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RESIDENTIAL

SELLER'S PROPERTY DISCLOSURE STATEMENT

Property Address or Tax ID # 5266-5586 Upper Cow Creek Rd, Azalea, OR 97410 (the "Property")

INSTRUCTIONS TO THE SELLER

Please complete the following form. Do not leave any spaces blank. Please refer to the line number(s) of the question(s) when you provide your explanation(s). If you are not claiming an exclusion or refusing to provide the form under ORS 105.475(4), you should date and sign each page of this disclosure statement and each attachment.

Each seller of residential property described in ORS 105.465 must deliver this form to each buyer who makes a written offer to purchase. Under ORS 105.475(4), refusal to provide this form gives the buyer the right to revoke their offer at any time prior to closing the transaction. Use only the section(s) of the form that apply to the transaction for which the form is used. If you are claiming an exclusion under ORS 105.470, fill out only Section 1.

An exclusion may be claimed only if the seller qualifies for the exclusion under the law. If not excluded, the seller must disclose the condition of the Property or the buyer may revoke their offer to purchase anytime prior to closing the transaction. Questions regarding the legal consequences of the seller's choice should be directed to a qualified attorney.

DO NOT FILL OUT THIS SECTION UNLESS YOU ARE CLAIMING AN EXCLUSION UNDER ORS 105.470

Section 1. EXCLUSION FROM ORS 105.462 TO 105.490:

You may claim an exclusion under ORS 105.470 only if you qualify under the statute. If you are not claiming an exclusion, you must fill out Section 2 of this form completely.

Initial only the exclusion you wish to claim.

_____ This is the first sale of a dwelling never occupied. The dwelling is constructed or installed under building or installation permit(s) # _____, issued by _____.

_____ This sale is by a financial institution that acquired the Property as custodian, agent or trustee, or by foreclosure or deed in lieu of foreclosure.

_____ Seller is a court appointed (*select only one*) ☐ receiver, ☐ personal representative, ☐ trustee, ☐ conservator, or ☐ guardian.

_____ This sale or transfer is by a governmental agency.

Signature(s) of Seller(s) claiming exclusion:

Seller _____ Date/Time _____ ←
Print _____
Seller _____ Date/Time _____ ←
Print _____
Seller _____ Date/Time _____ ←
Print _____
Seller _____ Date/Time _____ ←
Print _____

Signature(s) of Buyer(s) to acknowledge Seller's claim:

Buyer _____ Date/Time _____ ←
Print _____
Buyer _____ Date/Time _____ ←
Print _____
Buyer _____ Date/Time _____ ←
Print _____
Buyer _____ Date/Time _____ ←
Print _____

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IF YOU DID NOT CLAIM AN EXCLUSION IN SECTION 1, YOU MUST FILL OUT THIS SECTION

Section 2. SELLER'S PROPERTY DISCLOSURE STATEMENT:
(NOT A WARRANTY) (ORS 105.464)

NOTICE TO THE BUYER: THE FOLLOWING REPRESENTATIONS ARE MADE BY THE SELLER(S) CONCERNING THE CONDITION OF THE PROPERTY LOCATED AT 5266-5586 Upper Cow Creek Rd, Azalea, OR 97410 (THE "PROPERTY").

DISCLOSURES CONTAINED IN THIS FORM ARE PROVIDED BY THE SELLER ON THE BASIS OF SELLER'S ACTUAL KNOWLEDGE OF THE PROPERTY AT THE TIME OF DISCLOSURE. BUYER HAS FIVE BUSINESS DAYS FROM THE SELLER'S DELIVERY OF THIS SELLER'S DISCLOSURE STATEMENT TO REVOKE BUYER'S OFFER BY DELIVERING BUYER'S SEPARATE SIGNED WRITTEN STATEMENT OF REVOCATION TO THE SELLER DISAPPROVING THE SELLER'S DISCLOSURE STATEMENT, UNLESS BUYER WAIVES THIS RIGHT AT OR PRIOR TO ENTERING INTO A SALE AGREEMENT.

FOR A MORE COMPREHENSIVE EXAMINATION OF THE SPECIFIC CONDITION OF THIS PROPERTY, BUYER IS ADVISED TO OBTAIN AND PAY FOR THE SERVICES OF A QUALIFIED SPECIALIST TO INSPECT THE PROPERTY ON BUYER'S BEHALF INCLUDING, FOR EXAMPLE, ONE OR MORE OF THE FOLLOWING: ARCHITECTS, ENGINEERS, PLUMBERS, ELECTRICIANS, ROOFERS, ENVIRONMENTAL INSPECTORS, BUILDING INSPECTORS, CERTIFIED HOME INSPECTORS, OR PEST AND DRY ROT INSPECTORS.

Seller (*select one*) ☑ is ☐ is not occupying the Property.

I. SELLER'S REPRESENTATIONS

The following are representations made by Seller and are not the representations of any financial institution that may have made or may make a loan pertaining to the Property, or that may have or take a security interest in the Property, or any real estate licensee engaged by Seller or Buyer.

(*Select or fill in an answer to each question below. Select "N/A" if a question is not applicable to the Property.*)

If you mark "Yes" on items with *, attach a copy or explain on an attached sheet.

1. TITLE

A. Do you have legal authority to sell the Property? ☑ Yes ☐ No ☐ Unknown

B. **Is title to the Property subject to any of the following?* ☐ Yes* ☑ No ☐ Unknown
☐ First right of refusal ☐ Option ☐ Lease or rental agreement ☐ Other listing ☐ Life estate

C. **Is the Property being transferred an unlawfully established unit of land?* ☐ Yes* ☑ No ☐ Unknown

D. **Are there any encroachments, boundary agreements, boundary disputes or recent boundary changes?* ☐ Yes* ☑ No ☐ Unknown

E. **Are there any rights of way, easements, licenses, access limitations or claims that may affect your interest in the Property?* ☑ Yes* ☐ No ☐ Unknown

F. **Are there any agreements for joint maintenance of an easement or right of way?* ☐ Yes* ☑ No ☐ Unknown

G. **Are there any governmental studies, designations, zoning overlays, surveys or notices that would affect the Property?* ☐ Yes* ☑ No ☐ Unknown

H. **Are there any pending or existing governmental assessments against the Property?* ☐ Yes* ☑ No ☐ Unknown

I. **Are there any zoning violations or nonconforming uses?* ☐ Yes* ☑ No ☐ Unknown

Buyer Initials _____ / _____ / _____ / _____

Seller Initials PN / MN / _____ / _____

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J. *Is there a boundary survey for the Property? ☐ Yes* ☐ No ☑ Unknown

K. *Are there any covenants, conditions, restrictions or private assessments that affect the Property? ☐ Yes* ☑ No ☐ Unknown

L. *Is the Property subject to any special tax assessment or tax treatment that may result in levy of additional taxes if the Property is sold? ☐ Yes* ☑ No ☐ Unknown

2. WATER

A. Household water

(1) The source of the water is (*select ALL that apply*): ☐ Public ☐ Community ☑ Private ☐ Other (*specify*) _____

(2) Water source information:

a. *Does the water source require a water permit? ☐ Yes* ☑ No ☐ Unknown
If yes, do you have a permit? ☐ Yes ☐ No ☐ Unknown ☑ N/A

b. Is the water source located on the Property? ☑ Yes ☐ No ☐ Unknown ☐ N/A
If not, are there any written agreements for a shared water source? ☐ Yes ☐ No ☐ Unknown ☑ N/A

c. *Is there an easement (recorded or unrecorded) for your access to or maintenance of the water source? ☐ Yes* ☑ No ☐ Unknown

d. If the source of water is from a well or spring, have you had any of the following in the past 12 months? ☑ Yes ☐ No ☐ Unknown ☐ N/A
☐ Flow test ☑ Bacteria test ☐ Chemical contents test

e. *Are there any water source plumbing problems or needed repairs? ☑ Yes* ☐ No ☐ Unknown

(3) Are there any water treatment systems for the Property? ☑ Yes ☐ No ☐ Unknown
☐ Leased ☑ Owned

B. Irrigation

(1) Are there any ☑ water rights or ☐ other irrigation rights for the Property? ☑ Yes ☐ No ☐ Unknown

(2) *If any exist, has the irrigation water been used during the last five-year period? ☑ Yes* ☐ No ☐ Unknown ☐ N/A

(3) *Is there a water rights certificate or other written evidence available? ☑ Yes* ☐ No ☐ Unknown ☐ N/A

C. Outdoor sprinkler system

(1) Is there an outdoor sprinkler system for the Property? ☐ Yes ☑ No ☐ Unknown

(2) Has a back flow valve been installed? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(3) Is the outdoor sprinkler system operable? ☐ Yes ☐ No ☐ Unknown ☑ N/A

3. SEWAGE SYSTEM

A. Is the Property connected to a public or community sewage system? ☐ Yes ☑ No ☐ Unknown

B. Are there any new public or community sewage systems proposed for the Property? ☐ Yes ☑ No ☐ Unknown

C. Is the Property connected to an on-site septic system? ☑ Yes ☐ No ☐ Unknown

(1) If yes, when was the system installed? _____ ☑ Unknown ☐ N/A

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(2) *If yes, was the system installed by permit? ☐ Yes* ☐ No ☑ Unknown ☐ N/A

(3) *Has the system been repaired or altered? ☐ Yes* ☐ No ☑ Unknown ☐ N/A

(4) *Has the condition of the system been evaluated and a report issued? ☑ Yes* ☐ No ☐ Unknown ☐ N/A

(5) Has the septic tank ever been pumped? ☑ Yes ☐ No ☐ Unknown ☐ N/A
If yes, when? Summer of 2025 ☐ N/A

(6) Does the system have a pump? ☐ Yes ☑ No ☐ Unknown ☐ N/A

(7) Does the system have a treatment unit such as a sand filter or an aerobic unit? ☐ Yes ☑ No ☐ Unknown ☐ N/A

(8) *Is a service contract for routine maintenance required for the system? ☐ Yes* ☑ No ☐ Unknown ☐ N/A

(9) Are all components of the system located on the Property? ☑ Yes ☐ No ☐ Unknown ☐ N/A

D. *Are there any sewage system problems or needed repairs? ☐ Yes* ☑ No ☐ Unknown

E. Does your sewage system require on-site pumping to another level? ☐ Yes ☑ No ☐ Unknown

4. DWELLING INSULATION

A. Is there insulation in the:

(1) Ceiling? ☐ Yes ☐ No ☑ Unknown

(2) Exterior walls? ☐ Yes ☐ No ☑ Unknown

(3) Floors? ☐ Yes ☐ No ☑ Unknown

B. Are there any defective insulated doors or windows? ☑ Yes ☐ No ☐ Unknown

5. DWELLING STRUCTURE

A. *Has the roof leaked? ☑ Yes* ☐ No ☐ Unknown
If yes, has it been repaired? ☐ Yes ☐ No ☑ Unknown ☐ N/A

B. Are there any additions, conversions or remodeling? ☑ Yes ☐ No ☐ Unknown
If yes, was a building permit required? ☐ Yes ☐ No ☑ Unknown ☐ N/A
If yes, was a building permit obtained? ☐ Yes ☐ No ☑ Unknown ☐ N/A
If yes, was final inspection obtained? ☐ Yes ☐ No ☑ Unknown ☐ N/A

C. Are there smoke alarms or detectors? ☑ Yes ☐ No ☐ Unknown

D. Are there carbon monoxide alarms? ☑ Yes ☐ No ☐ Unknown

E. Is there a woodstove or fireplace insert included in the sale? ☑ Yes ☐ No ☐ Unknown
*If yes, what is the make? fire view wood heater model 360
If yes, was it installed with a permit? ☐ Yes ☐ No ☑ Unknown ☐ N/A
If yes, is a certification label issued by the United States Environmental Protection Agency (EPA) or the Department of Environmental Quality (DEQ) affixed to it? ☐ Yes ☐ No ☑ Unknown ☐ N/A

F. *Has pest and dry rot, structural or "whole house" inspection been done within the last three years? ☐ Yes* ☐ No ☑ Unknown

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G. *Are there any moisture problems, areas of water penetration, mildew odors or other moisture conditions (especially in the basement)? ☑ Yes* ☐ No ☐ Unknown
*If yes, explain on attached sheet the frequency and extent of problem and any insurance claims, repairs or remediation done.

