



Installation Permit - Residential - New

Certificate of Satisfactory Completion
250-17-000370-PRMT-01

DEQ Pendleton Office
800 SE Emigrant
Suite 330
Pendleton, OR 97801
541-276-4063
Fax: 541-278-0168
OnsitePendleton@deq.state.or.us
Website: oregon.gov/deq

Date Certificate Issued: 12/06/2018
Work Description: Martin -Construction Permit-

Applicant: MARTIN, DAVID Address: 67793 IMNAHA HWY JOSEPH OR 97846 Phone: 541-432-4042 Email: dwmartin37@hughes.net	Primary Contractor: Gibson Excavating, Inc. Installer License: 33741 Address: 63716 Woodland Lane Joseph OR 97846 Phone: (541) 432-3655 Email: gibsonexcavatinginc@gmail.com
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Owner: DAVID MARTIN Address: 67793 IMNAHA HWY JOSEPH OR 97846 Parcel: 02S44E11800 - Primary 02S44R110700	Property Address: 65189 Hurricane Creek Rd, Enterprise, OR 97828 Township: 2S Range: 44E Section: 11 Township: 02s Range: 44e Section: 11
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Lot Size: 1.33 ac	Water Supply: Well	
Zoning: N/A	City/County/UGB: N/A	
Land Use Approval: N/A		
Directions to Property: Take Hwy 82 from Enterprise towards Joseph, go right on Hurricane Creek Rd to just past intersection of Farmers Lane and Green Valley Rd. Site is on left behind existing house and shop		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	SFD
Number of Bedrooms:	0	3

System Specifications

Type: Standard		
Max Peak Design Flow: 450 gpd.	Proposed Flow:	N/A
Min Septic Tank Volume: 1000 gal.	Min Dosing Tank Volume:	N/A

Drain Field Specifications

Drain Field Type: Standard	System Distribution Type:	Serial
Drainfield Sizing: 75 linear ft.	Distribution Method:	Serial
Media Type: Rock/Pipe	Media Depth:	12 in.
Trench Length: 225 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth: 12 in.	Rock Below Pipe:	6 in.
Max Depth: 30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth: 24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type: Not Applicable	Groundwater Depth:	N/A
Pump to Drainfield Required: No	Filter Fabric on Top of Drain Media:	Yes

Date Certificate Issued: 12/06/2018
Work Description: Martin -Construction Permit-

Conditions of Approval

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

1. In accordance with Oregon Revised Statute 454,665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** Yes
Comments: See photos submitted with FIRN

Connie Schrandt

Onsite Wastewater Specialist

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.)



For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 250-17-000370-PRMT-01

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:

Name: DAVID MARTIN

Twnshp: 2S

Range: 44E

Sect: 11

Lot: 800

Property Address: 65189 Hurricane Creek RD, Enterprise, OR 97828

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 1000 gal	Compartments: single	Manufacturer: T.I.R #332	Date: 11-28-18
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 <input checked="" type="checkbox"/> No	Diameter: 4"	ASTM#/Other: 303A	Length: 76.5'
Pressure Transport Pipe	Yes No <input checked="" type="checkbox"/>	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

RECEIVED
DEC - 3 2018

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) Gravel and Pipe			State of Oregon Dept. of Environmental Quality Eastern Region - Bendleton
Distribution Box	Yes <input checked="" type="checkbox"/> No			
Drop Box	Yes No <input checked="" type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/> No	Diameter: 4"	ASTM#/Other: 2729	Length: 225'

Comment

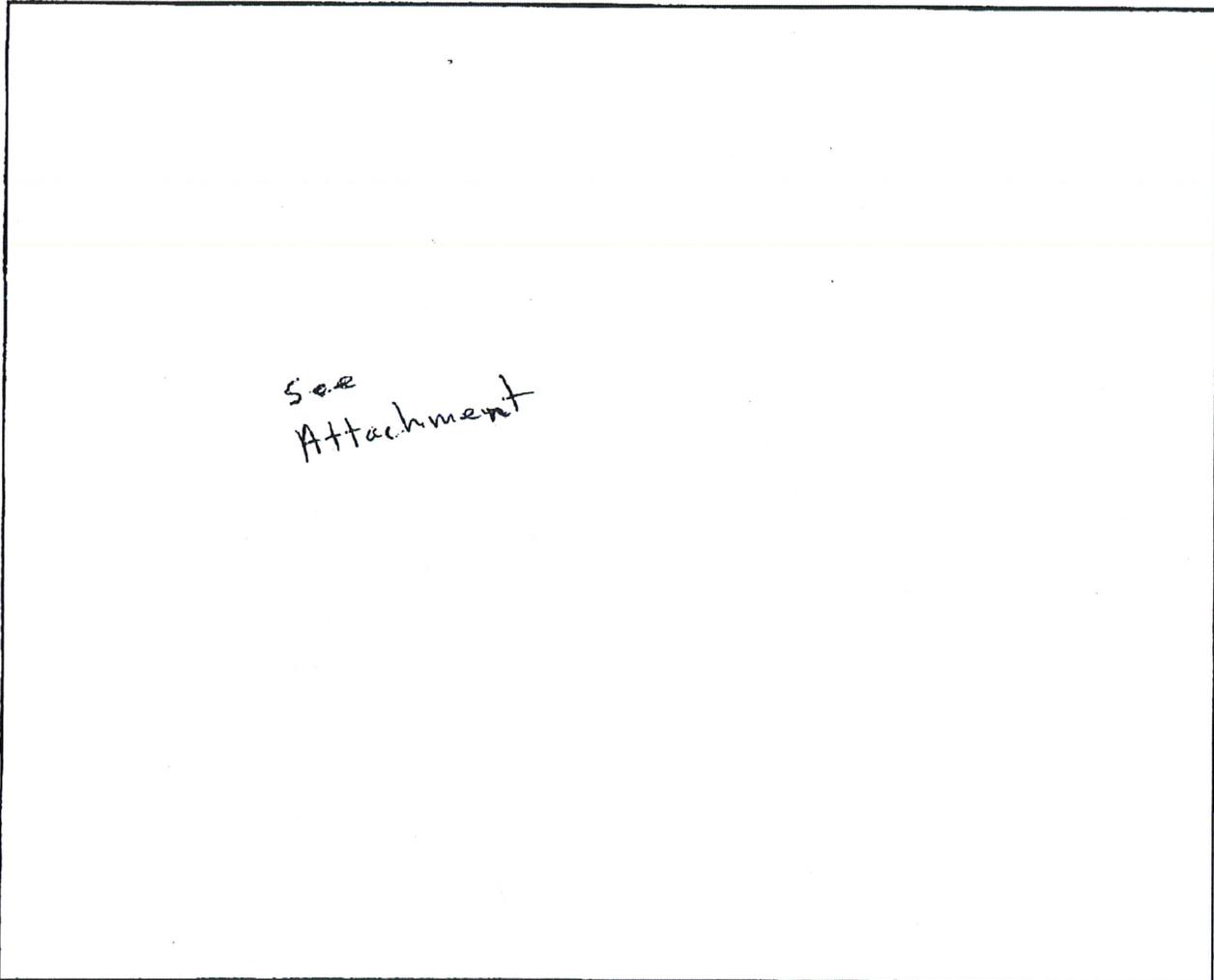
*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**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, walls, streams, etc.



See Attachment

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: Gibson Excavating Inc.		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No	License#: 33741	Certification#: RI 265
Owner/ Certified Installer:	Signature: <i>Johnny Gibson</i>	Date: 11-30-18	Phone#: 541-263-0395

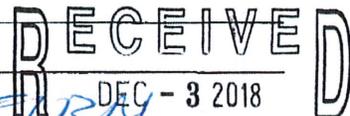
SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/> No	Date: 12/4/18
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Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/> No	Date: 12/4/18
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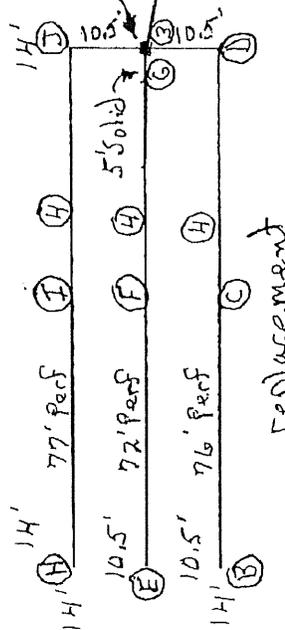
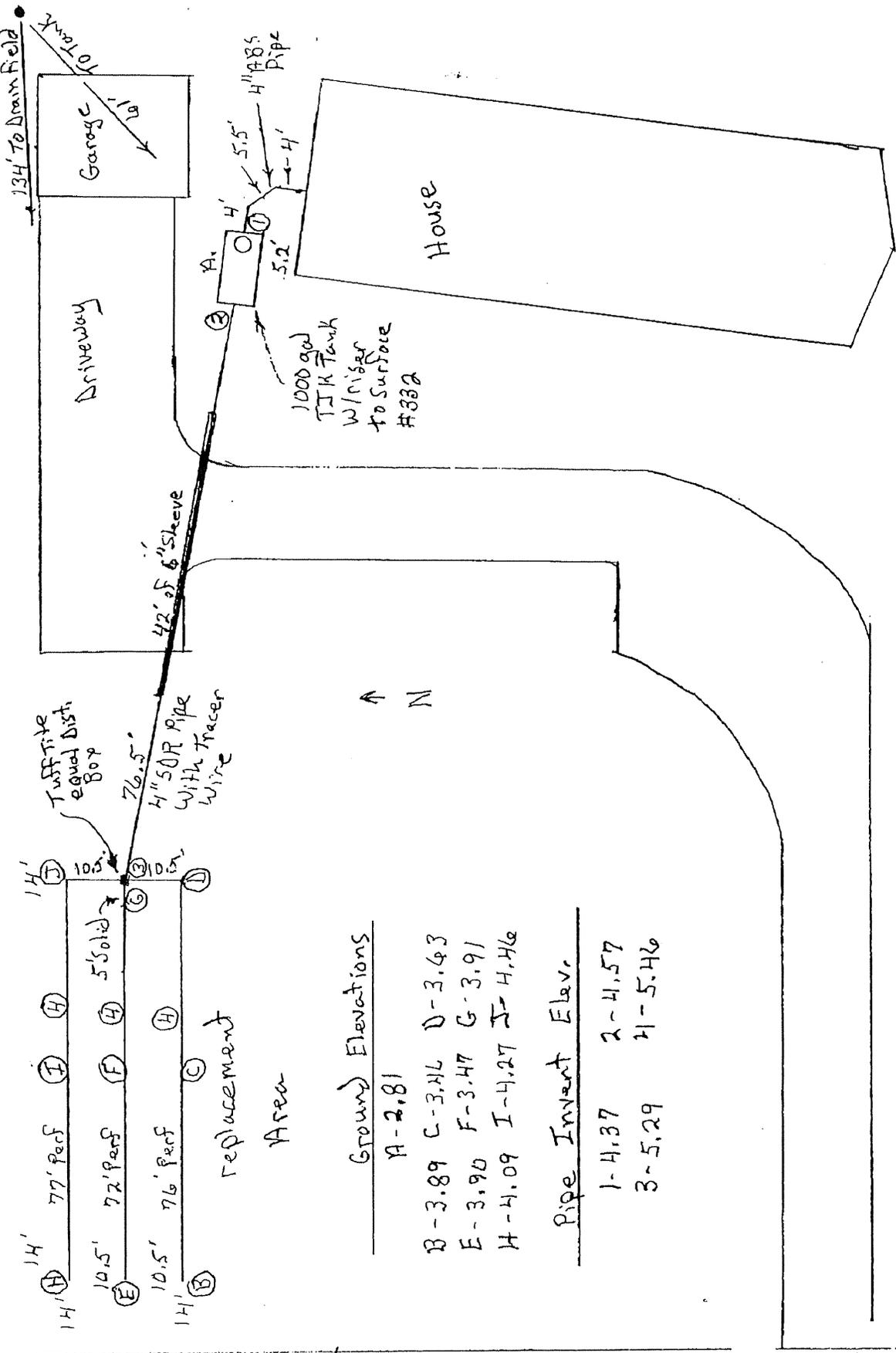
If No, Reason for Non Acceptance:

Comment: See photos submitted with PERM



State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

David Martin T: 25 R: 44 E S: 11 T1: 600 N, Prop. line



Replacement Area

Ground Elevations

- A - 2.81
- B - 3.89
- C - 3.46
- D - 3.43
- E - 3.90
- F - 3.47
- G - 3.91
- H - 4.09
- I - 4.27
- J - 4.46

Pipe Invert Elev.

