

OPERATION / PERFORMANCE MONITORING REPORT

Environmental Health Division, 14350 SE Eastgate Way, Bellevue, WA 98007, Tel. (206) 477-8050

Inspection Type: PROPERTY SALE, ROUTINE OR FOLLOW UP

Гах ID: 1212121212	2121212 Inspection Date:		
GENERAL :	SYSTEM TYPE: Gravity with Pump		
Sustomer / Property Owner Name:			
ite Address:	City:		
Tail Adduses	City		_
		Zip:	—
SM Company:	OSM Name:	OSM Tel#:	—
COMMENTS & GENERAL INSPECTION NOTES			
GENERAL SITE & SYSTEM CONDITIONS The General Site and System Conditions were:	Q.V	Fully Inspected	
All Components accessible for maintenance, secure and in goo	d condition	NO	
If a dye test was performed, did the dye surface? (N/A if no dye		N/A	
Effluent leaking onto the surface of the ground from any compo		NO	
Improper encroachment (roads, buildings, etc.) onto componer		NO	
Component settling problems observed:		NO	
Subsurface components adequately covered	_	YES	
Period average daily flow (gallons per day)			
Site maintenance required (e.g. Landscape maintenance) If ye	s, describe in comments:	NO	
Occupant compliance problem (occupant not operating the sys	em properly). If YES, describe in notes:	NO	
Structures connected to onsite sewage system occupied. If NO	explain in comments:	YES	
Alterations made to the OSS (valves adjusted, timer settings m describe in notes):		NO	
Risers and lids secured:		NO	
OSS Working Properly		YES	
Pre-failing Signs		NO	
Record Drawing Modified		NO	
Record Drawing New		NO	

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 1 Compartment		
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	
Effluent Filter Cleaned (N/A = Not Present):	N/A	
Compartment 1 Scum accumulation (Inches, if other specify):	3	
Compartment 1 Sludge accumulation (Inches, if other specify):	10	
Pumping needed:	YES	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

This component was: Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Comping needed: A modification/repair was completed on the component (If yes, provide detail in comments): Controls functioning: Component was: Controls functioning: Component was: Controls functioning: Component was completed on the component (If yes, provide detail in comments): Controls function/repair was completed on the component (If yes, provide detail in comments): Component was: Component w	Fully Inspected 0 1 NO NO NO Fully Inspected YES N/A 30 NO Fully Inspected NO NO NO NO NO NO NO NO NO	
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