



DEQ Medford Office  
 221 Stewart Avenue  
 Suite 201  
 Medford, OR 97501  
 Phone: 541-776-6010

## Septic Permit

### Repair (Major) - Residential - New

248-17-000864-PRMT

**E-MAILED**  
 8/22/17  
 [Signature]

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

**Date Issued:** 8/22/17 **Expiration Date:** 8/22/18

**Work Description:** MAJOR REPAIR  
 test holes dug

<b>Applicant:</b> Dunlap Septic Excavation	<b>Contractor:</b> Dunlap Septic Excavation
<b>Address:</b> PO Box 532 Rogue River OR 97537	<b>Installer/Pumper License:</b> 36808
<b>Phone:</b> 5417706744	<b>Address:</b> PO Box 532 Rogue River OR 97537
<b>Email:</b> dunlapseptic1984@gmail.com	<b>Phone:</b> (541) 770-6744

<b>Owner:</b> Richard Kincade	<b>Property Address:</b> 760 Washington St, Ashland, OR
<b>Parcel:</b> 391E14AD7300 - Primary	<b>Township:</b> 39S <b>Range:</b> 1E <b>Section:</b> 14

<b>Lot Size:</b> Not specified	<b>Water Supply:</b> Well
<b>Zoning:</b> Not specified	<b>City/County/UGB:</b> Not specified
<b>Land Use Approval:</b> Not specified	<b>County:</b> Jackson

**Directions to Property:** take south Ashland Exit , turn right. then turn left on Washington street follow it through business buildings around to gravel rd. property in on left address is posted

**Category of Construction:** Not specified

	Existing	Proposed
<b>Use of Structure:</b>	SFR	SFR
<b>Number of Bedrooms:</b>	4	

**System Specifications**

<b>Type:</b> Capping Fill	
<b>Max Peak Design Flow:</b> 450 gpd	<b>Proposed Flow:</b> 450 gpd
<b>Min Septic Tank Volume:</b> 1000 gal	<b>Min Dosing Tank Volume:</b> N/A
<b>Special Tank Rqmts:</b> 2nd choice approved	

**Drain Field Specifications**

<b>Drain Field Type:</b> Capping Fill	<b>System Distribution Type:</b> Equal
<b>Drainfield Sizing:</b> 100 linear ft	<b>Distribution Method:</b> Equal
<b>Seepage Bed Specs:</b> Not specified	
<b>Media Type:</b> Other - Indicate Product/Manufacturer	<b>Media Depth:</b> N/A
<b>Media Type Description:</b> EZ-FLOW	
<b>Trench Length:</b> 300 linear ft	<b>Rock Above Pipe:</b> N/A
<b>Total Rock Depth:</b> N/A	<b>Rock Below Pipe:</b> N/A
<b>Max Depth:</b> 17 in	<b>Undisturbed Soil Between Trenches:</b> 8 ft
<b>Min Depth:</b> 12 in	<b>Capping Fills-Min Depth of Fill Material:</b> 10 in

**Special Rqmts:**

<b>Stake Out Req'd:</b> No	
<b>Groundwater Type:</b> Temporary	<b>Groundwater Depth:</b> 23 in
<b>Groundwater Interceptor:</b> N/A	<b>Groundwater Interceptor Depth:</b> N/A

**CALL BEFORE YOU DIG...IT'S THE LAW**

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date Issued: 8/22/17

Expiration Date: 8/22/18

Work Description: MAJOR REPAIR  
test holes dug

Groundwater Interceptor Drain Media Amt:	N/A		
Pump to Drainfield Reqd:	N/A	Filter Fabric on Top of Drain Media:	N/A
Rake Trench Sidewalls:	N/A		
Other Special Rqmt:	Not specified		

**Conditions of Approval**

- 1.A plan must be submitted to and approved by this office prior to installation
- 2.Equal distribution. The cap material must be evenly graded to a final depth of 10-inches over the drain media
- 3.Construction must occur between June 1 and October 1 unless otherwise approved by agent
- 4.The cap material must be pre-approved by the agent prior to placement.
- 5.Minimum 10-ft between edge of fill and trench
- 6.Contact between native soil and fill must be mixed.
- 7.Final cap to be seeded and or landscaped to prevent erosion. Protect from livestock and vehicular traffic
- 8.The system must be installed by the property owner or a licensed sewage disposal business (installer)
- 9.Vehicular traffic and livestock must be restricted from the system area
- 10.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval
- 11.The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent
- 12.Maintain access to septic tank for pumping and service
- 13.Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep.
- 14.Minimum distance of undisturbed earth between trenches is 8-ft
- 15.Equal Distribution, all trench bottoms must be at the same elevation. Use Distribution boxes.
- 16.A pre-cover inspection of the installed absorption facility (prior to backfill) is required
- 17.A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

