

### Certificate of Satisfactory Completion

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 Permit OS403251 as follows:

#### PROPERTY INFORMATION

Property Owner: **Mr. Andrew Lessar And Mrs. Melody Lessar**      **Township 09S, Range 26E, Section 29**  
Property Location: **Kimberly**      **Tax Lot 3606**  
Facility Type: **Single Family Dwelling**      **Grant County**  
**3 Bedrooms**

#### SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow: **450 gals/day**  
Minimum Septic Tank Size: **1000 gals**  
Distribution Type: **Serial**  
Total Trench Length: **150 Linear feet**  
Trench Spacing: **8 feet\***  
Media Type: **Equalizer 24**  
Maximum Trench Depth: **36 inches**  
Minimum Trench Depth: **24 inches**

\*Minimum undisturbed soil between trenches

#### ADDITIONAL CONDITIONS

- 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 must 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.

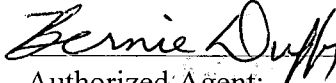
**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover - Correction Notice Issued by Diane Naglee on 4/5/2007

Pre-Cover Inspection Waived by Diane Naglee on 4/20/2007

Installer Name: Donald Moss: dba Don Moss Enterprises

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

	<b>Onsite Wastewater Specialist</b>	<b>4/23/2007</b>
Authorized Agent:	Title	Date CSC Issued
<b>Bernie Duffy</b>		

Department of Environmental Quality  
Eastern Region - Pendleton Office  
700 SE Emigrant, Suite 330  
Pendleton, OR 97801  
Phone: (541) 276-4063  
Fax: (541) 278-0168

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APR 05 2007

State of Oregon  
Department of Environmental Quality (DEQ)

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

Final Inspection Request and Notice - Onsite ID: 403251

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 DEQ (or 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). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

**SECTION 1: Owner Information:** Township 09S, Range 26E, Section 29  
Mr. Andrew Lessar And Mrs. Melody Lessar Grant County TaxLot#: Tax Lot 3606  
Kimberly

**SECTION 2: Materials List - Identify and list all materials used in the system.**

Material Categories:	Brand Name:	Size:	Specifications:	Amount of Material:
Pump(s): TANK	MC CRUESCO	1000 G.	POLY	1 w/ 24" RISER
Distribution Pipe:	FB10	4"	TRIPLE WALL	20'
Effluent Sewer Pipe:	3034	4"	PVC	20'
Drain Media Type(s):	INFILTRATOR		EQUALIZER 4	152'
Filter Material:	EQUALIZER 4		MULTI PORT ENDCAPS	4
Other: DRAP BOX	TUFITE	4"	6" DRAP	2

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

**SECTION 3: Construction was performed by (signature required):**

( ) Property Owner/Permittee: Mr. Andrew Lessar And Mrs. Melody Lessar  
(X) Sewage Disposal Service Business: DON MOSS ENTERPRISES, 37931  
(Print Full Business Name) (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes ( ) No ( )

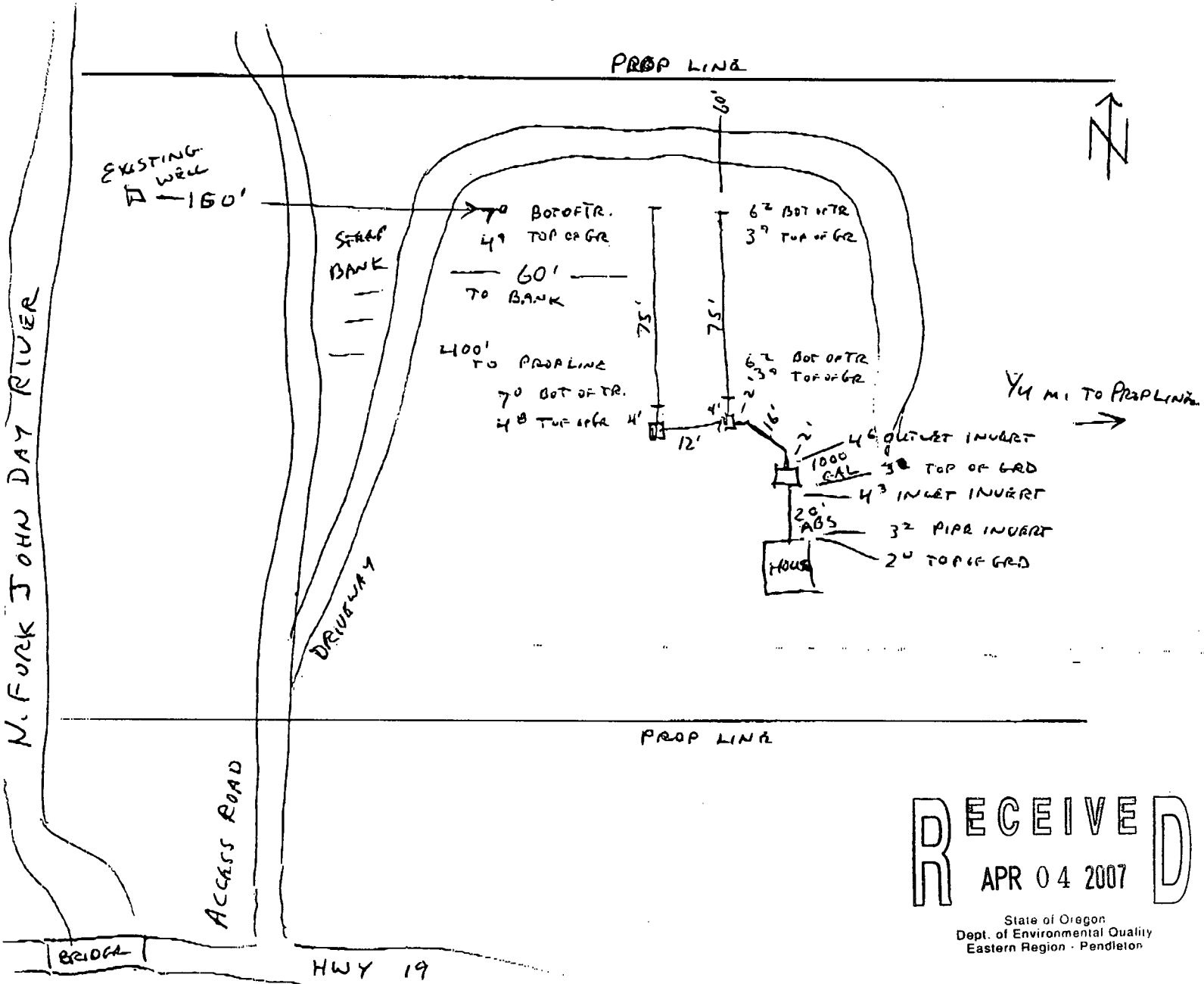
Date tanks(s) tested: \_\_\_\_\_ Date System Construction Completed: 3/31/07

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Don Moss OWNER 1611 3/9/06  
(System Installer's Signature-Property Owner or Certified Installer with Certification Number) (Title) (Cert. #) (Date)

Installers Contact Phone Number: Office/Home 541 987 2181 Cell 541 620 0320

**SECTION 4: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM.** Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Also include ground and pipe elevations, and setback distances from property lines and building structures.



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APR 04 2007

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

**SECTION 5 - Office Use Only:** Notice Review Date: \_\_\_\_\_ Notice Accepted: Yes ( ) No ( )

If No, Reason for Non Acceptance: \_\_\_\_\_

Installer/Property Owner (Permittee) Notified about: ( ) Non Acceptance ( ) Approval to backfill system

Date and time of notification: \_\_\_\_\_ : \_\_\_\_\_ am/pm Additional Comments: \_\_\_\_\_

file

Lessar

**DON MOSS ENTERPRISES**

General Contractor CCB# 24359 DEQ #37931

P. O. Box 315

Dayville, OR. 97825

541.987.2181

95 26 29

3606

Grant Co

Oregon DEQ  
700 SE Emigrant Ave, Suite 330  
Pendleton OR. 97801

Re; permit OS 403251

All deficiencies noted on correction notice of April 5, 2007 have been rectified and the system has been backfilled. Work was completed on 4/12/07.

