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State of Oregon
Department of
Environmental
Quality

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/WQ/pages/onsite/septicsmart.aspx>.

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): _____ Telephone: _____

Site Address: 64146 Pioneer Loop City: Bend Zip Code: 97701

County: Deschutes Lot Size: _____ Acres/Square Feet (circle units)

Legal Description: _____

Age of wastewater treatment system 5 (years) Is there a service contract for system components? _____

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

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

Was this section completed by the evaluator because own or agent was unavailable? NO

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

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Matt Finnestad

Certification:

- Installer
- Maintenance Provider
- National Association of Wastewater Technicians
- Other: DEQ approved in writing (please describe) DEQ License #35223
- Professional Engineer
- Environmental Health Specialist
- Waste Water Specialist

Certification Number: _____ Mark Johnson 12418 / Matt Finnestad RI 700 / Zachary Bascom 12132

Business name Abe Jones Septic Service, Inc. Email ajssi51@hotmail.com

Business address P.O. Box 7155 Bend, OR 97708 Phone 541-382-7761

Date of Evaluation: 3/25/2019 (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.

3/25/19
Date (MM/DD/YYYY)

[Signature]
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 type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Dosing Tank | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input checked="" 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) 247-14-000734-SEP
- Year original septic system installed: 2014 (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:

not tested

- Additional Comments:
*system passed the inspection

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:

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

- Is the septic tank accessible? Yes No
- Septic tank volume in gallons 1530
- 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 12/19 (inches) Sludge layer 3/1 (inches) 1st/2nd comp
- 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 - *not uncovered*
- Absorption distribution unit(s) are free of debris or solids Yes No N/A - *l²* d

- Locate all drain lines in soil absorption system Yes No
Total length of drain lines 300 (ft)
Lengths determined by Physically uncovering portions of system/probing Written records + ports
 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:

- 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**

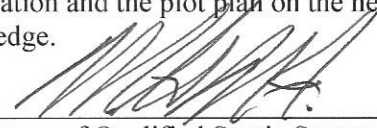
- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* 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.

3/25/19
Date



Signature of Qualified Septic System Evaluator

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**

SEE
CERT.



