79000
Control No.

$ _____
Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 36-272-07

☒ New Construction Bernie Diefenderfer ☐ Repair ☐ Other _____

Permit Issued To Next To 22400 Pittman Ln. 5 6 29 200 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 10-8-08 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 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' 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' setback to any wells from both disposal fields. A 50' setback to any manmade cuts > 30".

PRE-COVER INSPECTION REQUIRED — CONTACT _____

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

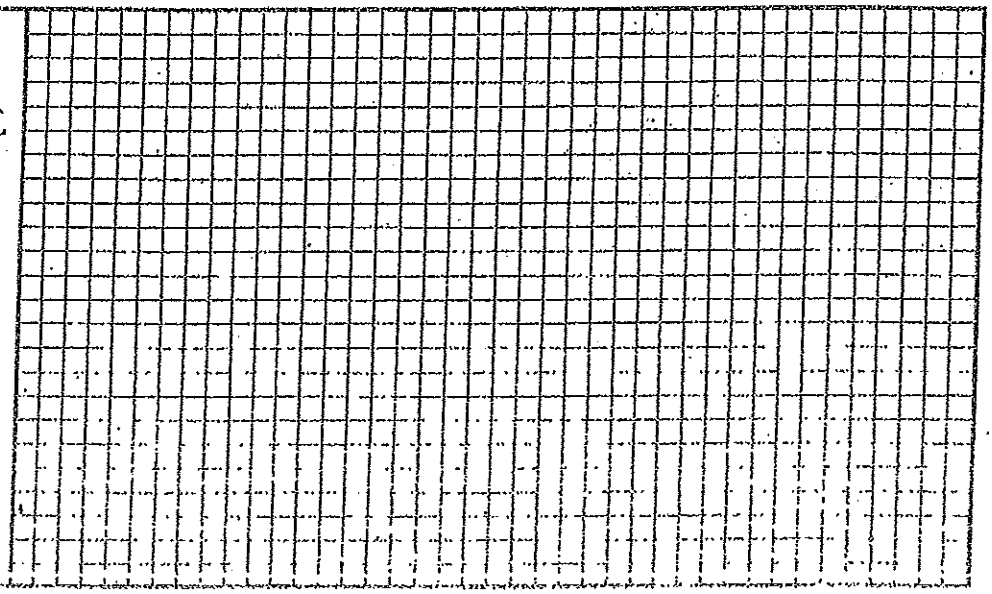
Installer On-site Septic & Exc.

Final Insp. Date _____

☐ Inspected By _____

☐ 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.

Kimberlee A. Aedtner WWS 10/29/01 36
(Authorized Signature) (Title) (Date) (Office)

DEQ/WQ—121—(R 1/94)

Yamhill County

DEPARTMENT OF PLANNING AND DEVELOPMENT

525 NE 4TH STREET • McMINNVILLE, OREGON 97128
Phone:(503) 434-7516 • Fax: (503) 434-7544 • TTY: (800) 735-2900 • Internet Address: http://www.co.yamhill.or.us/plan/

PERMIT#: 07-4886 Application #: 36 - 272 - 07 Application Date: 10807 Completion Date: _____

PLEASE PRINT

Applicant's Name & Address:
On-Site Septic & Excavation LLC
P.O. Box 5241
Salem, OR. 97304

Telephone: 503 362-7000

Water Supply: [X] Well [ ] Community System [ ] Other

Tax Lot Number (PIN) proposed 5629-200

Lot Size (acreage/dimension): 50 30

Subdivision Name: _____

Owner's Name & Address: (if different than applicant)
Bernie DiGendesfer
22400 Pittmann Ln.
Sheridan, OR 97378

Telephone: 971 237 3971

Site Address: _____

Lot # _____ **Block #** _____

COMPLETE ONLY **ONE** SECTION BELOW, MARKING ITEMS THAT APPLY

SITE EVALUATION

[ ] **Single Family Dwelling**
Indicate # of bedrooms, if known _____
[ ] **Commercial** _____
Maximum # of employees _____
Maximum # of patrons _____
[ ] Showers [ ] Food Preparation
[ ] Other _____
Planner Sign-off _____ **Zoning** _____

EXISTING SYSTEM EVALUATION

[ ] **Lender's Requirement** _____
[ ] **Owner's Request** _____
[ ] **Buyer's Request** _____
[ ] **Government Agency:** _____
[ ] **Other:** _____
[ ] **Residential** [ ] **Commercial**

PERMIT REQUEST

[X] **Single Family Dwelling** # of bedrooms 4-
[ ] **Commercial** _____

[X] **NEW** [ ] **RENEWAL**
[X] Standard [ ] Alternative _____

[ ] **REPAIR** [ ] **ALTERATION**
[ ] Tank Only [ ] Tank and/or drainfield

[ ] **SELF INSTALL** License # 36786

[X] **LICENSED INSTALLER** On-Site Septic & Exc.