Thank you,  
*Don Moss*  
Don Moss

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APR 18 2007

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

403847

OK to make corrections, submit in writing that corrections are completed, AND Backfill System

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

# CORRECTION NOTICE

LESSAR  
GRANT  
City

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

① TRACER WIRE Has NOT BEEN PLACED OVER TOP OF Effluent Sewer Line - Pieces minimum 18 gauge green tracer wire or color coded tracer tape on top of Effluent Line. OAR 340-071-220 (11) - BED firmly under Effluent Line

② A large DIAMETER WATER (irrigation) pipe is 6 feet From the Septic Tank. Re-route pipe to be minimum of 10 feet From Tank. OAR 340-071-0220, TABLE 1

Don: Your MATERIALS LIST shows that a WILLAMETTE Greystone tank Has Been installed - note that you used a NORWESCO TANK (OK on this site)

REST OF SYSTEM GOOD!

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. SUBMIT WRITTEN STATEMENT

PERMIT NO. OS 403251      09S      26E      29      3606  
Township      Range      Section      Tax Lot / Acct. No.

INSPECTION:

TIME 1:15

DATE April 5, 2007

BY [Signature]  
(Signature)

*Thank you*  
SJ

CONTACT: DSD

541-276-4063

403847

## DO NOT REMOVE THIS NOTICE FROM SITE

mailed to  
owner/installer  
4-9-07

LessAB  
Grant Co.

# DON MOSS ENTERPRISES

## Strike Back

PO Box 315  
Dayville, OR 97825  
541.987.2181 541.987.2183 fax  
donmoss@ortelco.net

# Fax:

To: DEO From: Don Moss

Fax: 541-278-0168 Pages: 2 including cover

Phone: Date: 4/5/2007

Re: correction CC:

Attn: Bob or Gail Encl.

- Urgent
- For Review
- Please Comment
- Please Reply

Here is a corrected copy of Section 2, to say NorWestco as the tank, not Willamette. Thank you and sorry for the inconvenience.

SEND TO DEN  
403847

RECEIVED  
APR 05 2007

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

**State of Oregon**

Department of Environmental Quality

mailed 3-1-07  
Onsite ID: **OS403251**  
Expiration Date: **3/1/2008**

**Construction-Installation Permit**

*This Construction-Installation Permit OS403251 issued in accordance with Site Evaluation #95286 authorizes the property owner to construct an onsite wastewater system as follows:*

**PROPERTY INFORMATION**

Property Owner: **Mr. Andrew Lessar And Mrs. Melody Grant County Lessar**  
Property Location **Kimberly Township 09S, Range 26E, Section 29**  
Facility Type: **Single Family Dwelling Tax Lot 3606**  
**3 Bedrooms**

**SPECIFICATIONS AND REQUIREMENTS**

**System Type: Standard**

Design Flow: **450 gals/day**  
Minimum Septic Tank Size: **1000 gals**  
DistributionType: **Serial**  
Total Trench Length: **150 Linear feet**  
Trench Spacing: **8 feet\***  
Media Type: **Equalizer 24**  
Maximum Trench Depth: **36 inches**  
Minimum Trench Depth: **24 inches**

\*Minimum undisturbed soil between trenches

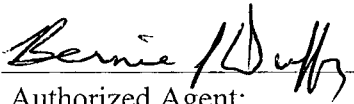
**ADDITIONAL CONDITIONS**

- <sup>1</sup> Infiltrator shall be installed according to manufacturer instructions.
- <sup>2</sup> Norwesco tank shall be installed according to manufacturer instructions.
- <sup>3</sup> Vehicular traffic and livestock must be restricted from the system area.
- <sup>4</sup> Meet all required setbacks.
- <sup>5</sup> Each trench to be level and on contour.
- <sup>6</sup> All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

**INSPECTION REQUIREMENTS**

- <sup>1</sup> 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.
- <sup>2</sup> A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

For pre-cover inspection information, contact your agent below:

	<b>Onsite Wastewater Specialist</b>	<b>3/1/2007</b>	<b>3/1/2008</b>
Authorized Agent:	Title	Date Issued	Expiration Date

**Bernie Duffy**

Department of Environmental Quality  
Eastern Region, Pendleton Office  
700 SE Emigrant, Suite 330  
Pendleton, OR 97801  
Phone: (541) 276-4063  
Fax: (541) 278-0168

See the Attachment 1 for additional information about your permit.



# SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: ANDREW MELCOT LESSAR Site ID: \_\_\_\_\_

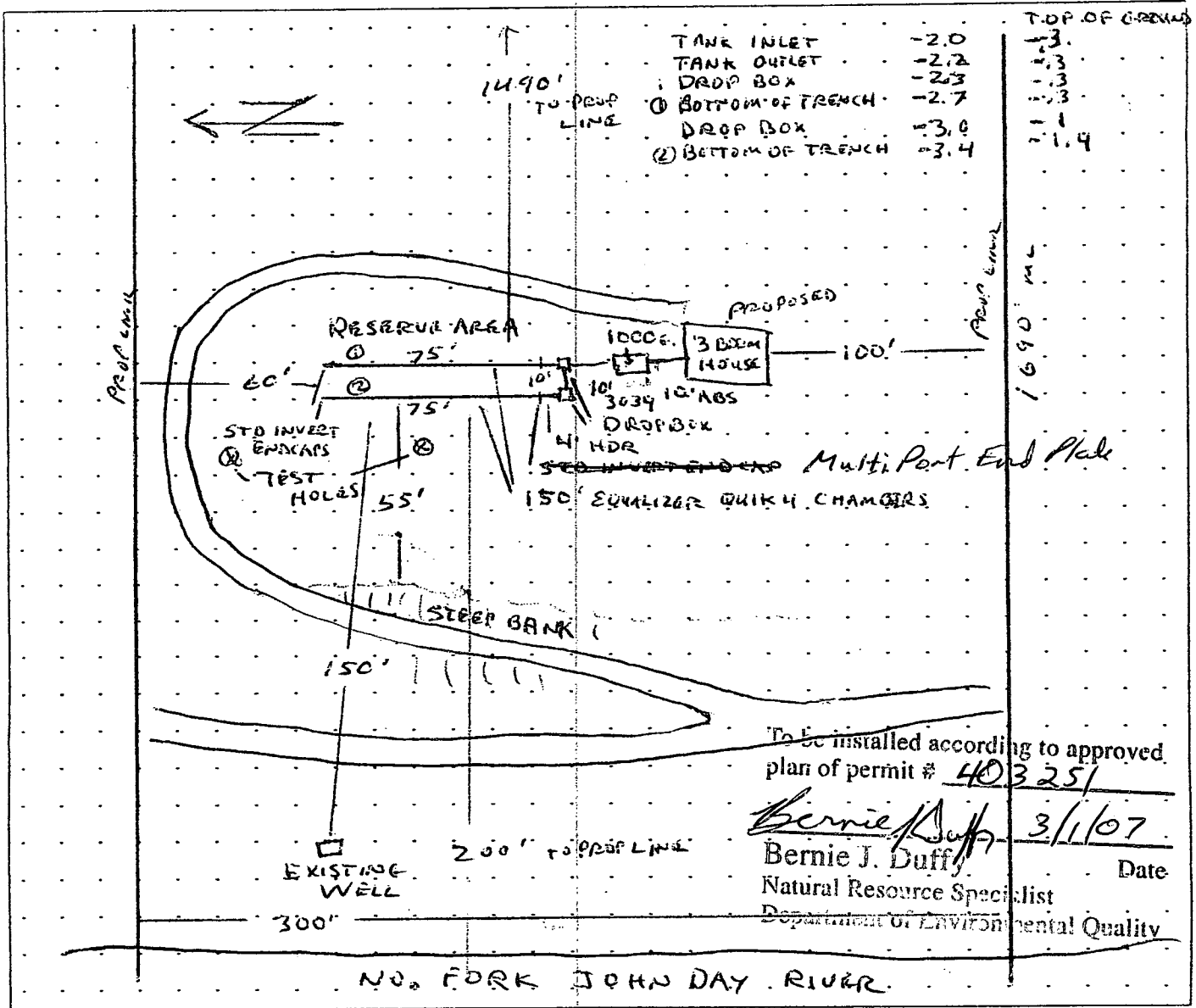
Site Address: \_\_\_\_\_ City: KIMBARKLY County: GRANT

Township: 9 S Range: 26 E Section: 29 Tax Lot: 3606

Acres: 12 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Scale: 1 Square = \_\_\_\_\_ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the  Owner or  Authorized Agent. Name (please print): DON MOSS

Signature: Don Moss Date: 2/14/07

OSS:\winword\CI\_Site\_Plan.doc

RECEIVED  
FEB 16 2007  
June 14, 2004

# DON MOSS ENTERPRISES

P.O. Box 315  
Dayville, OR. 97825  
541.987.2181

*Additional  
Information*

Oregon DEQ  
Pendleton, OR.