Certificate of Satisfactory Completion

Deschutes County Community Development Department

Permit #: 247-14-000734-SEP

Job Location - Address: 64146 PIONEER LOOP BEND, OR 97701

Taxlot: 1712020000400

Owner: LINEGAR, LARRY L & PAMELA S

Installer: MATTS EXCAVATION INC

DEQ License #: 38754

Type of Work: Alteration - Major - Single Family Dwelling

Septic System Type: Standard

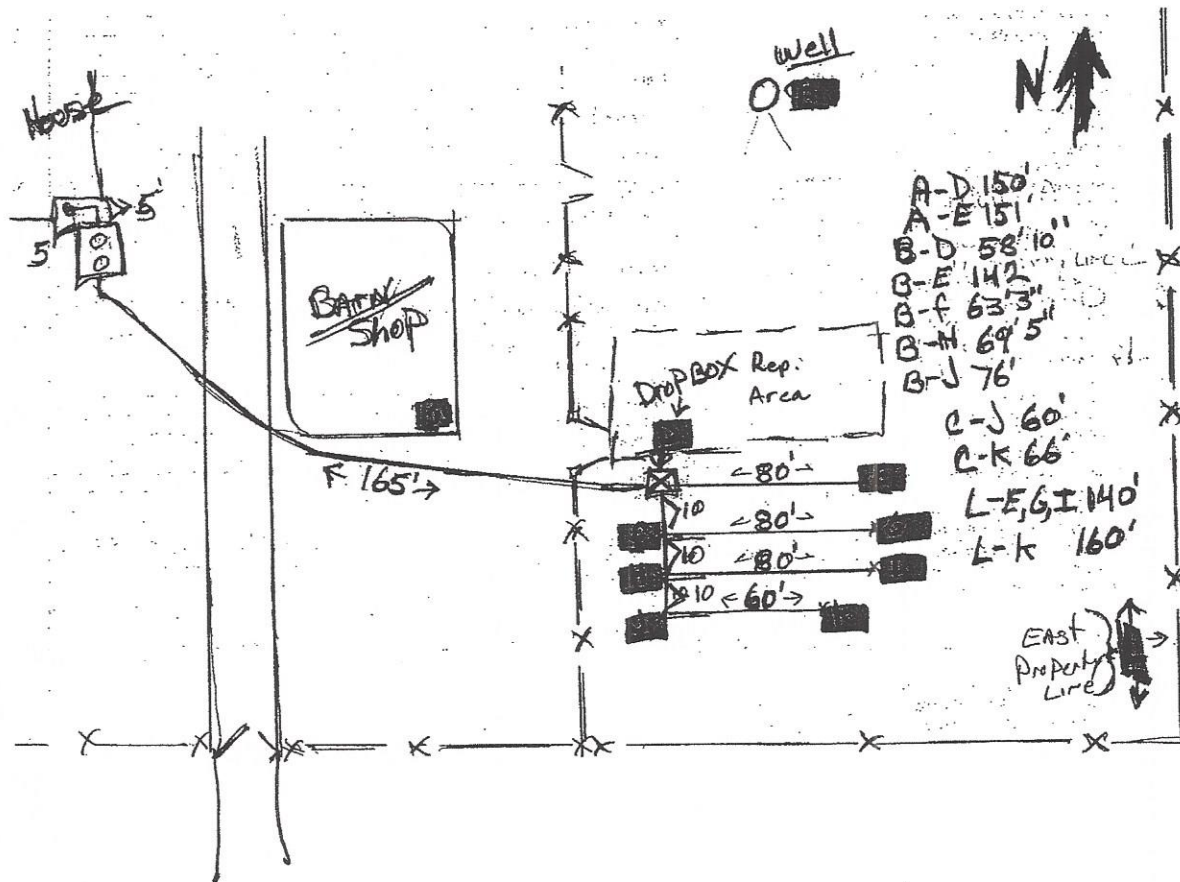
Drain Field Type: Standard

Tank Material & Capacity: 1500

Drain Line Length: 300

Drain Field Media Type:

Trench Depth: 18 - 30



In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

Authorized Signature:

Judd Cleveland

Comments:

Date: 8/6/2014

SEPTIC PRECOVER INSPECTION REQUEST AND NOTICE FORM (AS-BUILT FORM)

All septic system inspections are to be requested through the county's Interactive Voice Recording (IVR) system at 317-3174. Deschutes County then has seven days to complete the inspection. Complete and submit this form to a Deschutes County Community Development Department (CDD) office prior to the precover inspection. Incomplete or inaccurate forms will not be approvable. Use the space below for the As-Built drawing and complete the Materials Listing section and Installer Info section on backside of this form. This form can be faxed or mailed to a CDD office:

