

Example Drip Inspection Report*



**SNOHOMISH
HEALTH
DISTRICT**

Parcel Tax Account Number (PTA)

00630700000XXX

Inspection Date

11/04/2010

Oss Report Date

11/04/2010

Property Information

Site Address

1234 Example Place NW
STANWOOD WA 98292

Owner Address

Septic Caretaker
1234 Example Place NW
STANWOOD WA 98292

On-Site Sewage System

Oss Source: Residential
Commercial Type:

Oss Status: Satisfactory

Oss Type: DRIP

Septic Tank

Inlet baffle condition: **Satisfactory**

Outlet baffle condition: **Satisfactory**

Overall tank condition acceptable: **Yes**

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

Septic tank pumping recommended: **No**

Outlet baffle filter: **Clean**

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

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

Pump Tank

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

Overall tank condition acceptable: **Yes**

Floats functioning properly: **Yes**

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

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

Alarm working satisfactorily: **Yes**

System time dosed: **Yes**

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

Elapsed time meter reading: **39563min**

Pump tank pumping recommended: **No**

Subsurface Dripfield

Valves opened - flushed minimum 5 minutes: **Yes**

Pressure/ flow rates consistent with as-built: **Yes**

Field & filter flush valves cleaned/inspected: **Yes**

Ponded /soggy conditions noted over dripfield: **No**

Vacuum breakers operating properly: **Yes**

Controller set to auto mode: **Yes**

System pressure tested: **Yes**

Filter Inspected and serviced: **Yes**

Headworks/vacuum breakers accessible: **Yes**

*** 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.

Comment:

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: 123 First St.
Address 2: Camano Island WA 98282
Phone: (360) 555-1234

Inspector Type: Monitor Specialist
License No: 0000
