



Whatcom County Health Department
ON-SITE SEWAGE SYSTEM (OSS)
REPORT OF SYSTEM STATUS

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

Date of Inspection \_\_\_\_\_ Tax Parcel # \_\_\_\_\_
Site Address \_\_\_\_\_ City \_\_\_\_\_
Space/Lot Number or Location (if multiple OSS) \_\_\_\_\_
Owner \_\_\_\_\_ Phone \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Originals must be submitted to the Health Department with a \$35 filing fee. No photocopies - No faxes.
All spaces must be complete or marked N/A if not applicable. Homeowners - please use the HROSS form.

OPERATIONAL STATUS: [ ] Satisfactory [ ] Maintenance Needed [ ] Failure

EVALUATION PERFORMED FOR: [ ] Routine Compliance [ ] Property Transfer

OSS SOURCE: [ ] Single Family [ ] Community [ ] Food Service [ ] Other (type) \_\_\_\_\_

OSS TYPE: [ ] Conventional Gravity [ ] Pressure Distribution [ ] Mound
[ ] ATU w/ Drip Irrigation [ ] ATU w/ Pressure Distribution [ ] ATU w/ Mound
[ ] Drip Irrigation [ ] Sand Filter w/ Pressure Dist. [ ] Sand Filter w/ Mound
[ ] Biofilter [ ] Sand Filter w/ Gravity [ ] Non-Pressurized Mound
[ ] Pump to Gravity Distribution [ ] Holding Tank
[ ] Other \_\_\_\_\_

SEPTIC TANK PUMPING RECOMMENDED? [ ] No [ ] Yes

If tank was pumped, date: \_\_\_\_\_ Pumper: \_\_\_\_\_

PERMIT STATUS: [ ] Permit on file with WCHD [ ] No Permit on File - OSS Drawing Required (Must use 8 1/2" x 11")
[ ] Site sketch on file with WCHD (from a previous ROSS)

NOTES (please print clearly and attach more pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have performed the required OSS evaluation on the above referenced property. The information submitted in this report is true and correct. Findings and determinations of this evaluation reflect conditions as they existed on the day the OSS was evaluated.

\_\_\_\_\_  
O&M Specialist Signature Print Date

Received by: