

# Example Gravity Inspection Report\*



**SNOHOMISH  
HEALTH  
DISTRICT**

Parcel Tax Account Number (PTA)

**00427100001XXX**

Inspection Date

04/10/2015

Oss Report Date

04/14/2015

## Property Information

### Site Address

12345 Example St. SE  
SNOHOMISH WA 98296

### Owner Address

Septic Caretakers  
12345 Example St. SE  
SNOHOMISH WA 98296

## On-Site Sewage System

**Oss Source:** Residential  
**Commercial Type:**

**Oss Status:** Satisfactory

**Oss Type:** GRAVITY

### Septic Tank

Inlet baffle condition: [Satisfactory](#)

Outlet baffle condition: [Satisfactory](#)

Outlet baffle filter: [NA](#)

Watertight (no visual leaks): [Yes](#)

Risers/lids in good condition--lids secure: [Yes](#)

Overall tank condition acceptable: [Yes](#)

Septic tank pumping recommended: [Yes](#)

Date last pumped (If last pump date is unknown, use the installation date): [4/10/2015](#)

### Drainfield & Reserve Area

Surfacing/ponding effluent observed: [No](#)

Graded properly for surface water runoff: [Yes](#)

Downspouts diverted away from drainfield: [Yes](#)

Evidence of vehicular/livestock damage: [No](#)

Driveway/building encroachment: [No](#)

Appropriate vegetative cover: [Yes](#)

Monitoring ports accessible: [NA](#)

Ponding observed in ports: [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.

### 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:** 1234 Main Street

Snohomish WA 98296

**Phone:** (360) 555-1234

**Inspector Type:** Monitor Specialist

**License No:** 0000