

Final Inspection Request and Notice - Septic ID: 463-22-000423-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: **Range:** **Sect:**
Lot:

Name: STERLING, MAUREEN

Property Address: 132 HOLTON CREEK RD, KERBY, OR 97531

SECTION 2: System Component Specifications:

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

B. Piping

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

C. Secondary Treatment Unit:

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

D. Drainfield Media

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

Comment _____

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

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

SECTION 3 - As Built Plan

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

SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name:		
Licensed Installer:	Yes	No	Certification#:
Owner/ Certified Installer:	Signature:		Phone#:
	Date:		

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:		Installer/Owner (Permittee) Notified:	Yes	No	Date:
If No, Reason for Non Acceptance:	_____							
Comment:	_____							



NOTICE AUTHORIZING REPRESENTATIVE

I, MAUREEN STERLING, have authorized
(Property Owner/Print Name)

Eugene Keith DBA Keith Rock and Excavation to act as my agent in performing the activities
(Authorized Representative/Print Name)
necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

132 Holton Creek rd Kerby, OR 97523
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 39 Range 08 Section 09 Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: MAUREEN STERLING

Address: 132 HOLTON CREEK RD

City, State, Zip: KERBY, OR 97531

Phone: 541-592-5113 Email: MAUREENSTERLING@gmail.com

Signature: Maureen Sterling

AUTHORIZED REPRESENTATIVE:

Printed Name: Eugene Keith

Address: 3631 Dick George Rd

City, State, Zip: Cove Junction, OR 97523

Phone: 541-787-7837 Email: backhoeegene@gmail.com

Signature: [Signature]

