

TIME OF SALE OSS INSPECTION REPORT: TOS

Application Summary:

Submitted: 9/9/2019 8:53:50 AM
Completed: 9/10/2019 9:12:22 AM

Application No: 66462

Addresses

Applicant's Address

Dale Paulson
Lees Sanitation Service
PO Box 930
Sumner, WA 98390
OSM #: 66

Contact Methods

Email: dale@donolsonconstruction.com
Phone: 2538393637

Property Owner

Nicole Brown
18920 4th Ave S
Burien, WA 98148

Contact Methods

Email:
Phone: 2063038998

Property Being Reported Tax Parcel Number

Assessors Parcel Number: 3223049202

Seller's Agent

Contact Methods

Email:

Buyer's Agent

Contact Methods

Email:

Title or Escrow Company

Contact Methods

Email:

Property Address
18920 4TH AVE S
BURIEN, WA

Questions

Overview

Q: Is the house occupied?

A: No

Q: When was the house vacated? (N/A if unknown)

A: 08/2019

Q: The Construction Record Drawing included is

A: Existing

Q: Water Supply

A: Municipal

Q: Approved bedrooms according to site design

A: Information unavailable

Septic System - General

Q: Date tank pumped last (N/A if unknown)

A: 09/2019

Q: Tank accessibility (If tanks are not accessible, the Title 13 code at the time of system approval shall apply)

A: All of the tanks are accessible.

Q: At the time of this inspection were any risers or monitoring ports installed?

A: No

Q: Upon evaluation of the septic system were any repairs made?

A: No

Gravity Septic Systems

Q: Is the septic system gravity?

A: Yes

Q: Condition of D-Box

A: Working properly

Q: Performance Evaluation: Amount (Gallons) (N/A if not gravity)

A: 450

Q: Performance Evaluation: Duration of test (Time) (N/A if not gravity)

A: 60 minutes

Q: Did the system accept the water from the stress test without backing up

A: Yes

Pressure Distribution Septic Systems

Q: Does the septic system utilize pressure distribution?

A: No

OSM Certification

Q: I certify to the best of my knowledge, that this inspection report is true, accurate and complete.

A: Yes

Comments

INSPECTOR - 9/10/2019 - Note: the as-built I added has the wrong address but appears to be the correct

INSPECTOR - 9/10/2019 - Note to home owner from public Health: Your septic tank was not designed to be load bearing and will weaken with age. We advise you to place a barrier to prevent driving and parking on the tank. Paving and driving on the septic system will contribute to premature failure. We have attached a repair as-built for m 2000 which may show where your current system is.

INSPECTOR - 9/10/2019 - Note to home owner from public Health: Your septic tank was not designed to be load bearing and will weaken with age. We advise you to place a barrier to prevent driving and parking on the tank. Paving and driving on the septic system will contribute to premature failure. We have attached a repair as-built for m 2000 which may show where your current system is.

