring period. The designer will submit a minimum of 6 observations along with the NCDC rainfall data for the area during the period of January through March (<http://www.ncdc.noaa.gov/oa/mpp/freedata.html>). Observations will be recorded with the date and time of the observation and the depth of the water in the pipe.

4. Analysis of Findings

Monitoring results will not be considered valid when the rainfall for the period of observation did not exceed 80% of the 10 year average rainfall for the area during the 6-month period of October through March.

5. Site Sketch (location of test holes and numbers)



Wet Season Observations

Log Sheet

Owner Name: _____

Parcel Number: _____

NOTE: All measurements are from original grade to water level, not top of pipe.

Test Hole/Port #1	Test Hole/Port #2	Test Hole/Port #3	Test Hole/Port #4
Date & Results	Date & Results	Date & Results	Date & Results

This form may be scanned and available for public view on the Mason County Web site.