

Existing System Evaluation Report for Onsite Wastewater Systems



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): STEVEN & KALISTA CONVERSE Telephone: _____

Site Address: 56041 PORTLAND Rd City: BANDON Zip Code: 97411

County: COOS Lot Size: 0.36 Acres/Square Feet (circle units)

Legal Description: ALLOT #274E400 TRS 28-14-20AB TR #5000

Age of wastewater treatment system 42 (years) Is there a service contract for system components? NO

Date the septic tank was last pumped unknown (please attach receipt if available)

Number of people occupying dwelling 3 If unoccupied, for how long has it been vacant? _____

Was this section completed by the evaluator because owner or agent was unavailable? _____

The above information is true and to the best of my knowledge.

April 2nd, 2024
Date (MM/DD/YYYY)

Geoffrey Lawrence (representative for)
Signature of Owner, or agent if present

Name of person performing evaluation (please print): _____

Certification:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Installer <u>RT 190</u> | <input type="checkbox"/> Professional Engineer |
| <input type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Waste Water Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: 37354

Business name Brown and Son
86950 Lower Fourmile Lr Email: _____
Bandon, OR 97411

Business address _____ Phone 541-297-0480

Date of Evaluation: 4-3-2024 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

4-3-2024
Date (MM/DD/YYYY)

Robert W Brown
Signature of Qualified Septic System Evaluator

1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank <u>1500 gal Two compartment</u> | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Dosing Tank <u>Cement</u> | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Sand Filter |
| <input checked="" type="checkbox"/> Other <u>Distribution Box Cement</u> | |

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system ☒ Yes ☐ No ☐ Unknown

- Permit Number(s) 692-244
- Year original septic system installed: 1992 (YYYY) ☐ No record of installation date
- Dates of subsequent repairs or alterations: none (YYYY)
- All plumbing fixtures are connected to the septic system ☒ Yes ☐ No ☐ Unknown

If you answered "No" or "unknown," please describe below:

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface ☐ Yes ☐ No ☒ None observed
- Discharge of sewage to surface waters ☐ Yes ☐ No ☒ None observed
- Sewage backup into plumbing fixtures ☐ Yes ☐ No ☒ Unknown

- Additional Comments:

no one home at time of inspection

3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation ☐ Yes ☒ No
- If the septic tank was **NOT** pumped during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

Septic Tank doesn't need pumped at this time

- The septic tank material is:

- ☒ Concrete
- ☐ Steel
- ☐ Plastic
- ☐ Fiberglass
- ☐ Other (explain) _____
- ☐ Unknown

Scum Accumulation 2"
Sludge " 3"
measured inlet side of 1000 gal

- Is the septic tank accessible? ☒ Yes ☐ No
- Septic tank volume in gallons 1500 gal two compartment
- Tank volume determined by: Check all that apply, add comments below as needed
☒ Permit Records ☒ Measured ☐ Stamped on Tank ☐ Other

- Septic tank risers are at ground level ☒ Yes ☐ No
- Tank appears to be free from defects, leaking and signs of deterioration ☒ Yes ☐ No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact ☒ Yes ☐ No
- Septic tank baffles are intact: Inlet ☒ Yes ☐ No Outlet ☒ Yes ☐ No
- Baffle material - Inlet ☒ Plastic ☐ Concrete ☐ Metal Outlet ☒ Plastic ☐ Concrete ☐ Metal
- Effluent filter is present ☐ Yes ☒ No

- Effluent filter is free of debris ☐ Yes ☐ No ☒ Not Applicable
- Liquid level in tank relative to invert of outlet ☒ At ☐ Above ☐ Below

If above or below invert outlet, please explain: _____

- Scum layer 2 (inches) Sludge layer 3 (inches)
- Scum and Sludge layer more than 35% of the total tank volume ☐ Yes ☒ No
- Indicate where sludge measured from: ☒ Inlet ☐ Middle ☐ Outlet
- Additional Comments: _____

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank ☒ Yes ☐ No
(If "No," skip the rest of section 4)
- At the time of this evaluation the power was on to test the pump(s): ☒ Yes ☐ No

- Dosing tank capacity 500 (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
☒ Permit Records ☒ Measured ☐ Stamped on Tank ☐ Other
- Dosing tank material Cement
- Dosing tank appears to be watertight and in good condition ☒ Yes ☐ No
- Dosing tank lid is intact ☒ Yes ☐ No
- Electrical components are sealed and watertight ☐ Yes ☒ No
- Pump/ siphon is functional ☒ Yes ☐ No
- Type of Pump ☒ Demand dose ☐ Time dose
- Pump control mechanism is functional (floats, pressure transducer) ☒ Yes ☐ No
- There is a high water alarm ☐ Yes ☒ No
- The high water alarm (audible and visual) is working ☐ Yes ☒ No ☐ Not Applicable
- Type of screen Basket
- Screen is clean and free of debris ☒ Yes ☐ No - Screen cleaned for this evaluation ☒ Yes ☐ No
- Scum/ sludge present in Dosing tank ☒ Yes ☐ No
- Scum layer NONE (inches) Sludge layer 1/2 (inches)
- Additional Comments:
NO wiring for high water alarm - or float
Electrical Box in Room not sealed or watertight

