53278
Control No.

$ 490.00
Fee

Geographic Area Special Consideration

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 35-53278

☒ New Construction ☐ Repair ☐ Other

Permit Issued To Duane + Carole Hunter | 7 | 21 | 19 | 3700 | Wheeler
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

5½ mi S on Hy 218 out of Antelope | Antelope | Lawrence Brown RS | 10-7-98
(Road Location) (City) (Issued by - Signature) (Date Issued)

Fossil

ON-SITE SEWAGE DISPOSAL SYSTEM

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE 10-7-99 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons Disposal Trenches ☒ Seepage Bed(s) ☐ 750 Square Feet

Maximum Depth 36 inches. Minimum Depth 24 inches. 375 Linear Feet

Equal ☐ Loop ☐ Serial ☒ Pressurized ☐ Minimum Distance Between Trenches 10 feet on center

Total Rock Depth _____ inches. Below Pipe _____ inches. Above Pipe _____ inches. ☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Infiltrator System to be used.

PRE-COVER INSPECTION REQUIRED — CONTACT 1-541-388-6146 ext 234

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

See as-built submitted by property Owner

Installer S&S McFarland Contracting

Final Insp. Date 10/9/98

☒ Inspected By LMBrown

☐ Issued by Operation of Law

☐ Pre-cover inspection waived pursuant to OAR 340, Division 71

Correction Notice Issued
Verbal Confirmation of correction 11/16/98
Awaiting As-built

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Lawrence Brown RS | Env. Sanitarian | 1/4/99 | Bend
(Authorized Signature) (Title) (Date) (Office)

DEQ/WQ—121—(R 1/94)

OFFICE COPY

Record #770

RECEIVED JAN 1 1 1999

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

Property Owner Duane/Carole Huston Permit Number 53278 County Wheeler

Township 7 ; Range 21 ; Section 19 ; Tax Lot 3700 ; Tax Acct. # 2767

Job Location 46457 Hwy. 218, Fossil, Or 97830

Date System Construction Completed 11-10-98 ; Date Submitted to DEQ or Agent 12-31-98

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

1000 Gal. Norwesco Septic Tank

220' (3034) 4" Cr. Pipe

40' x 4" Solid Drain Pipe w/ bl. lining

384' Infiltrator Chamber (24")

3 pc./ Inf. Stand. Inl. End Plate

3 pc./ Inf. Raised Inlt. End Plate

1 pc./ Inf-tite Dist. Box (1 lid/ 4 535 seals/ 1 plug)

1 pc. Drop Box

Property Owner Duane Huston Permit Number 53278 County Wheeler

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Also include ground and pipe elevations.

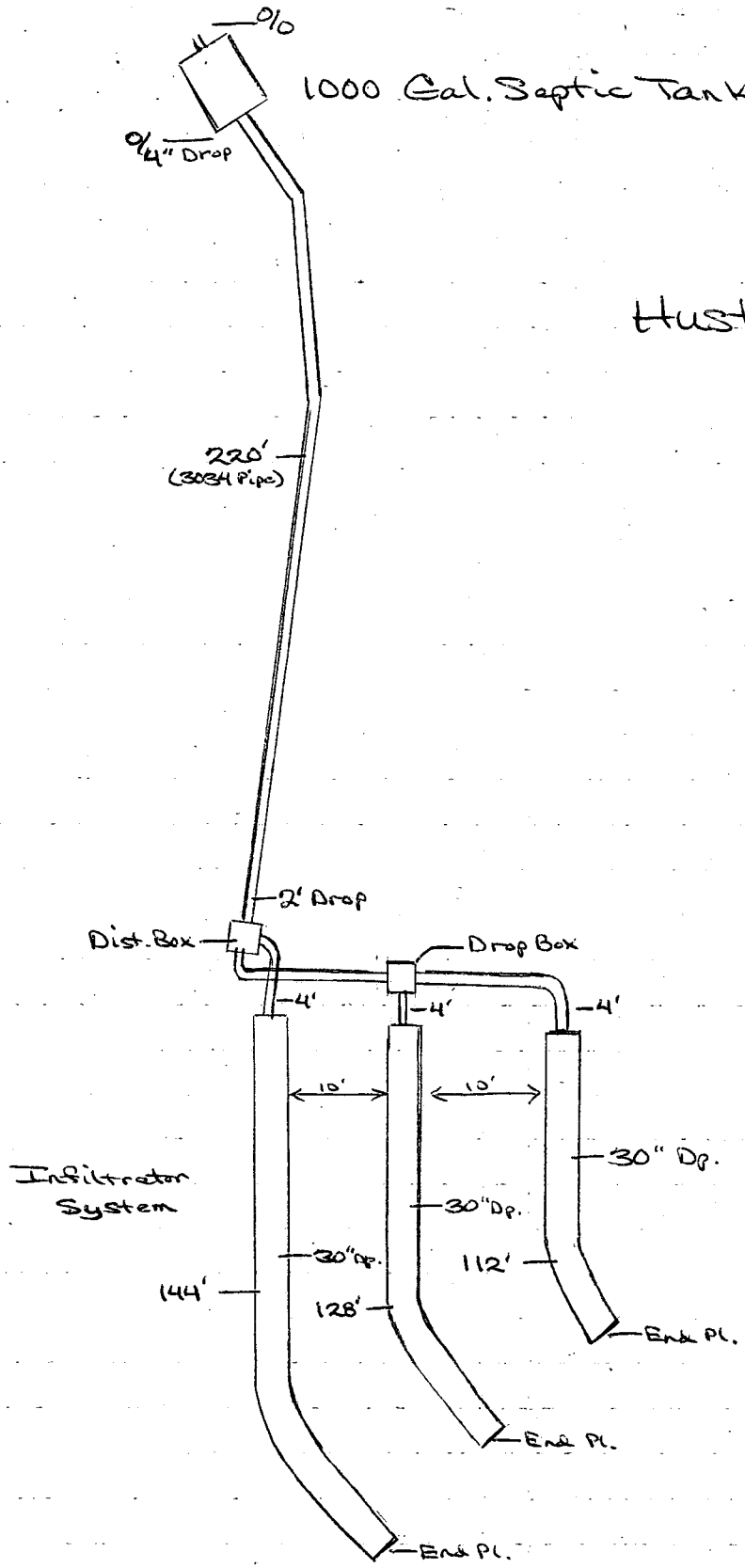
SECTION 4: CONSTRUCTION WAS PERFORMED BY:

X Property Owner (Permittee)

___ Sewage Disposal Service Business: _____ (Full Business Name) _____ (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Duane M. Huston (System Installer's Signature), Owner (Title), 12-31-98 (Date)



Huston Septic System

53278

DEPARTMENT OF ENVIRONMENTAL QUALITY
EASTERN REGION
BEND, OR 97701
(541) 388-6146

FOR OFFICE USE ONLY
Date Received: 8-4-98
Date Completed: 10-7-98
Required Fee: $490.00
Receipt No.: 84580
Control No.: 35-53278
RECORD 770

APPLICATION FOR:

- ☐ SITE EVALUATION
- ☐ REPAIR PERMIT
- ☐ ALTERATION PERMIT
- ☐ OTHER- PLEASE SPECIFY
- ☑ NEW CONSTRUCTION PERMIT
- ☐ AUTHORIZATION NOTICE
- ☐ HARDSHIP AUTHORIZATION

REQUIREMENTS:			INCLUDED:		
Plot Plan	☐ YES	☐ NO	.....	☐ YES	☐ NO
Vicinity and Tax Lot Map	☐ YES	☐ NO	.....	☐ YES	☐ NO
Test Pits- 5 feet deep	☐ YES	☐ NO	.....	☐ YES	☐ NO
Development Permit	☐ YES	☐ NO	.....	☐ YES	☐ NO

☐ There is a flag or sign at entrance to property and leading to test holes.

For Applicant- PLEASE PRINT

Duane M./Carole M. Huston — Property Owner's name
46457 Hwy 218 — Property Address

7 — Township
21 — Range
19 — Section
3700 — Tax Lot #
Wheeler — County

N/A — Subdivision Name
— — Lot #
— — Block #
778.2 Ac — Acreage

N/A — Public Water Supply
Spring — Private Water Supply (Specify Type)

Yes — Single Family Residence-
2 — Number of Bedrooms
1 office — Other- Specify

Directions to Property: From Fossil — west on hwy. 218 5.5 miles to driveway on left — rail fence

By my signature, I certify that the information I have furnished is correct and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

Carole M Huston — Signature
7-3-98 — Date

- ☒ Owner
- ☐ Authorized Representative
- ☐ D. S. License No. _____

Owner's Mailing Address
P.O. Box 388
Fossil, Or 97830

Phone: 541-489-3427

Applicant's Mailing Address (if different)

Phone: _____

rev.4/96 ER-BND

RECEIVED JUL 13 1998

STATEMENT OF SITE STATUS

NAME: Duane M. Huston

ADDRESS: 46487 Hwy. 28, P.O. Box 388, Fossil, Or

TOWNSHIP: 7 RANGE: 21 SECTION: 19 TAX LOT 3700

COUNTY: Wheeler

I certify by my signature the area for the initial and replacement on-site sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Department of Environmental Quality.

DATE 7/8/98 SIGNED Duane M Huston

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME	MAILING ADDRESS	PHONE
Duane M./ Carole M. Huston	P.O. Box 388 Fossil Or 97830 CITY STATE ZIP	541-489-3427

PROPERTY LOCATION

TOWNSHIP	RANGE	SECTION	TAX LOT OR ACCT NO
7	21	19	3700
SUBDIVISION/PROJECT	**LOT**	**BLOCK**	**COUNTY**
N/A	—	—	Wheeler

☐ PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.

PROPOSED LAND USE: Personal Residence / farm/ranch

STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY

(An equivalent statement may be provided in lieu of this form)

PROPERTY'S ZONING DESIGNATION

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

☑ COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

☐ NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

OR

☐ CONSISTENT WITH THE STATEWIDE PLANNING GOALS

☐ NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

PROPERTY IS LOCATED: (check one)

☐ INSIDE CITY

☐ INSIDE URBAN GROWTH BOUNDARY OUTSIDE CITY LIMITS

☑ OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

SIGNED	TITLE	DATE
EFU Barbara D. Dilton	Wheeler Co. Planner	7/6/98

☐ CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE

(3/21/90)

DEPARTMENT OF ENVIRONMENTAL QUALITY

LAND USE COMPATIBILITY STATEMENT REQUIREMENTS

FOR

ON-SITE SEWAGE DISPOSAL PERMITS

A Statement of Compatibility with applicable local comprehensive land use plans and Statewide Planning Goals is required for new or expanded on-site sewage disposal systems. A statement may be required before an Authorization Notice can be issued. The statement must certify that proposals are compatible with LCDC-Acknowledged local comprehensive land use plans and implementing ordinances, or Statewide Planning Goals. The Department prefers that its Land Use Compatibility Statement form be used; however, it will accept an equivalent statement in lieu of the form.

In urbanizing areas between city limits and urban growth boundaries, applicants must provide evidence of both city and county concurrence as to the land use compatibility of the proposal. This evidence must be:

1. Sign-off by both jurisdictions on DEQ's Land Use Compatibility Statement form;

2. A copy of the city/county management agreement included in the Urban Area Plan acknowledged by LCDC, or;

3. A written statement covering the applicant's proposal.

If DEQ receives a negative local Statement of Compatibility, a permit or approval cannot be issued. DEQ would then expect the applicant to work with the local jurisdiction to obtain the needed zone change, variance, or other modification to produce compatibility with the Acknowledged Plan and ordinances or the Statewide Planning Goals.

Applicants for on-site sewage disposal permits must submit a completed Statement of Compatibility or an approved equivalent along with their application or request.

Oregon
John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
2146 NE 4th Street, Suite 104
Bend, OR 97701
(541) 388-6146
Eastern Region
Bend Office

June 16, 1998

IMPORTANT DOCUMENT-SITE EVALUATION REPORT
-this is not a construction permit-

Duane & Carole Huston
PO Box 597
Molalla, OR 97038

Re: T7, R21, S19; TL 3700
792 Acres - Wheeler County

Dear Mr. & Mrs. Huston:

Based on the soil profile in the test holes you provided, the site is approved for an on-site sewage disposal system in accordance with OAR 340-71-400 (7); Geographic Area Special Consideration. Soils on this property are shallow in the area evaluated and with the slope characteristics would normally require a Conventional Sand Filter to be installed. The Geographic rule takes into effect the acreage and rainfall conditions in the area and if meeting the additional requirements allows for the installation of a Standard sewage disposal system.

Stipulations for the Geographical Rule approval are based on the following conditions: Property is to be 80 Acres or larger in size; the separation of the proposed on-site system and the nearest dwelling, other than that being served by the proposed system, is at least one-quarter mile; the nearest property line to the proposed system is at least 100 feet; the nearest domestic water source is at least 200 feet, and the nearest surface public water is at least 200 feet. The **Replacement area** as outlined on the back of the site evaluation field worksheet meets these conditions.

The **Initial area** as identified on the back of the site evaluation field worksheet is assumed to meet the rules and regulations without utilizing the Geographical Rule. For all intent and purposes both systems should be placed/designed into this area, if possible, either by gravity flow or by pumping the effluent. The Standard system in this area has been designed to handle flows up to a four (4)-bedroom single family residence. A copy of the Site Evaluation Field Worksheet is attached and the system requirements are:

- Standard system with a flow of 450 gallons per day.
- 125 lineal feet of drainfield line per 150 gallons of flow for a total of 375 linear feet.
- A serial distribution system.
- Maximum trench depth 36 inches, minimum 24 inches.
- Drainfield set backs: 10 feet from property lines, 100 feet from wells. However, if located in the replacement area geographical rule separations apply.
- DRAINFIELD MUST BE INSTALLED IN THE AREA SHOWN ON THE BACK OF THE SITE EVALUATION FIELD WORKSHEET. Any alteration of the natural conditions (i.e.

cutting or filling) in the approval area, or further partitioning or subdividing on the subject or adjacent properties may void this approval (ORS 454 and OAR 340).
- Filter fabric shall be used to cover the drain media (drainrock) prior to back-filling the disposal trenches if gravel trenches are utilized.
- The approved areas for both initial and replacement systems are to be protected from vehicular traffic, farm machinery, livestock or further development.
- Specification for the replacement system should the initial system ever fail are noted on the site evaluation worksheet. Specifications for this system may differ from those for the initial system. The area noted for the repair system is to be kept free from any future development or activities that would alter site conditions.

Any person other than the property owner must be licensed by the DEQ to install an on-site sewage disposal system. In addition, a **PERMIT** must be obtained from this office prior to installation of the system. The following items must be submitted along with a completed and signed application form. The necessary forms are enclosed.

AN ACCURATE CONSTRUCTION PLAN SHOWING THE SYSTEM LAYOUT INCLUDING ELEVATION DIFFERENCES, AND THE LOCATION OF THE REPLACEMENT AREA. INCLUDE ALL PROPOSED DEVELOPMENT AND LOCATION OF TEST HOLES.

A LAND USE COMPATIBILITY STATEMENT SIGNED BY THE WHEELER COUNTY PLANNING DEPARTMENT.

CURRENT PERMIT FEE OF $490.00

If you have any questions regarding this report or the permit procedures, please feel free to contact me at (541) 388-6146 extension 234.

Sincerely,

Lawrence M. Brown

Lawrence M. Brown, R.S.
Environmental Sanitarian

LMB/cah

Enclosure(s)

cc: Wheeler County Planning Department
Terry Burgess - DEQ Licensed Installer; PO Box 88, Spray OR 97874

SITE EVALUATION FIELD WORKSHEET

Tax Reference T7 R21 S19 TL 3700 Evaluator Larry Brown

Applicant Duane + Carole Huston Date 6-15-98 Parcel Size 792 Acres

	Depth	Texture	Soil Matrix Color and (Mottling), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.	
Pit 1	0-14"	gc	10YR 2/2, 2vfifm/c, 3mabk ~20% gravels to 3" diameter	1
1	14-21"	c	10YR 3/3, 1vfifm/c, 3cabk	1
1	21-42"	Fractured Parent material with very thick clay film present		1
1				1
Pit 2	0-8"	gc	Similar to Pole #1 in all aspects.	2
2	8-14"	c		2
2	14-42"	Frac. P.M.		2
2				2
Pit 3	0-11"	gc	Similar to Pole #1 in all aspects.	3
3	11-21"	c		3
3	21-42"	Frac.	P.M.	3
3				3

Landscape Notes Juniper/brush rangeland.

Slope variable Aspect variable Groundwater Type Permanent springs on property

Other Site Notes: Drainfield to be 100' from any ground water source or year-round surface water. Septic tank to be 50' from any ground water source or surface water. Geographic Special consideration OAR-340-71-400(7)

SYSTEM SPECIFICATIONS

Type System: Standard Design Flow 450 gpd Disposal Field Size 375 Linear Feet

Initial Standard-Serial System Sizing 125 /150g. Max. Depth Absorption Facility (in) 36"/24"

Replacement Standard-Serial System Sizing 150 /150g. Max. Depth Absorption Facility (in) 36"/30"

Special Conditions: A detailed site development plan of proposed system construction (in area of approved test holes) is required with construction permit application. Plan must identify septic tank location, size, and manufactures name, building, effluent sewer pipe size and ID numbers, distribution or drop box manufacturer, cross section of disposal trench, gravel specifications or graveless system to be used, spacing between trenches, ground and pipe elevations throughout the system. Locate approved test holes as they relate to system placement. In addition to the above, the plan needs to locate the systems placement as it relates to existing or proposed structures, wells, waterways, roads and parking areas. We recommend a DEQ licensed sewage disposal business prepare plans and do eventual installation after DEQ construction permit issuance.

a) Dependent upon room available in option I area - repair could be for 375'

b) Filter fabric shall line the top of drain rocks if gravel trenches are utilized.

