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): Darrell Hunt Telephone: _____

Site Address: 2 City: _____ Zip Code: _____

County: Linn Lot Size: 80 Ac +/- Acres/Square Feet (circle units)

Legal Description: 11 1E 06 200

Age of wastewater treatment system 18 (years) Is there a service contract for system components? no

Date the septic tank was last pumped 5/4/23 (please attach receipt if available)

Number of people occupying dwelling 0 If unoccupied, for how long has it been vacant? No House on Site

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

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

5/4/23
Date (MM/DD/YYYY) Signature of Owner, or agent if present

Name of person performing evaluation (please print): Todd Zollinger

Certification:

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

Certification Number: 36749 RI55

Business name Zollinger Excavating, Inc. Email tmz@zollx.com

Business address 6771 Peter Road SE Aumsville, OR 97325 Phone 503-873-8927

Date of Evaluation: 5/4/23 (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.

5/4/23 Todd E. Zollinger
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):

☒ Septic Tank	☐ Cesspool
☐ Dosing Tank	☒ Disposal Trenches/ Leach Lines
☐ Multi-compartment Tank	☐ Capping Fill
☐ Seepage Bed	☐ Sand Filter
☐ 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) 22-9704
- Year original septic system installed: 2003 DRAINFIELD (YYYY) ☐No record of installation date
- Dates of subsequent repairs or alterations: 2005 (YYYY) TANK INSTALLED
- All plumbing fixtures are connected to the septic system ☐Yes ☒No ☐Unknown No House

  If you answered "No" or "unknown," please describe below:
  TANK NOT CONNECTED TO ANYTHING

- 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):

- 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
- Tank volume determined by: Check all that apply, add comments below as needed
  [ ] Permit Records [X] Measured [ ] Stamped on Tank [ ] Other
- Septic tank risers are at ground level [X] Yes [ ] No
- Tank appears to be free from defects, leaking and signs of deterioration [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 [ ] Yes [X] No BROKEN LID
- Septic tank baffles are intact: Inlet [X] Yes [ ] No Outlet [ ] Yes [ ] No
- Baffle material - Inlet [X] Plastic [ ] Concrete [ ] Metal Outlet [ ] Plastic [ ] Concrete [ ] Metal
  Effluent filter is present [ ] Yes [X] No
- Effluent filter is free of debris [ ] Yes [ ] No [X] Not Applicable
- Liquid level in tank relative to invert of outlet [X] At [ ] Above [ ] Below
  If above or below invert outlet, please explain: _____
- **Scum** layer 0 (inches) **Sludge** layer 1" (inches)
- **Scum** and **Sludge** layer more than 35% of the *total* tank volume [ ] Yes [X] No
  Indicate where sludge measured from: [ ] Inlet [X] Middle [ ] Outlet
- Additional Comments: (ACCESS LID)

4. **Dosing tank / Pump Basin** N/A
   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 [X] 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 450' (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:
  LOCATED IN GRASS FIELD (FARMED OVER)

- 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:

  _____
  _____
  _____
- 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.
- 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:

  _____
  _____
  _____

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:

  _____
  _____
  _____

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.

5/4/23 _____
Date Signature of Qualified Septic System Evaluator

AS Built Drainfield RCVD 9-5-2003 22-9704 D Darrell Hunt

ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT RECORD

Permit Number: 22-9704 T 11 R 1E Section 6 Tax Lot 200 Owner Darrell Hunt

1. ☐ SEPTIC TANK: MFG. _____ CAPACITY _____ MATERIAL _____
   ☐ DOSING TANK: MFG. _____ CAPACITY _____ MATERIAL _____
   ☐ WATER TIGHTNESS TESTING OF TANK(S) COMPLETED--RESULTS WITHIN ALLOWED LIMITS (REQUIRED ON ALL TANKS).
   ☐ EXISTING SYSTEM (TANK) PROPERLY ABANDONED.

