pd. 143 12/9/24

State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

RECEIVED
DEC 09 2024
DEQ MEDFORD

Annual Operation and Maintenance Report Form

Property Owner: Patrick Stubblins **Phone #:** 513-314-5978

Site Address: 740 S. Oregon St. **Permit #:**

City: Jacksonville **County:** Jackson

Parcel #: 372W31AD1300 **Start up date:** Aug 17

System Model #: DF50 **System Serial #:** 27651

Report Year: 2024 **Date(s) of Service Performed and Notes:** 4-9-24 All ok
11-6-24 All ok

Onsite wastewater treatment system status: (Do not prefill and photocopy checkboxes)

Yes	No	
☒	☐	Was maintenance performed as required by septic system rules and the manufacturer?
☒	☐	Is the system operating in accordance with the agent-approved design specifications?
☒	☐	Is the system currently under a service contract with a certified maintenance provider?
☐	☒	Is the system failing?
☐	☒	Discharge of sewage to the ground surface?
☐	☒	Discharge of sewage to drain tiles or surface waters?
☐	☒	Sewage backup into plumbing fixtures?

If you answered Yes on questions 4 – 7, was a repair permit obtained? If not, explain:

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): Randy Arts

Certification #: RM1 Certification Expiration: 7-2027

Signature: Date: 11-11-24

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)

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State of Oregon Department of Environmental Quality

Annual Operation and Maintenance Report Form

✓ 10/27/23

General Information **(Complete ALL information)**

Property Owner: Patrick Stubbins — Phone: 513-314-5978

Site Address: 740 S. Oregon St — Parcel #: 37.2W.31AD.1300

City: Jacksonville — County: Jackson

Permit #: — Start up date if 1st year in use: Aug 17

System Model #: DF-50 — System Serial #: 276051

Report Year: 2023 — Date of Service Performed: 2-10-23 / 10-11-23

Email Address:

Onsite wastewater treatment system status: (Do not prefill and photocopy checkboxes)

Yes	No	
☒	☐	Was maintenance performed as required by septic system rules and the manufacturer?
☒	☐	Is the system operating in accordance with the agent-approved design specifications?
☒	☐	Is the system currently under a service contract with a certified maintenance provider?
☐	☒	Is the system failing?
☐	☒	Discharge of sewage to the ground surface?
☐	☒	Discharge of sewage to drain tiles or surface waters?
☐	☒	Sewage backup into plumbing fixtures?

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If you answered "Yes" on the last four questions, was a repair permit obtained? If not, explain:

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

*Maintenance Provider Name (please print): Randy Arts

*Certification #: RM 1 — *Certification Expiration: 7-2027
(*This line only can be filled out and photocopied.)

Original Signature: — Date: 10-14-23

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).

2-10-23 Hll dl

10-11-23 Hll dl - Remain H/C

State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

Annual Operation and Maintenance Report Form

PATRICK STUBBINS 37-2W-31AD TL 1300

General Information

Property Owner: Denis Palmisciano Phone #: 850-227-5050
Site Address: 740 S. Oregon St City: Jacksonville
County: Jackson Permit #: Startup Date: Aug '17
System Model #: DF 50 System Serial #: 27605
Service Report Year: 2017

* NEW SYSTEM - NO FEE

Onsite wastewater treatment system status:

Yes	No	
☐	☐	Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
☐	☐	Is the system operating in accordance with the agent-approved design specifications?
☐	☐	Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes	No	
☐	☐	Discharge of sewage to the ground surface
☐	☐	Discharge of sewage to drain tiles or surface waters
☐	☐	Sewage backup into plumbing fixtures
☐	☐	If yes, was a repair permit obtained? If not, explain:

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): RANDY ARTS

Certification #: RMI Certification Expiration Date: 7-2018

Signature: Date: 12-28-17

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 agent per OAR 340-071-0130(24).

