

# A-One Septic Service, Inc.

Dan Dalessi – Owner/President  
PO Box 419  
Keno, OR 97627  
(541) 281-5050 FAX: (541) 882-5344  
aoneseptic@live.com

COPY

Steve & Priscilla Lytle  
10403 Matney Way  
Klamath Falls, OR 97603  
(541) 281-6322

## INVOICE

Septic tank pump.....	\$385.00
Written septic system evaluation.....	\$295.00
<b>Total due upon receipt.....</b>	<b>\$680.00</b>

Thank you for your business,



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Daniel C. Dalessi  
A-One Septic Service, Inc. President / Owner  
DEQ# 38344 CCB#174557

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December 03, 2017  
Date



State of Oregon  
Department of  
Environmental  
Quality

# 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): Steven & Priscilla Lytle Telephone: (541) 281-6322

Site Address: 10403 Matney Way City: Klamath Falls Zip Code: 97603

County: Klamath Lot Size: 23.74 (Acres) Square Feet (circle units)

Legal Description: R-4010-01700-02100-000

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

Date the septic tank was last pumped 11/27/2017 (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? Yes

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

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Dan Dalessi

### Certification:

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

Certification Number: RI-80

Business name A-One Septic Service, Inc. Email aoneseptic@live.com

Business address PO Box 419 Keno, OR 97627 Phone (541) 281-5050

Date of Evaluation: 11/27/2017 (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.

12/03/2017

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):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool                                  |
| <input type="checkbox"/> Dosing Tank            | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill                              |
| <input type="checkbox"/> Seepage Bed            | <input type="checkbox"/> Sand Filter                               |
| <input type="checkbox"/> 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:

There is no evidence that all the plumbing fixtures aren't connected, but given the age there is no way to be sure.

- Additional Comments:

There is an On Site evaluation for a replacement system should the current one fail.

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 1,000

- 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.

This is an old concrete tank that shows some signs of wear. The liquid level was correct indicating that the tank is not leaking.

- 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 12 (inches) **Sludge** layer 12 (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:

There are also concrete baffles in this tank.

#### 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):  
\_\_\_\_\_  
\_\_\_\_\_

- Absorption distribution  Equal  Serial  Pressure  Equal via pressure
- Absorption lines construction material:  
 Gravel and pipe  Chamber  Tile  Polystyrene foam and pipe  Other Unknown
- 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 Unknowr(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:

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- 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:

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- Additional Comments:  
Unable to physically locate existing drainfield. Due to the age, any physical disturbance would be unwise. The drainfield was tested by running water into the septic tank for 30 minutes. The liquid level in the tank rose ~2 inches and drained to the correct level in less than 4 minutes. This is indicative of a properly functioning drainfield.

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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:

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- 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:

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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:

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- Previous two years of maintenance records are attached to this form  Yes  No  
If you answered "No," please explain below:

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- Additional Comments:

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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:

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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:

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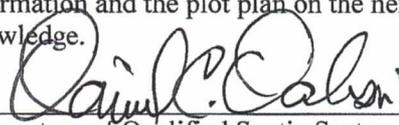
10. **Disclaimer:**

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.

