



Holding Tank Septic System (HTSS)

Operations and Maintenance Inspection Report

To maintain an up-to-date operation permit for the on-site sewage system for the property, the property owner is responsible for completing routine system maintenance and evaluations and submitting records to Spokane Regional Health District.

Please complete this form and return to Spokane Regional Health District, Environmental Public Health Division, 1101 W. College Ave., Rm. 402, Spokane WA 99201 or email to liquidwaste@srhd.org. Please provide a copy of the invoice(s) from an SRHD-permitted pumper when you submit this form.

PROPERTY INFORMATION			
Owner Name:			
Phone Number:		Email:	
Site Address:	City/Town:	ZIP Code:	
Mailing Address:	City/Town:	ZIP Code:	
Parcel #:		HTSS Permit #:	
If multiple holding tanks on parcel, identify specific location:			

HOLDING TANK INSPECTION			
1.	Are you currently using the holding tank?	YES	NO
2.	If "NO," has the holding tank been properly abandoned?	YES	NO
3.	Approximate number of days system was in used in 2024:		
4.	Is the holding tank still watertight? <i>(for example, there is not surface water entering tank or holes in the tank to allow sewage to flow out)</i>	YES	NO
5.	Total number of gallons of water used in the building in the previous year <i>(figure should be based on water meter readings if available or approximate if not. Indicate if actual or approximate):</i>		
6.	The alarm system is working properly as confirmed by an operational inspection.	YES	NO
7.	I have included a completed copy of the holding tank sewage system operational record with volume of sewage pumped and name of pumper.	YES	NO

HTSS EVALUATION INFORMATION		
Date of Evaluation:		
For Owner-Completed Inspection		
Property owners intending to conduct their own HTSS inspection must visit doh.wa.gov/wastewater-management on the DOH website to watch training videos on how to inspect an HTSS and review the maintenance manual for their OSS.		
I attest that I have watched the Washington State Department of Health (DOH) videos on how to maintain and inspect my holding tank septic system and followed the instructions in the maintenance manual for my HTSS.		
Inspection Completed By	Owner	O&M Provider



Owner Name If Different From Above:	
Operation and Maintenance (O&M) Service Provider:	O&M Permit #:
O&M providers are permitted by SRHD. For a list of approved O&M providers, please visit srhd.org .	

OPERATION AND MAINTENANCE PROVIDER CONCLUSION

Satisfactory	Corrective action(s) needed (add comments below)	Failure (add comments below)
COMMENTS		

OPERATIONAL RECORD

HTSS Permit #:	Site Address:	Parcel#:	
DATE PUMPED	SEWAGE VOLUME	PUMPED BY	DISPOSAL SITE

Starting Feb. 1, 2027, at the time of property transfer or sale, a property transfer inspection of the complete OSS must be conducted by an approved O&M provider and results submitted to Spokane Regional Health District, Environmental Public Health Division, 1101 W. College Ave., Rm. 402, Spokane WA 99201, or emailed to liquidwaste@srhd.org. If you have questions, please call 509.324.1560, ext. 1.

SIGNATURE OF PROPERTY OWNER/O&M PROVIDER

DATE

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

FOR OFFICE USE ONLY

PERMIT APPROVED BY

DATE