



General Information:

Date of Inspection: _____
 Property Owner(s)(Sellers): _____ Telephone: _____
 Person Requesting Inspection: _____ Telephone: _____
 Site Address: _____ City: _____ Zip Code: _____
 Fire or Parcel #: _____ County: _____ Township: _____
 Legal Description: _____
 Local Regulatory Authority: _____
 Date System Constructed: _____ Local Permit # (if applicable): _____
 E-Mail Address: _____

Prospective Property Buyer: _____ Telephone: _____
 Current Address: _____ City: _____ Zip Code: _____

IMPORTANT DISCLOSURE INFORMATION

If you are purchasing a house with an Alternative Treatment Technology you will be required to obtain a contract to ensure ongoing maintenance from a certified service provider and pay annual fees to the county or state regulatory body. See OAR 340-71-0130(17), 0345.

Is the system failing?

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Discharge of sewage to the ground surface |
| <input type="checkbox"/> | <input type="checkbox"/> | Discharge of sewage to drain tiles or surface waters |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewage backup into plumbing fixtures |

Is the system non-compliant?

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has required maintenance taken place on the system? (if no, system is non-compliant.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the system installed under a permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the system properly sized for the dwelling based on OAR 340-071? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the system regulated under an operating permit? (if yes, go to next question) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the monitoring indicate that the system meets performance expectations?
(if no, system is non-compliant) |

System Components (Please describe the system components [type, size, capacity, and condition])

Do the alarms function? yes no Do pumps function? yes no
 Date the tanks were last pumped: ___/___/_____
 Do mechanical & electrical systems function correctly? yes no

What methods were used to make the determination for the compliance inspection? (Note: No standard protocol exists. The following list is not exhaustive, or in sequential order nor indicates which combinations may be necessary to make a determination.)

(Check all that apply)

Watertight tank(s)	Hydraulic Functioning
<input type="checkbox"/> Probed tank bottom <input type="checkbox"/> Observed low liquid level <input type="checkbox"/> Examined const. records <input type="checkbox"/> Examined empty (pump) tank <input type="checkbox"/> Probed outside tank for "black soil" <input type="checkbox"/> Examined const. records <input type="checkbox"/> Other: _____	<input type="checkbox"/> Searched for surface outlet <input type="checkbox"/> Performed hydraulic test <input type="checkbox"/> Searched for seeping in yard <input type="checkbox"/> Checked for back-up in home <input type="checkbox"/> Excessive ponding in soil system/D-boxes <input type="checkbox"/> Homeowner testimony <input type="checkbox"/> Examined for surging in tank <input type="checkbox"/> "Black soil" above soil system <input type="checkbox"/> Looked for back flow from system drain pumping <input type="checkbox"/> Other: _____

System Assessment

(Check all that apply)

- The system is failing and needs repair.
- The system is undersized and may need to be upgraded.
- The system is undersized, but appears to functioning adequately.
- The system is non-compliant and needs to be brought into compliance.
- The system is functioning and does not require additional action.

Other Recommendations:

Certification

I hereby certify that I am a certified inspector by a DEQ approved certification program or registered in accordance with ORS chapter 672 or 700. I have conducted an investigation that accurately determined the status of this system and that my recorded observations are accurate as of this date. No determination of future hydraulic performance has been nor can be made due to unknown conditions during system construction, abuse of the system, inadequate maintenance, or future water usage.

Inspector's name (Print): _____ Phone: _____

Registration or Certification #: _____ Address: _____

Employed by: _____ Address: _____

Signature: _____ Date: _____

Repair Requirements

A failing system is considered a public health hazard and must be repaired immediately with a permit from the local permitted authority (Douglas County Planning Onsite Program) or its use discontinued.

Attachments

1. A sketch of the site and system including locations of all major components (e.g. tank, treatment units, drainfield) and should include distances to wells, dwelling or other buildings, tank(s), reserved soil absorption area, surface water and soil boring locations. Include as-built drawing if available.
2. A copy of the permit, maintenance records, and annual reports
3. A copy of the regulations for O&M service contracts and reporting
4. A homeowner survey of system performance, signed by the homeowner as being factual (optional)