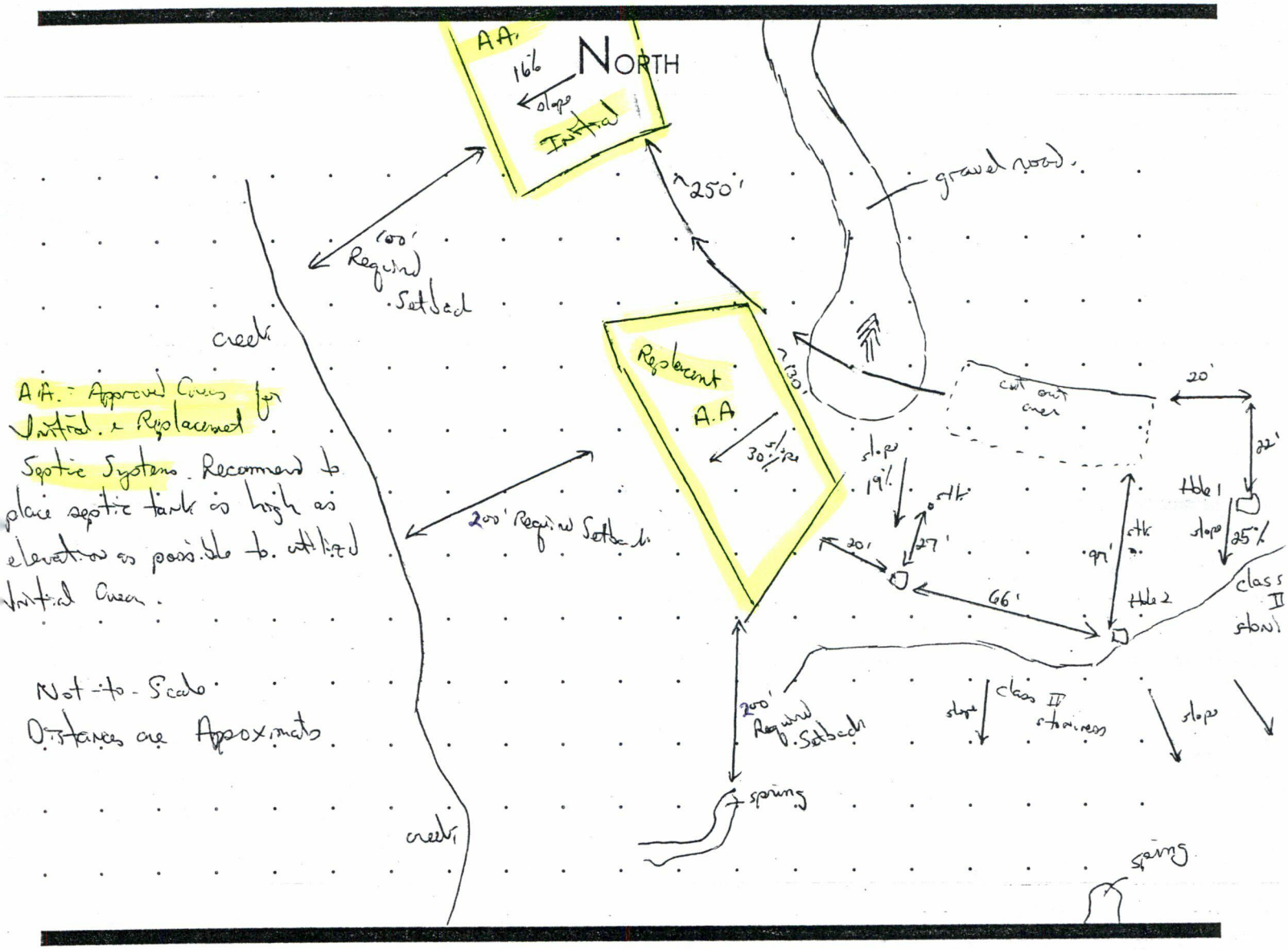
c) Effluent Sewer line to be protected from vehicular traffic with 6" steel culvert.

PLOT PLAN ON REVERSE SIDE

SITE EVALUATION FIELD WORKSHEET

Tax Reference T7 R21 S19 TL 3700 Evaluator Larry Brown

Applicant Duane + Carole Huston Date 6-15-98 Parcel Size 792 Acres



A.A. = Approved Area for Initial + Replacement Septic Systems. Recommend to place septic tank as high as elevation as possible to. utilized Initial Area.

Not-to-Scale
Distances are Approximate

	Depth	Texture	Soil Matrix Color and (Mottling), % Coarse Fragments, Roots, Depth Texture Structure, Layer Limiting Effective Soil Depth, etc.	
Pit 4				4
4				4
4				4
4				4
Pit 5				5
5				5
5				5
5				5
Pit 6				6
6				6
6				6
6				6

TL 3700 Huston S.E.

6/15/98

24 [illegible]/36" Std. Serial

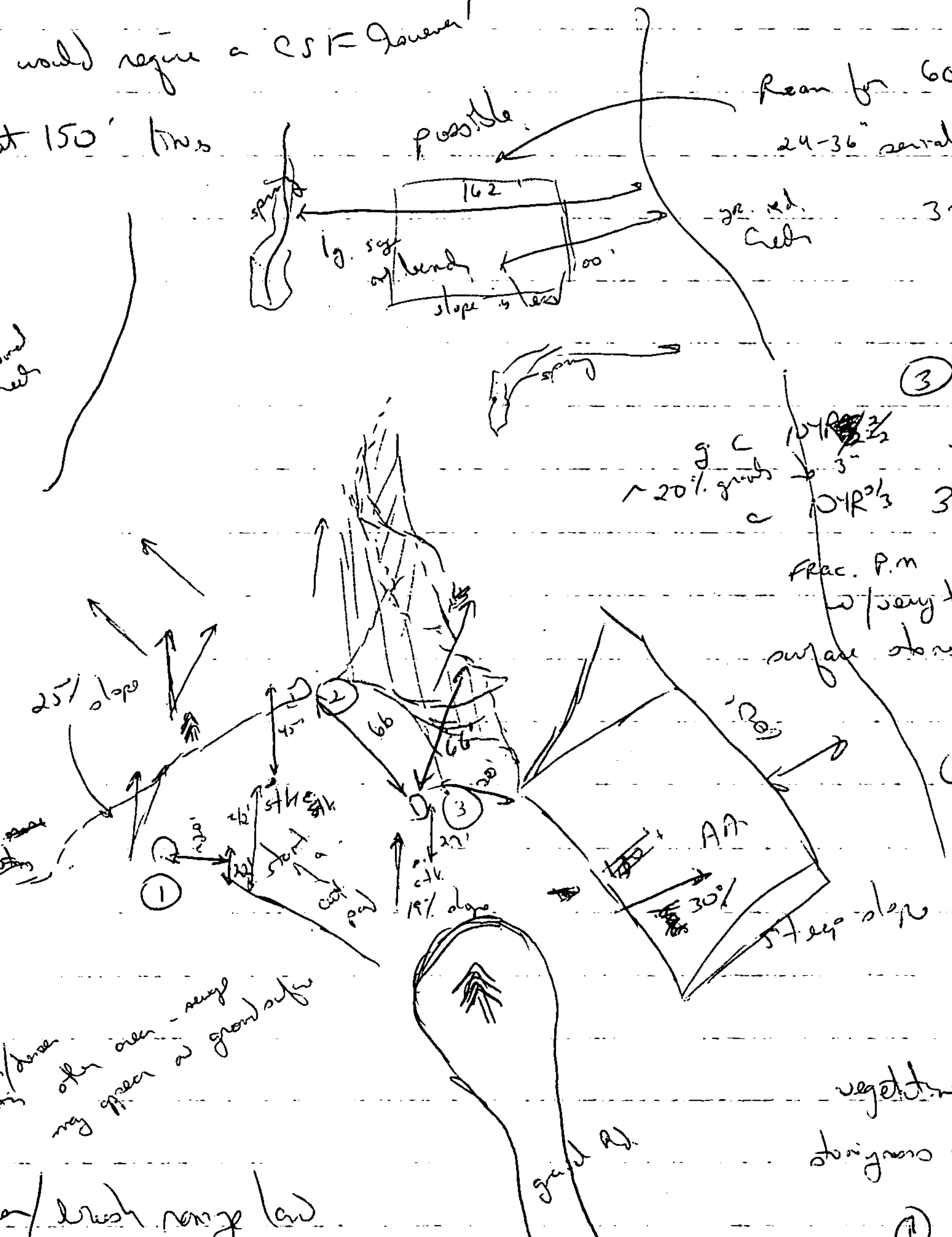
150/150 = 450 gpd.

71-400

(?) Geographic Area Special Considerations

Normally would require a CSF however

Appears that 150' lines are possible



③
g C 10YR 3/2 3 m abk 0-11 2vfifme
~20% gravels 3"
C 10YR 3/3 3 c abk 11-21 1vffme
Frac. P.M 21-42
w/very thick clay films 1vffm
surface stones ~5%

② 0-8
8-14
14-42"

Dug on edge of good material, 90% + surface stones
vegetation becomes sparse in stony grass area

① 0-14
14-21
21-42

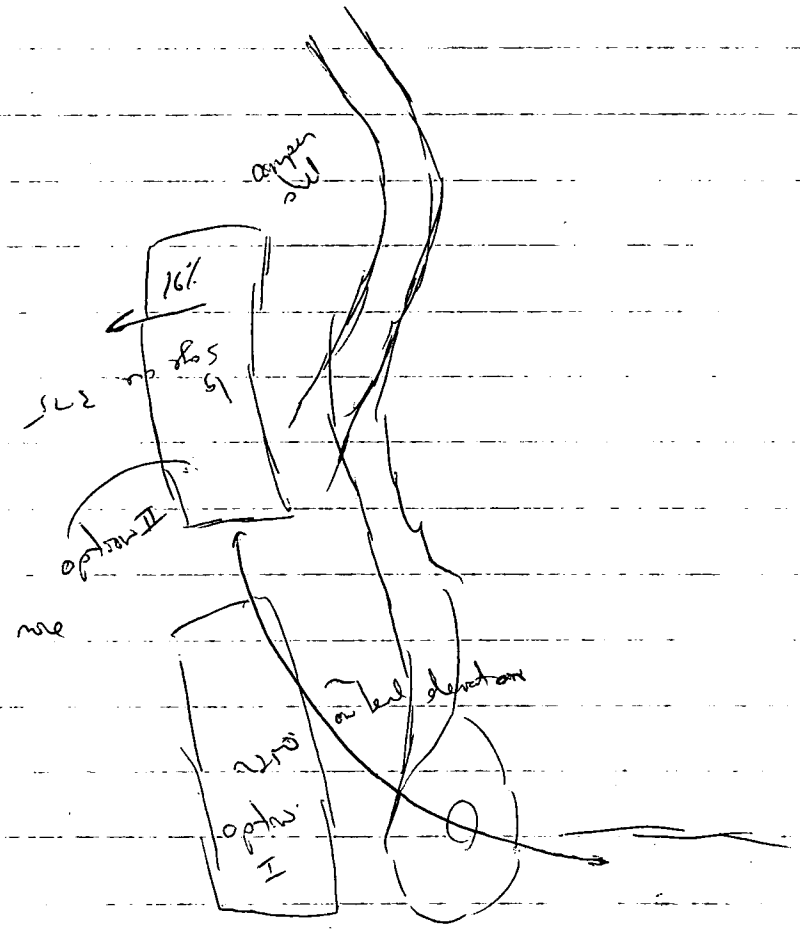
60
.6
/360

54
.3
/162

14
.3
/2

AA.w/ dense vegetation other areas - sewage may appear at ground surface

Juniper/brush range land
high elevation - scenic overlook



slope is less, plants are
farther apart

10" drop

RECEIVED JUN 1 1 1998

DEPARTMENT OF ENVIRONMENTAL QUALITY
EASTERN REGION BEND
2146 NE FOURTH SUITE 104
BEND, OR 97701
(541) 388-6146 or 1-800-452-4011

FOR OFFICE USE ONLY
Date Received: 6-11-98
Date Completed: 6-17-98
Required Fee: $365.00
Receipt No.: 84544
Control No.: 35-
RECORD 720

ON-SITE SEWAGE DISPOSAL APPLICATION

PLEASE PRINT

Duane/Carole Huston — Property Owner's name
Terry Burgess Constr — Applicant's Name if Different from Owner

7S	21E	19	3200		Wheeler
Township	Range	Section	Tax Lot #	Lot Size	County

			7.92
Subdivision Name	Lot #	Block #	Acreage

Proposed Facility:

X Single Family Residence 3 Number of Bedrooms ____ Public Water Supply (Community System)

____ Other- Specify ____ X Private Water Supply
Specify Type ____ (Well, Spring, etc.)

Existing Facility:

____ Single Family Residence ____ Number of Bedrooms Other- Specify ____

APPLICATION FOR (CHECK ONE OF THE FOLLOWING)

- [X] SITE EVALUATION
- [ ] PERMIT TO CONSTRUCT
- [ ] PERMIT TO REPAIR
- [ ] PERMIT FOR ALTERATION
- [ ] PERMIT FOR RENEWAL
- [ ] EXISTING SYSTEM EVALUATION
- [ ] PLAN REVIEW
- [ ] OTHER (SPECIFY)____

AUTHORIZATION NOTICE

- [ ] CONNECT TO AN EXISTING SYSTEM NOT IN USE
- [ ] REPLACE M-H WITH ANOTHER OR A HOUSE
- [ ] ADDITION OF ONE OR MORE BEDROOMS
- [ ] PERSONAL HARDSHIP
- [ ] TEMPORARY HOUSING
- [ ] OTHER (SPECIFY)____

THIS APPLICATION WILL BE RETURNED IF IT IS NOT FILLED OUT COMPLETELY AND ACCOMPANIED BY THE APPROPRIATE FEE AND ATTACHMENTS REQUIRED IN THE GUIDANCE PACKET. YOUR SITE MUST BE PREPARED ACCORDING TO INSTRUCTIONS IN THE GUIDANCE PACKET BEFORE ACTION CAN BE TAKEN ON THIS APPLICATION.

By my signature, I certify that the information I have furnished is correct and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

Carole M Huston — Signature
3/18/98 — Date

- [ ] Owner
- [ ] Authorized Representative
- [ ] Licensed Installer License No. 37479

Owner's Mailing Address

P.O. Box 597
Molalla, Or 97038

Phone: 503-829-8303

Applicant's Mailing Address (if different)

Terry Burgess
PO Box 88
Spray Or 97874

Phone: 541-468-3104

rev.4/96 ER

EXHIBIT "A"
Legal Description

WHEELER COUNTY, OREGON

Township 7 South, Range 20 East, W.M.:
Section 25: That part lying South and East of Oregon State Highway No. 218.
36: Those parts of the N1/2 and of the N1/2S1/2 lying South and East of Oregon State Highway No. 218.

Township 7 South, Range 21 East, W.M.:
Section 19: That part of the SE1/4 lying South and East of Oregon State Highway No. 218.
30. Those parts of Lots 1 and 2 lying South and East of Oregon State Highway No 218; Lots 3 and 4; That part of the NE1/4NW1/4 lying South and East of Oregon State Highway No 218; W1/2NE1/4.
31: Lot 1.

EXCEPTING from the above descriptions, any portions thereof lying within the boundaries of the right of ways of Oregon State Highway No. 218, or Pine Creek County Road No. 13.