H. Is there a sump pump on the Property? ☐ Yes ☑ No ☐ Unknown

I. Are there any materials used in the construction of the structure that are or have been the subject of a recall, class action suit, settlement or litigation? ☐ Yes ☐ No ☑ Unknown
If yes, what are the materials? _____

(1) Are there problems with the materials? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(2) Are the materials covered by a warranty? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(3) Have the materials been inspected? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(4) Have there ever been claims filed for these materials by you or by previous owners? ☐ Yes ☐ No ☐ Unknown ☑ N/A
If yes, when? _____ ☑ N/A

(5) Was money received? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(6) Were any of the materials repaired or replaced? ☐ Yes ☐ No ☐ Unknown ☑ N/A

6. DWELLING SYSTEMS AND FIXTURES

If the following systems or fixtures are included in the purchase price, are they in good working order on the date this form is signed?

A. Electrical system, including wiring, switches, outlets and service ☑ Yes ☐ No ☐ Unknown

B. Plumbing system, including pipes, faucets, fixtures and toilets ☑ Yes ☐ No ☐ Unknown

C. Water heater tank ☑ Yes ☐ No ☐ Unknown

D. Garbage disposal ☐ Yes ☐ No ☐ Unknown ☑ N/A

E. Built-in range and oven ☑ Yes ☐ No ☐ Unknown ☐ N/A

F. Built-in dishwasher ☐ Yes ☐ No ☐ Unknown ☑ N/A

G. Sump pump ☐ Yes ☐ No ☐ Unknown ☑ N/A

H. Heating and cooling systems

(1) Heating systems ☐ Yes ☐ No ☑ Unknown ☐ N/A

(2) Cooling systems ☐ Yes ☐ No ☐ Unknown ☑ N/A

I. Security system ☐ Owned ☐ Leased ☐ Yes ☐ No ☐ Unknown ☑ N/A

J. Are there any materials or products used in the systems and fixtures that are or have been the subject of a recall, class action suit settlement or litigation? ☐ Yes ☐ No ☑ Unknown
If yes, what product? _____

(1) Are there problems with the product? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(2) Is the product covered by a warranty? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(3) Has the product been inspected? ☐ Yes ☐ No ☐ Unknown ☑ N/A

Buyer Initials _____ / _____ / _____ / _____

Seller Initials PN / MN / _____ / _____

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(4) Have claims been filed for this product by you or by previous owners? ☐ Yes ☐ No ☐ Unknown ☑ N/A
If yes, when? _____

(5) Was money received? ☐ Yes ☐ No ☐ Unknown ☑ N/A

(6) Were any of the materials or products repaired or replaced? ☐ Yes ☐ No ☐ Unknown ☑ N/A

7. COMMON INTEREST

A. Is there a Home Owners' Association or other governing entity? ☐ Yes ☑ No ☐ Unknown
Name of Association or Other Governing Entity: _____
Contact Person: _____
Address: _____
Phone Number: _____

B. Regular periodic assessments: $_____ per ☐ Month ☐ Year ☐ Other _____

C. **Are there any pending or proposed special assessments?* ☐ Yes* ☑ No ☐ Unknown

D. Are there shared "common areas" or joint maintenance agreements for facilities like walls, fences, pools, tennis courts, walkways or other areas co-owned in undivided interest with others? ☐ Yes ☑ No ☐ Unknown

E. Is the Home Owners' Association or other governing entity a party to pending litigation or subject to an unsatisfied judgment? ☐ Yes ☐ No ☐ Unknown ☑ N/A

F. Is the Property in violation of recorded covenants, conditions and restrictions or in violation of other bylaws or governing rules, whether recorded or not? ☐ Yes ☐ No ☐ Unknown ☑ N/A

8. SEISMIC

A. Was the house constructed before 1974? ☑ Yes ☐ No ☐ Unknown
If yes, has the house been bolted to its foundation? ☐ Yes ☐ No ☑ Unknown ☐ N/A

9. GENERAL

A. Are there problems with settling, soil, standing water or drainage on the Property or in the immediate area? ☐ Yes ☑ No ☐ Unknown

B. Does the Property contain fill? ☐ Yes ☐ No ☑ Unknown

C. Is there any material damage to the Property or any of the structure(s) from fire, wind, floods, beach movements, earthquake, expansive soils or landslides? ☐ Yes ☑ No ☐ Unknown

D. Is the Property in a designated floodplain? ☐ Yes ☐ No ☑ Unknown
Note: Flood insurance may be required for homes in a floodplain.

E. Is the Property in a designated slide or other geologic hazard zone? ☐ Yes ☑ No ☐ Unknown

F. **Has any portion of the Property been tested or treated for asbestos, formaldehyde, radon gas, lead-based paint, mold, fuel or chemical storage tanks or contaminated soil or water?* ☐ Yes* ☐ No ☑ Unknown

G. Are there any tanks or underground storage tanks (for example, septic, chemical, fuel, etc.) on the Property? ☑ Yes ☐ No ☐ Unknown

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H. Has the Property ever been used as an illegal drug manufacturing or distribution site? ☐ Yes ☐ No ☑ Unknown

If yes, was a Certificate of Fitness issued? ☐ Yes ☐ No ☑ Unknown ☐ N/A

10. FULL DISCLOSURE BY SELLER(S)

A. *Are there any other material defects affecting this Property or its value that a prospective buyer should know about? ☑ Yes* ☐ No

*If yes, describe the defect on attached sheet and explain the frequency and extent of the problem and any insurance claims, repairs or remediation.

VERIFICATION

The foregoing answers and attached explanations (if any) are complete and correct to the best of my/our knowledge and I/we have received a copy of this disclosure statement. I/we authorize my/our agents to deliver a copy of this disclosure statement to all prospective buyers of the Property or their agents.

Total number of pages attached, including all addenda, reports, or any other documents. (*complete even if zero*) 17

Seller Peter Nagy Date/Time 08/16/2026, 08:30:29 AM PDT ←

Print Peter Nagy

Seller Madeline Nagy Date/Time 08/14/2026, 06:52:14 AM PDT ←

Print Madeline Nagy

Seller _____ Date/Time _____ ←

Print _____

Seller _____ Date/Time _____ ←

Print _____

II. BUYER'S ACKNOWLEDGMENT

A. As buyer(s), I/we acknowledge the duty to pay diligent attention to any material defects that are known to me/us or can be known by me/us by utilizing diligent attention and observation.

B. Each Buyer acknowledges and understands that the disclosures set forth in this statement and in any amendments to this statement are made only by Seller and are not representations of any financial institution that may have made or may make a loan pertaining to the Property, or that may have or take a security interest in the Property, or of any real estate licensee engaged by Seller or Buyer. A financial institution or real estate licensee is not bound by and has no liability with respect to any representation, misrepresentation, omission, error or inaccuracy contained in another party's disclosure statement required by this section or any amendment to the disclosure statement.

C. Buyer (which term includes all persons signing the "buyer's acknowledgment" portion of this disclosure statement below) hereby acknowledges receipt of a copy of this disclosure statement (including attachments, if any) bearing Seller's signature(s).

DISCLOSURES, IF ANY, CONTAINED IN THIS FORM ARE PROVIDED BY THE SELLER ON THE BASIS OF SELLER'S ACTUAL KNOWLEDGE OF THE PROPERTY AT THE TIME OF DISCLOSURE. IF THE SELLER HAS FILLED OUT SECTION 2 OF THIS FORM, YOU, THE BUYER, HAVE FIVE BUSINESS DAYS FROM THE SELLER'S DELIVERY OF THIS DISCLOSURE STATEMENT TO REVOKE YOUR OFFER BY DELIVERING YOUR SEPARATE SIGNED WRITTEN STATEMENT OF REVOCATION TO THE SELLER DISAPPROVING THE SELLER'S DISCLOSURE UNLESS YOU WAIVE THIS RIGHT AT OR PRIOR TO ENTERING INTO A SALE AGREEMENT.

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BUYER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS SELLER'S PROPERTY DISCLOSURE STATEMENT.

Buyer _____ Date/Time _____ ←
Print _____

Buyer _____ Date/Time _____ ←
Print _____

Buyer _____ Date/Time _____ ←
Print _____

Buyer _____ Date/Time _____ ←
Print _____

Agent receiving disclosure statement on Buyer's behalf to sign and date:

Real Estate Agent _____ ← Real Estate Firm (*identify*) _____

Date received by Agent _____

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SELLER'S PROPERTY DISCLOSURE STATEMENT ADDENDUM

Property Address or Tax ID # 5266-5586 Upper Cow Creek Rd, Azalea, OR 97410 (the "Property")

Responses marked "Yes" on items with an * require a written explanation. See below.

Question # 1.E.
Details: power pole easement
Attachment Identified as:

Question # 10.A
Details: the outbuilding have various ages and conditions and repairs needed
Attachment Identified as:

Question # 4.B.
Details: one pane of a double pane window is broken
Attachment Identified as:

Question # 5.A.
Details: Metal roof of "pool room" add-on has leak
Attachment Identified as:

Question # 5.E.
Details: fire view wood heater model 360
Attachment Identified as:

Seller Peter Nagy Date/Time 08/16/2026, 08:30:29 AM PDT ←
Print Peter Nagy

Seller Madeline Nagy Date/Time 08/14/2026, 06:52:14 AM PDT ←
Print Madeline Nagy

Seller _____ Date/Time _____ ←
Print _____

Seller _____ Date/Time _____ ←
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Responses marked "Yes" on items with an * require a written explanation. See below.

Question # 5.G.
Details: the "pool room" add-on has water damage from the leak
Attachment Identified as:

Question # 9.G.
Details: water tanks, not currently in use; septic
Attachment Identified as:

Question # 2.A.3.
Details: UV filters
Attachment Identified as:

Question # 2.B.2.
Details: irrigating fields and filling pond
Attachment Identified as:

Question # 2.B.3.
Details: see attached
Attachment Identified as:

Seller Peter Nagy Date/Time 08/16/2026, 08:30:29 AM PDT
Print Peter Nagy
Seller Madeline Nagy Date/Time 08/14/2026, 06:52:14 AM PDT
Print Madeline Nagy
Seller _____ Date/Time _____
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Seller _____ Date/Time _____
Print _____

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SELLER'S PROPERTY DISCLOSURE STATEMENT ADDENDUM

Property Address or Tax ID # 5266-5586 Upper Cow Creek Rd, Azalea, OR 97410 (the "Property")

Responses marked "Yes" on items with an * require a written explanation. See below.

Question # 3.C.4.
Details: 5586 Septic was professionally inspected in 2027 and verified by county

Attachment Identified as:

Question # 2.A.2.e.
Details: for the 5266. The well has not been used since Aug. 2025. The water storage tank that was previously used needs to be cleaned.

Attachment Identified as:

Question #
Details:

Attachment Identified as:

Question #
Details:

Attachment Identified as:

Question #
Details:

Attachment Identified as:

Seller Peter Nagy Date/Time 08/16/2026, 08:30:29 AM PDT ←
Print Peter Nagy

Seller Madeline Nagy Date/Time 08/14/2026, 06:52:14 AM PDT ←
Print Madeline Nagy

Seller Date/Time ←
Print

Seller Date/Time ←
Print

Buyer Initials _____ / _____ / _____ / _____

LINES WITH THIS SYMBOL ← REQUIRE A SIGNATURE AND DATE **OREF 028 | Released 01/2026 | Page 1 of 1**

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Created by Justin Burton with SkySlope® Breeze.

