

State of Oregon Department of Environmental Quality

PA/47/12/25

# Annual Operation and Maintenance Report Form

Genera	al Info	ormation (Complete ALL information)	
Propert	y Owi	ner: MIKE SCANLAN	Phone: 541-535-5324
Site Ad	dress	1905 PIONEER RD	Parcel #: 38-1W-16C-3301
City: T	ALE		
Permit :	#: <u>2</u>	48-24-000215-PRMT	Start up date if 1st year in use: 9/24/24
System	Mod	el #: <u>AX20RT</u>	System Serial #: 445166-1
Report	Year:	2024	
		ss:aaroyalflush5@gmail.com	
Onsit	e wa	astewater treatment system status: (Do not prefill	and photocopy checkboxes)
Yes XC	No	Was maintenance performed as required by septic system rules	and the manufacturer?
X		Is the system operating in accordance with the agent-approved d	esign specifications?
X		Is the system currently under a service contract with a certified m	aintenance provider?
	$\square$	Is the system failing?	
	$\square$	Discharge of sewage to the ground surface?	
		Discharge of sewage to drain tiles or surface waters?	
		Sewage backup into plumbing fixtures?	
If you	answ	vered "Yes" on the last four questions, was a repair permit obtaine	d? If not, explain:
-		this report is complete and accurate to the best of my knowledge. unds for revocation of my certification and/or civil penalties.	l understand that falsification of this
*Mainte	enanc	ce Provider Name (please print):  A-Affordable Royal Flus	h - Josh Graves
*Certifi (*This li		n #: <u>RM86</u> *Certification E ly can be filled out அரிphotocopied.)	
Origina	al Sigr	nature:	Date: <u>/2-3/-29</u>
		- \	

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agency per OAR 340-071-0130(24).



#### Certificate of Satisfactory Completion

#### Repair (Major) - Residential - New

248-24-000215-PRMT

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

OnsiteMedford@deq.state.or.us Website: oregon.gov/deq

Date Certificate Issued: 09/26/2024

Scanlan - Major Repair (Install 500-gallon pump vault and drain field) Work Description:

Applicant:

Joshua Graves

Address:

PO Box 2868

White City OR 97503

Phone:

5417723389

Email:

aaroyalflush7@gmail.com

Contractor: A-Affordable Royal Flush

**DEQ Installer/Maintenance Provider: RM86** 

Address:

PO Box 2868

White City OR 97503

Phone:

(541) 772-3389

Contractor: A-Affordable Royal Flush, LLC

Installer/Pumper License: 36391 Address:

PO Box 2868

White City OR 97503

Phone:

5417723389

Email:

aaroyalflush5@gmail.com

Owner:

SCANLAN MICHAEL D/NADINE E

Address:

1905 PIONEER RD

TALENT OR 97540

Parcel: 381W16C3301 - Primary

Township:

38S

**Property Address:** 

Range: 1W

Section:

1905 Pioneer Rd, Talent, OR 97540

16

Lot Size: Zoning:

1.44

Water Supply:

Filter Fabric on Top of Drain Media:

Well

N/A

Land Use Approval:

N/A N/A

**Directions to Property:** 

Turn right onto Stewart ave, Right onto Hwy 99, Right onto S Stage, Left onto Voorhies. Voorhies turns

City/County/UGB:

slight left and becomes Coleman creek rd. Turn left onto Pioneer rd

Category of Construction:

Residential

	Existing		Proposed
Use of Structure:	SFD	SFD	
Number of Bedrooms:	3		3
System Specifications			
Type:	Alternative Treatment Technology (ATTs)	ATT Description:	Orenco AX 20 RT
Max Peak Design Flow:	450 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	N/A
Drain Field Specifications	3		
Drain Field Type:	Standard	System Distribution Type:	Equal
Drainfield Sizing:	45 linear ft.	Distribution Method:	Equal-Hydrosplitter
Media Type:	1202H	Media Depth:	N/A
Trench Length:	135 linear ft.	Rock Above Pipe:	N/A
Max Depth:	27 in.	Undisturbed Soil BetweenTrenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

No

Pump to Drainfield Required:

Date Certificate Issued: 09/26/2024

Work Description: Scanlan - Major Repair (Install 500-gallon pump vault and drain field)

#### **Conditions of Approval**

- 1.In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.
- 2.The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee. 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: No

Comments: N/A

Issued By:

Andrew Forbes, Onsite Wastewater Specialist

Effective Date:

09/26/2024

Andrew Forbes

#### 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.)

PIDNEED RA N Ethonaglo H. Test HOLE MAZOZAH B 3-Live Hydrosphitie 40' 25 not Sayare Hydrosprizer well 10 FEET A-AFFORDABLE ROYAL Flush Cach Cro CORMEN Field Line PROPERTY LINE

