WASCO-SHERMAN PUBLIC HEALTH DEPARTMENT

419 East Seventh, Room 100 The Dalles, OR 97058 (541) 296-4636

Application for:	County
Evaluation New Installation	Date Pd: Eval Permit
Repair 2409Other	Other
	Permit Number
	Date Issued
	15 12 190
Easene A. Geavel	Township W 2 Range Sw 1/4 Section 13
(Name of Applicant)	
1512 SE Norelius Dr	Tax Lot # 4803 4100
(Mailing Address)	(This information may be obtained from Tax Assessor's
(Managaramos)	office or your property tax statement.)
Vancouver We 98683	Proposed use:
(City) (State) (Zip)	Residential [] Commercial []
A CONTRACTOR OF THE CONTRACTOR	Other (explain)
360 - 891 - 735 2 (Telephone)	per configuration of the district matrix of a sign of the configuration
	r in the rate we are in the
Water Supply: Community	Private: Well Spring
and the state of t	or the order of the designation for the architecture of the second section of the secti
DIRECTIONS TO PROPERTY: (Please be specific.)	rational physical data was in the first that the particular to the control of
Physical address 6289 upper 5-mi	6
- u the Dalles, ore	
approximately 21 kmiles from Downtown	the Palles, out 197, and sai Rand
to the name.	
Follow 192 over the frist lill town At a	uto 5 mi Rd. Off lane twen left auto
6:01 (3) 1 -1 -1	ino suc Rd. Up some turn left and
The Rol (The sump of above you on the R	t.). Ap. Ini to nect junction, go streight
following Pleasant Redge/ 5 mi Rd.	app 3 mi to vest junction to right aloqui
on Fini. app 5 mi to next junto	To left of
Andley Dutal Flat in 1940 5 mi	the staying on after me don't
al + + " you will see Dainste die	to west purchase train left was to Product
about I me you will see private drive. Property Zone At Absign Hural / Timber	Size of lot or parcel Arm 7d. 8 AC
Test Holes [] have been prepared [] will be prepared	ared (date)
Lugere G. Stavel	4-19-2000.
(Signature Owner/Installer)	(Date)

IMPORTANT: ATTACH A MAP OF PROPERTY INCLUDING LOCATION OF WELL; ANY WELLS ON ADJACENT PROPERTY, AND TEST HOLES. ON LOTS LESS THAN 20 ACRES, APPROXIMATE PROPERTY CORNER SHOULD BE VISIBLY MARKED.

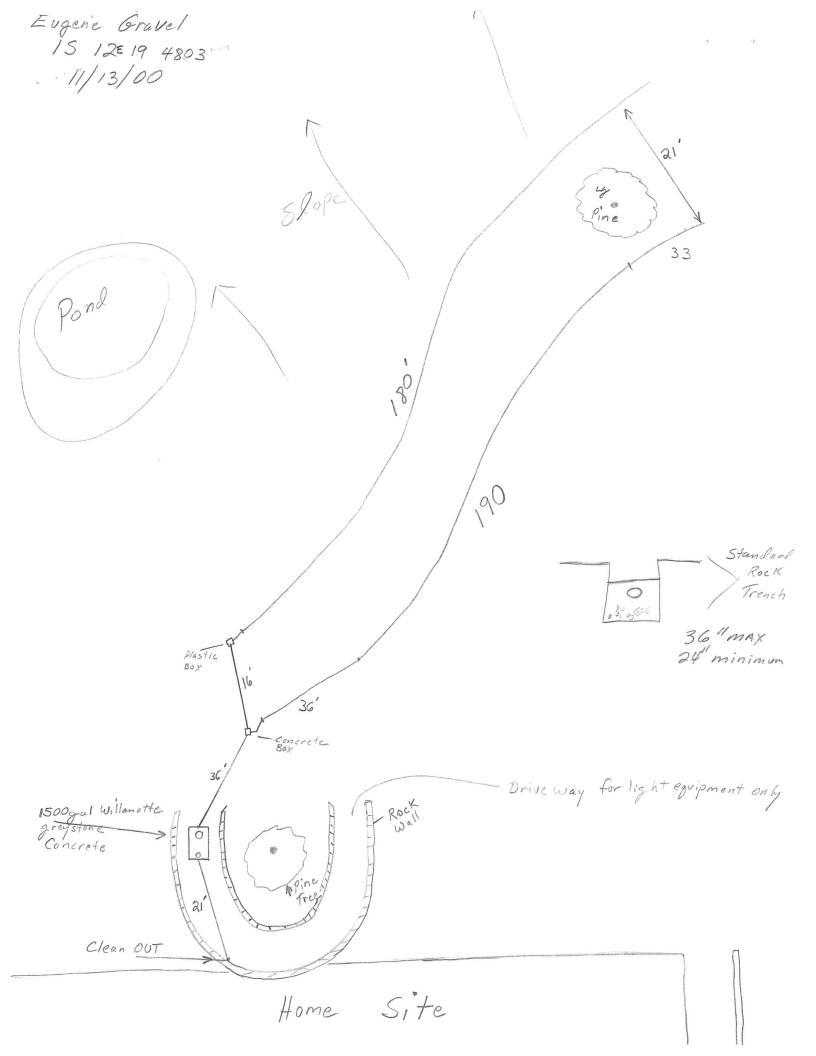
01/05/00 1000 gal tout min 300 feet of Standard

	60224
	Control No.
\$_	240 majos

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 33-020 R Mej.

