A&B SEPTIC SERVICE VALLEY SEPTIC SERVICE

P.O. Box 444
Albany, OR 97321

Invoice

Invoice # 28130

Date: 5/28/2015

Terms: Net 30

Due Date: 6/27/2015

DIANA BYRNE
380 NW HERMOSA BLVD
PORTLAND, OR 97210

Service Address:	29759 BELLFOUNTAIN RD CORVALLIS, OR 97333

Units	Description	Rate	Serviced	Amount
1,500	Pumped septic tank	0.30	5/21/2015	450.00
1	Septic tank evaluation	150.00		150.00
1	Located & outlined the spetic tank with green paint. Cleanout is under deck. Cleanout in yard is for the rain gutter drains. w/o#8624	95.00		95.00
			Invoice Total	$695.00

PAID

Thank you for choosing us, we appreciate your business.

If paying by Credit Card please circle which card type and write your card number in the space below or call our office.
1-866-927-1156

REMITTANCE ADVICE - PLEASE RETURN WITH YOUR PAYMENT

A & B Septic Service

P.O. Box 444
Albany, OR 97321

1-866-927-1156

Service Address: 29759 BELLFOUNTAIN RD, CORVALLIS MAI...

Invoice # 28130

Date: 5/28/2015

Terms: Net 30

Card Type: (Please Circle Below)

Visa / Mastercard

Card No:_____ Exp:_____

Signature:_____

Total: $695.00 Amount Enclosed: [ ]

EXISTING SYSTEM EVALUATION REPORT EXISTING SEPTIC TANK EVALUATION REPORT x

Existing System Evaluation Report for Onsite Wastewater Systems

DEQ

State of Oregon Department of Environmental Quality
Onsite Program
165 East 7th Avenue, Suite 100
Eugene, Oregon 97401

Please answer the following questions as completely as possible. If you are unable to fill out any part of this form indicate in writing why these sections were left blank. Refer to OAR 340-071-0155. For more information, visit www.oregon.gov/DEQ/WQ/pages/onsite/septicsmart.

Septic System Owner-Provided Information: **MAIN HOUSE**

Property Owner(s)(Sellers) DIANA BYRNE Telephone 503-227-1327

Site Address 29759 BELLFOUNTAIN RD City: CORVALLIS Zip Code: 97333

County: BENTON Lot Size: 29 ACRES Acres/Square Feet (circle units)

Legal Description: T 13 R 5 SEC 18 TL 100

Age of wastewater treatment system N/A (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 the dwelling 0 If unoccupied, how long has it been vacant 6 MNTHS

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

5/15/2015 BY PHONE WITH DIANA BYRNE

Date (MM/DD/YYYY) Signature of Owner

Name of person performing inspection (please print) ROB KOONTZ

Certification:

- Installer
- Maintenance Provider
- x National Association of Wastewater Technicians
- Other DEQ approved in writing (please describe)
- Professional Engineer
- Environmental Health Specialist
- Wastewater Specialist

Certification Number: 12489ITC

Business name: Best Pots, Inc. Dba: A & B/Valley Septic Service Email a_b_septic@hotmail.com

Business address: P.O. Box 444, Albany, Or. 97321 Phone: 1-866-927-1156

Date of Inspection: 5/21/2015 (MM/DD/YYYY)

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

5/21/2015 ROB KOONTZ

Date (MM/DD/YYYY) Signature of Qualified Septic System Inspector

Oregon Department of Environmental Quality

1. **General System Information**

The Existing System Evaluation Report form contains 7 pages. Some of the questions on this form may not pertain to they system being inspected, as there are many systems. If you (the septic system inspector) 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 inspection was completed.

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

x	Septic Tank		Cesspool
	Disposal Trenches/Leach Lines		Capping Fill
	Seepage Bed		Sand Filter
	Other (please describe)		

Note: If the system is a seepage bed or cesspool contact your local County or DEQ office for further guidance.

* There is a permit for the septic system — Yes — No

* Permit Number UNKNOWN

* Date septic system installed: UNKNOWN (YYYY) — No record of installation date

* All plumbing fixtures are connected to the septic system — Yes — No — x Unknown

If you answered "No," please describe below:

NO HOUSE ACCESS

* Additional Comments:

UNKNOWN REGARDING PERMITS - DID NOT ORDER ASBUILT FROM BENTON COUNTY

2. **Overall Septic System Status**

* Discharge of sewage to the ground surface — Yes — x No

* Discharge of sewage to surface waters — Yes — x No

* Sewage backup into plumbing fixtures — Yes — No

* Additional Comments:

UNKNOWN REGARDING SEWAGE BACKUP INTO FIXTURES - NO HOUSE ACCESS

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 inspection.

* Septic tank was pumped during the course of this inspection — x Yes — No
* If the septic tank was **NOT pumped** during the course of this inspection, please explain below, e.g. septic system owner declined to have the tank pumped etc:

* The septic tank material is:
  - x Concrete
  - Steel
  - Plastic
  - Fiberglass
  - Other (explain)
  - Unknown
* Is the septic tank accessible? — x Yes — No
* Septic tank volume (in gallons) 1500
* Septic tank risers at ground level — Yes — x No
* Tank appears to be watertight and in good condition — x 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 — x Yes — No
* Septic tank baffles and elbows are intact — x Yes — No
* Effluent filter is present — Yes — x No
* Effluent filter is free of debris — Yes — No
* Liquid level in tank relative to invert of outlet — x At — Above — Below
* **Scum** layer 0 (inches) **Sludge** layer 24 (inches)
* **Scum** and **Sludge** layer more than 35% of the total tank volume — x Yes — No
* Additional comments:

OUTLET ACCEPTING LIQUID AT TIME OF EVALUATION

4. **Dosing tank/ Pump Basin**

Dosing tanks, where present, have a pump that sends effluent to the soil absorption field (leach field). Not all septic system designs have a dosing tank.

* The septic system has a dosing tank Yes x No
  (If "No," skip the rest of section 4)
* Dosing tank capacity_____(gallons)
* 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 N/A
* Type of screen _____
* Screen is clean and free of debris 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 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
* 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 and solids Yes No

* Locate all drain lines in soil absorption system Yes No
  Total length of drain lines_____(ft)

* 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:

* 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 absorption replacement area assigned in the "as-built" drawing appears to be intact
  Yes No
  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 **installed 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 inspection form.**

* The septic system has a sand filter Yes x No
  (If "No," skip the rest of section 6)

* Type of sand filter
  Intermittent
  Re-circulating
  Bottomless

* Sand filter container appears to be watertight and in good condition Yes No

* Sand filter 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
* Lateral lines flushed and equal distribution verified Yes No
* Monitoring ports are present Yes No
* Surface access to manifold and valves 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 inspection 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 is and **Alternative Treatment Technology (ATT)** Yes x 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:

* 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.
   a. Please attach a **copy** of the original septic system permit to this form, if available
   b. Please attach a **copy** of the original as-built drawing to this form, if available
   C. Please attach a **copy** of the Certificate of Satisfactory Completion to this form, if available

* Additional Comments:

9. **Provide a Plot Plan**

* Please provide a sketch of the complete system on page 7 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 7 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 is 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 on-site system as it exists on the date of inspection 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.

5/26/2015 ROB KOONTZ

Date Signature of Qualified Septic System Inspector

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.**