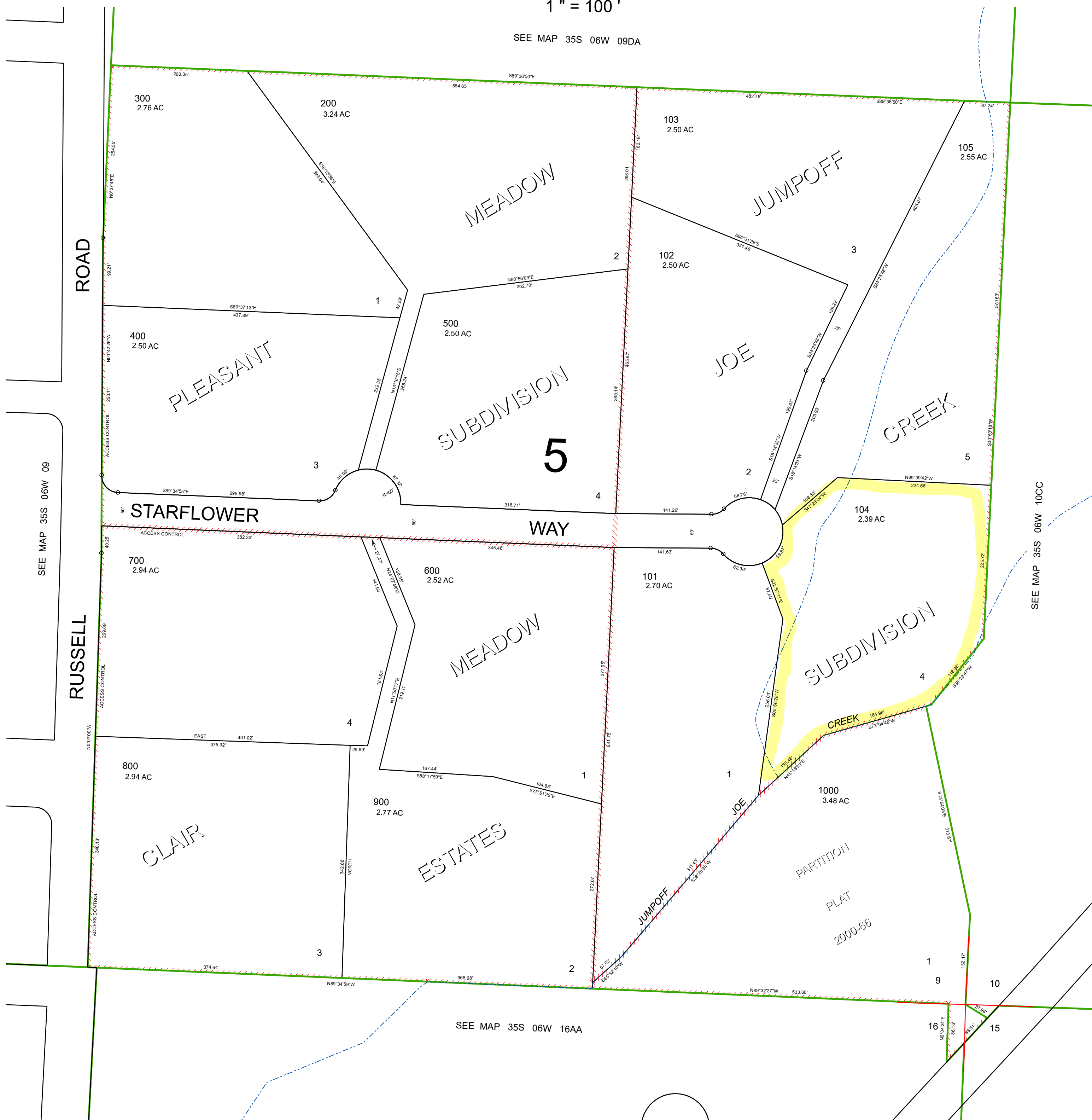


THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

S.E.1/4 S.E.1/4 SEC.9 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1" = 100'

