

79000
Cont'd No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 36-166-07

\$ _____
Fee

☒ New Construction

☐ Repair

☐ Other _____

Permit Issued To Bernie Diefenderfer 5 6 29 202 Yamhill
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
ON-SITE SEWAGE DISPOSAL SYSTEM
(Road Location) (City) (Issued by - Signature) (Date Issued)

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 7-25-08 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1500 Gallons Disposal Trenches ☒ Seepage Bed(s) ☐ _____ Square Feet
Maximum Depth 30 Inches. Minimum Depth 24 Inches. 450 Linear Feet
Equal ☐ Loop ☐ Serial ☒ Pressurized ☐ Minimum Distance Between Trenches 10 feet on centers
Total Rock Depth 12 Inches. Below Pipe 6 inches. Above Pipe 2 inches. ☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance w/ approved plans & specs. 100 foot setback to any wells from disposal fields

PRE-COVER INSPECTION REQUIRED — CONTACT _____

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing
with Reference Locations

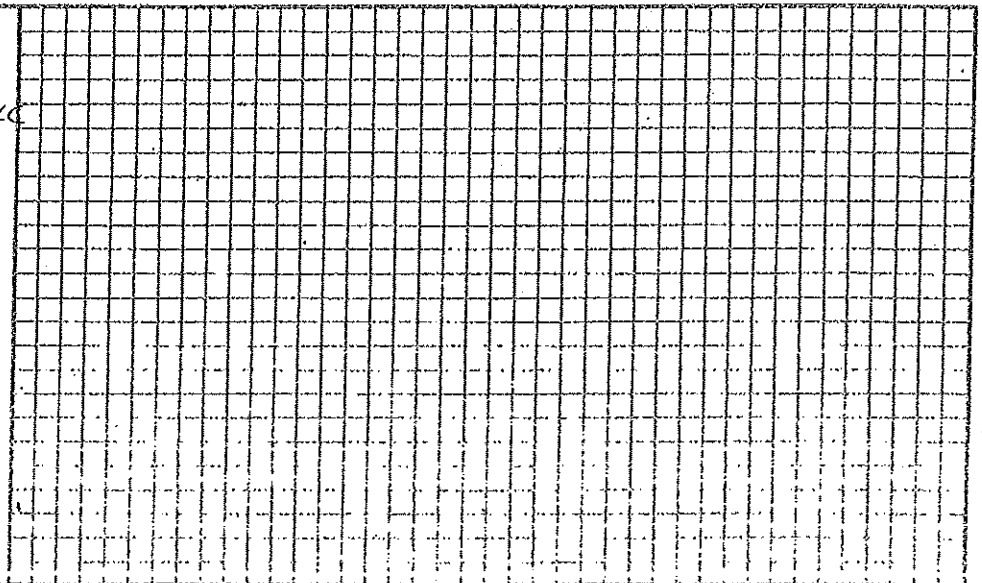
Installer On-site Septic + Exv. LLC

Final Insp. Date 8-8-07

☒ Inspected By Dewey Dardel

☐ Issued by Operation of Law

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



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.

Dewey Dardel
(Authorized Signature)

EHS III
(Title)

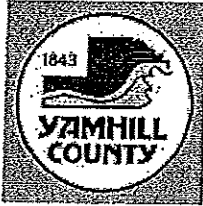
8-9-07
(Date)

Yamhill Co.
(Office)

Phone:(503) 434-7516 • Fax: (503) 434-7544 • TTY: (800) 735-2900 • Internet Address: <http://www.co.yamhill.or.us/plan/>