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State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

Annual Operation and Maintenance Report Form

General Information

Property Owner: ~~Denis Palmisciano~~ Patrick Stubbins Phone #: ~~850-227-5050~~ 513-314-5978
Site Address: ~~790 S. Oregon St~~ City: Jacksonville
County: Jackson Permit #: Startup Date: Aug 17
System Model #: DF50 System Serial #: 27651
Service Report Year: 2018

Onsite wastewater treatment system status:

Yes	No	
☒	☐	Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
☒	☐	Is the system operating in accordance with the agent-approved design specifications?
☒	☐	Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes	No	
☐	☒	Discharge of sewage to the ground surface
☐	☒	Discharge of sewage to drain tiles or surface waters
☐	☒	Sewage backup into plumbing fixtures
☐	☐	If yes, was a repair permit obtained? If not, explain:

4-30 Alt OK
11-3-18 Alt OK

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I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): RANDY ARTS

Certification #: RM1 Certification Expiration Date: 7-2021

Signature: _____ Date: 12-31-18

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 agent per OAR 340-071-0130(24).

DEQ
State of Oregon Department of Environmental Quality

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

Certificate of Satisfactory Completion
Repair (Major) - Residential - New

248-17-000742-PRMT

www.oregon.gov/deq OnsiteMedford@deq.state.or.us

Date Certificate Issued: 08/08/2017
Work Description: Install new ATT system

Applicant: Paul F Chierichetti
Address: 2062 NW Vine St
Grants Pass OR 97526
Phone: 541-476-8216
Email: mrrooter1@qwestoffice.net

Primary Contractor: Mr. Rooter Plumbing
Installer/Pumper License: 38290
Address: 2062 NW Vine Street
Grants Pass OR 97526
Phone: (541) 476-8216

Contractor: CHIERICHETTI PLUMBING LLC
(LMS) Electrical Contractor, Limited Maintenance
Specialty: 987LMS
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: MR.ROOTER@TERRAGON.COM

Contractor: CHIERICHETTI PLUMBING LLC
(PB) Plumbing Contractor: 17-109PB
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216

Owner: PALMISCIANO DENIS
Property Address: 740 S Oregon St, Jacksonville, OR
Parcel: 372W31AD1300 - Primary Township: 37S Range: 2W Section: 31

Lot Size: .70
Water Supply: Well
Zoning: Not specified
City/County/UGB: Not specified
Land Use Approval: Not specified
County: Jackson
Directions to Property: from I-5; take exit 40 toward Access Rd, Turn Rt onto Access, Continue onto Old Stage Rd, Turn Right onto Ross Lane, Turn Left onto Old Stage Rd, continue onto N.Oregon Street.

Category of Construction: Residential

	Existing	Proposed
Number of Bedrooms:	3	4

System Specifications

Type: Alternative Treatment Technology (ATTs)
ATT Description: Delta Whitewater
Max Peak Design Flow: 450 gpd
Proposed Flow: 450 gpd
Min Septic Tank Volume: 1500 gal
Min Dosing Tank Volume: N/A
Special Tank Rqmts: N/A

Drain Field Specifications

Drain Field Type: Standard
System Distribution Type: Serial
Drainfield Sizing: N/A
Distribution Method: Serial
Seepage Bed Specs: N/A
Media Type: EZ Flow 1201P
Media Depth: N/A

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

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

Septic Permit 248-17-000742-PRMT

Date Certificate Issued: 08/08/2017
Work Description: Install new ATT system

Trench Length:	150 ft	**Rock Above Pipe:**	N/A
Trench Width:	N/A	**Rock Below Pipe:**	N/A
Total Rock Depth:	N/A	**Undisturbed Soil BetweenTrenches:**	8 ft
Max Depth:	30 in	**Capping Fills-Min Depth of Fill Material:**	N/A
Min Depth:	18 in		
Groundwater Interceptor Amt of Drain Media:	N/A		
Pump to Drainfield Reqd: N/A		**Filter Fabric on Top of Drain Media:**	N/A
Rake Trench Sidewalls:	N/A		
Other Special Rqmt:	Not Specified		

Conditions of Approval

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

Marty Easter — Onsite Wastewater Specialist — 8/8/17

Requirements for this Certificate of Satisfacory Completion and additional inspection information are attached to this document.