AUTHORIZATION

[ ] **Replace House or Mobile Home**
# of bedrooms in existing dwelling _____
# of bedrooms in proposed dwelling _____
Net increase in bedrooms _____
[ ] **Alternative System Review**
[ ] **Personal Hardship/Temporary Housing**
_____
[ ] **Other** _____
[ ] **System Currently in Use?**
[ ] Yes [ ] No - date of last use _____
[ ] **Residential** [ ] **Commercial**

I understand that this site must be prepared according to instruction 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, ***Yamhill County Department of Planning & Development***, permission to enter onto the above described property for the purpose of this application.

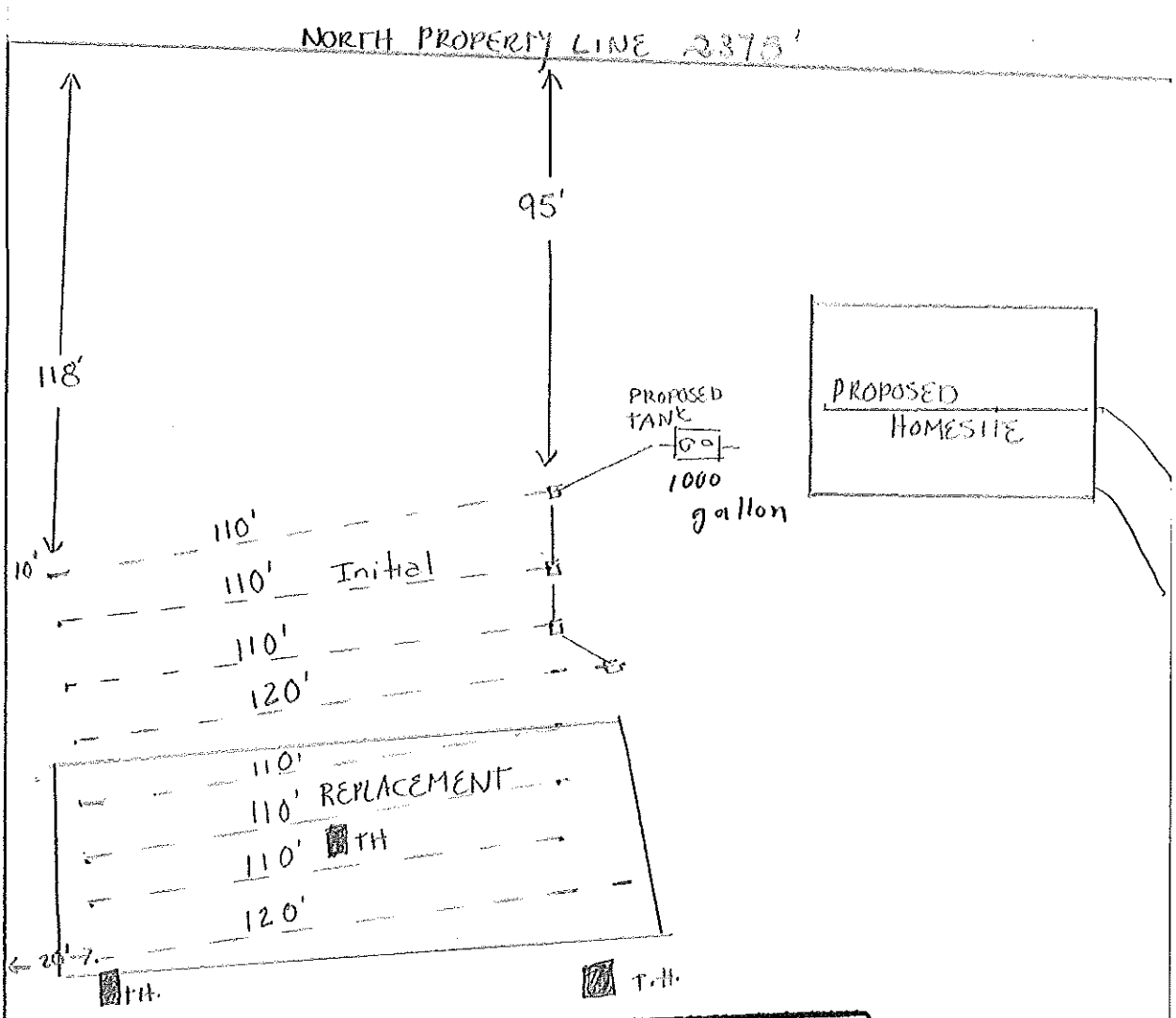
[ ] Owner
[X] Authorized Representative
[ ] Licensed Installer

Joyce Schmidt
SIGNATURE

10/08/07
DATE

RECEIPT NBR	CHECK NBR	CREDIT CARD	FEES PAID	AGENCY FEE	DEQ S/CHG	TOTAL PAID
69471	4809		494.00	35.00	40.00	569.00

Dewey Darold
10-8-07
Approved



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 septic 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.

