

SUBMIT COMPLETED FORM TO:  
[EHOSSSTUB@KingCounty.gov](mailto:EHOSSSTUB@KingCounty.gov)

Record I.D. Number <b>ON</b>
Department Use Only

Date Received
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**SECTION I – PROPERTY INFORMATION**

Parcel Number \_\_\_\_\_ Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Owner occupied  Yes  No Owners name: \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 (if different from above) \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
**IS THE OSS FAILING?**  Yes  No  
**As-built Available?**  Yes  No Age of System \_\_\_\_\_ years Type of existing OSS \_\_\_\_\_  
 Number of bedrooms in house \_\_\_\_\_ Number of persons living in building \_\_\_\_\_  
 Availability of Public Sewer? \_\_\_\_\_  Urban Growth Area **(letter of sewer availability required)**  Rural  
**Water Supply:**  Public Water Supply (Name) \_\_\_\_\_  
 Individual Well  Group B (Name) \_\_\_\_\_

**SECTION II – REPAIR CATEGORY:**

<input type="checkbox"/> <b>\$273 Repair</b> <ul style="list-style-type: none"> <li>• OSS locate to support minor repairs</li> <li>• Detached structure sewer line connection to existing OSS – gravity flow</li> <li>• Bypassing a portion of the drainfield</li> <li>• Splitting serial into even distribution</li> <li>• Replacing dispersal piping in gravity or pressure drainfield</li> <li>• Drip repairs – greater than 10 total feet dripline</li> </ul>	<input type="checkbox"/> <b>\$762 Repair</b> <ul style="list-style-type: none"> <li>• Tank replacement</li> <li>• Rebuilding a public domain treatment unit or exchanging a proprietary unit</li> <li>• Replacement of a public domain w/ proprietary treatment unit – (Example - sand filter exchanged for a proprietary)</li> <li>• Repairing a drainfield per existing approved design</li> <li>• Detached structure sewer line connection to existing OSS – tank &amp; pump system</li> </ul>
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**SECTION IV–REPAIR PROPOSAL** Indicate specific details of repair and *attach scaled site drawing*

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Name of person submitting repair proposal \_\_\_\_\_ Phone : \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 Please Print

Certified Master Installer  Licensed Designer/P.E.  Certified OSS Maintainer  Resident Homeowner (See KCBOH 13.20.040(B) )

Certification Number (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_

**HEALTH DEPARTMENT ONLY**

The repair proposal is:

Satisfactory –

Unsatisfactory – See comments below or attached deficiency list.

Insufficient information submitted to support the repair proposal (See remarks/comments below).

Based on the complexity of the site, a site application is required.

**IF OSS IS FAILING,  
REPAIR IS REQUIRED  
TO BE COMPLETED**

King County HEI III Investigator: \_\_\_\_\_ Date \_\_\_\_\_

Remarks/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Failure Information Sheet**

System Type (check one): **Gravity** **Pump to Gravity** **PD** **Mound** **Sand Filter**  
**Sand Bed** **Other** \_\_\_\_\_

**Underneath each box that is checked, fill out the information which applies**

**Septic Tank:**  
Single \_\_\_\_\_ Double \_\_\_\_\_ Size (Volume) \_\_\_\_\_  
Outlet baffle in place Yes  No   
Filter baffle Yes  No   
Does tank have high water mark Yes  No   
Sludge and Scum levels \_\_\_\_/\_\_\_\_\_  
Outlet in relation to ground water \_\_\_\_\_  
Ground or Surface water Intrusion \_\_\_\_\_

**Pump Tank:**  
Sludge level \_\_\_\_\_  
Dose volume \_\_\_\_\_  
Timer settings On \_\_\_\_\_ Off \_\_\_\_\_ time  
Pump draw down \_\_\_\_\_  
DO level \_\_\_\_\_  
Ground or Surface water Intrusion \_\_\_\_\_

**PD System:** Age \_\_\_\_\_  
Is the effluent surfacing \_\_\_\_\_ where \_\_\_\_\_  
When was the system last in use \_\_\_\_\_  
Water use figures avg. daily flow \_\_\_\_\_ Peak \_\_\_\_\_  
Is pump tank lower or higher than DF \_\_\_\_\_  
Is the site sloping Yes  No   
Appropriate % slope \_\_\_\_\_  
Manifold fed from top or bottom \_\_\_\_\_  
Check valves on the manifold Yes  No   
Are all laterals failed Yes  No   
which laterals \_\_\_\_\_ (Attach drawing)  
Depth of drainfield \_\_\_\_\_ Depth of soil \_\_\_\_\_