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 248-17-000742-PRMT

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

SECTION 1: Owner/Permittee Information:

Twnshp: 37S **Range:** 2W **Sect:** 31

Name: PALMISCIANO DENIS **Lot:** 1300

Property Address: 740 S OREGON ST, JACKSONVILLE, OR

SECTION 2: System Component Specifications:

A. Tanks/Pumps — **System Type:** — Water tight verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: INFILTRATOR			Date: 7/26/17	
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes ✓	No	Diameter: 1 1/4	ASTM#/Other: SCH 40 PVC	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: DELTA WHITEWATER
Certified Maint.	Provider Name:		RANDY ARTS
Operation and Maint.	Contract Received?	Yes ✓	No

D. Drainfield Media

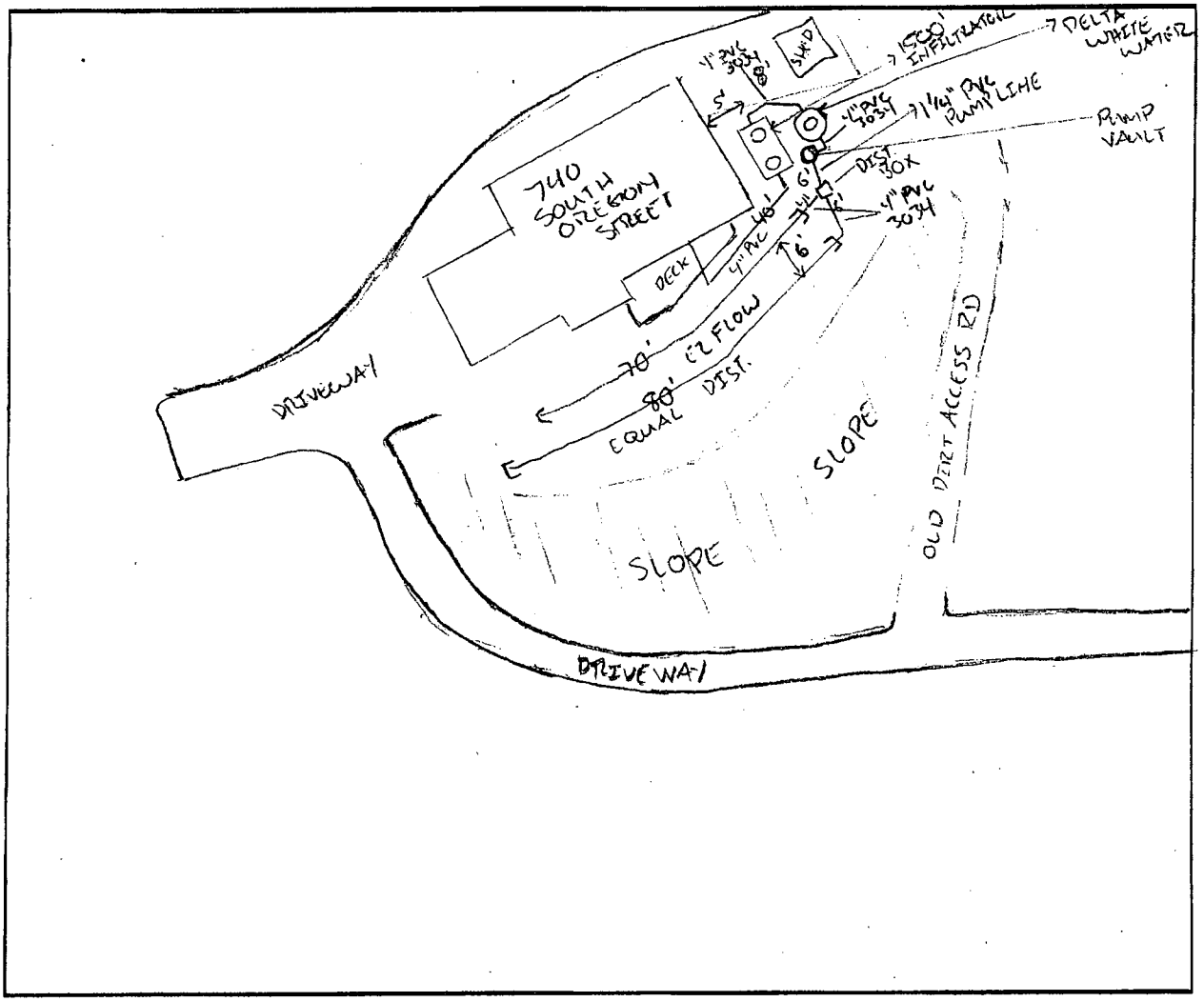
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
Drop Box	Yes ✓	No			
Distribution Pipe	Yes ✓	No	Diameter: 4"	ASTM#/Other: EZ FLOW	Length: 150'