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I-2025-4

CONTRACT FOR PURCHASE OF AGRICULTURAL WATER FROM GALESVILLE PROJECT

This contract is made on November 24th, 2025 between Douglas County, a political subdivision of the State of Oregon, ("County"), and Maddie Nagy, ("Customer").

COUNTY AND CUSTOMER AGREE:

1. TERM AND RENEWAL:

1.1. The initial term of this contract shall begin on March 1, 2026 and end on December 31, 2035, unless it is sooner terminated as provided herein.

1.2. As used in this contract, unless the context clearly indicates otherwise, "term" or "term of this contract" shall mean both the initial term and any extension.

1.3. Customer shall have the right to extend the term of this contract for two successive periods of ten years each upon the following conditions:

1.3.1. Approximately ninety days prior to expiration of the contract term, County shall notify Customer in writing that Customer has the right to extend the term at the price set pursuant to section 11.

1.3.2. Customer may elect to extend the contract term by written notice to County within thirty days after County gives notice of the right to extend. Concurrently with written notice of extension Customer may request the Board of Commissioners to review and reduce the price of water in accordance with subsection 11.5.

1.3.3. No other act or agreement shall be required of the parties to effect the extension after Customer gives proper notice of election to extend the contract term.

1.3.4. Each extension shall commence on the day following the termination date of the initial term or the preceding extension.

1.4. The provisions of this contract shall apply to any extension except for changes in the purchase price pursuant to section 11; modifications required to comply with federal or state statutes, regulations, or administrative rules; or modifications required to comply with any contract between County and the United States concerning the Galesville Project.

1.5. Customer shall not be entitled to extend the term of this contract if Customer is in default under this contract at the time extension is requested by Customer.

2. AUTHORITY OF PUBLIC WORKS DIRECTOR:

2.1. The Director of the Douglas County Public Works Department (the Director) has authority to administer this contract on behalf of County.

2.2. The Director may delegate authority to administer this contract to the Manager of the County Public Works Department, Natural Resources Division (the Division Manager), except for authority to establish the price of water under section 11 of this

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BEELER

SEPTIC • SEWER • GAS • POWER • WATER

Existing Septic System Report

5586 Upper Cow Creek Road, Azalea, OR

CCB 229243

BeelerExcavation.com

DigiSign Verified - ab79e547-5da4-4591-b7a4-c871aaa6e3e8

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

Septic System Owner-Provided Information:

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

Site Address: 5586 Upper Cow Creek Road City: Azalea Zip Code: _____

County: Douglas Lot Size: 15.11 Acres/Square Feet (circle units)

Legal Description: Map 310433 Tax Lot 1000

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.

2/02/2026 Dominic Florez

Date (MM/DD/YYYY) Signature of Owner, or agent if present

Name of person performing evaluation (please print): Dominic Florez

Certification:

- ☑ Installer
- ☑ Maintenance Provider
- ☐ National Association of Wastewater Technicians
- ☑ Other: DEQ approved in writing (please describe) Pumper
- ☐ Professional Engineer
- ☐ Environmental Health Specialist
- ☐ Waste Water Specialist

Certification Number: DEQ 37834

Business name Beeler Excavation LLC Email info@beelerexcavation.com

Business address 109 Cumberland Dr., Grants Pass, OR Phone 541.660.2953

Date of Evaluation: 1/27/2026 (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.

2/02/2026 Dominic Florez

Date (MM/DD/YYYY) Signature of Qualified Septic System Evaluator

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

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:

  Flush test not performed.

- 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):

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- 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:
  Visual inspection of the septic tank was performed without pumping.

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

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- 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):

  The distribution boxes were discovered and each leg of the aborption system was located.
  The apsorption system appeared to be adequately functioning at this time.
- 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

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- Locate all drain lines in soil absorption system ☐Yes ☐No

  Total length of drain lines 280 (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

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- 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 _____

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- 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:
  No public records found.

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:
  See attached.

  Next page left blank intentionally.

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.

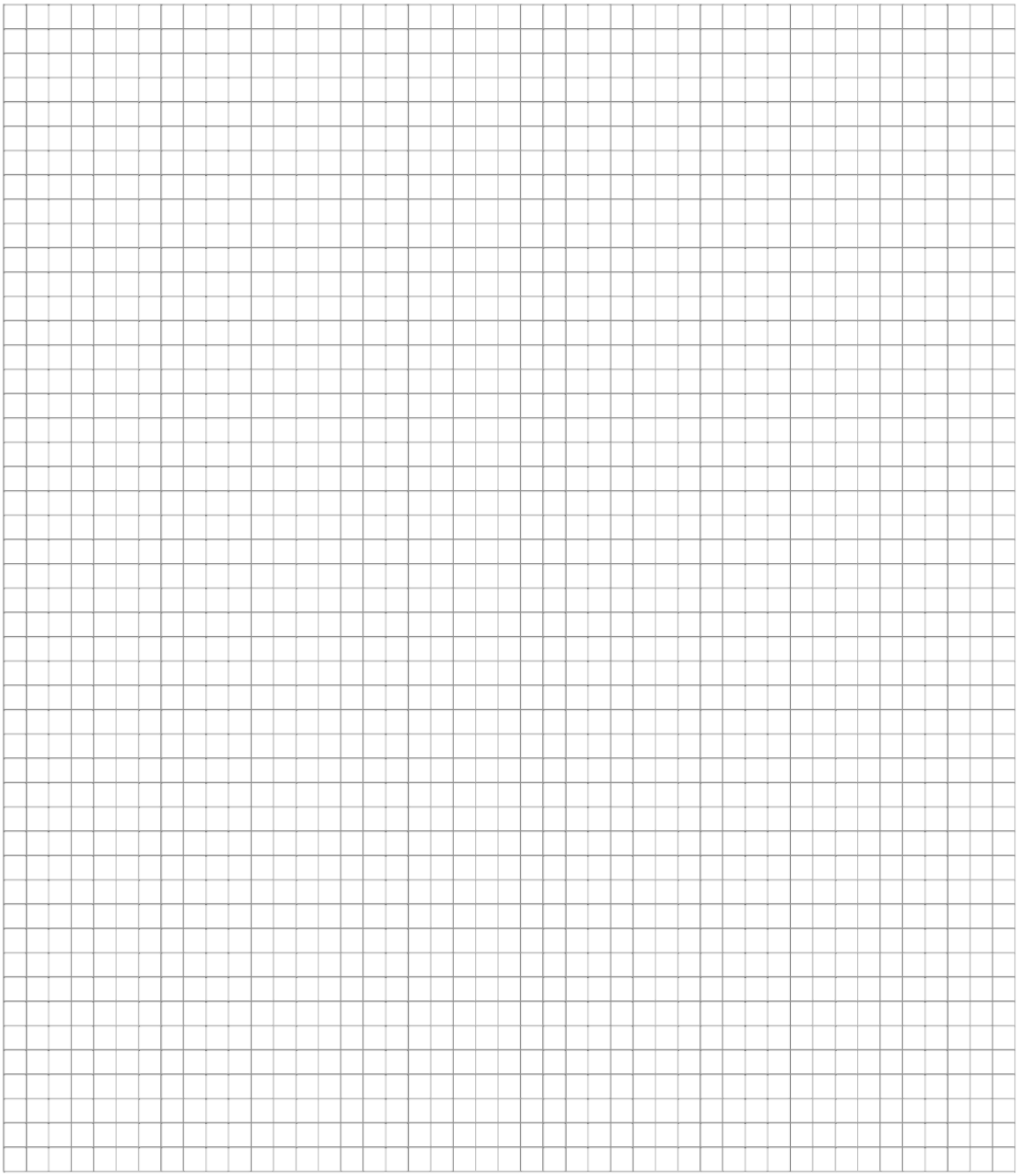
11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

2/02/2026 Dominic Florez

Date Signature of Qualified Septic System Evaluator

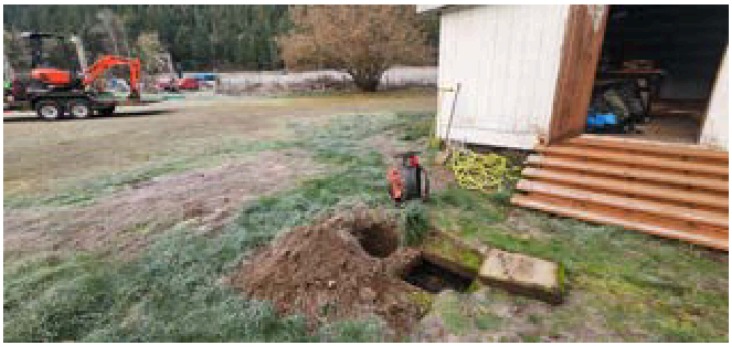
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Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**

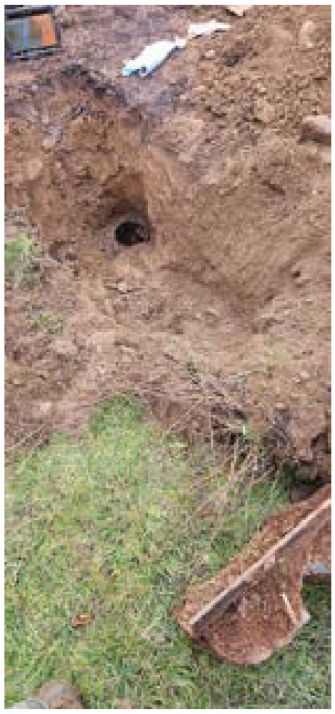


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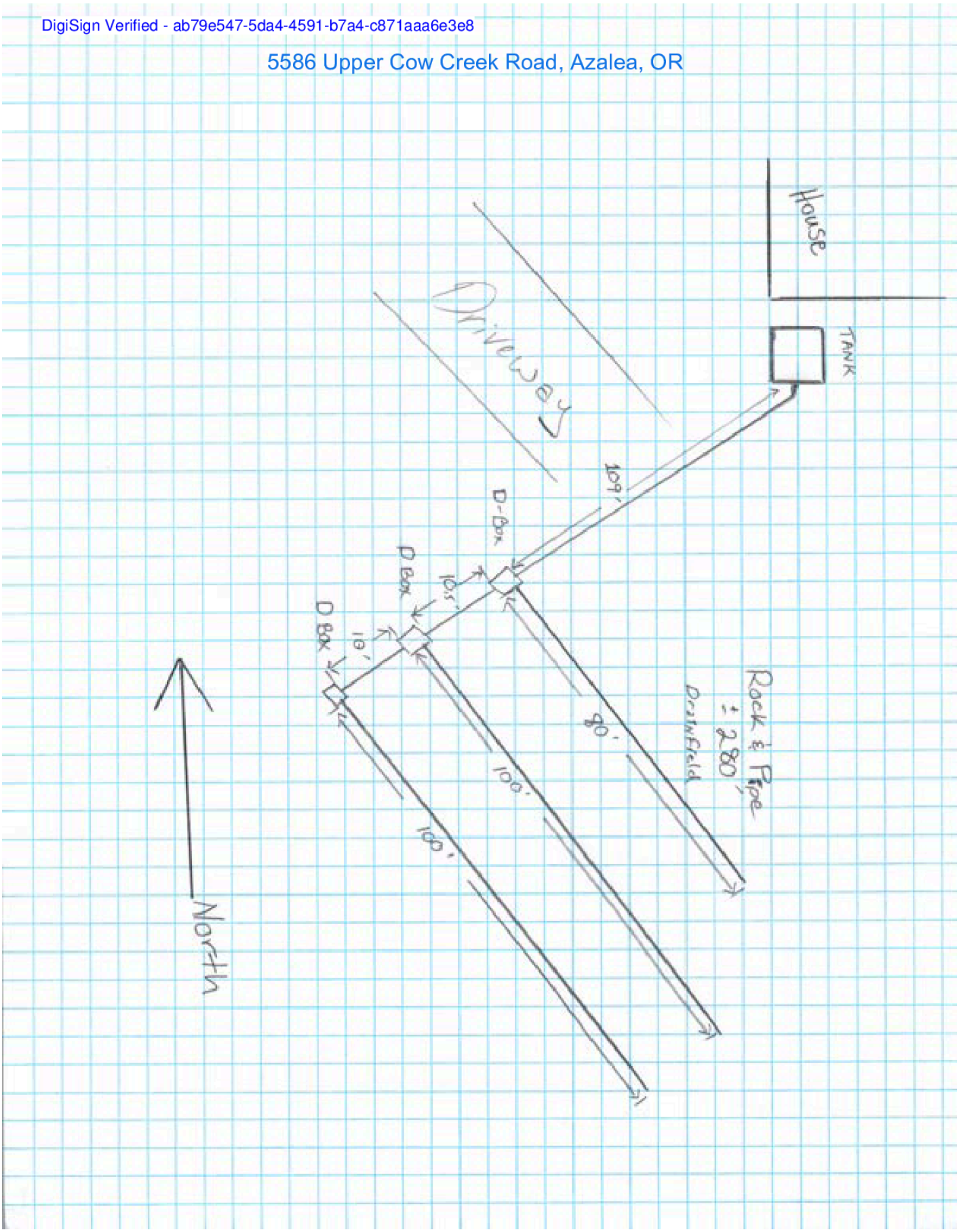