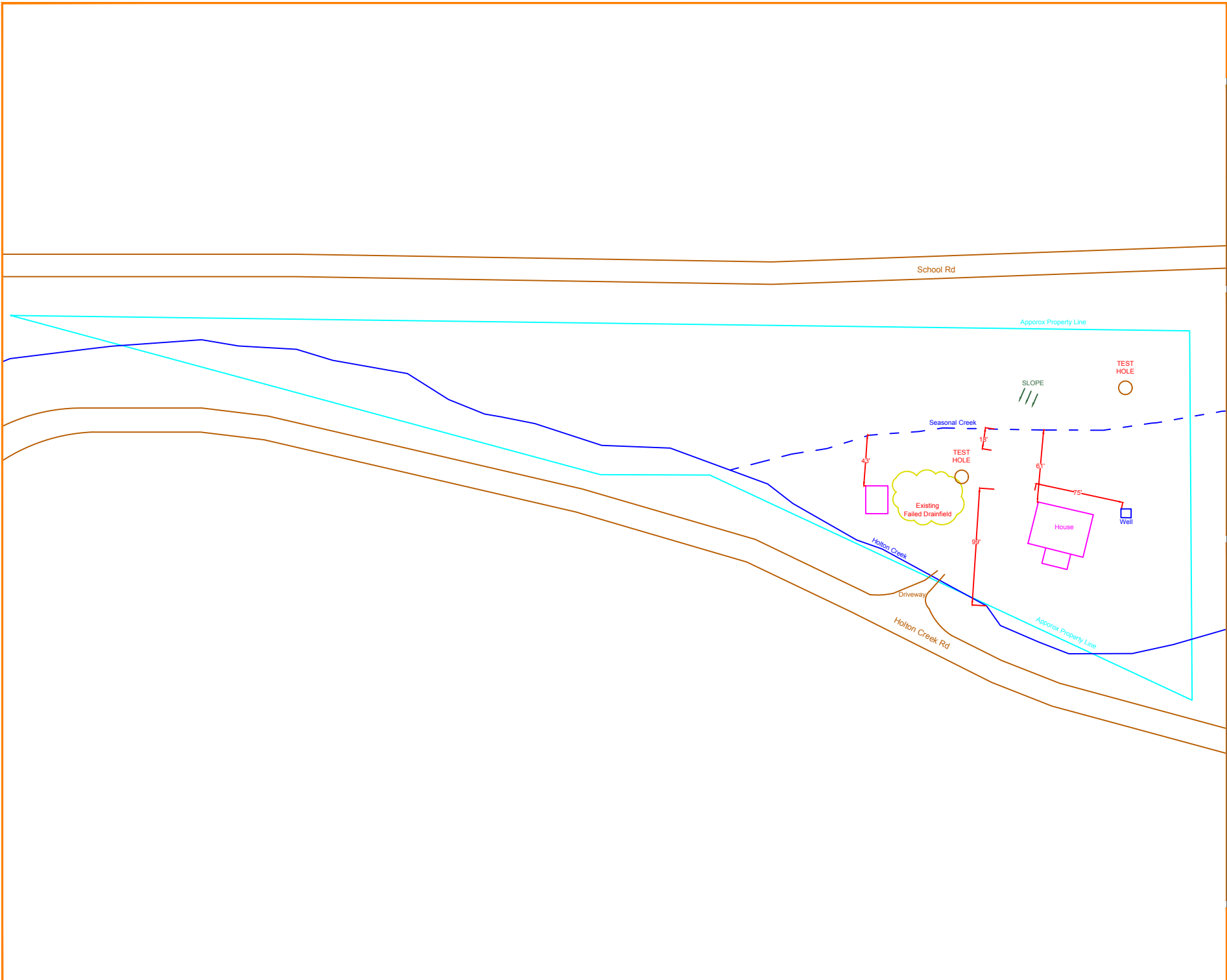


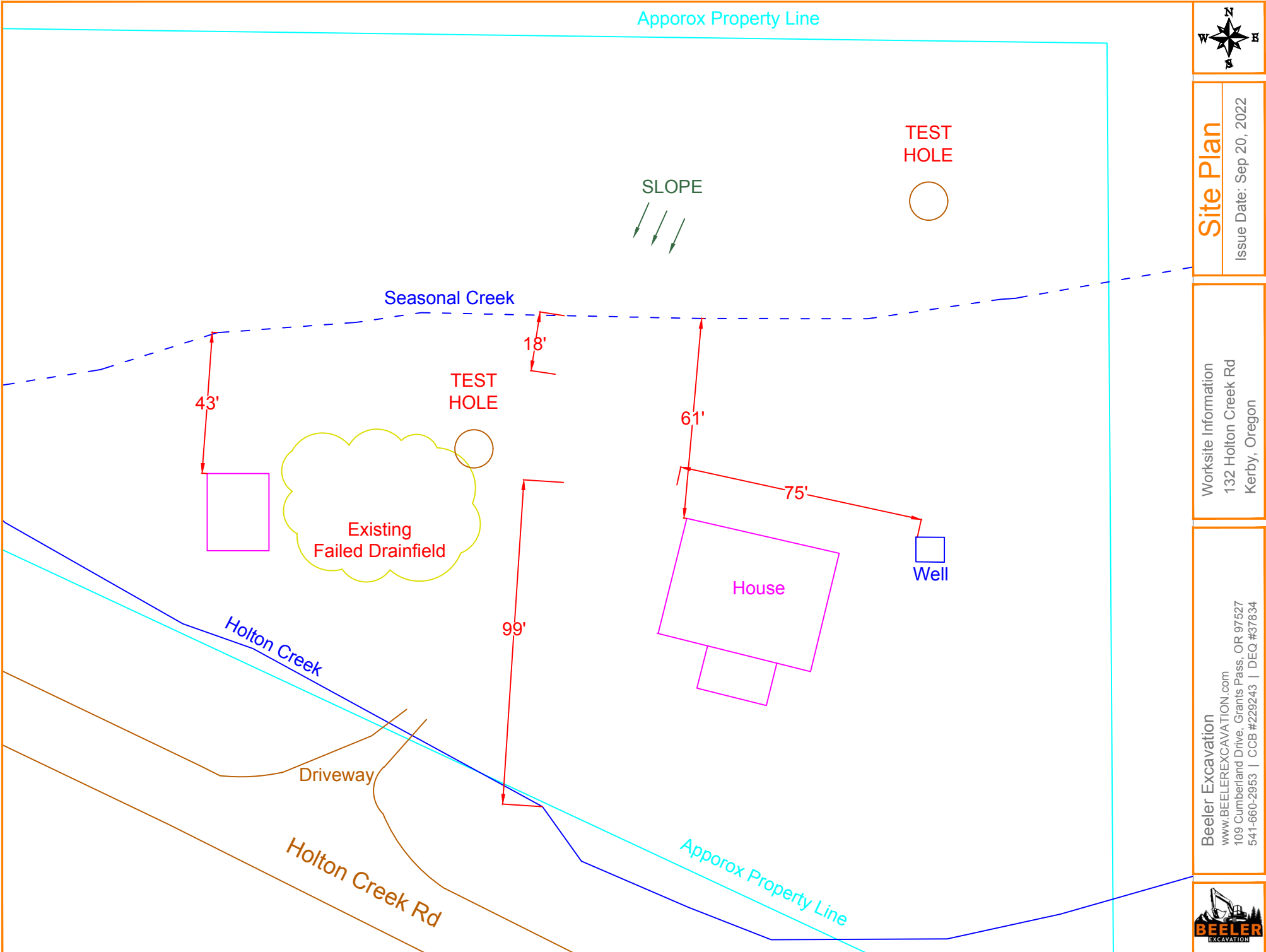
Plot Map

Issue Date: Sep 20, 2022

Worksite Information
132 Holton Creek Rd
Kerby, Oregon

Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834





