

53275

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO.

13-53275

\$ 490.00 Fee

New Construction

Repair

Other

Panel 1 of 30 97-02-067

Permit Issued To Brian, Amy Richardson (Property Owner's Name) 25 (Township) 31 (Range) 23c (Section) 200 (Tax Lot / Acct. No.) Harney (County)

15 1/4 miles S on Hwy 200 Burns (Road Location) (City) Issued by - Signature (Date Issued) 9-1-99

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE 9-1-99

TYPE OF SYSTEM Standard

Tank Volume 1500 Gallons Disposal Trenches 2 compact Seepage Bed(s) 600 Square Feet

Maximum Depth 18 inches Minimum Depth 18 inches 300 Linear Feet

Equal Loop Serial Pressurized Minimum Distance Between Trenches 10 feet

Total Rock Depth Below Pipe Above Pipe Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Hydrator system to be utilized - See approved plans

PRE-COVER INSPECTION REQUIRED - CONTACT 1-541-388-6146 ext. 234

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations Installer SELF Final Insp. Date 11/2/98 Inspected By LMBrown Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340, Division 71

System covered up, drain field. Sptic tank inspected - alarms operational - run fine ok float levels ok - quick disconnect ok; electrical box placement - ok As built received 11/23/98 See as built submitted by installer

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Signature M Brown RS. (Authorized Signature) Env. Santarosan (Title) (Date) Bond (Office)

(Date Received)

# FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, 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 (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. 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. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

## SECTION 1: BASIC INFORMATION.

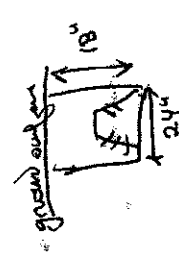
Property Owner Brian Richardson Permit Number 13-53275 County Harney  
Township 25 ; Range 31 ; Section 23 ; Tax Lot 200 ; Tax Acct. # \_\_\_\_\_  
Job Location Approx 15 1/2 miles S. on Hwy 205 - Burns, OR  
Date System Construction Completed 11-18-98 ; Date Submitted to DEQ or Agent 11-19-98

## SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

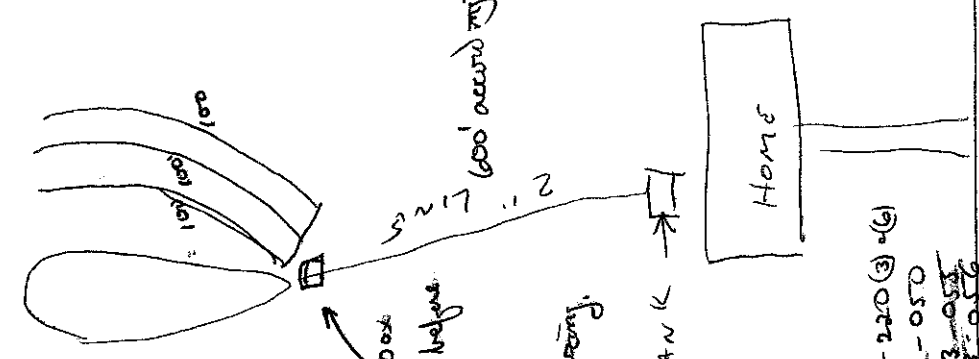
- |  |  |
|--|--|
| <u>1- 1500 Gal Concrete Tank - 2 Chamber</u>   | <u>35' Solid Thinwall (Dist. Box to Infiltrator)</u> |
| <u>2- PVC Access Riser (24" diam) w/lid</u>    | <u>450' 2" Sched. 160 PVC (Tank to Dist. Box)</u>    |
| <u>1- Bolt down Kit</u>                        | <u>8' 3" ABS (House to tank)</u>                     |
| <u>1- 200 G. Epoxy Kit</u>                     | <u>1- 3" ABS 2 way clean-out w/cap</u>               |
| <u>1- PVC Splice Box w/ 4 Cord Grips</u>       | <u>458' Tracer wire</u>                              |
| <u>1- Simplex Biotube Pump Vault</u>           | <u>PVC Glue</u>                                      |
| <u>1- Flat Assembly</u>                        | <u>ABS Glue</u>                                      |
| <u>1- Hose &amp; Valve Assembly</u>            | <u>Screws</u>  |
| <u>1- OSI Effluent Pump - 1/2 Hp, 10' Lead</u> | <u>Couplers</u>                                      |
| <u>1- Simplex Panel</u>                        | <u>6' Thinwall Solid (from DBOX to Infiltrator)</u>  |
| <u>300 ft. Infiltrator System (38 pcs.)</u>    |  |
| <u>1- Equal Dist. Box</u>                      |  |

18" min. Trench / DEPTH

Pump selection - sk  
materials from Oranco. - sk



Flow for a 4-bedroom single  
family residence = 450 gpd.  
3000 linear feet required.  
ALL lines to be at same elevation 0-1" below



skew placement?

Equal Distribution box  
Minimum 4' offset from other before  
filter chambers.

Transport line to drain to prevent freezing.

Elevation?

Skew elevation?

Refer to OAR 340-71-220 (3)(c)  
OAR 340-73-050  
OAR 340-73-051  
OAR 340-73-056

RUH Red 'S' Road

Anti-leaking requirements for apte tanks  
to be completely submerged?  
Contract Manufacturer for requirements for materials and standards

1" FILTERATOR DRAIN FIELD  
600' - 2" SCH 160 P.V.C  
1500 2 CHAMBER TANK  
w/ PUMP

"PLAN APPROVED  
SIGNED LMS DATE 9-1-98

INSTALLER RESPONSIBLE  
FOR ALL CONSTRUCTION  
MATERIALS AND STANDARDS

205

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
ON-SITE SEWAGE SYSTEM INSTALLATION

# CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

As-built notification form not received - please fill out and return to our Dept. so that a Certificate of Satisfactory Completion can be issued.

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 13-53275      25      31      23      200  
Township      Range      Section      Tax Lot / Acct. No.

INSPECTION:

TIME 2:12:45

DATE 11/12/98

BY awene MBrown RS.  
(Signature)

CONTACT: 1-541-388-6146 x 234

## DO NOT REMOVE THIS NOTICE FROM SITE





# Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

2146 NE 4th Street, Suite 104

Bend, OR 97701

(541) 388-6146

Eastern Region

Bend Office

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

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

**Property Owner:** Brown Richardson

**Property Location:** Parcel B  
T 25 R 31 S 23 Tax Lot # 200 County Harney

Site Address, if known: \_\_\_\_\_

**Project Description:** Structure or Action Type: (describe) 4-bedroom single family residence  
Permit # \_\_\_\_\_

Domestic Wastewater: Yes  No  \_\_\_\_\_

Industrial Wastewater: Yes  No  \_\_\_\_\_

**Pump Required:** Yes  No  \_\_\_\_\_

Permit/Approval Issue Date: 8-31-98

Permit/Approval Expiration Date: 8-31-99

Comments: Harney County has received the original application and check for permit issuance.

Authorized Signature: Lawrence M Brown RS Date: 8-31-98

LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

|   |   |  |                      |  |
|---|---|--|----------------------|--|
| APPLICANT'S NAME<br><i>Brian &amp; Amy Richardson</i> |   | MAILING ADDRESS<br><i>Brian Richardson</i><br><i>HC 71 BOX 1575 Hwy 205</i><br><i>Burns</i> <i>1012</i> <i>97720</i><br>CITY STATE ZIP |                      | PHONE<br><i>(541) 493-2303</i>         |
| P<br>R<br>O<br>C<br>E<br>D<br>U<br>R<br>E             | TOWNSHIP<br><i>25 S.</i>  | RANGE<br><i>31 E.</i>  | SECTION<br><i>27</i> | TAX LOT OR ACCT NO<br><i>200/23114</i> |
|   | SUBDIVISION/PROJECT   | LOT  | BLOCK                | COUNTY<br><i>Harney</i>                |
|   | <input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981. |  |                      |  |

PROPOSED LAND USE

*Non-farm dwelling*

STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY  
(An equivalent statement may be provided in lieu of this form)

PROPERTY'S ZONING DESIGNATION

*Residence (Non Farm Dwelling)*

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

- COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN
- NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN
- CONSISTENT WITH THE STATEWIDE PLANNING GOALS
- NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS
- OR

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

*Conditional Use for Non-farm Dwelling Approved 2-19-97*

PROPERTY IS LOCATED: (check one)

- INSIDE CITY
- INSIDE URBAN GROWTH BOUNDARY
- OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

*Harvey County*

|                                 |                                   |                        |
|---------------------------------|-----------------------------------|------------------------|
| SIGNED<br><i>Carol J. Smith</i> | TITLE<br><i>Planning Director</i> | DATE<br><i>8-24-98</i> |
|---------------------------------|-----------------------------------|------------------------|

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

|        |       |      |
|--------|-------|------|
| SIGNED | TITLE | DATE |
|--------|-------|------|

STATEMENT OF SITE STATUS

NAME: Brian & Amy Richardson

ADDRESS: HC 71 BOX 1575 HWY 205

TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ SECTION: \_\_\_\_\_ TAX LOT \_\_\_\_\_

COUNTY: Harney

I certify by my signature the area for the initial and replacement on-site sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Department of Environmental Quality.

DATE 8/24/98 SIGNED Amy Richardson





# Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

2146 NE 4th Street, Suite 104

Bend, OR 97701

(541) 388-6146

Eastern Region

Bend Office

April 29, 1998

## IMPORTANT DOCUMENT-SITE EVALUATION REPORT

**-this is not a construction permit-**

Mr. Brian Richardson  
HC 71, Box 1575 Hwy. 205  
Burns, OR 97720

Re: T25, R31, S23; Parcel B  
39 Acres - Harney County

Dear Mr. Richardson:

Based on the soil profile in the test holes you provided, the site is approved for an on-site sewage disposal system, however is denied in the area where the test holes were located. The proposed use is for a five-bedroom single family residence. A copy of the Site Evaluation Field Worksheet is attached and the system requirements are:

- Standard system ~~with pump~~ for flow of 525 gallons per day.
- 100 lineal feet of drainfield line per 150 gallons of flow for a total of 350 linear feet.
- Concrete 1500 gallon septic tank with access riser; provided with an anti-buoyancy device to prevent floatation.
- An equal distribution system utilizing a distribution box.
- Maximum trench depth 18 inches, minimum 18 inches.
- Drainfield set backs: 10 feet from property lines, 100 feet from wells.
- DRAINFIELD MUST BE INSTALLED IN THE AREA SHOWN ON THE BACK OF THE SITE EVALUATION FIELD WORKSHEET. Any alteration of the natural conditions (i.e. cutting or filling) in the approval area, or further partitioning or subdividing on the subject or adjacent properties may void this approval (ORS 454 and OAR 340).
- Filter fabric shall be used to cover the drain media (drainrock) prior to back-filling the disposal trenches if gravel trenches are utilized.
- The approved areas for both initial and replacement systems are to be protected from vehicular traffic, farm machinery, livestock or further development.
- Specification for the replacement system should the initial system ever fail are noted on the site evaluation worksheet. Specifications for this system may differ from those for the initial system. The area noted for the repair system is to be kept free from any future development or activities that would alter site conditions.

SITE EVALUATION FIELD WORKSHEET

Reference T25 R31 S23 TL 200 (Parcel # B) Evaluator Larry Brown DEQ - Bend office  
 Applicant Brian Richardson Date 4/3/98 Parcel Site Corner of Hwy 205, Rich Rd's Road

| TEST HOLE | DEPTH HORIZONS | TEXTURE | (WEI) Soil Matrix Color, Redox Features, Masses, % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc. |
|-----------|----------------|---------|--|
| 1         | 0-13"          | vsf     | 10YR 4/3, 2-3 flm roots; 2mabk   |
| 2         | 13-37"         | fsl     | 10YR 4/3; 1uf; 3mabk - precipitated salts starting @ 17"; many prom. coarse  |
| 3         |                |         | 10YR 4/3 mottled along root channels.  |
| 4         | 37-54"         | ls      | 10YR 5/3; 3uf 1f; 2mabk - many iron masses throughout horizon  |

|   |        |     |   |
|---|--------|-----|---|
| 1 | 0-12"  | vsf | Similar to hole #1 in all aspects             |
| 2 | 12-35" | fsl | {scumby 3mabk}                                |
| 3 | 35-55" | ls  | {Roots severely restricted from this horizon} |
| 4 |        |     |   |

|   |        |     |   |
|---|--------|-----|---|
| 1 | 0-15"  | vsf | Similar to hole #1 in all aspects             |
| 2 | 15-38" | fsl | "   |
| 3 | 38-60" | ls  | {Roots severely restricted from this horizon} |
| 4 |        |     |   |

|   |  |  |   |
|---|--|--|---|
| 1 |  |  | Test holes #2, #3 have roots severely limited. Surrounding area has indications of surface flow. Predict water to rise to within 12-15" from the ground surface in addition to the surface water. Area in back of property found higher ground meeting OAR requirements |
| 2 |  |  |   |
| 3 |  |  |   |
| 4 |  |  |   |

Landscape Notes Sage, rabbit brush, wild forage grasses & broadleaf  
 Slope 1/2% Aspect Variable GROUNDWATER TYPE Temporary

Other Site Notes Approved area on higher ground towards back of property  
System sized @ 100'/150' gpd flow for a 5-bedroom S.F.R.

MAX Diggable Depth For Possible Alternative System  
Site would be desired in area where test holes are located due to ground water & surface water observations.

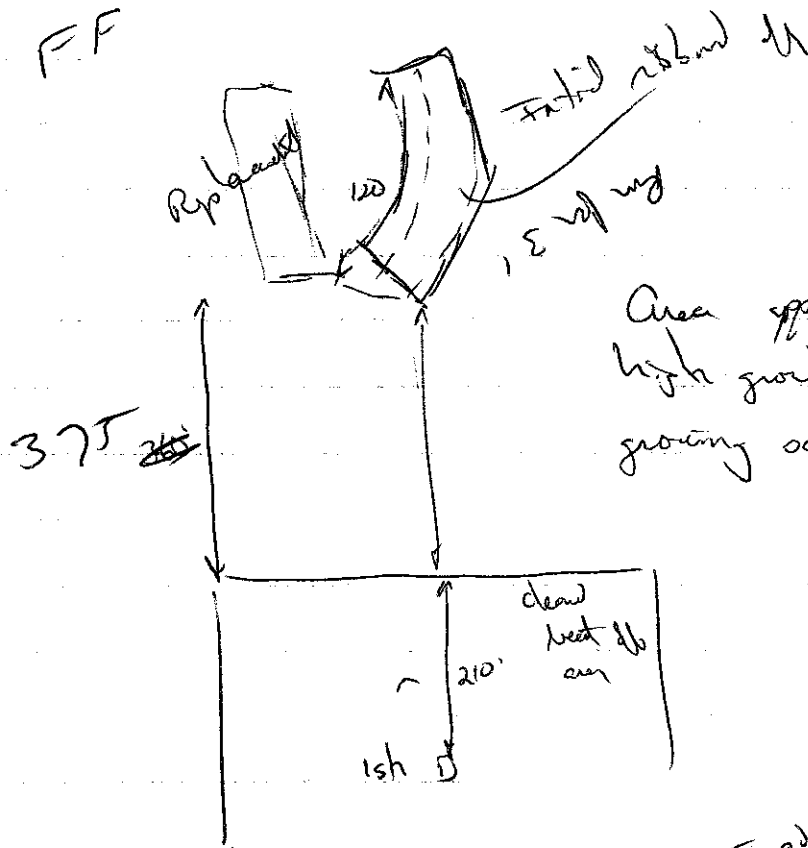
Mapping Fill \_\_\_\_\_ DTs Hydrasplitter \_\_\_\_\_ Sand Filter \_\_\_\_\_ Dosing Tank \_\_\_\_\_ Average Daily Flow 263 GPD  
 peak flow 525 gpd  
 STD SYSTEM: α LOOP: \_\_\_\_\_ EQUAL: α SERIAL: \_\_\_\_\_  
 SYSTEM Standard - Equal DISPOSAL FACILITY 350 (LINEAR FEET/FT<sup>2</sup>) MAX/MIN 18/18" DEPTH INCHES  
 SYSTEM STD - Equal Dist. but not DISPOSAL FACILITY 350 (LINEAR FEET/FT<sup>2</sup>) MAX/MIN 18/18" DEPTH INCHES