AUG 0 7 2024

DEQ MEDFORD

### Final Inspection Request and Notice - Septic ID: 248-24-000215-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

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SEP 25 2024

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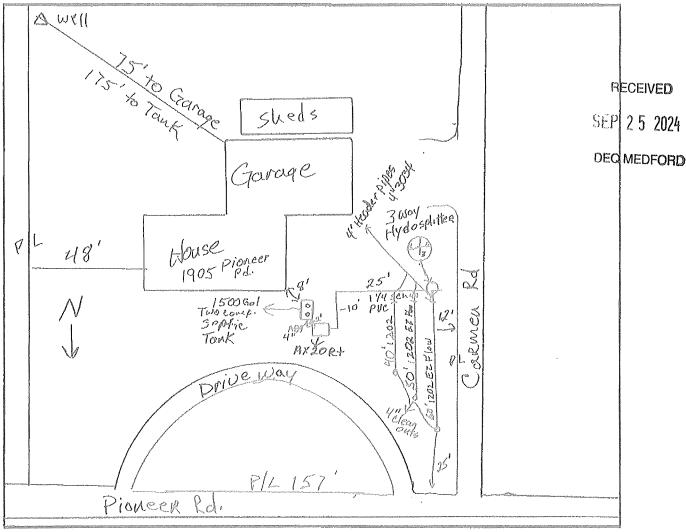
are determine	d to be in	ncomplete wil	l be retu	irned.		15-20-25-20-20-20						
SECTION 1:	Owne	r/Permittee	Inform	<u>nation:</u>				Twns	hp: 38S	Range: 1W	Sect	16
Name:	SCANLA	AN MICHAEL	D/NAE	DINE E				Lot: 3	301			
Property Address:	1905 PI	IONEER RD,	TALEN	T, OR 9	7540							
SECTION 2	: Syst	em Compo	nent (	<u>Specifi</u>	cations	3:						
A. Tanks/Pumps System Type:									ver	ter tight fication*		
Tanks(1)	Volume:	1500 Go	( Co	mpartme	nts:Tw	O	Manufacturer: (1	Till	onicte		Date	9-24-24
Tanks(2)	Volume:	,	Co	mpartme	nts:		Manufacturer:	mulane milani tet	to disk disk the laboration distribution of the second of Edition	and the second s	Date	
Pump(s)	HP:	Model/Manul	ſ.				Float(s)Type(1)	:	Model/Manu			
							Float(s)Type(2)	:	Model/Manu			
B. Piping	a karant da di attivationi de la completa			THE STATE OF THE S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	full-research states			the territories and the deleteration of the territories and the continues and the section of the		2002000000 AF4	
Efflue	nt Sewe	r (tank to dra	infield)	Yes	No X	Dian	neler:	ASTN	l#/Other:		Longth:	
	Pres	sure Transpo	rt Pipe	Yes	No	Dlan	neter: / 1/4	ASTN	#OtherSCh	40 PUC	Length:	55'
C. Secondary	Treatme	nt Unit:				ellen arminester		A common as the con-				
Sa	nd Filter	** Yes	VO X	Type:	Z*************************************	- Crywrain addina	Control of the Contro	***************************************	Cont	ainer Dimenalons	A CONTRACTOR OF THE PARTY OF TH	
Under	drain pip	Dlameter:		ASTM	#/Other:				AND THE PROPERTY OF THE PROPER	<u>and the second of the second </u>	Length:	
Manif	old pipir	ng Diameter:	············	ASTM	#/Other:						Length::	
Inter	rnal Purr	np HP:		Model	/Manute	Aurer					ar and a second	and the state of t
	Floats(	1) Type:		Model	/Manufac	reruk	and the second of the second o			ACCOUNTY OF THE PROPERTY OF TH		
	Floats(	2) Typ9:		Model	/Manufac	durer						
	AT	T Yesy	Vo	Model:	IA.Y	70	Rt			The Sandaday Advisor of the Sanday of	Mariana de Caración de Caració	
Certif	led Mair	nt. Provider N	ame:	14 PA			ble Roy	$\alpha$	Flush			
Operation a	and Malr	nt. Contract R	ecelved	? Yes	No				, , , , , , , , , , , , , , , , , , , ,			
D. Drainfield I	vledia	and the second s						24-m4-04-000		annakannings etgefolgan geplank anna ka-el-elamot k-e-a-enge		
	Тур	(Gravel, Pi	pe or al	ternative	?) E	ZB	Flow 1	<i>702</i>	: h			
Distrib	ution Bo		loX	J z .	10.4	1	flow 19	1: h	Less			
	Drop Bo	ox Yes A	loχ		vay		•		V ~~			
Distrib	ution Pij	pe YesX N	10X	Diamete	अ:स्	1	ASTM#/Other:	ZE	low		Length: /	50'
	Comme	nt Disk	is da	i lled	5/	16'	9		As the contract of the contrac			

\*\*Attach sieve analysis for Underdrain Media and Filter Sand

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

#### 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.



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	A-AFFORduble Royal Flush
Licensed Installer: Yes X No License#: 3639 (	Certification#:
Owner/ Certifled Installer:	Date: -24-24 Phones: 541-772-3389
SECTION 5 - Office Use Only:	Installer/Owner
Notice Accepted Yes No Date:	(Permittee) Yes No Date:
If No, Reason for NonAcceptance:	
Comment:	

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## Orenco<sup>o</sup> PF-Series 60Hz, 1-Phase Pumps

SEP 2 5 2024

#### **Applications**

Orenco's 60Hz. 1-phase, 4in (100mm) Submersible Effluent Pumps are designed to transport screened effluent (with low TSS counts) from septic or dosing tanks. These pumps are engineered using lightweight, corrosion-resistant stainless steel and polymers, and are field serviceable and repairable with common tools. They're also CSA and UL certified to US and Canadian safety standards for effluent pumps.

PF-Series pumps are used in a variety of applications, including pressurized drainfields, packed-bed filters, mounds, aerobic units, effluent irrigation, liquid-only (effluent) sewers, wetlands, tagoons, and more. These pumps are designed to be used with a Biotube® pump vault or after a secondary treatment system.





Powered by
Franklin Electric

#### General

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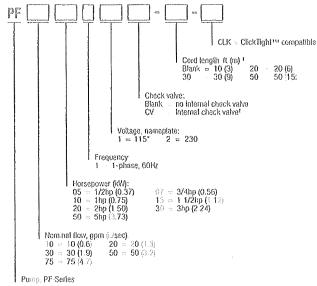
To specify this pump for your installation, require the following:

- Minimum 24-hour run-dry capability (liquid end) with no deterioration in pump life or performance\*
- 1/8in (3mm) bypass orifice to ensure flow recirculation for motor cooling and to prevent air binding
- 1/8in (3mm) mesh intake screen to limit solids
- Liquid-end repair kit availability for better long-term cost to own
- TRI-SEAL<sup>®</sup> floating impeller design on 10, 20, and 30gpm (0.6, 1.3, and 1.9L/sec) models; floating stack design on 50 and 75gpm (3.2 and 4.7L/sec) models
- Franklin Electric Super Stainless motors are rated for continuous use and frequent cycling, with surge arrestors, hermetically sealed motor housing for moisture-free windings, and Kingsbury-type thrust bearing for thrust absorption
- Thermal overload protection trips at 203-221°F (95-105°C) for 1-phase motors through 1.5hp (1,12kW)
- Type SOOW 600V motor cable (model PF751512 uses 14 AWG, SJOOW, 300V cord)

#### Standard Models

See Specifications on page 2 for a list of standard pumps. For a complete list of available pumps, call Orenco.

#### Product Code Diagram



1 1/2ha i 0 37kW) only

\* Available for 10gpm (0 6U/sec). 172Pp (0 37KV)

Avariation for Toggin (o bussey), rizing (o avivi)
 Note: 20th binds are available only for premior formula 1, 172 bis



