

REPAIR PROPOSAL FORM FOR ON-SITE SEWAGE SYSTEM (OSS)  
Public Health Seattle & King County - Environmental Health Division

SUBMIT COMPLETED FORM TO:  
[EHOSSSTUB@KingCounty.gov](mailto:EHOSSSTUB@KingCounty.gov)

Record I.D. Number <b>ON</b>
Department Use Only

Date Received
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SECTION I – PROPERTY INFORMATION

Parcel Number \_\_\_\_\_ Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner occupied ☐ Yes ☐ No Owners name: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Mailing Address \_\_\_\_\_

(if different from above) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

IS THE OSS FAILING? ☐ Yes ☐ No

As-built Available? ☐ Yes ☐ No Age of System \_\_\_\_\_ years Type of existing OSS \_\_\_\_\_

Number of bedrooms in house \_\_\_\_\_ Number of persons living in building \_\_\_\_\_

Availability of Public Sewer? \_\_\_\_\_ ☐ Urban Growth Area **(letter of sewer availability required)** ☐ Rural

Water Supply: ☐ Public Water Supply (Name) \_\_\_\_\_

☐ Individual Well ☐ Group B (Name) \_\_\_\_\_

SECTION II – REPAIR CATEGORY:

<input type="checkbox"/> <b>\$265 Repair</b> <ul style="list-style-type: none"><li>• OSS locate to support minor repairs</li><li>• Detached structure sewer line connection to existing OSS – gravity flow</li><li>• Bypassing a portion of the drainfield</li><li>• Splitting serial into even distribution</li><li>• Replacing dispersal piping in gravity or pressure drainfield</li><li>• Drip repairs – greater than 10 total feet dripline</li></ul>	<input type="checkbox"/> <b>\$740 Repair</b> <ul style="list-style-type: none"><li>• Tank replacement</li><li>• Rebuilding a public domain treatment unit or exchanging a proprietary unit</li><li>• Replacement of a public domain w/ proprietary treatment unit – (Example - sand filter exchanged for a proprietary)</li><li>• Repairing a drainfield per existing approved design</li><li>• Detached structure sewer line connection to existing OSS – tank &amp; pump system</li></ul>
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SECTION IV–REPAIR PROPOSAL Indicate specific details of repair and *attach scaled site drawing*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person submitting repair proposal \_\_\_\_\_ Phone : \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Please Print

☐ Certified Master Installer ☐ Licensed Designer/P.E. ☐ Certified OSS Maintainer ☐ Resident Homeowner (See KCBOH 13.20.040(B) )

Certification Number (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_

HEALTH DEPARTMENT ONLY

The repair proposal is:

☐ Satisfactory –

☐ Unsatisfactory – See comments below or attached deficiency list.

☐ Insufficient information submitted to support the repair proposal (See remarks/comments below).

☐ Based on the complexity of the site, a site application is required.

IF OSS IS FAILING,  
REPAIR IS REQUIRED  
TO BE COMPLETED

King County HEI III Investigator: \_\_\_\_\_ Date \_\_\_\_\_

Remarks/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

System Type (check one):		<b>Gravity</b>	<b>Pump to Gravity</b>	<b>PD</b>	<b>Mound</b>	<b>Sand Filter</b>
<b>Sand Bed</b>	<b>Other</b>					

### Septic Tank:

### Pump Tank:

**PD System: Age**

### Gravity DF: Age

**Mound:** Age

### Sand Filter: Age

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Adequate soil absorption areas available for repair? Yes ☐ No ☐

Soil depth and type determined by:

☐ Current soil logs (information attached)

☐ Other \_\_\_\_\_

☐ Sand based system with sealed bed  $\longrightarrow$  ☐ Sieve analysis results attached

### **Waste Strength Analysis**

Analysis was conducted because there is evidence of:

☐ Excessive mass loading or effluent applied to soil at wrong soil application rate.

☐ Clogged orifices

☐ System abuse (e.g. septic tank not biologically operating as needed, clogged filter baffle, etc.)

☐ Other \_\_\_\_\_

☐ Laboratory results attached

### **Note:**

Proper procedures should be used in collecting effluent samples to be analyzed by a certified laboratory.

Ground water intrusion problems if present, should be corrected prior to collecting certain effluent samples.

### **Use of Aerobic Treatment Units (ATU's) to Repair/Recover Sand Based Systems**

1. The repair proposal must identify the cause of the failure.
2. ATU's do not replace the requirement for a sand-based system.
3. ATU's should not be proposed when the system has construction or design errors which cannot be corrected and these errors are the cause of the Failure.
4. Ground and surface water issues must be addressed and corrected.
5. Water usage must be addressed in the repair proposal. Flows should not exceed the design capacity of the system.
6. ATU's can be helpful in dealing with high waste strengths such as recovering sealed beds when the cause of sealing is related to waste strength.
7. ATU's may not always be the best method to deal with a sealed bed.

### **COMMENTS / CONCLUSIONS REGARDING FAILURE**

Failure linked to OSS performance:

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Failure linked to OSS operation and maintenance:

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**SITE DRAWING – PROPOSED OSS REPAIR      PROPERTY ADDRESS:** \_\_\_\_\_

**SITE DRAWING CHECKLIST**

	North Arrow Indicated	Site Drawing Shows Distances Between OSS and:	
	Dimensional Diagram or Draw to Scale (1:20 or 1:30)		Water Supply/Supplies
	Property Lines Shown		Water Lines(s)
	Site Drawing Includes All Known OSS Components and Components to be Installed		Property Lines
Other			Buildings
			Surface Water
			Seasonal Water
			Cuts/Banks
			Footing Drains, Interceptor Drains, Etc.

☐ Site drawing attached