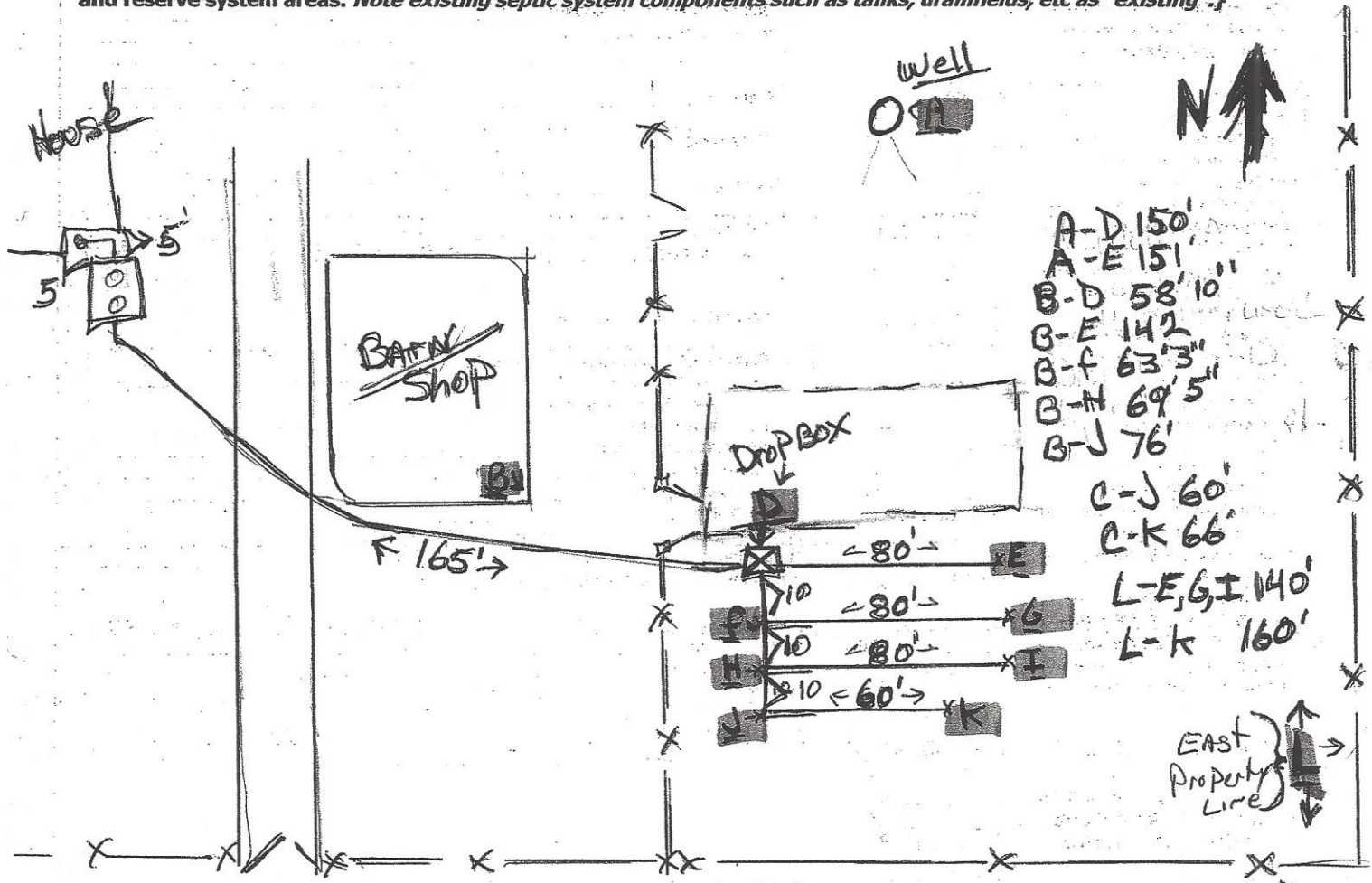
Bend: 117 NW Lafayette Ave. Bend, OR 97701 Fax # 385-1764
 Redmond: 3800 SW Airport Way Redmond, OR 97756 Fax # 923-3097
 La Pine: 51340 S. Hwy 97 La Pine, OR 97739 Fax # 536-5851

SEPTIC PERMIT # S- 247-14-000734 INSTALLER PHONE # 541-419-6976

PERMIT JOB ADDRESS 64146 Pioneer Loop Bend OR 97701

AS-BUILT DRAWING

{Show at LEAST the following: North arrow, all system major components (see back side of this form for major components), proposed & existing adjacent structures/driveways/utility lines, future replacement area(s) as shown on approved plot plan, and lengths of drainlines & effluent transport sewers. Show distances between system components and to wells, structures/driveways/utility lines, and nearest property lines & bodies of waters-- if within 150' of initial and reserve system areas. Note existing septic system components such as tanks, drainfields, etc as "existing".}



Area in yellow marked AS Reserve

Septic Permit # S- 247-14000734 Construction By: (Check One) Property owner (Permittee) or Licensed D.E.Q. Installer

{ DEQ INSTALLERS COMPLETE THIS SECTION: Business Name: Matt's Excavation Inc.