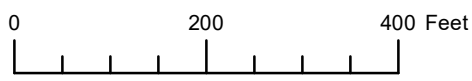
Site Plan

Issue Date: Sep 20, 2022

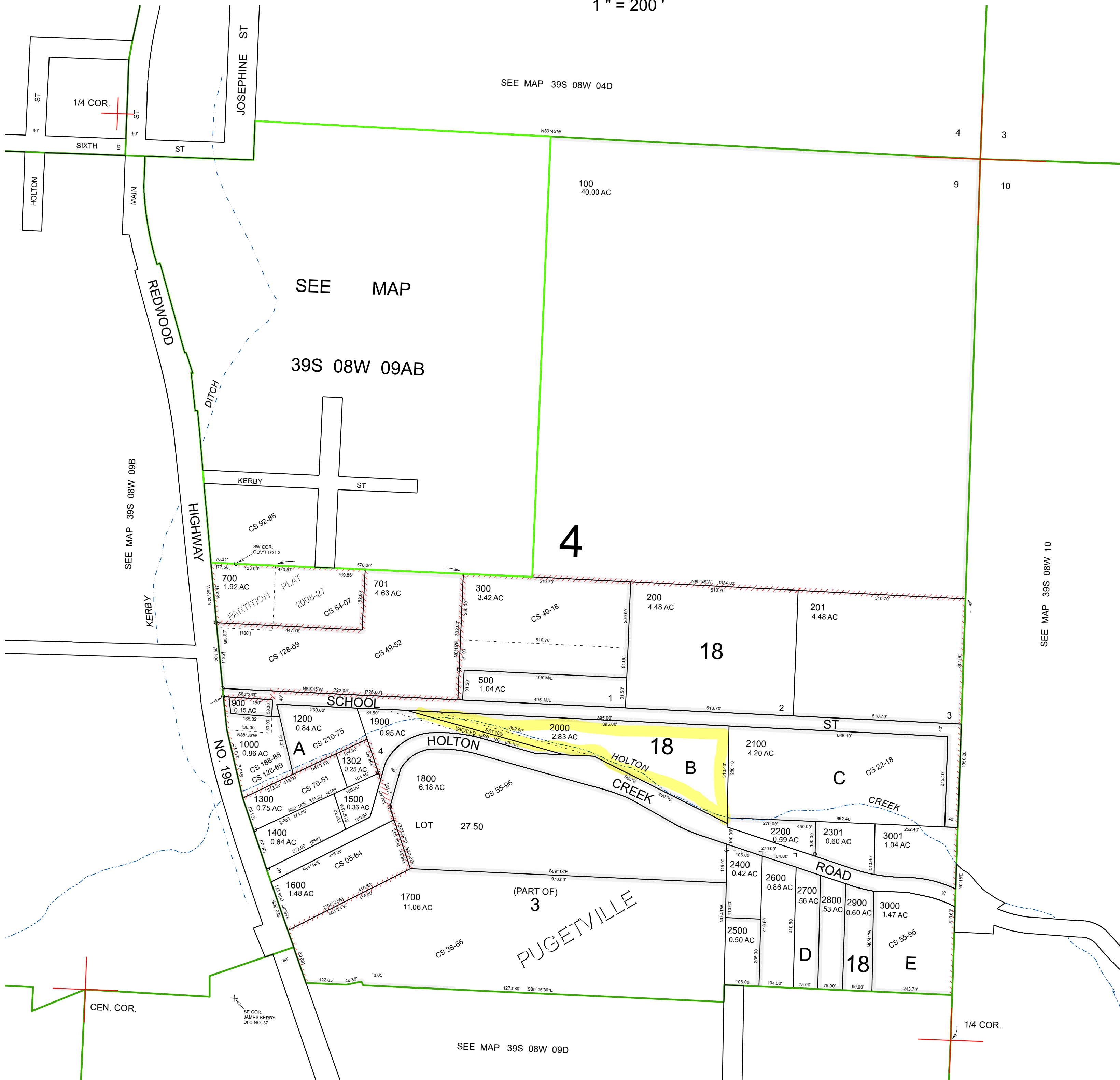
Worksite Information
 132 Holton Creek Rd
 Kerby, Oregon