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system ☒ Yes ☐ No ☐ Unknown
- Was the soil absorption system part of the evaluation? ☒ Yes ☐ No ☐ See note below

If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

-
- Absorption distribution ☐ Equal ☒ Serial ☐ Pressure ☐ Equal via pressure
 - Absorption lines construction material:
☒ Gravel and pipe ☐ Chamber ☐ Tile ☐ Polystyrene foam and pipe ☐ Other _____
 - Absorption distribution unit(s): ☐ dropbox ☐ hydrosplitter ☒ ~~dropbox~~ distribution box Cement
 - ☒ Intact ☐ Damaged ☐ N/A
 - Absorption distribution unit(s) are free of debris or solids ☐ Yes ☒ No ☐ N/A

Full of TREE ROOTS
Removed at Time of
Evaluation

- Locate all drain lines in soil absorption system ☒ Yes ☐ No

Total length of drain lines 150 (ft)

Lengths determined by ☒ Physically uncovering portions of system/probing ☒ Written records

☐ Fish tape ☐ Electronic locator ☐ camera

- Absorption area appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted TREES plants etc.

☐ Yes ☒ No

If you answered "No," please describe below:

(Distribution Box Full of Roots)
Removed All Roots in Distribution Box at
This Time 4-3-2024

- Absorption area appears to be free from surface water runoff and down spouts ☒ Yes ☐ No
- Evidence of ponding in absorption area or distribution unit(s) ☐ Yes ☒ No
- The soil absorption system replacement area assigned in the permit record appears to be intact:
☒ Yes ☐ No ☐ Replacement area not identified in permit record

If you answered "No," please explain below:

- Additional Comments:

6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter ☐ Yes ☒ No

(If "No," skip the rest of section 6)

- Type of sand filter

☐ Intermittent
☐ Recirculating
☐ Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: ☐ Yes ☐ No

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

☐ Yes ☐ No

If you answered "No," please describe below:

- Sand filter appears to be **free** from surface water runoff and down spouts ☐ Yes ☐ No
- Evidence of ponding in/ on sand filter/media surface ☐ Yes ☐ No
- Surface access to manifold and valves ☐ Yes ☐ No
- Monitoring ports are present ☐ Yes ☐ No
- Lateral lines flushed and equal distribution verified ☐ Yes ☐ No
- The sand filter has a pump ☐ Yes ☐ No
(If "No", skip the rest of section 6)
- Pump vault appears to be watertight and in good condition ☐ Yes ☐ No ☐ N/A
- Pump is functional ☐ Yes ☐ No
- Pump control mechanism is functional (floats, pressure transducer) ☐ Yes ☐ No
- High water alarm in pump vault (audible and visual) is working ☐ Yes ☐ No
- Pump electrical components are sealed and watertight ☐ Yes ☐ No
- Additional Comments:

7. Alternative Treatment Technology System

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)** ☐ Yes ☐ No
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name

System ID number

Manufacturer name

- Previous two years of maintenance records are available ☐ Yes ☒ No

If you answered "No," please explain below:

Not Required

Standard System with pump

- Previous two years of maintenance records are attached to this form ☐ Yes ☐ No

If you answered "No," please explain below:

- Additional Comments:

8. Please attach a copy of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- Please attach a copy of the original septic system permit to this form, if available
- Please attach a copy of the original as-built drawing to this form, if available
- Please attach a copy of the Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

9. Provide a Site Plan

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is not available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is not accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "same as as-built" on page 8 of this form, and do not redraw the system.
- Additional Comments:

10. Disclaimer:

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

Date

4-3-2024

Signature of Qualified Septic System Evaluator

Provide a Plot Plan in the space below: Show the actual or best estimate measurements that locate the existing septic tank, disposal trenches, property lines, easements, existing structures, driveways, and water supply (water lines and wells). Draw to scale and indicate the direction north.



Remarks RECOMMEND High water Alarm to be installed
At Time of Evaluation Distribution full of roots - Removed all roots 4-3-2024
* SEE Photos Attached

This report does not guarantee continuous satisfactory operation of the on-site sewage system identified herein nor does it certify the exact location of the on-site sewage disposal system.

Thomas W. Brown
 (Signature)

4-3-2024
 (Date of inspection)