WEST PROPERTY LINE 1529'

PROPOSED WELL 100'+

BERNIE DIEFENDERFER
PARCEL # 2 50.30 ACRES
5629-200

SCALE 1" = 40'

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:	MAILING ADDRESS:	PHONE:
On-site Septic Exc. LLC	P.O. Box 5241	503 362-7000
OWNER'S NAME:	SITUS ADDRESS:	CELL:
Bernie Diefenderfer	Pittmann Rd. Ln.	FAX:

PROPERTY LOCATION

TOWNSHIP	RANGE	SECTION	TAX LOT #	ZONING	SUBDIVISION
5	6	29	200		

BLOCK	COUNTY	PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.
	YAMHILL	☐ YES ☐ NO

PROPOSED LAND USE:
☒ An individual, single-family dwelling.
☐ Other. Describe the type of development:

PERMIT OR APPROVAL BEING REQUESTED:

☒ On-Site Construction Installation for: ☒ New Construction ☐ Repairs ☐ Alterations
☐ On-Site Authorization Notices: ☐ Replacement Dwelling ☐ Bedroom Addition ☐ Change of Use
☐ Non-water-carried facility requests ☐ Other changes in land use involving potential sewer flow increase

Statement of Compatibility from Appropriate Land Use Authority
(An equivalent statement may be provided in lieu of this form)

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

☑ Measure 37

☐ Compatible with the LCDC Acknowledged Comprehensive plan ☐ Consistent with the Statewide Planning Goals

OR

☐ Not compatible with the LCDC Acknowledged Comprehensive Plan ☐ Not consistent with the Statewide Planning Goals

PROPERTY IS LOCATED (Check one)

☐ Inside City
☐ Inside UGB, Outside City Limits
☑ Outside UGB

LAND USE AUTHORITY
YAMHILL COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY
P-13-06/C-08-06

SIGNED:	TITLE:	DATE:
	Planning Director	10-8-07

☐ CITY/ COUNTY CONCURRENCE IF INSIDE UGB

SIGNED:	TITLE:	DATE:

Yamhill County

DEPARTMENT OF PLANNING AND DEVELOPMENT

401 NE EVANS STREET • McMINNVILLE, OREGON 97128
Phone:(503) 434-7516 • Fax:(503)434-7544 • Internet Address: http://www.co.yamhill.or.us/plan/

Letter of Authorization

Let it be known that On-Site Septic & Excavation LLC has been retained to act as agent to perform all acts for development on my property identified below. These acts include: Septic system feasibility and sewage disposal permits.

Pittmann Rd., Sheridan
Address or Road

And described in the records of Yamhill County as:

Township _____ Range _____ Section _____ Tax Lot(s) _____

Township _____ Range _____ Section _____ Tax Lot(s) _____

The costs of the above actions, which are not satisfied by the agency, are the responsibility of the undersigned property owner

PROPERTY OWNER:
Signature: B.L. Duckendale Date 9-26-07
Printed name: B.L. DUCKENDALE
Address: 22400 PITTMAN RD Phone: 971-237-3971
City, State, Zip SHERIDAN, OR 97378 Fax: _____

AGENT:
Signature: Joyce Schmalz Date 09/26/07
Printed name: Joyce Schmalz / On-Site Septic & Excavation LLC
Address: P.O. Box 5241 Phone: 503 362-7000
City, State, Zip Salem, OR. 97304 Fax: 503 378-9822

NOTE: Due to problems encountered in other regions of Oregon, DEQ requires a "Letter of Authorization" form be completed and signed by both the owner and agent prior to acceptance or issuance, by Yamhill County, of any septic system feasibility and/or sewage disposal permit, to said agent.

EZflow
RING INDUSTRIAL

OREGON
FIVE YEAR LIMITED WARRANTY/NOTIFICATION
Pre-Fabricated Nitrification Field

CERTIFIED INSTALLER:
NAME: Ken Schmaltz - ON Site Septic & Ex LLC

DEQ LICENSE #: 36786

INSTALLATION DATE: 10-23-07

LOCATION OF INSTALLATION:
ADDRESS: Pittmann Ln parcel #2 of partition #2 Sheridan OR 97378 Yamhill Co.