Beeler Excavation
 www.BEELEREXCAVATION.com
 109 Cumberland Drive, Grants Pass, OR 97527
 541-660-2953 | CCB #229243 | DEQ #37834





N.E.1/4 SEC.9 T.39S. R.8W. W.M.
JOSEPHINE COUNTY
1" = 200'



- CANCELLED:
- 400
- 600
- 1701
- 1190
- 890
- 1100
- 1301
- 901
- 2300
- 800

FIELD WORKSHEET

Name: Maureen Sterling Application No.: 763-22-000423-PRMT Date: 9-27-22
 RE: **SITE EVALUATION REPORT** for Parcel #: 39-88-09A-TL 2888

Commercial Facility: Yes No Parcel Size: 2.83 AC

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 0

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input checked="" type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other <u>Hydro-split</u> <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input 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
Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>34</u> " Max Depth <u>30</u> " Min Depth	Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
 - Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
 - 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.
 - 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 in accordance with OAR 340-071-0220 (12).
 Rake trench sidewalls.
 The system must be installed during dry soil conditions only.
 System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

- Reasonable Repair OAR 340-071-0215

- No room for a repair given Holzer creek and Seasonal creek

Inspector: [Signature]

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	SL	10YR 4/4 Post 3f, m, 2C Granular 10-20% 1-2" roots
	8-20	SAP	10YR 4/4 Post 2f, m, c, Granular
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Graded, madowe, Tan OR

Slope: 30-45% Aspect: _____ Groundwater Type: Permanent Temporary

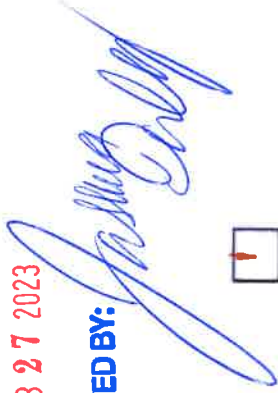
Other Site Notes: _____

Seasonal Creek

JOCO ON-SITE SEPTIC

FEB 27 2023

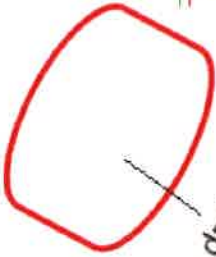
APPROVED BY:



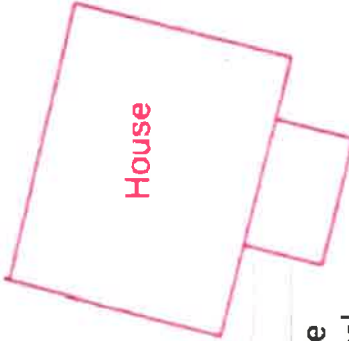
132 Holton Creek Rd
Kerby, OR
Licensed Installer - Eugene Keith
39214

Tank to be installed - 1500 Gallon 2
compartment Riverside concrete
tank.

New 1500 gallon 2 compartment
riverside tank to be installed

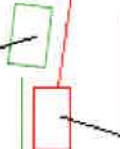


Existing drainfield area



House

Existing Septic tank to be
pumped, filled with gravel
and abandoned.



Driveway

Holton Creek Rd

Approx Property Line
Holton Creek



NOTICE AUTHORIZING REPRESENTATIVE

I, Maureen Sterling, have authorized Beeler Excavation LLC to act as my
 (Property Owner/Print Name) (Authorized Representative/Print Name)
 agent in performing the activities necessary to obtain all onsite wastewater treatment program
 services provided by the Josephine County on the property described below in accordance with
 OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative
 are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required
 business activities on said property.

