



**On-Site Sewage
Operation and Maintenance Program
Report of System Status (For Real Estate)**

Mail To Information:

David Artz

4807 51st ST CT E
Tacoma, WA 98443

Phone: (253) 896-0838

Site Address:

5609 -11 76th STCT E

Puyallup, WA 98373

Parcel # 2828650080

Fax: (253) 896-0837

Fax To: D. Artz**TPCHD Record Number**

SR0099320

Closing Date:

10/30/2004

Issued Date:

10/27/2004

Dwelling Type: Duplex
of Bedrooms: 4
Garbage Disposal: N**Water System Information:**
Water System Type: Public
State Water ID: 85050V
Water System Name: SUMMIT WATER & SUPPLY CO

Inspection Results for:

Report of System Status (For Real Estate)

Field Inspection Completed on: 10/27/2004

Inspected By:

Chet Morris

Environmental Health Specialist

Telephone #: (253) 798-2882

Onsite Sewage System

Operation and Maintenance Information

O&M Record # ON0116665

System Classification:

Simple Septic System

Waste Water Gallons Per Day: 600

System Description

Gravity

Inspection Comments:

MEETS TPCHD MINIMUM HEALTH STANDARDS.

Septic system appears to be functioning at time of inspection (no surfacing sewage found).

Note: This is the Official Report of System Status.

Valid for 6 months from date of Issue

Tacoma-Pierce County Health Department
Environmental Health Program
3629 S D Street, MS-303
Tacoma, WA. 98418-6813

Phone: (253) 798-6470 Fax: (253) 798-7663



MAC'S SEPTIC SERVICE
Operation and Maintenance Program
3625 South "D" ST MS:303
Tacoma, WA 98418-6813
(253) 798-4788

Closing Date:

10/30/04

Application for Report Of System Status

RSS Application #: SR0099320
O&M Record #: ON0116665

Map To Information	Site Information
Name: <u>David Artz</u>	Legal Owners Name: <u>David Artz</u>
Address: <u>4807 51ST STCTE</u>	Parcel #: <u>28281650080</u>
City/State/Zip: <u>TACOMA WA 98443</u>	Site Address: <u>5609-11 76 St Ct E</u>
Phone: <u>253 896 0838</u>	City/State/Zip: <u>Puyallup WA 98013</u>
Fax: <u>252 896 0837</u>	Lot #: <u>8</u> Subdivision: <u>Canyon Lane Estates</u>
	Lot Size in Square Feet: <u>14 375</u>

RSS Validation

10/19/2004 2:59 PM
Rpt: 48473 Res E
NLTHLTR O&M SYSTEM REPORT -
REAL ESTATE X 1 0#138.00
CHECK #1002 138.00

O&M App Req: ☐

O&M Validation

10/19/2004 2:59 PM
Rpt: 48475 Res E
BSA12 O&M RESIDENTIAL APP -
MINOR X 1 8440.00 40.00
CHECK #1002 140.00

Report of System Status Information

* Current # of Occupants: 4

* Vacant? Y ☐ N ☒ If Vacant How Long?: _____

* Garbage Disposal: Y ☐ N ☒ Number of Bedrooms: 4

* Have any septic system malfunctions occurred during your ownership of this property? NO

* Have any alterations or repairs been made to the septic system during your ownership? NO

* If you answered yes to either question, you must attach a description and receipts (if available)

Legal Owners Signature: [Signature] Date: 10/15/04

* **Water Supply**

Public Water? Y ☒ N ☐

Summit
Public Water Company
85050V
Public Water Co

Well ☐ Spring ☐

NOTES
Directions to Site:

Report Of System Status

Septic System Status: Y ☒ N ☐
Water System Status: Y ☐ N ☐
Locked Gates: Y ☐ N ☐
Dogs: Y ☐ N ☐ *

Fax to: David Artz
Fax Number: 252 896 0837

McGinnis Records:
69-1537 Ashburn

Please allow 7-10 working days for TFC&C to complete the inspection on the property.



