

TIME OF SALE OSS INSPECTION REPORT

Application Summary:

Submitted: 1/12/2026 1:39:40 PM
Completed: 1/12/2026 1:39:40 PM

Application No: 164520

Addresses

Applicant's Address

Mark Romero
Niece Pumping Service
12544 SW Wesleyan Way
PO Box 1868
Vashon, WA 98070
OSM #: 127

Contact Methods

Email: nieceps@yahoo.com
Phone: 2064635969

Property Owner

Jay & Kari Hilwig
15019 119th Ave SW
Vashon, WA 98070

Contact Methods

Email: jayhilwig@gmail.com
Phone: 206-383-0572

Property Being Reported Tax Parcel Number

Assessors Parcel Number: 206-383-0572

Seller's Agent

Contact Methods

Email: nieceps@yahoo.com

Buyer's Agent

Contact Methods

Email: nieceps@yahoo.com

Title or Escrow Company

Contact Methods

Email: nieceps@yahoo.com

Property Address

15019 119TH AVE SW
VASHON, WA

Questions

Overview

Q: Has the house been occupied over the last 24 hours?

A: Yes

Q: The OSS Site Drawing included is

A: Existing

Q: Water Supply

A: Public

Q: Approved bedrooms according to site design

A: 4

Septic System - General

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

A: N/A

Gravity Septic Systems

Q: Is the septic system gravity?

A: No

Pressure Distribution Septic Systems

Q: Does the septic system utilize pressure distribution?

A: Yes

Q: Draw-down test result (gallons per minute)

A: 37.5

On-site Sewage System Failure

Q: Upon arrival, was the septic system failing per King County Board of Health Title 13 definition?

A: No

Q: Did you answer Yes that the septic system is failing per King County Board of Health Title 13 definition, AND were you unable to correct the failure condition?

A: No

OSM Certification

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

A: Yes

Service Summary

Service	Fee
Time of Sale filing fee	\$225.00
Processing Fee. NOTE: this charge is from OnlineRME, LLC.	\$11.00
WA Sales Tax on Processing Fee	\$0.98

Total charges for application: \$236.98

Payment Log

Date	Amount	Description	Bank Response
1/12/2026	\$11.98	OnlineRME, LLC Processing Fee and WA state sales tax	This transaction has been approved.
1/12/2026	\$225.00	Application Fee	This transaction has been approved.

Total amount Paid: \$236.98

**ON-SITE SEWAGE SYSTEMS (OSS)
RECORD DRAWING CERTIFICATION
OF COMPLETION** (Submit in Triplicate)

ADDRESS OF PROPERTY 15019 119th Ave SW
(Street)
Vashon (City) 98070 (Zip)

OFFICE COPY

SYSTEM TYPE PD

OPERATIONAL CAPACITY 360 (gals/day)

PERMIT NO.

O	N	0	2	1	2	0	3	5
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APN (PARCEL #)

2	4	2	3	0	2	9	2	2	0
---	---	---	---	---	---	---	---	---	---

No. of Bedrooms designed for 4 LEGAL DESCRIPTION _____

Owner Floyd Grimsley Address 15019 119th Ave SW, Vashon WA 98070 Phone 206-660-6871

Designer Brad R. Davis Address 11726 Clearview Drive Edmonds WA 98026 Phone 425-478-7309

Master Installer Dave Creighton Address PO Box 1006 Vashon WA 98070 Phone 206-391-1185

INSTRUCTIONS TO (OSS) DESIGNER → ATTACH A SEPARATE SHEET FOR THE RECORD DRAWING PLAN(S). USE A SCALE OF 1"=20' OR 1"=30' (max. paper size 11x17"). ALSO: INCLUDE THE INSTALLATION PERMIT, DOCUMENTATION OF FINAL COVER, PERFORMANCE DEMONSTRATION REPORT FORM, AND OTHER DOCUMENTS APPLICABLE TO THE SYSTEM (See Title 13 – Sections 13.56.050/13.56.054)

STATUS OF RECORD DRAWING

This Record Drawing is **UNSATISFACTORY** for the following reason(s): _____

See attached comments/explanation

I hereby certify that the accompanying drawing and support documents 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 design (or latest approved revision thereof) dated 5-28-2019, have been complied with. I further certify that this system meets all requirements of the King County On-Site Sewage Code, Title 13, Code of the King County Board of Health.