Service Summary

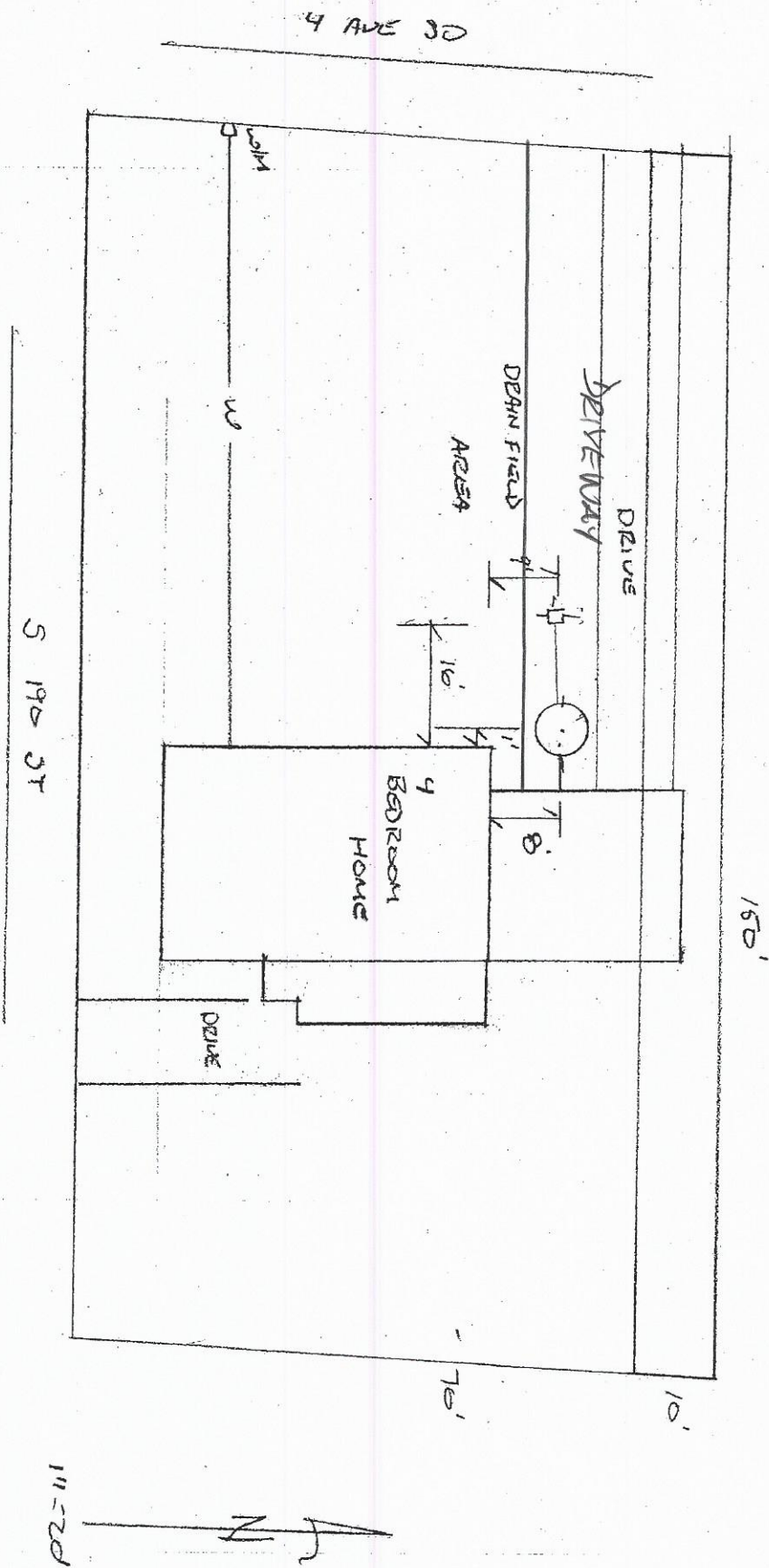
Service	Fee
Fee	\$184.80
Processing Fee. NOTE: this charge is from OnlineRME, LLC.	\$10.00

Total charges for application: \$194.80

Payment Log

Date	Amount	Description	Bank Response
9/9/2019	\$10.00	Processing Fee	This transaction has been approved.
9/9/2019	\$184.80	Application Fee	This transaction has been approved.

Total amount Paid: \$194.80



TIME OF SALE ADDED FOR
 18920 4 AVE SO.
 PARCEL 322304-9202

Stuth Co. Inc. - Bill Stuth
 OSM #06 / M1060 PH: 425-255-3546
 PO BOX 950
 Maple Valley, WA 98038
 6-28-13

Environmental Health Division, 14350 SE Eastgate Way, Bellevue, WA 98007, Tel. (206) 477-8050

Inspection Type: PROPERTY SALE - Correction Status: No corrections made
Tax ID: 3223049202
Inspection Date: 09/03/2019
GENERAL SYSTEM TYPE: Gravity

Site Address: 18920 4TH AVE S **City:** BURIEN
Mail Address: 18920 4TH AVE S **City:** BURIEN, WA **Zip:** 98148
OSM Company: Lee's Sanitation Services **OSM Name:** Dale Paulson **OSM Tel#:** 206-242-6911

Submitted 09/09/2019 by:

COMMENTS & GENERAL INSPECTION NOTES
Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System.