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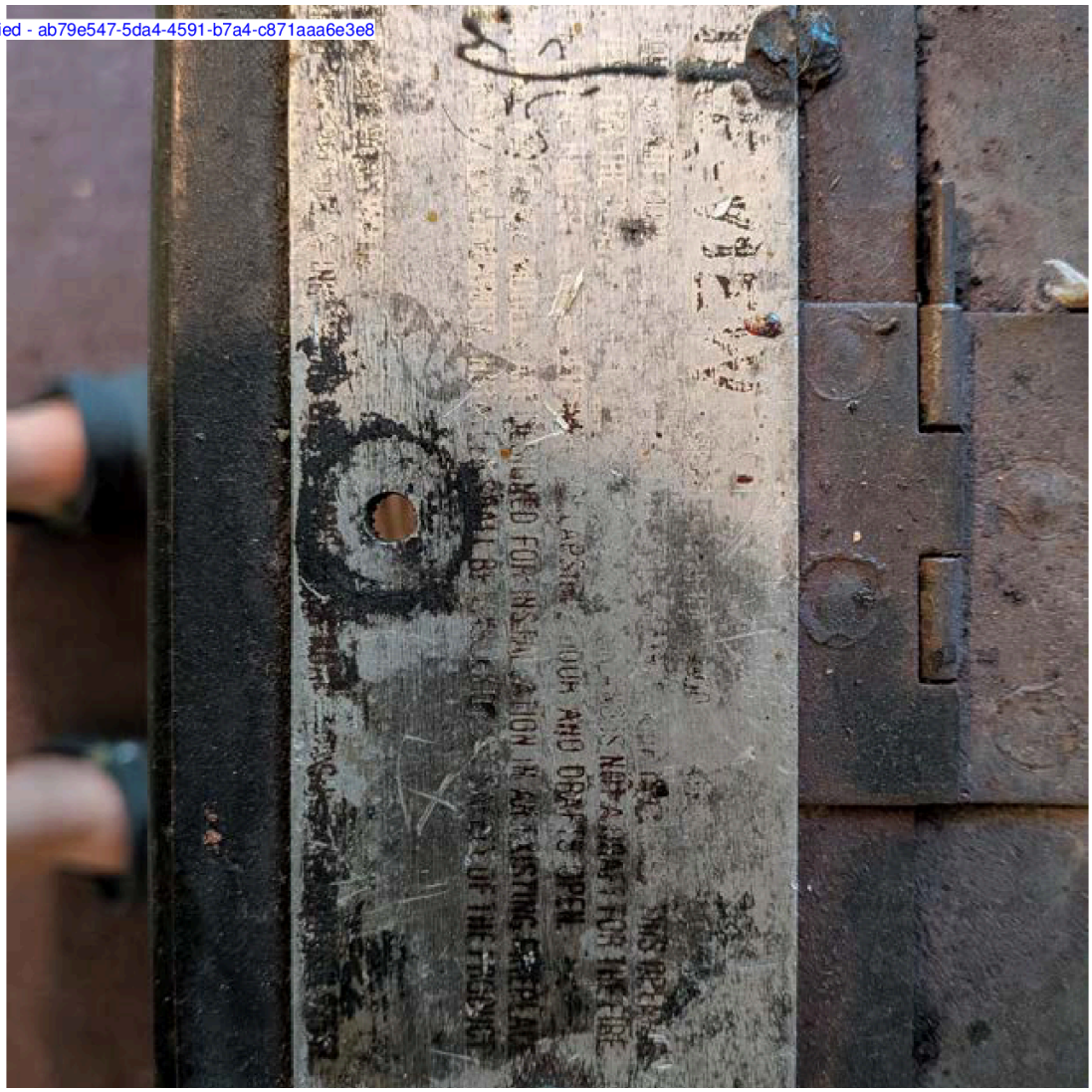
5586 Upper Cow Creek Road, Azalea, OR



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(Partial) ASSIGNED, See Misc. Rec., Vol. 6 Page 1417 18, 19 1420

Application No. 56900 Permit No. 43055

RECEIVED
DEC 5 1977
WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON WATER RESOURCES DEPARTMENT

Application for Permit to Appropriate Surface Water

I, Neil M. Thuresson (Name of Applicant)

of Box 38 Cow Creek Rd. (Mailing Address), Azalea (City)

State of Oregon, 97410 (Zip Code) Phone No. 837-3546 do hereby

make application for a permit to appropriate the following described waters of the State of Oregon:

1. The source of the proposed appropriation is Cow Creek & Ponds 1 & 2

, a tributary of South Umpqua River

*1-830 305

2. The point of diversion is to be located 72-1395 ft. S. (N. or S.) and 250 ft. W. (E. or W.)

from the center 1/4 corner of Section 33, T. 31S., R. 4 W.W.M. (Public Land Survey Corner)

P.O.D. #3 located 280' S. & 580' E. from the Center 1/4

(If there is more than one point of diversion, each must be described)

corner of Sec. 33 being within the NW 1/4 SE 1/4.

#1 NE SW

being within the *2 SE 1/4 of the SW 1/4 of

Sec. 33 Tp. 31 S. (N. or S.) R. 4 W. (E. or W.), W. M., in the county of Douglas

3. Location of area to be irrigated, or place of use if other than irrigation.

Township	Range	Section	List 1/4 1/4 of Section	List use and/or number of acres to be irrigated
31S.	4 W.	33	SW 1/4 NE 1/4	11.2 A. irrigation from Cow Cr.
				24.6A Supp. irrig Ponds 1 & 2
			NW 1/4 SE 1/4	0.9 A irrigation from Cow Cr.
				22.2A Supp. irrig Ponds 1 & 2
			SW 1/4 SE 1/4	3.3 A irrigation from Cow Cr.
				3.3 A Supp. irrig Ponds 1 & 2
			SE 1/4 SW 1/4	2.8 A irrigation from Cow Cr.
				2.8A Supp. irrig Ponds 1 & 2
			NE 1/4 SW 1/4	3.0A irrigation from Cow Cr.
				6.0A Supp. irrig Ponds 1 & 2
				21 2 primary

				582 suppl (includes 213)

Form 690-1-0-1-77

"CERTIFICATE NO. 67137"

0.27 CFS. and

4. The amount of water which the applicant intends to apply to beneficial use is 5 A.F.

~~cubic feet per second~~ 0.27 CFS, Cow Creek, 5 A.F. From Ponds
(If water is to be used from more than one source, give quantity from each)

5. The use to which the water is to be applied is 0.27 CFS irrigation From Cow Creek. 5 A.F. From Ponds 1 & 2

6. DESCRIPTION OF WORKS

Include dimensions and type of construction of diversion dam and headgate, length and dimensions of supply ditch or pipeline, size and type of pump and motor, type of irrigation system to adequately describe the proposed distribution system.

7 1/2 hp elect. pump, 4" mainline, 3" laterals, 35 Rain Bird type sprinklers.

If for domestic use state number of families to be supplied

7. Construction work will begin on or before June 1, 1978

8. Construction work will be completed on or before June 1, 1979

9. The water will be completely applied to the proposed use on or before June 1, 1980

Application No. 56900 Permit No. 43055

43022

Remarks: Water from ponds to be mixed and used to supplement portions of P.# 27501 and lands currently being applied for.

THIS APPLICATION PREPARED BY:

Francis P. Gagnell

FROM INFORMATION FURNISHED BY THE APPLICANT.

x Phil M. Thomson
Signature of Applicant

Woodward Farms

This is to certify that I have examined the foregoing application, together with the accompanying maps and data, and return the same for

In order to retain its priority, this application must be returned to the Water Resources Director with corrections on or before ....., 19.....

WITNESS my hand this ..... *day of* ....., 19.....

..... *Water Resources Director*

By .....

This instrument was first received in the office of the Water Resources Director at Salem, Oregon, on the

This instrument was first received in the office of the Water Resources Director at Salem, Oregon, on the

5th day of December, 19 77, at 8:00 o'clock

a M.

Application No. 56900 Permit No. 43055

43022

Application No. 56900 Permit No. 43055

Permit to Appropriate the Public Waters of the State of Oregon

This is to certify that I have examined the foregoing application and do hereby grant the same SUBJECT TO EXISTING RIGHTS INCLUDING THE EXISTING FLOW POLICIES ESTABLISHED BY THE WATER POLICY REVIEW BOARD and the following limitations and conditions:

The right herein granted is limited to the amount of water which can be applied to beneficial use and shall not exceed 0.27 *cubic feet per second measured at the point of diversion from the stream, or its equivalent in case of rotation with other water users, from* Cow Creek, and 5.0 a.f. from two reservoirs to be constructed under application No. R 56899, permit No. R 7255.

The use to which this water is to be applied is irrigation and supplemental irrigation.

If for irrigation, this appropriation shall be limited to 1/70th *of one cubic foot per second or its equivalent for each acre irrigated* from direct flow and shall be further limited to a diversion of not to exceed 3½ acre feet per acre for each acre irrigated during the irrigation season of each year from direct flow and storage from reservoirs to be constructed under permit No. R 7255 , provided further that the right allowed herein shall be limited to any deficiency in the available supply of any prior right existing for the same land and shall not exceed the limitation allowed herein,

and shall be subject to such reasonable rotation system as may be ordered by the proper state officer.

The priority date of this permit is December 5, 1977

Actual construction work shall begin on or before June 1, 1979 *and shall thereafter be prosecuted with reasonable diligence and be completed on or before October 1, 19* 80

Complete application of the water to the proposed use shall be made on or before October 1, 19 81

WITNESS my hand this 1st *day of* June, *19* 78

James E. Sexson
Water Resources Director

STATE OF OREGON

COUNTY OF DOUGLAS

CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

THOMAS C. AND SUSAN M. SMITH, JR.
P.O. BOX 156
AZALEA, OREGON 97410

confirms the right to use the waters of COW CREEK AND 3.8 ACRE-FEET FROM RESERVOIRS 1 AND 2 CONSTRUCTED UNDER PERMIT R-7255, a tributary of SOUTH UMPQUA RIVER, for the purpose of IRRIGATION OF 4.3 ACRES AND SUPPLEMENTAL IRRIGATION OF 35.7 ACRES.

This right has been perfected under Permit 43055. The date of priority is DECEMBER 5, 1977. This right is limited to 0.06 CUBIC FOOT PER SECOND or its equivalent in case of rotation, measured at the point of diversion from the source.