<sup>\*</sup> Not applicable for 5hp (3.73kW) models



## Orence<sup>®</sup> PF-Series 60Hz, 1-Phase Pumps - Technical Data Sheet

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non2	Specifications Control of the Specifications										
	Horsepower (KW)	Phase	Namepiate voitage	Actual	Design flow amps	Max amps	Discharge size and material <sup>1</sup>	Length in (mm)	Min. liquid level in (mm)²	Weight Ib (kg) <sup>3</sup>	SEP 2 5 2024
processors where the same	0.50 (0.37)	-1	115	120	12.7	12.7	11/4 in GFP	23.0 (584)	16 (406)	26 (12)	300
10 (0.6)	0.50 (0.37)	1	115	120	12.7	12.7	1 1/4 in GFP	23.0 (584)	16 (406)	26 (12)	300
10 (0.6)	0.50 (0.37)	1	230	240	6.3	6.3	11/ain GFP	23.0 (584)	16 (406)	26 (12)	300
10 (0.6)	0.75 (0.56)	1	230	240	8.3	8.3	1 ¼in GFP	25.9 (658)	17 (432)	30 (14)	300
10 (0.6)	1.00 (0.75)	1	230	240	9.6	9.6	11/4in GFP	27.9 (709)	18 (457)	33 (15)	100
20 (1.3)	0.50 (0.37)	1	115	120	12.3	12.5	1 1/4in GFP	22.3 (566)	18 (457)	25 (11)	300
20 (1.3)	0.50 (0.37)	1	230	240	6.4	6.5	1 1/4 in GFP	22.5 (572)	18 (457)	26 (12)	300
20 (1.3)	1.00 (0.75)	1	230	240	10.5	10.5	1 1/4 in GFP	28.4 (721)	20 (508)	33 (15)	100
20 (1.3)	1.50 (1.12)	1	230	240	12.4	12.6	11/4in GFP	34.0 (864)	24 (610)	41 (19)	100
30 (1.9)	0.50 (0.37)	1	115	120	11.8	11.8	1 Kin GFP	21.3 (541)	20 (508)	28 (13)	300
30 (1.9)	0.50 (0.37)	1	230	240	6.2	6.2	11/4in GFP	21.3 (541)	20 (508)	25 (11)	300
30 (1.9)	0.75 (0.56)	1	230	240	8.5	8.5	13/4in GFP	24.8 (630)	21 (533)	29 (13)	300
30 (1.9)	1.00 (0.75)	1	230	240	10.4	10.4	11/4in GFP	27.0 (686)	22 (559)	32 (15)	100
30 (1.9)	1.50 (1.12)	1	230	240	12.6	12,6	1 1/4 in GFP	32.8 (833)	24 (610)	40 (18)	100
30 (1.9)	2.00 (1.49)	1	230	240	11.0	11.0	1 Kin SS	35.5 (902)	26 (660)	44 (20)	100
30 (1.9)	3.00 (2.23)	1	230	240	16.8	16.8	1 1/4 in SS	44.5 (1130)	33 (838)	54 (24)	100
30 (1.9)	5.00 (3.73)	1	230	240	25.6	25.8	11/4ln SS	66.5 (1689)	53 (1346)	82 (37)	100
50 (3.2)	0.50 (0.37)	1	115	120	12.1	12.1	2in SS	20.3 (516)	24 (610)	27 (12)	300
50 (3.2)	0.50 (0.37)	1	230	240	6.2	6.2	2in SS	20.3 (516)	24 (610)	27 (12)	300
50 (3.2)	0.75 (0.56)	1	230	240	8.5	8.5	2in SS	23.7 (602)	25 (635)	31 (14)	300
50 (3.2)	1.00 (0.75)	1	230	240	10.1	10.1	2in SS	27.0 (686)	26 (660)	35 (16)	100
50 (3.2)	1,50 (1.12)	1	230	240	12.5	12.6	2in SS	32.5 (826)	30 (762)	41 (19)	100
50 (3.2)	3.00 (2.23)	-1	230	240	17.7	17.7	2in SS	52.0 (1321)	37 (940)	55 (25)	100
50 (3.2)	5.00 (3.73)	1	230	240	26.2	26.4	2in SS	77.0 (1956)	55 (1397)	64 (29)	100
75 (4.7)	1.00 (0.75)	1	230	240	9.9	10.0	2in SS	27.0 (686)	27 (686)	34 (15)	100
75 (4.7)	1.50 (1.12)	1	230	240	12.1	12.3	2in SS	33.4 (848)	30 (762)	44 (20)	100
	10 (0.6) 10 (0.6) 10 (0.6) 10 (0.6) 10 (0.6) 20 (1.3) 20 (1.3) 20 (1.3) 30 (1.9) 30 (1.9) 30 (1.9) 30 (1.9) 30 (1.9) 30 (1.9) 50 (3.2) 50 (3.2) 50 (3.2) 50 (3.2) 50 (3.2) 75 (4.7)	10 (0.6)	10 (0.6)	10 (0.6)	10 (0.6)	10 (0.6)	10 (0.6)	10 (0.6)   0.50 (0.37)   1   115   120   12.7   12.7   1½in GFP   10 (0.6)   0.50 (0.37)   1   115   120   12.7   12.7   1½in GFP   10 (0.6)   0.50 (0.37)   1   130   240   8.3   8.3   1½in GFP   10 (0.6)   0.50 (0.37)   1   135   120   12.7   12.7   1½in GFP   10 (0.6)   0.50 (0.37)   1   230   240   8.3   8.3   1½in GFP   10 (0.6)   1.00 (0.75)   1   230   240   9.6   9.6   1¼in GFP   10 (0.6)   1.00 (0.75)   1   230   240   6.4   6.5   1¼in GFP   10 (0.3)   1.50 (0.37)   1   115   120   12.3   12.5   1¼in GFP   10 (0.3)   1.50 (0.37)   1   230   240   6.4   6.5   1¼in GFP   10 (0.3)   1.50 (1.12)   1   230   240   10.5   10.5   1¼in GFP   10 (0.3)   1.50 (1.12)   1   230   240   12.4   12.6   1¼in GFP   130 (1.9)   0.50 (0.37)   1   115   120   11.8   11.8   1½in GFP   11.9 (0.37)   1   130   240   6.2   6.2   1¼in GFP   11.9 (0.75)   1   230   240   10.4   10.4   11¼in GFP   30 (1.9)   0.75 (0.56)   1   230   240   10.4   10.4   11¼in GFP   30 (1.9)   1.50 (1.12)   1   230   240   12.6   12.6   1½in GFP   30 (1.9)   1.50 (1.12)   1   230   240   12.6   12.6   1½in GFP   30 (1.9)   2.00 (1.49)   1   230   240   12.6   12.6   1½in GFP   30 (1.9)   3.00 (2.23)   1   230   240   16.8   16.8   1¼in GFP   30 (1.9)   3.00 (2.23)   1   230   240   16.8   16.8   1¼in SS   30 (1.9)   3.00 (2.23)   1   230   240   25.6   25.8   1¼in SS   50 (3.2)   0.50 (0.37)   1   115   120   12.1   12.1   2in SS   50 (3.2)   0.50 (0.37)   1   230   240   3.5   3.5   2in SS   50 (3.2)   1.50 (1.12)   1   230   240   10.1   10.1   2in SS   50 (3.2)   1.50 (1.12)   1   230   240   12.5   12.6   2in SS   50 (3.2)   3.00 (2.23)   1   230   240   12.5   12.6   2in SS   50 (3.2)   3.00 (2.23)   1   230   240   12.5   12.6   2in SS   50 (3.2)   3.00 (2.23)   1   230   240   12.5   12.6   2in SS   50 (3.2)   3.00 (2.23)   1   230   240   10.1   10.1   2in SS   50 (3.2)   3.00 (2.23)   1   230   240   12.5   12.6   2in SS   50 (3.2)   3.00 (2.23)   1   230   240   240   26.2   26.4   2in SS   50 (3.2)   3.00 (2.23)   1   230   240   240	10 (0.6)	10 (0.6)	10 (0.6)

<sup>1.</sup> GFP = glass-filled polypropylene; SS = stainless steel. The 1 1/4in NPT GFP discharge is 2 7/8in octagonal across flats; the 1 1/4in NPT SS discharge is 2 1/8in octagonal across flats; and the 2in NPT SS discharge is 2 7/8in hexagonal across flats. Discharge is NPT threaded receptacle-style port, US nominal size, to accommodate Orenco discharge hose and valve assemblies. Consult your Orenco distributor about fittings to connect hose and valve assemblies to metric-sized ploing.

<sup>2.</sup> Minimum liquid level is for single pumps when installed in an Orence Blotube Pump Vault or Universal Flow Inducer. In other applications, minimum liquid level should be top of pump. Consult Orence for more information.

<sup>3.</sup> Weight includes carton and 10ft (3m) cord.

<sup>4.</sup> High-pressure discharge assembly required.

<sup>5.</sup> Do not use cam-lock option (O) on discharge assembly.

