

Island County Official Inspection Form

Celtic Risers

PO Box 27
Clinton, WA 98236

360 341 2863

Mail To: DONNA JO CARTER
5386 VINTON AVE
FREELAND, WA
98249

PROPERTY INFORMATION

Location: 5386 VINTON AVE
FREELAND
Tax ID: S8375-00-02009

Use:

GENERAL SYSTEM TYPE: Conventional Pressure/3 Bedroo

ON ID: S8375-00-02009-0
County Area: S. HOLMES HARBOR

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 01/12/2026 - Inspection Type: PROPERTY SALE - Correction Status: All corrections made

Company:
Celtic Risers

Work Performed By:
Eamonn Roche

Submitted 02/19/2026 by:
Eamonn Roche

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COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

This system consists of a two compartment 1000g septic tank w/ effluent filter that flows into a 1000 g pump tank which pumps in timed doses to the drain field. System was designed to serve a three bedroom house.

No pumping needed at this time. Pumping may be needed within a year depending on usage of system.
Effluent filter was cleaned. This should be done annually.

Drain field Squirts this year is starting with line closest to house- 39", 39", 28" . All dropped in tubes. We were able to flush 2 out of 3 lines.
Standpipes in drain field are 32".

Dug down into drain field rock in middle of one line. Rock was clean. No ponding when pump was ran.
Pipe between septic tank and pump tank had severely settled , raising up the level in the septic. Pipe was uncovered , lifted up to correct the problem and pea gravel put under pipe. This corrected the operating level in the septic.

Recommend annual inspections of this system

GENERAL SITE & SYSTEM CONDITIONS

| The General Site and System Conditions were: | Fully Inspected |
|---|-----------------|
| Asbuilt # | 401-02P |
| Surfacing effluent from any component (including mound seepage): | NO |
| Components appear to be watertight - no visual leaks: | YES |
| Improper encroachment (structures/impervious surfaces); cover; or settling problems observed: | NO |
| Previous Inspection and Pump Reports have been reviewed. | YES |
| Structures connected to onsite sewage system occupied. If NO explain in comments: | YES |
| All Components accessible for service? If NO, provide details in comments. | YES |
| Reserve area intact? If NO state observations in comments. (N/A if no reserve area on asbuilt.) | YES |
| As Built on file | YES |
| Other deficiencies as noted | NO |

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 2 Compartment 1000g Concrete Tank w/ Effluent Filter

| This component was: | Fully Inspected |
|---|-----------------|
| Effluent level within operational limits (if NO explain in comments): | YES |
| All required baffles in place (N/A = No baffles required): | YES |
| Compartment 1 Scum accumulation (Inches, if other specify): | 6" |
| Compartment 1 Sludge accumulation (Inches, if other specify): | 6" |
| Compartment 2 Scum accumulation (Inches, if other specify): | Scum |
| Compartment 2 Sludge accumulation (Inches, if other specify): | 5" |
| Pumping required per Island County Code 8.07D.280(A.5) | NO |
| If an effluent screen is in place was it cleaned (NA if no effluent screen) | YES |
| If pumped, how many gallons? | |

TANK: Pump Tank 1000g Concrete Tank

| | | |
|--|-----------------|--|
| This component was: | Fully Inspected | |
| Compartment 1 Scum accumulation (Inches, if other specify): | 00 | |
| Compartment 1 Sludge accumulation (Inches, if other specify): | 00 | |
| Pumping required per Island County Code 8.07D.280(A.5) | NO | |
| If pumped, how many gallons? | | |
| All required baffles in good condition (N/A = No baffles required): | N/A | |
| Panel: Control - 1 Pump Orenco | | |
| This component was: | Fully Inspected | |
| Panel functioning (including alarm): | YES | |
| Pump 1: Arrival on minutes (override in parentheses - if present): | 1:30 | |
| Pump 1: Arrival off hours (override in parentheses - if present): | 4 hrs | |
| Pump 1: Arrival gallons per dose (override in parentheses - if present): | 80 gal | |
| Pump 1: ETM hours (override in parentheses - if present): | n/a | |
| Pump 1: Cycle Count (override in parentheses - if present): | n/a | |
| Pump 1: Timer setting adjustments were required (if yes indicate new timer settings below - state reason in comments): | NO | |
| Pump 1: New gallons per dose (override in parentheses - if present): | | |
| Pump 1: New off hours (override in parentheses - if present): | | |
| Pump 1: New on minutes (override in parentheses - if present): | | |
| A modification/repair was completed on the component (if yes, provide detail in comments): | NO | |
| Pump: Effluent Pump | | |
| This component was: | Fully Inspected | |
| Controls functioning: | YES | |
| Tested gallons per minute flow: | 53 gpm | |
| Drainfield (disposal): Pressure 3' x 63' laterals | | |
| This component was: | Fully Inspected | |
| Lateral lines flushed: | YES | |
| Average squirt height (if performed) (feet, if other specify): | 35" BOL - tubes | |
| Ponding present? If YES explain in comments: | NO | |

Disclaimer: An on-site sewage system evaluation is a report by a maintenance service provider based only on the system components inspected on the day noted in the report. The evaluation is offered by the maintenance service provider who is an independent contractor. No claim is made by Island County Public Health or the undersigned maintenance service provider, either expressed or implied, concerning future success or failure of the on-site sewage system evaluated above.