Attn; Bernie Duffy

Re: omissions and corrections

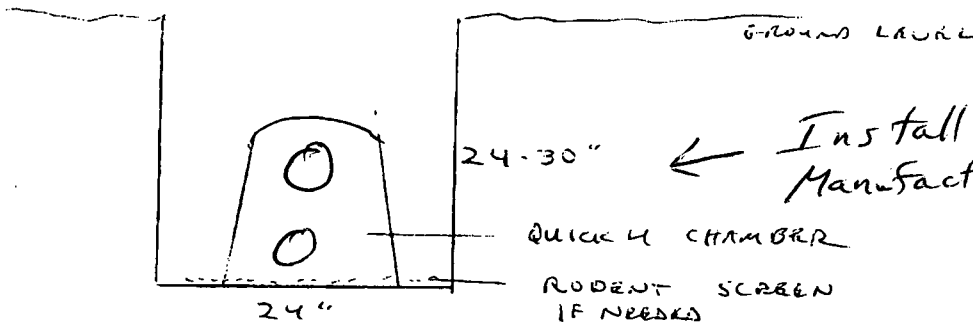
Andrew Lessar Septic Permmit  
Grant Co. 9S, 26E, sec 29, TL 3606

*was Sec. 30 TL 3602*

- 1) 1000 gal Norwesco Poly tank
- 2) Tuffite drop boxes
- 3) Trench cross section, see drawing below
- 4) Equalizer Quick 4 Multi-port End Caps  
rodent screen if any rodent evidence present

*par 2*

*Thomas Orchards*



*Install according to  
Manufacturer Instructions*

To be installed according to approved  
plan of permit # 403251

*Bernie Duffy* 3/1/07

Bernie J. Duffy Date

Natural Resource Specialist  
Department of Environmental Quality

Thank you,  
Don Moss

**RECEIVED**  
FEB 28 2007

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



# Oregon

Theodore R. Kulongoski, Governor

## Department of Environmental Quality

Eastern Region

700 SE Emigrant

Suite 330

Pendleton, OR 97801

(541) 276-4063 Voice/TTY

FAX (541) 278-0168

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:**

Andrew + Melody Lessor

**Property Location:**

T 95 R 26E S 29 Tax Lot # 3606 County Grant

**Site Address, if known:**

Kimberly

**Project Description:** Structure or Action Type: (describe)

New 3 BDR SFR

	Yes	No	Permit #
Domestic Wastewater:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>403251</u>
Industrial Wastewater:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pump Required:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Permit/Approval Issue Date: 3/1/07

Permit/Approval Expiration Date: 3/1/08

Comments: New std OSSD system

Authorized Signature: Bernard Buff

Date: 3/1/07





# Application for Onsite Sewage Treatment System

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

State of Oregon  
Department of  
Environmental  
Quality

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

RECEIVED FEB 16 2007 State of Oregon Dept. of Environmental Quality Eastern Region - Pendleton	For DEQ Use Only: Date Received: <u>2-16-07</u> Fee Paid: <u>670.00</u> Receipt Number: <u>129184</u> Application Number: <u>403897</u> Date of 1st Response: _____ Date of 2nd Response: _____ Date of Final Response: _____ Date of Completion: _____ <input checked="" type="checkbox"/> Scanned <input checked="" type="checkbox"/> Data Entry
	Date Stamp: _____

### A. Property Owner Information

ANDREW + MELODY LESSAR 25270 SE HOFFMEISTER BORING, OR 97089 (503) 558-8529  
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

### B. Legal Property Description

9S 26E 29 3606  
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
GRANT WAS 30 9602 Par 2 8-11-200  
 County Subdivision Name Lot Block  
Thomas  
orchards

Property Address: \_\_\_\_\_  
 Address City State Zip Code

Directions to Property: TURN EAST OFF HWY 19 AT SO. END OF NAFK  
JOHN DAY RIVER BRIDGE 1/4 MI S OF KIMBERLY, 1/2 MI ON DIET RD TO PROP.

### C. Existing Facility / Proposed Facility / Water Information

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

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

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

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

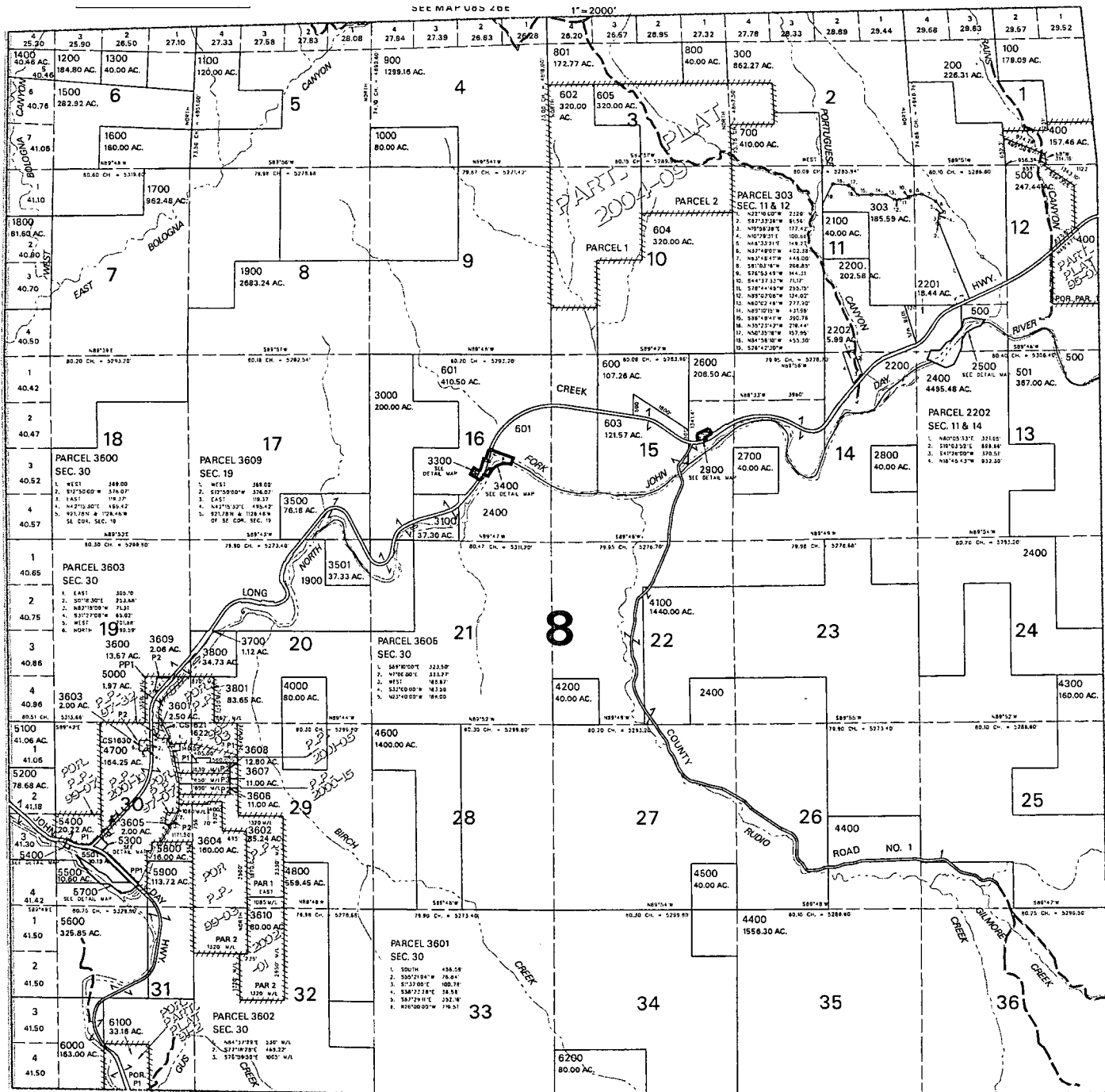
Don Moss 2/14/07  
 Signature Date  
DON MOSS 541 987 2181 domoss@or.telco.net  
 Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address  
P.O. Box 315 DAYVILLE, OR. 97025  
 Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  
 Authorization Attached  Licensed Septic Installer  
DON MOSS  
 Installer's Name

