



# Existing System Evaluation Report for Onsite Wastewater Systems

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): RUTH WISE Telephone: \_\_\_\_\_

Site Address: 37909 HUNGRY HILL City: SCIO Zip Code: 97374

County: LINN Lot Size: N/A Acres/Square Feet (circle units)

Legal Description: N/A

Age of wastewater treatment system N/A (years) Is there a service contract for system components? N/A

Date the septic tank was last pumped 7/24/24 (please attach receipt if available)

Number of people occupying dwelling N/A If unoccupied, for how long has it been vacant? N/A

Was this section completed by the evaluator because owner or agent was unavailable? N/A

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

07/29/2024

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): CHRIS

### Certification:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Installer                                      | <input type="checkbox"/> Professional Engineer           |
| <input type="checkbox"/> Maintenance Provider                                      | <input type="checkbox"/> Environmental Health Specialist |
| <input checked="" 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: RI746 NAWT7942ITC

Business name AMERICAN ROOTER Email \_\_\_\_\_

Business address PO BOX 1596 Phone (541) 926-1185

Date of Evaluation: 07/24/2024 (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.

07/29/2024

Date (MM/DD/YYYY)

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 | <input type="checkbox"/> Cesspool                                  |
| <input type="checkbox"/> Dosing Tank            | <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 type="checkbox"/> Other _____            |  |

**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) \_\_\_\_\_
- Year original septic system installed: \_\_\_\_\_ (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: \_\_\_\_\_ (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

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

DID NOT RUN WATER FROM INSIDE DWELLING AT THIS TIME

- 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:  
\_\_\_\_\_  
\_\_\_\_\_

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):

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- 
- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

- Is the septic tank accessible?  Yes  No

- Septic tank volume in gallons 1250

- 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.

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- 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 1 (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 \_\_\_\_\_(gallons)
- Tank volume determined by: Check all that apply, add comments below as needed  
 Permit Records  Measured  Stamped on Tank  Other
- Dosing tank material \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_(inches)      **Sludge** layer \_\_\_\_\_(inches)
- Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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 equal distribution box
- Intact  Damaged  N/A
- Absorption distribution unit(s) are free of debris or solids Yes No  N/A

- Locate all drain lines in soil absorption system  Yes  No  
Total length of drain lines 240 (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 plants etc.  
 Yes  No

If you answered "No," please describe below:

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- 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:

NO RECORDS

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- Additional Comments:  
UPON INITIAL INSPECTION 7/24/24 WE RECOMMEND DRAINFIELD FLUSH, REPLACING  
OUTLET BAFFLE AND INSTALLING RISER W/TANK PLATE  
7/26/24 WE RETURNED PERFORMED DFF 2 LINES 75' EACH 1 AT 90' ALL DRAINING  
WELL, REPLACED OUTGOING LINE AND OUTLET BAFFLE AND INSTALLED 6"  
RISER WITH TANK PLATE

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:

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- 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:

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**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:

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- Previous two years of maintenance records are attached to this form  Yes  No  
If you answered "No," please explain below:

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- Additional Comments:

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

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

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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 "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

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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.