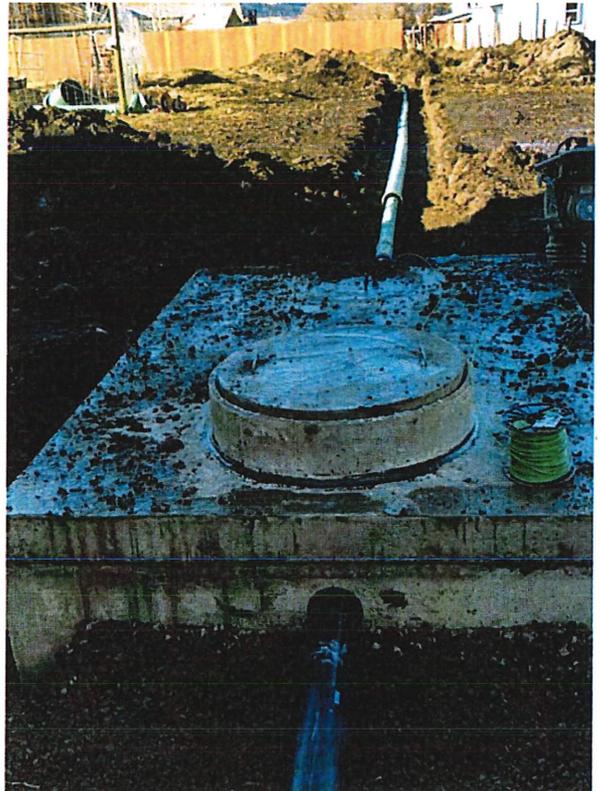
- 1 - 4.37
- 2 - 4.57
- 3 - 5.29
- 4 - 5.46

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 DEC - 3 2013

State of Oregon
 Dept. of Environmental Quality
 Eastern Region - Pendleton

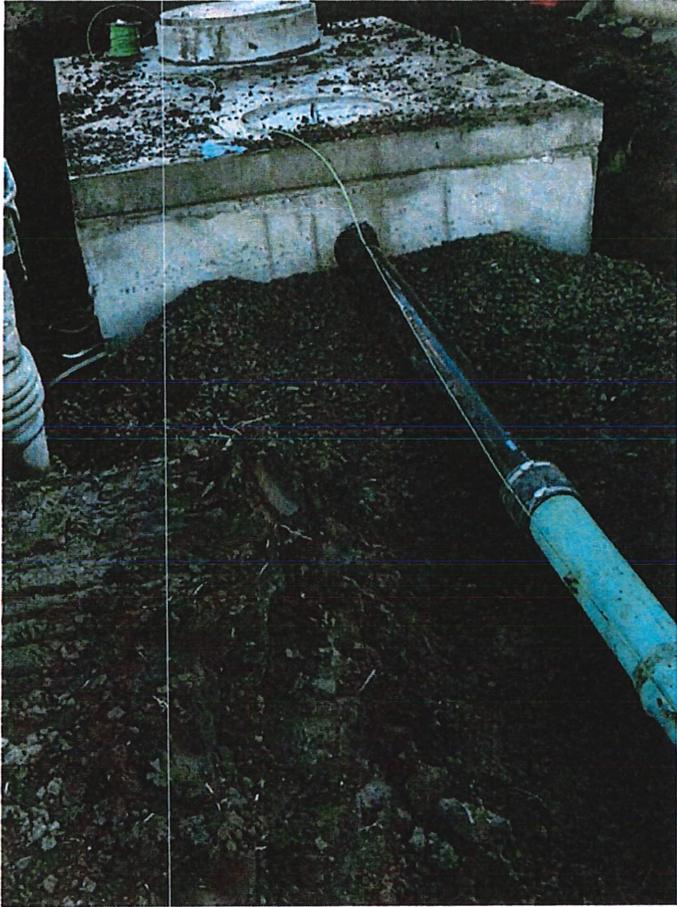


David Martin
250-17-000370-PRMT-01
02S44E11800 Wallowa Co.
Received photo on 11/30/2018



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NOV 30 2018

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton



David Martin
250-17-000370-PRMT-01
02S44E11800 Wallowa Co.
Received photo on 11/30/2018



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NOV 30 2018

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton



Septic Permit

Installation Permit - Residential - New

250-17-000370-PRMT-01

DEQ Pendleton Office
800 SE Emigrant
Suite 330
Pendleton, OR 97801
541-276-4063
Fax: 541-278-0168
OnsitePendleton@deq.state.or.us
Website: oregon.gov/deq

Date issued: 7/17/18	Expiration date: 7/17/19
Work description: Martin -Construction Permit-	

Applicant: MARTIN, DAVID Address: 67793 IMNAHA HWY JOSEPH OR 97846 Phone: 541-432-4042 Email: dwmartin37@hughes.net	Primary contractor: Gibson Excavating, Inc. Installer License: 33741 Address: 63716 Woodland Lane JOSEPH OR 97846 Phone: (541) 432-3655 Email: gibsonexcavatinginc@gmail.com
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Business License: N/A

Owner: DAVID MARTIN Address: 67793 IMNAHA HWY JOSEPH OR 97846 Parcel: 02S44E11800 - Primary 02S44R110700	Property address: 65189 Hurricane Creek Rd, Enterprise, OR 97828 Township: 2S Range: 44E Section: 11 Township: 02s Range: 44e Section: 11
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Lot size: 1.33 ac	Water supply: Well	
Zoning: N/A	City/County/UGB: N/A	
Land use approval: N/A	County: Wallowa	
Action: New	Type of application: Construction Permit - Residential	
System failing: N/A	Septic tank last pumped: N/A	
Comments: N/A		

Directions to property: Take Hwy 82 from Enterprise towards Joseph, go right on Hurricane Creek Rd to just past intersection of Farmers Lane and Green Valley Rd. Site is on left behind existing house and shop

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	SFD
Number of bedrooms:	0	3

System Specifications

Type: Standard	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: N/A	
Min septic tank volume: 1000 gal.	Min dosing tank volume: N/A	

Drain Field Specifications

Drain field type: Standard	System distribution Ttpe: Serial	
Drainfield sizing: 75 linear ft.	Distribution method: Serial	
Media type: Rock/Pipe	Media depth: 12 in.	
Trench length: 225 linear ft.	Rock above pipe: 2 in.	
Total rock depth: 12 in.	Rock below pipe: 6 in.	
Max depth: 30 in.	Undisturbed soil between trenches: 8 ft.	
Min depth: 24 in.	Capping fills-min depth of fill material: N/A	

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

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Date issued: 7/17/18	Expiration date: 7/17/19
Work description: Martin -Construction Permit-	

Special Requirements

Groundwater type:	Not Applicable	Groundwater depth:	N/A
Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes

Conditions of approval

1. The system must be installed by the property owner or a licensed sewage disposal business (installer)
2. Install system in area shown on approved site plan
3. Vehicular traffic and livestock must be restricted from the system area
4. All roof drains must be directed away from the system
5. All tanks must be tested for watertightness.
6. Meet all required setbacks
7. The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent
8. All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval
9. Maintain access to septic tank for pumping and service
10. Green 18-gauge tracer wire required from tank to drainfield.
11. 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.
12. Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
13. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded on undisturbed earth.
14. Each drainfield trench must be level within a tolerance of plus or minus 1-inch
15. Minimum distance of undisturbed earth between trenches is 8-ft
16. Serial distribution, each trench bottom to be level and on contour. Use Drop boxes.

Date issued: 7/17/18**Expiration date:** 7/17/19**Work description:** Martin -Construction Permit-

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.

Connie Schrandt

Onsite Wastewater Specialist

7/17/18



Oregon

Kate Brown, Governor

Department of Environmental Quality
Eastern Region Pendleton Office
800 SE Emigrant Avenue, Suite 330
Pendleton, OR 97801
(541) 276-4063
FAX (541) 278-0168
TTY 711

This form is an attachment to Building Codes Division's Application for Structural Permit, Application for Plumbing Permit, or other similar forms used by local jurisdictions. This form provides notification to Building Officials or offices having jurisdiction that an approved method of on-site sewage disposal has been accounted for. This notice only pertains to the specific project noted below.