PROPERTY IDENTIFICATION:

132 Holton Creek Rd, Kerby, OR 97531

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 39 Range 08 Section 09 Map ID A0 Tax Lot #(s) 2000


PROPERTY OWNER:

Printed Name: Maureen Sterling

Address: 132 Holton Creek Rd

City, State, Zip: Kerby, OR 97531

Phone: 541-592-5113 Email: maureensterling39@gmail.com

Signature:  Maureen Sterling
FFB9276831F14DC...


AUTHORIZED REPRESENTATIVE:

Printed Name: Dominic Florez - Managing Member, Beeler Excavation LLC

Address: 109 Cumberland Drive

City, State, Zip: Grants Pass, OR 97527

Phone: 541-660-2953 Email: info@beelerexcavation.com

Signature:  Dominic Florez
294FE1F344324FC...



Septic Permit
Repair (Minor) - Residential - New
 463-22-000423-PRMT

Josephine Onsite Septic Program
 700 NW Dimmick Street
 Suite A
 Grants Pass, OR 97526
 541-474-5444
 Fax: 541-474-5422
 onsite Septic@josephinecounty.gov
 Website: josephine.or.us

Date issued: 10/4/22	Expiration date: 10/4/23
Work description: MINOR REPAIR	

Primary contractor: Keith Rock & Excavation
Installer License: 39214
Address: 3631 Dick George Rd
 Cave Junction OR 97523
Phone: (541) 787-7837
Email: backhoegene@gmail.com

Business License: N/A

Owner: STERLING, MAUREEN
Address: PO BOX 833
 PO BOX 833
 CAVE JUNCTION OR 97523
Parcel: 390809A000200000 - Primary

Property address: 132 Holton Creek Rd, Kerby, OR 97531

Lot size: 2.83	Water supply: Well	
Zoning: Low Density Residential	City/County/UGB: County	
Land use approval: N/A	County: N/A	
Action: New	Type of application: Repair (Minor) - Residential	
System failing: Yes	Septic tank last pumped: N/A	

Comments: TANK ONLY. CHANGED FROM MAJOR REPAIR TO MINOR REPAIR AS ONLY THE SEPTIC TANK HAS SHOWN ISSUES AND NOT THE DRAINFIELD PER INSTALLER.

Category of construction: Residential

	Existing	Proposed
Number of bedrooms:	2	N/A

System Specifications

Type: Tank Only	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: 300 gpd.	
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.	

Drain Field Specifications

Drain field type: Not Applicable	System distribution Ttpe: Not Applicable	
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Special Requirements

Stake out required: No	Groundwater depth: N/A	
Groundwater type: Not Applicable		

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

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

Date issued: 10/4/22**Expiration date:** 10/4/23**Work description:** MINOR REPAIR**Conditions of approval**

1. Properly decommission the old septic tank and submit appropriate documentation
2. Vehicular traffic and livestock must be restricted from the system area.
3. All roof drains must be directed away from the system
4. 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.
5. Meet all required setbacks
6. 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.
7. For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
8. 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.

Date issued: 10/4/22**Expiration date:** 10/4/23**Work description:** MINOR REPAIR

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).