SCALE IN FEET  
0 2000 4000

WHEELER COUNTY

WHEELER COUNTY



SEE MAP 105 26E

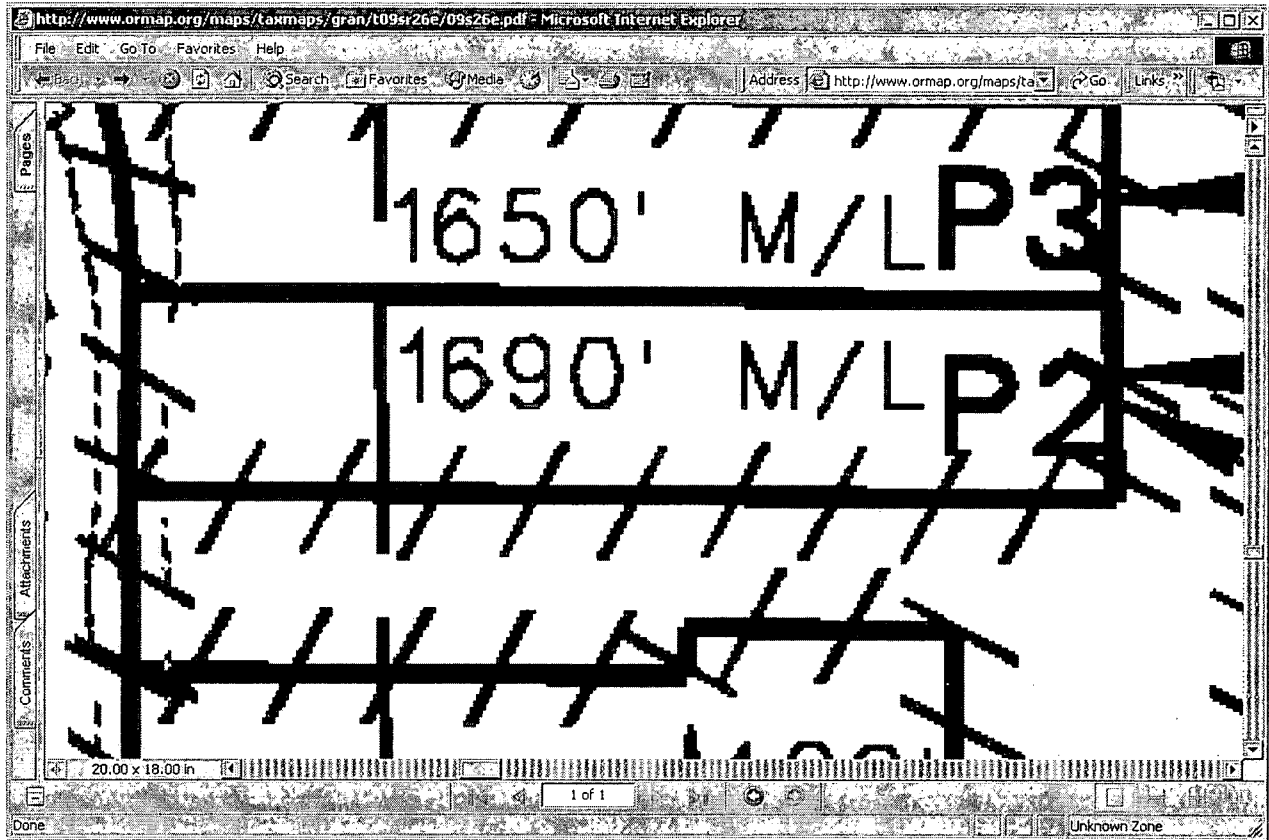
09S 20E

- CANCELLED NO.
- 301
  - 302
  - 1701
  - 1702
  - 2000
  - 2300
  - 2401
  - 2601
  - 3101
  - 3200
  - 3900
  - 4101
  - 4400
  - 4701
  - 4900
  - 5901