SPECIAL CONDITIONS: 1) Concrete septic tank. 1500 gallons required - Anti-buoyancy issues be in contact with manufacturer for anti-buoyancy issues/requirements

2) Filter fabric shall line top of drainmedia if gravel trenches are utilized

R. L. Anderson 4/17

STJ  
10/18 FF



Area around is as the high ground in the very tall growing cage area

100 / 150 sq. ft.      525 sq. ft.  
 300      450  
 + 50      75  
350

4/3/98 Richardson

however where are  
 area/clearing who work  
 above the ground surface

~~Areas are marked up areas and can possibly be affected by above~~

to be 9" higher than test hole = 3 in. from an area of 600' x 60'

other use ground area is to the west along side Hwy 205 in the higher elevations

0-12 soft fine  
 12-35 gray mottles along root channels many prominent coarse silt  
 35-55 loess red mottles on side



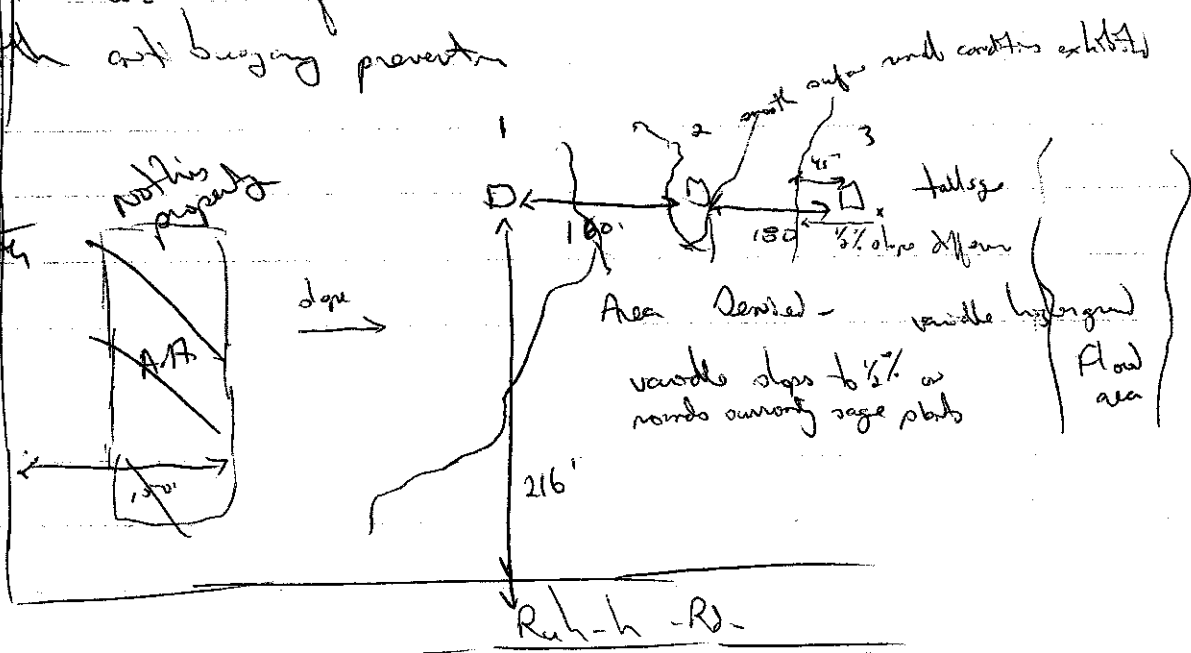
Distribution of roots in the area from 12" down

