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

| System Component / Maintenance Task | MinimumFrequency | Insert date or measurement when task is completed |
| --- | --- | --- |
|  | Feb 2025 | Mar 2025 | Apr 2025 | May 2025 | Jun 2025 | Jul 2025 | Aug 2025 | Sep 2025 | Oct 2025 | Nov 2025 | Dec 2025 | Jan 2026 |
| 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 |       |       |       |       |       |       |       |       |       |       |       |       |

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| ***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**

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**Frequently Asked Questions - LOSS Annual Maintenance and Monitoring Report**

**All 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?**

As stated in WAC 246-272B-07200(6) the operator must prepare and sign this form.

**NOTE: 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. For guidance using a:

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 at <https://doh.wa.gov/community-and-environment/wastewater-management/loss-program/loss-guidance>.

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 MUST keep a copy for your records for a minimum of three (3) years.

**Can I submit this form electronically?**

You may submit your **signed** report to wastewatermgmt@doh.wa.gov and include the following:

1. The system ID in the subject line.
2. The following statement in the body of the email:

I certify that the provided information is true, complete, and accurate. I intend my email to be my signature.

1. Please be sure and cc the system owner.

If you want to mail them, please send to:

DOH LOSS Program, PO Box 47824, Olympia, WA 98504-7824

**Questions?**

Phone: 360-236-3330

Email: wastewatermgmt@doh.wa.gov

Web: [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 doh.information@doh.wa.gov.