SEE MAP 09S 27E

PRINTED ON  
09/21/06

09S 26E



80.30 CH. = 5299.80'

79.90 CH. = 5273.40'

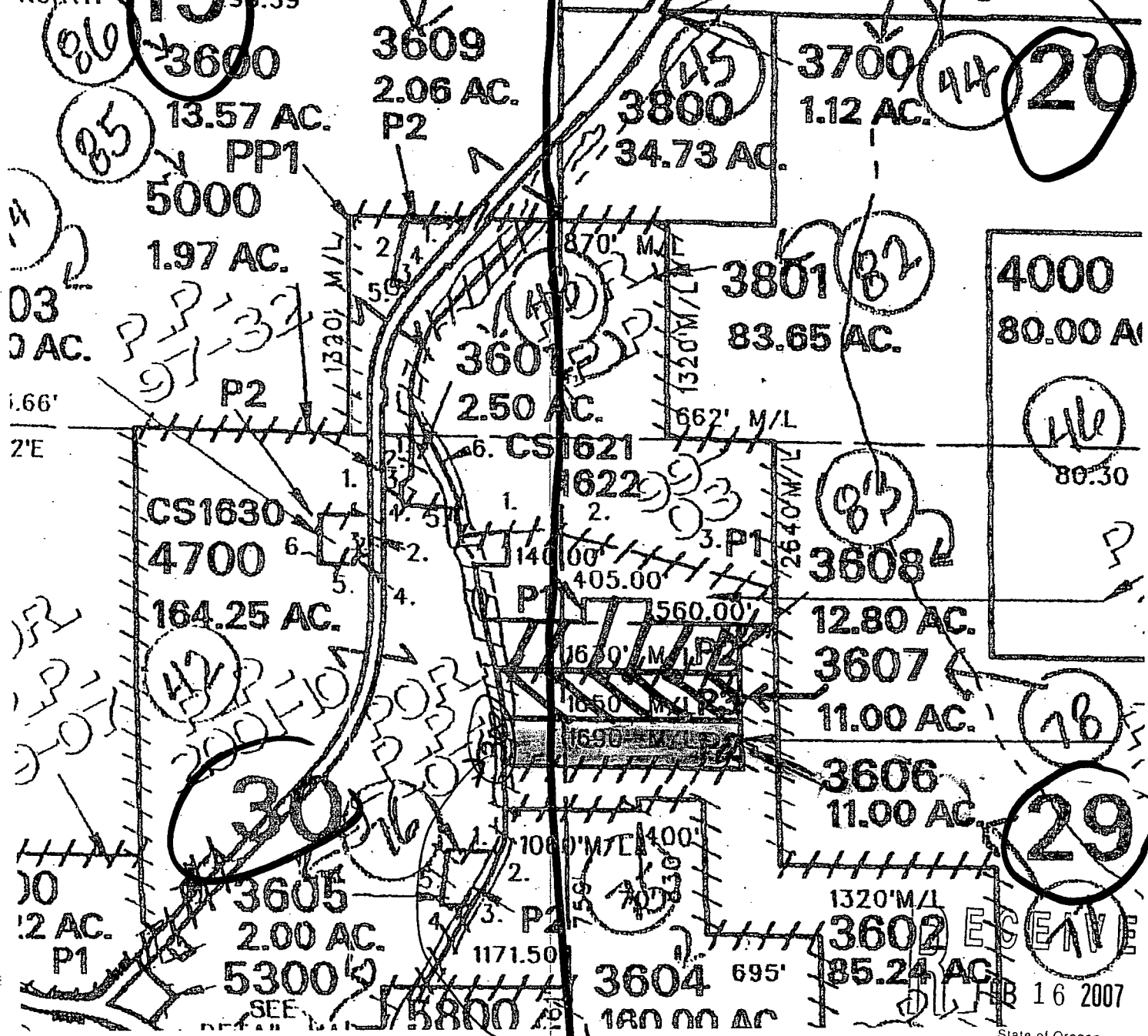
ARCEL 3603  
EC. 30

9-26  
Detail

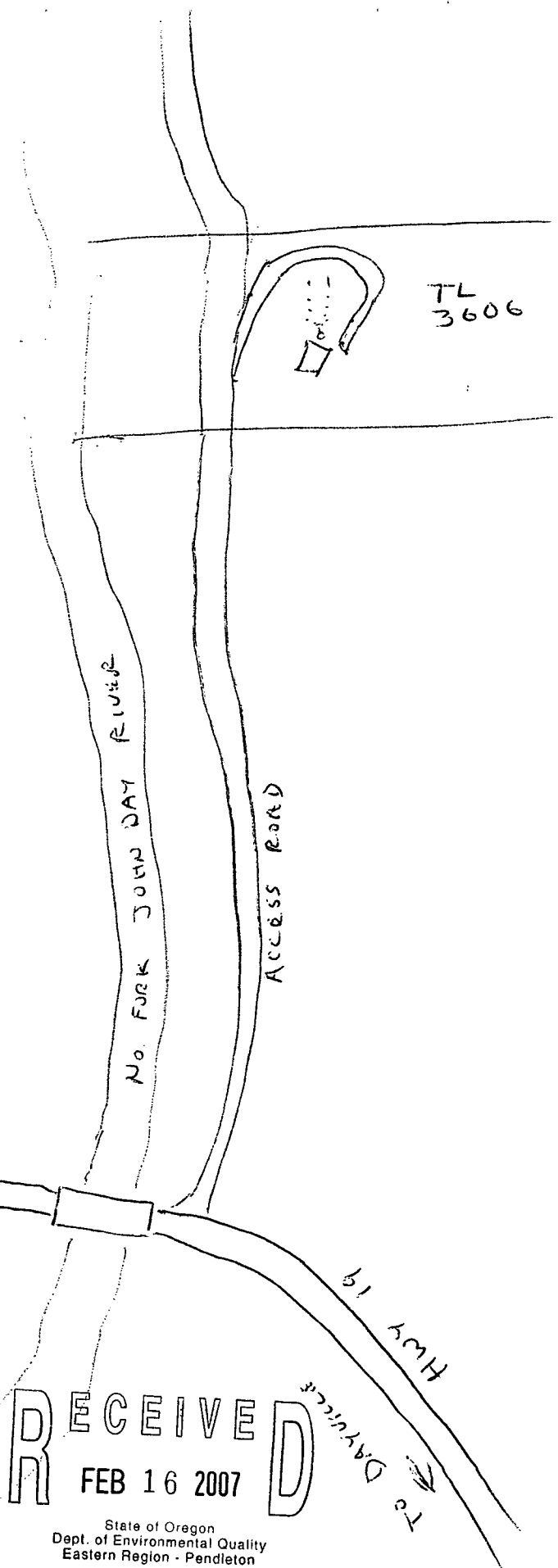
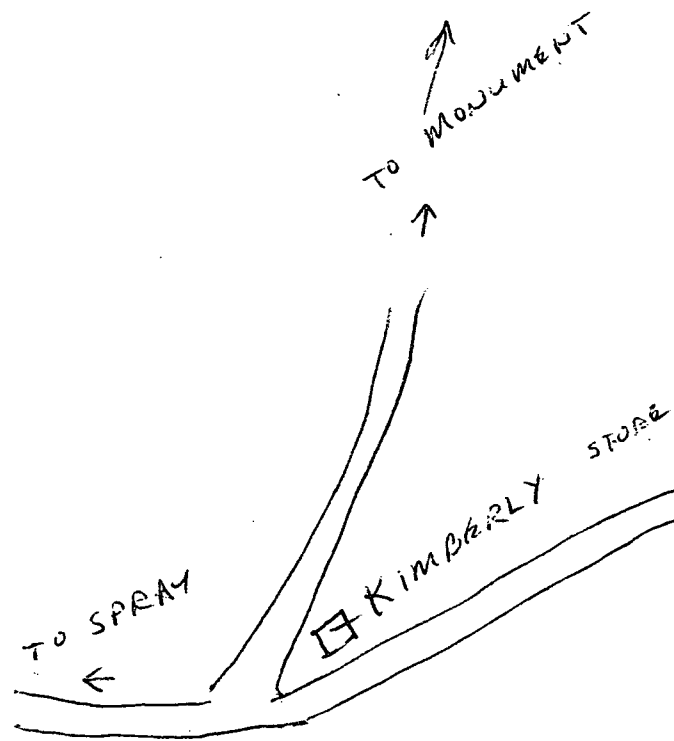
THIS SKETCH IS FOR LOCATION PURPOSES ONLY, AND NO WARRANTIES ARE IMPLIED AS TO VARIATIONS, IF ANY, IN DIMENSIONS OR LOCATION AS REVEALED BY AN ACCURATE SURVEY.

Copper Creek Land Company, LLC  
JULIE MANSFIELD SMITH, BROKER  
41909 Copper Creek Rd.  
Kimberly, Oregon 97848

EAST 305.  
S0°18'30"E 253.  
N82°18'00"W 71.3.  
S31°27'08"W 65.02'  
WEST 101.88'  
NORTH 99.59'



QS 26E 29 3606  
ANDREW + MELODY LESSAR



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FEB 16 2007

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

**DEPARTMENT OF ENVIRONMENTAL QUALITY  
LAND USE COMPATIBILITY STATEMENT (LUCS)  
For On-Site Sewage Disposal System Permits**

**SECTION 1: TO BE FILLED OUT BY APPLICANT**

Name of applicant Andrew and Melody Lessar Telephone: (503) 558-8529  
 Mailing address 25270 SE HOFFMEISTER  
 City Boring State OR Zip 97089

**Property Information:**

County Grant  
 Township 9S Range 26E Section 29 Tax Lot # 36D6  
 Subdivision name if applicable: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**3. This proposal is for:**

- An Individual Single Family Residence, or  
 Other (If other, describe type of development, business or facility and the provided services or products) \_\_\_\_\_

**4. Check type of permit or approval you are requesting:**

- On-Site Construction-Installation permit (includes new construction, repairs or alterations)  
 On-Site Authorization Notices (such as replacement of dwellings, bedroom additions, or changes in land use involving potential sewer flow increases)  
 Non-water carried facility requests (includes pit privies, vault toilets)

**SECTION 2: TO BE FILLED OUT BY COUNTY OR CITY PLANNING OFFICIAL**

**5. The facility proposal is located:**  inside city limits;  inside the UGB;  outside UGB

If inside the UGB, the facility is subject to;

- city jurisdiction, or  
 county jurisdiction, or  
 shared city/county jurisdiction.

**6. Is a public notice and hearing required?**  yes  no hearing date \_\_\_\_\_

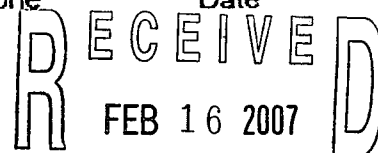
**7. The business or facility complies with all applicable local land use requirements:**  yes  no

Comments: approved for NON-farm dwelling under application PAR-02-13

**SIGNATURES; (both county and city planning officials may need to sign if use is within a UGB)**

Shannon Springer Shannon Springer Secretary 541-575-1519 2-7-07  
 Planning Official (county) Print Planning Official's Name Title Phone Date

\_\_\_\_\_  
 Planning Official (city) Print Planning Official's Name Title Phone Date





Department of Environmental Quality  
Eastern Region Offices

> Bend: 2146 NE 4<sup>th</sup> Street, Bend OR 97701  
Phone (541)388-6146, FAX (541)388-8283

> Pendleton/Baker City: 700 SE Emigrant, Suite 330, Pendleton OR 97601  
Phone (541)276-4063, FAX (541)276-0168

**NOTICE AUTHORIZING REPRESENTATIVE**

I, ANDREW + MELODY LESSAR have authorized  
(Property Owner/Print Name)  
DON MOSS to act as my agent in performing  
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

**PROPERTY IDENTIFICATION:**

Property Situs or Road Address

And described in the records of GRANT County as:

Township 9S Range 26E Section 30 Map ID \_\_\_\_\_ Tax Lot #(s) 3606

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

**PROPERTY OWNER:**

Printed Name: MELODY S. LESSAR & ANDREW W. LESSAR  
Signature: [Handwritten Signature] Date: 2-11-07  
Address: 252700 HOFFMEISTER RD Phone: 503-538-8529  
City, State, Zip: BORING OR 97089 Fax: 503-658-1924  
E-mail Address: alassar@msn.com

**AUTHORIZED REPRESENTATIVE:**

Printed Name: DON MOSS  
Signature: [Handwritten Signature] Date: 2/12/07  
Address: PO Box 315 Phone: 541-987-2181  
City, State, Zip: DAYVILLE, OR 97825 Fax: 541-987-2183  
E-mail Address: domoss@ortelco.net

RECEIVED  
FEB 16 2007



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

Receipt Number: 129184

Date Received 2/16/2007

Received From **Don Moss Enterprises**  
 (Check Name): **Don Moss**  
**PO Box 315**  
**Dayville, OR 97825**

For **T09S R26E S29**  
 Property **TaxLot 3606**  
 At: **Grant County**  
**Kimberly, OR 97848**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order #	Bank Number	Amount Applied
670.00	Check	6448	96-7460	670.00

Total Amount Applied \$670.00

Onsite Fees	
Base Fee:	<b>630.00</b>
Surcharge Fee:	<b>40.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$670.00</b>

Payments	
Previous Payments:	<b>0.00</b>
Current Payment:	<b>670.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$670.00</b>

Application Description
Application ID: <b>403847</b>
Application Type: <b>Construction-Installation Permit</b>
<b>Single Family Dwelling</b>
System Type: <b>Standard</b>
Pump Evaluation: <b>No</b>
Flow: <b>450</b> gallons/day

Receipt Amount: \$670.00

Received By:

**Robert Marshall**

Date of Entry:

**2/16/2007**

2/20/07

Rec'd Info 2/28/07

Attn: Don Moss - Fax 987-2183

From: Bernie Duffy - 278-4601  
DEQ - Pendleton

Re: Andrew Lessor Septic Permit  
Grant County - 95, 26, Sec 29, TL 3606

Don - I had a few questions regarding  
your septic permit application.