③ 0-15" similar to hole = 2  
 15-38"  
 38-60" Roots are severely limited

A concrete S.I. would be required  
 in any case with anti buoying prevention

SD - 10/24" Equal  
 225 linear feet

Temporary Water

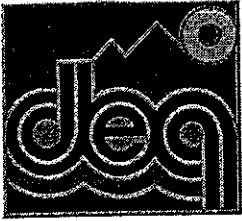


72  
 3  
 216

Sage, rabbit brush, wild fringe grass & broadleaf  
 ① 0-13 20 ft ft/m 104R 1/2 1/3 2mbsk  
 13-37 loess 4/3 3mbsk  
 37-54 30 ft ft 2mbsk 5/3 w/iron rebar

few fine 54R 1/6

perforated with 17" grey mottles ~ root bank on e side of hole



DEPARTMENT OF ENVIRONMENTAL QUALITY  
 EASTERN REGION BEND  
 2146 NE FOURTH SUITE 104  
 BEND, OR 97701  
 (541) 388-6146 or 1-800-452-4011

FOR OFFICE USE ONLY  
 Date Received: 3-31-98  
 Date Completed: 4-29-98  
 Required Fee: \$365.00  
 Receipt No.: 82365  
 Control No.: 13-  
RECORD 632

ON-SITE SEWAGE DISPOSAL APPLICATION RECEIVED MAR 31 1998

PLEASE PRINT

BRIAN K. RICHARDSON  
 Property Owner's name

Applicant's Name if Different from Owner

25 31E 23 39 AC. HARNEY  
 Township Range Section Tax Lot # Lot Size County

SW. 1/4 S.W. 1/4 PARCEL # B  
 Subdivision Name Lot # Block # Acreage

Proposed Facility:

Single Family Residence 5 Number of Bedrooms \_\_\_\_\_ Public Water Supply (Community System)  
 \_\_\_\_\_ Other- Specify \_\_\_\_\_  Private Water Supply  
 Specify Type WELL  
 (Well, Spring, etc.)

Existing Facility:

\_\_\_\_\_ Single Family Residence \_\_\_\_\_ Number of Bedrooms Other- Specify NONE

APPLICATION FOR (CHECK ONE OF THE FOLLOWING)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> SITE EVALUATION | AUTHORIZATION NOTICE  |
| <input type="checkbox"/> PERMIT TO CONSTRUCT        | <input type="checkbox"/> CONNECT TO AN EXISTING SYSTEM NOT IN USE |
| <input type="checkbox"/> PERMIT TO REPAIR           | <input type="checkbox"/> REPLACE M-H WITH ANOTHER OR A HOUSE      |
| <input type="checkbox"/> PERMIT FOR ALTERATION      | <input type="checkbox"/> ADDITION OF ONE OR MORE BEDROOMS         |
| <input type="checkbox"/> PERMIT FOR RENEWAL         | <input type="checkbox"/> PERSONAL HARDSHIP                        |
| <input type="checkbox"/> EXISTING SYSTEM EVALUATION | <input type="checkbox"/> TEMPORARY HOUSING                        |
| <input type="checkbox"/> PLAN REVIEW                | <input type="checkbox"/> OTHER (SPECIFY) _____                    |
| <input type="checkbox"/> OTHER (SPECIFY) _____      |   |

THIS APPLICATION WILL BE RETURNED IF IT IS NOT FILLED OUT COMPLETELY AND ACCOMPANIED BY THE APPROPRIATE FEE AND ATTACHMENTS REQUIRED IN THE GUIDANCE PACKET. YOUR SITE MUST BE PREPARED ACCORDING TO INSTRUCTIONS IN THE GUIDANCE PACKET BEFORE ACTION CAN BE TAKEN ON THIS APPLICATION.