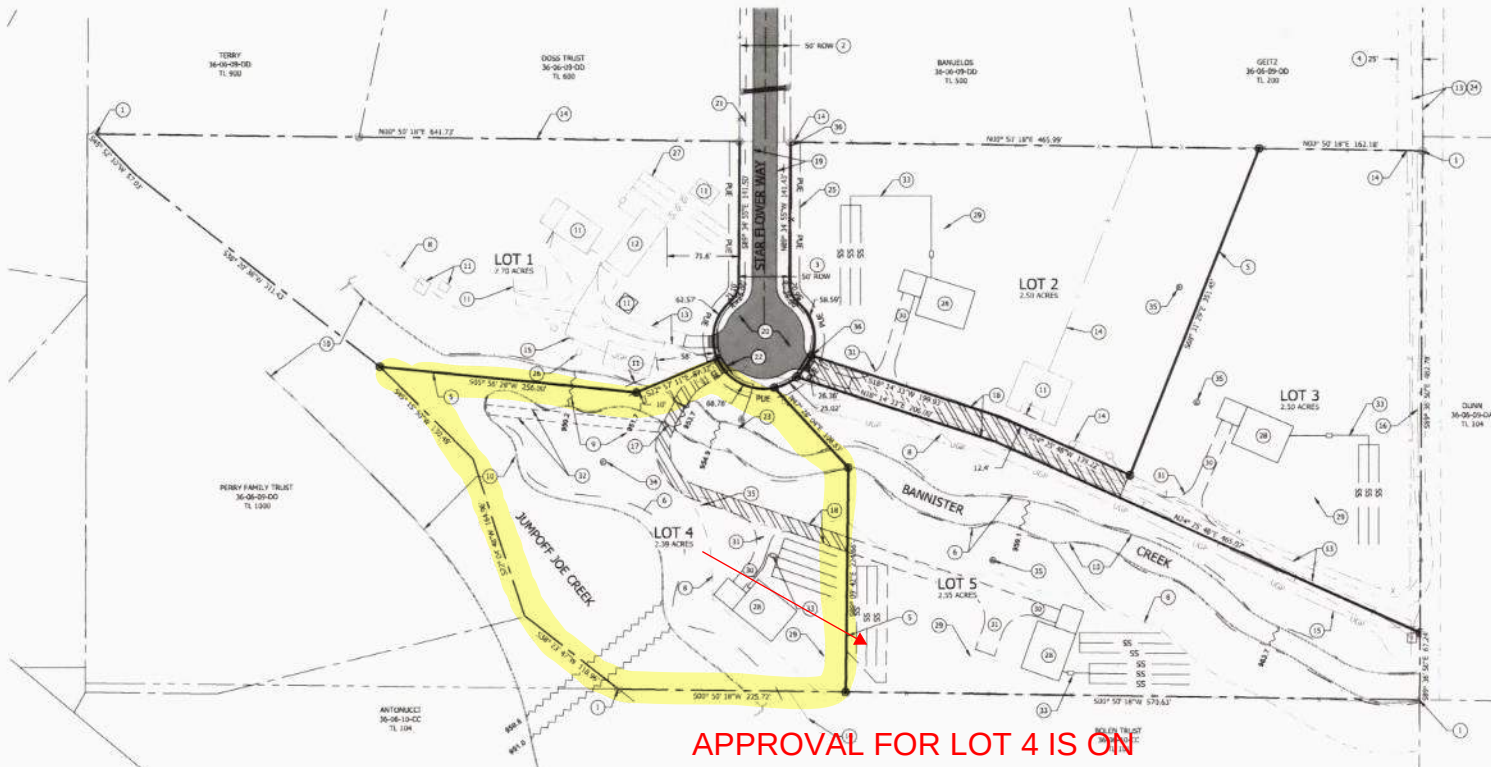
35 06 09DD

CANCELLED:
1100
100



35 06 09DD

LOT 4



KEYED NOTES.

1. EXISTING PROPERTY LINE (TYPICAL)
2. EXISTING STREET PLUG (WIDTH AS NOTED). STREET PLUG TO BE ABANDONED AND CONVERTED TO PUBLIC ROW PER COUNTY STANDARDS.
3. PROPOSED PUBLIC RIGHT-OF-WAY DEDICATION (WIDTH AS NOTED)
4. EXISTING 25' WIDE INGRESS/EGRESS EASEMENT
5. PROPOSED PROPERTY ROW LINE (TYPICAL)
6. TOP OF EXISTING CREEK BANK (TYPICAL)
7. NOT USED
8. EXISTING 50' RUPANIAN SETBACK (CONSERVATIVE AS MEASURED FROM 100-YEAR BASE FLOOD ELEVATION)
9. CALCULATED/MAPPED 100-YEAR BASE FLOOD ELEVATION (TYPICAL)
10. CALCULATED/MAPPED 100-YEAR BASE FLOOD LIMITS (CONTAINED ENTIRELY IN CREEK BANKS)
11. EXISTING ACCESSORY STRUCTURE TO REMAIN
12. EXISTING SINGLE FAMILY HOME TO REMAIN
13. EXISTING GRAVEL DRIVEWAY TO REMAIN
14. EXISTING FENCING (TYPICAL)