PERMIT #: 36-27207

INSTALLER SIGNATURE:

NATIVE SOIL TYPE: SiCL

SOIL EVALUATION (SIZING LF / 150 GAL): 150

NO. OF BEDROOMS: 4 MAX

WATER METER READING: N/A

LINEAR FEET INSTALLED: 450

1201-P 6

LOCAL REGULATORY AGENCY COPY

RING Industrial Group hereby extends, for a period of FIVE YEARS from the date of installation of the 1201P system, the following limited warranty to the landowner who acquires through an EZ*flow* installer a new EZ*flow* brand drainfield for a single family residence. This limited warranty is subject to the terms and conditions herein, including those appearing on the reverse side hereof.

If the drainfield fails prematurely (within the FIVE YEAR period), EZ*flow* shall provide additional drainfield at no cost. An EZ*flow* installer shall provide, at no cost to the homeowner, equipment and labor to install the additional drainfield, if such a failure occurs.

This warranty/notification serves as a landowner consent form, required under OAR 340-071-0135 (4), acknowledging the use of an alternative drain media system approved for a study in accordance with DEQ's New or Innovative Technologies rules. By signing this form I agree to hold the State of Oregon and its officers, employees, and agents harmless of any and all loss or damage caused by system failure or defective installation or operation of the EZ*flow*w 1201P system. The 1201P configuration is approved in numerous states; however, it is not fully approved in Oregon. Until gaining a fully approved status, the 1201P configuration is approved for study under DEQ's New or Innovative Technologies rules. (This limited warranty applies only if drainfield is subject to normal use allowed by the State inspection and approval process.)

OWNER SIGNATURE: DATE: 10-27-07

THE ORIGINAL SIGNED WARRANTY/NOTIFICATION SHALL BE SENT TO THE LOCAL REGULATORY AGENCY. A COPY OF THIS WARRANTY MUST BE MAILED TO RING FOR INITIATION.

RING
INDUSTRIAL GROUP

Yamhill County Department of Planning and Development

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

DATE:	TAX LOT	PROPERTY OWNER'S NAME	PERMIT #'s
10-25	5629-200	Dittenderfer	36-27-[illegible]

Job Address: _____ Request By: Bryce

Phone No.: 503-362-7000

Directions: _____ Work Performed By: On-Site

INDICATE INSPECTION REQUESTED

BUILDING	PLUMBING	MECHANICAL	SEPTIC
' Footing / Foundation	' Underslab	' Underfloor	' Site Evaluation
' Shearwall	' Underfloor / P&B	' Rough	' Permit Inspection
' Framing	' Cover / Topout	' Gas Test	' Repair - Test Holes
' Insulation	' Water Supply	' Woodstove	' Existing Sys. Eval.
' Sheetrock	' Building Sewer	' Unit / Heat pump	' Authorization Insp.
' Final	' Raindrains	' Final	' CTR Evaluation
' Other _____	' Footing Drains	' Other _____	' Other _____
' Other _____	' Other _____	' Other _____	' Other _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

☐ Approved ☐ Disapproved ☒ Approved with corrections

The following corrections are to be made:

gravel driveway to Cap & Fill job (neighbor's property) thru grass field. go to edge of planted grass field. Look for tire tracks - follow those to top of hill. As built on site, in first box

1) Filter fabric is 10" wide. Filter fabric needs to cover cyclinders.
2) Need to sign warranty card for installing 2012P product. I'll mail you the form.

☐ 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 Donald
Inspector

Date: 10-26-07

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

WHITE - Job Site 1-877-598-9049 **YELLOW** - Inspection Record Card

10/29/07 Ken - On-site septic called & left msg. Davis Sales says 10" wide fabric okay

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 Ln. Permit Number 36-27207 Tax Lot No: 5629 -200
Sheridan Property Address

TOTAL NUMBER: Living Units 0 Bedrooms ____ Basement: [ ]Yes [ ]No Proposed 1-4 bedroom