2. ☐ SIPHON MFG. _____ MODEL _____ TESTED & OPERATIONAL ___ DISCHARGE DIAM ____
   ☐ PUMP 1: MFG. _____ MODEL _____ TESTED & OPERATIONAL ___
   ☐ PUMP 2: MFG. _____ MODEL _____ TESTED & OPERATIONAL ___
   ☐ HYDROSPLITTER: MFG. _____ MODEL _____ TESTED & OPERATIONAL ___
   ☐ EFFLUENT FLTR: MFG. _____ MODEL _____ TESTED & OPERATIONAL ___
   ☐ DISTRIB VALVE: MFG. _____ MODEL _____ TESTED & OPERATIONAL ___
   ☐ BALL AND/OR CHECK VALVES INSTALLED, TESTED, AND OPERATIONAL.
   ☐ FLOAT SWITCHES & AUDIBLE-VISUAL ALARM INSTALLED, TESTED, AND OPERATIONAL.
   ☐ PRESSURE PIPING: LENGTH _____ DIAMETER _____ MATERIAL _____ PSI _____

3. ☐ EFFLUENT SEWER: LENGTH _____ DIAMETER _____ MATERIAL PVC-3034 FALL _____

4. ☐ NETWORK TESTED FOR EQUAL DISTRIBUTION & PRESSURE (LPD or SF): HEIGHT OF SQUIRT _____

5. DRAINFIELD TYPES: ☐ EQUAL ☐ LOOP ☑ SERIAL ☐ PRESSURIZED ☑ DRAIN ROCK & PIPE ☐ INFILTRATOR
   ☐ OTHER _____ ☑ LEACHLINES LEVEL WITHIN 1"
   DRAINFIELD TOTAL LINEAR FOOTAGE: 450'
   CAPPING FILL DEPTH: _____
   TRENCH DEPTH: MIN 24" MAX 30" DEPTH BELOW PIPE 6"
   DRAINFIELD ROCK: TOTAL DEPTH 12" DEPTH OF DRAIN ROCK OR MEDIA _____
   CURTAIN DRAIN: TRENCH DEPTH _____ SAND FILTER _____ DRAINFIELD 103'
   SETBACKS FROM WELLS: SEPTIC TANK _____

☑ DRAINFIELD AND REPLACEMENT AREA WITHIN APPROVED DISPOSAL AREA.

DIAGRAM OF SYSTEM

Include the following: Scale of drawing, property lines, north, well locations, two measurements to the distribution box or first drop box, three grade shots in each line, distance between trenches, and replacement area location. Show curtain drain details, including setbacks from drainfield trenches (if applicable).

I understand that I am responsible for the satisfactory completion of all required testing, corrections, and verification of such corrections of the system within 30 days of notification. I also understand that I am responsible for the final cover of the system within 10 days of issuance of the Certificate of Satisfactory Completion. I certify that the construction described above complies with the requirements of Oregon Administrative Rules Chapter 340 and the permit issued by LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM.

Installer's Signature Darrell Hunt DEQ License No. _____ Date 9-5-03

You must submit this form to LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM before an inspection of the system will be scheduled. (Rev. 4/97)

AS BUILT TANK

County Courthouse, Room 115
PO Box 100 Albany, OR 97321

Phone (541) 967-3821
Fax (541) 926-2060

Linn County Department of Health Services
Environmental Health Program

22-9704 B

ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT RECORD

(DIRECTIONS & DEFINITIONS ON THE BACK)

PERMIT NUMBER: 22-9704 T 11 R 1E SECTION 6 TAX LOT 200 OWNER Hunt

- ☐ DRAINFIELD IS INSTALLED WITHIN APPROVED DISPOSAL AREA.
- ☐ LEACHLINES ARE LEVEL WITHIN 1"

} Drainfield installed and inspected 9/10/03

- ☑ WATER TIGHTNESS TESTING OF TANK(S) HAS BEEN COMPLETED--RESULTS ARE WITHIN ALLOWED LIMITS
- ☐ SEPTIC TANK HAS BEEN PROPERLY DECOMMISSIONED (IF APPROPRIATE).
- ☑ GRAVITY EFFLUENT SEWER PIPING HAS 2½" FALL FROM TANK TO HEADER PIPING
- ☑ TRACER MATERIAL PLACED ABOVE EFFLUENT TRANSPORT PIPING
- ☐ BALL AND/OR CHECK VALVES HAVE BEEN INSTALLED & TESTED, AND ARE OPERATIONAL ON ALL PUMPS.
- ☐ FLOAT SWITCHES & AUDIBLE-VISUAL ALARM HAVE BEEN INSTALLED & TESTED, AND ARE OPERATIONAL FOR EACH PUMP.
- ☐ ALL PUMPS, SIPHONS, VALVES, ETC. HAVE BEEN TESTED AND ARE OPERATIONAL.
- ☐ PRESSURE NETWORK HAS BEEN TESTED FOR EQUAL DISTRIBUTION & PRESSURE (LPD or SF)
  - ☐ HEIGHT OF SQUIRT IN DRAINFIELD _____ HEIGHT OF SQUIRT IN SF _____
- ☑ FILTER FABRIC INSTALLED (IF PERMIT REQUIRES)
- ☑ HAVE OBTAINED ALL THE REQUIRED PERMITS FROM THE BUILDING DEPARTMENT
- ☐ DOES THE INSTALLATION DEVIATE FROM THE APPROVED MATERIAL LIST OR THE APPLICATION SYSTEM PLAN? IF SO, DESCRIBE AND, IF NECESSARY, DRAW THE CHANGES BELOW.

