STATE OF OREGON
Department of Environmental Quality
Onsite Program, Water Quality Division
165 East 7th Avenue, Suite 100
Eugene, Oregon 97401

Time of Transfer Evaluation Form for Existing Individual Onsite Wastewater Systems

General Information:

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

Site Address: _____ City: _____ Zip Code: _____

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

Legal Description: _____

Date System Constructed: _____ (YYYY) Septic Permit # (if applicable): _____

E-Mail Address: _____

Date of Inspection: _____

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

ADD CHECK BOXES HERE INSTEAD OF REQUIRING HANDWRITTEN NOTES] _____

_____ _____

_____ _____

Date the tank(s) were last pumped: _____

Answer the following that apply to this facility

Do the alarms function? yes ☐ no ☐ Do pumps function? yes ☐ no ☐

Do mechanical & electrical systems function correctly? yes ☐ no ☐

Does the monitoring indicate that the system meets performance expectations? yes ☐ no ☐

Was a permit obtained when the system was installed? yes ☐ no ☐

Do the permit records match the current system configuration? yes ☐ no ☐

Inspection observations (Check all that apply)

Tank Condition	Treatment Unit Condition (if present)
Tank material: ☐ concrete ☐ plastic ☐ fiberglass ☐ steel	☐ History of maintenance? (including documentation)
☐ Leaking plumbing fixtures	☐ Indicators of malfunction?
☐ Baffles absent, corroded, damaged	☐ Pressure laterals - ☐ Flushed within last year?
☐ Observed low liquid level	**Absorption Condition**
☐ Tank integrity affected by corrosion	☐ Surface discharge outlet present
☐ Observed low liquid level	☐ Sewage seeping over/adjacent to absorption facility
☐ Lid(s) absent or not able to be secure due to deformity, corrosion or other issues	☐ Excessive ponding in absorption system/Distribution or drop boxes
☐ Backing up in home, either seasonally	☐ Homeowner testimony ☐ Problems noted?
☐ Looked for back flow from system drain pumping	☐ "Black soil" above soil system
☐ Examined const. records	☐ Pressure laterals - ☐ Flushed within last year?
☐ Tank inaccessible for pumping and inspection	☐ Other: _____
☐ "Black soil" at tank outlet (Required if not able to observe performance at absorption facility)	
☐ Other: _____	

2014-919500004256

System Assessment - Check one that most accurately describes the system condition

- ☐ Compliant at the time of the evaluation.
- ☐ Noncompliant, but appears to functioning adequately at the time of the evaluation.
- ☐ Noncompliant and needs permitted repair or alteration.
- ☐ Noncompliant due to repairs made without a permit.
- ☐ Failing and needs repair.

Other observations:

_____ _____

_____ _____

Certification

In accordance with the requirements of Oregon Administrative Rule chapter 340, Division 071, Section 0131, I hereby certify that I am a certified inspector by a DEQ approved certification program or registered in accordance with Oregon Revised Statutes, 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 #: _____ email: _____

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 (DEQ or the county environmental health office) or its use discontinued.

Attachments must be provided to the buyer

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)

2014-919500004256