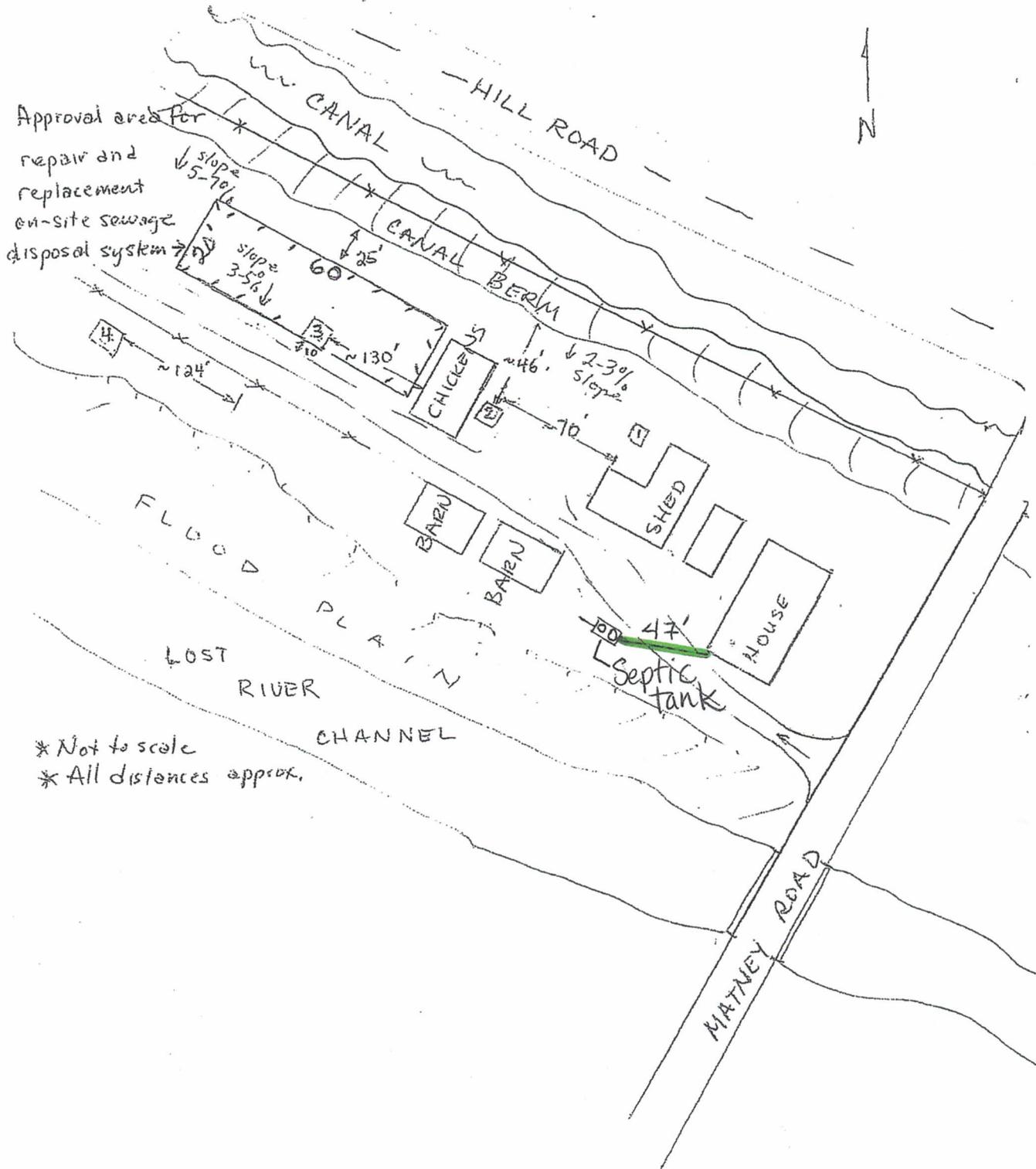
12/03/2017

Date

  
Signature of Qualified Septic System Evaluator

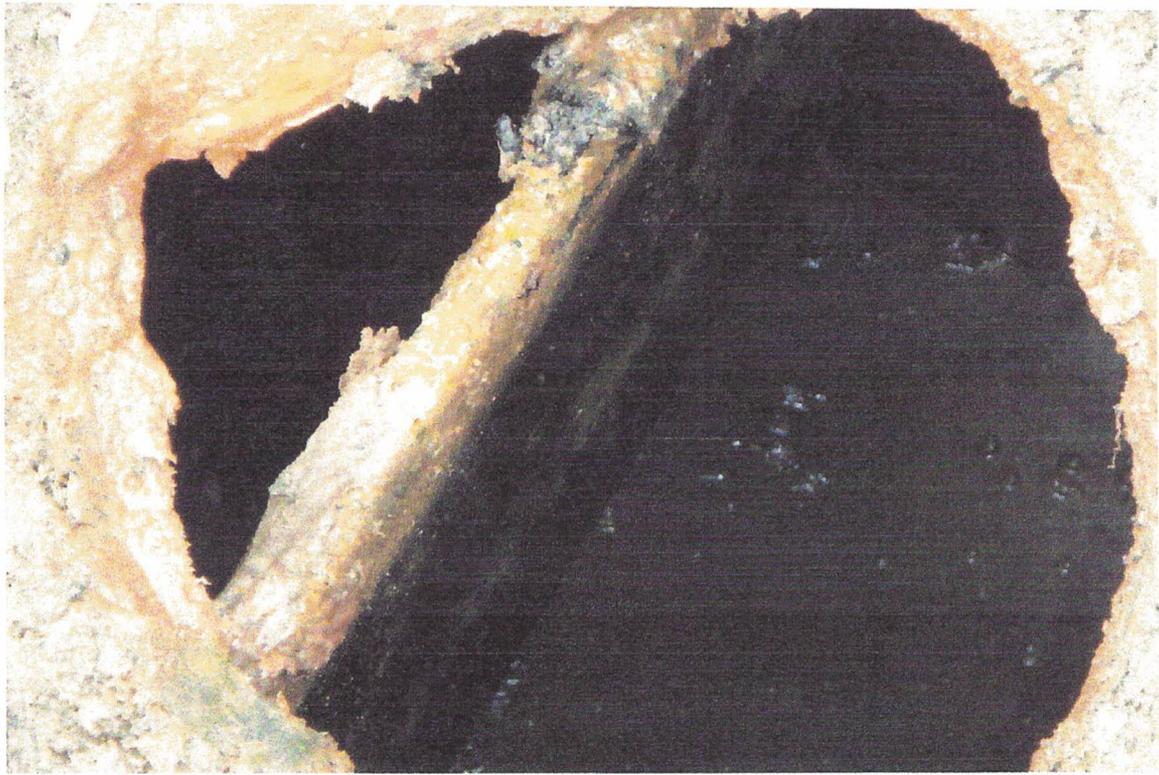
**Provide a Site Plan in the space below:** Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells).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

See attached drawing



Approval area for  
 repair and  
 replacement  
 on-site sewage  
 disposal system

\* Not to scale  
 \* All distances approx.