**CALL BEFORE YOU DIG...IT'S THE LAW**

ATTENTION:Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

**Date Issued:** 8/22/17**Expiration Date:** 8/22/18**Work Description:** MAJOR REPAIR  
test holes dug

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:  
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits:

Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

**Installation Requirements:** The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

**Inspection Requirements:** The system installer and/or the permit holder must notify the permitting 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 permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

**System Backfill Requirements:** The system is to be backfilled or covered as follows:

- \* Only after the permitting agent has approved the construction installation,
- \* or the inspection has been waived
- \* or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

**Initial and Replacement Areas — Protection:** The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

David Hurley

Onsite Wastewater Specialist

8/22/17

**CALL BEFORE YOU DIG...IT'S THE LAW**

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

8/22/17: 3:13:57PM

Page 3 of 3

C:\myReports\reports\production\01 STANDARD  
REPORTS/std\_OnsitePermit\_v2\_pr.rpt

## Final Inspection Request and Notice - Septic ID: 248-17-000864-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, 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 and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. 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. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

**SECTION 1: Owner/Permittee Information:**

Twنشp: 39S      Range: 1E      Sect: 14  
 Lot: 7300

Name: Richard Kincade

Property Address: 760 WASHINGTON ST, ASHLAND, OR

**SECTION 2: System Component Specifications:**

	System Type:	Water tight verification*
A. Tanks/Pumps		
Tanks(1)	Volume:      Compartments:      Manufacturer:	Date:
Tanks(2)	Volume:      Compartments:      Manufacturer:	Date:
Pump(s)	HP:      Model/Manuf.      Float(s)Type(1):      Model/Manuf.	
		Float(s)Type(2):      Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:	
Underdrain pipe	Diameter:		ASTM#/Other:	Length:	
Manifold piping	Diameter:		ASTM#/Other:	Length:	
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		
ATT	Yes	No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media

Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
	Yes	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:
Comment					

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)  
 \*\*Attach sieve analysis for Underdrain Media and Filter Sand

**SECTION 3 - As Built Plan**

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

**SECTION 4 - Construction was performed by (Signature Required)**

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:		Print Name:	
Licensed Installer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	License#:	Certification#:
Owner/ Certified Installer:	Signature:	Date:	Phone#:

**SECTION 5 - Office Use Only:**

Notice Accepted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
			Installer/Owner (Permittee) Notified:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_



PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1			unusable due to proximity to surface H <sub>2</sub> O features
			drainage / intermittent streams
Test Pit 2	0-12	SL	10YR 3/4, WSBKY, 3uf roots 15% cobbles (fill)
	12-25	SL	10YR 3/4, -WSBKY 7uf roots 20% cobbles
	25-48	SL	10YR 3/2, WSBKY, Ø roots 40% cobbles [Fe & depletions @ 33"]
Test Pit 3	0-10	SL	10YR 3/2, WSBKY, 3uf, 7f, m, c roots 20% cobbles
	10-23	SL	10YR 3/3, WSBKY, 7uf roots 35% cobbles
	23-53		weathered parent material, Fe & depletions @ 23"
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: \_\_\_\_\_

Slope: 2-3% Aspect: \_\_\_\_\_ Groundwater Type:  Permanent  Temporary

Other Site Notes: \_\_\_\_\_

Application No.: 0



# Onsite Permit Application Verification

DEQ Medford Office  
221 Stewart Avenue  
Suite 201  
Medford, OR 97501  
Phone: 541-776-6010

Repair (Major) - Residential

248-17-000864-PRMT

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

**Application created:** 8/11/17

**Parcel Nbr:** 391E14AD7300

**Site Address:** 760 WASHINGTON ST, ASHLAND, OR

**Owner:** Richard Kincade

**Applicant:** Dunlap Septic Excavation  
PO Box 532  
Rogue River, OR 97537

**Phone:** (541) 770-6744

**Email:** dunlapseptic1984@gmail.com

**Licensed Professional:**

**License Nbr:** Installer/Pumper License - 36808  
Dunlap Septic Excavation

PO Box 532  
Rogue River, OR 97537

**Phone:** (541) 770-6744

**Category of Construction:**

**County:** Jackson

**Directions:** take south Ashland Exit , turn right. then turn left on Washington street follow it through business buildings around to gravel rd. property in on left address is posted

**Acreage or Lot Size:**

**Water Supply:** Well

**System is Failing:** CHECKED

**Septic Tank Last Pumped:**

Existing

Proposed

**Use of Structure:**

**Use of Structure:**

**Number of Bedrooms:** 4

**Number of Bedrooms:**

**Number of Employees:**

**Number of Employees:**

**Number of Seats:**

**Number of Seats:**

**Attached Documents:**

**Name**  
760 Washington Street DEQ.PDF

**Description**  
Attached is zoning clearance , Athro and plot map . Check is in mail by owner. test hols dug.

Dunlap

Septic

Excavation

760 Washington St.

PLOT MAP

LEGAL

Kineaderick@yahoo

541-622-4654

House

Pond

DRIVE



To the best of my knowledge this plot plan contains accurate information as to all existing structures and distances from structures to property lines.

