



Whatcom County Health Department
ON-SITE SEWAGE SYSTEM (OSS)
FLOW TEST

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

Date of Flow Test \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Site Address \_\_\_\_\_

Originals must be submitted to the WCHD. No photocopies - no faxes.
All spaces must be complete or marked N/A if not applicable.

Drainfield Flow Test \_\_\_\_\_ Total Number of Bedrooms Served by OSS: \_\_\_\_\_

- Tank Volume \_\_\_\_\_
Ran test for \_\_\_\_\_ minutes; approximately \_\_\_\_\_ gallons ran through system
Level in septic tank at start of test \_\_\_\_\_ inches
Level at end of test \_\_\_\_\_ inches
Returned to normal in \_\_\_\_\_ minutes
Watertight \_\_\_\_\_ Yes \_\_\_\_\_ No
Risers/Lids in good condition, lids secure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pump systems

- Float tether length \_\_\_\_\_ inches
Number of pump cycles run \_\_\_\_\_

Evidence of dye and/or effluent surfacing \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I certify that I have performed the flow test on the above referenced property. The information submitted above is true and correct.

Installer, Designer, O&M Specialist Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Installation Company (if applicable): \_\_\_\_\_