<sup>6.</sup> Custom discharge assembly required for these pumps. Contact Orenco.

<sup>7.</sup> Capacitor pack (sold separately or installed in a custom control panel) required for this pump. Contact Orenco.

B. Torque locks are available for all pumps, and they are supplied with 3hp and 5hp pumps.

ClickTight<sup>™</sup> compatible.

### Orenco® PF-Series 60Hz, 1-Phase Pumps - Technical Data Sheet



#### **Materials of Construction**

Discharge Glass-filled polypropylene or stainless steet

Discharge bearing Engineered thermoplastic (PEEK)

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Diffusers G

Glass-filled PPO (SABIC's NORYL™ GFN3 resin)

SEP 25 2024

Impellers

Celanese's Celcon® acetal copolymer on 10, 20, and 30gpm models; 50gpm impellers are NORYL GFN3 resin

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Intake screen

Suction connection

Polypropylene Stainless steel

Drive shaft

7/16in hexagonal stainless steel, 300 series

Coupling

Sintered stainless steel, 300 series

Shell

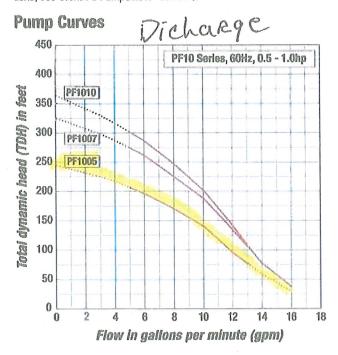
Stainless steel, 300 series

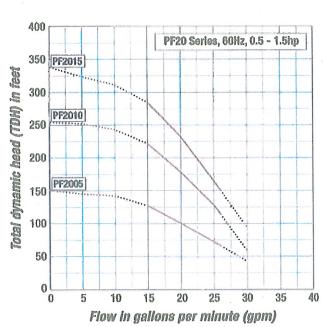
Motor

Franklin Electric motor filled with deionized water and propylene glycol for constant lubrication. Stainless steel shell.

#### **Using a Pump Curve**

A pump curve helps you determine the best pump for your system. Pump curves show the relationship between flow (gpm or L/sec) and pressure (total dynamic head or TDH), providing a graphical representation of a pump's optimal performance range. Pumps perform best at their nominal flow rate — the value, measured in gpm, expressed by the first two numerals in an Orenco pump nomenclature. These graphs use solid lines to show the optimal pump operation range. Dashed lines indicate flow rates outside of the optimal range for each pump. For the most accurate pump specifications, use Orenco's PumpSelect<sup>\*\*</sup> software.

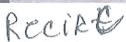


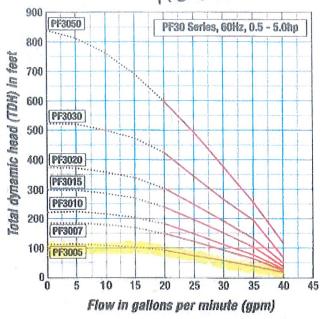


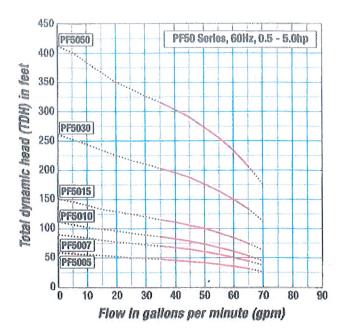


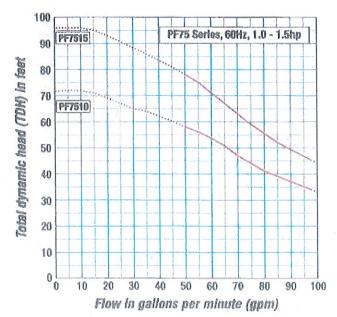
## Orenco® PF-Series 60Hz, 1-Phase Pumps - Technical Data Sheet











SEP 2.5 2024
DEQ MEDFORD









RECEIVED



## Septic Permit Repair (Major) - Residential - New

DEQ Medford Office 221 Stewart Avenue Suite 201 Medford, OR 97501 541-776-6010 OnsiteMedford@deq.state.or.us

Website: oregon.gov/deq

248-24-000215-PRMT

Date issued: 8/8/24 Expiration date: 8/8/25 Work description: Scanlan - Major Repair (Install 500-gallon pump vault and drain field) Joshua Graves Contractor: A-Affordable Royal Flush Applicant: **DEQ Installer/Maintenance Provider: RM86** Address: PO Box 2868 Address: PO Box 2868 White City OR 97503 White City OR 97503 5417723389 Phone: (541) 772-3389 Phone: aaroyalflush7@gmail.com Email: Contractor: A-Affordable Royal Flush, LLC Installer/Pumper License: 36391 PO Box 2868 Address: White City OR 97503 5417723389 Phone: Email: aaroyalflush5@gmail.com **Business License:** N/A SCANLAN MICHAEL D/NADINE E 1905 Pioneer Rd, Talent, OR 97540 Property address: Owner: 1905 PIONEER RD Address: TALENT OR 97540 16 38S Parcel: 381W16C3301 - Primary Township: Range: 1W Section: Well 1.44 Lot size: Water supply: N/A N/A City/County/UGB: Zoning: N/A Jackson County: Land use approval: No **Accessory Dwelling Unit:** Repair (Major) - Residential New Type of application: Action: 06/13/2024 Yes Septic tank last pumped: System failing: Comments: N/A Turn right onto Stewart ave, Right onto Hwy 99, Right onto S Stage, Left onto Voorhies. Voorhies turns Directions to property: slight left and becomes Coleman creek rd. Turn left onto Pioneer rd Category of construction: Residential

	Existing	Proposed
Use of structure:	SFD	SFD
Number of bedrooms:	3	3
System Specifications		

Alternative Treatment Technology (ATTs) Orenco AX 20 RT ATT description: Type: 450 gpd. 375 gpd. Proposed flow: Max peak design flow: 1000 gal. Min dosing tank volume: N/A Min septic tank volume:

**Drain Field Specifications** 

Drain field type:

Standard

System distribution Ttpe:

Equal

Drainfield sizing:

Distribution method:

Equal-Hydrosplitter

45 linear ft.

N/A

Media type:

Other - Indicate Product/Manufacturer

Media depth:

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.)