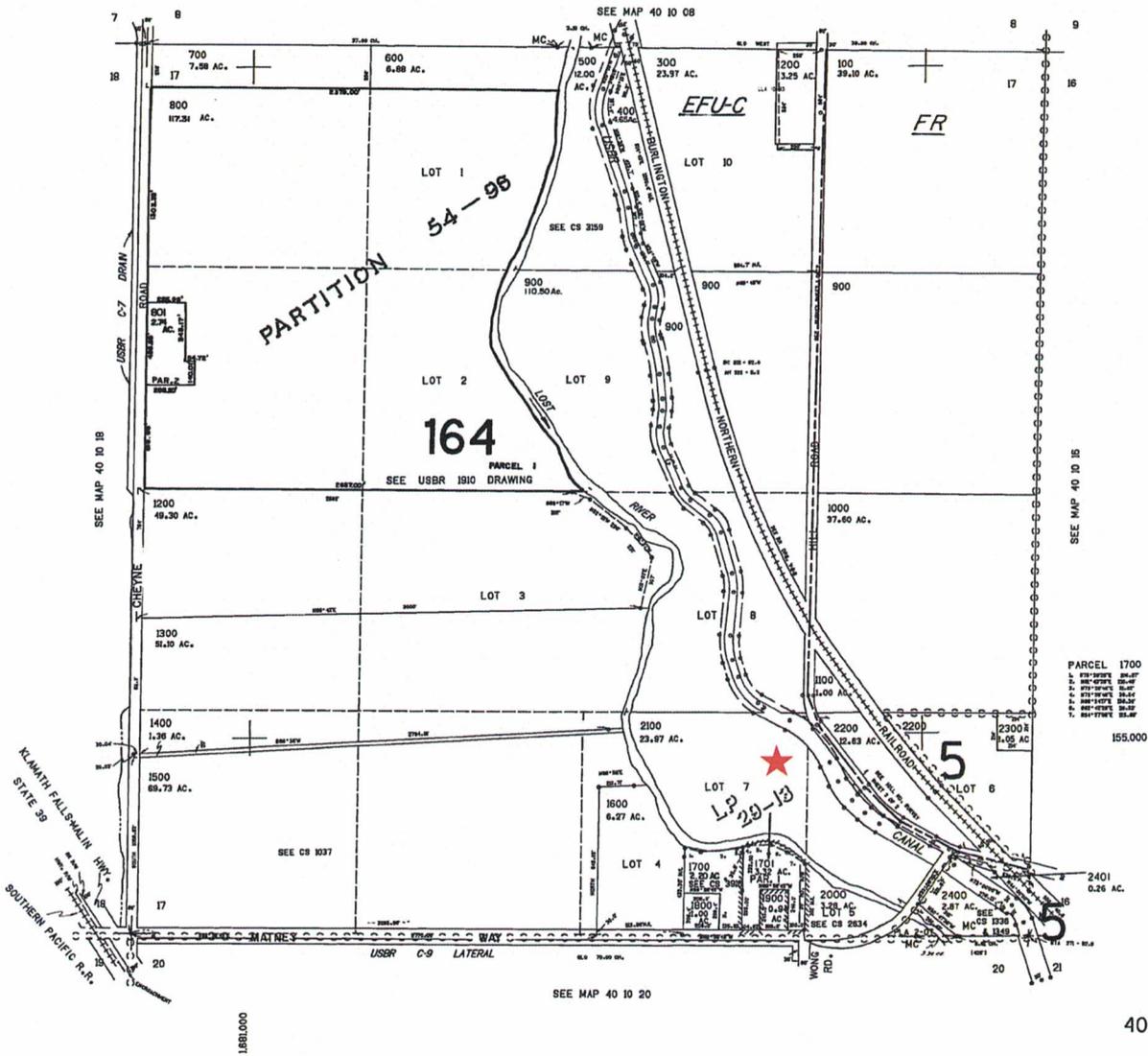
10403 Matney Way Klamath Falls

11/2017

REVISED 07-01-14  
THIS MAP WAS PREPARED FOR  
ASSESSMENT PURPOSE ONLY

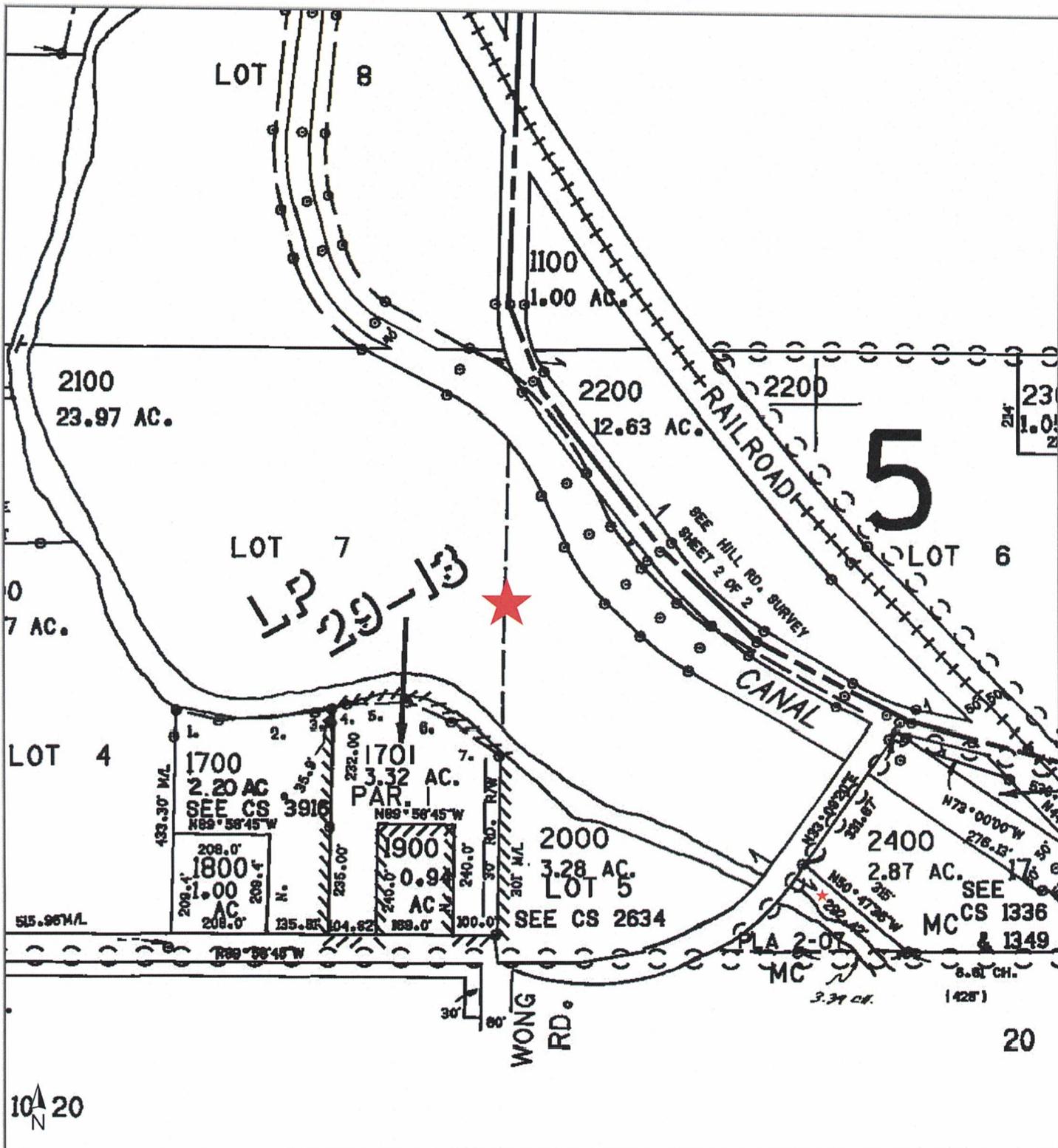
SECTION 17 T.40S. R.10E. W.M.  
KLAMATH COUNTY  
1"=100'

40 10 17



**ParcelID: 897313**  
**Tax Account #: 4010-01700-02100**  
**10403 Matney Way, Klamath Falls OR 97603**

This map/plat is being furnished as an aid in locating the herein described land in relation to adjoining streets, natural boundaries and other land, and is not a survey of the land depicted. Except to the extent a policy of title insurance is expressly modified by endorsement, if any, the company does not insure dimensions, distances, location of easements, acreage or other matters shown thereon.