Diagram of System
(Use only if installation deviated from plans)

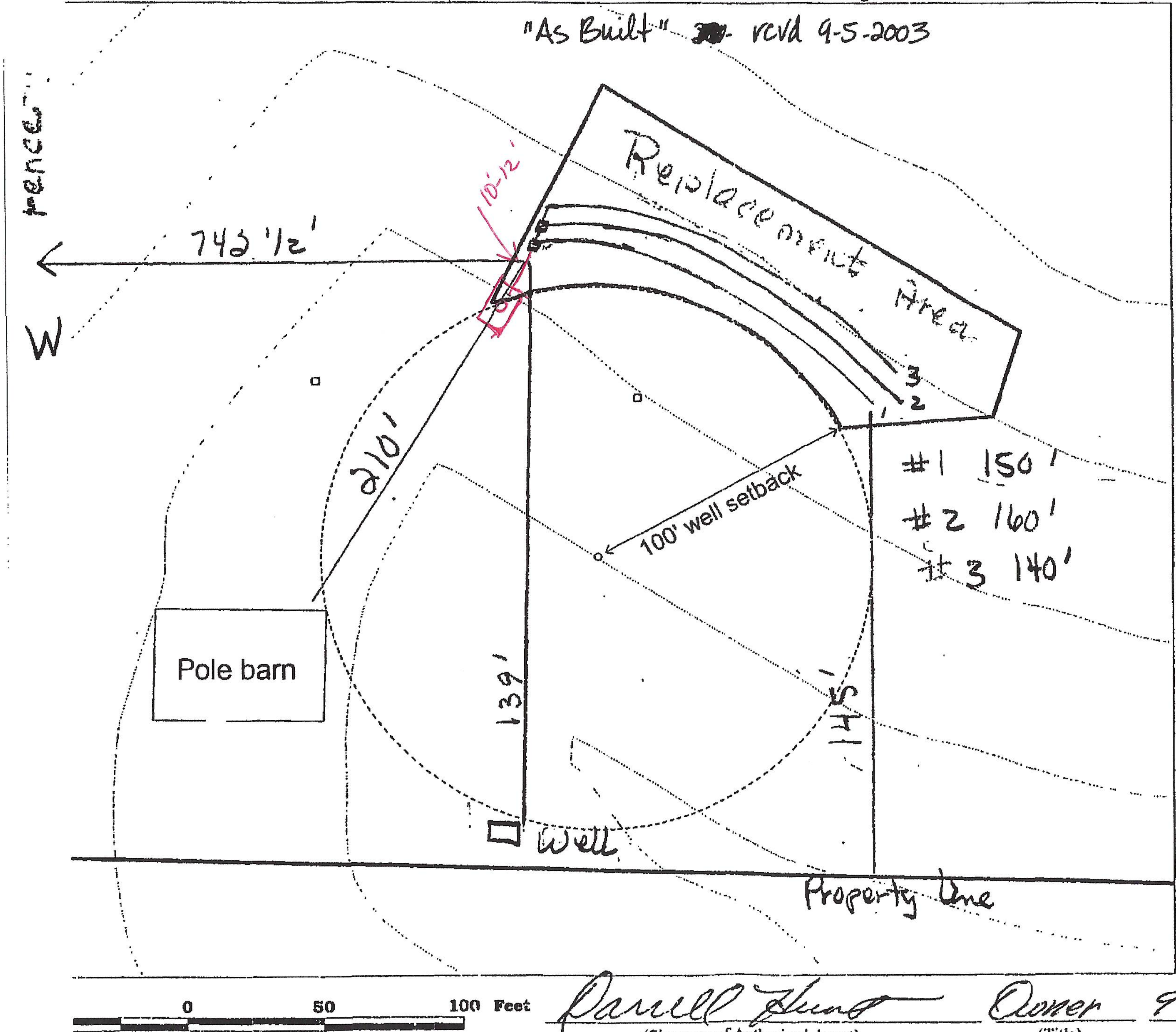
ATTACH ANY ADDITIONAL DOCUMENTATION OF ANY CHANGES FROM THE APPROVED SYSTEM PLOT PLAN AND SUBMIT THIS DOCUMENT TO SCHEDULE A PRE-COVER INSPECTION.