15. EXISTING UNDERGROUND ELECTRICAL LINES/STRUCTURES BY OTHERS (TYPICAL)
16. EXISTING UNDERGROUND PHONE LINES (TYPICAL)
17. EXISTING STEELWOOD PRIVATE BRIDGE TO BE USED AND RETROFITTED FOR DRIVEWAY ACCESS TO LOTS 4 & 5. EXISTING ABUTMENTS TO BE USED TO AVOID ALL IMPACTS TO THE EXISTING CREEK/RET LAND AREA.
18. PROPOSED SHARED ACCESS EASEMENT
19. PROPOSED STREET EXTENSION BUILT TO LIMITED RESIDENTIAL ROADWAY SECTION
20. PROPOSED COUNTY STANDARD CUA-OR-SAC TURNAROUND
21. EXISTING/PROPOSED DITCH ALIGNMENT (TYPICAL)
22. PROPOSED DRIVEWAY CULVERT (TYPICAL)
23. APPROXIMATE LOCATION DITCH OUTFALL TO BANNISTER CREEK
24. EXISTING GRAVEL DRIVEWAY TO BE USED AS EMERGENCY ACCESS TO RUSSELL ROAD (FOR LOT 3)
25. PROPOSED 10' PUBLIC UTILITY EASEMENT
26. APPROXIMATE LOCATION OF EXISTING WELL
27. APPROXIMATE LOCATION OF EXISTING SEPTIC SYSTEM

APPROVAL FOR LOT 4 IS ON LOT 5 EASEMENT REQUIRED

28. PROPOSED HOME SITE (APPROXIMATE)
29. 50' PRIMARY FUEL BREAK AROUND PROPOSED HOME LOCATION (APPROXIMATE)
30. PROPOSED DRIVEWAY (APPROXIMATE)
31. PROPOSED EMERGENCY VEHICLE TURNAROUND (APPROXIMATE)
32. PROPOSED PEDESTRIAN ACCESS EASEMENT TO JUMPOFF JOE CREEK (FOR SUBDIVISION RESIDENTS - APPROXIMATE)
33. APPROXIMATE LOCATION OF PROPOSED STANDARD SEPTIC SYSTEM
34. APPROXIMATE LOCATION OF PROPOSED ALTERNATE SEPTIC SYSTEM (DUE TO STREAM SETBACKS)
35. APPROXIMATE LOCATION OF PROPOSED DOMESTIC WELL
36. INSTALL NEW FENCING WHERE SHOWN

AS-BUILT NOTE:

THIS DRAWING REPRESENTS THE AS-BUILT CONDITION OF THE PROJECT BASED ON INSPECTION RECORDS FROM THE GENERAL CONTRACTOR, AGENCY INSPECTION, AND PROPOSED SITE EVALUATIONS BY THE PROJECT ENGINEER. BASED ON THIS INFORMATION, IT APPEARS THE PROJECT HAS BEEN CONSTRUCTED IN GENERAL CONFORMANCE OF THE APPROVED PLANS WITH EXCEPTION TO THE AS-BUILT REVISIONS NOTED.



Project No: GP-214-17
 Drawn By: MHO
 Checked By: JFRG
 Issue Date: 7/1/20

AS-BUILT

JUMPOFF JOE CREEK SUBDIVISION

1951 RUSSELL ROAD, MERLIN, OREGON
 355-06W-09-DD TL100

Revisions	By	Description
1	DAVID R. GEC	INITIAL DESIGN
2	DAVID R. GEC	REVISED CITY ORDINANCES
3	DAVID R. GEC	REVISED CITY ORDINANCES
4	DAVID R. GEC	REVISED CITY ORDINANCES
5	DAVID R. GEC	REVISED CITY ORDINANCES
6	DAVID R. GEC	REVISED CITY ORDINANCES
7	DAVID R. GEC	REVISED CITY ORDINANCES
8	DAVID R. GEC	REVISED CITY ORDINANCES
9	DAVID R. GEC	REVISED CITY ORDINANCES
10	DAVID R. GEC	REVISED CITY ORDINANCES