[Signature]
SIGNATURE OF LICENSED DESIGNER OR P.E.

11-1-2019
DATE

5100253
CERTIFICATION NUMBER

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

APPROVED 11-14-19 (Date) BY: [Signature] (Health Official)

DISAPPROVED _____ (Date) BY: _____ (Health Official)

Comments:
OSS REPLACEMENT
CONFORMING
N.O.T. Recorded
KE WD #19

RECEIVED
RECEIVED
NOV 13 2019
EASTGATE
ENVIRONMENTAL HEALTH

NEW CONSTRUCTION: UNLAWFUL TO OCCUPY PREMISES WITHOUT HEALTH DEPARTMENT APPROVAL OF THE OSS/SEPTIC SYSTEM RECORD DRAWING CERTIFICATION

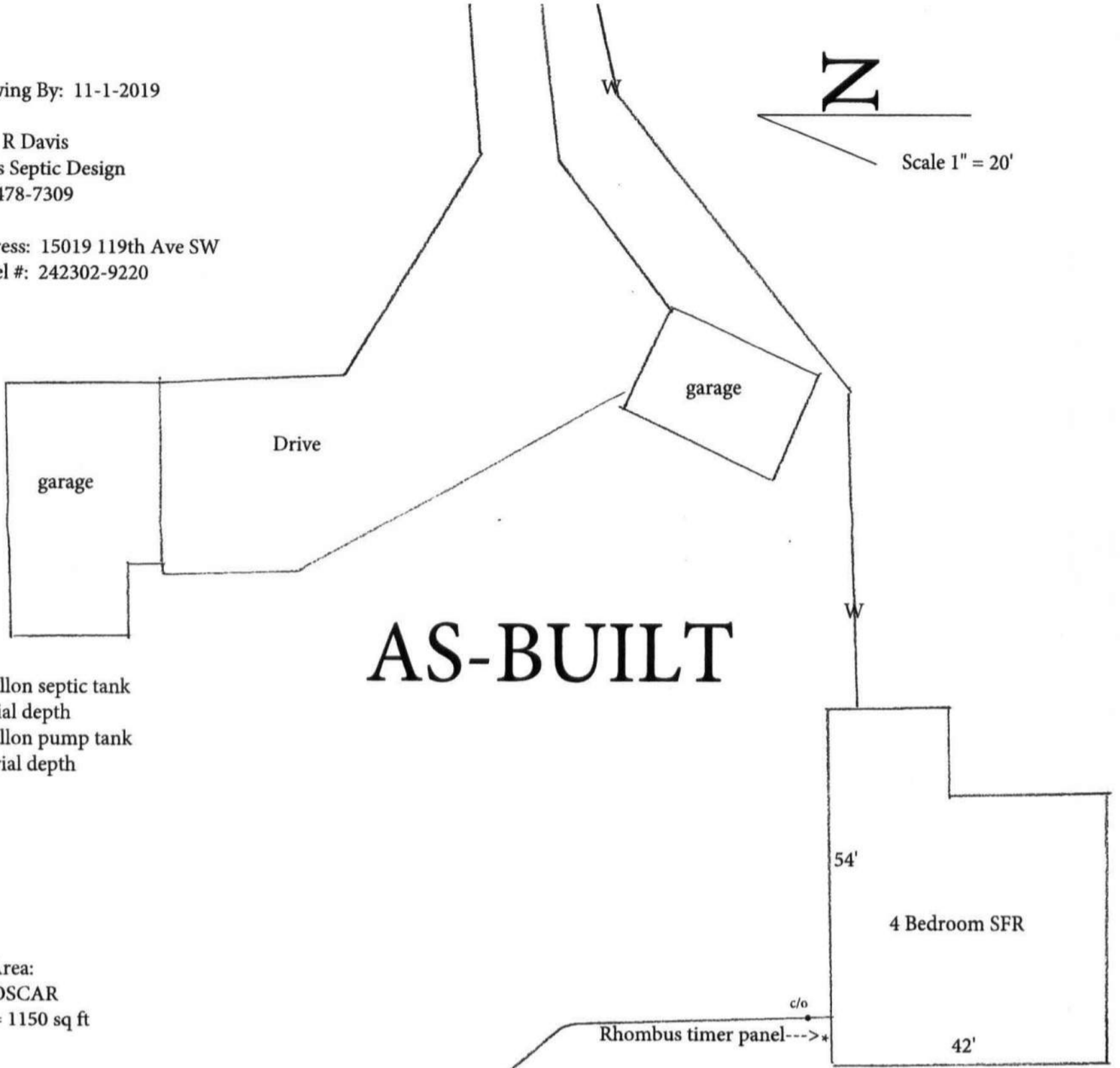
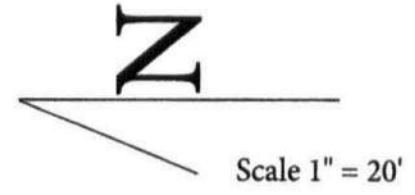
INSTRUCTIONS TO THE OSS OWNER/SYSTEM USER:

