



# Whitman County Environmental Health

1205 SE Pro Mall Blvd #203 Pullman, WA 99163

310 N Main Street #108 Colfax, WA 99111

EMAIL: eh@whitmancounty.net

Pullman: 509-332-6752

Colfax: 509-397-6280

## System Assessment Form

### PROPERTY INFORMATION

Property Owner: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ Owner Email: \_\_\_\_\_

### ASSESSMENT INFO

Assessment Date: \_\_\_\_\_ Assessment Type:  Pump Only  Full System Evaluation (Tank & Drainfield Inspection)

Reason for Assessment:  Routine Maintenance  Complications  Land Development / Property Transfer

Evaluator Name: \_\_\_\_\_ Company: \_\_\_\_\_

License Type:  Whitman County Licensed Pumper  Whitman County Licensed Evaluator

Out of County Pumper (pumps only) \*submit with \$25 check and copy of License from other county.

### SYSTEM OPERATION AND INFO

Currently Occupied/Used  Yes  No System Use:  Residential: # of Bedrooms \_\_\_\_\_

Use of System Treatments  Yes  No  Commercial: Type \_\_\_\_\_

Public Sewer within 200' ?  Yes  No Date of Last  Pumped Today (Date) \_\_\_\_\_

System is permitted?  Yes  No Tank Pump:  Pump needed ASAP

Type of System  Gravity  Alternative \_\_\_\_\_  Did not need a pump

### TANK EVALUATION

Complete this section for Pumps and Full System Evaluations

Tank Type:  Concrete  Poly  Other \_\_\_\_\_

Tank Volume: \_\_\_\_\_ # Compartments \_\_\_\_\_

Tank Risers + Lid Secure  Yes  No

Tank Cleanout Accessible  Yes  No

Baffles Undamaged and Cleaned  Yes  No

Signs of root intrusion?  Yes  No

Effluent Returning from Drainfield  Yes  No

Tank Condition:  Good  Fair  Poor

### DRAINFIELD EVALUATION

Complete this section for Full System Evaluations.

Observation Ports Present  Yes  No

Signs of Sewage Surfacing  Yes  No

Primary and Reserve areas protected  Yes  No

Distribution Device Working Properly  Yes  No

Well, Spring, or Surface Water within 100'  Yes  No

Number of Legs \_\_\_\_\_ Length of Legs \_\_\_\_\_

As Built on File (Attach if Available)  Yes  No

Drainfield Located and Mapped (Attach)  Yes  No

### EVALUATION CONCLUSION

Satisfactory  Corrective Action Needed (see comments)  Failure (see comments)

Evaluator Comments: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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