

Example ATU-Drip Inspection Report*



**SNOHOMISH
HEALTH
DISTRICT**

Parcel Tax Account Number (PTA)

00433100005XXX

Inspection Date

02/06/2015

Oss Report Date

02/09/2015

Property Information

Site Address

1234 Example St.
SNOHOMISH WA 98296

Owner Address

Septic Caretaker
1234 Example St.
SNOHOMISH WA 98296

On-Site Sewage System

Oss Source: Residential
Commercial Type:

Oss Status: Satisfactory

Oss Type: ATU-DRIP

Septic Tank

Inlet baffle condition: [Satisfactory](#)
Outlet baffle condition: [Satisfactory](#)

Outlet baffle filter: [Clean](#)
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): [2/6/2015](#)

*** 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.

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: [Yes](#)
On/Off run times consistent with as-built: [Yes](#)
Elapsed time meter reading: [N/A](#)

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: [Yes](#)
Ponding observed in ports: [No](#)

Subsurface Dripfield

Filter Inspected and serviced: [Yes](#)
Valves opened - flushed minimum 5 minutes: [Yes](#)
System pressure tested: [Yes](#)
Pressure/ flow rates consistent with as-built: [Yes](#)
Vacuum breakers operating properly: [Yes](#)

Controller set to auto mode: **Yes**
Field & filter flush valves cleaned/inspected: **Yes**
Ponded /soggy conditions noted over dripfield: **No**
Headworks/vacuum breakers accessible: **Yes**

ATU

System functioning as per manufacturer requirements: **Yes**
Are repairs needed: **No**
Does unit need cleaning and/or pumping: **No**

Disinfection

Ultraviolet (UV) light - evidence of malfunction: **No**
Light cleaned: **Yes**
Light replaced: **No**
Chlorine tablets - evidence of malfunction: **NA**
Tablets in place at time of inspection: **NA**
Tablets added: **NA**

Comment:

System is working per design. Scum 22" Sludge 16"

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: (360) 555-1234

Inspector Type: Monitor Specialist
License No: 0000