

15 APR 30 P4:16

# Yamhill County

## DEPARTMENT OF PLANNING AND DEVELOPMENT

525 NE 4th STREET • McMinnville, OREGON 97128

Phone:(503) 434-7516 • Fax:(503)434-7544 • TTY: (800) 735-2900 • Internet Address: <http://www.co.yamhill.or.us/plan/>

April 14, 2015

 To: Board of Commissioners  
From: Michael Brandt, Planning Director  
Re: Refund Request

The applicant and property owner, Nelva Johnson, paid for a septic permit (\$790.00). She then sent in an email requesting withdrawal of the permit and requesting a full refund of \$790.00. Because we had already done site work and the paper work required for issuance of the permit, I am recommending a refund of \$550.00.

If you have any questions, please let me know.

Accepted by Yamhill County  
Board of Commissioners on  
4.23.15 by Board Order  
# 15-113

YAMHILL COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

# Request for Refund

Date: 4-13-15

Send to:  Accounting Office (Amount \$500.00 or less)  
 Board of Commissioners (Amount more than \$500.01)

Name of Person to Receive Refund: Nelva Johnson  
Mailing Address (Street) 32460 NE Corral Creek Rd  
Mailing Address (City, State, Zip) Newberg

Applicant's name (if different) \_\_\_\_\_

Permit, Docket, or File Number: 2015-752 TL#(s) 3223-1802

Total Amount of Refund: 550.00

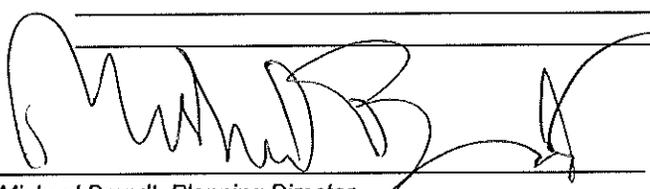
Accounts/Amount of checks to be issued:

Fee \$ <u>150.00</u>	Acct# <u>10-20-322-26 PL49</u>	Fee \$ _____	Acct# _____
Fee \$ <u>100.00</u>	Acct# <u>10-20-346-65 PL49</u>	Fee \$ _____	Acct# _____
Fee \$ _____	Acct# _____	Fee \$ _____	Acct# _____
Fee \$ _____	Acct# _____	Fee \$ _____	Acct# _____
Fee \$ _____	Acct# _____	Fee \$ _____	Acct# _____

Reason for Request:

Letter Attached  
 Additional Explanation: owner has decided not to install the septic system until a later date. A stake out inspection was already performed under this application.

Department Recommendation: Permit refund \$550. per attached memo.

  
Michael Brandt, Planning Director

Date 4-17-15

**FOR PLANNING OFFICE USE:**

Type of permit Application: Septic Permit

Original Receipt # 94260

Fee \$ <u>1050.00</u>	Acct# <u>10-20-322-26 PL49</u>	Total Fees Paid: <u>790.00</u>	Fee \$ _____	Acct# _____
Fee \$ <u>70.00</u>	Acct# <u>10-20-311-16 PL62</u>	Fee \$ _____	Acct# _____	
Fee \$ <u>100.00</u>	Acct# <u>10-20-346-65 PL49</u>	Fee \$ _____	Acct# _____	
Fee \$ _____	Acct# _____	Fee \$ _____	Acct# _____	

Date approved: 4-23-15  
Board Order(if applicable) 15-113

Date of Warrant: \_\_\_\_\_  
Warrant #: \_\_\_\_\_  
Amount of Warrant: \_\_\_\_\_

**Alicia Schelb**

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**From:** Alicia Schelb  
**Sent:** Thursday, April 09, 2015 3:06 PM  
**To:** 'nelvajohnson@gmail.com'  
**Subject:** RE: Cancellation of Septic Permit

I will hand it over to the Planning Director but I'm not sure if it will be the full amount refunded.