Stressed for Approx. 60 min (450+/- Gallons). Septic tank and d-box are in the driveway. D-box has PVC Riser to grade with wooden board over the top. Septic tank is buried about 18 inches below the surface.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
All Components accessible for maintenance, secure and in good condition:	YES
If a dye test was performed, did the dye surface? (N/A if no dye test)	N/A
Effluent leaking onto the surface of the ground from any component? (If yes, explain in comments)	NO
Improper encroachment (roads, buildings, etc.) onto component(s):	YES - <i>Deficient</i>
Component settling problems observed:	NO
Subsurface components adequately covered	YES
Period average daily flow (gallons per day)	
Site maintenance required (e.g. Landscape maintenance) If yes, describe in comments:	NO
Occupant compliance problem (occupant not operating the system properly). If YES, describe in notes:	NO
Structures connected to onsite sewage system occupied. If NO explain in comments:	NO
Alterations made to the OSS (valves adjusted, timer settings modified, ports installed, etc.) (If YES, describe in notes):	NO
Risers and lids secured:	N/A
OSS Working Properly	YES
Pre-failing Signs	NO
Record Drawing Modified	NO
Record Drawing New	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL
TANK: Septic Tank - 1 Compartment

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
All required baffles in place (N/A = No baffles required):	YES
Effluent Filter Cleaned (N/A = Not Present):	N/A
Compartment 1 Scum accumulation (Inches, if other specify):	2
Compartment 1 Sludge accumulation (Inches, if other specify):	4
Pumping needed:	NO
A modification/repair was completed on the component (If yes, provide detail in comments):	NO

Distribution: D-Box

This component was:	Fully Inspected
Component appears to be functioning as intended:	YES
A modification/repair was completed on the component (If yes, provide detail in comments):	NO

Drainfield (disposal): Gravity

This component was:	Fully Inspected	
Component settling problems observed:	NO	
Surface water, downspouts diverted away from drainfield:	YES	
Load test performed with satisfactory results (N/A = Not Performed):	YES	
Evidence of vehicular traffic or livestock over drainfield:	YES	Deficient
Observation ports present and accessible:	N/A	
A method, such as aeration, was used to reduce clogging of the biomat in this component (If yes, provide detail in comments):	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

**SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES**

**ON-SITE SEWAGE DISPOSAL SYSTEM
AS-BUILT/CERTIFICATION OF COMPLETION**
(Submit in Quadruplicate)

REPAIR

OFFICE COPY

ADDRESS OF PROPERTY 19010 4th Ave So
(Street)
Seattle (City) 98168 (Zip)

LEGAL DESCRIPTION _____
PARCEL # 3223049080

SYSTEM TYPE Gravity

PERMIT NO ON0052264

Owner Jess Dema

Address same

Phone _____

Designer _____

Address _____

Phone _____

Master Installer Lee Warner

Address _____

Phone (206) 242 6911

INSTRUCTIONS TO DESIGNER

ATTACH A SEPARATE SHEET FOR THE AS-BUILT DRAWING PLAN USE A SCALE OF 1" = 20' OR 1" = 30'
ALSO COMPLETE AND SUBMIT THE AS-BUILT CHECKLIST/SYSTEM INFORMATION SHEET, INSTALLATION PERMIT,
AND DOCUMENTATION OF FINAL COVER

I hereby certify that the accompanying drawing and check list accurately represent the system installed at the address/parcel indicated above, and that all requirements and conditions (concerning plumbing stub elevations, maintenance of grades, fills, surface drains, etc) indicated on the approved site plan (or latest approved revision thereof) dated _____, have been complied with I further certify that this system meets all requirements of the Rules and Regulations established under the Code of King County Board of Health Title 13 or City of Seattle Municipal Code, Chapter 21 32 (whichever is applicable)