ONS\_OnsitePermit\_pr

## Onsite Permit 248-24-000215-PRMT

Date issued: 8/8/24						
Work description: Scanlar	n - Major Repair (I	nstall 500-gallon pump v	ault and drain field)			
Media type description:	1202H					
Trench length:		135 linear ft.	Rock above pipe:	N/A		
Max depth:		27 in.	Undisturbed soil between trenches:	8 ft.		
Min depth:		24 in.	Capping fills-min depth of fill material:	N/A		
Special Requirements						
Pump to drainfield reqd:		Yes	Filter fabric on top of drain media:	N/A		

#### Onsite Permit 248-24-000215-PRMT

Date issued: 8/8/24 Expiration date: 8/8/25

Work description: Scanlan - Major Repair (Install 500-gallon pump vault and drain field)

#### Conditions of approval

- 1.Dry soil installation only (June 1 October 1 unless otherwise authorized by the agent).
- 2. The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 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 and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
  - 6.Meet all required setbacks
- 7. The system must be installed in the area approved during the site evaluation and in accordance with the construction 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 approval by the agent.
- 9.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deg/Residential/Pages/Onsite.aspx
- 10.Install the pump and system components in accordance with the approved pump curve and specifications.
- 11.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
- 12.Effluent filter required at tank outlet.
- 13.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.
- 14. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 15. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 16.Maximum length of an individual trench is 150-feet.
- 17. The hydrosplitter must be located at least 6 inches higher than the piping in the highest disposal trench to ensure that effluent in the top line does not spill back into the hydrosplitter.
- 18. The hydrosplitter must be enclosed in a secure enclosure with a solid, watertight bottom to eliminate the effect of rodents filling the enclosure with soil.
- 19. This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345.
- 20.ATT treatment standard 1 required.
- 21. The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions.
- 22. The septic tank must be approved for use with the ATT system to be installed.
- 23.In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.
- 24. The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.
- 25.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 26.A final inspection request and notice (FIRN) 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.
- 27. Photos of the septic system components must be submitted along with the FIRN.

#### Onsite Permit 248-24-000215-PRMT

Date issued: 8/8/24 Expiration date: 8/8/25

Work description: Scanlan - Major Repair (Install 500-gallon pump vault and drain field)

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.deg.state.or.us/wg/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.

Andrew Forbes

Onsite Wastewater Specialist

8/8/24

#### A Royal Flush Beats



A Full House Anytime

## A-Affordable Royal Flush

PO Box 2868

White City, OR 97503 (541) 772-3389 or (541) 479-6935 Fax (541) 830-0617 Aaffordableroyalflush.com

DEQ #36391

RECEIVED

AUG 07 2024

**DEQ MEDFORD** 

2-Year AdvanTex® Service Contract For AX20RT and AX25RT in the State of Oregon

NAME: A-Affordable Royal Flush LLC

(AdvanTex® Service Provider)

ADDRESS: PO Box 2868 White City, OR 97503

TELEPHONE: 541-772-3389

E-MAIL: aaroyalflush1@gmail.com

NAME: Michael Scanlan

(Customer)

ADDRESS: 1905 Pioneer Rd Talent Or 97540

TELEPHONE: 541-535-5324 E-MAIL: mscanlan@q.com

System Location: 1905 Pioneer Rd Talent OR 97540

ADDRESS: 1905 Pioneer Rd Talent OR 97540 LEGAL DESCRIPTION: 38-1W-16C-3301

**Agency Contact Information:** 

AGENCY: Department of Environmental Quality

ADDRESS: 221 Stewart Ave Suite 201

Medford, OR 97501

TELEPHONE: 541-776-6010

NOW, THEREFORE, in consideration of the terms, provisions, covenants and conditions contained herein, the Barties hereto agree as follows:

#### 1.0 Performance of Basic Services

The AdvanTex Service Provider, shall perform the System Inspection/Service Visits during the 24-month period.

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on a pre-scheduled basis and as the AdvanTex Service Provider deems necessary or advisable.

At each service visit the System shall be inspected and serviced in accordance with the instructions in the Systems O&M Manual. Additionally, an effluent quality inspection consisting of a visual assessment of color, turbidity, and scum overflow and an olfactory assessment for odor shall be performed. A visual and odor inspection of the drainfield will also be done at each servicing.

Performance of the 2-year Field Maintenance Service visits shall include notification of needed repair, replacement or addition of parts used in the system.

The Service Provider shall provide emergency service within 48 hours of a service request.

The Service Provider shall be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency as required in OAR-071-0345.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing. The written notification shall include an estimated date of correction.

#### 2.0 Term of Agreement

This Agreement is for installation of AX20 RT unit and 24 month service provider contract unless otherwise terminated or canceled by either party as provided herein.

#### 3.0 Definitions

For purposes of this Agreement, the following definitions shall apply:

3.1 "System Monitoring" shall include the collecting and processing of data transmitted by telemetry, PDA, laptop computer or other for evaluating the operating parameters of the treatment system, including alarm notification. It shall also include all sampling and laboratory information.

3.2 "System" shall mean an AdvanTex AXN or AXRT NSF/ANSI Standard 40 certified wastewater treatment system.

#### 4.0 Charges

Services shall be provided at the agreed upon contract price and terms. The annual report and annual evaluation fee required by DEQ is not optional, and will be included in the cost of basic services. Refer to Service Provider's fee schedule for an outline of the cost of basic services and optional services to be provided under this contract. All charges for optional services shall be due and payable within thirty (30) days of the Customer's receipt of Service Provider's invoice. The Customer shall pay Service Provider a late payment charge of 1.5% per month, or the maximum rate permitted by applicable law, whichever is less, on any unpaid amount for each calendar month or fraction thereof that any payment to Service Provider is in arrears.

#### 5.0 Warranty

The AdvanTex Service Provider warrants that all Services shall be performed in a good and workmanlike manner and that Service Provider will correct any System errors, malfunctions, or defects directly caused by Service Provider's failure to perform the Services and Additional Services in such manner.

#### 6.0 Limitation of Liability

The sole liability of the AdvanTex Service Provider under this agreement shall be to correct any errors, malfunctions or defects in the system directly caused by the AdvanTex Service Provider's failure to perform any services in a good and workmanlike manner pursuant to Section 4 above. In no event shall the Service Provider's liability to the Customer hereunder exceed the total of the amounts paid to the Service Provider hereunder by the Customer. In no event shall the AdvanTex Service Provider be liable to the Customer or any third-party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this Agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence or strict liability or other tort, breach of any statutory duty, indemnity, or contribution or otherwise, even if the Service Provider has been advised of the possibility of such damages.

#### 7.0 Termination/Cancellation

This Agreement may be terminated or canceled only upon:

Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual written agreement of both Parties.

Copy of such written notice shall be forwarded to the regulatory agency.

#### 8.0 Miscellaneous Provisions

This Agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party. The laws of the State of Oregon shall govern this Agreement. The homeowner shall be responsible for complying with the AdvanTex Homeowner Manual and AXN Homeowner's Manual Supplement provided to them. Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of this Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

#### 9.0 Fees:

- Monday thru Friday service call is \$125.00 per hour
- After hours or weekends service call \$175.00 per hour.
- Additional fees for any service, installation or replacement parts shall be discussed and agreed upon before being performed.