Alicia Schelb  
Yamhill County Building & Planning  
525 NE 4<sup>th</sup> St.  
McMinnville, OR. 97128  
503-434-7516

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**From:** [nelvajohnson@gmail.com](mailto:nelvajohnson@gmail.com) [mailto:[nelvajohnson@gmail.com](mailto:nelvajohnson@gmail.com)]  
**Sent:** Thursday, April 09, 2015 1:49 PM  
**To:** Alicia Schelb  
**Subject:** Cancellation of Septic Permit

Hi Alicia, as per your request this email is to confirm my cancellation of the septic permit for Tax Lot R3223-01802 Permit #2015-752 at 32460 NE Corral Creek Rd, Newberg, OR 97223.

It is also our understanding the permit fee of \$790.00 is to be reimbursed.

Thank you,  
Nelva Johnson

Sent from my BlackBerry 10 smartphone.

STATE OF OREGON  
Department of Environmental Quality  
Onsite Wastewater Treatment System Construction Installation Permit

New Construction    Repair     Major     Minor     Alteration     Renewal

PERMIT ISSUED TO: NELVA JOHNSON    3 2 23    01802  
Property Owner    Township/Range/Section/Tax Lot

32460 NE CORRAL CREEK RD    NEWBERG    YAMHILL  
Site Address    Nearest City or Community    County

Kimberlee A. Adrich    04/08/2015  
Issued By - Signature    Issue Date

NELVA JOHNSON    Type of Facility Served     Single Family Res. Bdrms 3-4  
Applicant     Other-Specify

Expiration Date    04/08/2016

**SYSTEM SPECIFICATIONS**

SERIAL \_\_\_\_\_ Other \_\_\_\_\_  
Max. Peak Design Flow:    450 Gal/Day    Min. Septic Tank Volume    1000 Gal  
Average Daily Flow:    225  
Special Tank Requirements    WAITE SINGLE COMPARTMENT GRAVITY FLOW TANK,

Media Type    TO BE DETERMINED IF INFILTRATO  
Trench Spec. Linear (Ft)    450    Trench Width (Ft.)    2    Undisturbed Soil    8 (Ft)  
Between Trenches  
Trench Depth    24-28    Total Rock Depth (In.)    12  
Rock Below Pipe (In)    6    Rock Above Pipe (In)    2

Special Requirements    ONLY INSTALL IN THE DRY MONTHS OF THE YEAR, JUNE THRU SEPTEMBER  
100 FT SETBACK TO ALL WELLS, 50 FT SETBACK TO ANY CUTS GREATER  
THAN 30 INCHES.

**INSTALL IN ACCORDANCE WITH APPROVED PLANS, STAY TO ALL SETBACKS**

**CERTIFICATE OF SATISFACTORY COMPLETION**

System Inspection     Operation of Law-7 Days Notice     Pre-Cover Inspection Waived Per 340-071

\_\_\_\_\_  
Authorized Agent-Signature    Title    Office    Date

To be valid, this document must be signed by an "agent" as defined in OAR 340-071-0100  
Requirements for this Certificate of Satisfactory Completion and Additional inspection Information are attached to this document.

ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITEE OR BY A LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT. ISSUANCE OF THIS CERTIFICATE DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE THAT THIS ON-SITE DISPOSAL SYSTEM WILL FUNCTION INDEFINITELY WITHOUT FAILURE.

B.O. 15-113

FUND SUMMARY

FUND NUMBER	TOTAL FEES	TRANSFERRED IN	COLLECTED THIS PERIOD	TOTAL FEES	TRANSFERRED OUT	GRAND TOTAL FEES
010-020-322.26-PL49	\$650.00			\$650.00		\$650.00
010-020-341.16-PL66	\$40.00			\$40.00		\$40.00
010-020-346.65-PL49	\$100.00			\$100.00		\$100.00

FUND NOT FOUND

GRAND TOTALS: \$790.00