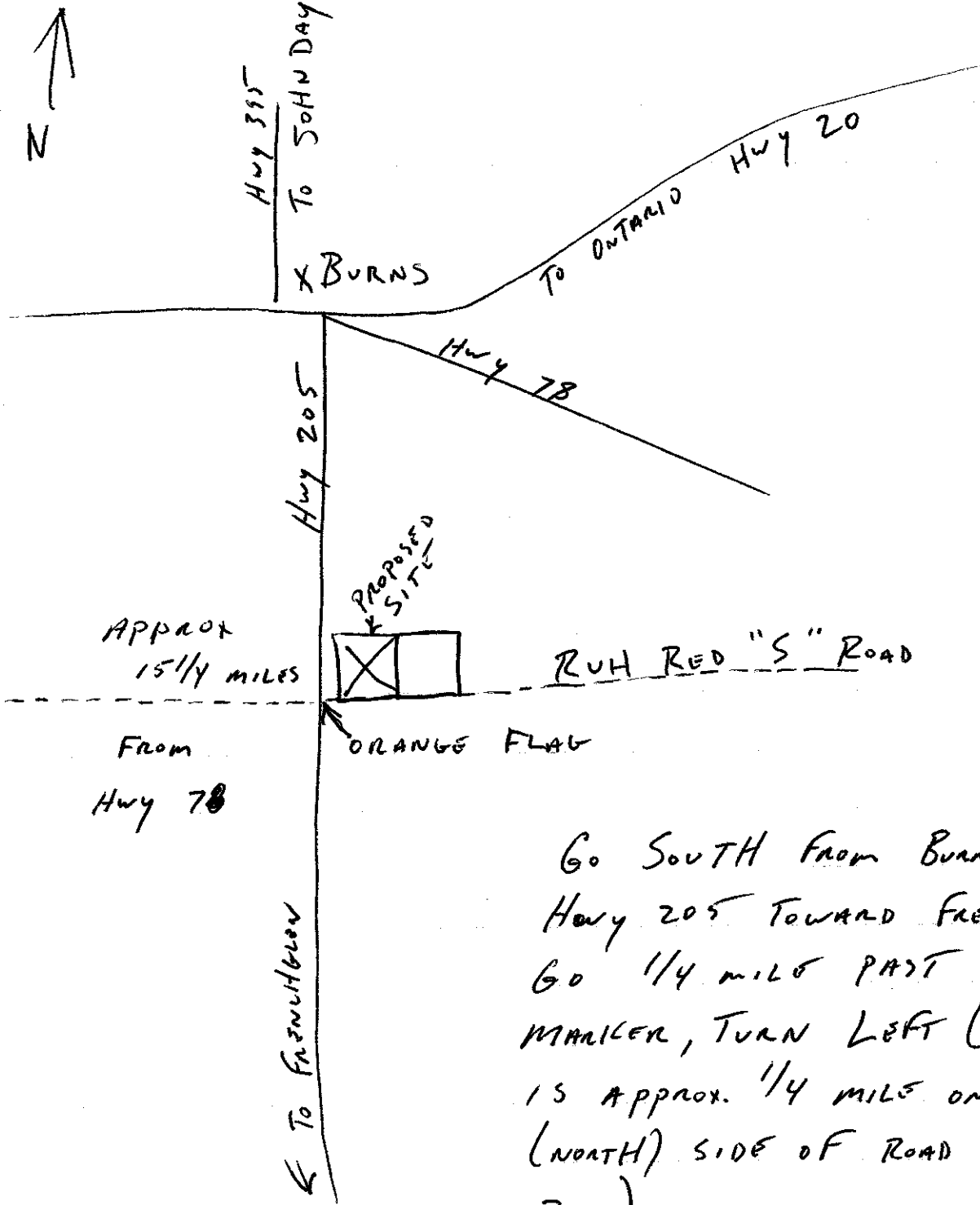
By my signature, I certify that the information I have furnished is correct and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

Brian Richardson 3-26-98  Owner  
 Signature Date  Authorized Representative  
 Licensed Installer License No. \_\_\_\_\_

Owner's Mailing Address Applicant's Mailing Address (if different)  
H.L. 71 Box 1575 Hwy 205 SAME  
Burns, Or. 97720

Phone: 541-493-2303 Phone: \_\_\_\_\_  
 rev.4/96 ER





Go SOUTH from Burns on Hwy 205 toward FrenchHolen, Go 1/4 mile past 15 mile marker, Turn LEFT (East), Site is approx. 1/4 mile on LEFT (North) side of road (Ruh-Red's Road).

NOT TO SCALE

DEPARTMENT OF ENVIRONMENTAL QUALITY  
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM  
PLOT PLAN

Property Owner BRIAN RICHARDS Date 3-28-98

Location: T. 25 R. 31 E Sec. 23 Tax Lot/Acct. No. 200 PARCEL "B"

