

# Example ATU-LPD Inspection Report\*



**SNOHOMISH  
HEALTH  
DISTRICT**

Parcel Tax Account Number (PTA)

**00394507101XXX**

Inspection Date

09/19/2012

Oss Report Date

09/20/2012

## Property Information

### Site Address

6789 Example St. NW  
STANWOOD WA 98292

### Owner Address

Septic Caretakers  
3456 Example Ave.  
EVERETT WA 98201

## On-Site Sewage System

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

**Oss Status:** Satisfactory

**Oss Type:** ATU-LPD

### Septic Tank

Outlet baffle filter: **Clean**

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

Septic tank pumping recommended: **No**

Outlet baffle condition: **Satisfactory**

Inlet baffle condition: **Satisfactory**

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

Overall tank condition acceptable: **Yes**

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

### Pump Tank

Floats functioning properly: **Yes**

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

Elapsed time meter reading: **Elapsed Time 30:07, CC1 102887, Alarm CT 7.**

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

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

Pump tank pumping recommended: **No**

System time dosed: **Yes**

Overall tank condition acceptable: **Yes**

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

Alarm working satisfactorily: **Yes**

### Drainfield & Reserve Area

Downspouts diverted away from drainfield: **Yes**

Ponding observed in ports: **No**

Driveway/building encroachment: **No**

Monitoring ports accessible: **Yes**

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

Surfacing/ponding effluent observed: **No**

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

Appropriate vegetative cover: **Yes**

### Pressure Drainfield

Residual pressure at distal ends: **Yes**

All laterals have equal flow: **Yes**

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

Flushing/cleaning of laterals required: **No**

### ATU

Does unit need cleaning and/or pumping: **No**

Are repairs needed: **No**

System functioning as per manufacturer requirements: **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.

**Disinfection**Light cleaned: **Yes**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: **No****Comment:**

Scum 2". Sludge 1"

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 NE  
Arlington WA 98223**Phone:** (360) 555-1234**Inspector Type:** Monitor Specialist**License No:** 0000