Comment _____

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

SECTION 3 - As Built Plan

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



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: MR. ROOTER PLUMBING			
Licensed Installer:	Yes ✓	No	License#:	Certification#:
Owner/ Certified Installer:	Signature:		Date:	Phone#: 541-476-8216

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:	Installer/Owner (Permittee) Notified:	Yes	No	Date:

If No, Reason for Non Acceptance: _____

_____

Comment: _____

_____

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

State of Oregon Department of Environmental Quality

Septic Permit

Repair (Major) - Residential - New

248-17-000742-PRMT

www.oregon.gov/deq OnsiteMedford@deq.state.or.us

Date Issued: 7/21/17 **Expiration Date:** 7/21/18

Work Description: Install new ATT system

Applicant: Paul F Chierichetti
Address: 2062 NW Vine St
Grants Pass OR 97526
Phone: 541-476-8216
Email: mrrooter1@qwestoffice.net

Primary Contractor: Mr. Rooter Plumbing
Installer/Pumper License: 38290
Address: 2062 NW Vine Street
Grants Pass OR 97526
Phone: (541) 476-8216

Contractor: CHIERICHETTI PLUMBING LLC
(LMS) Electrical Contractor, Limited Maintenance
Specialty: 987LMS
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: MR.ROOTER@TERRAGON.COM

Contractor: CHIERICHETTI PLUMBING LLC
(PB) Plumbing Contractor: 17-109PB
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216

Owner: PALMISCIANO DENIS **Property Address:** 740 S Oregon St, Jacksonville, OR

Parcel: 372W31AD1300 - Primary Township: 37S Range: 2W Section: 31

Lot Size:	.70	**Water Supply:**	Well
Zoning:	Not specified	**City/County/UGB:**	Not specified
Land Use Approval:	Not specified	**County:**	Jackson

Directions to Property: from I-5; take exit 40 toward Access Rd, Turn Rt onto Access, Continue onto Old Stage Rd, Turn Right onto Ross Lane, Turn Left onto Old Stage Rd, continue onto N.Oregon Street.

Category of Construction: Residential

	Existing	Proposed
Number of Bedrooms:	3	4

System Specifications

Type:	Alternative Treatment Technology (ATTs)	**ATT Description:**	Delta Whitewater
Max Peak Design Flow:	450 gpd	**Proposed Flow:**	450 gpd
Min Septic Tank Volume:	1500 gal	**Min Dosing Tank Volume:**	N/A
Special Tank Rqmts:	N/A		

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	N/A	**Distribution Method:**	Serial
Seepage Bed Specs:	Not specified		
Media Type:	Other - Indicate Product/Manufacturer	**Media Depth:**	N/A

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

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Onsite Permit 248-17-000742-PRMT

Date Issued: 7/21/17 **Expiration Date:** 7/21/18

Work Description: Install new ATT system

Media Type Description:	EZ Flow 1201P		
Trench Length:	150 linear ft	**Rock Above Pipe:**	N/A
Total Rock Depth:	N/A	**Rock Below Pipe:**	N/A
Max Depth:	30 in	**Undisturbed Soil BetweenTrenches:**	8 ft
Min Depth:	18 in	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Rqmts:

Stake Out Reqd:	No		
Groundwater Type:	N/A	**Groundwater Depth:**	N/A
Groundwater Interceptor:	N/A	**Groundwater Interceptor Depth:**	N/A
Groundwater Interceptor Drain Media Amt:	N/A		
Pump to Drainfield Reqd:	N/A	**Filter Fabric on Top of Drain Media:**	N/A
Rake Trench Sidewalls:	N/A		
Other Special Rqmt:	Not specified		

Conditions of Approval

1.A pre-cover inspection of the installed absorption facility (prior to backfill) is required

2.A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

3.The system must be installed by the property owner or a licensed sewage disposal business (installer)

4.Install system in area shown on approved site plan

5.Vehicular traffic and livestock must be restricted from the system area

6.All roof drains must be directed away from the system

7.All tanks must be tested for watertightness.

8.Meet all required setbacks

9.The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent

10.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval

11.An electrical permit and inspection is required for all pump wiring installations

12.The pump and alarm shall be wired on separate circuits in the control panel

13.Green 18-gauge tracer wire required from tank to drainfield.

14.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. A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed above the effluent sewer pipe.

15.Serial distribution, each trench bottom to be level and on contour. Use Drop boxes.

Onsite Permit 248-17-000742-PRMT

Date Issued: 7/21/17 **Expiration Date:** 7/21/18

Work Description: Install new ATT system

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.

Marty Easter Onsite Wastewater Specialist 7/21/17

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

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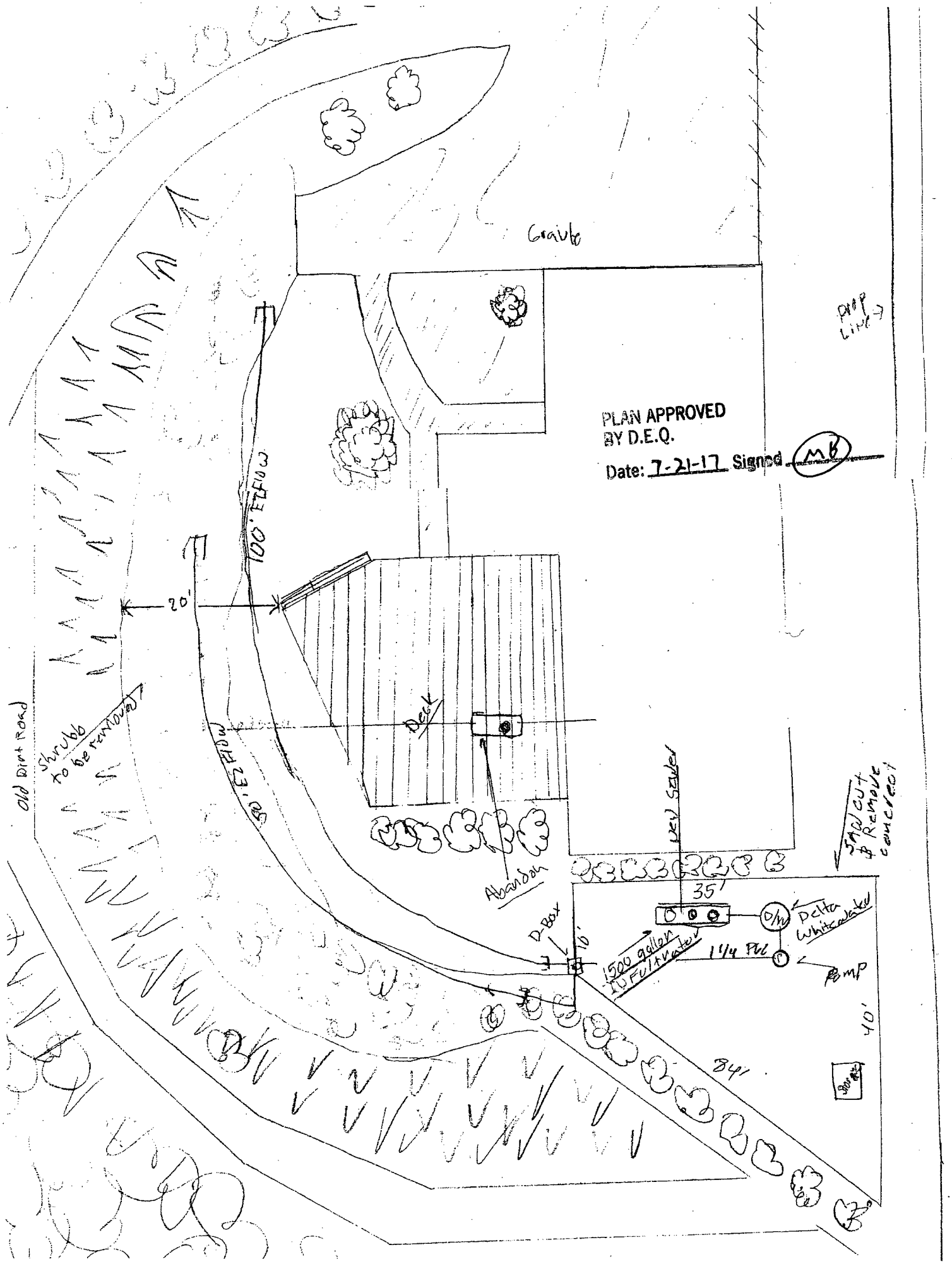
Grade
PLAN APPROVED
BY D.E.Q.
Date: 7-21-17 Signed MB
100' Elev
20'
Old Dirt Road
Shrubs to be removed
Deck
Abandon
New Sewer
Sawcut & Remove Concrete
35'
D/W
Delta Whitewater
1500 gallon
1 1/4 PVC
Pump
D-Box
10'
40'
84'