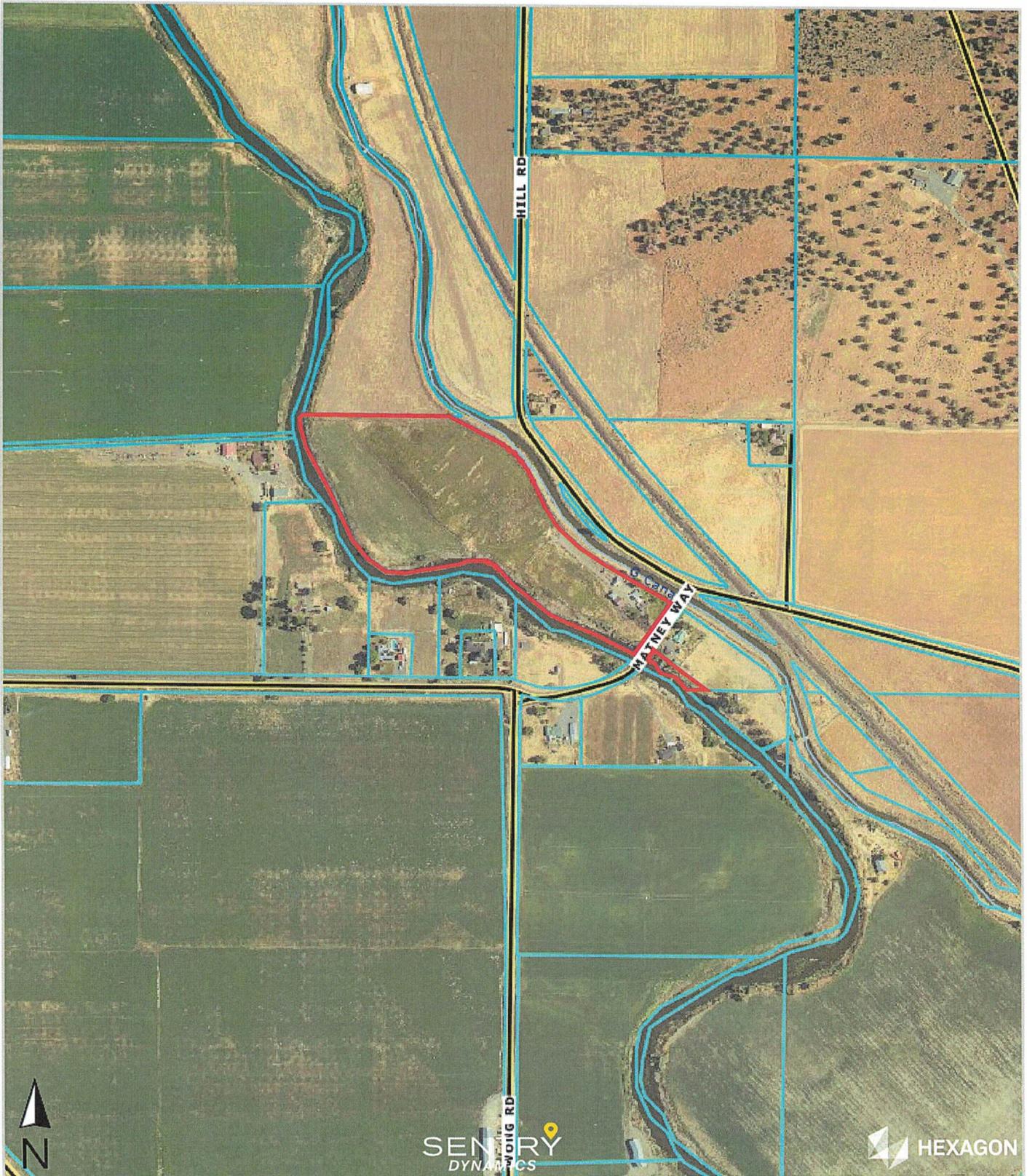
ParcelID: 897313

Tax Account #: 4010-01700-02100

10403 Matney Way, Klamath Falls OR 97603

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The logo for AmeriTitle, featuring a stylized house icon above the word "AmeriTitle" in a bold, sans-serif font.