The points of diversion are located as follows:

1 - NE 1/4 SW 1/4, SECTION 33, 670 FEET SOUTH AND 200 FEET WEST; 2 - SE 1/4 SW 1/4, SECTION 33, 1500 FEET SOUTH AND 160 FEET WEST, COW CREEK - NW 1/4 SE 1/4, SECTION 33, 225 FEET SOUTH AND 450 FEET EAST, ALL FROM THE CENTER 1/4 CORNER OF SECTION 33, T 31 S, R 4 W, W.M.

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-SEVENTIETH of one cubic foot per second (or its equivalent) and 3.5 acre-feet for each acre irrigated during the irrigation season of each year.

This right is limited to any deficiency in the available supply of any prior right existing for the same land.

A description of the place of use under this right, and to which this right is appurtenant, is as follows:

	PRIMARY - COW CREEK AND SUPPLEMENTAL FROM RESERVOIRS 1 AND 2	SUPPLEMENTAL RESERVOIRS 1 AND 2
SW 1/4 NE 1/4		13.2 ACRES
NE 1/4 SW 1/4	0.1 ACRE	2.1 ACRES
SE 1/4 SW 1/4	1.1 ACRES	
NW 1/4 SE 1/4	0.6 ACRE	16.1 ACRES
SW 1/4 SE 1/4	2.5 ACRES	

SECTION 33
TOWNSHIP 31 SOUTH, RANGE 4 WEST, W.M.

The right to the use of the water for the above purpose is restricted to beneficial use on the lands or place of use described. This right is subject to minimum flows established by the Water Resources Commission with an effective date prior to this right.

WITNESS the signature of the Water Resources Director, affixed FEBRUARY 26, 1992.

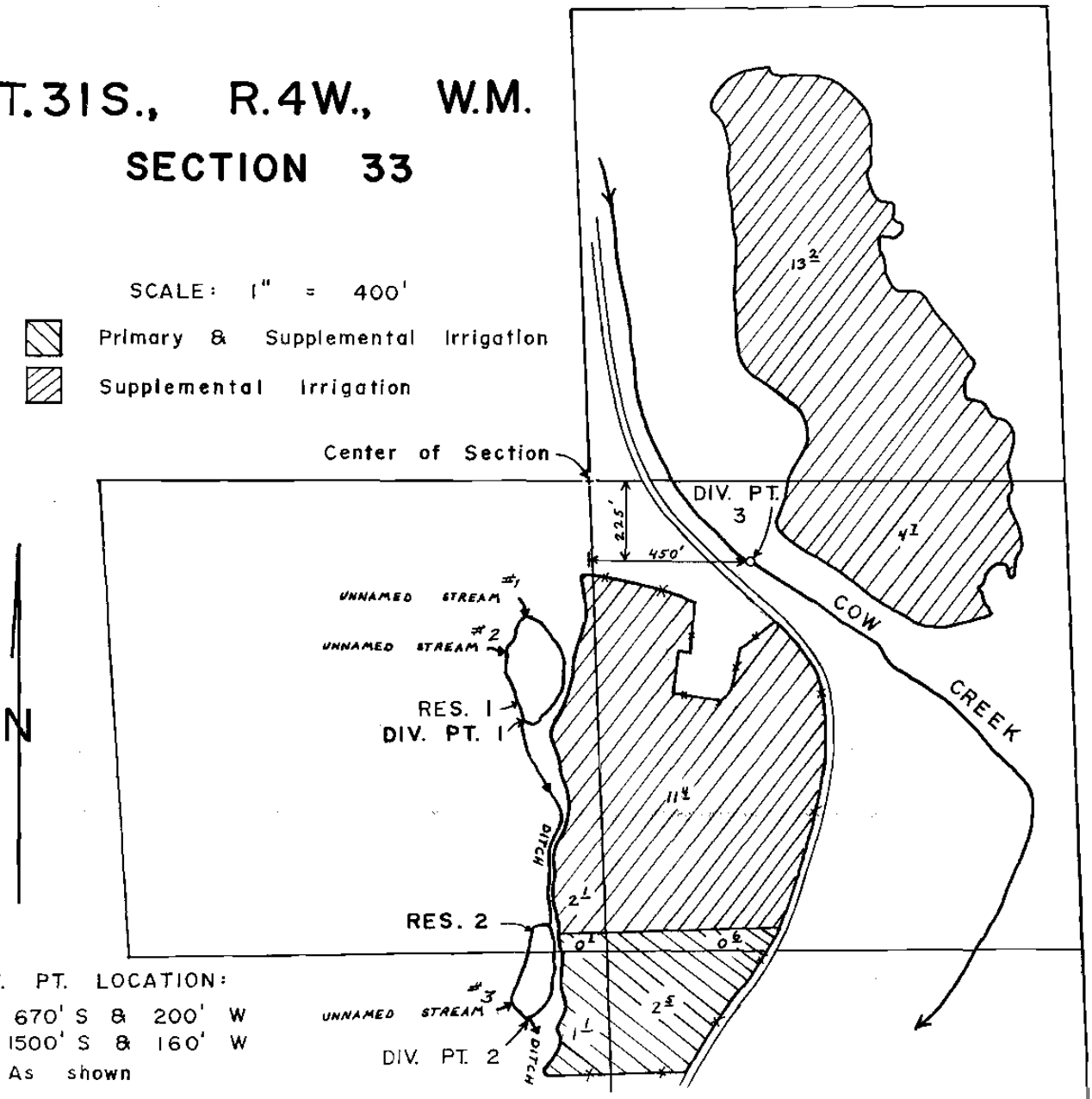
/s/ WILLIAM H. YOUNG
William H. Young

Recorded in State Record of Water Right Certificates numbered 67137.

56900.LMT

T.31S., R.4W., W.M.

SECTION 33



DIV. PT. LOCATION:

1) 670' S & 200' W
2) 1500' S & 160' W
3) As shown

All from the center of Sec. 33

FINAL PROOF SURVEY

UNDER

R- 56899 R- 7255

Application No. 56900 Permit No. 43055

IN NAME OF

THOMAS C. & SUSAN M. SMITH, JR.

Surveyed Oct. 6, 7 1983, by L. E. Cashion

T31S R4W Sec 33/76-108-39 LEC

ASSIGNED, See Misc. Rec., Vol. 6 Page 1145 18, 19, 1420

Application No. R-56899 Permit No. R 7255

RECEIVED
DEC 5 1977
WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON WATER RESOURCES DEPARTMENT

Application for a Permit to Construct a Reservoir

I, Neil M. Thuresson
(Name of Applicant)

of Box 38 Cow Creek Road, Azalea
(Mailing Address) (City)

State of Oregon, 97410, Phone No. 837-3546
(Zip Code)

do hereby make application for a permit to construct the 2 Unnamed reservoirs

and to store the unappropriated waters of the State of Oregon, subject to existing rights.
Unnamed stream #1 - 1.5 A.F. } Pond #1 Unnamed stream #3 - 1 A.F. } Pond #2
Unnamed stream #2 - 1.5 A.F. } Unnamed stream #4 - 1 A.F. }

1. The name of the stream from which the reservoir is to be filled is
with and diffuse made
up from Cow Creek tributary to South Umpqua River

2. If not in channel of a stream, state how it is to be filled. Water to be pumped from
Cow Creek if streams 1, 2, 3 & 4 will not fill ponds.

3. The dam will be located in the #1 NE #2 SE ¼ of the SW ¼ of Section 33,
Township 31 S., Range 4 W., W. M.
#1 - 7 S

4. The maximum height will be #1 - 6.0 #2 - 7.0 feet above stream bed or ground surface at the
centerline. The top width will be #1 } 8 #2 } feet, slope of upstream face 3:1,
slope of downstream face 2:1, and height of dam above water line when full
2.5 feet.

5. The dam will be (check one) X earthfill, ... concrete, ... flashboard, ... other.
If "other", give description: Both ponds will be partially dug.

6. *Give the location, description, and dimensions of the outlet conduit:* Partially dug ponds, no conduit.

(All dams across natural stream channels must be provided with an outlet conduit, of such capacity and location to pass the normal flow of the stream at any time)

Form 690-2-0-1-77

"CERTIFICATE NO. 67136"

Application No. R-56899 R 7255 Permit No.

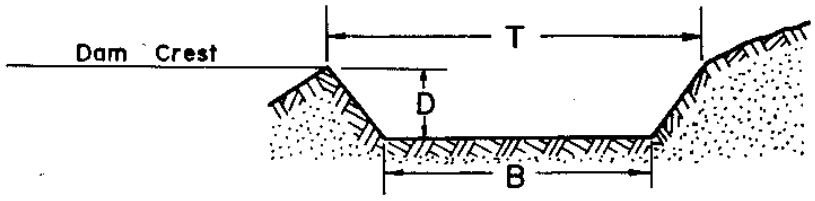
7. The impounded water will be used for Irrigation

#1 - 3 A.F.
8. The amount of water to be stored is #2 - 2 A.F. Total 5 acre feet.

#1 - 1 A
9. The area submerged by the reservoir, when full, will be #2 - .5 A acres,

#1 - 15
and the maximum depth of water will be #2 - 10 feet.

#1 - in native earth at SW side of dam.
10. Give the location and dimensions of the spillway #2 - ditch through center of dam.
(State whether over or around dam)



#1 - 4.0
The bottom width of the spillway, B, will be #2 - 3.0 feet.

#1 - 6.0
The top width of the spillway, T, will be #2 - 4.0 feet.

The distance between the crest of the dam and the crest of the spillway, D, will be 2 1/2 feet.
(Must be at least 2½ feet)

If any other type of spillway describe and give dimensions:

11. Construction work will begin on or before 1-1-78

12. Construction work will be completed and the reservoir filled by 1-1-79

Remarks: Streams 1, 2, 3 & 4 are seasonal streams and it may be necessary to fill the ponds from canal during extremly dry years.

THIS APPLICATION PREPARED BY:

Francis P. Caywood

FROM INFORMATION FURNISHED BY THE APPLICANT.

x Milton M. Henson

Signature of Applicant

This is to certify that I have examined the foregoing application, together with the accompanying maps and data, and return the same for

In order to retain its priority, this application must be returned to the Water Resources Director with corrections on or before, 19.....

WITNESS my hand this ..... *day of* ....., 19.....

..... *Water Resources Director*

By .....

This instrument was first received in the office of the Water Resources Director at Salem, Oregon, on the

5th *day of* December, 19 77, *at* 8:00 *o'clock* A *M.*

Application No. R-56899 *Permit No.* R 7255

U 4522

Application No. R-56899 Permit No. R 7255

Permit to Construct a Reservoir and Store for Beneficial Use the Public Waters of the State of Oregon

This is to certify that I have examined the foregoing application and do hereby grant the same subject to the following limitations and conditions. The right herein granted is limited to the construction of two reservoirs and storage of water from 4 unnamed streams, with any deficiency in the available supply from the 4 unnamed streams to be made up by diversion from Cow Creek; being 3.0 a.f. in Reservoir #1, and 2.0 a.f. in Reservoir #2, to be appropriated under application No. 56900, permit No. 43055, for irrigation.

The right hereunder shall be limited to the storage of 5.0 *acre feet.*

The priority date of this permit is December 5, 1977

Actual construction work shall begin on or before June 1, 1979 *and shall thereafter be prosecuted with reasonable diligence and be completed on or before October 1,* 80

WITNESS my hand this 1st *day of* June, 78

James E. Sexton
Water Resources Director

STATE OF OREGON

COUNTY OF DOUGLAS

CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

THOMAS C. AND SUSAN M. SMITH, JR.
P.O. BOX 156
AZALEA, OREGON 97410

confirms the right to store the waters of 3 UNNAMED STREAMS, a tributary of SOUTH UMPQUA RIVER, in 2 RESERVOIRS, WITH ANY DEFICIENCY IN THE AVAILABLE SUPPLY FROM THE 3 UNNAMED STREAMS TO BE MADE UP BY DIVERSION FROM COW CREEK appropriated under Permit 43055, for the purpose of IRRIGATION.