CERTIFICATE NO _____

SIGNATURE OF DESIGNER _____

DATE _____

APPROVED

11/14/2008
(date)

Ernesto A. Navarro
(signature)

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

Remarks _____

80 min

DISAPPROVED _____

(date)

BY _____

Actions Subsequent to As-Built Approval

Date _____

Action _____

Sanitarian _____

INSTRUCTIONS TO THE HOMEOWNER/SYSTEM USER

Your septic system has limitations! It was designed and installed to serve an average-sized family Overloading the septic tank or disturbing the drainfield or mound may cause the system to fail Points to remember

- 1' Conserve water - use water saving devices, repair leaky fixtures, wash only full loads of laundry and dishes
- 2 Keep accurate records - maintain a file for your as-built (system location) diagram, and records of maintenance performed on the system
- 3 Inspect your system once each year and have your septic tank pumped out when need - NEVER ENTER A SEPTIC TANK
- 4 Never flush the following into the septic tank coffee grounds, greases, cooking fats, facial tissue, cigarette butts, sanitary napkins, tampons, paper towels, disposable diapers or harmful materials Restrict the use of garbage disposals
- 5 Keep surface water runoff, roof drainage, and groundwater away from all septic system components (i e septic tank, dose tank, sand filter, mound system, drainfield and reserve area) Do not install sprinkler systems in these areas
- 6 Protect the sewage system from physical damage - keep vehicles, heavy equipment, and livestock off the drainfield/mound, and reserve area
- 7 Use extreme care in landscaping - don't excavate, fill, terrace, place a structure, driveway, patio, deck or impermeable material on/over the drainfield/mound

11/27/08 2011/11 818

AS-BUILT PLOT PLAN FOR OSS REPAIR

Page 3

Property address: 19010 4th Ave S.

PLOT PLAN CHECKLIST

<input checked="" type="checkbox"/> North Arrow indicated	Plot plan shows distances between OSS and
<input checked="" type="checkbox"/> Plot Plan dimensional or drawn to scale (1/20 or 1/30)	
<input checked="" type="checkbox"/> Property lines shown	
<input checked="" type="checkbox"/> All known OSS components shown	
OTHER	<input checked="" type="checkbox"/> Water source well/spring <input checked="" type="checkbox"/> Water line(s) <input checked="" type="checkbox"/> Property lines <input checked="" type="checkbox"/> Buildings <input type="checkbox"/> Surface Water <input type="checkbox"/> Seasonal Water <input type="checkbox"/> Cuts / Banks <input type="checkbox"/> Footing drains, interceptor drains, etc

