System Assessment Form

Property Information				
Property Owner:	Owner Phone Number:			
Property Address:	Owner Email:			
Assessment Information				
Assessment Date: Assessment Type: Pump Only Full System Evaluation (Tank & Drainfield Inspection)				
Reason for Assessment: Routine Maintenance Complications Land Development / Property Transfer				
		·		
Evaluator Name: Company: License Type: • Whitman County Licensed Pumper • Whitman County Licensed Evaluator				
Out of County Pumper (pumps only) *submit with \$25 check and copy of License from other county.				
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System Operation & InfOr	mation			
Currently Occupied/Used • Ye	es 🗆 No	System Use: Residential: # of Bedrooms		
Use of System Treatments • Ye	es 🗆 No		Commercial: Type _	
Public Sewer within 200'?	es 🗆 No	Date of Last	Pumped Today (Date	e)
·		Tank Pump:	ank Pump: • Pump needed ASAP	
Type of System Gravity Alte	rnative		Did not need a pur	mp
Tank Evaluation		Drainfield Evaluation		
Complete this section for Pumps and Full System Evaluations			ete this section for Full System	
Tank Type: Concrete Poly Other		Observatio	n Ports Present	□ Yes □ No
Tank Volume:# Compartments		Signs of Sewage Surfacing		
Tank Risers + Lid Secure	□ Yes □ No	Primary & Reserve areas protected		
Tank Cleanout Accessible	□ Yes □ No	Distribution Device Working Properly Yes No		
Baffles Undamaged & Cleaned	□ Yes □ No	Well, Spring, or Surface Water within 100' Yes No		
Signs of root intrusion?	□ Yes □ No	Number of Legs Length of Legs		
Effluent Returning from Drainfield	□ Yes □ No	As Built on File	(Attach if Available)	□ Yes □ No
Tank Condition: Good Fair	□ Poor	Drainfield Local	ted and Mapped (Attach)	□ Yes □ No
Evaluation Conclusion				
□ Satisfactory □ Corrective Action Nee		eded (see comme	ents) 🗆 Failu	re (see comments)
Evaluator Comments:				
Evaluator 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.