|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| System Information: | Permit Number: |        | System Name:  |       |  |
|  |  |  |  |  |

| System Component / Maintenance Task | MinimumFrequency | Insert date or measurement when task is completed |
| --- | --- | --- |
|  | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 | Apr 2025 | May 2025 | June 2025 | July 2025 |
| Sewage Tanks |  |
| Measure and Record Sludge Level | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Measure and Record Scum Level | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Remove Sludge from Tanks | As Needed |       |       |       |       |       |       |       |       |       |       |       |       |
| Check / Clean Effluent Filters | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Check Inlets / Outlets | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Pump and Pump Chamber |  |
| Visual Inspection | Monthly |       |       |       |       |       |       |       |       |       |       |       |       |
| Check / Clean Screen(s) | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Test / Run Pumps | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Check Float Switch Operation | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Pump Controls and Electrical Panel |  |
| Manually Operate Controls | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Check for Moisture & Corrosion | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Test Alarm(s) | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| **Drainfields** |  |
| Inspect Monitor Ports  | Monthly |       |       |       |       |       |       |       |       |       |       |       |       |
| Inspect Drainfields for Ponding; Mow Grass & Remove Brush | Monthly |       |       |       |       |       |       |       |       |       |       |       |       |
| Inspect and Exercise Valves | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |
| Rotate Drainfield Sectors | Semi-Annual |       |       |       |       |       |       |       |       |       |       |       |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Average Daily Flows (gpd) 🡪*** | Monthly |  |  |  |  |  |  |  |  |  |  |  |  |

*I hereby certify that the information on this form is true, complete, and accurate.*

System Operator (Print):       Company/Title:

System Operator’s Signature: Date:

 Mail signed original with renewal application, fee, and other required paperwork. Keep a copy for your records for a minimum of three (3) years.

**Operating Problems, Repairs, and Replacements Date & Initials**

|  |  |
| --- | --- |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

Frequently Asked Questions about the Annual Maintenance and Monitoring Report

**All Large On-site Sewage System (LOSS) owners are required to submit an annual maintenance and monitoring report with their annual operating permit renewal application, and permit fee.** We expect you to perform, and report on, all maintenance and monitoring listed in your Department of Health-approved Operation and Maintenance (O&M) Manual, Monitoring and Reporting Plan, and operating permit.

This form was developed for the most common treatment system components: septic tank, pump chamber, pressure drainfield. It may not cover the scope of the O&M activities for your LOSS or reporting required in your operating permit. Also, list significant repairs or replacements you accomplished during your reporting cycle and any operating problems.

**Do I have to use the DOH form?**

No. You can create your own form to report the basic monitoring and maintenance your system needs through the year. **You must report on items required in your current operating permit, as well as describe any operating problems, and repairs and replacements.**

**Who may complete this form?**

The owner or your operator may complete this form, but it must be signed by your LOSS operator or your O&M provider. **The permit renewal application must be signed by the owner.**

**How do I calculate and report Average Daily Flows?**

This should be included in your O&M manual or you can check with your design engineer. DOH also has information on our website. See our guidance using:

Dose Counter: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/337-118.pdf>
Elapsed Time Meter: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/337-119.pdf>

**To fill out this form on the computer:**

This form can be found in the Operating Permit Renewal Forms section of [www.doh.wa.gov/lossguidance](http://www.doh.wa.gov/lossguidance).

Before you begin filling in the form, be sure and save it. If you close the form without saving it to your computer, your changes will be lost. Be sure to report average daily flow data in gallons per day (gpd). Once you are finished, save, print, and sign the completed form. You will want to keep a copy for your records.

Scan and email or mail the original signed form with your annual operating permit renewal application, renewal fee, and all other required documents as instructed on the renewal application and in your operating permit.

**Can I submit this form electronically?**

Yes, but the form does require the signature of the operator. You can scan and email to wastewatermgmt@doh.wa.gov with the following statement “I certify that the provided information is true, complete, and accurate. I intend my email to be my signature.”.

**Questions?**

|  |  |
| --- | --- |
| Washington State Department of Health Wastewater Management Section LOSS Program | Phone: 360-236-3330Email: wastewatermgmt@doh.wa.govWeb: [www.doh.wa.gov/LOSS](http://www.doh.wa.gov/LOSS) |

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.