- ① Your plan did not include Type of Septic Tank and manufacturer
- ② Who is the manufacturer of the drop boxes?
- ③ Your plan did not include a trench cross-section.
- ④ Your plan indicates Std Invert End Caps. These are not used with the Quik 4 - Equalizers. Are you going to install rodent screen.  
- Please submit additional information and revisions.

Bernie Duffy DEQ



# Oregon

John A. Kitzhaber, M.D., Governor

## Department of Environmental Quality

Eastern Region  
2034 Auburn Avenue  
Baker City, OR 97814  
(541) 523-7998 Voice/TTY  
FAX (541) 523-9198

August 11, 2000

Thomas Orchards  
PO Box 496  
Kimberly, OR 97848

Re: Site Evaluation Report  
T9S-R26-S30 TL#3602 Parcel #2  
Grant County

Dear Mr. Thomas:

On August 4, 2000, an evaluation of the above mentioned property was made to determine if an on-site sewage disposal system (for a single family dwelling) could be located on the parcel and be in compliance with the State of Oregon On-Site Sewage Disposal Rules. **Note: This is NOT a permit to construct an OSSD system. To apply for a permit, please submit the enclosed permit application with the accompanying attachments. DEQ cannot sign off on any Building Codes forms until a DEQ permit is issued.**

Test holes revealed a soil column of gravelly sandy loam, loamy sand & sand to a depth of 38-56 inches below ground surface underlain with gravels, cobbles & stones. The area indicated on the enclosed plot plan is approved for a standard system with a maximum flow of 450 gallons per day, serial distribution and disposal field size of 150 linear feet.

Requirements for a 450 gallon design flow standard system are as follows:

1. A minimum of 150 linear feet of disposal trenches;
2. Maximum trench depth of 36 inches and minimum trench depth of 24 inches;
3. If drainfield media is used, filter fabric to meet Oregon Administrative Rule 340-73-041 shall be used to cover the drainfield media-top only;
4. Minimum 50 foot separation between top of escarpment and drainfields;
5. A 1000 gallon DEQ approved septic tank with maintenance riser (minimum 20 inch in diameter); and,
6. An equally-sized drainfield replacement area.

95286  
SCND



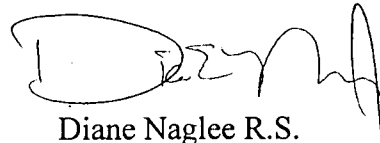
A Construction Permit is required to install the proposed on-site sewage disposal system *only* within the portion of the parcel marked as 'approved area'. The application should include a detailed plan of the proposed system showing that all criteria for system construction and required setbacks are met. The plan must identify ground and pipe elevations throughout for both the initial and replacement systems, all materials to be used, and cross section detail of the disposal area or trenches.

Sites for both initial and replacement disposal areas must be kept free of development. Please review the attached field worksheet and plot plan. A construction permit guide is enclosed for your use in plan preparation. We recommend a DEQ-licensed and bonded sewage disposal business or consultant familiar with this type of work be retained to expedite the permitting process.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and conditions on subject or adjacent properties have not been altered in any manner that would prohibit issuance of a permit in accordance with ORS 454.605 through 454.755 and Oregon Administrative Rules (OAR) of the Environmental Quality Commission.

If you have any questions regarding this matter, please call this office. The Eastern Region Baker City Office number is 541-523-7998.

Sincerely,



Diane Naglee R.S.  
Water Quality On-Site Program  
Eastern Region Baker City

DEN:rgmjr

Enc. Construction Installation Permit Guide  
Field Worksheet w/Plan

cc: Grant County Planning Department

SITE EVALUATION FIELD WORKSHEET

Proposed Lot #2

Tax Reference Twp. 9S, Rge. 26E, Sec. 30, Tax Lot 3602

Applicant THOMAS ORCHARDS, INC. Date Aug. 4, 2000

Evaluator D. Nagle RS

Parcel Size Proposed 11 acres

Depth	Texture	Soil Matrix Color and (Mottling), Coarse Fragments, Roots, Depth Texture Structure, Layer Limiting	Effective Soil Depth, etc.
Pit 1 0-22	grSL	10YR3/2	0-46 3uff merts, 25% cobb. + st
1 22-40	gLS	10YR3/3	
1 40-56	gS	10YR3/2	50% cobb (rap. draining)
1			
Pit 2 0-24	grSL		0-45 3uff merts, 2uff merts
2 24-38	grLS		
2 38-62	slg cobb. st		(rapidly draining)
2			
Pit 3 0-60	sim		
3			
3			
3			

Landscape Notes Grassy alluvial deposit

Slope 10% Aspect WEST Groundwater Type N/A

Other Site Notes: Drainfield(s) to be 100' from any ground water or year-round surface water. Septic tank to be 50' from any ground water or surface water.

SYSTEM SPECIFICATIONS

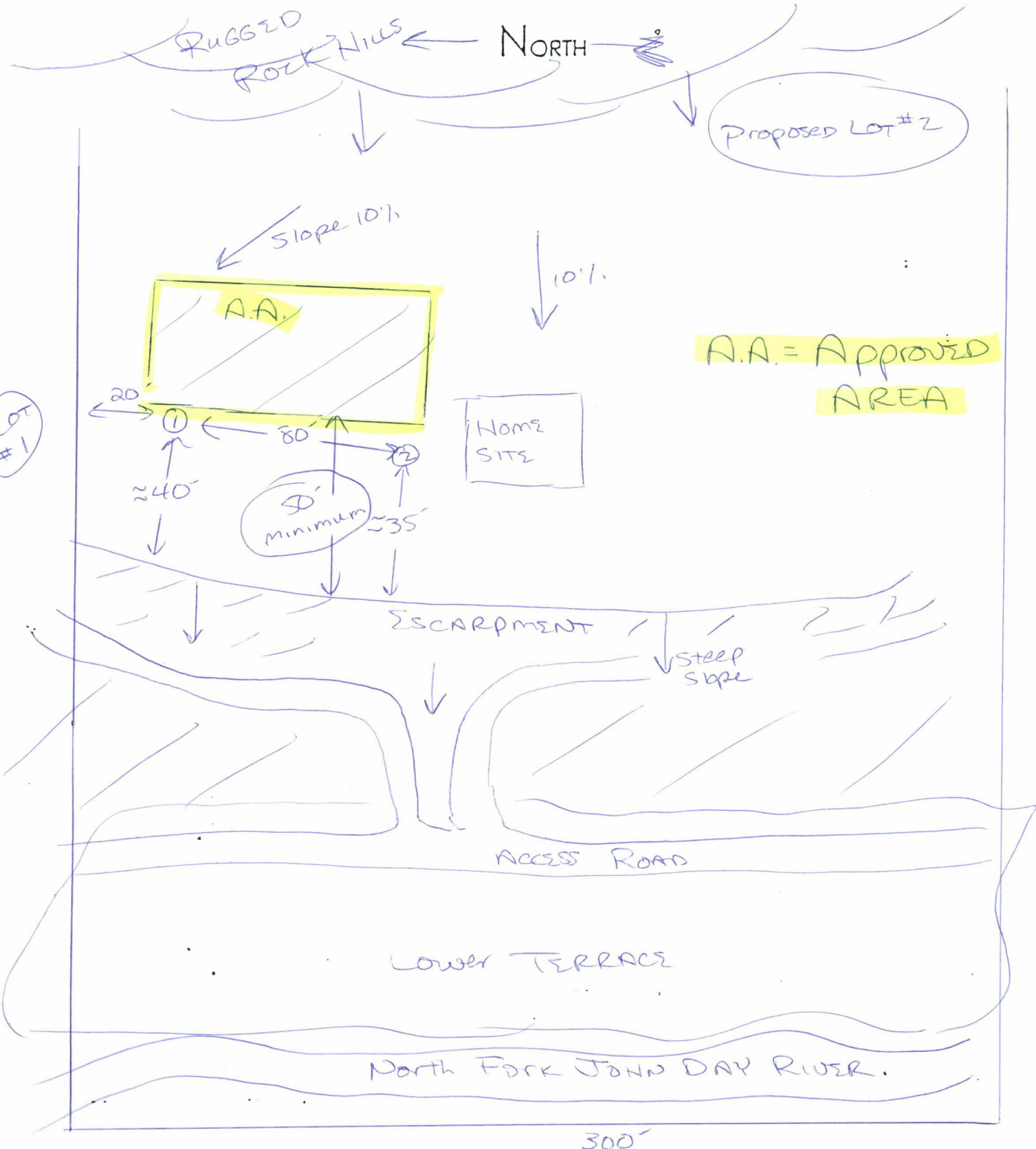
Type System: STANDARD Design flow 450 gpd Disposal Field Size 150 Linear Feet  
 Initial Serial System Sizing 50ft. /150g. Max. Depth Absorption Facility (in) 36" / 24" min.  
 Replacement Serial System Sizing 50ft /150g. Max. Depth Absorption Facility (in) 36" / 24" min.