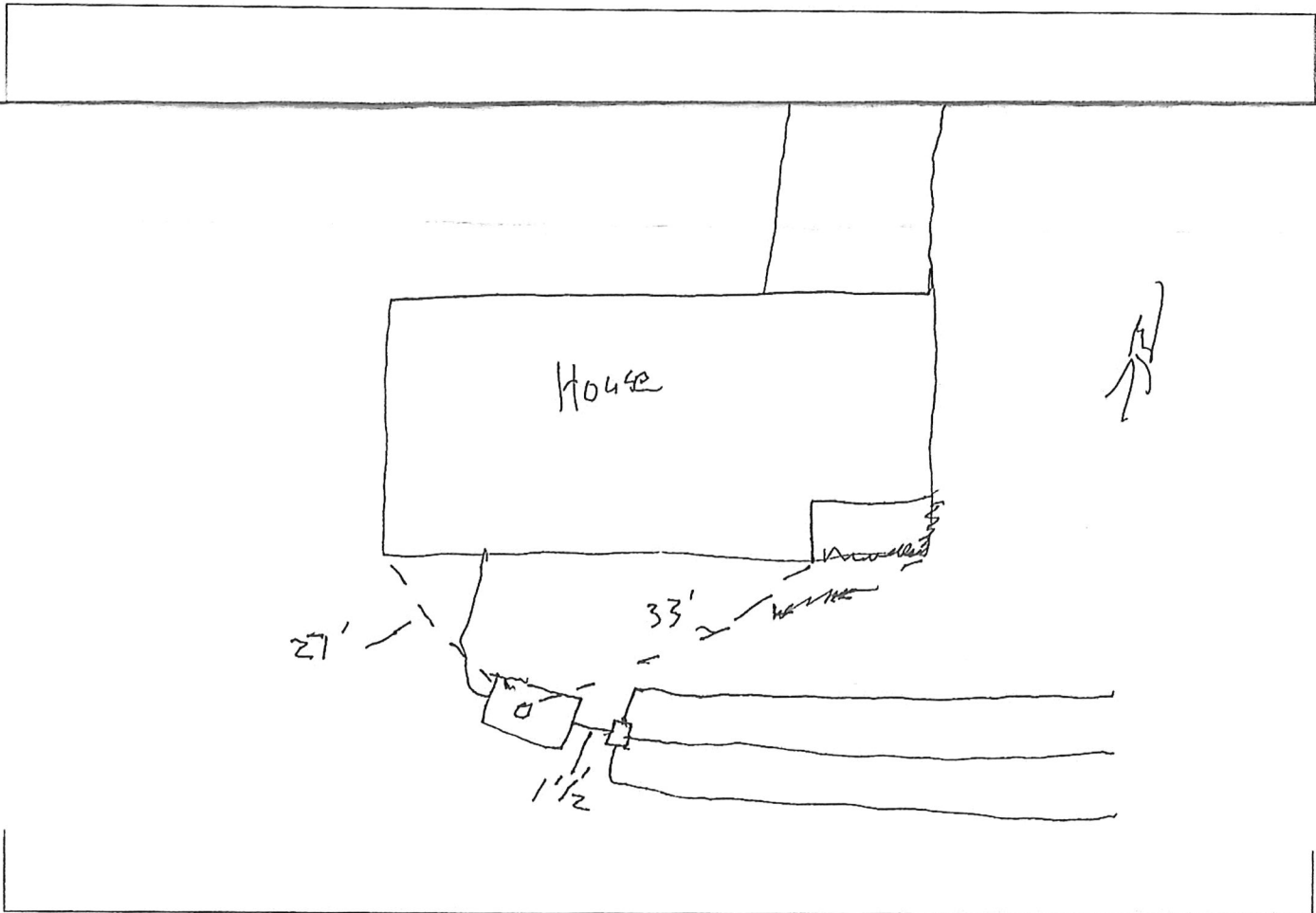
- 11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

07/29/2024

Date

  
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.**



**DISCLAIMER**

Based on what we were able to observe, combined with our experience in wastewater technology, we submit this Onsite Wastewater Treatment System Inspection Report evaluating the present condition of the system as it appears today. We have not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (rainfall, usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a wastewater treatment system, this report shall not be construed as a warranty by our inspection of the septic system or notations made in this report. We also are not able to ascertain the impact that the system now has, or will have, on the environment. Furthermore, unless otherwise noted, we are unable to determine the integrity of the tank baffles, distribution box, or the drain field lines themselves. If a system failure other than what is identified occurs within 30 days of this report, liability is limited to a refund of the inspection report fee only.

Introduced water for approximately 30 minutes. Did the system accept it adequately?  Yes  No