Please refer to your OSS owner's operating maintenance and technical specifications manual and Notice on title pertaining to the OSS. Your OSS has limitations! Refer to the Operational Capacity of the System established by the OSS designer. Overloading it or disturbing the soil absorption system (SAS) or treatment device (e.g. drainfield, mound, sand filter, ATU, etc.) may cause the system to prematurely fail. For further information, contact your Health Department Service Center (206) 296-4932

Drawing By: 11-1-2019

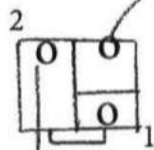
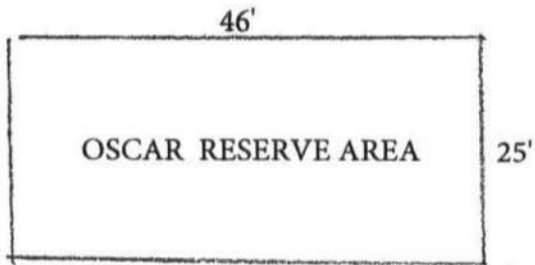
Brad R Davis
Davis Septic Design
425-478-7309

Address: 15019 119th Ave SW
Parcel #: 242302-9220



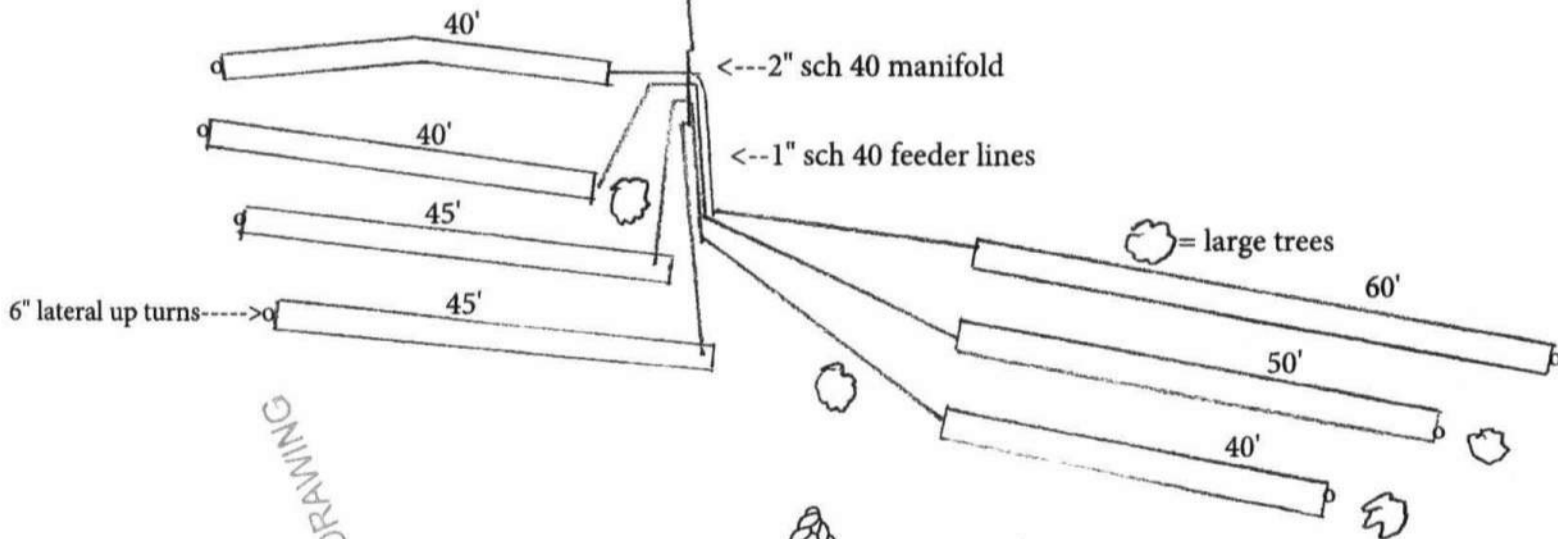
