

Island County Official Inspection Form

ALL-WAYS EXCAVATING NW, LLC

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ARLINGTON, WA 98223

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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

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 12/02/2025 - Inspection Type: PROPERTY SALE - Correction Status: All corrections made

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Company:

ALL-WAYS EXCAVATING NW, LLC

Work Performed By:

William Neal

Submitted 12/04/2025 by:

William Neal

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

Repaired a leaking pipe in the headworks box.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Asbuilt #	PT-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
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

Manufacturer: Local Manufacturer

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):	2"
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):	4"
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?	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):	2	
Pumping required per Island County Code 8.07D.280(A.5)	NO	
If pumped, how many gallons?	0	
All required baffles in good condition (N/A = No baffles required):	YES	

Drainfield (disposal): Drip Irrigation (Automatic Flush)

This component was:	Fully Inspected	
Headworks filter cleaned and reinstalled	YES	
Pressure gauges indicate normal operation:	YES	
Pressure to drip field (PSI) - if adjusted explain in comments:	30	
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):	1	
Pump 1: Arrival off hours (override in parentheses - if present):	.2	
Pump 1: Arrival gallons per dose (override in parentheses - if present):	-	
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):	YES	

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.