Special Conditions: A detailed site development plan of proposed system construction (in area of approved test holes) is required with construction permit application. Plan must identify septic tank location, size, and manufacturer name, building, effluent sewer pipe size and ID numbers, distribution or drop box manufacture, cross section of disposal trench, gravel specifications, spacing between trenches, ground and pipe elevations throughout the system. Locate approved test holes as they relate to system placement. In addition to the above, the plan needs to locate the systems placement as it relates to existing or proposed structures, wells, waterways, roads and parking areas. We recommend a DEQ licensed sewage disposal business prepare plans and do eventual installation after DEQ construction permit issuance.

- 1) FILTER FABRIC required over top of drain media if gravel trenches are utilized
- 2) minimum 50 feet BETWEEN DRAINFIELDS AND TOP OF SCARPMENT

REFERENCE Imp 95, Pgs 265, Sec 30, Tax lot 3602 EVALUATOR D. Neglee, RS

APPLICANT THOMAS ORCHARDS, INC. DATE August 4, 2000



A.A. = APPROVED AREA

LOT #1



DEPARTMENT OF ENVIRONMENTAL QUALITY  
 EASTERN REGION BAKER  
 2034 AUBURN STREET  
 BAKER, OR 97814  
 (541) 523-7998 or 1-800-452-4011

FOR OFFICE USE ONLY  
 Date Received: 07-18-00  
 Date Completed: \_\_\_\_\_  
 Required Fee: 490.00  
 Receipt No.: 95286  
 Control No.: \_\_\_\_\_

ON-SITE SEWAGE DISPOSAL APPLICATION

4188

PLEASE PRINT

Thomas Orchards Inc  
 Property Owner's name

Applicant's Name if Different from Owner

9S 26E 30 3602 271 acres Grant  
 Township Range Section Tax Lot # Lot Size County

Subdivision Name \_\_\_\_\_ Parcel # 2 Block # \_\_\_\_\_ Acreage 11 1/2 Acres

Proposed Facility:

Single Family Residence 3 Number of Bedrooms \_\_\_\_\_ Public Water Supply (Community System)  
 \_\_\_\_\_ Other- Specify \_\_\_\_\_  Private Water Supply  
 Specify Type well  
 (Well, Spring, etc.)

Existing Facility: None

\_\_\_\_\_ Single Family Residence \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Other- Specify \_\_\_\_\_

APPLICATION FOR (CHECK ONE OF THE FOLLOWING)

- SITE EVALUATION
- PERMIT TO CONSTRUCT
- PERMIT TO REPAIR
- PERMIT FOR ALTERATION
- PERMIT FOR RENEWAL
- EXISTING SYSTEM EVALUATION
- PLAN REVIEW
- OTHER (SPECIFY) \_\_\_\_\_

- AUTHORIZATION NOTICE
- CONNECT TO AN EXISTING SYSTEM NOT IN USE
- REPLACE M-H WITH ANOTHER OR A HOUSE
- ADDITION OF ONE OR MORE BEDROOMS
- PERSONAL HARDSHIP
- TEMPORARY HOUSING OF ENVIRONMENTAL QUALITY
- OTHER (SPECIFY) \_\_\_\_\_

RECEIVED  
 JUL 1 2000

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 KEPT OPEN 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.

John Thomas 7-15-00  
 Signature Date

- Owner
- Authorized Representative
- Licensed Installer License No. \_\_\_\_\_

Owner's Mailing Address

Thomas Orchards Inc.  
PO Box 496  
Kimberly, Or. 97848  
 Phone: 541-934-2870

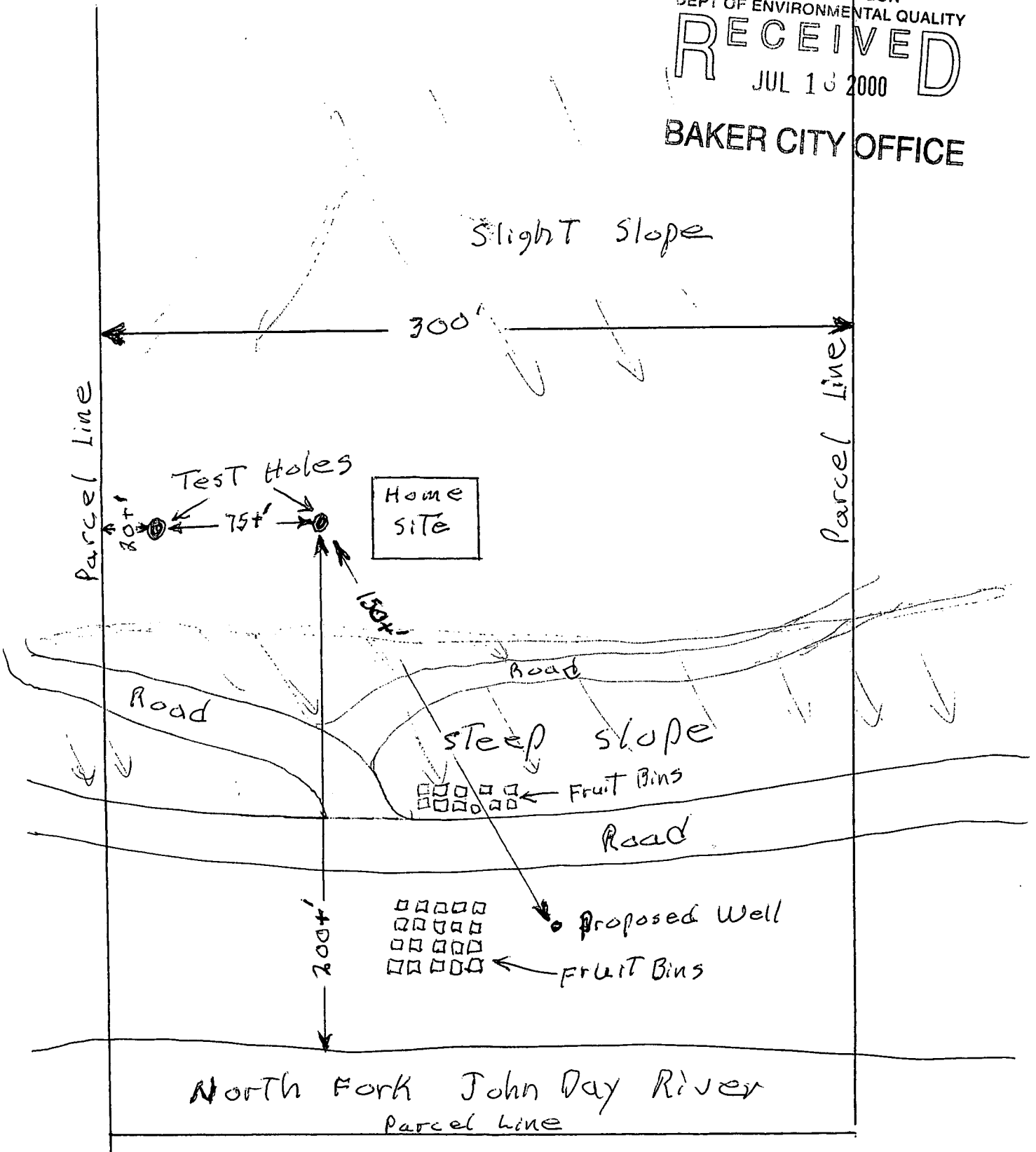
Applicant's Mailing Address (if different)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