- 1: 1500 gallon septic tank
10" burial depth
- 2: 1500 gallon pump tank
12" burial depth

Reserve Area:
600 gpd OSCAR
25' x 46' = 1150 sq ft

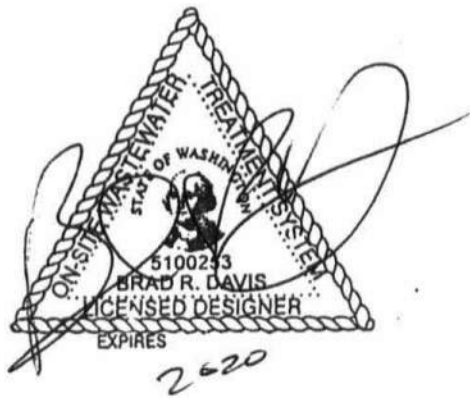


<--2" sch 40 transport line

Primary Area:
320 lineal feet of 36" wide pressure distribution system.
Burial depth: 10" of native sandy loam



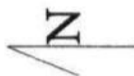
RECORD DRAWING



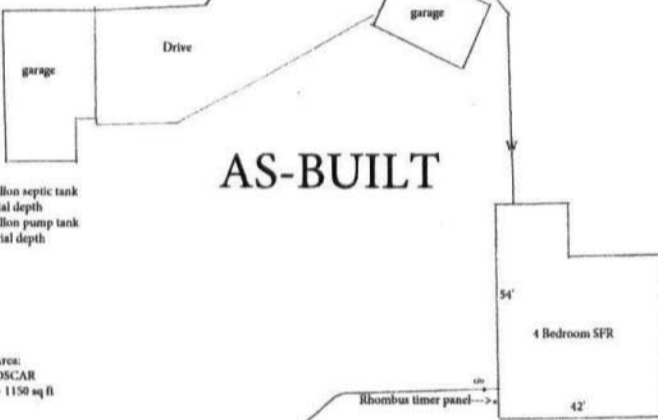
RECORD DRAWING

300'

Drawing By: 11-1-2019
Brad R Davis
Davis Septic Design
425-478-7309
Address: 15019 119th Ave SW
Parcel #: 242302-9220



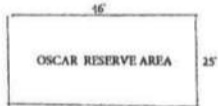
Scale 1" = 50'



AS-BUILT

- 1: 1500 gallon septic tank
10" burial depth
- 2: 1500 gallon pump tank
12" burial depth