NOTE: The applicant is responsible for retention and delivery of this form to the Building Codes Division office or other local office having jurisdiction.

Property Owner:

David Martin

Property Location:

Township 2S Range 44E Section 11 Tax Lot # 800 County Wallowa

Site Address, if known:

65189 Hurricane Creek Rd., Enterprise, OR 97828

Project Description: Structure or Action Type: (describe)

New single family dwelling (sfd), 3 bedrooms

	Yes	No	Permit #
Domestic Wastewater:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>250-17-00370-PRMT</u>
Industrial Wastewater:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Pump Required:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Permit/Approval Issue Date:			<u>7-17-18</u>
Permit/Approval Expiration Date:			<u>7-17-19</u>

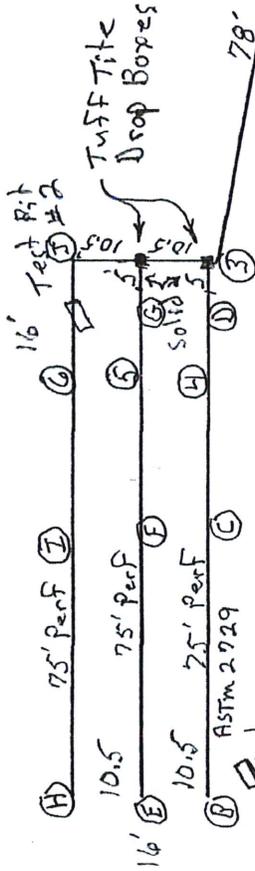
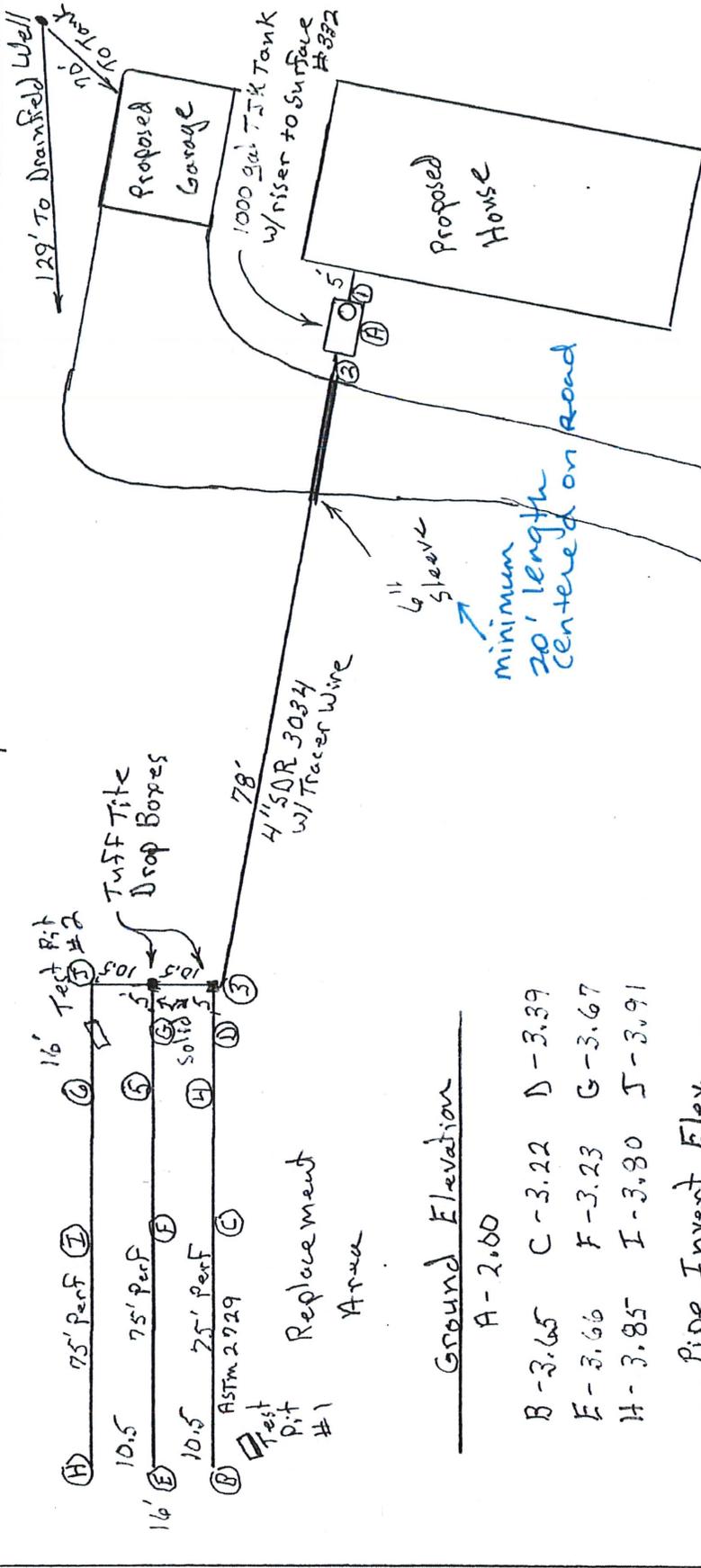
Comments: New OSSD system, standard in serial distribution

Authorized Signature: Comie Schwandt Date: 7-17-18

David Martin

T:25 R:44E S:11 TL: 800

N. Prop. Line



Replace ment Area

Ground Elevation

A	2.00
B	3.65
C	3.22
D	3.39
E	3.66
F	3.23
G	3.67
H	3.85
I	3.80
J	3.91

Pipe Invent Elev.