Fee			
New Construction	Repair	Other	
Permit Issued To Evgene Grave (Property Owner's Nam	,/ 15	12 19	Waser
) (Range) (Section)	(Tax Lot / Acct. No.) (County)
upper Five Mile -	The Dalles	THE STATE OF THE S	4-19-00
(Road Location) (City)	THE MENT OF	(Issued by - Signature	(Date Issued)
		•	
	PERMITS ARE NOT T	RANSFERABLE	
	ORM TO OREGON ADM		
	PROPERTY OWNER OR		
(MAKE NO CHANGES	IN LOCATION OR SPEC		WRITTEN APPROVAL)
4-18-0	SPECIFICA	IIONS	Standard.
EXPIRATION DATE 4-19-0		TYPE OF SYSTEM _	Standavid.
Maio		Design Sewage Flo	ow <u>48ひ・</u> Gallons/Day
Tank Volume Gallons Disp	posal Trenches	Seepage Bed(s) □	Square Feet
Maximum Depth 36 inches.		inches.	300 Linear Feet Min
			CIP 1
Equal Loop Serial			
Total Rock Depth inches.	Below Pipe inches.	Above Pipe	inches. Rake Sidewall
Special Conditions (Follow Attached Plot I	Plan)		
-	,		
PRE-COVER INSPECTION REQUIRED — CERTIFICAT	TE OF SATISFA		IPLETION
As-Built Drawing			
with Reference Locations			
< 01		e Alla	-10
Installer — Jely	20	e Hele	iched
Final Insp. Date			
Tillal Ilisp. Date		Sh. Jah	
Inspected By		Skelch	
☐ Issued by Operation of Law			
□ Pro cover inspection waived			
☐ Pre-cover inspection waived pursuant to OAR 340,			
Division 71			
In accordance with Oregon Revised State	ute 454.665, this Certificate	is issued as evidence of	satisfactory completion of an on-site
sewage disposal system at the location ide			
Issuance of this Certificate does not cons	stitute a warranty or quara	ntee that this on-site disc	oosal system will function indefinitely
without failure.	a marrainty or guara	une on one die	
Od 70 1	1 =		ulak am
John zalaznik	Santa		11/13/00 WS PHD
(Authorized Signature)	(Title)	(C	Oate) (Office)



(Date Received)

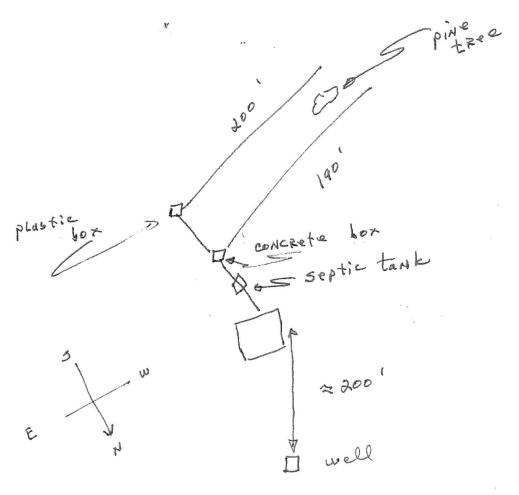
FINAL INSPECTION REQUEST AND NOTICE

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.			
	iene, Lorraine Grave			
	Range Section _			
Job Location	289 upper 5-mil	e Rd T	he Dalles,	ORE
	action Completed Nov 18, 200			
	MATERIALS LIST. Iden	The gr		stem's construction.
	là conc about 3			ž j
	ipe 390 LF			
2 ea Distrib	ution hoxes, one	concrete,	one plastic	
Filter Fabric e	over Drain Rock	Typar Filter	Fabric 36"	1300 per Roll
			sine tree	1300 per Roll
		200 0	1	
			9	
	P	100		
	SW	(ll	dia in the
	4	Septic	tank	.,
		House	2	and the second
1981 A. F				

SECTION 3:

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.



SECTION 4:	CONSTRUCTION WAS	PERFORMED BY:	
Property Owne	r (Permittee)		
Sewage Dispos	al Service Business:	(Print Full Business Name)	(License Number)
	permit and the rules regulat	is correct, and that the construction of the construction of on-site sewag	
(System	Installer's Signature)	(Title)	(Date)