#### 10.0 Installation:

This contract is only valid if A-Affordable Royal Flush i	RECEIVED	
AdvanTex Service Provider	Customer(s)	AUG 07 2024
Name: <u>Joshua Graves</u> Signature:	Michael Scanlan Michael Scarlan	DEQ MEDFORD
Date: 8-1-2024	8/01/14	

#### FIELD WORKSHEET

Name: Michael Scanlan Applica RE: SITE EVALUATION REPORT for Parcel #: 38-19	ation No.: 248-24-000215 Date: 7/18/24
	W-16-3301
Commercial Facility: Yes No Parcel Size:	
APPROVED SYSTEM S	SPECIFICATIONS
Design flow: gpd Max Number of bedrooms:	Max Number of Employees:
Initial System	Replacement System
Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other	Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other
Tank: 1,000 gal. 1,500 gal. 2 compartment Other effluent pump required effluent filter required	Tank: ☑ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☑ effluent filter required
Distribution Method: Equal Serial Pressurized	Distribution Method: A Equal Serial Pressurized
Absorption facility: total linear feet linear feet per 150 gallons projected daily sewage flow " Max Depth " Min Depth	Absorption facility: 135 total linear feet  15 linear feet per 150 gallons projected daily sewage flow  16 min Depth 17 min Depth 18 mi
<ul> <li>disturbance of natural soil conditions.</li> <li>The area must not be subjected to excessive saturation due surfaces, roads, driveways, and building down spouts.</li> <li>This approval is given on the basis that the parcel describe</li> <li>Placement of a well within 100 feet of the approved areas</li> <li>A curtain drain is required, a minimum of feet</li> </ul>	ed above will not be further partitioned or subdivided. may invalidate this approval.
Rake trench sidewalls.  The system must be installed during dry soil condition  System must be installed between June 1 and October  The Available report and a	1, unless otherwise approved by DEQ.  Att/Sif huded.
	Application No.:

#### FIELD WORKSHEET

Name: Michael Scantum Appl RE: SITE EVALUATION REPORT for Parcel #: 38-10	ication No.: 248-24-000215 Date: 7/18/24							
Commercial Facility: Yes No Parcel Size: 1, 444								
APPROVED SYSTEM	I SPECIFICATIONS							
Design flow: gpd	Max Number of Employees:							
Initial System	Replacement System							
Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other	Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other							
Tank: ☐ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank:   ☐ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required							
Distribution Method:	Distribution Method:							
Absorption facility: total linear feet	Absorption facility: 375 total linear feet							
linear feet per 150 gallons projected daily sewage flow	linear feet per 150 gallons projected daily sewage flow							
" Max Depth" Min Depth	Max Depth 29 "Min Depth							
<ol> <li>Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.</li> <li>Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potent disturbance of natural soil conditions.</li> <li>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.</li> <li>This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.</li> <li>Placement of a well within 100 feet of the approved areas may invalidate this approval.</li> <li>A curtain drain is required, a minimum of feet above the highest disposal trench.</li> <li>The curtain drain must be a minimum of inches deep, and installed in accordance with OAR 340-071-0220 (12).</li> <li>Rake trench sidewalls.</li> <li>The system must be installed during dry soil conditions only.</li> <li>System must be installed between June 1 and October 1, unless otherwise approved by DEQ.</li> </ol>								

Application No.:\_\_\_\_



## **Onsite Permit** Application Verification

248-24-000215-PRMT

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

OnsiteMedford@deq.state.or.us Website: oregon.gov/deg

Application created: 6/27/24 Parcel Nbr: 381W16C3301

1905 PIONEER RD, TALENT, OR 97540 Site Address:

Owner: SCANLAN MICHAEL

D/NADINE E (541) 535-5324

Joshua Graves - A-Affordable Royal Flush Applicant:

PO Box 2868

White City, OR 97503

(541) 772-3389 Phone:

aaroyalflush7@gmail.com Email:

Licensed Professional(s):

License Number: Installer/Pumper License - 36391

A-Affordable Royal Flush, LLC

PO Box 2868

White City, OR 97503

(541) 772-3389 Phone:

Èmail: aaroyalflush5@gmail.com

License Number:

DEQ Installer/Maintenance Provider - RM86

A-Affordable Royal Flush

Joshua Graves PO Box 2868

White City, OR 97503

Phone: (541) 772-3389

Category of Construction: Residential County: Jackson

Turn right onto Stewart ave, Right onto Hwy 99, Right onto S Stage, Left onto Voorhies. Voorhies turns slight left and Directions:

becomes Coleman creek rd. Turn left onto Pioneer rd

1.44 Water Supply: Well Acreage or Lot Size:

**CHECKED** 06/13/2024 System is Failing: Septic Tank Last Pumped:

**Existing** Use of Structure: **SFD** Use of Structure: SFD **Number of Bedrooms:** Number of Bedrooms: 3 3

**Attached Documents:** 

Description Name 1905 pioneer map.pdf Construction map

1905 pioneer rd auth.pdf Notice Authorizing Representative form

1905 pioneer rd existing.pdf **Existing Septic** 1905 pioneer rd apo for onsite.pdf Application for onsite septic

1905 pioneer rd ormap.pdf **ORMAP & Vicinity Map** 1905 pioneer rd zoning.pdf **Zoning Authorization** 

Proposed

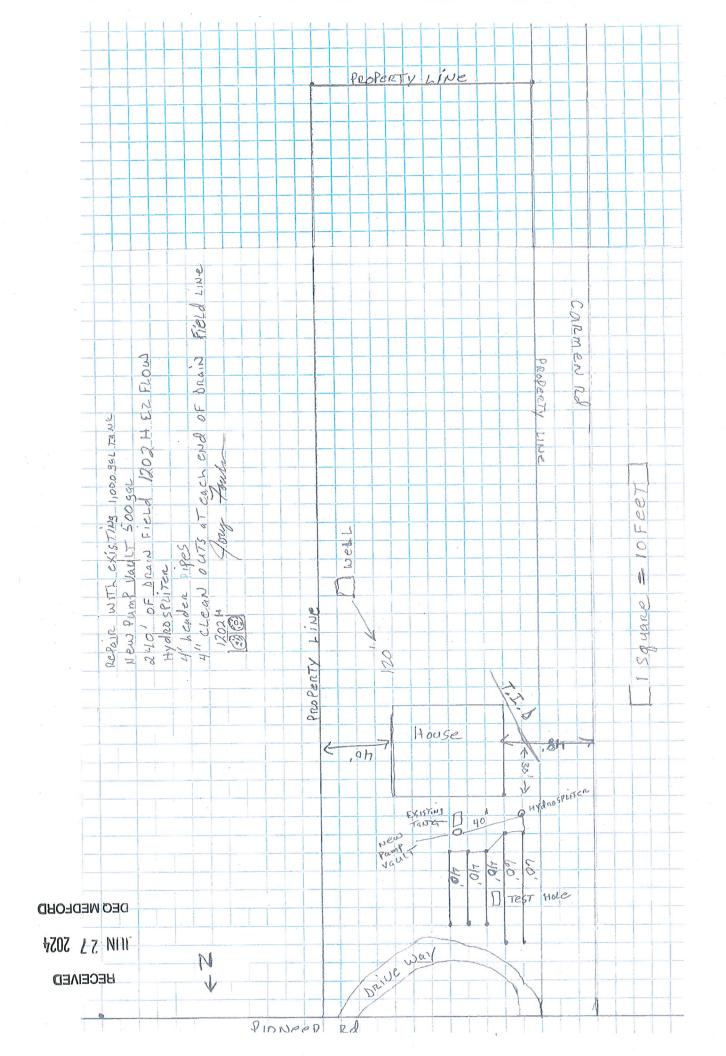


# Oregon Department of Environmental Quality Application for Onsite Sewage Treatment System

Send this application to the appropriate <u>DEQ office</u>.