Reserve Area:
600 gpd OSCAR
25' x 46' = 1150 sq ft



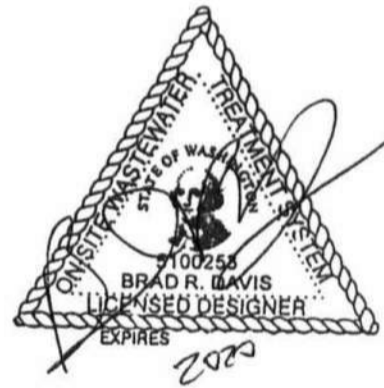
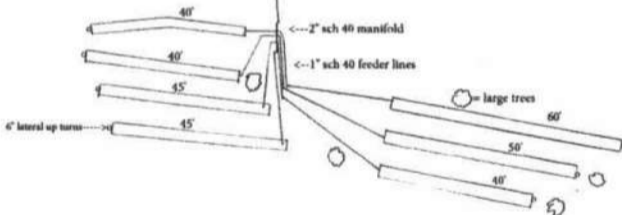
OSCAR RESERVE AREA



Rhombus timer panel

<-2" sch 40 transport line

Primary Area:
320 lineal feet of 36" wide pressure distribution system.
Burial depth: 10" of native sandy loam



400'

OSS Performance Demonstration Report

All systems are to be tested with permanent wiring and permanent power. This form is to be included with the final As-built submission.

Fill out the following boxes according to system type:
 Gravity 1, 2, 3, 9 Pump to Gravity 1, 2, 3, 4, 9 PD 1, 2, 3, 4, 5, 6, 7, 8, 9
 Mound 1, 2, 3, 4, 5, 6, 7, 8, 9 Sand filter 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
 Sand filter to Mound 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

1 System Type: Gravity ^{XX} PD Mound Sand Filter = SF/M, SF/PD, SF/Gravity Other specify _____

2 Permit Address 15019 119th Ave SW Designer Brad R Davis
 Installation Permit No. H ON0212035 Installer Dave Creighton
 Parcel No. 242306-9220 Date system tested/inspected 10-15-2019

3 Septic Tank: Size 1500 Manufacturer Evergreen precast Approval No. 1500ST
 Screened Outlet Baffle Yes No Make and Model No. Zable A100
 Water tight Test Satisfactory Yes No

4 Pump Tank: Size 1500 Manufacturer Evergreen precast Approval No. 1500PT
 Pump Chamber gals/inch 25 Pump make/model /HP Gould PE 51 voltage 120
 Water tight Test Satisfactory Yes No

5 Pump System Performance:
 Dose Volume (gallons) 190 Draw down per cycle (inches) 8"
 Doses per Day 3 Method: Residual Head Squirt Height 6'
 Pump run time per cycle (min) 4.75 GPM discharge 40

6 Timer:
 Timed Dosing Yes No Control Panel make/model Rhombus timer
 Time pump ON 4 min. 45 sec. Time pump OFF 8 hrs specify time increments
 Timed dosing to (circle one) ^{YY} PD, Mound, SF, other

7 Lateral Diameter 1" Check valves (manifold) Yes No Monitoring ports in place Y
 Orifice Size 1/8" Flow control valves Yes No Lateral Clean-outs in place Y
 Orifice Spacing 48" Anti-siphon device Yes No Gravelless chambers Yes No
 Orifice Orientation: 6 o'clock Orifice shields Yes No Alarm location in timer
 Manifold Diam. 2" Manifold Length 3'

8 System drains between cycles Yes No Variation in orifice discharge rate over entire system < 15% ^{YES} Yes No
 System meets performance standards on the design Yes No

Laterals	1	2	3	4	5	6	7	8
Lateral Length	40'	40'	45'	45'	60'	50'	40'	
Orifice Spacing	4'	4'	4'	4'	4'	4'	4'	
No. of Orifices	10	10	11	11	15	13	10	
Residual Head	6'	6'	6'	6'	6'	6'	6'	

As the Installer of record I have verified all data in box #8 and it accurately represents the work that was performed at the site. Licensed Installers Signature [Signature] Date 11-1-2019

9 I have inspected the installed OSS and conducted a performance test in accordance with the current DOH design standards and this system has passed the performance test and As-built inspection. All information accurately represents what I observed at the site.

