

BENNETT'S DRAIN SAVERS
2140 Primrose Street
Eugene, OR 97402

HORSEPOWER REAL ESTATE

Attn: Lisa Johnson

Septic System Inspection for:
25750 Butler Road
Junction City, OR

To whom it may concern:

On August 2, 2016, I evaluated the septic tank and drain field for the house located at the address above.

The corrugated steel pipe riser and concrete septic tank lid is located 24 feet east and 4 feet south of the southeast corner of the house. The septic tank lid is on the outlet end of the 1000 (plus/minus) gallon concrete tank. The plastic inlet and outlet baffles are both intact.

The contents of the septic tank are 2 inches of solids on the surface at the lid and no detectable sludge build-up on the floor of the tank. Pumping the septic tank is not needed nor necessary at this time. The liquid level in the tank was normal indicating the integrity of the tank. The tank is watertight.

As per water flow observation, the drain field appears to be accepting effluent sufficiently. There are no signs of excessive vegetation growth and effluent surfacing above the drain field area.

This septic system appears to be in good operating condition and is functioning properly, at the time of this evaluation.

Thank You,



Marcus M. Carter -- Certified NAWT Inspector
M.A.C. Carter Inv. Inc.
dba Bennett's Drain Savers

D.E.Q. License #36052



Bennett's DRAIN SAVERS

Septic & Drain Cleaning

2140 Primrose St.

EUGENE, OREGON 97402

(541) 688-6018 998-1383 726-7732

Ordered by

Lisa Johnson: Realtor

CUSTOMER'S ORDER NO. <u>66019</u>		PHONE <u>541-510-4601</u>		DATE <u>8/2/2016</u>	
NAME <u>Horsepower Real Estate</u>		NAME <u>Bob Edgington</u>			
ADDRESS <u>25750 Butler Rd.</u> <u>Junction City, OR</u>					
SOLD BY <u>Marcus</u>	CASH	C.O.D.	CHARGE	ON ACCT. <u>✓ C/O L. Johnson</u>	PAID OUT
QTY.	DESCRIPTION			PRICE	AMOUNT
	Septic System Evaluation Invoice & sketch (see letter for report)			175.00	
<p>(Rough sketch of septic system does not particularly indicate exact location or configuration of drain field)</p>					
TAX					
TOTAL				175.00	

All claims and returned goods MUST be accompanied by this bill.

39165

Thank You



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

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/septicmart.

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Bob Edgington Telephone: 541-998-3230

Site Address: 25750 BUTLER City: Junction City Zip Code: 97448

County: LANE Lot Size: 160 Acres/Square Feet (circle units)

Legal Description: TOWNSHIP 16, RANGE 05, SECTION 30 TAX LOT 1400

Age of wastewater treatment system 31 (years) Is there a service contract for system components? NO

Date the septic tank was last pumped 2015 (please attach receipt if available)

Number of people occupying dwelling 2 If unoccupied, for how long has it been vacant? -

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

8/2/2016

Date (DD/MM/YYYY)

Bob Edgington

Signature of Owner

Name of person performing evaluation (please print): Marcus M. Carter

Certification:

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

Certification Number: 12487 ITC

Business name Bennett's Drain Savers Email maccarter@aol.com

Business address 2140 Primrose Street, Eugene, OR 97402 Phone (541) 688-6018

Date of Evaluation: 08/02/2016 (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.

08/03/2016

Date (MM/DD/YYYY)

Marcus M. Carter

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 checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Cesspool
<input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines	<input type="checkbox"/> Capping Fill
<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Sand Filter
<input type="checkbox"/> Other (please describe) _____	

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

- There is a permit for the septic system ☒ Yes ☐ No ☐ Unknown
- Permit Number 1320-83
- Date septic system installed: 1985 (YYYY) ☐ No record of installation date
- 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 below, e.g. septic system owner declined to have the tank pumped etc:
Not necessary to pump septic tank to complete evaluation. Septic tank pumped last year.

- The septic tank material is:

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

- Is the septic tank accessible? ☒ Yes ☐ No
- Septic tank volume (in gallons) 1,000
- 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 are intact ☒ Yes ☐ No Baffle material ☒ 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
- Scum layer 2.0 (inches) Sludge layer 0.0 (inches)
- Scum and Sludge layer more than 35% of the *total* tank volume ☐ Yes ☒ No

- Additional Comments:

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 ☒ 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 ☐ 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
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):
Water flow observation and above ground visual only.

