Residential Septic Site Evaluation Approval

463-21-000092-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: 04/21/2021
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 31

Applicant: Druther s Construction, LLC
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Primary contractor: Druther s Construction, LLC
Installer License: 39140
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Owner: AXXIS DEVELOPMENT
Address: 116 CAMBRIDGE DR.
GRANTS PASS OR 97526

Property address: 1119 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000113 - Primary Township: 35 Range: 06 Section: 16

Lot size: 2.51ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: N/A
Directions to Property: I-5 TO MERLIN EXIT, HEAD W, TURN R ONTO PLEASANT VALLEY, TURN L ONTO RUSSELL RD. TURN LEFT ONTO ELLISON LOOP FOLLOW LOT SIGN

Proposed use of structure: 4 BDRM SFR
Category of construction: Single Family Dwelling

	Existing	Proposed
Number of bedrooms:	0	4
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
System Specifications	***Initial System***	***Replacement Area***
System type:	Standard	Standard
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal
Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	225 linear ft.	225 linear ft.
Max depth:	30 in.	30 in.
Min depth:	18 in.	18 in.

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.)

Septic Site Evaluation 463-21-000092-EVAL

Date issued: 04/21/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 31

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.

Gabriel Kasiah 4/21/21

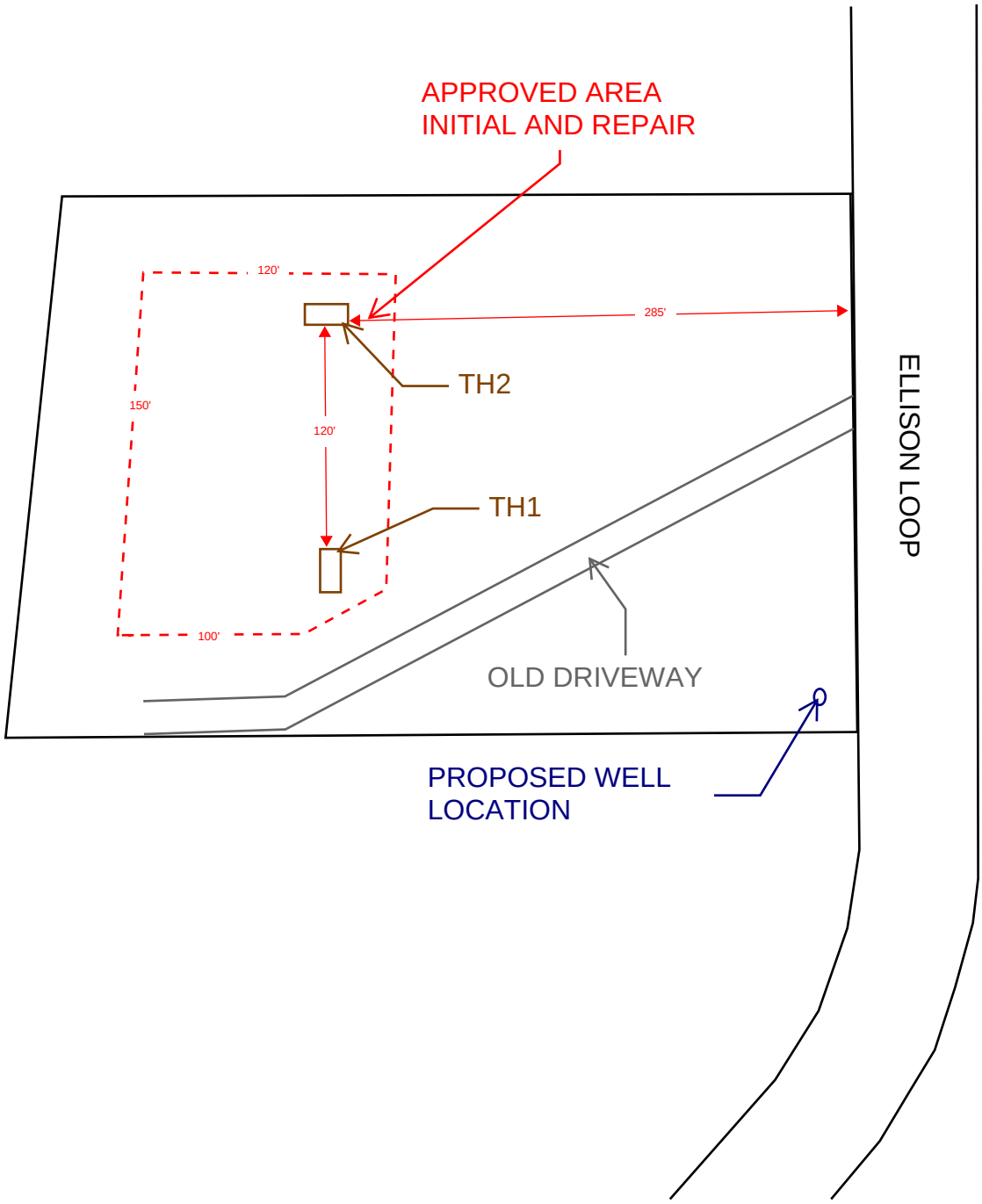
CALL BEFORE YOU DIG...IT'S THE LAW

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.)

1119 ELLISON LOOP

SITE PLAN

PARCEL 350616B000113



Application # 463-21-00092-EVAL

FIELD WORKSHEET

Name: AXIS DEVELOPMENT **Application No.:** 463-21-000092-EVAL **Date:** 4/5/2021
RE: SITE EVALUATION REPORT for Parcel #: 350616B000113

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.51 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: _____

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized
Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 18 " Min Depth	Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 18 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
4. Placement of a well within 100 feet of the approved areas may invalidate this approval.

☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
☒ Rake trench sidewalls.
☐ The system must be installed during dry soil conditions only.
☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

Inspector: _____

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	CL	7.5YR 3/4, GRAN, ROOTS 2VF, 1F, M
	8-43	CL	7.5YR 4/6, WSBK, " 2VF, 1F, M, C
	43-60	CL	5YR 4/6, WSBK, 1F 30% ROUNDED CF
Test Pit 2	0-8		SIMILAR TO TEST PIT 1
	8-26		
	26-60		
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED & GRASS

Slope: 0-3% Aspect: S Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes:

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 1st response _____	
Date of 2nd response _____	
Date of final response _____	
Date of completion _____	
Scanned Data Entry	

A. Property Owner Information

Axxis Development — Name
116 Cambridge Dr. Grants Pass, OR 97526 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-660-9541 — Phone Number

B. Legal Property Description

35 — Township
06 — Range
16 — Section
00113 — Tax Lot
R347717 — Tax Account Number
2.51 — Acreage or Lot Size
Josephine — County
Russell Estates — Subdivision Name
31 — Lot
— — Block

Property Address: 1119 Ellison loop — Address; Grants Pass — City; OR — State; 97526 — Zip Code

Directions to Property: I-5 to Merlin Exit East West turn Right on Pleasant Creek Rd. Turn left on Russell Rd. Go ½ mile Ellis loop on left. Follow to lot 31 sign.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence

_____ Number of Bedrooms

☐Other _____

Proposed Facility:

☒Single Family Residence

4 Number of Bedrooms

☐Other _____

Water Supply:

☐Public _____ Name

☒Private Well — 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 Hardship
- ☐ 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 — 3-16-21 Date