I understand that I am responsible for the satisfactory completion of all testing, corrections, and certifications required for approval of the system within 30 days of initial pre-cover inspection. I also understand that I am responsible for the final cover of the system within 10 days of issuance of the Certificate of Satisfactory Completion. I certify that I completed the construction as described above, and that all construction of this system complies with the requirements of Oregon Administrative Rules Chapter 340 and the permit issued by LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM.

Installer's Signature Gethe Hunt DEQ License No. _____ Date 8-31-05

PERMIT PLOT PLAN

Property ID: 11S01E06 00200
Rec. #: 27757
Date Produced: 08/12/03



Janet L. Hera[n]

22-9704
P. 3 of 7

- Lot 11S01E06 00200
- Sections
- Highways
- Roads
- Railroads
- Major Rivers
- Rivers
- Drainages
- Wells
- County Map Lots
- Disposal Areas
- Test Pits
- Elevations

N

22-9704 N

Darrell Hung	Owner	9-5-03	Linn Co. Env. Health
(Signature of Authorized Agent)	(Title)	(Date)	(Office)

See Attached

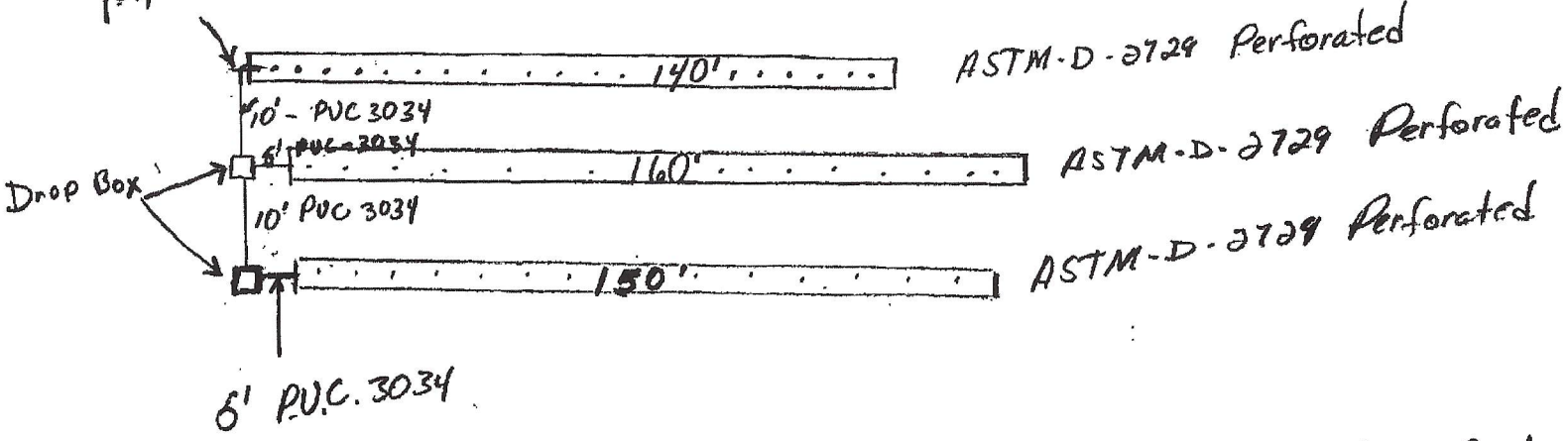
"As-built" rcvd 9-5-2003

N.

22-9704E

Future

Replacement field



Also added 500' Green tracer wire for future Location.

1" = 40'

Darrell Thurston
9-5-03

22-9704-A

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE OF SATISFACTORY COMPLETION

Subsurface or Alternative Sewage System

Owner Hunt Installer Self

T 11 R 1E Sec 6 TL 200 Permit No. 22-9704 Design Capacity 450 GPD

In accordance with Oregon Revised Statute 454.665 this certificate is issued as evidence of satisfactory completion of a subsurface or alternative sewage disposal system at the above location.

☐ Precover inspection waived pursuant to OAR 340-71-170(2).

☐ This certificate issued by operation of law pursuant to OAR 340-71-175(3).

Linn	9/6/05	[signature]
County	Date	Sanitarian


1