REVISSED: 3/10/06 ** 11:17 AM

FOR DEQ USE ONLY

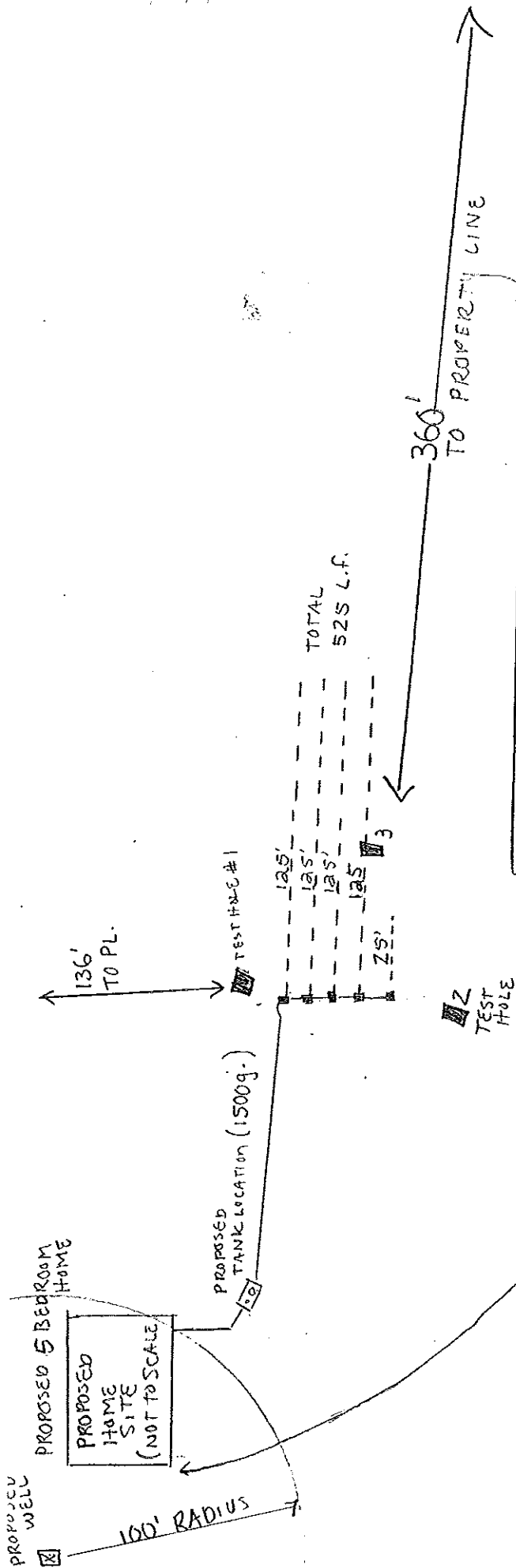


YAMHILL COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT

525 NE 4TH STREET, McMinnville, OR 97128
 Phone: 503-434-7516 * Fax: 503-434-7544 * TTY: 800-735-2900
 Internet Address: <http://www.co.yamhill.or.us/plan/>