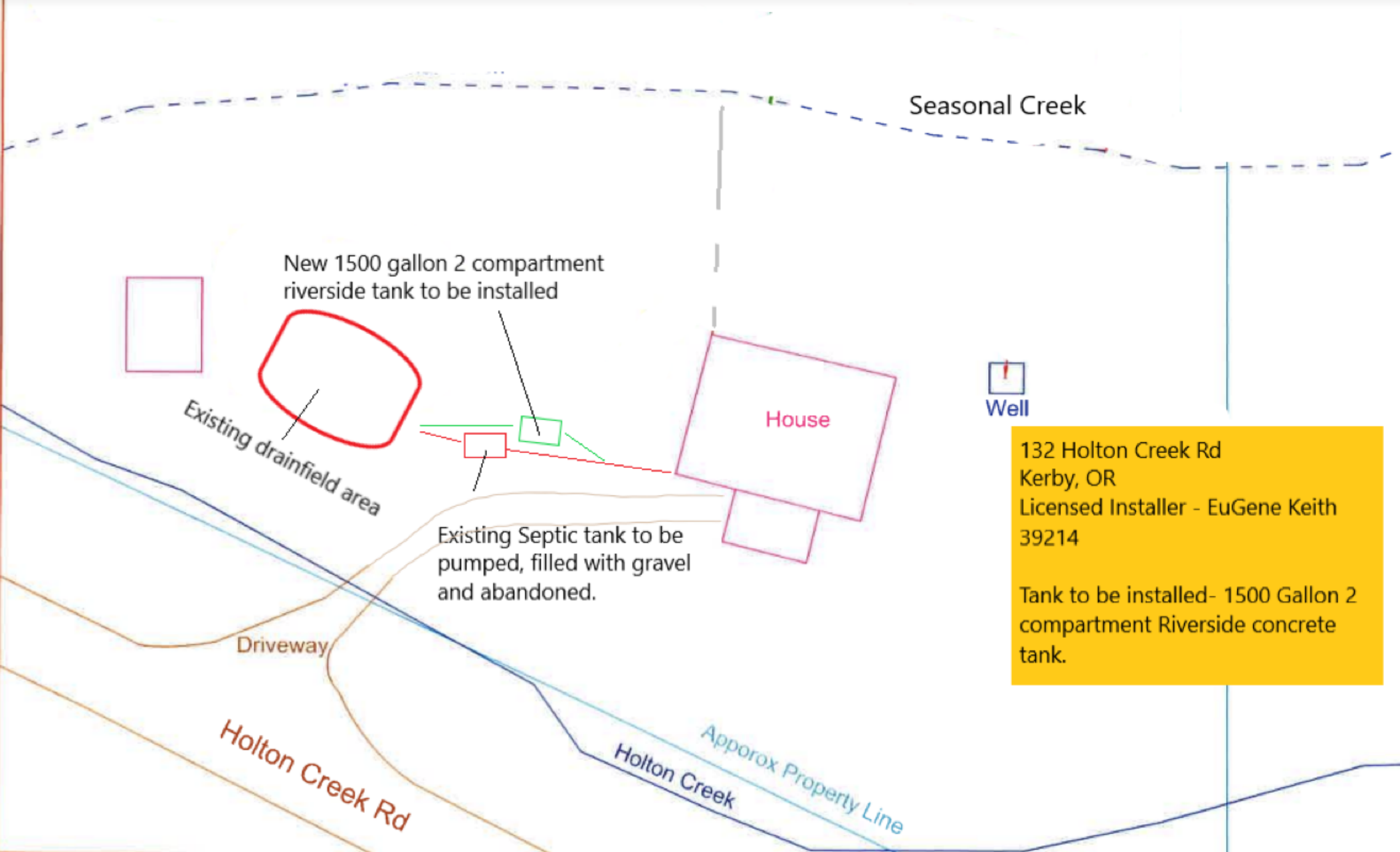
Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, 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.

Joshua Daley

Environmental Specialist

10/4/22



Seasonal Creek

New 1500 gallon 2 compartment riverside tank to be installed

Existing drainfield area

House



Well

Existing Septic tank to be pumped, filled with gravel and abandoned.

132 Holton Creek Rd
Kerby, OR
Licensed Installer - EuGene Keith
39214

Tank to be installed- 1500 Gallon 2 compartment Riverside concrete tank.

Driveway

Holton Creek Rd

Holton Creek

Approxox Property Line



Onsite Permit
Application Verification
463-22-000423-PRMT

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
Website: josephine.or.us

Application created: 9/20/22
Parcel Nbr: 390809A000200000
Site Address: 132 HOLTON CREEK RD, KERBY, OR 97531
Owner: STERLING, MAUREEN
Applicant: Rolando Hernandez - Beeler Excavation
109 Cumberland Drive
Grants Pass, OR 97527
Phone: (541) 660-2953
Email: rolando@beelerexcavation.com

Licensed Professional(s):

License Number: Installer License - 37834
Beeler Excavation, LLC
109 Cumberland Dr
Grants Pass, OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com
License Number: (PB) Plumbing Contractor - PB2635
BEELER EXCAVATION LLC
109 CUMBERLAND DRIVE
GRANTS PASS, OR 97527
Phone: (541) 660-2953
Email: INFO@BEELEREXCAVATION.COM

Acreage or Lot Size: 2.83
System is Failing: CHECKED

Water Supply: Well
Septic Tank Last Pumped:

Attached Documents:

Name	Description
FIN_TransactionReceipt_pr_20220923_073521.pdf	
132 Holton Creek Rd-Site Plan LS.pdf	site plan
Authorizing Representative (2).pdf	Auth rep
132 Holton Creek Rd-Plot Map LS.pdf	plot map