The right to store these waters was perfected under Reservoir Permit R-7255. The date of priority is DECEMBER 5, 1977. The amount of water entitled to be stored each year under this right is not more than 3.8 acre feet, BEING 2.7 ACRE-FEET IN RESERVOIR 1 AND 1.1 ACRE-FEET IN RESERVOIR 2.

The reservoirs are located as follows:

NE 1/4 SW 1/4
SE 1/4 SW 1/4
SECTION 33
TOWNSHIP 31 SOUTH, RANGE 4 WEST, W.M.

The right to store and use the water for the above purpose is restricted to beneficial use at the place of use described.

WITNESS the signature of the Water Resources Director, affixed FEBRUARY 26, 1992.

/s/ WILLIAM H. YOUNG
William H. Young

Recorded in State Record of Water Right Certificates numbered 67136.

R-56899.LMT

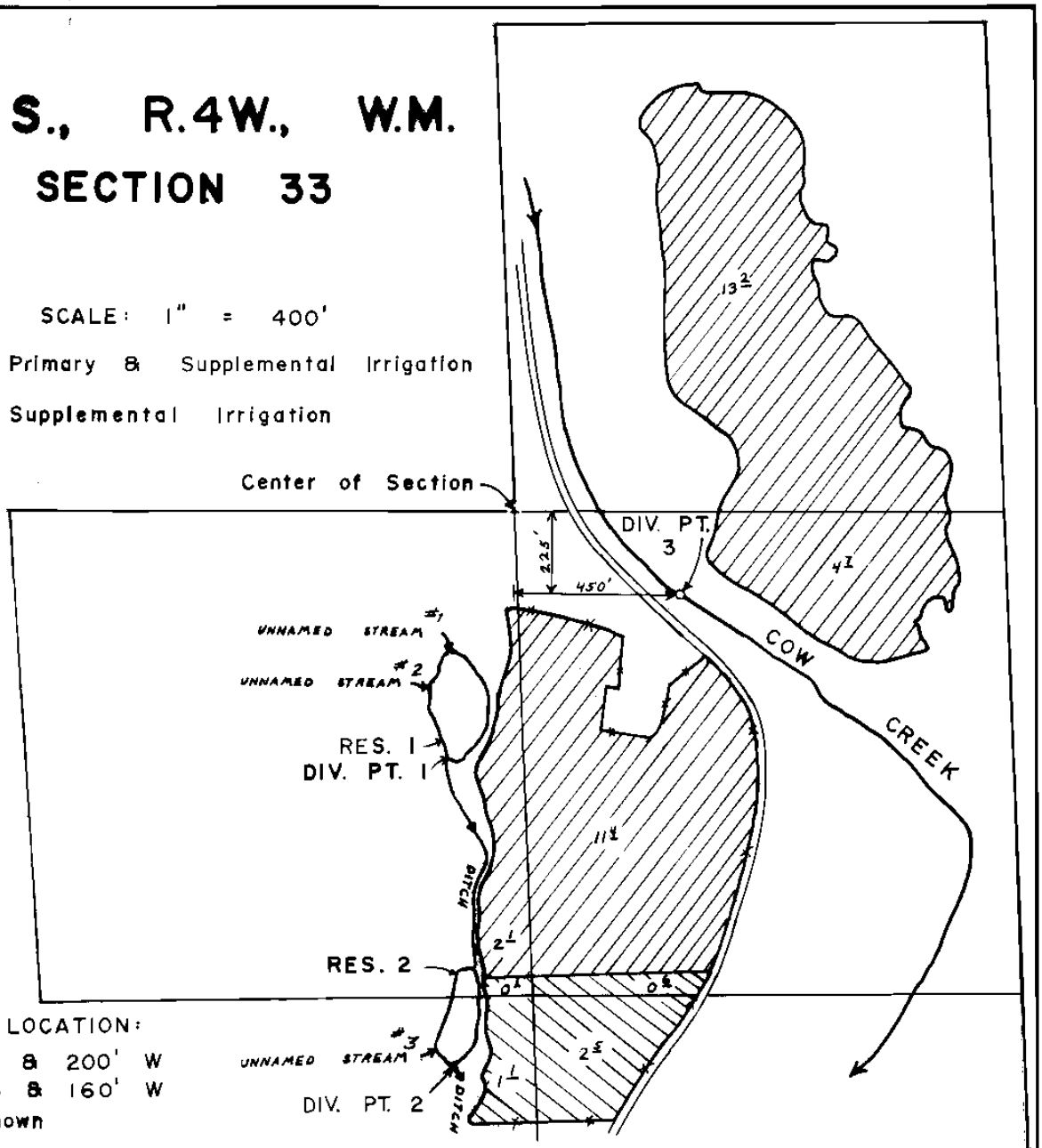
T.31S., R.4W., W.M.

SECTION 33

SCALE: 1" = 400'

Primary & Supplemental Irrigation

Supplemental Irrigation



DIV. PT. LOCATION:

1) 670' S & 200' W
2) 1500' S & 160' W
3) As shown

All from the center of Sec. 33

FINAL PROOF SURVEY

UNDER

R-56899 R-7255

Application No. 56900 Permit No. 43055

IN NAME OF

THOMAS C. & SUSAN M. SMITH, JR.

Surveyed O.C.T. 6, 719.83, by L. E. Cashion

T31S R4W Sec. 33/76-108-39 LEC

BEELER

SEPTIC • SEWER • GAS • POWER • WATER

Existing Septic System Report

5586 Upper Cow Creek Road, Azalea, OR

CCB 229243

BeelerExcavation.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

Septic System Owner-Provided Information:

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

Site Address: 5586 Upper Cow Creek Road City: Azalea Zip Code: _____

County: Douglas Lot Size: 15.11 Acres/Square Feet (circle units)

Legal Description: Map 310433 Tax Lot 1000

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.

2/02/2026 Dominic Florez

Date (MM/DD/YYYY) Signature of Owner, or agent if present

Name of person performing evaluation (please print): Dominic Florez

Certification:

- ☑ Installer
- ☑ Maintenance Provider
- ☐ National Association of Wastewater Technicians
- ☑ Other: DEQ approved in writing (please describe) Pumper
- ☐ Professional Engineer
- ☐ Environmental Health Specialist
- ☐ Waste Water Specialist

Certification Number: DEQ 37834

Business name Beeler Excavation LLC Email info@beelerexcavation.com

Business address 109 Cumberland Dr., Grants Pass, OR Phone 541.660.2953

Date of Evaluation: 1/27/2026 (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.

2/02/2026 Dominic Florez

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

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:

  Flush test not performed.

- 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:
  Visual inspection of the septic tank was performed without pumping.

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):

  The distribution boxes were discovered and each leg of the aborption system was located.
  The apsorption system appeared to be adequately functioning at this time.

- 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 280 (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:
  No public records found.

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:
  See attached.

  Next page left blank intentionally.

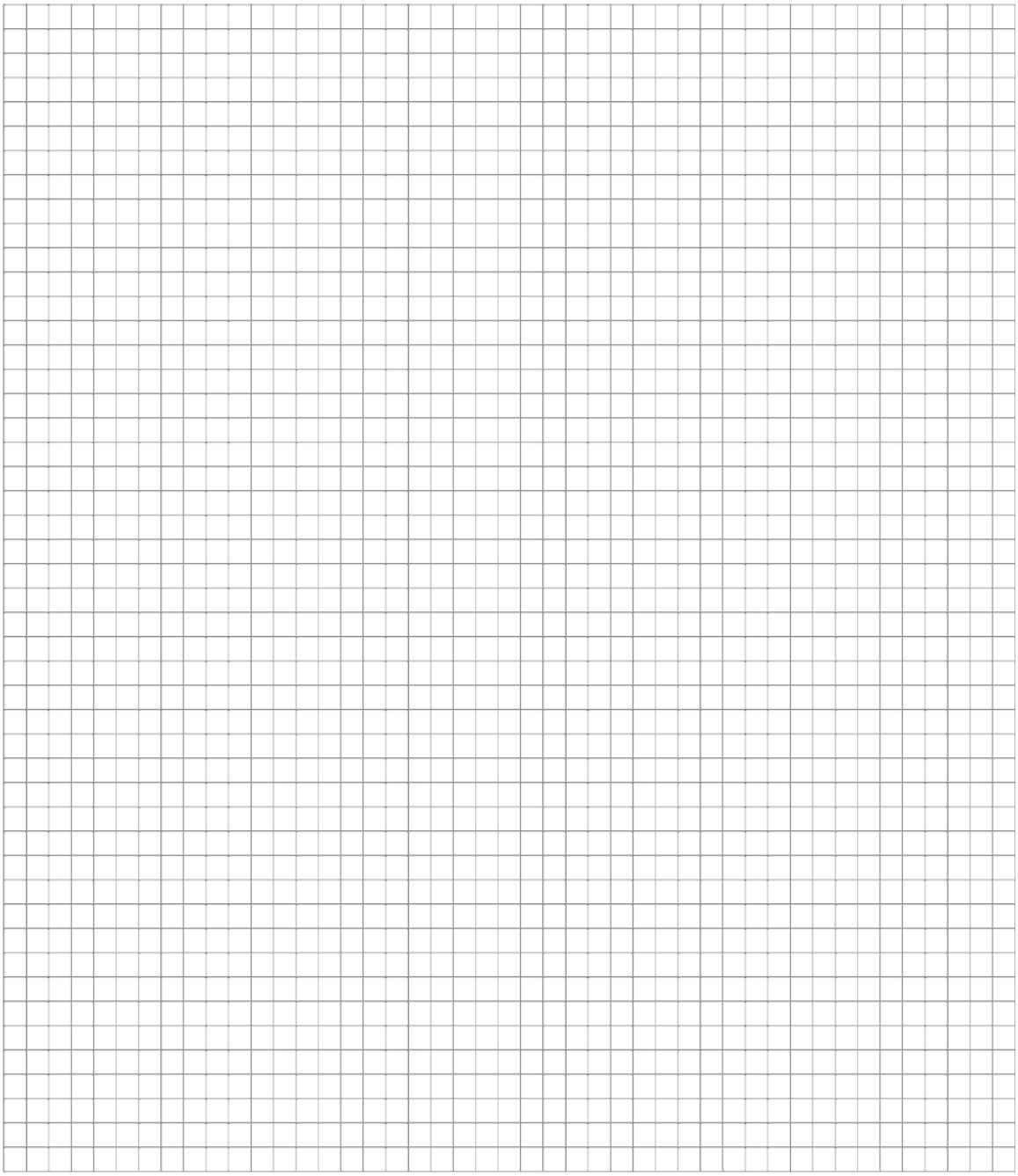
10. **Disclaimer:**
    This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system 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.