OVERALL SUBDIVISION PLAN

Sheet No: **C1.1**



Residential Septic Site Evaluation Approval

463-21-000436-EVAL

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

Date issued: 02/22/2022

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 4

Applicant: Clint Eells Excavating
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Eells Excavating
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Owner: HADDAD, HAITHAM &
Address: HADDAD, SHEILA PO BOX
5744
HADDAD, SHEILA
PO BOX 5744
GRANTS PASS OR 97528

Property address: 1951 Russell Rd, Merlin, OR 97532

Parcel: 350609DD00010000 - Primary

Lot size: N/A
Zoning: N/A

Water supply: Well
City/County/UGB: N/A

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

Max peak design flow:	450 gpd.	Proposed gallons per day:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A
Special tank reqmts:	Tank requirements will be contingent on preferred home site location		
Comments:	Repair area will need to remain intact.		

Stakeout of both the initial and repair area for tax lot 4 and tax lot 5 will need to be staked out prior to permit issuance.

Both systems will need to meet all setback requirements.

DEQ easement documents required.

System Specifications

	Initial System	Replacement Area
System type:	Alternative Treatment Technology (ATTs)	Alternative Treatment Technology (ATTs)
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal

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: 02/22/2022

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 4

Trench Specifications

Trench linear feet:

Max depth:

Min depth:

Special Requirements

Stakeout required:

Drainfield type:

Initial System

135 linear ft.

24 in.

18 in.

Initial System

Yes

Standard

Replacement Area

135 linear ft.

24 in.

18 in.

