



Whitman County Environmental Health

1205 SE Pro Mall Blvd #203 Pullman, WA 99163

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Gravity Onsite Sewage System Assessment

PROPERTY INFORMATION

Property Owner: _____ Owner Phone Number: _____
 Property Address: _____ Owner Email: _____

ASSESSMENT INFO

Assessment Date: _____ Assessment Type: Pump Only Full System Evaluation (Pump & Drainfield Inspection)
 Reason for Assessment: Routine Maintenance Complications Land Use/Development
 Assessor Name: _____ Company: _____
 Assessor Type: Whitman County Licensed Pumper Whitman County Licensed Evaluator
 Out of County Pumper ***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 _____
 Kitchen Grinder/Macerator Used Yes No Commercial: Daily Flow _____ gpd
 Use of System Treatments Yes No Date of Last Tank Pump: Pumped Today (Date) _____
 Type of System Gravity Alternative _____ Last 3-5 Years (Date) _____

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)
 Assessor Comments: _____

Assessor 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.