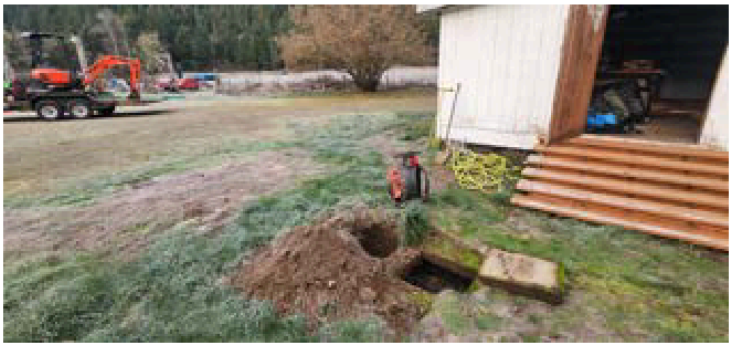
2/02/2026 Dominic Florez

Date Signature of Qualified Septic System Evaluator

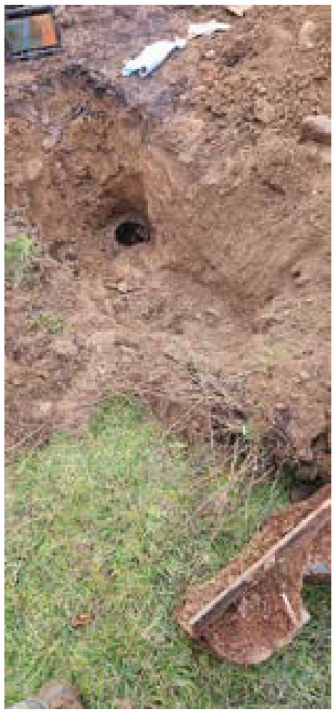
Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**





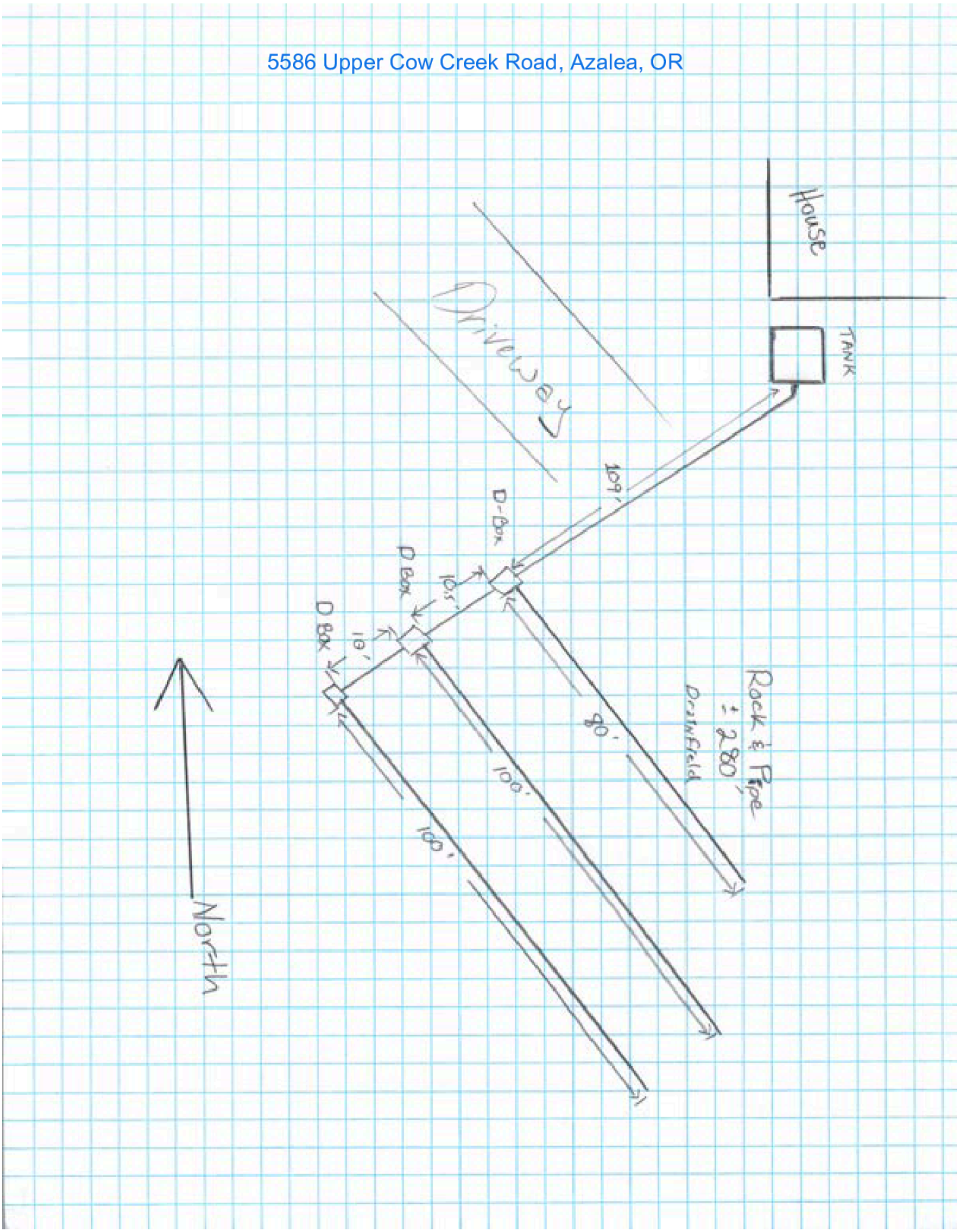








5586 Upper Cow Creek Road, Azalea, OR



Douglas County Onsite Department
1036 SE Douglas Ave
Room 106
Roseburg, OR 97470
541-440-6183
Fax: 541-440-6266
jennifer.newbury@douglascountyor.gov
Website: co.douglas.or.us/building/subsurface/onsite.asp

Septic Authorization Approval

263-26-000315-AUTH

Residential Authorization

Date Issued: 2/20/26 **Date Expiring:** 2/20/27
Work Description: ADDING AGG BUILDING WITH LIVING QUARTERS & BATHROOM

Applicant: PETER & MADELINE NAGY
Address: 397 STUMBO RD
GLENDALE OR 97442
Phone: 9713435194
Email: peternagy@gmail.com

Owner: DICKSON, CHARLES R
Address: 397 STUMBO RD
GLENDALE OR 97442

Property Address: 5586 Upper Cow Creek Rd, Azalea, OR 97410
5266 Upper Cow Creek Rd, Azalea, OR 97410

Parcel: R46936 - Primary Township: 31 Range: 04 Section: 33

Accessory Dwelling Unit: Yes
Authorization Notice for: Other
Comments: Current system meets setbacks and appears to be suitable for a dwelling up to four bedrooms.

Lot Size: 40.13 acres
Zoning: N/A
Water Supply: Well
City/County/UGB: County

Category of Construction: Accessory Structure

System Specifications:

Max Peak Design Flow: 450 gpd
Proposed Gallons per Day: 375 gpd

Conditions of approval:

1. This notice establishes that the onsite wastewater treatment system located on the property identified above appears adequate by field inspection and record review to serve a dwelling up to four bedrooms with a peak sewage flow of 450 gallons per day.
2. Type of System: Standard w/equal distribution Linear feet of drainfield: 280 Permit #: unknown Original CSC Date: unknown Tank Size: 1000 gallons Original Design Flow: 450 GPD
3. Maintain all required setbacks.
4. Vehicular traffic and livestock must be restricted from the system area.

NOTE: This notice does not guarantee satisfactory or continuous operation of the sewage system.

Jacob Mauro Environmental Health Specialist 2/20/26

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION:Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

UMPQUA Research Company
626 NE Division St. - P.O. Box 609
Myrtle Creek, Oregon 97457
541) 863-5201 Fax: (541) 863-6199
E-mail: Lab@URCmail.net
Internet: http://ChemLab.cc
ORELAP ID# OR100031

ANALYSIS REPORT
URC # 5070907

Southern Oregon Water Wells	Project: General Testing	Date Reported: 07/14/25
5057 N. Umpqua Hwy		Date Sampled: 07/08/25 13:30
Roseburg, OR 97470	Client Contact: Kerry Schattenkerk	Date Received: 07/09/25 10:38
		Sampled By: TG

Sample Location: 5586 Upper Cow Creek Rd. URC Sample #: 5070907-01 Matrix: Drinking Water

Inorganics

Analyte	Method	Code	Result	Units	MRL	MCL	Prepared	Analyzed	Analyst	Qualifier
Nitrate as N (‡)	USEPA 300.0	1040	0.79	mg/L	0.10	10	07/09/25 15:11	07/09/25	SAM	

Metals

Analyte	Method	Code	Result	Units	MRL	MCL	Prepared	Analyzed	Analyst	Qualifier
Arsenic (‡)	USEPA 200.8	1005	ND	mg/L	0.0010	0.01	07/10/25	07/10/25	DST	

Coliforms by 9223B - Colilert - 18

Analyte	Result	Sampled	Received	Prepared	Analyzed	Analyst	Notes
Total Coliforms (‡)	Absent	07/08/25 13:30	07/09/25 10:38	07/09/25 16:45	07/10/25 11:23	SAM	
E. coli (‡)	Absent	07/08/25 13:30	07/09/25 10:38	07/09/25 16:45	07/10/25 11:23	SAM	

Sample Point: Bib @ Jet Pump Chlorinated?:

UMPQUA Research Company/MC

The results in this report apply to the samples analyzed in accordance with the chain of custody document.
This analytical report must be reproduced in its entirety.

Dan Phillips, Laboratory Manager

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Internet: http://ChemLab.cc
ORELAP ID# OR100031

ANALYSIS REPORT
URC # 5070907

Qualifiers and Definitions

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the MRL (minimum reporting limit)
NA	Not Applicable
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
MRL	Minimum Reporting Limit
MDL	Minimum Detection Limit
MCL	Maximum Contamination Level
(‡)	ORELAP Accredited Analyte
(~)	Due to rounding of individual analytes, the "total" may vary slightly from the sum of the individual analyte values.

UMPQUA Research Company/MC

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Dan Phillips, Laboratory Manager

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 be advised ESER Reports are only valid for 90 days From date printed on report.

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

Septic System Owner-Provided Information:

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

Site Address: 5586 Upper Cow Creek Rd City: Azalea ,OR Zip Code: 97410

County: Douglas 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.

The above information was provided by Jims Septic Service and DEQ records

Date (MM/DD/YYYY) Signature of Owner, or agent if present

Name of person performing evaluation (please print): Roger Smith

Certification:

- ☑ Installer/ Pumper
- ☐ Maintenance Provider
- ☐ National Association of Wastewater Technicians
- ☐ Other: DEQ approved in writing (please describe)_____
- ☐ Professional Engineer
- ☐ Environmental Health Specialist
- ☐ Waste Water Specialist

Certification Number: I3126

Business name Jims Septic Service Email jimssepticservice1@gmail.com

Business address PO Box 384 Merlin , Or 97532 Phone 541-476-9726

Date of Evaluation: 07/07/2025 (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.