For DEQ Use Only:	Date Stamp						
Date received; Fee paid;	RECEIVED						
Receipt number: Application number: Date of 1 <sup>st</sup> response: Date of 2 <sup>sd</sup> response:	JUN 27 2024						
Date of final response: Date of completion: Scanned: Data Entry.	DEQ MEDFORD						

Property owner inf										
Name:	ļ	el Scanlan								
Mailing Address:	·	Pioneer Rd, Taler	t Oregor	97540		····				
Phone number:		35-5324				***************************************				
Legal property des Township	scriptic			6.	ction	Tou Acces	and Manual	<b>6</b>	Acres on Lat Clas	
38		Range 1W				Tax Accou		per	Acreage or Lot Size	
County			ubdbdel	on Name	16C	<u> </u>	301 _ot		1.44 Block	
Jackson			ANGIVIO	OII IAGIIIC		1			DIOCK	
Property address:	1905 I	Pioneer Rd Tale	ent. Ored	on 97540		<u> </u>		l_	ACCOMPRISE OF THE STATE OF THE	
Directions to prop		**************************************		<b>9</b>						
				See A	ttached				***************************************	
Existing facility/Pr	opose	d facility/Wate	r inform	nation						
Existin	g facil	ity		Propos	ed facility			Wat	er supply	
Single family res	idence		Sing	le family re	sidence		Public			
Number of bedro	oms:	3	Num	ber of bed	rooms: 3	Na	ame:Mich	ael Sc	anlan	
☐ Other			☐ Othe	r			Private			
Description:			Desc	cription:	ription:			Well, Spring, Shared: well		
Type of application	n)									
☐ Site Evaluation ☐ Construction ☐ Permit Repair ☐ Major ☐ M ☐ Alteration Permit Major ☐ M	ystem	nsfer Replacing a Mo			o an Existing System Not in Use Mobile Home or House with Another Mobile ise of One or More Bedrooms rdship lousing					
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.  06/27/2024										
Signature					Date	4.7	·	·		
A-Affordable f	Rova	l Flush			Dale	541	-772-3	389	i.	
Applicant's name						App	licant's p	hone	number	
Po Box 2868	•	, , ,	gon 97	7503	aaroyal	flush7@g	•			
Applicant's mailing				<del></del>	Applicant's email address					
Applicant is the:	0	wner		***************************************	Authorize	ed represen	tative Licensed septic installe			
	•	······			☐ Authoriz	ation attach	ed	Insta	aller name:	
							1	A-Affc	ordable Roval Flush	



Google Maps

221 Stewart Ave, Medford, OR 97501 to 1905 Pioneer Drive 5.6 miles, 11 min Rd, Talent, OR 97540

#### 221 Stewart Ave Medford, OR 97501

Cont	inue	to W Stewart Ave		RECEI	√ED
Ŷ	1.	47 sec Head east toward W Stewart Ave	0.1 mi)	JUN 27	2024
4	2.	Turn left toward W Stewart Ave	338 ft	DEQ MED	FORD
			167 ft		
		ue Valley Hwy 99, Voorhies Rd and Coleman omen Rd	Creek		
<b>└</b> >	3.	Turn right onto W Stewart Ave	(5.5 mi)		
<b>∟</b> >	4.	Turn right onto Rogue Valley Hwy 99	0.2 mi		
<b>~</b>	5.	Turn right onto S Stage Rd	1.7 mi		
<b>\\</b>	6.	Turn left onto Voorhies Rd	0.2 mi		
5	7.	Voorhies Rd turns slightly left and becomes Coleman Creek Rd	0.9 mi		
4	8.	Turn left onto Pioneer Rd	1.8 mi		
			0.7 mi		
ك	9. ⑥	Turn right onto Carmen Rd Destination will be on the left			
		16 sec	(148 ft)		

1905 Pioneer Rd Talent, OR 97540 RECEIVED

JUN 27 2024

DEQ MEDFORD



RECEIVED

JUN 27 2024



JUN 27 2024

**DEQ MEDFORD** 



## JACKSON COUNTY ZONING AUTHORIZATION

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

ZONING: Rural Residential-5

RECORD #: 439-24-01121-ZON

ADDRESS: 1905 PIONEER RD

PRINT DATE: 06/25/2024

PRIMARY PARCEL #: 38-1W-16C-3301

LAST UPDATED: 06/25/2024

CASE TYPE: Zoning Information Sheet

PROCESS TYPE: Type I Permit

ASSOCIATED LOTS:

Record Detail Description

ZIS Septic Replacement

Commence and the commence of t

Owners

SCANLAN MICHAEL D/NADINE E 1905 PIONEER RD TALENT, OR 97540-6711

**Primary Contact** 

Contact Type

A Affordable Royal Flush

Applicant

#### GENERAL ZIS INFORMATION:

**STAFF** 

DATE

**COMMENTS** 

LANIERGC

06/20/2024

06/20/2024: The proposal is for a replacement septic system. Parcel configuration is consistent with the 1973 mapbook, Assessment shows 1930 2725 SqFt Two story dwelling. In the wildfire hazard area, no other overlays

mapbook, Assessment shows 1930 2725 SqFt Two story dwelling. In the wildfire hazard area, no other overlays of concern. ZIS fee paid. Plot plan submitted. Rural Residential Deed Declaration required prior to authorization.

KW/GL

06/25/2024: Rural Residential DD submitted. No prior to permit conditions remain. Ok to replace the septic

system to serve the existing residence. Authorization Expires 06/25/2026. ER

**OVERLAY DETAILS:** 

Applicable Overlay Wildfire Hazard Area Comments

FD #5 100ft Fuel Break

Air Quality Maintenance Area

STRUCTURE / SIZE DETAILS:

.S: <u>Units</u>

Proposed Size

Approved Size

Comments

Existing Dwelling

Item

Sq Ft

2725

2725

1930 2725 SqFt Two story

#### IIIN 27 2024

#### DEQ MEDFORD

HEIGHT / LOCATION DET	AILS:			
<u>Items</u>	Distance	Direction	Approved Height	Comments
Other	25	North	35	An additional .5 feet for each foot a
	10	East		building exceeds 25 ft in height
	10	West		
	10	South		
Condition	у 1944 болин Ана бай Алтана Англания на намения просторований посторований посторов		000800ms to the extentional succession accesses amoneting employed with book of the 64 0000 which find decide access	Hold Level Status
Plot Plan				Met

#### PRIOR TO PERMITS

An accurate plot plan must be submitted for review by Development Services on either standard 8.5" x 11" or legal 8.5" x 14" size paper. The plot plan must accurately depict the boundaries of the parcel. It must be accurately drawn to a base 10-foot scale (e.g. 1" = 60"). All improvements on the property must be shown on the plot plan with labels and distances to the property lines. (LDO Sections 3.4.2A; 6.2.1A; 12.2.3)

RR Deed Declaration

Prior to issuance of permits, a Deed Declaration which acknowledges and accepts farm and forest activities on adjacent lands shall be recorded. The deed declaration must be signed in the presence of a notary public and taken to the County Clerk's Office for recording. After the Deed Declaration has been recorded, a copy must be returned to Development Services. (LDO Section 8.4.1 A)

Counter Consultation Fee Due

Met

Met

ZIS fee must be paid prior to issuance of any permits applicable to this case.

Assigned Staff:

<sup>\*</sup> Under circumstances where the approved use and/or structure is found to be exempt from building permits, all outstanding ZIS fees must be paid prior to initiating the approved use and/or prior to initiating construction of said structure.