Designer/Engineer Signature [Signature] Date 11-1-2019
 I request final inspection from the Health Department

Note: failure to supply adequate information to evaluate system performance is grounds for rejecting the performance test and disapproving the installation.



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: 2423029220 **Inspection Date: 01/07/2026**

GENERAL SYSTEM TYPE: Pressure Distribution

This is not the complete report necessary for a property transfer in King County. Please see the Time of Sale report, with the cover page and system drawing, located under the menu Site Work History, Application History.

Site Address: 15019 119TH AVE SW City: VASHON
 Mail Address: _____ City: _____ Zip: _____
 OSM Company: Niece Pumping Service OSM Name: Mark Romero (OSM127) OSM Tel#: 206 463-5969

Submitted 01/12/2026 by:

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System.

TOS inspection. 2 min drawdown 37.5 gpm. All components working properly at the time of inspection. Could not locate inspection ports due to heavy blackberry growth on the drainfield. Inspection of septic system does not guarantee system longevity. System needs to be pumped.

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)	NO
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):	NO
Component settling problems observed:	NO
Subsurface components adequately covered	YES
Period average daily flow (gallons per day)	unknown
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:	YES
Alterations made to the OSS (valves adjusted, timer settings modified, ports installed, etc.) (If YES, describe in notes):	NO
Risers and lids secured:	YES
OSS Working Properly	YES
Pre-failing Signs	NO
Record Drawing Modified	NO
Record Drawing New	NO
All tanks have risers to grade	YES
At the time of this inspection, were any risers or monitoring ports installed?	NO
Upon evaluation of the system were any repairs made? (If yes, please explain in comments)	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 2 Compartment, Manufacturer= Unknown - Concrete
 Manufacturer: Unknown Model: Concrete

This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
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):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	6	
Compartment 1 Sludge accumulation (Inches, if other specify):	10	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	10	
Pumping needed:	YES	Deficient
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

TANK: Pump Tank, Manufacturer= Unknown - Concrete

Manufacturer: Unknown Model: Concrete

This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	4	
Pumping needed:	YES	Deficient
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

Pump: Effluent Pump, Manufacturer= Goulds Pumps - PE Series

Manufacturer: Goulds Pumps Model: PE Series

This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
Controls functioning:	YES	
Pump Vault Filter cleaned (N/A = not present):	YES	
Tested gallons per minute flow:	37.5	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

Panel: Control - 1 Pump

This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
Panel functioning (including alarm):	YES	
Pump 1: Arrival on minutes (override in parentheses - if present):	4	
Pump 1: Arrival off hours (override in parentheses - if present):	6	
Pump 1: Arrival gallons per dose (override in parentheses - if present):	150	
Pump 1: ETM hours (override in parentheses - if present):	001849	
Pump 1: Cycle Count (override in parentheses - if present):	0011390	
Pump 1: Timer setting adjustments were required (if yes indicate new timer settings below - state reason in comments):	NO	
Pump 1: New gallons per dose (override in parentheses - if present):		
Pump 1: New off hours (override in parentheses - if present):		
Pump 1: New on minutes (override in parentheses - if present):		
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

Drainfield (disposal): Pressure

This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
Component settling problems observed:	NO	
Surface water, downspouts diverted away from drainfield:	YES	
Evidence of vehicular traffic or livestock over drainfield:	NO	
Balancing valves functioning properly (NA = Not Present):	YES	
LPD dose gpm, design rate _____ gpm.	40	
LPD dose gpm, monitored rate _____ gpm.	37.5	
Purge valves functioning properly (NA = Not Present):	N/A	
Observation ports present and accessible:	NO	
A method, such as aeration, was used to reduce clogging of the biomat in this component (If yes, provide detail in comments):	YES	
Lateral lines jetted:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	