Dunes City Septic Inspection Report

Name _____

Property Address _____

Map and Tax Lot _____

Phone Number _____

Household Size _____

Year Round Use _____Yes _____No

Tank Size (Gallons) _____ Garbage Disposal ____Yes _____No

Next Septic Inspection Date: (5 to 12 years) _____
*Based on Schedule Below

Table 1.—*Estimated septic tank pumping frequencies in years (for year-round residence).*

Tank Size (Gallons)	**Household Size** (Number of People)									
	1	2	3	4	5	6	7	8	9	10
500	5.8	2.6	1.5	1.0	0.7	0.4	0.3	0.2	0.1	—
750	9.1	4.2	2.6	1.8	1.3	1.0	0.7	0.6	0.4	0.3
1,000	12.4	5.9	3.7	2.6	2.0	1.5	1.2	1.0	0.8	0.7
1,250	15.6	7.5	4.8	3.4	2.6	2.0	1.7	1.4	1.2	1.0
1,500	18.9	9.1	5.9	4.2	3.3	2.6	2.1	1.8	1.5	1.3
1,750	22.1	10.7	6.9	5.0	3.9	3.1	2.6	2.2	1.9	1.6
2,000	25.4	12.4	8.0	5.9	4.5	3.7	3.1	2.6	2.2	2.0
2,250	28.6	14.0	9.1	6.7	5.2	4.2	3.5	3.0	2.6	2.3
2,500	31.9	15.6	10.2	7.5	5.9	4.8	4.0	4.0	3.0	2.6
Note: More frequent pumping is needed if garbage disposal is used.										

Comments:

Company _____ Signature _____

Name _____ Date _____

Phone (541) 997-3338 • Fax (541) 997-5751 • PO Box 97, Westlake, OR 97493
82877 Spruce St • www.dunescity.com

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

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Septic System Owner-Provided Information:

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

Site Address: _____ City: _____ Zip Code: _____

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

Legal Description: _____

Age of wastewater treatment system_____(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 owner or agent was unavailable? _____

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): _____

Certification:

- ☐ 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: _____

Business name _____ Email _____

Business address _____ Phone _____

Date of Evaluation: _____ (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.

_____

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
☐ Dosing Tank
☐ Multi-compartment Tank
☐ Seepage Bed
☐ Other _____
☐ Cesspool
☐ Disposal Trenches/ Leach Lines
☐ Capping Fill
☐ Sand Filter

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:

  _____
  _____

- 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:
  - ☐ Concrete
  - ☐ Steel
  - ☐ Plastic
  - ☐ Fiberglass
  - ☐ Other (explain)_____
  - ☐ Unknown
- Is the septic tank accessible? ☐Yes ☐No
- Septic tank volume in gallons_____
- 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 _____(inches) **Sludge** layer_____(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_____(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:

  _____
  _____
  _____
  _____

- 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.

_____

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.**