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Control No.

552

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STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 36-96-07



New Construction



Repair



Other

Permit Issued To

Mary Holtan

(Property Owner's Name)

(Township)

(Range)

(Section)

(Tax Lot / Acct. No.)

(County)

34155 NE Mysunille Rd
(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 5-9-08

TYPE OF SYSTEM standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches ☒Seepage Bed(s) ☐

Square Feet

Maximum Depth 24 inches.

Minimum Depth 24 inches.

450 Linear Feet

Equal ☐ Loop ☐ Serial ☒Pressurized ☐

Minimum Distance Between Trenches

8' undisturbed

Total Rock Depth 12 inches.

Below Pipe 6 inches.

Above Pipe 2 inches.

☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan)

PRE-COVER INSPECTION REQUIRED — CONTACT

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing
with Reference Locations

Installer

Price Rite

Final Insp. Date

5-14-07

☒ Inspected By

JA

☐ 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.

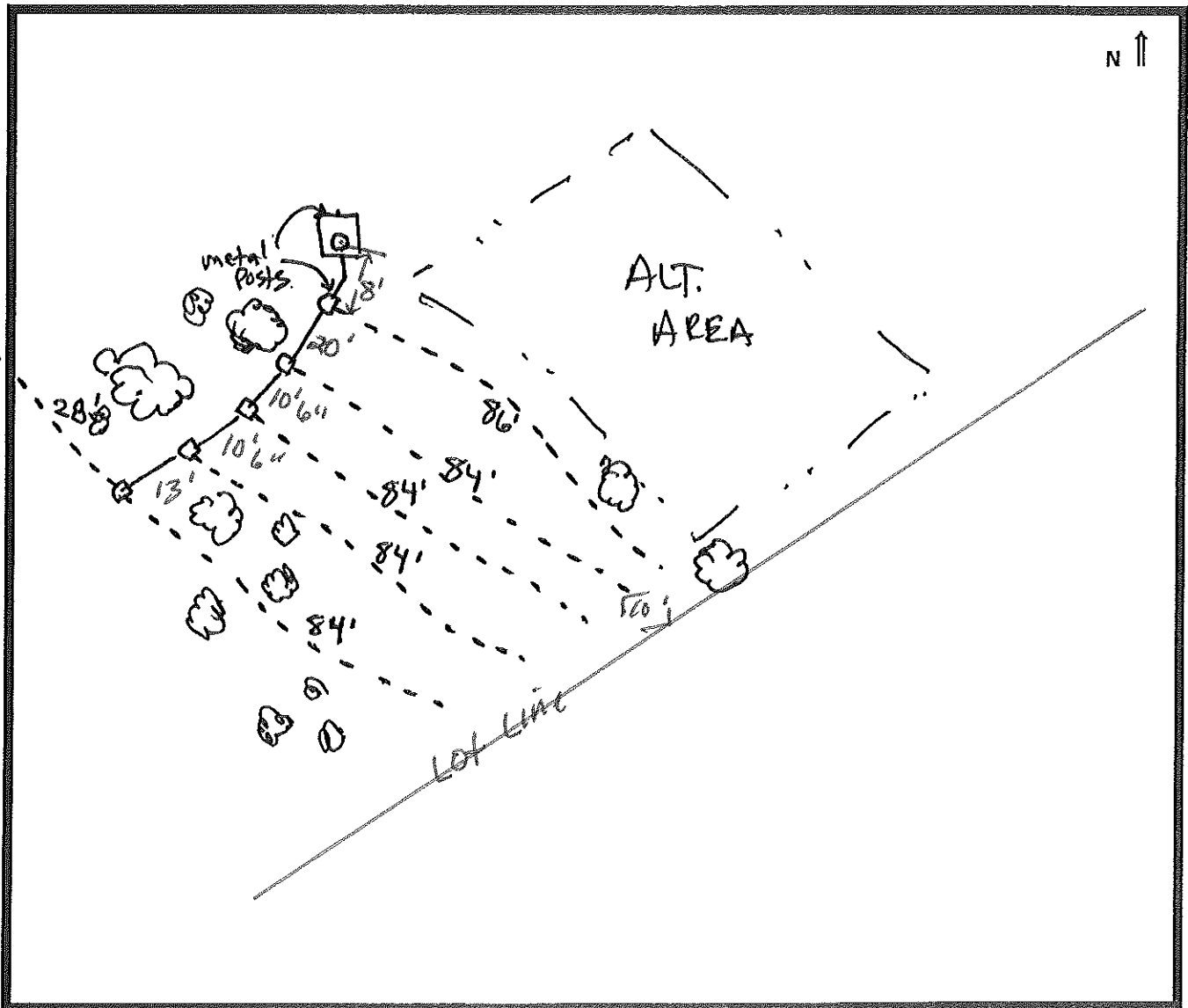
Jason Abraham
(Authorized Signature)Env. Health Specialist
(Title)5-14-07
(Date)36
(Office)

YAMHILL COUNTY RECORD OF SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

PERMIT ISSUED TO: Name Mary Holtan Installer's Name Price Rite
 Mailing Address: 34105 NE Wilsonville Rd. Permit Number 36 Tax Lot No: 3236-4300
 Property Address Lot # 2 4300
 TOTAL NUMBER: Living Units 1 Bedrooms 4 Basement: ☐ Yes ☐ No
 WATER SUPPLY: Public System ☐ Individual ☒ Type well to come Community ☐
 SEPTIC TANK: Distance from well _____ ft. Material concrete Tight Line _____ ft. ASTM# 4" A-B-S
 Total Liquid Capacity 1000 gal. Manufacturer Waite
 DRAINFIELD: Total Linear Feet 450 ft. Number of Distribution Boxes _____ Leach Pipe (ASTM#) Quick 4 Eq 24
 Total Square Footage 900 ft.² Header Pipe (ASTM#) 4" F810 PVC
 Depth Rock Beneath Drain Line _____ inches Depth Rock Over Drain Line _____ inches
 Distance of Well From Closest Portion of Drainfield _____ ft.
 Mfg./Type/Size of Rock Filter Material _____
 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



Remarks: _____

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] 5-10-07
 SIGNATURE OF INSTALLER DATE

[Signature] 5-14-07
 SIGNATURE OF SANITARIAN DATE

APPROVED ☒
 DISAPPROVED ☐