Replacement Area

Yes

Standard

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

Danielle Morvan

Natural Resource Specialist

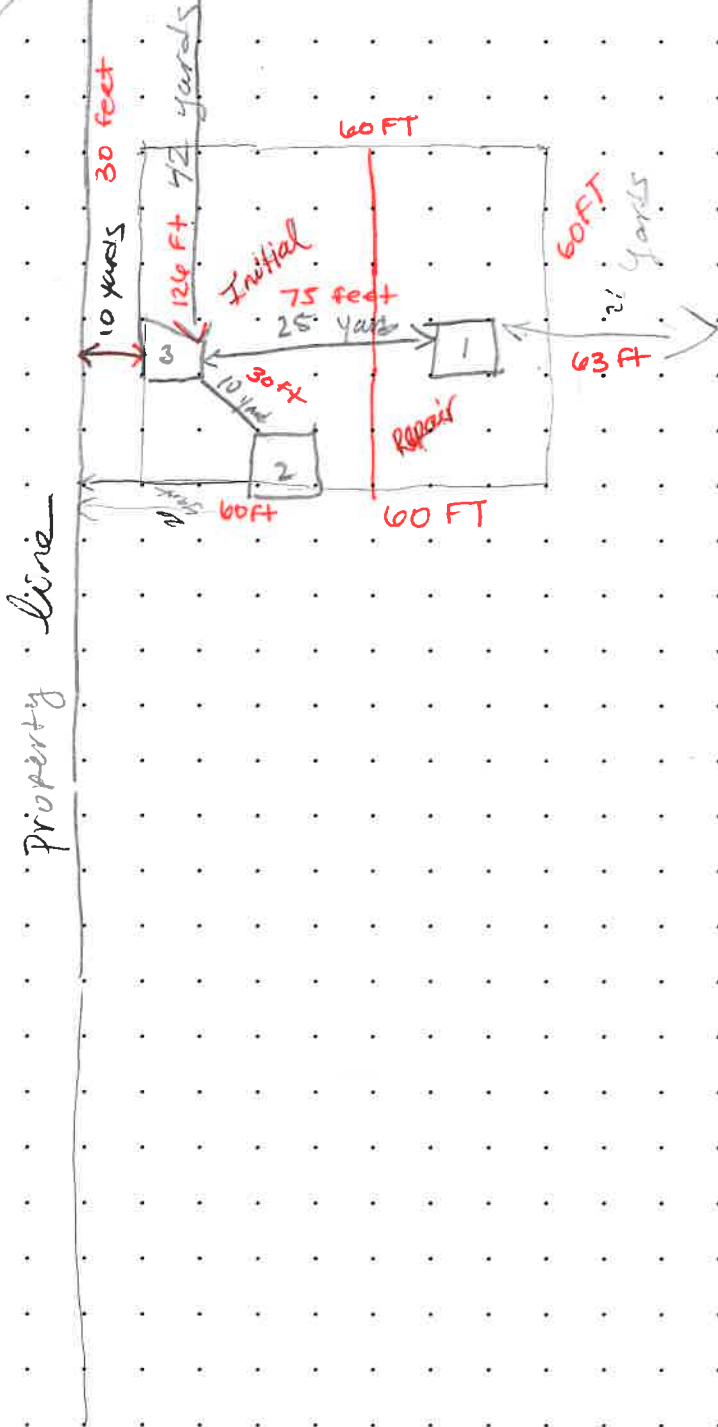
2/22/22

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.)

gross
area
parking

gross
area
parking



100

Application Number: 463-21-000435-EVAL

Evaluator: David Morvan

Section: 09
Property ID: TL 100

Inspection Date(s): January (month)

Owner/Applicant: Stella Haddad

Township: 35
Range: 04

SITE EVALUATION FIELD WORKSHEET

Township:

35

Range: 04

Section: 01

Property ID: TL100

casement pits

Owner/Applicant: Shela Haddad

Evaluator: Danielle Morvan

Inspection Date(s): January

Application Number: 463-21-000436-EVA1

Pit 1
40"

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
0-11	CL	2-VF, F, m, large; ^{color} 10YR 3/3;
12-25	CL	1-VF, F, m; ^{color} 10YR 3/4; weathered cobbles/rock, coarse fragments
26-40	CL	1-VF, F; ^{color} 10YR 3/4; large cobbles/river rock

Pit 2
28"

		Similar to test pit 1
		weathered bedrock, limited soil depth

Pit 3

Pit 4

Landscape Notes: Pits located between 2 creeks

Slope: > 1%

Aspect: —

Groundwater Type: No visible indicators

Other Site Notes: minimal ESD due to cobbles + river rocks

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd

Initial System: ATT treatment system 1

Disposal Facility: 135' linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches

Replacement System: ATT treatment system 1

Disposal Facility: 135 Ft linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches

Special Conditions: limited usable area, Stake out will be required



**Application for
Onsite Sewage
Treatment System**

700 NW Dimmick
Street, Suite B
Grants Pass, OR 97526
541-474-5444

For ONSITE SEPTIC Use Only:		Date Stamp
Date received		
Fee paid		
Receipt number		
Application number		
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Date Entry	

A. Property Owner Information

Name Sheila Haddad Mailing Address (Street or PO Box, City, State, Zip Code) P.O. Box 5744 G.P.O.R. 97527 Phone Number 541-660-5848

B. Legal Property Description

Township 35 Range 06 Section 09 Tax Lot 100 Tax Account Number 2,4,5 Acreage or Lot Size _____
County _____ Subdivision Name Jump Off Joe Creek Sub. Lot _____ Block _____
Property Address: 1951 Russell Rd Merlin OR 97532
Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Supply

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms 4

☐ Other _____

Water Supply:

☐ Public _____
Name

☒ Private Well, Spring, Shared

D. Type of Application

☒ Site Evaluation

☐ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System
Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use
☐ Replacing a Mobile Home or House with Another
Mobile Home or House
☐ The Addition of One or More Bedrooms
☐ Personal Handicap
☐ Temporary Housing
☐ 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 Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature Clint Fells Date 10-16-2021
Applicant's Name - Please Print Legibly Clint Fells Applicant's Phone Number 541-659-7325 Applicant's E-mail Address Clint.fells@gmail
Applicant's Mailing Address 5545 Riverbanks Rd G.P. OR 97527

Applicant is the ☐ Owner ☒ Authorized Representative ☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name Clint Fells

NOTICE AUTHORIZING REPRESENTATIVE



I, Sheila Haddad, have authorized Clint Eells to act as my agent in performing the activities necessary to obtain all costs 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

