

Public Health — Seattle & King County
14350 SE Eastgate Way, Bellevue, WA 98007
(206) 296-4932

On-Site Septic System Inspection Report for Property Transfer:

Application is to be filled out and submitted by a licensed On-Site System Maintainer. A \$100.00 application fee includes the inspection report filing fee. This application must include an accurate record drawing of the septic system and the Operation / Performance Monitoring Report.

Property Information

Property owner's name _____ Phone # _____
 Property address _____
 City _____ Zip Code _____
 Property parcel number (tax lot account number) _____ - _____
 This report includes a record drawing that is:
 _____ existing _____ modified _____ new
 Water supply:
 _____ municipal _____ group B _____ individual
 Bedrooms system was approved for according to site design:
 _____ number of bedrooms
 _____ N/A (designed prior to bedroom designed systems)
 _____ information unavailable
 Date tank was last pumped: _____ or _____ unknown
 Is house occupied? _____ yes _____ no _____ unknown
 If no, when was approximate vacate date? _____

Summary of Inspection

Are all tanks accessible?
 _____ yes
 _____ no- *If no, is system out of compliance according to the Title 13 code edition it was approved under?*
 _____ yes _____ no
 At the time of this inspection were any risers or monitoring ports installed?
 _____ yes - *If yes, what was installed?* _____
 _____ no
 Upon evaluation of the septic system were any repairs made?
 _____ yes- *If yes, please explain* _____
 _____ no
For Gravity Systems Only:
 Condition of distribution box:
 _____ working properly _____ inaccessible _____ N/A (i.e. serial distribution) _____ not working properly
Further explanation of distribution box _____
 Stress test, specify number of gallons used and results (optional- not required unless distribution box is inaccessible. Inaccessible distribution boxes require a minimum 150 gallon test if house is occupied/ 450 gallon test if unoccupied.) _____
For Pressure Distribution Systems Only:
 Pressure test results (optional- not required):
 _____ equal distribution
 _____ unequal distribution
 Further action taken for unequal distribution pressure test _____

*The complete inspection report is found on the attached Operation/ Maintenance Monitoring Reporting form

I certify to the best of my knowledge, that this inspection report is true, accurate and complete.

On-System Maintainer's Signature

OSM#