Island County Official Inspection Form

ALL-WAYS EXCAVATING NW, LLC

3405 172ND ST NE #5, PMB 133
ARLINGTON, WA 98223

425-879-8059
Fax: 360-652-2423

Mail To: DARRYL R JONES
1028 CIRCLE DR
CAMANO ISLAND, WA
98282

PROPERTY INFORMATION

Location: 1028 CIRCLE DR
CAMANO ISLAND
Tax ID: R23114-253-346

Use:

ON ID: R23114-253-3460
County Area: CAMANO ISLAND

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 03/28/2025 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:	*Work Performed By:*	*Submitted 03/28/2025 by:*
ALL-WAYS EXCAVATING NW, LLC	William Neal	William Neal

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COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Asbuilt #	799-06C
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
Structures connected to onsite sewage system occupied. If NO explain in comments:	YES
All Components accessible for service? If NO, provide details in comments. (N/ A if system installed before 1995.)	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
Are there obvious impacts to the designated reserve area? (N/A if no reserve designated)	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 2 Compartment

Manufacturer: Local Manufacturer

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	4"	
Compartment 1 Sludge accumulation (Inches, if other specify):	8"	
Compartment 2 Scum accumulation (Inches, if other specify):	trace	
Compartment 2 Sludge accumulation (Inches, if other specify):	3"	
Pumping required per Island County Code 8.07D.280(A.5)	NO	
The Inlet baffle appears to be in good condition	YES	
The outlet baffle appears to be in good condition	YES	
If an effluent screen is in place was it cleaned (NA if no effluent screen)	YES	
If pumped, how many gallons?	0	

Aerobic Treatment Unit: ATU - Delta Whitewater, Manufacturer= Delta Environmental Products, Inc. - Whitewater-DF50		
Manufacturer: Delta Environmental Products, Inc. Model: Whitewater-DF50		
This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Air filter on air pump cleaned:	YES	
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A	
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A	
Field sample performance results within operational limits (Enter N/A if not performed):	YES	
Sludge in clarifier was broken up (N/A = not needed)	YES	
30 minute settleable solids test result greater than 60% (If Yes, pumping needed):	NO	
Pumping needed:	NO	
TANK: Pump Tank		
Manufacturer: Local Manufacturer		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
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	
Drainfield (disposal): Drip Irrigation (Automatic Flush)		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	
Pressure to drip field (PSI) - if adjusted explain in comments:	38	
Water/Flow Meter reading (gallons - if other specify):	-	
Air vacuum release valve(s) removed, inspected and found to be clean? If NO, please provide details in comments.	YES	
Air vacuum release valve(s) functioning as intended	YES	
Panel: Control - 1 Pump		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: Arrival on minutes (override in parentheses - if present):	5	
Pump 1: Arrival off hours (override in parentheses - if present):	2	
Pump 1: Arrival gallons per dose (override in parentheses - if present):	37.5	
Pump 1: ETM hours (override in parentheses - if present):	-	
Pump 1: Cycle Count (override in parentheses - if present):	-	
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	