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME: <u>On-site Septic Exc. LLC</u>				MAILING ADDRESS: <u>P.O. Box 5241, Salem OR 97304</u>		PHONE: <u>503-362-7800</u>
OWNER'S NAME: <u>Bernie Diefenderfer</u>				SITUS ADDRESS: <u>5629-202</u>		CELL:
PROPERTY LOCATION	TOWNSHIP <u>5</u>	RANGE <u>6</u>	SECTION <u>29</u>	TAX LOT # <u>202</u>	ZONING	SUBDIVISION
	BLOCK	COUNTY <u>YAMHILL</u>		PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981. <input type="checkbox"/> YES <input type="checkbox"/> NO		
	PROPOSED LAND USE: <input checked="" type="checkbox"/> An individual, single-family dwelling. <input type="checkbox"/> Other. Describe the type of development:					
	PERMIT OR APPROVAL BEING REQUESTED: <input checked="" type="checkbox"/> On-Site Construction Installation for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Alterations <input type="checkbox"/> On-Site Authorization Notices: <input type="checkbox"/> Replacement Dwelling <input type="checkbox"/> Bedroom Addition <input type="checkbox"/> Change of Use <input type="checkbox"/> Non-water-carried facility requests <input type="checkbox"/> Other changes in land use involving potential sewer flow increase					
	<div> <div> Statement of Compatibility from Appropriate Land Use Authority <i>(An equivalent statement may be provided in lieu of this form)</i> </div> <div> THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE: <input type="checkbox"/> Compatible with the LCDC Acknowledged Comprehensive plan <input checked="" type="checkbox"/> Measure 37 <input type="checkbox"/> Not compatible with the LCDC Acknowledged Comprehensive Plan </div> <div> <input type="checkbox"/> Consistent with the Statewide Planning Goals <input type="checkbox"/> Not consistent with the Statewide Planning Goals </div> </div>					
PROPERTY IS LOCATED (Check one) <input type="checkbox"/> Inside City <input type="checkbox"/> Inside UGB, Outside City Limits <input type="checkbox"/> Outside UGB						
LAND USE AUTHORITY YAMHILL COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT						
REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY <u>FD-18-06</u>						
SIGNED: <u>[Signature]</u>				TITLE: <u>Assistant Planner</u>		DATE: <u>7-28-07</u>
<input type="checkbox"/> CITY/ COUNTY CONCURRENCE IF INSIDE UGB						
SIGNED:				TITLE:		DATE:



- Layout Approved Provided:
1. No cutting, grading or filling to be in drainfield area.
 2. All drainfield lines to follow contour of land.
 3. Required setbacks be maintained from water supplies, boundary lines, house lines, and cut banks.
 4. Systems to be installed in accordance with the "Regulations Governing the Subsurface Disposal of Sewage" set forth by the Department of Environmental Quality.
 5. Any deviation from this Approved layout must be approved by this department.

After installation, all tanks shall be watertight. Each tank shall be water tested by filling to a point at least 2 inches above the point of riser connection to the top of the tank. During the test there shall be no more than a gallon leakage over a 24 hour period.

Dewey Darold, R.S.
Approved
7-25-07

BERNIE DENDERFER
5629-202
PARCEL # 1 50.01 ACRES
(APPLICATION # 36-747-07)
SCALE 1" = 60'

Yamhill County Department of Planning and Development

525 NE 4th Street • McMinnville, OR 97128 • Tel: 503-434-7516 • Fax: 503-434-7544

DATE: 8/6/07	TAX LOT R 5629-00202	PROPERTY OWNER'S NAME Diefenderfer	PERMIT #'s 30-166-07
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Job Address:

Pittman Ln.
Sheridan

Request By:

Joyce

Phone No.:

503-362-7000

Directions:

Work Performed By:

On-Site Septic

INDICATE INSPECTION REQUESTED

Excavation

BUILDING

- ☐ Footing / Foundation
- ☐ Shearwall
- ☐ Framing
- ☐ Insulation
- ☐ Sheetrock
- ☐ Final
- ☐ Other _____
- ☐ Other _____

PLUMBING

- ☐ Underslab
- ☐ Underfloor / P&B
- ☐ Cover / Topout
- ☐ Water Supply
- ☐ Building Sewer
- ☐ Raindrains
- ☐ Footing Drains
- ☐ Other _____

MECHANICAL

- ☐ Underfloor
- ☐ Rough
- ☐ Gas Test
- ☐ Woodstove
- ☐ Unit / Heat pump
- ☐ Final
- ☐ Other _____
- ☐ Other _____

SEPTIC

- ☐ Site Evaluation
- ☐ Permit Inspection
- ☐ Repair - Test Holes
- ☐ Existing Sys. Eval.
- ☐ Authorization Insp.
- ☐ CTR Evaluation
- ☒ Other Pre-Cover
- ☐ Other _____

After
10:00 AM
Please

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

☐ Approved

☐ Disapproved

☐ Approved with corrections

The following corrections are to be made:

1. Water level ~ 2" below riser/tank top joint. Fill not more than 2" up inside riser. Wait 24 hours, if less than 1" drop - call for inspection.