1	4.00
2	4.25
3	4.65
4	5.15
5	5.25
6	5.41

APPROVED
 Connie M. Schradt
 Lic. No. EH-W-760726
 7/17/18

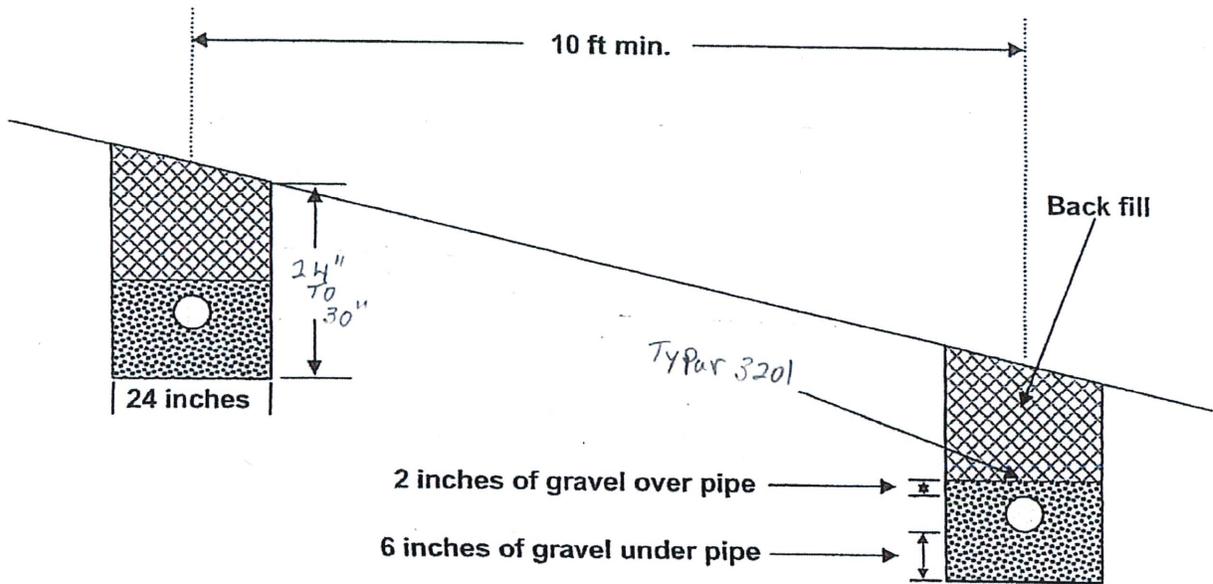


Proposed Driveway

RECEIVED
JUL 12 2018

David Martin
T: 25 R: 44 E S: 11
TL: 800

SERIAL DISTRIBUTION



* See permit conditions for trench depth and cover material specifications

APPROVED
Connie M. Schandt
Connie M. Schandt, W.W.S.
Lic. No. 111-W-760756
7/17/18

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JUL 12 2018

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton



DEQ Pendleton Office

800 SE Emigrant
Suite 330
Pendleton, OR 97801
Phone: 541-276-4063
FAX: 541-278-0168

Septic Site Evaluation Approval Residential Site Evaluation

250-17-000370-EVAL

www.oregon.gov/deq

OnsitePendleton@deq.state.or.us

Date Issued: 12/20/17

Work Description: Martin -Site Evaluation-

Applicant: MARTIN, DAVID
Address: 67793 IMNAHA HWY
JOSEPH OR 97846
Phone: 541-432-4042
Email: dwmartin37@hughes.net

Primary Contractor: Gibson Excavating, Inc.
Installer License: 33741
Address: 63716 Woodland Lane
Joseph OR 97846
Phone: (541) 432-3655
Email: gibsonexcavatinginc@gmail.com

Owner: DAVID MARTIN	Property Address: 65189 Hurricane Creek Rd, Enterprise, OR 97828
Address: 67793 IMNAHA HWY JOSEPH OR 97846	
Parcel: 02S44E11800 - Primary	Township: 2S Range: 44E Section: 11
02S44R110700	Township: 02s Range: 44e Section: 11

Lot Size: 1.33 acres	Water Supply: Well
Zoning: Not specified	City/County/UGB: Not specified
	County: Wallowa

Directions to Property: Take Hwy 82 from Enterprise towards Joseph, go right on Hurricane Creek Rd. to just past intersection of Farmers Ln and Green Valley Rd. Site is on left behind existing house and shop.

Proposed Use of Structure: sfd
Category of Construction: Single Family Dwelling

Proposed

Number of Bedrooms: 3

General Specifications

Max Peak Design Flow: 450 gpd	Proposed Gallons per Day: N/A
Min Septic Tank Volume: 1000 gal	Min Dosing Tank Volume: N/A
Special Tank Reqmts: N/A	
Media Depth: 12 in	
Seepage Bed Specs: Not specified	

Initial System

Replacement Area

System Specifications

System Type:	Standard	Standard
System Distribution Type:	Serial	Serial
Distribution Method:	Serial	Serial

Initial System

Replacement Area

Trench Linear Feet:	225 linear ft	225 linear ft
Max Depth:	30 in	30 in
Min Depth:	24 in	24 in
Capping Fills-Min Depth of Fill Material:	N/A	N/A

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

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Date Issued: 12/20/17

Work Description: Martin -Site Evaluation-

Special Requirements	Initial System	Replacement Area
Stakeout Required:	No	No
Groundwater Type:	Not Applicable	Not Applicable
Groundwater Depth:	N/A	N/A
Groundwater Interceptor:	N/A	N/A
Groundwater Interceptor-Amount of Drain Media:	N/A	N/A
Groundwater Interceptor Depth:	N/A	N/A
Drainfield Type:	Standard	Standard
Drainfield Sizing:	75 linear ft/150 gal.	75 linear ft/150 gal.
Pump to Drainfield Required:	No	No
Other Special Requirement:	N/A	N/A

Conditions of Approval:

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

Connie Schrandt

Onsite Wastewater Specialist

12/20/17

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

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Gibson Excavating for **FIELD WORKSHEET**

App. Name: David Martin Application # 250-17-370-EVAL County Wallowa

RE: **SITE EVALUATION REPORT** for Township/Range/Section: T 2S / R 44E / S 11, Tax Lot#: 800

Commercial Facility: Yes No Parcel Size: 1.33ac Evaluation Date: 12/14/17 by Connie Schrandt, WWS

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bedrooms: 4 Max # of Employees: —

Initial System		Future Replacement System	
<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Bottomless Sand Filter	<input checked="" type="checkbox"/> Standard
<input type="checkbox"/> Conventional Sand Filter/ATT	<input type="checkbox"/> Other	<input type="checkbox"/> Conventional Sand Filter/ATT	<input type="checkbox"/> Other
Tank: <input checked="" type="checkbox"/> 1,000 gal.	<input type="checkbox"/> 1,500 gal.	<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Other
<input type="checkbox"/> effluent pump required	<input type="checkbox"/> effluent filter required	<input type="checkbox"/> effluent pump required	<input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal or <input checked="" type="checkbox"/> Serial or <input type="checkbox"/> Pressure		Distribution Method: <input type="checkbox"/> Equal or <input checked="" type="checkbox"/> Serial or <input type="checkbox"/> Pressure	
Absorption facility: <u>225</u> linear ft	Disposal facility: <u>75</u> linear ft/150gpd	Absorption facility: <u>225</u> linear ft	Disposal facility: <u>75</u> linear ft/150gpd
Max Depth: <u>30</u> " Min Depth: Equal -18" or Serial -24"		Max Depth: <u>30</u> " Min Depth: Equal -18" or Serial -24"	

DEPTH	TEXTURE	SOIL COLOR (MATRIX AND CONDITIONS ASSOCIATED WITH SATURATION), ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1 0-10	ls	10YR 3/1, med f ISBK, many vf, f & M roots to 16"
10-42	s	10YR 4/1, ↓ common f & M roots to 51"
42-59	gravelly, cobbly	cs - alluvial deposits, no cementation
#2 0-9	}	similar to Pit #1
9-36		
36-		