Attached Documents:

Name	Description
Onsite App_2017_07_18_09_53_14_733.pdf	Application for On-site Sewage
Service Contact_2017_07_18_09_55_58_090.pdf	2 Yr Delta Service Contract
Site Plan_2017_07_18_09_53_53_733.pdf	site plan drawing
Existing System Descipt_2017_07_18_09_55_04_469.pdf	Existing septic system description

State of Oregon Department of Environmental Quality

Onsite Permit
Application Verification

Repair (Major) - Residential

248-17-000742-PRMT

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

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

Application created: 7/18/17

Parcel Nbr: 372W31AD1300

Site Address: 740 S OREGON ST, JACKSONVILLE, OR

Owner: PALMISCIANO DENIS

Applicant: Paul F Chierichetti - Mr Rooter Plumbing
2062 NW Vine St
Grants Pass, OR 97526

Phone: (541) 476-8216

FAX: (541) 474-3045

Email: mrrooter1@qwestoffice.net

Licensed Professional:

License Nbr: (PB) Plumbing Contractor - 17-109PB
CHIERICHETTI PLUMBING LLC

2062 NW VINE ST
GRANTS PASS, OR 97526

Phone: (541) 476-8216

License Nbr: Installer/Pumper License - 38290
Mr. Rooter Plumbing

2062 NW Vine Street
Grants Pass, OR 97526

Phone: (541) 476-8216

License Nbr: (LMS) Electrical Contractor, Limited Maintenance Specialty - 987LMS
CHIERICHETTI PLUMBING LLC

2062 NW VINE ST
GRANTS PASS, OR 97526

Phone: (541) 476-8216

Email: MR.ROOTER@TERRAGON.COM

Category of Construction: Residential

County: Jackson

Directions: from I-5; take exit 40 toward Access Rd, Turn Rt onto Access, Continue onto Old Stage Rd, Turn Right onto Ross Lane, Turn Left onto Old Stage Rd, continue onto N.Oregon Street.

Acreage or Lot Size: .70

Water Supply: Well

System is Failing: CHECKED

Septic Tank Last Pumped:

Existing		Proposed	
Use of Structure:		**Use of Structure:**	
Number of Bedrooms:	3	**Number of Bedrooms:**	4
Number of Employees:		**Number of Employees:**	
Number of Seats:		**Number of Seats:**	