2. Riser needs an extension -

☐ Upon completion of corrections, notify Yamhill County for a reinspection.

☐ This inspection was completed as "APPROVED WITH CORRECTIONS." When corrections are completed, please sign and return to Yamhill County Department of Planning & Development.

SIGNATURE

PRINT NAME

DATE

By:

Dewey Arnold
Inspector

For Reinspections, please call our request line: 503-434-7516

Building: Press 1

Septic: Press 3

Newberg Inspection Requests:

Building: 503-554-7867

Septic: 503-554-7868

You will need to state the following:

1. Permit number
2. Property Owner
3. Job site address

4. Type of Inspection needed
5. Date inspection is desired
6. Who did the work

Date:

8-7-07

YAMHILL COUNTY RECORD OF SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

PERMIT ISSUED TO: Name Bernie Diefenderfer Installer's Name On-Site Septic & Excavation
 Mailing Address: 22400 Pittman Rd. Permit Number 36-166-07 Tax Lot No: 5629-1202
Sheridan Property Address Pittman Rd., Sheridan

TOTAL NUMBER: Living Units 0 Bedrooms up to 5 Basement: ☐ Yes ☐ No
 WATER SUPPLY: Public System ☐ Individual 0 Type proposed well Community ☐

SEPTIC TANK: Distance from well N/A ft. Material Concrete Tight Line 11 ft. ASTM# 3034
 Total Liquid Capacity 1500 gal. Manufacturer Hanks concrete products

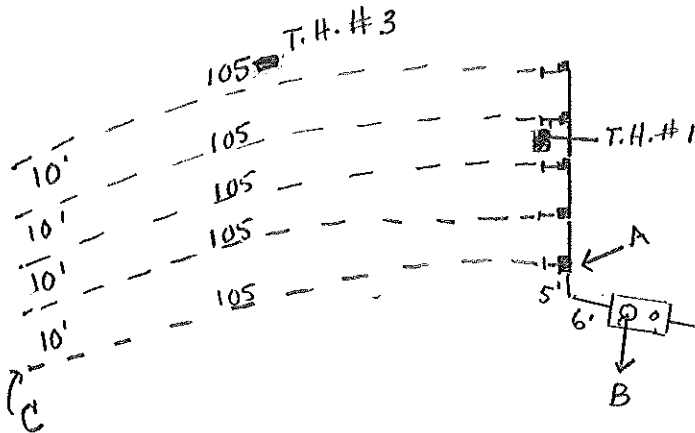
DRAINFIELD: Total Linear Feet 525 ft. Number of Distribution Boxes 5 Drop Leach Pipe (ASTM#) 2729 perf.
 Total Square Footage 1050 ft.² Header Pipe (ASTM#) 2927 solid
 Depth Rock Beneath Drain Line 6 inches Depth Rock Over Drain Line 2 inches
 Distance of Well From Closest Portion of Drainfield N/A ft.
 Mfg./Type/Size of Rock Filter Material 2" Round rock, Valley Concrete & Gravel

PUMP SYSTEM: Working Capacity of Chamber gal. Gallons per cycle gal.
 "Working Capacity" Remaining After Alarm Has Activated gal.

SKETCH OF ACTUAL SYSTEM AS CONSTRUCTED

A - B = 14'
 A - D = 115'
 C - D = 93'

SCALE 1" = 40'



NORTH PROPERTY LINE

Remarks: Installer will cut down soils around tank riser and submit picture of cut.

The installer has tested septic tank and determined compliance with current DEQ water tightness requirements [OAR 340-73-025(3)] ☒ Yes ☐ No
 I certify construction was in accordance with the permit and rules of the commission. ☒ Yes ☐ No

SIGNATURE OF INSTALLER [Signature] DATE 08/06/07 SIGNATURE OF SANITARIAN [Signature] DATE 8-8-07
 APPROVED ☒ DISAPPROVED ☐