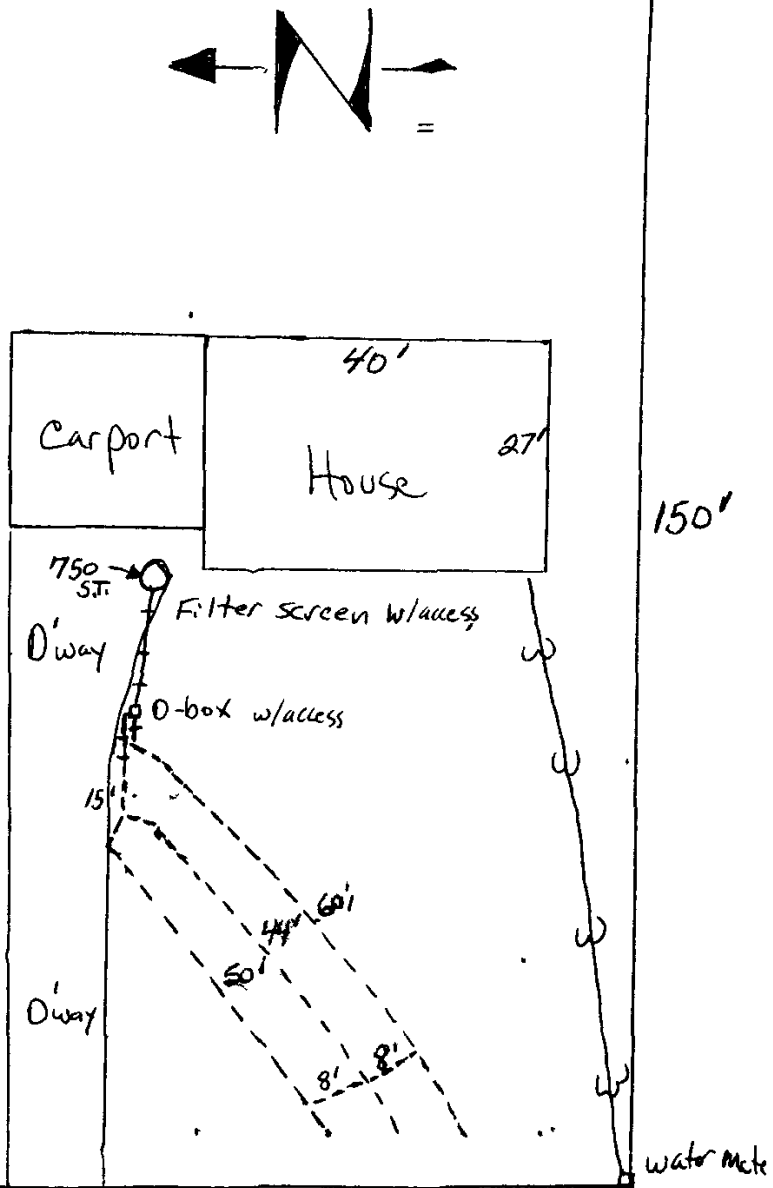
PLOT PLAN

- Lee's Sanitation
- 11-8-2000
- Existing Septic Tank (750 gal.)
- Filter Screen/w-access
- Drainfield (185' of 36" width)
- 24 to 30" depth
- Scale 1" = 20'

REPAIR

11/14/2000

Ok J. G. Navarro





Public Health
Seattle & King County
Environmental Health Division

Unlawful to Alter or Deface this Permit — POST ON JOB SITE
PERMIT IS NON-TRANSFERABLE

Permit No ON0052264
Date Issued 9/28/2000
Expires 9/28/2002

PERMIT TO REPAIR ON-SITE SEWAGE SYSTEM

System Type Gravity
Owner Name DEMAJESS
Bldg. Type Single Family
Parcel No 3223049080
Location 19010 4TH AV S
Plat Name
Const. Type R
Valid By EE0000003
Lot Number

Applicant LEES SANITATION SERVICE INC* (206)242-6911

Installer WARNER, LEE MI068

Designer

REPAIR

- 1 The installer must perform all work in accordance with Title 13 (Board of Health Rules and Regulations #3)
- 2 Issuance of this permit does not constitute an approval of the site or work contemplated or performed
- 3 OCCUPANCY OF THE BUILDING AND USE OF THE SEWAGE DISPOSAL SYSTEM ARE PROHIBITED UNTIL AN AS-BUILT PLAN IS SUBMITTED TO AND APPROVED BY THE HEALTH DEPARTMENT

Mound Sys Site Prep _____ Designer _____ Date _____
Mound Sys Bed Prep _____ Designer _____ Date _____
Pressure Test _____ Designer _____ Date _____

Do Not BACKFILL (Cover) system until BOTH Designer and Health Department (E.H.S) have approved (OK'd) to BACKFILL.

OK To Backfill _____ Disapproved _____ Date _____
Designer _____

OK To Backfill _____ Disapproved _____ Date 11/14/2000
E H S *James A. Navarro*

Final Cover (Approved) _____ Disapproved _____ Date _____
Designer _____

Corrections Required _____

(See reverse side for more corrections)

I, _____ (Master/Associate) Installer was present at the above property
supervising placement of final cover Time _____ Date _____

I have complied with all the restrictions and recommendations as listed by the system designer, and certify that either I, or
A Certified Installer employed by me, was present AT ALL TIMES during the installation

Name of Master Installer (please print) Fred Casebolt

Signature of Master Installer *Fred Casebolt* Date 11-1-00