**Gravity DF:** Age \_\_\_\_\_  
Is the effluent surfacing \_\_\_\_\_ where \_\_\_\_\_  
When was the system last in use \_\_\_\_\_  
Water use figures avg. daily flow \_\_\_\_\_ Peak \_\_\_\_\_  
Sloping or level site \_\_\_\_\_  
Serial distribution \_\_\_\_\_ Interconnected loop \_\_\_\_\_  
Equal distribution \_\_\_\_\_  
D-box condition \_\_\_\_\_  
Depth of drain field \_\_\_\_\_ Depth of Soil \_\_\_\_\_  
Vertical Separation \_\_\_\_\_ Water table \_\_\_\_\_  
Drain tiles Yes  No  condition \_\_\_\_\_  
Other \_\_\_\_\_ describe \_\_\_\_\_

**Mound:** Age \_\_\_\_\_  
Is the effluent surfacing \_\_\_\_\_ where \_\_\_\_\_  
When was the system last in use \_\_\_\_\_  
Water use figures avg. daily flow \_\_\_\_\_ Peak \_\_\_\_\_  
Sloping or level site \_\_\_\_\_  
Ground water on upper and lower edge of mound \_\_\_\_\_  
Is the bed level Yes  No  If no how far off end to end \_\_\_\_\_  
Is there a timer Yes  No  Settings \_\_\_\_\_  
Dose volume \_\_\_\_\_ Draw down on pump \_\_\_\_\_ How thick is the bio-mat \_\_\_\_\_  
Is the gravel black Yes  No  Is the mound ponding water Yes  No  Depth \_\_\_\_\_ Inspection Port \_\_\_\_\_

**Sand Filter:** Age \_\_\_\_\_  
Is the effluent surfacing \_\_\_\_\_ where \_\_\_\_\_ When was the system last in use \_\_\_\_\_  
Water use figures avg. daily flow \_\_\_\_\_ Peak \_\_\_\_\_  
Is there a timer Yes  No  Settings: "ON" time \_\_\_\_ min. \_\_\_\_ sec. "OFF" time \_\_\_\_\_ hours  
Dose volume \_\_\_\_\_  
Draw down on pump to sand filter \_\_\_\_\_  
Float levels in pump basin \_\_\_\_\_  
Is entire bed flooded Yes  No  Depth \_\_\_\_\_ Inspection Port \_\_\_\_\_  
How thick is the bio mat \_\_\_\_\_  
Is gravel black Yes  No   
Elevation of bed compared to ground water on out side of bed \_\_\_\_\_  
Sand quality \_\_\_\_\_ Sieve test results attached Yes  No   
Does the pump out run the return flow from the under drain Yes  No

Adequate soil absorption areas available for repair? Yes  No

Soil depth and type determined by:

Current soil logs (information attached)

Other \_\_\_\_\_

Sand based system with sealed bed  $\longrightarrow$   Sieve analysis results attached

**Waste Strength Analysis**

Analysis was conducted because there is evidence of:

Excessive mass loading or effluent applied to soil at wrong soil application rate.

Clogged orifices

System abuse (e.g. septic tank not biologically operating as needed, clogged filter baffle, etc.)

Other \_\_\_\_\_

Laboratory results attached

**Note:**

Proper procedures should be used in collecting effluent samples to be analyzed by a certified laboratory. Ground water intrusion problems if present, should be corrected prior to collecting certain effluent samples.

**Use of Aerobic Treatment Units (ATU's) to Repair/Recover Sand Based Systems**

1. The repair proposal must identify the cause of the failure.
2. ATU's do not replace the requirement for a sand-based system.
3. ATU's should not be proposed when the system has construction or design errors which cannot be corrected and these errors are the cause of the Failure.
4. Ground and surface water issues must be addressed and corrected.
5. Water usage must be addressed in the repair proposal. Flows should not exceed the design capacity of the system.
6. ATU's can be helpful in dealing with high waste strengths such as recovering sealed beds when the cause of sealing is related to waste strength.
7. ATU's may not always be the best method to deal with a sealed bed.

**COMMENTS / CONCLUSIONS REGARDING FAILURE**

Failure linked to OSS performance:

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Failure linked to OSS operation and maintenance:

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**SITE DRAWING CHECKLIST**

North Arrow Indicated	Site Drawing Shows Distances Between OSS and:
Dimensional Diagram or Draw to Scale (1:20 or 1:30)	Water Supply/Supplies
Property Lines Shown	Water Lines(s)
Site Drawing Includes All Known OSS Components and Components to be Installed	Property Lines
Other	Buildings
	Surface Water
	Seasonal Water
	Cuts/Banks
	Footing Drains, Interceptor Drains, Etc.

Site drawing attached