Landscape Notes: Alluvial fan, convex-linear - pasture/hay field

Slope: 21-3% Aspect: NE Groundwater Type: Permanent Temporary NA

Other Site Notes: Test pits #3 & #4 not evaluated, would require an effluent pump & area of test pits #1 & #7 sufficient

Additional Conditions of Approval

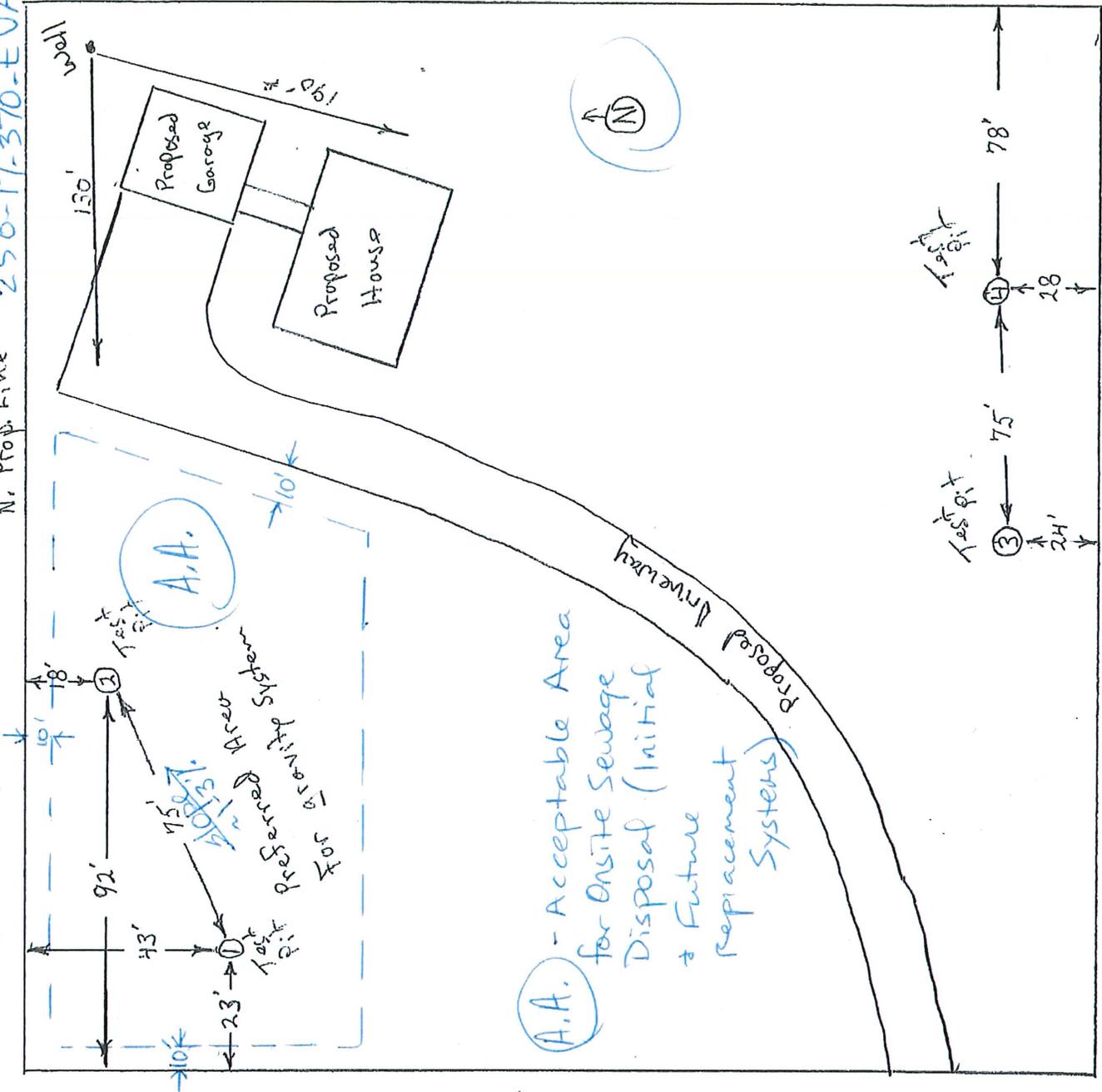
- 1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
 - 2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
 - 3. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
 - 4. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
 - 5. Placement of a well within 100 feet of the approved areas may invalidate this approval.
- A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
 - The curtain drain must be a minimum of _____ inches deep, and installed per OAR 340-071-0220 (12).
 - Rake trench sidewalls.
 - The systems must be installed during dry soil conditions only.
 - If a chamber system is proposed, the bottom of the disposal trenches must be screened per the manufacturer's instructions.
 - Seepage trenches are required. Eighteen (18) inches of drain media is required below the disposal piping for a total of twenty-four (24) inches of drain media.
 - System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

Maintain all required setbacks

David Martin
 T: 25 R: 44 S: 11
 TL: 80D

SITE PLAN

N. Prop. Line 250-17-370-EVAL



W.

A.A. - Acceptable Area
 for Onsite Sewage
 Disposal (Initial
 + Future
 Replacement
 Systems)

Site visit
 12/14/17 CWS
RECEIVED
 NOV 13 2017

State of Oregon
 Dept. of Environmental Quality
 Eastern Region - Pendleton

S. Prop line



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality
700 SE Emigrant, Suite 330
Pendleton, OR 97801

Phone/TTY: (541) 276-4063
Fax: (541) 278-0168

Date Stamp:	
R E C E I V E D	
NOV 13 2017	
3461 136 State of Oregon Dept. of Environmental Quality Eastern Region - Pendleton	
For DEQ Use Only:	
Date Received	11-16-17
Fee Paid	900.00 - <i>total</i>
Receipt Number	
Application Number	
Date of 1st Response	
Date of 2nd Response	
Date of Final Response	
Date of Completion	
Scanned	Date Entry

A. Property Owner Information

Name: David Martin Mailing Address: 67793 Innaha Hwy Joseph OR 97846 Phone Number: 541-432-4042

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acresage or Lot Size
<u>25</u>	<u>44</u>	<u>11</u>	<u>800</u>		<u>1.33 AC</u>
County	Subdivision Name	Lot	Block		
<u>Wallowa</u>			<u>1.33 AC</u>		

Property Address: 65189 Hurricane Cr. Rd City: Enterprise State: OR Zip Code: 97828

Directions to Property: See Map

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public
Number of Bedrooms: _____	Number of Bedrooms: <u>3</u>	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Name: _____
		Well: <u>Well</u>
		Well, Spring, Shared

D. Type of Application

<input checked="" type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other - Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature: Johnny Gibson Date: 11-9-17

Applicant's Name - Please Print Legibly: Johnny Gibson Applicant's Phone Number: 541-263-0395 Applicant's E-mail Address: gibsonexcavatinginc@gmail.com

Applicant's Mailing Address: 63716 Woodland Ln Joseph OR 97846

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization Attached

Installer's Name: Gibson Excavating Inc.