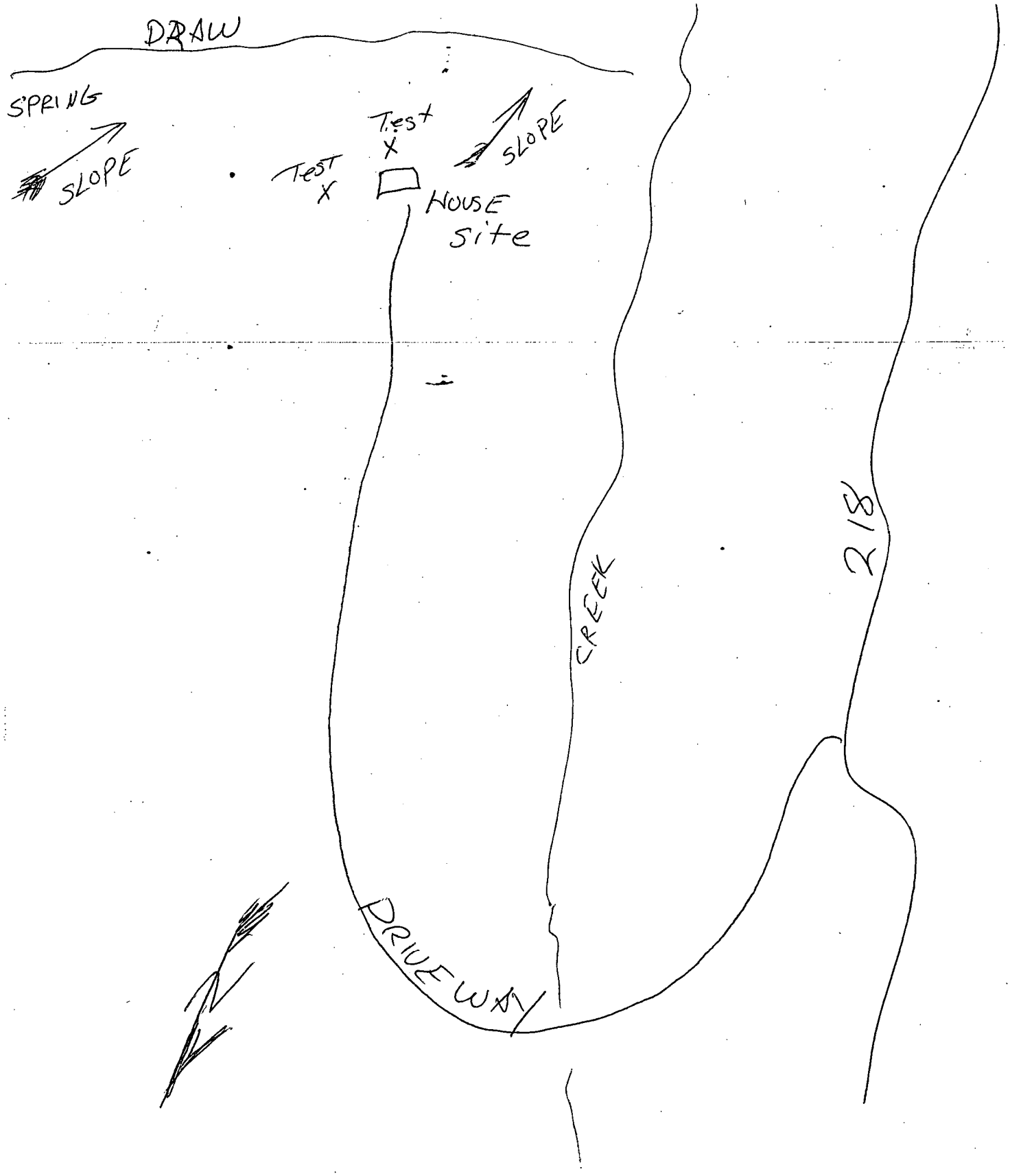
DEPARTMENT OF ENVIRONMENTAL QUALITY

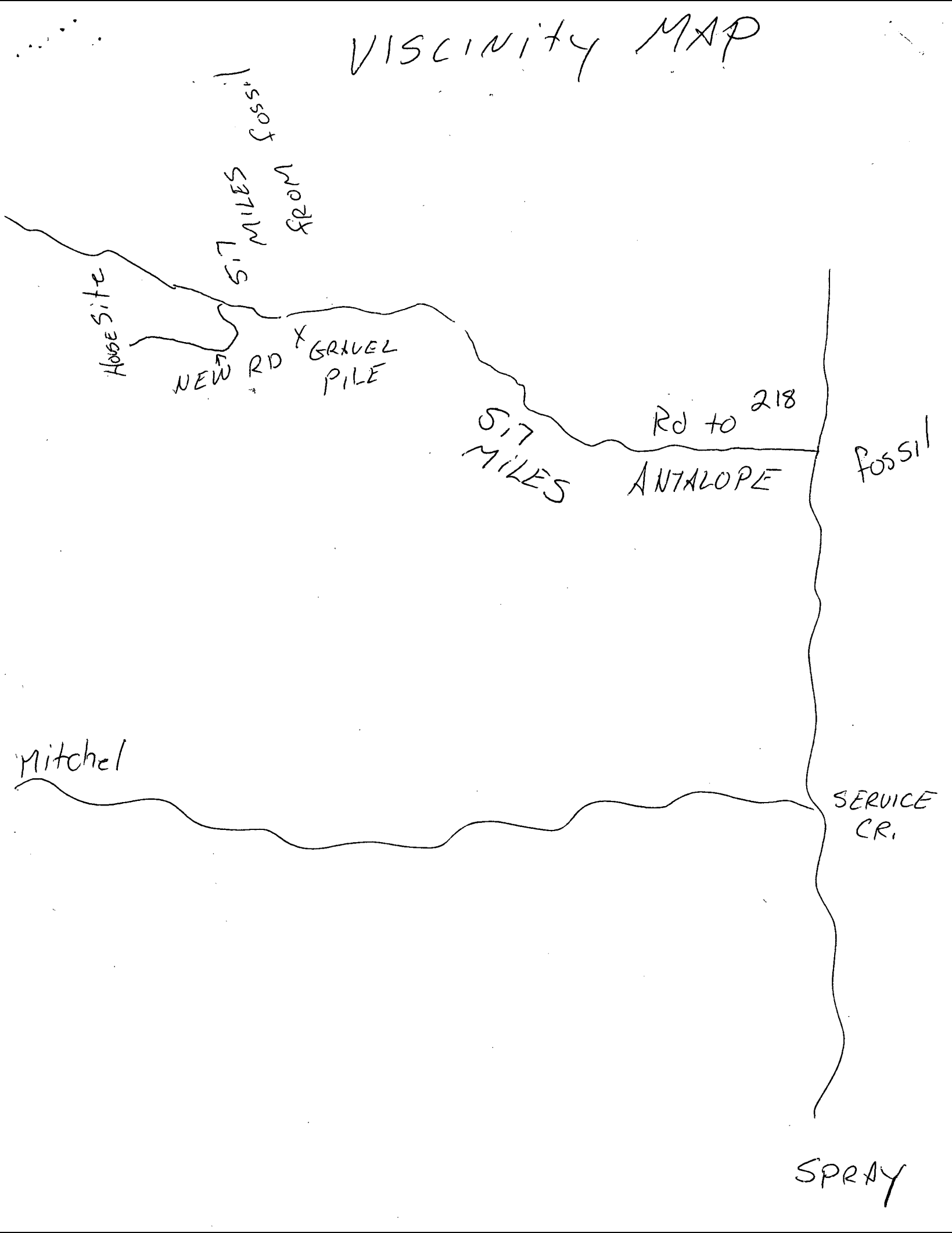
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN

Property Owner Duane Huston Date 6-10-98

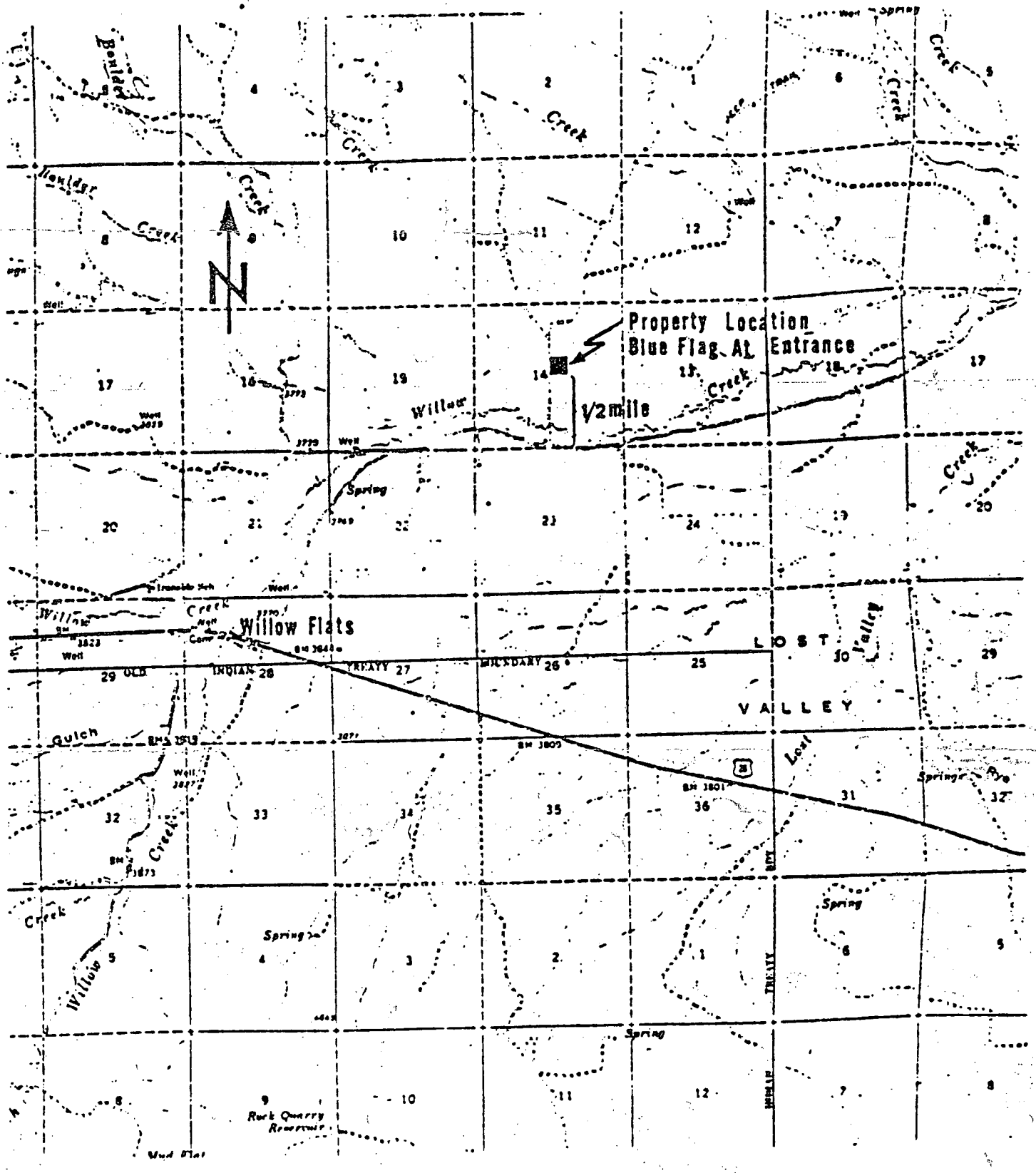
Location: T. 7 R. 20 Sec. 25 Tax Lot/Acct. No. _____