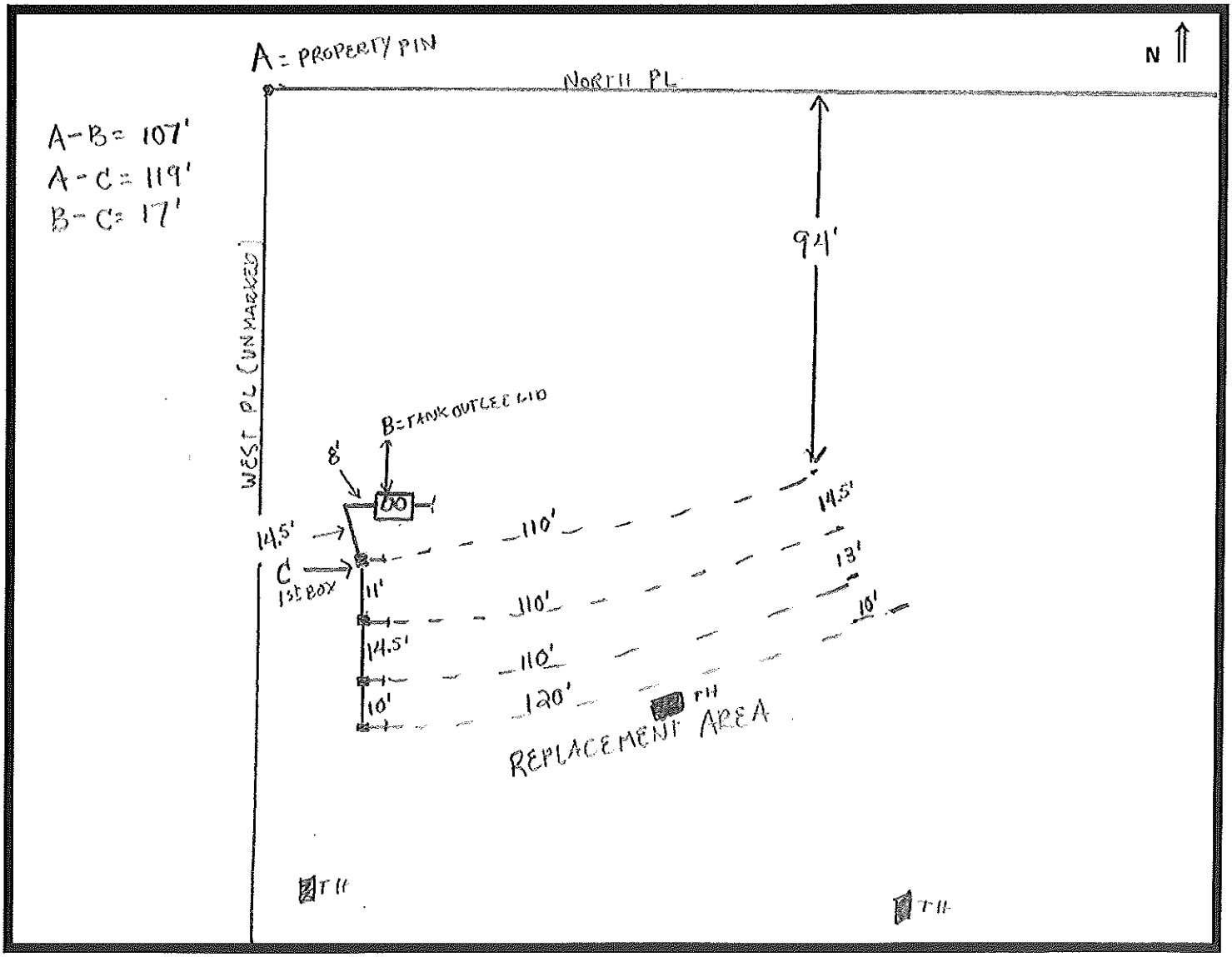
WATER SUPPLY: none yet Public System ____ Individual ____ Type Proposed well Community [ ]

SEPTIC TANK: Distance from well — ft. Material Fiberglass Tight Line 22.5 ft. ASTM# B'of sch 40/14.5' of pvcbd 3034
Total Liquid Capacity 1000 gal. Manufacturer Norwesco

DRAINFIELD: Total Linear Feet 450 ft. Number of Distribution Boxes 4 drop Leach Pipe (ASTM#) e-z flow
Total Square Footage 900 ft² Header Pipe (ASTM#) 2729 Solid
Depth Rock Beneath Drain Line — inches Depth Rock Over Drain Line — inches
Distance of Well From Closest Portion of Drainfield N/A ft.
Mfg./Type/Size of Rock Filter Material N/A

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 OF INSTALLER — DATE 10/25/2007

SIGNATURE OF SANITARIAN Dewey Donald — DATE 10-29-07

APPROVED ☒
DISAPPROVED ☐

F:\PLANNING\SHARE\FORMS\RECSEWDI.FM1 (Form #44) WHITE COPY - County CANARY COPY - Homeowner PINK COPY - Installer