



On-site Sewage System (OSS)

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. SRHD will no longer be mailing renewed permits to property owners. If you would like one emailed to you, please contact us at liquidwaste@srhd.org.

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.

PROPERTY INFORMATION		
Owner Name:	Phone Number:	
Email:	Check to receive an updated permit via email	
Site Address:	City/Town:	ZIP Code:
Mailing Address:	City/Town:	ZIP Code:
Parcel #:	OSS Permit #:	

OSS EVALUATION INFORMATION		
Date of Evaluation:		
For Owner-Completed Inspection		
Property owners intending to conduct their own OSS inspection must visit doh.wa.gov/wastewater-management to watch training videos on how to inspect an OSS system 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 on-site septic system and followed the instructions in the maintenance manual for my OSS.		
Inspection Completed By	Owner	O&M Provider
Owner name if different than above:		
Operation & Maintenance (O&M) Service Provider:		O&M Permit #:
O&M service providers are permitted by SRHD. For a list of approved O&M providers, please visit srhd.org .		

SEPTIC SYSTEM INFORMATION			
SEPTIC TANK(S) EVALUATION			
Property has been connected to public sewer	YES	NO	If yes, date connected:
Is the system in use?	YES	NO	
Tank riser and lid secure	YES	NO	
Tank cleanout accessible	YES	NO	
Baffles undamaged	YES	NO	
Tank condition good	YES	NO	



Tank contents, e.g., water level, scum, solids and sludge	ACCEPTABLE	NOT ACCEPTABLE
Tank pumped	YES	NO If yes, date pumped:
Electrical components operating properly	YES	NO
DRAINFIELD EVALUATION		
Spongy / wet ground or ponding over drainfield	YES	NO
Drainfield and reserve drainfield areas protected	YES	NO
Distribution box (if applicable) working	YES	NO
Record drawing on file matches site?	YES	NO
<i>If there is no record drawing please make or submit a drawing showing location, dimensions and measurements of your lot, structure, on-site sewage system(s), wells, waterlines, driveways, direction North, etc. Please identify what is drawn. This submittal does not replace an as-built/record drawing.</i>		
OTHER OBSERVATIONS / PROPERTY USE		
Is the drainfield within 100 feet of a well, spring or surface water?	YES	NO
Has the property's use changed?	YES	NO
<i>For example, changing from residential to commercial, or office to restaurant, or is the home used for a pet boarding/grooming business.</i>		

OPERATIONS AND MAINTENANCE PROVIDER CONCLUSION		
Satisfactory	Corrective action(s) needed (add comments below)	Failure (add comments below)
COMMENTS		
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	
Assigned to:	Assigned Date:
_____	_____
PERMIT APPROVED BY	DATE