# SITE DEVELOPMENT PLAN

STATE OF OREGON  
DEPT OF ENVIRONMENTAL QUALITY  
**RECEIVED**  
JUL 13 2000  
BAKER CITY OFFICE

SITE DEVELOPMENT PLAN



Century 21 575-2121

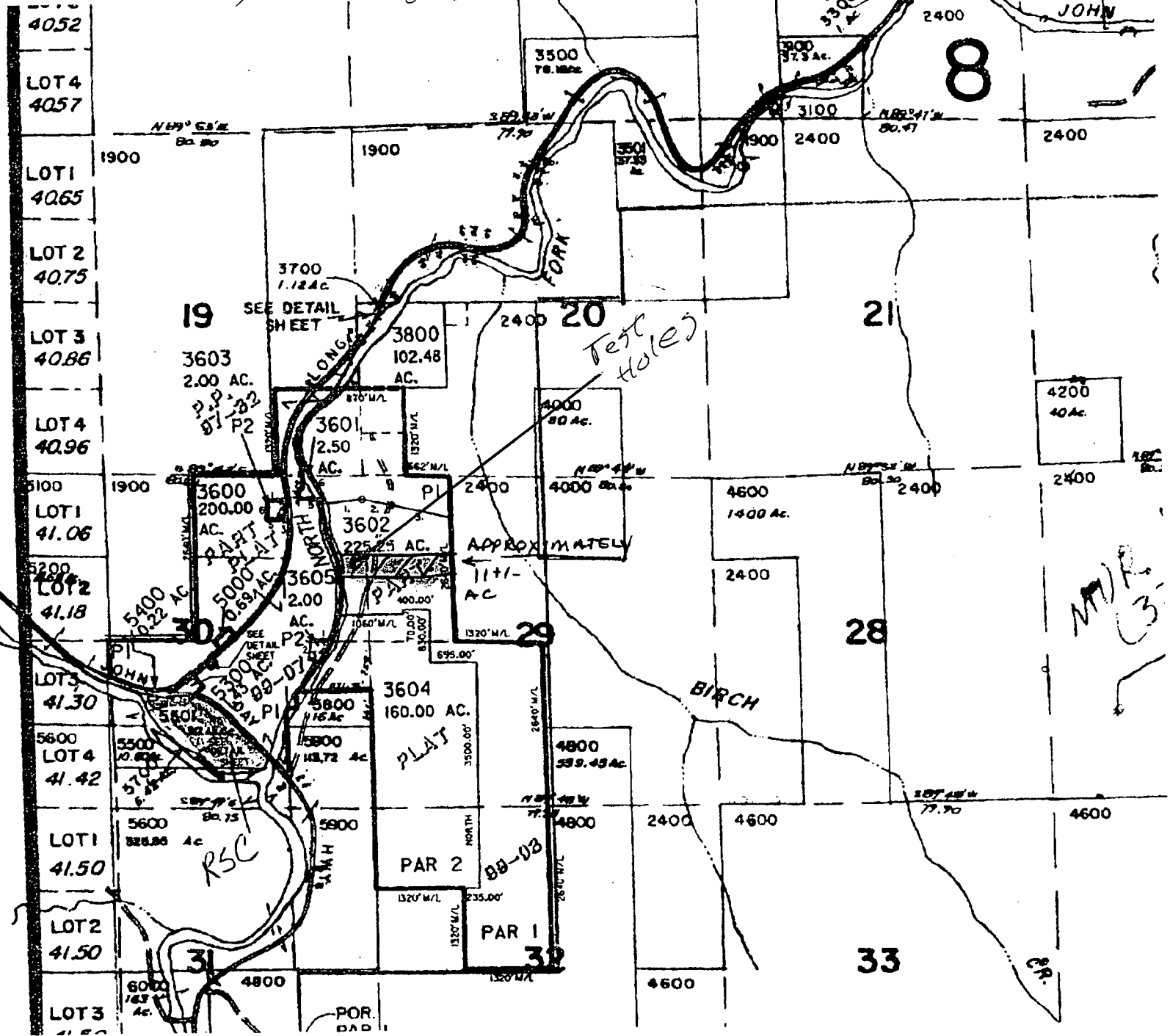
DEPT OF ENVIRONMENTAL QUALITY

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WHEELER

BAKER CITY OFFICE

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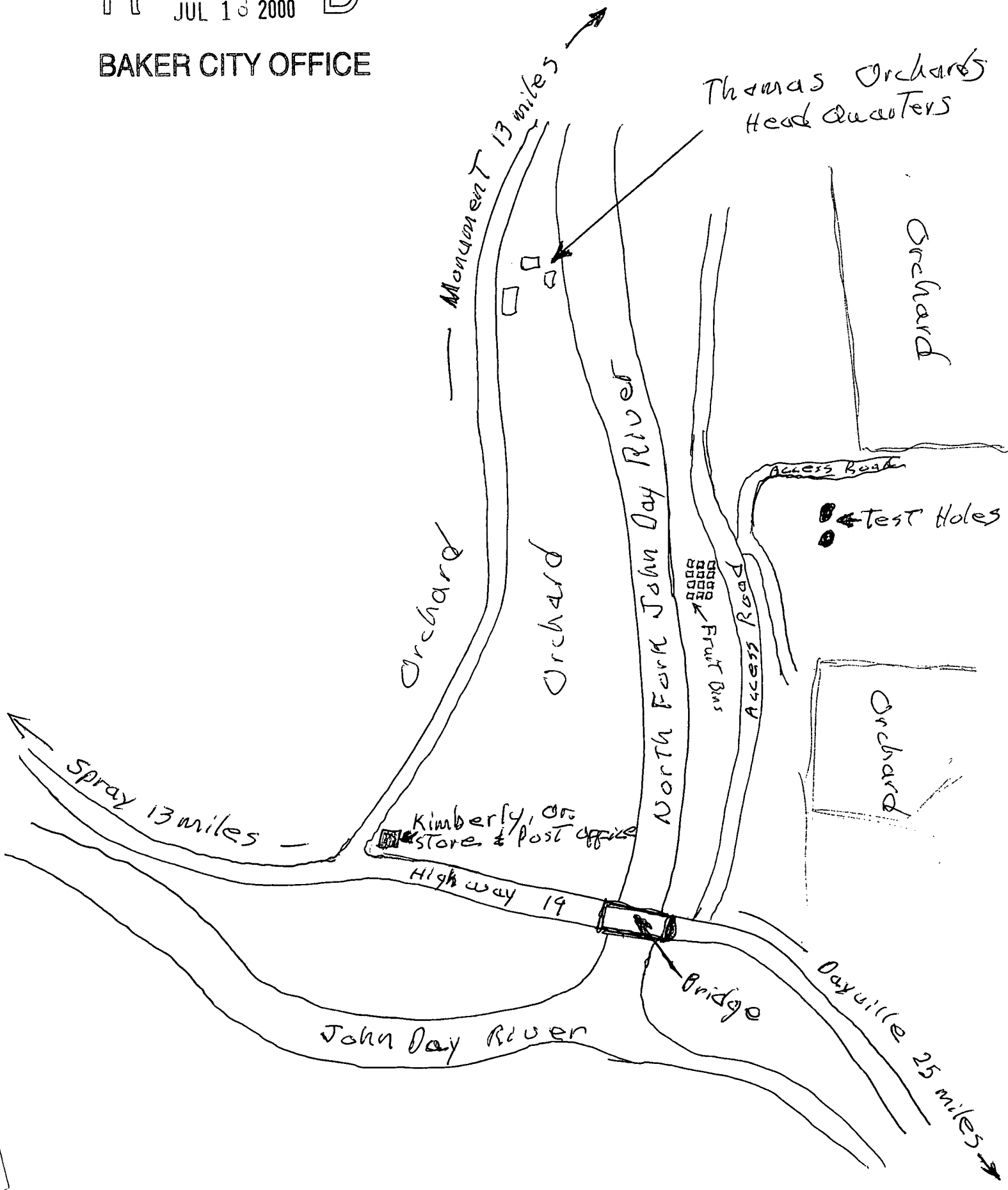


# VICINITY MAP

STATE OF OREGON  
DEPT OF ENVIRONMENTAL QUALITY

RECEIVED  
JUL 16 2000

BAKER CITY OFFICE



# PARTITION PLAT NO. 2000-11

OF PARCEL 1 LAND PARTITION PLAT NO. 99-03  
 SE1/4 OF SEC. 19 AND IN THE SW1/4 SEC. 20  
 AND NW1/4 OF SEC. 29 AND IN THE NE1/4 SEC. 30  
 AND IN THE NW1/4 OF SEC. 32  
 T9S, R26E, W.M.  
 GRANT COUNTY, OREGON

June 30, 2000



Scale 1"=500'

INITIAL POINT

North 2640 1/2  
 DEPT. OF ENVIRONMENTAL QUALITY  
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 BAKER CITY OFFICE