07/07/2025 Roger W. Smith

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

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:
  Visual only
  _____

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 **1000**
- 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 **06** (inches) **Sludge** layer **14** (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:

Tank Had large amounts of phosphates And wrong toilet paper trash like wrappers wipes recommend to stop use to not compromise system

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):
  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): ☐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:

  Performed flow test ran 250 gal of water drain field took on water drain field seems to be flowing at this time
- 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:

  No records found for this system

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:

  _____
  _____
  _____

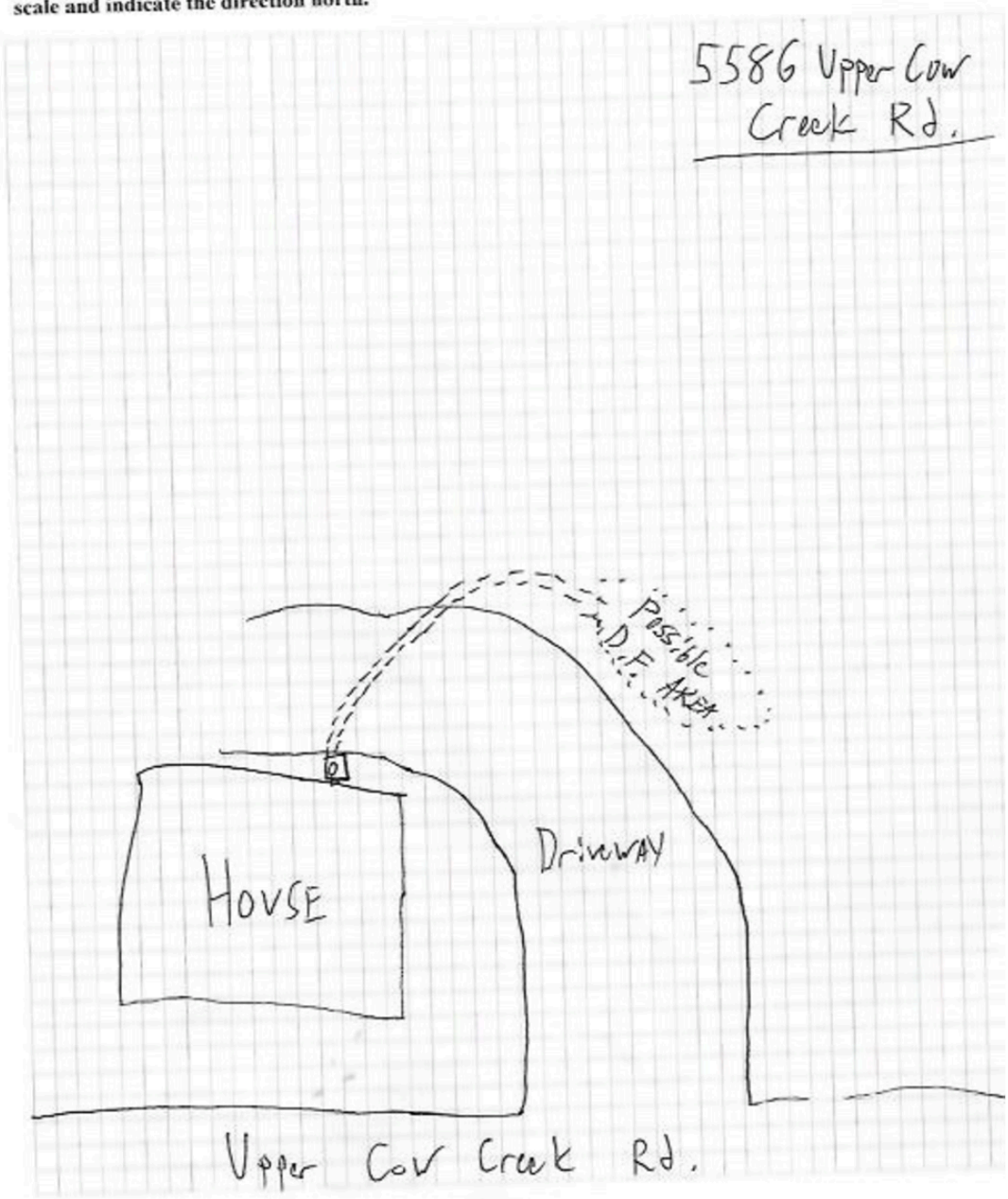
10. **Disclaimer:**
    This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system 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.

07/07/2025 Jerry W. Smith

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.**



5586 Upper Cow Creek Rd, azalea 97410







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Myrtle Creek, Oregon 97457
541) 863-5201 Fax: (541) 863-6199
E-mail: Lab@URCmail.net
Internet: http://ChemLab.cc
ORELAP ID# OR100031

ANALYSIS REPORT
URC # 5070908

Southern Oregon Water Wells	Project: General Testing	Date Reported: 07/14/25
5057 N. Umpqua Hwy		Date Sampled: 07/08/25 18:00
Roseburg, OR 97470	Client Contact: Kerry Schattenkerk	Date Received: 07/09/25 10:38
		Sampled By: D.S.

Sample Location: 5266 Upper Cow Creek Rd. URC Sample #: 5070908-01 Matrix: Drinking Water

Inorganics

Analyte	Method	Code	Result	Units	MRL	MCL	Prepared	Analyzed	Analyst	Qualifier
Nitrate as N (‡)	USEPA 300.0	1040	0.14	mg/L	0.10	10	07/09/25 15:11	07/09/25	SAM	

Metals

Analyte	Method	Code	Result	Units	MRL	MCL	Prepared	Analyzed	Analyst	Qualifier
Arsenic (‡)	USEPA 200.8	1005	ND	mg/L	0.0010	0.01	07/10/25	07/10/25	DST	

Coliforms by 9223B - Colilert - 18

Analyte	Result	Sampled	Received	Prepared	Analyzed	Analyst	Notes
Total Coliforms (‡)	Absent	07/08/25 18:00	07/09/25 10:38	07/09/25 16:45	07/10/25 11:23	SAM	
E. coli (‡)	Absent	07/08/25 18:00	07/09/25 10:38	07/09/25 16:45	07/10/25 11:23	SAM	

Sample Point: Fill Line @ Storage Tank Chlorinated?:

UMPQUA Research Company/MC

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Dan Phillips, Laboratory Manager

UMPQUA Research Company
626 NE Division St. - P.O. Box 609
Myrtle Creek, Oregon 97457
541) 863-5201 Fax: (541) 863-6199
E-mail: Lab@URCmail.net
Internet: http://ChemLab.cc
ORELAP ID# OR100031

ANALYSIS REPORT
URC # 5070908

Qualifiers and Definitions

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the MRL (minimum reporting limit)
NA	Not Applicable
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
MRL	Minimum Reporting Limit
MDL	Minimum Detection Limit
MCL	Maximum Contamination Level
(‡)	ORELAP Accredited Analyte
(~)	Due to rounding of individual analytes, the "total" may vary slightly from the sum of the individual analyte values.

UMPQUA Research Company/MC

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Dan Phillips, Laboratory Manager

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 be advised ESER Reports are only valid for 90 days From date printed on report.

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

Septic System Owner-Provided Information:

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

Site Address: 5266 Upper Cow Creek Rd City: Azalea ,OR Zip Code: 97410

County: Douglas 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.

The above information was provided by Jims Septic Service and DEQ records

Date (MM/DD/YYYY) Signature of Owner, or agent if present

Name of person performing evaluation (please print): Roger Smith

Certification:

- ☑ Installer/ Pumper
- ☐ Maintenance Provider
- ☐ National Association of Wastewater Technicians
- ☐ Other: DEQ approved in writing (please describe)_____
- ☐ Professional Engineer
- ☐ Environmental Health Specialist
- ☐ Waste Water Specialist

Certification Number: I3126

Business name Jims Septic Service Email jimssepticservice1@gmail.com

Business address PO Box 384 Merlin , Or 97532 Phone 541-476-9726

Date of Evaluation: 07/07/2025 (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.

07/07/2025 Roger W. Smith

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

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:
  Visual only
  _____

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:
  - [x] Concrete
  - [ ] Steel
  - [ ] Plastic
  - [ ] Fiberglass
  - [ ] Other (explain)_____
  - [ ] Unknown
- Is the septic tank accessible? [X] Yes [ ] No
- Septic tank volume in gallons **1000**
- 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 [X] No
- Tank appears to be free from defects, leaking and signs of deterioration [X] Yes [ ] No
  If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.
  Baffles are cast iron recommend replacement as cast iron tends to corrode over time
- Septic tank lid(s) is intact [X] Yes [ ] No
- Septic tank baffles are intact: Inlet [X] Yes [ ] No Outlet [X] Yes [ ] No
- Baffle material - Inlet [ ] Plastic [ ] Concrete [X] Metal Outlet [ ] Plastic [ ] Concrete [X] Metal
  Effluent filter is present [ ] Yes [X] No
- Effluent filter is free of debris [ ] Yes [ ] No [X] Not Applicable
- Liquid level in tank relative to invert of outlet [X] At [ ] Above [ ] Below
  If above or below invert outlet, please explain: _____
- **Scum** layer **24** (inches) **Sludge** layer **12** (inches)
- **Scum** and **Sludge** layer more than 35% of the *total* tank volume [X] Yes [ ] No
  Indicate where sludge measured from: [ ] Inlet [X] Middle [ ] Outlet
- Additional Comments:
  Tank Had large amounts of phosphates And wrong toilet paper recommend to stop use to not compromise system

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 [X] 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):
  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): ☐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:

  Performed flow test ran 250 gal of water drain field took on water drain field seems to be flowing at this time
- 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:

  No records found for this system

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:

  _____
  _____
  _____

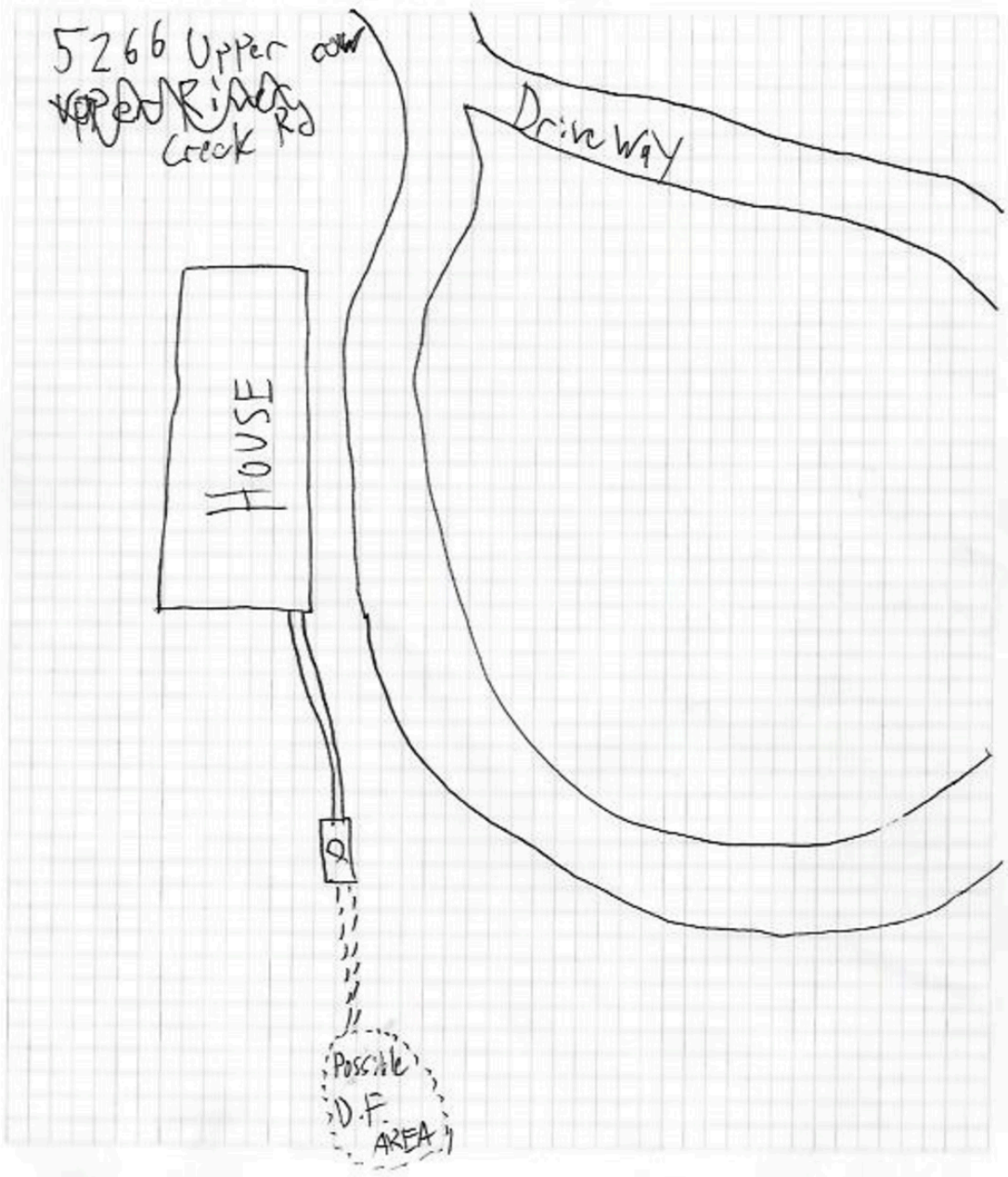
10. **Disclaimer:**
    This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system 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.

07/07/2025 Jerry W. Smith

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.**



5266 Upper Cow Creek Rd, Azalea 97410