04-07276



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TPCHD Record Number
SR0099320
Closing Date:
10/30/2004
Issued Date:

Dwelling Type: Duplex # of Bedrooms: 4 Garbage Disposal: N

Water System Information:
Water System Type:
State Water ID:
State Water Name:

Inspection Results for:

Report of System Status (For Real Estate)

Onsite Sewage System
Operation and Maintenance Information

O&M Record # ON0116665

System Classification:

~~Simple Septic System~~
Waste Water Gallons Per Day:

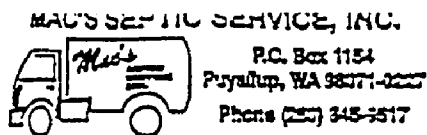
Duplex 0620
G
600

Artz
10-27-04

Report of System Status Standard Inspection Results

- ☒ Septic system appears to be functioning at time of inspection (no surfacing sewage found).
☐ Septic system appears to be functioning but system was not in use at time of inspection.
☐ Septic system is malfunctioning. Contract date to correct defects or critical service items is _____.
Contract must be completed within 90 days after transfer of title.

- ☐ Exact location of the drainfield cannot be verified (no asbuilt drawing found).
☐ Drainfield is sized for ___ bedrooms per Health Department records.
☐ Septic system was not designed to include a garbage disposal unit.
☐ Use of a garbage disposal unit is not recommended.
☐ This is an area of high winter water tables and/or marginal soils.
☐ Drainfield is located on an easement addressed as _____.
☐ Part of drainfield appears to be covered by an outbuilding on a concrete slab.
☐ Part of drainfield appears to be covered by a sport court.
☐ Part of drainfield appears to be covered by a concrete patio.
☐ Small constructed pond or fountain appears to be located in drainfield area.
☐ Landscaping material placed over drainfield must allow air passage into soil.
☐ Green striping with very lush plant growth noted in drainfield area.
☐ Vehicle traffic over drainfield or reserve area is not recommended.
☐ Fire pit in drainfield area is not recommended.
☐ Drainfield is located in a pasture and may be impacted by livestock.
☐ Drainfield area was overgrown with brush and/or blackberries; recommend clearing drainfield area.
☐ Receipts provided indicate work recommended by inspector was performed.
☐ The water system for this property is not current in their water tests. Bacteria and nitrate tests are needed for compliance.
☐ Water sample was taken on _____ by _____ and test results were satisfactory.
☐ Water testing dated _____ was provided by applicant, and test results were satisfactory.
☐ Public water company status is _____. Group type is _____.



O&M OPERATIONAL EVALUATION FORM

For Use in Pierce County

PROPERTY ADDRESS 5609-11 76 St Ct E

CUSTOMER NAME Deane Artz

Inspection Date 10-18-02 Inspector Company Mac's Septic

Inspector Name Jim Washburn

Property Appears Occupied - Septic System in Use Y Yes No

Community System Yes N No Community System Name

Septic Tank or Trash Tank
First Comp: A 1 2 B (Inches)
Sudge 2 3 (Inches)
Tank Size 1125 (Gallons) x2
Liquid Level Normal Y Yes No
Pumping Done Yes N No

Sand Filter
Drawdown (Inches/Minute)
Head/Squirt (Inches) (If Tested)
Liquid Level Normal Yes No

Timer/Counter
Timer Setting
ON Min S
Timer Setting
OFF Hrs M

Pump Tank N/A
Drawdown (Inches/Minute)
Tank Size (Gallons)
Liquid Level Normal Yes No
Pumping Done Yes No

Aerobic Treatment Unit
Make
Unit OK per Mfr Spec Yes No
Compressor Working Yes No
Disinfection Unit OK Yes No

Cycle Counter Reading

Disposal Area gravity
Head/Squirt (Inches) (If Tested)
Lines Clogged Yes No
Turbate Used Yes No

ALL SYSTEM COMPONENTS IN GOOD WORKING CONDITION
 Yes No (Comment Required)
DISPOSAL AREA DRY AND IN GOOD CONDITION
 Yes No (Comment Required)

Comments/Maintenance Items Needed

Sketch of Septic System

This report does not guarantee the above system will continue to work in satisfactory condition.

Maintenance Done? Yes No

Property Owner/Manager Notified? Yes No

As-built Current Not found Incorrect