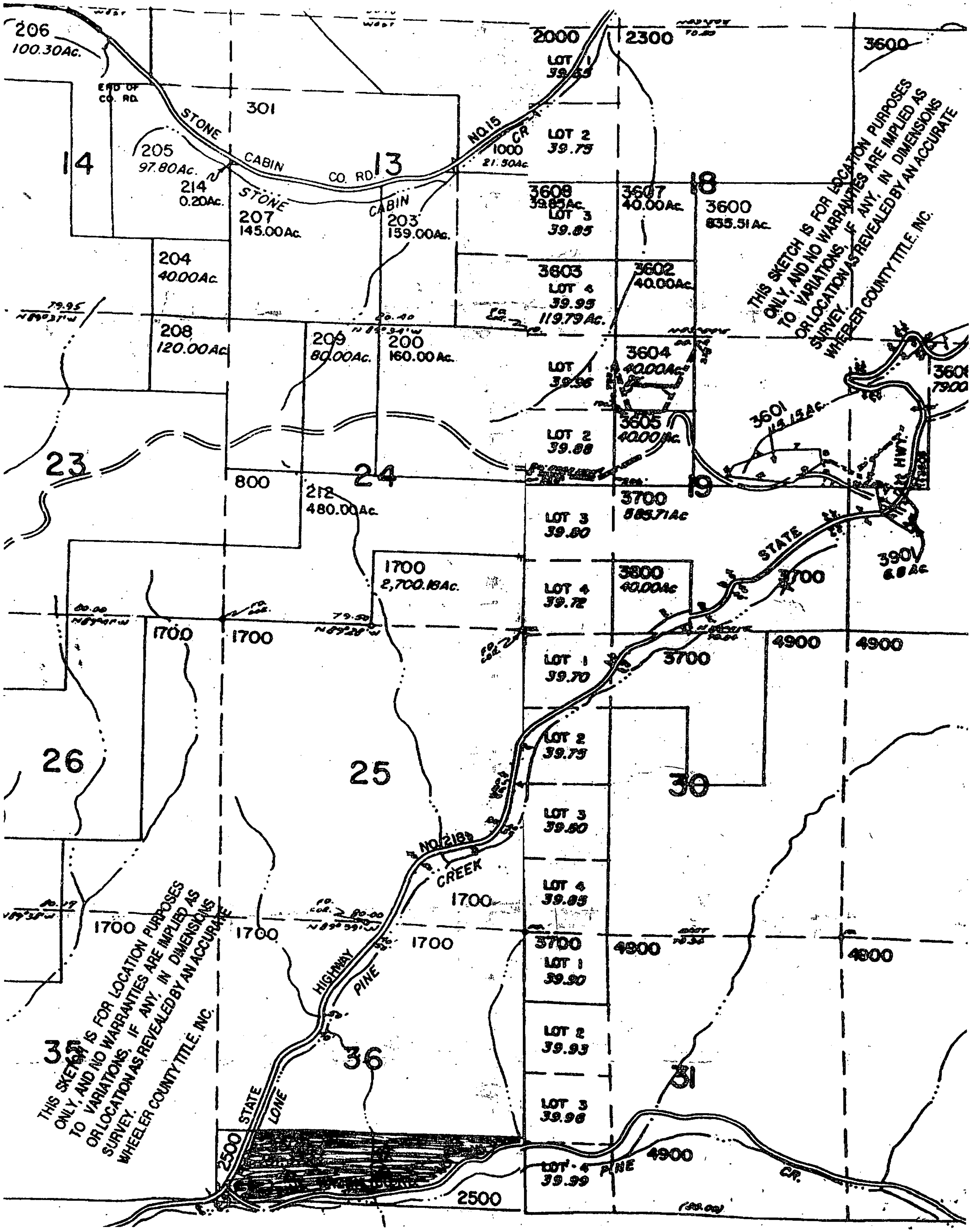



VISCINITY MAP
1
5.7 MILES FROM Fossil
HOUSE Site
NEW RD
X GRAVEL PILE
5.7 MILES
Rd to 218
ANTALOPE
Fossil
Mitchel
SERVICE CR.
SPRAY

Example A

VICINITY MAP





THIS SKETCH IS FOR LOCATION PURPOSES ONLY, AND NO WARRANTIES ARE IMPLIED AS TO VARIATIONS, IF ANY, IN DIMENSIONS OR LOCATION AS REVEALED BY AN ACCURATE SURVEY.
WHEELER COUNTY TITLE, INC.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

A) Septic tank without riser to ground surface - provide
B) Watertightness test not conducted - conduct.
C) Septic tank not installed on sand/smooth base - install according to manufacturers installation requirements
D) PB/D pipe used as effluent sewer. Replace with ASTM 3034 It is important that the effluent get to the drainfield
E) Drop boxes placed upside-down - replace correctly - This will require that they be installed deeper. Lower line to go into infiltrator units.
F) Wrong end plate at beginning of trench. Use plate without a cap. This way effluent will fill trench up before overflowing.
G) As-built required before Certificate can be issued.

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 35-53278	17	21	19	3700
	Township	Range	Section	Tax Lot / Acct. No.

INSPECTION:

TIME 11:00 AM

DATE 10-9-98

CONTACT: 1-541-388-6146 x 234

BY Lauraine M Braun RS
(Signature)

DO NOT REMOVE THIS NOTICE FROM SITE

DEQ-WQ-XL 315 10/81