Signature of Property Owner/Agent  
Date 8-8-17

**SITE PLAN**

Revisions Required  
Approved  
Denied

By: [Signature] Date 8/8/17  
Jackson County Development Services

LOW RISE Not to scale

- North Arrow
- Property boundaries and dimensions
- Right-of-way
- Easements identified and recorded
- Hubbing of proposed roads, driveways, parking
- Well locations, on the property & all Wells
- Within 2002. Of the septic
- Test hole locations
- Proposed dwelling location

- Any cuts (existing & proposed) in excess of 30 inches
- If disposal lines are up slope from a foundation, in there at least a 50-foot setback
- Location of septic tank, sandfilter, catch basin, drain field and replacement area.
- Elevation of proposed drop boxes of distribution boxes initial and replacement drain field.
- Transport pipe location.

002

### NOTICE AUTHORIZING REPRESENTATIVE



I, \_\_\_\_\_, have authorized Dunlap Septic to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

**PROPERTY IDENTIFICATION:**

760 Washington St.  
(Property Situs or Road Address)

And described in the records of JACKSON County as:  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

**PROPERTY OWNER:**

Printed Name: Richard L. Kincaid & Maria F Corbett

Address: 760 Washington St.

City, State, Zip: Ashland OR 97520

Phone: 541-622-4654 Email: kincaiderick@yahoo.com

Signature: Rick Kincaid Maria F. Corbett

**AUTHORIZED REPRESENTATIVE:**

Printed Name: Perry Dunlap @ Dunlap Septic

Address: PO Box 532

City, State, Zip: ROSE RIVER 97537

Phone: \_\_\_\_\_ Email: dunlapSeptic1984@gmail.com

Signature: Perry Dunlap



# JACKSON COUNTY ZONING AUTHORIZATION

DEVELOPMENT SERVICES  
Planning Division  
10 South Oakdale Ave., Room 100  
Medford, OR 97501-2902  
Phone: 541-774-6907  
Fax: 541-774-6791

ZONING: Rural Residential-5  
ADDRESS: 760 WASHINGTON ST  
PRIMARY PARCEL #: 39-1E-14AD-7300  
CASE TYPE: Zoning Information Sheet  
ASSOCIATED LOTS:

RECORD #: 439-17-01712-ZON  
PRINT DATE: 08/08/2017  
LAST UPDATED: 08/08/2017  
PROCESS TYPE: Type I Permit

<u>Owners</u>	<u>Record Detail Description</u>
CORBITT MARIA F/KINCADE RICHARD CLARK 760 WASHINGTON ST ASHLAND, OR 97520	ZIS REPLACEMENT OF SEPTIC FOR EXISTING DWELLING

<u>Primary Contact</u>	<u>Contact Type</u>
RICHARD KINCADE	Applicant

**GENERAL ZIS INFORMATION:**

<u>STAFF</u>	<u>DATE</u>	<u>COMMENTS</u>
SKYLESKD	08/08/2017	CURRENT PROPOSAL IS FOR REPLACEMENT OF THE SEPTIC SYSTEM FOR THE EXISTING DWELLING. THE PROEPRTY IS ZONED RR-5 AND ALLOWS A DWELLING AS A PERMITTED USE.

39

OK FOR SEPTIC PERMITS TO REPLACE THE SEPTIC SYSTEM FOR THE EXISTIGN DWELLING.

**OVERLAY DETAILS:**

<u>Applicable Overlay</u>	<u>Comments</u>
---------------------------	-----------------

**STRUCTURE / SIZE DETAILS:**

<u>Item</u>	<u>Units</u>	<u>Proposed Size</u>	<u>Approved Size</u>	<u>Comments</u>
-------------	--------------	----------------------	----------------------	-----------------

**HEIGHT / LOCATION DETAILS:**

<u>Items</u>	<u>Distance</u>	<u>Direction</u>	<u>Approved Height</u>	<u>Comments</u>
--------------	-----------------	------------------	------------------------	-----------------

IF ANY INFORMATION RELIED UPON FOR THIS PLANNING APPROVAL HAS CHANGED, THIS AUTHORIZATION WILL BE NULL AND VOID. ALL CHANGES TO THE PROPOSED USE MUST BE APPROVED BY THE PLANNING DIVISION PRIOR TO ISSUANCE OF PERMITS.