State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
Eastern Region Offices

- > **Bend:** 2146 NE 4th Street, Bend OR 97701
Phone (541)388-6146, FAX (541)388-8283
- > **Pendleton/Baker City:** 700 SE Emigrant, Suite 330, Pendleton OR 97801
Phone (541)276-4063, FAX (541)278-0168

NOTICE AUTHORIZING REPRESENTATIVE

I, DAVID W. MARTIN, have authorized
(Property Owner/Print Name)
Johnny Gibson to act as my agent in performing
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other 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.

PROPERTY IDENTIFICATION:

65189 Hurricane Cr. Rd Enterprise OR 97828
Property Situs or Road Address

And described in the records of Wallowa County as:

Township 2S Range 44 Section 11 Map ID _____ Tax Lot #(s) 800

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: DAVID W. MARTIN

Signature: [Signature] Date: 9/13/2017

Address: 67793 Innova Hwy. Phone: 541-432-4042

City, State, Zip: Joseph, OR 97846 Fax: _____

E-mail Address: DWMARTIN37@HUGHES.NET

AUTHORIZED REPRESENTATIVE:

Printed Name: Johnny Gibson

Signature: [Signature] Date: 11-9-17

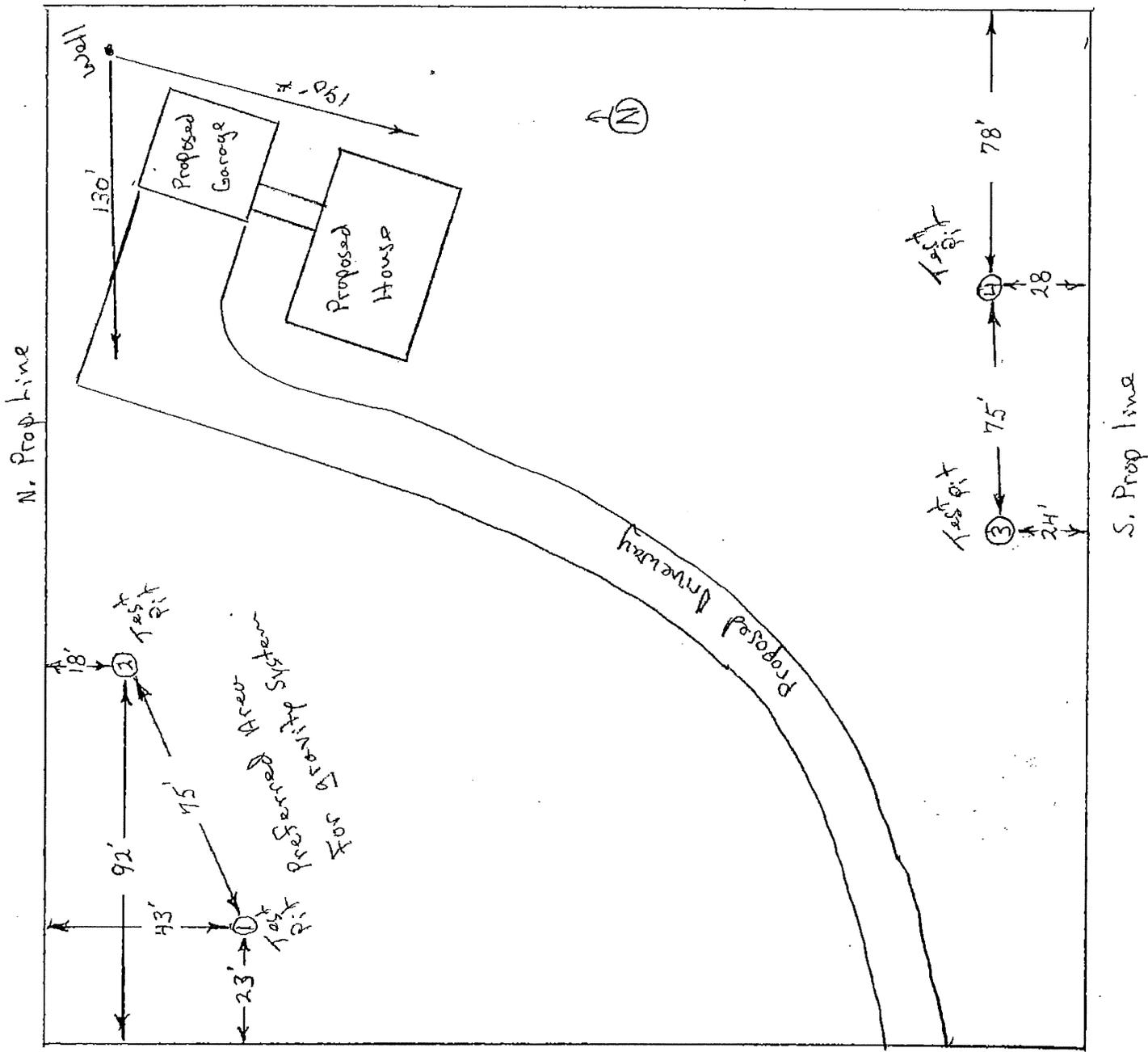
Address: 6371 1/2 Woodland Lane Phone: 541-432-3655

