

Example ATU-Gravity Inspection Report*



**SNOHOMISH
HEALTH
DISTRICT**

Parcel Tax Account Number (PTA)

00500100004XXX

Inspection Date

04/22/2011

Oss Report Date

04/22/2011

Property Information

Site Address

1234 Example St.
SNOHOMISH WA 98296

Owner Address

Septic Caretaker
1234 Mystery Way
UNKNOWN, WA 9XXXX

On-Site Sewage System

Oss Source: Residential
Commercial Type:

Oss Status: Maintenance Needed

Oss Type: ATU-GRAVITY

Septic Tank

Outlet baffle filter: **NA**

Watertight (no visual leaks): **NA**

Outlet baffle condition: **NA**

Risers/lids in good condition--lids secure: **Yes**

Date last pumped (If last pump date is unknown, use the installation date):

Overall tank condition acceptable: **Yes**

Septic tank pumping recommended: **No**

Inlet baffle condition: **NA**

Pump Tank

Floats functioning properly: **Yes**

System time dosed: **No**

Pump draw down consistent with as-built: **NA**

On/Off run times consistent with as-built: **NA**

Watertight (no visual leaks): **NA**

Risers/lids in good condition--lids secure: **Yes**

Pump tank pumping recommended: **No**

Overall tank condition acceptable: **Yes**

Alarm working satisfactorily: **Yes**

Elapsed time meter reading:

Drainfield & Reserve Area

Downspouts diverted away from drainfield: **Yes**

Ponding observed in ports: **No**

Graded properly for surface water runoff: **Yes**

Surfacing/ponding effluent observed: **No**

Driveway/building encroachment: **No**

Evidence of vehicular/livestock damage: **No**

Appropriate vegetative cover: **Yes**

Monitoring ports accessible: **Yes**

ATU

System functioning as per manufacturer requirements: **No**

Are repairs needed: **Yes**

Does unit need cleaning and/or pumping: **NA**

*** NOTE:** All inspections should include assessment of the septic tank and drainfield/reserve areas. Inspections should also include assessment of pumps or advanced treatment features if present.

Disinfection

Light cleaned: No

Chlorine tablets - evidence of malfunction: NA

Tablets added: NA

Tablets in place at time of inspection: NA

Light replaced: No

Ultraviolet (UV) light - evidence of malfunction: Yes

Comment:

UV LIGHT AND BLOWER STILL NOT WORKING. SYSTEM IS FUNCTIONING AS A PUMP TO GRAVITY. TRENCHES ARE WORKING FINE. THIS IS THE LAST INSPECTION COVERED BY OUR CONTRACT. OWNER STATED ONSITE THAT HE WILL HAVE (another inspector) COME OUT AND FIX THE BLOWER AND UV LIGHT.

I certify that I have performed the required OSS evaluation on the above referenced property. The information submitted is true and correct to the best of my knowledge. Findings and determinations of this evaluation reflect conditions as they existed on the date the OSS was inspected. No claim is made, either expressed or implied, concerning future success or failure of the OSS.

Inspector Information**Business:** Septic Inspector**Inspector Name:** John Doe**Address 1:** 1234 Main Street

Monroe WA 98272

Phone: (360) 555-1234**Inspector Type:** Monitor Specialist**License No:**