

Public Health - Seattle & King County

900 Oakesdale Ave SW, Suite #100, Renton, WA 98057

(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 \$95.00 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#