



Okanogan County Public Health

<http://www.okanogancounty.org/ochd/index.htm>

1234 South 2nd Avenue
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140
TDD (800) 833-6388

SANITARY SURVEY INFORMATION

A sanitary survey will include both a water and septic system evaluation and inspection.

The sanitary survey fee of \$235.00 includes the record search, a maximum of two site visits and a maximum of two coliform water samples. After the initial two site visits have been performed each additional site visit will incur a charge of \$80.00 per hour. After two coliform samples have been collected a fee of \$35.00 will be charged for each additional coliform water sample used for the sanitary survey.

Sewer system requirements:

- Have the septic tank pumped out and submit a copy of the pumper's report to Okanogan County Public Health. **Leave the septic tank lid uncovered and accessible** (the lid should cover the tank, however keep soil, rocks etc. off of the lid) until the site inspection has been completed by the inspector.
- If a system was installed prior to 1985 the name of the owner at the time of installation must be provided.
- A copy of the Assessor's tax sheet must accompany the sanitary survey application.

Water system requirements:

- The Okanogan County Public Health employee must have access to the inside of the house to take the water sample.
- If the well casing or well house is not easily visible, please give the location of the well. If the well is enclosed in a well house, please make sure it is accessible for the inspection.



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POST OFFICE BOX 231
1234 SOUTH SECOND
OKANOGAN, WASHINGTON
(509) 422-7140
TDD (800) 833-6388

Sanitary Survey

Water Survey & Sewer Survey \$235.00

Date: _____

Assessor's Parcel # _____

Receipt #: _____

Present Owner's Name: _____ Send report to: _____ Address: _____ Phone Number: _____ Directions for locating residence: _____	Buyer's Name: _____ Real Estate Firm: _____ Address: _____ Phone Number: _____
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Information Required For Septic System Survey: Year Installed: _____ Original Permit Applicant: _____ Last Owner: _____	Information Required For Water System Survey: Type of water supply system: (circle one) Drilled Dug Spring Public # of Homes served by System: _____ Water treatment, if any: _____
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Public Health Use - Do Not Write Below This Line

FIELD EVALUATION

Sewage Disposal Septic tank volume adequate? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gallons _____ Unknown <input type="checkbox"/> Constructed of approved materials: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Baffles in acceptable condition? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Signs of failing drainfield? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> House: <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Unknown <input type="checkbox"/> Date of on-site inspection: _____	Water Supply Water sample taken? Yes <input type="checkbox"/> No <input type="checkbox"/> Results _____ Public water system? Yes <input type="checkbox"/> No <input type="checkbox"/> System ID # _____ Well casing and/or house above ground? Yes <input type="checkbox"/> No <input type="checkbox"/> Well cap adequately sealed? Yes <input type="checkbox"/> No <input type="checkbox"/> Possible source of contamination within 100 ft of well? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of on-site inspection: _____
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COMMENTS TO INTERESTED AGENCY

Sewage Disposal Sewage disposal system appeared to be functioning adequately at time of survey: Yes <input type="checkbox"/> No <input type="checkbox"/> Sewage disposal system appeared to meet applicable state and county health codes: Yes <input type="checkbox"/> No <input type="checkbox"/> Valid on-site sewage disposal permit on file: Yes <input type="checkbox"/> No <input type="checkbox"/>	Water Supply Water sample results satisfactory on date shown below: Yes <input type="checkbox"/> No <input type="checkbox"/> Water system appeared to be a satisfactory source of potable water at time of inspection: Yes <input type="checkbox"/> No <input type="checkbox"/>
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See reverse side for notes or comments on deficiencies

The above statements reflect observed conditions as they existed, and/or laboratory results of samples collected, on the day the evaluation was performed. Observations recorded and statements made are presented here by request and make absolutely no claim, either expressed or implied, for future success or failure of the systems evaluated.