1951 Russell Road Merlin OR 97532
(Property, Street or Road Address)

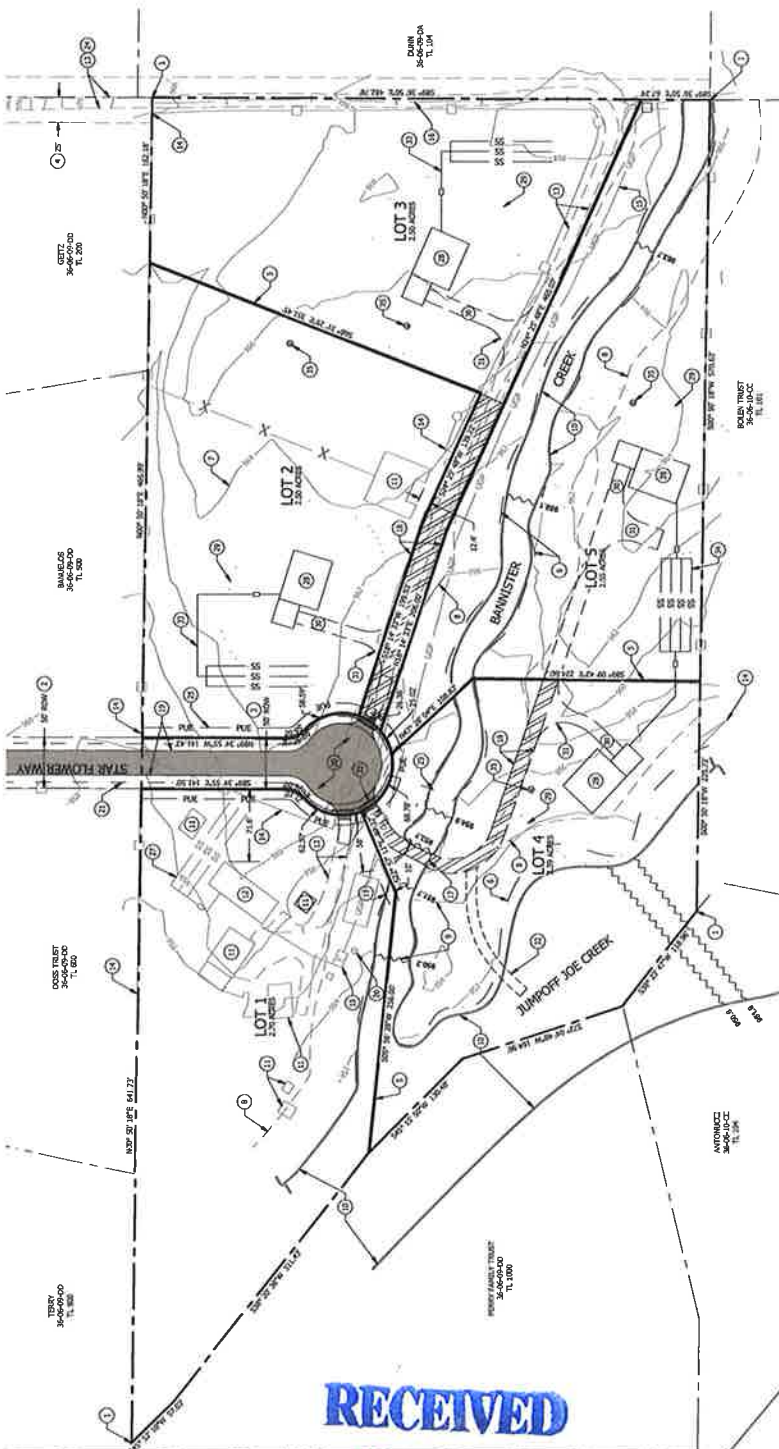
And described in the records of Josephine County as:
 Township 35 Range 06 Section 09 Map ID _____ Tax Lot #s: 100

PROPERTY OWNED:

Printed Name: Sheila Haddad
 Address: PO Box 5744
 City, State, Zip: Grants Pass, OR 97527
 Phone: 541-660-5848 Email: ivhtrn@yahoo.com
 Signature: Sheila Haddad

AUTHORIZED REPRESENTATIVE

Printed Name: Clint Eells
 Address: 5545 Riverbanks Road
 City, State, Zip: Grants Pass, OR 97527
 Phone: 541-659-7325 Email: Clint.eells@gmail.com
 Signature: Clint Eells



KEYED NOTES:

- [illegible]

Clint Ellis
9-24-2021

Lot 4
Septic will
require
easement on
Lot 5

Jump OFF
Joe Creek
Subdivision

BOLLEN TRUST
36-06-10-CC
TL 101