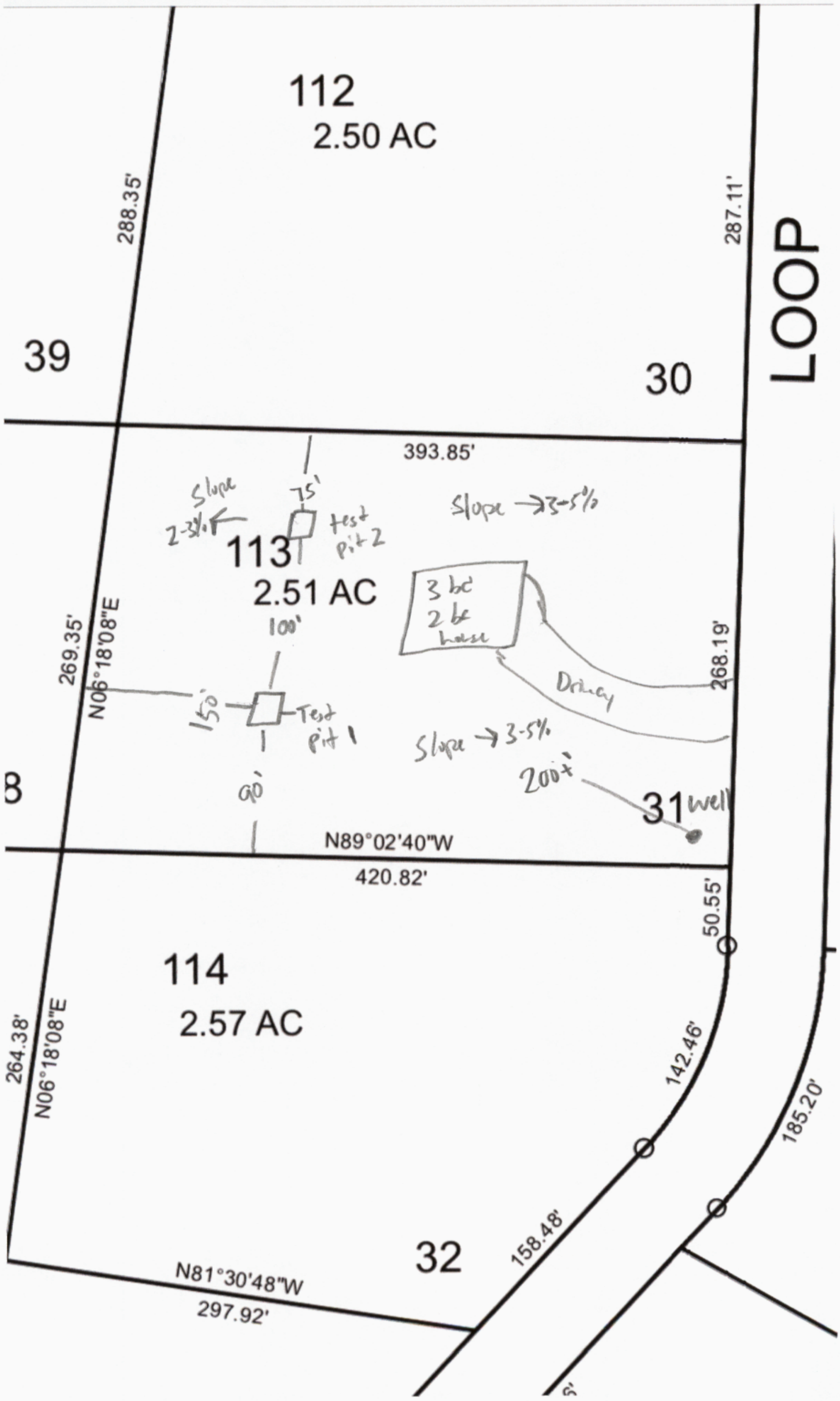
Andrew Olson — Applicant's Name – Please Print Legibly
541-441-2029 — Applicant's Phone Number
andrew.olson2002@gmail.c — Applicant's E-mail Address
P.O. Box 1586 Grants Pass, OR 97528 — Applicant's Mailing Address

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

☐Authorization Attached

Dr Ltd Construction Andrew Olson — Installer's Name
35140

Verizon 5:50 PM 91%
Not Secure — alt.co.josephine.or.us



NOTICE AUTHORIZING REPRESENTATIVE

DEQ

State of Oregon
Department of
Environmental
Quality

I, John West (Property Owner/Print Name), have authorized Andrew Olson (Authorized Representative/Print Name) to act as my agent in performing the activities necessary to obtain all 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 and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

Ellison Loop Russell Estates Subdivision
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 16 Map ID _____ Tax Lot #(s) 00103

PROPERTY OWNER:

Printed Name: AXXIS DEVELOPMENT INC.

Address: 116 Cambridge Dr.

City, State, Zip: G.P. OR. 97526

Phone: 541-660-9541 Email: JWEST1249@GMAIL.com

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Andrew Olson

Address: P.O. Box 1586

City, State, Zip: Grants Pass, OR 97528

Phone: 541-441-2029 Email: andrew.olson2002@gmail.com

Signature: [signature]

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

N.W.1/4 SEC.16 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

35 06 16B

CANCELLED:
600
300
400
500
800
100
200

35 06 16B