City, State, Zip: Joseph OR 97846 Fax: 541-432-7905

E-mail Address: gibsonexcavatinginc@gmail.com

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NOV 13 2017

David Martin
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 TL: 800



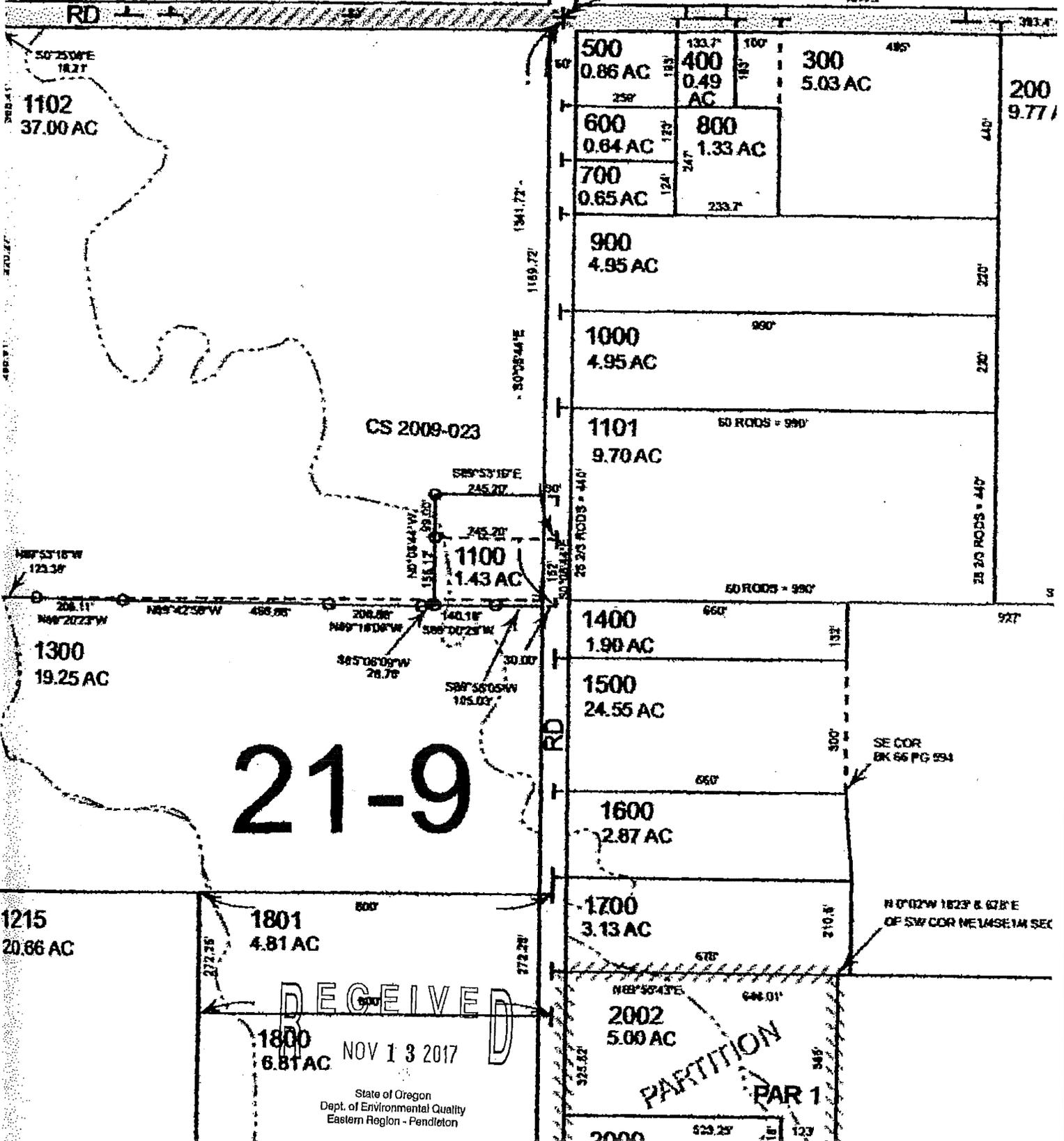
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 NOV 13 2017

State of Oregon
 Dept. of Environmental Quality
 Eastern Region - Pendleton

David Martin
T: 2S R: 44 S: 11
TL: 800

SEE MAP 2S 44E 2

7892 CH.



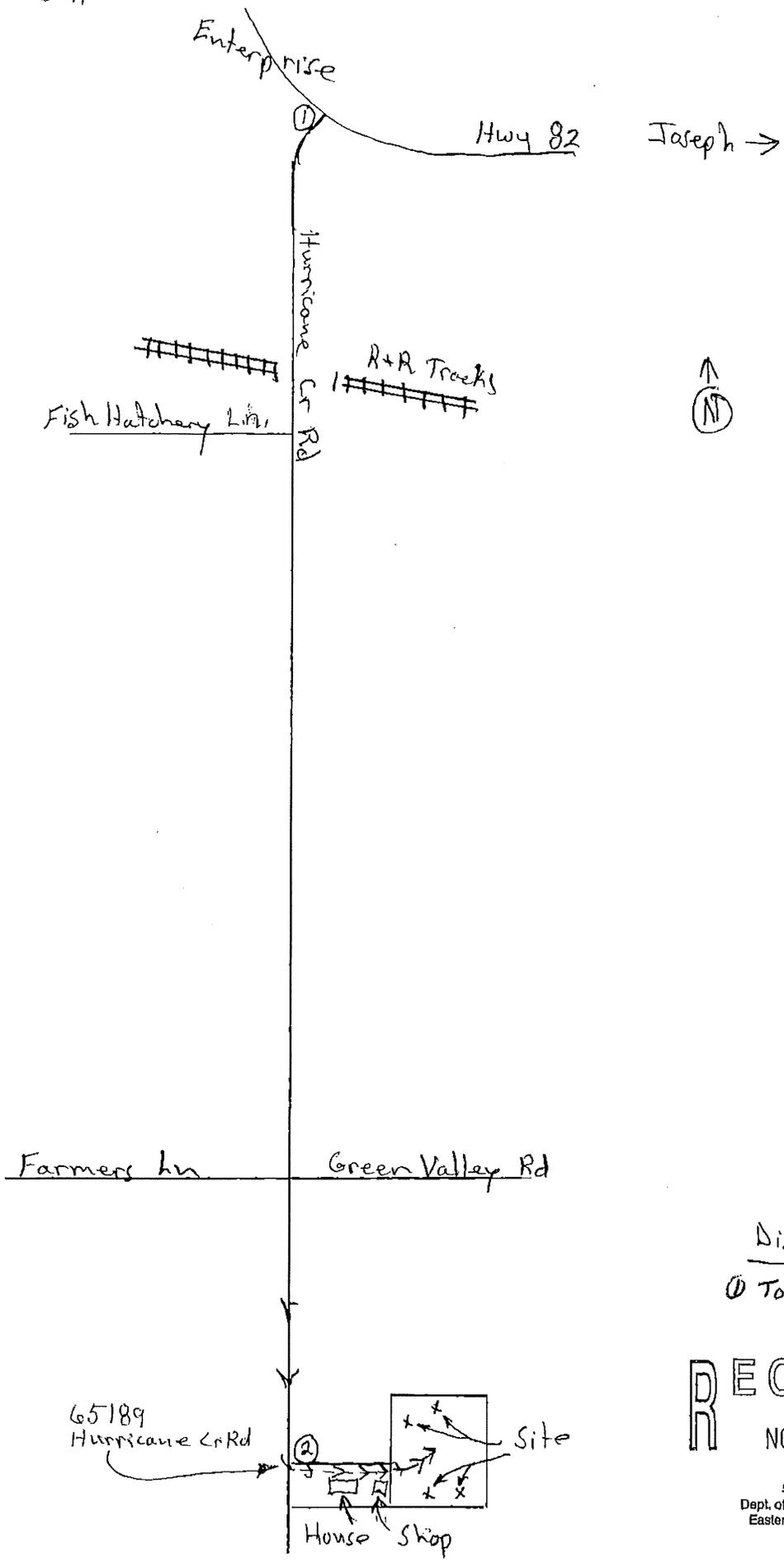
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State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

PARTITION
PAR 1

David Martin
T: 25 R: 44 S: 11
TL: 800



Distance To Site
① To ② .7 miles

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Dept. of Environmental Quality
Eastern Region - Pendleton