JIIN 27 2024





Department of Environmental Quality DEQ Medford Office 221 Stewart Ave., Ste. 201 Medford, OR 97501 Telephone: (541) 776-6010 Fax: (541) 776-6262

#### NOTICE AUTHORIZING REPRESENTATIVE

######################################	ROTTER AND TO THE	Michael Scan		, have authorized
A-Affordable Ro	yal Flush LLC	(Property Owner		t as my agent in performing
the activities ned treatment progra	am services proved below in acco	site evaluation in site evaluation in site of the site	s, permits, and partment of Env AR chapter 340,	other onsite wastewater ironmental Quality on the division 071. I agree that any
PROPERTY IDE	ENTIFICATION:			
		1905 Pioneer	Rd	
	P	roperty Situs or	Road Address	
And described in	n the records of	Jackson	County as	
Township 38	_ Range_1W	Section_16C	_ Map ID	Tax Lot #(s) 3301
Township	Range	Section	_ Map ID	Tax Lot #(s)
PROPERTY OV	VNER:			
Printed Name: _	Michae	el D 50	anlan	
				Date: 5-29.24
Address:	05 PIONE	er. Rd		Phone: <u>541-535-532</u> Y
City, State, Zip:	TALent.	OR. 97540	Ó	Fax:
E-mail Address:	MSCARL	an @ goro	207	
<u>AUTHORIZED I</u>	REPRESENTAT	IVE:		
Printed Name:	Joshua Graves			
Signature:				Date: 5-29-24
Address:	OX 2868		**************************************	Phone: 541-772-3389
City, State, Zip:	White City, OR	97503		Fax: <u>541-830-0617</u>
E-mail Address:	aaroyalflush1@	gmail.com		





## **EXISTING SEPTIC SYSTEM DESCRIPTION**

Please answer the following questions as completely as possible, and to the best of your knowledge.
1. Your existing septic system consists of (check all that apply):  ☐ Septic Tank ☐ Disposal Trenches ☐ Capping Fill ☐ Sandfilter ☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown ☐ Other (Describe)
2. When was your septic system installed? No Record (Permit Number)
3. Tank material: ☑ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons) 1000
5. When was the septic tank last pumped? 6/13/2024 Attach receipt if available.
6. Number of disposal trenches <u>Unknown</u>
7. Total length of disposal trenches (in feet) Unknown
8. Do you propose to use the existing septic system? Yes ☑ No□
9. Is your septic system currently in use? Yes ☑ No ☐ If no, date of last use
10. If the septic system currently serves a dwelling:  How many bedrooms are in the dwelling? How many people occupy the dwelling?
11. How many bedrooms will be in the proposed dwelling? 3 How many occupants?
12. If the septic system serves a business:  How many total employees are there?  Type of business
13. Is there a proposed change of use of your structure (home or business)? Yes □ No ☑ If yes, please explain
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.
By my signature, I certify that the above information and the plot plan on the reverse side of this form are
accurate and true to the best of my knowledge.
6/27/2024
(Date) Signature of Property Owner or Legally Authorized Representative
DEQ use only: Record of existing system: Yes D No D Attached D Date Issued  Permit Number Certificate of Satisfactory Completion Issued: Yes No D Initials  Other file information:
Last Updated 10-30-02 by BJK

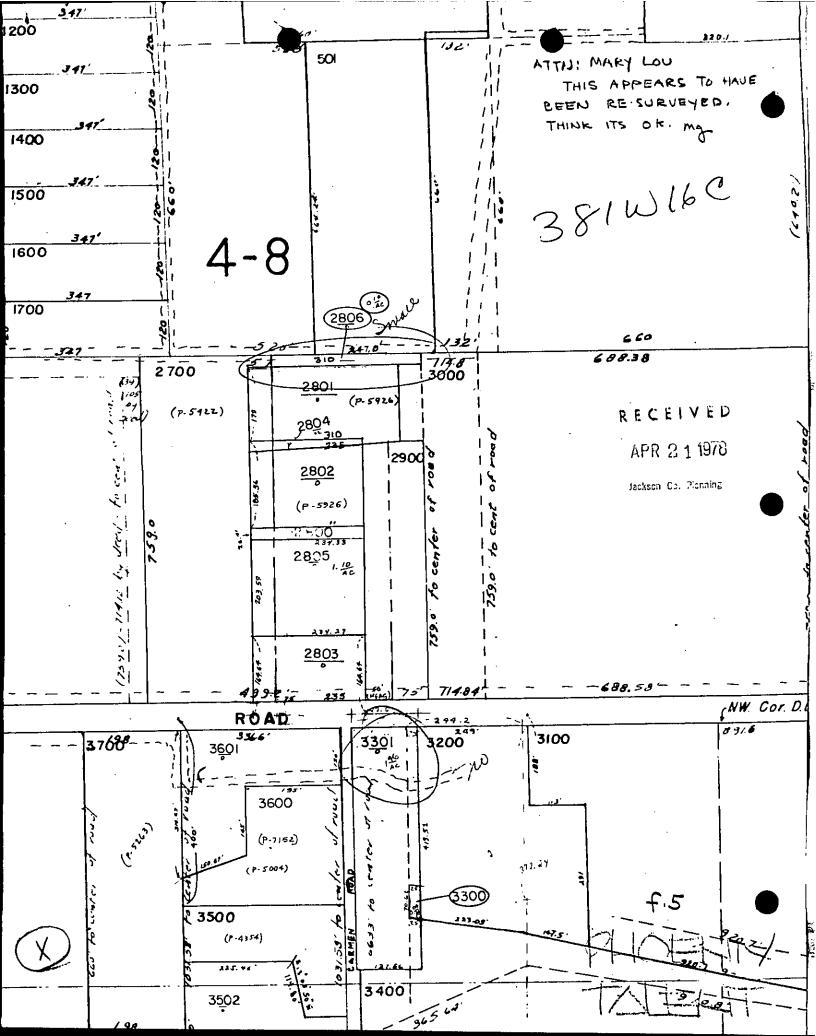
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SANITATION	<u>Date</u>		
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Certificate of Ade	quacy		
Well Permit			
Other			•
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VIOLATION PRELIMINARY REPORT Date:\_\_6/5/ fre exiting By: mon Legal Description: Tax Lot 3301 Section /60 Township Range Acreage Zone Code TX 38 IW gelaw Boad -Land Use Map Checked: gotehack -Planning Seg. Request: ろくい) Segregator Property Owner and Address: Seller Mortgagor Date of Transaction: 1967 Phone No. Journal Entry: Contiguous Property Owner: Lot #\_\_\_\_\_(Owner) (Owner) Lot #\_\_\_\_\_\_(Owner) Pre-existing Conditions before 9/1/73: Deed No.\_\_\_\_ Survey No.\_\_\_\_ Violations: Possible Solution: Initial Action Taken and Date:

Response:

Disposition:



# JACKSON CONTY EPARTMENT OF PLANNING DE LOPMENT 32 West Sixth Street

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Zoning Cleared	Nu Nu	umber	of Bedroom	ıs	
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I certify that the information	on given is	true	and, correc		+ha
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Comments: To be installed so as to meet all state and county co	/		LL PERMIT ;	A	
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