

**Send To: Public Health Seattle & King County - Environmental Health Division**

14350 SE Eastgate Way, Bellevue, WA 98007  
Telephone (206) 296-4932 Fax (206) 296-9792

**Designer: also send copy to Master Installer**

**FROM:** \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**DESIGNER'S OSS PRE-INSTALLATION INSPECTION REPORT  
(FOR STUB-OUT RELEASE)**

**To Be Completed by the Designer:**

Site Design Application Activity Number Building permit # \_\_\_\_\_  
(i.e. for new construction)

Record ID Number 

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Site Address \_\_\_\_\_ (as appears on site design application) Owner's Name \_\_\_\_\_

Parcel # 

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 Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Division # \_\_\_\_\_  
Subdivision # or name \_\_\_\_\_

Designer's/PE's Name \_\_\_\_\_ (please print) (Not Company Name) State I.D.# \_\_\_\_\_

Master Installer's Name \_\_\_\_\_

Specify the type of OSS to be installed \_\_\_\_\_

Designer's pre-installation inspection requested on \_\_\_\_\_, 20 \_\_\_\_\_

Does the approved design specify that a pre-construction meeting is required?

Yes: Meeting conducted on \_\_\_\_\_, 20 \_\_\_\_\_  No

**Water Supply**

Public: water service line to the parcel/property line is installed, operational, and approved.

Individual Private Well:

- source location conform with design
- Provide legible copies of the following:
  - water quality test results for ***Bacteria, Nitrate and Arsenic***
  - construction report (well log)

On \_\_\_\_\_, 20 \_\_\_\_\_, I conducted a pre-installation inspection on the above site (property). Based upon this inspection, the site complies with the criteria of the approved design and Title 13.

**Installation Conditions:**

Installation must not be attempted on this site during wet conditions.

Other: \_\_\_\_\_

\_\_\_\_\_  
**(Designer's/ PE's Signature)**

\_\_\_\_\_  
(Date)

\* Applies to designs submitted after 4/19/99.

For Health Department Use Only

Date Received

Remarks \_\_\_\_\_