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2007-018736  
Klamath County, Oregon



00034365200700187360030034

11/01/2007 08:13:48 AM

Fee: \$31.00

**COVER PAGE FOR OREGON DEEDS**

**Grantor:** Steven P. Lytle and Priscilla D. Lytle, also known as Priscilla Dawn Lytle, husband and wife

**Grantor's Mailing Address:** 10403 Matney Way, Klamath Falls, Oregon 97603

**Grantee:** Steven P. Lytle and Priscilla D. Lytle, husband and wife

**Grantees Mailing Address:** 10403 Matney Way, Klamath Falls, Oregon 97603

**Type of Document to be Recorded:** QUITCLAIM DEED

**Consideration:** The true consideration for this conveyance is: \$0.00

**Prior Recorded Document Reference:** Deed: Recorded 4/25/05; Book 29131,  
Page 46, Doc. No. \_\_\_\_\_

**Until a change is requested, all Tax Statements shall be sent to the following address:**

Steven and Priscilla Lytle  
10403 Matney Way  
Klamath Falls, Oregon 97603

~~After Recording Return To:~~

Steven and Priscilla Lytle  
10403 Matney Way  
Klamath Falls, Oregon 97603

**Prepared By:**

Steven P. Lytle  
10403 Matney Way  
Klamath Falls, Oregon 97603

**QUITCLAIM DEED**  
TITLE OF DOCUMENT

Steven P. Lytle and Priscilla D. Lytle, also known as Priscilla Dawn Lytle, husband and wife, Grantor, releases and quitclaims to Steven P. Lytle and Priscilla D. Lytle, husband and wife, Grantee, all right title and interest in and to the following described real property, situated in the County of Klamath, State of Oregon:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

Tax Account No.: R-97914

Prior Recorded Document Reference: Deed: Recorded 4/25/05; Book 29131,  
Page 46, Doc. No. \_\_\_\_\_

- Subject To: 1. Taxes for the Current fiscal year, paid current  
2. Restrictions, Conditions, Covenants, Rights, Rights of Way and Easements now of Record, if any

The true consideration for this conveyance is: \$0.00  
Dated this 19 day of October, 2007. If a corporate grantor, it has caused its name to be signed by order of its Board of Directors.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 197.352.

Steven P Lytle  
Steven P. Lytle

Priscilla D Lytle Priscilla Dawn Lytle  
Priscilla D. Lytle, a/k/a  
Priscilla Dawn Lytle

STATE OF Oregon )  
COUNTY OF Klamath ) ss

This instrument was acknowledged before me this 19 day of October, 2007, by Steven P. Lytle and Priscilla D. Lytle, a/k/a Priscilla Dawn Lytle.

NOTARY STAMP/SEAL

Before Me: Cherie Thomson  
NOTARY PUBLIC - STATE OF Oregon  
My Commission Expires: 03/20/2011



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

THE LAND REFERRED TO HEREIN IS SITUATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, CITY OF KLAMATH FALLS, AND DESCRIBED AS FOLLOWS:

GOVERNMENT LOTS 6 AND 7 OF SECTION 17, TOWNSHIP 40 SOUTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON, EXCEPT THE FOLLOWING DESCRIBED PORTION OF LOT 6:

BEGINNING AT THE SECTION CORNER COMMON TO SECTIONS 16, 17, 20 AND 21 OF SAID TOWNSHIP AND RANGE; THENCE NORTH ON SECTION LINE 316 FEET; THENCE NORTH 73 DEGREES WEST 530.5 FEET; THENCE SOUTH 33 DEGREES 36' WEST 315 FEET; THENCE SOUTH 50 DEGREES 33' EAST 328 FEET TO SECTION LINE; THENCE EAST ON SECTION LINE 428 FEET TO THE PLACE OF BEGINNING.

ALSO SAVING AND EXCEPTING RIGHT OF WAY TO KLAMATH COUNTY, OREGON IN VOLUME 153, PAGE 590.

ALSO SAVING AND EXCEPTING ALL THAT PORTION OF GOVERNMENT LOTS 6 AND 7 OF SECTION 17, TOWNSHIP 40 SOUTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON, WHICH LIES NORTHEASTERLY OF THE G CANAL.

 LYTLE  
13445789 OR  
FIRST AMERICAN LENDERS ADVANTAGE  
QUIT CLAIM DEED