DEQ LICENSE # 38754 DEQ CERTIFICATION # of SIGNEE RE 470

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

NAME: Matthew Detsons  8/5/14
 PRINT SIGNATURE DATE SIGNED

MATERIALS LISTING SECTION: List only products installed for this job

MAJOR COMPONENT	TOTALS	PRODUCT SPECIFICATION INFORMATION
Septic Tank-----	1530 Gallons	Manufacturer-----
Dosing Septic Tank----- (Two Compartment)	<u>1530</u> Gallons	Manufacturer <u>Infiltrator</u>
Dosing Tank-----	_____ Gallons	Check: _____ Flow-Thru or _____ Baffled (up & over sanitary tee)
Effluent Filter-----	# of: _____	Manufacturer-----
Pumps:-----	# of Each: _____	Manufacturer/Model #-----
Pump Packages-----	_____	Pump Manufacturer-----
Dosing Timer-----	_____	Supplier-----
Control Box-----	_____	Pump Model Numbers-----
Swing Check Valve-----	_____	Timer Manufacturer & Model #-----
Anti-Siphon Valve-----	_____	Box Manufacturer & Model #-----
ATT Unit:-----	# of Each: _____	Valves Manufacturer & Model #s-----
Advantex-----	_____	Manufacturers-----
Multi-Flo-----	_____	Make/Model #s-----
Whitewater-----	_____	Suppliers-----
Puraflo-----	_____	_____
MicroFast-----	_____	_____
Effluent Sewer Pipe----- (Gravity or Pressurized)	<u>165</u> Ft.	Pipe Supplier <u>Consolidated Supply</u>
Tracer Wire----- (Min. 18 gauge, Green)	<u>170</u> Ft.	Pipe Diameter <u>4</u> (inches) ASTM # on Pipe <u>ABS</u>
Switching Valve-----	# of: _____	Valve Manufacturer & Model #-----
Spring Check Valve-----	# of: _____	_____
Sandfilter Container:-----	_____ Ft x _____ Ft	Container Sidewall Material: Check One <input type="checkbox"/> 3/4" Plywood _____ Designed by Prof. Engineer <input type="checkbox"/> 3/4" OSB (all edges sealed) _____
Filter Fabric-----	_____ Sq. Ft.	Fabric Manufacturer----- Type-----
Liner-----	Size: _____	Liner Manufacturer & Model #-----
DEQ Pea Gravel-----	_____ Yds.	Pea Gravel Supplier-----
DEQ Sand Media-----	_____ Yds.	Sand Media Supplier-----
Pressurized Laterals-----	_____ Ft.	Pipe Supplier-----
Orifice Spacing-----	_____ Ft.	Pipe Diameter _____ (inches) ASTM # on Pipe-----
Junction Boxes & Piping:-----	# of: <u>1</u>	Manufacturer & Supplier-----
Drop Boxes-----	# of: _____	Check: _____ Concrete or <input checked="" type="checkbox"/> Poly
Distribution Boxes-----	_____	ASTM # on Pipe <u>ADS solid 3000</u> Pipe Diameter <u>4"</u> (Inches)
Overflow & Header Piping-----	<u>30</u> Ft.	_____
Drain Media: Drain Rock-----	_____ Yds.	Rock Supplier-----
Perf Pipe-----	_____ Ft.	Pipe Supplier-----
Filter Fabric-----	_____ Ft.	Pipe Diameter _____ (inches)
_____	_____	ASTM # on Pipe-----
_____	_____	Fabric Manufacturer----- Type-----
Drain Media: Chambers-----	# of chambers <u>24</u>	Chamber Supplier <u>Consolidated supply</u>
Infiltrator (4' chambers)-----	<u>300</u> Ft.	_____
Infiltrator (8' 4" chambers)-----	_____ Ft.	_____
HanCor Arc 18 (5' chambers)-----	_____ Ft.	_____
BioDifuser (7' 2" chambers)-----	_____ Ft.	_____
Wire Mesh-----	<u>300</u> Ft.	Mesh Supplier <u>Consolidated supply</u>
Drain Media: Cylinders-----	_____ Ft.	EZ Flow Supplier-----
EZ Flow-----	_____ Ft.	Check one of the following: <input type="checkbox"/> Model 1201P (Single cylinder installation in each drainline) <input type="checkbox"/> Model 1202P (2 side by side cylinders installation in each drainline)
Filter Fabric----- (If not already "stitched" onto cylinders by manufacturer)	_____ Ft.	Fabric Manufacturer----- Type-----
Pressurized Drainfields:-----	_____ Ft.	Pipe Supplier-----
Drainline Piping-----	_____ Ft.	Pipe Diameter _____ (inches) ASTM # on Pipe-----
Canning Fill Drainfield M41-----	_____ Yds.	Supplier-----