

Example SF-LPD Inspection Report*



**SNOHOMISH
HEALTH
DISTRICT**

Parcel Tax Account Number (PTA)

31042600400XXX

Inspection Date

05/01/2015

Oss Report Date

05/01/2015

Property Information

Site Address

12345 Example St NW
MARYSVILLE WA 98271

Owner Address

Septic Caretaker
12345 Example St NW
MARYSVILLE WA 98271

On-Site Sewage System

Oss Source: Residential
Commercial Type:

Oss Status: Satisfactory

Oss Type: SF-LPD

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): **5/1/2015**

Pump Tank

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

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

Overall tank condition acceptable: **Yes**

Pump tank pumping recommended: **No**

Floats functioning properly: **Yes**

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

Alarm working satisfactorily: **Yes**

System time dosed: **NA**

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

Elapsed time meter reading: **na**

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**

Pressure Drainfield

Residual pressure at distal ends: **NA**

Squirt height consistent with as-built: **NA**

All laterals have equal flow: **NA**

Flushing/cleaning of laterals required: **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.

Sandfilter

Appropriate vegetative cover: **Yes**
Monitoring ports accessible: **NA**
Ponding in any of the ports: **NA**
Evidence of physical damage or hydraulic overload: **No**
System appears to be dosing properly: **Yes**
System appears to be properly backfilled: **Yes**
Evidence of system malfunction: **No**
Electrical equipment working properly: **Yes**
Timer settings consistent with as-built: **NA**
Filtrate in pump well appears normal: **Yes**

Comment:

Tanks were risered to surface

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 St.
Arlington WA 98223
Phone: (425) 555-1234

Inspector Type: Monitor Specialist
License No: 0000
