REPAIR PROPOSAL FORM FOR ON-SITE SEWAGE SYSTEM (OSS)
Public Health Seattle-& King County - Environmental Health Division

Public Health
Seattle & King County

SUBMIT COMPLETED FORM TO:
EHOSSSTUB@KingCounty.gov

Record I.D. Number ON
Department Use Only

Date Received

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:

☐ **$273 Repair**

- **OSS locate to support minor repairs**
- **Detached structure sewer line connection to existing OSS – gravity flow**
- **Bypassing a portion of the drainfield**
- **Splitting serial into even distribution**
- **Replacing dispersal piping in gravity or pressure drainfield**
- **Drip repairs – greater than 10 total feet dripline**

☐ **$762 Repair**

- **Tank replacement**
- **Rebuilding a public domain treatment unit or exchanging a proprietary unit**
- **Replacement of a public domain w/ proprietary treatment unit – (Example - sand filter exchanged for a proprietary)**
- **Repairing a drainfield per existing approved design**
- **Detached structure sewer line connection to existing OSS – tank & pump system**

SECTION IV–REPAIR PROPOSAL Indicate specific details of repair and ***attach scaled site drawing***

_____

_____

_____

Phone :_____

Name of person submitting repair proposal_____ 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 ⟶ ☐ 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:

_____
_____
_____

Failure linked to OSS operation and maintenance:

_____
_____
_____

SITE DRAWING – PROPOSED OSS REPAIR **PROPERTY ADDRESS:** _____

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