



Existing System Evaluation Report for Onsite Wastewater Systems

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

For more information, visit www.oregon.gov/DEQ/WQ/pages/onsite/septicmart. Please answer the following questions as completely as possible. Refer to OAR 340-071-0155.

Septic System Owner 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)

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

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

Date (DD/MM/YYYY)

Signature of Owner

Name of person performing inspection (please print): _____

Certification:

- | | |
|---|--|
| <input type="checkbox"/> Installer | <input type="checkbox"/> Professional Engineer |
| <input type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Wastewater Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: _____

Business name _____ Email _____

Business address _____ Phone _____

Date of Inspection: _____ (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.

Date

Signature of Qualified Septic System Inspector

1. General System Information

The Existing System Evaluation Report form contains 7 pages. Some of the questions on this form may not pertain to the system being inspected, as there are many system designs. 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):
 - Septic Tank
 - Disposal Trenches/ Leach Lines
 - Seepage Bed
 - Other (please describe)_____
 - Cesspool
 - Capping Fill
 - Sand Filter

- There is a permit for the septic system Yes No

- Permit Number_____

- Date septic system installed: _____ (YYYY) No record of installation date

- All plumbing fixtures are connected to the septic system Yes No
If you answered "No," please describe below:

2. Overall Septic System Status

- Discharge of sewage to the ground surface Yes No

- Discharge of sewage to surface waters Yes No

- Sewage backup into plumbing fixtures Yes No

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

- Is the septic tank accessible? Yes No

- Septic tank volume (in gallons)_____
- Septic tank risers are at ground level Yes No
- Tank appears to be watertight and in good condition 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 and elbows are intact Yes No
- Effluent filter is present Yes No
- Effluent filter is free of debris Yes No
- Liquid level in tank relative to invert of outlet At Above Below
- **Scum** layer _____(inches) **Sludge** layer_____(inches)
- **Scum** and **Sludge** layer more than 35% of the *total* tank volume Yes No

4. Dosing tank

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 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)

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
- Locate all drain lines in soil absorption system Yes No

Total length of drain lines _____(ft)

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

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 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 and are sealed and watertight Yes No

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 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:

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

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 7 of this form, and do not redraw the system.

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 reverse side of this form are accurate and true to the best of my knowledge.

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.**

A large grid of graph paper, consisting of 30 columns and 40 rows of small squares, intended for drawing a plot plan. The grid is empty and occupies the majority of the page below the instructions.