- 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) (drop box, hydrosplitter, equal distribution box)
☒ Intact ☐ Damaged ☐ N/A

- Absorption distribution unit(s) are free of debris or solids ☒ Yes ☐ No
- Locate all drain lines in soil absorption system ☒ Yes ☐ No
Total length of drain lines 400.0 (ft)
Lengths determined by ☐ Physically uncovering portions of system/probing ☒ Written records
- 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:

No replacement area noted on "as-built" drawing.

- 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 evaluation 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 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.

- Please attach a **copy** of the original septic system permit to this form, if available
- ✓ Please attach a **copy** of the original as-built drawing to this form, if available
- ✓ Please attach a **copy** of 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 "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 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.

08/03/2016

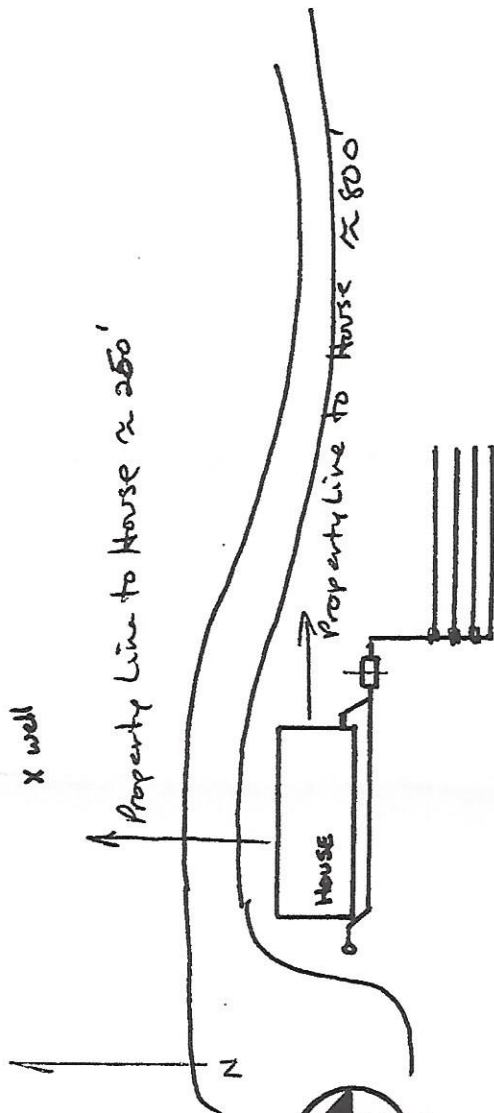
Date

x 
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.**



Permit No. 1320-83 wnshp. 16 Range 03 Section 30 Tax Lot 1400
 Standard System ☒ Alternative System ☐ (Specify Type)
 Job Location (Street Address) 25750 Butler Rd., Junction City
 Subdivision / Partition # _____ Parcel _____ Lot _____ Block _____
DETAIL SYSTEM PLOT PLAN AS CONSTRUCTED
 Scale 1 " = 100 '



USE BLACK INK ONLY

FOR INSTALLER'S USE:
Trench Depth 30" TYP Gravel Depth Below Tile 8"
Tank Capacity 1000 gal Manufacturer Willamette Grey Stone
Measured Distance from Well to Tank 7200' From Drainfield 2350' Total Length of Lines 4000'

COMPLETE THE FOLLOWING IF A PUMP WAS USED ON THIS INSTALLATION:
I (installer's name) _____ certify that a (Mfg) _____ (Model No.) _____ Pump
and Mercury Float Switch (Mfg. and No.) _____ have been installed with this sewage installation.

Signature _____ Date _____

FOR SANITARIAN'S USE ONLY: ☒ System Approved ☐ System Disapproved ☐ Needs Correction

COMMENTS:

System Capacity 450 gal./day Signature John GruckShank System ☒ Corrected Date 3/14/85

INSTALLATION RECORD & CERTIFICATE OF SATISFACTORY COMPLETION When signed by the County Sanitarian, this certificate is evidence as per ORS 454.665 of satisfactory completion of a subsurface sewage disposal system at the above location.

RETURN THIS FORM TO: DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
COURTHOUSE/PUBLIC SERVICE BUILDING 125 E. 8TH AVE. EUGENE, OREGON 97401