

Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-20-000059-PRMT

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 Certificate Issued: 05/24/2021

Work Description: CONSTRUCTION PERMIT

Applicant: WHITE, ALYSSA **Phone:** 541-761-3934

Email: ALYSSAWHITERN@GMAIL.COM

Primary Contractor: C.B.C. Cat & Backhoe, Inc.

Installer License: 36803

Property Address:

Address: 725 W Evans Creek Rd

Rogue River OR 97537

97527

297 Whitaker Ln, Grants Pass, OR

Proposed

CED

Phone: (541) 821-4850 Email: schcbc@msn.com

Owner: WHITE, ROBERT &

Address: WHITE, ALYSSA L 297

WHITAKER LN WHITE, ALYSSA L 297 WHITAKER LN

GRANTS PASS GRANTS PASS, OR

97527 97527

Parcel: 3705200000200600 - Primary

 Lot Size:
 N/A
 Water Supply:
 Well

 Zoning:
 N/A
 City/County/UGB:
 N/A

Existing

NI/A

Land Use Approval: N/A

Category of Construction: Single Family Dwelling

Use of Structure:	N/A	SFR	
Number of Bedrooms:	N/A		4
System Specifications			
Type:	Standard		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	450 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	N/A
Drain Field Specifications			
Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Serial
Media Type:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	375 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	30 in.	Undisturbed Soil BetweenTrenches:	N/A
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Date Certificate Issued: 05/24/2021

Work Description: CONSTRUCTION PERMIT

Conditions of Approval

- 1.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 2.A final inspection request and notice (FIRN) 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.
 - 3. Photos of the septic system components must be submitted along with the FIRN.
 - 4. Vehicular traffic and livestock must be restricted from the system area.
 - 5.All roof drains must be directed away from the system
- 6.All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
- 7.Meet all required setbacks
- 8. The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
- 9.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
- 10.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
- 11.Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- 12. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 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 Approval above.
- 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 that 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.

Certificate of Satisfactory Completion

System Inspection: No Operation of Law - 7 Days Notice: Yes Pre-Cover Inspection Waived Per 340-071: No

Comments: N/A

Gabriel Kasiah

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.)

5/24/21: 8:39:05AM Page 2 of 2 ONS OnsiteCSC pr

Final Inspection Request and Notice - Septic ID: 463-20-000059-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, 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 and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. 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. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

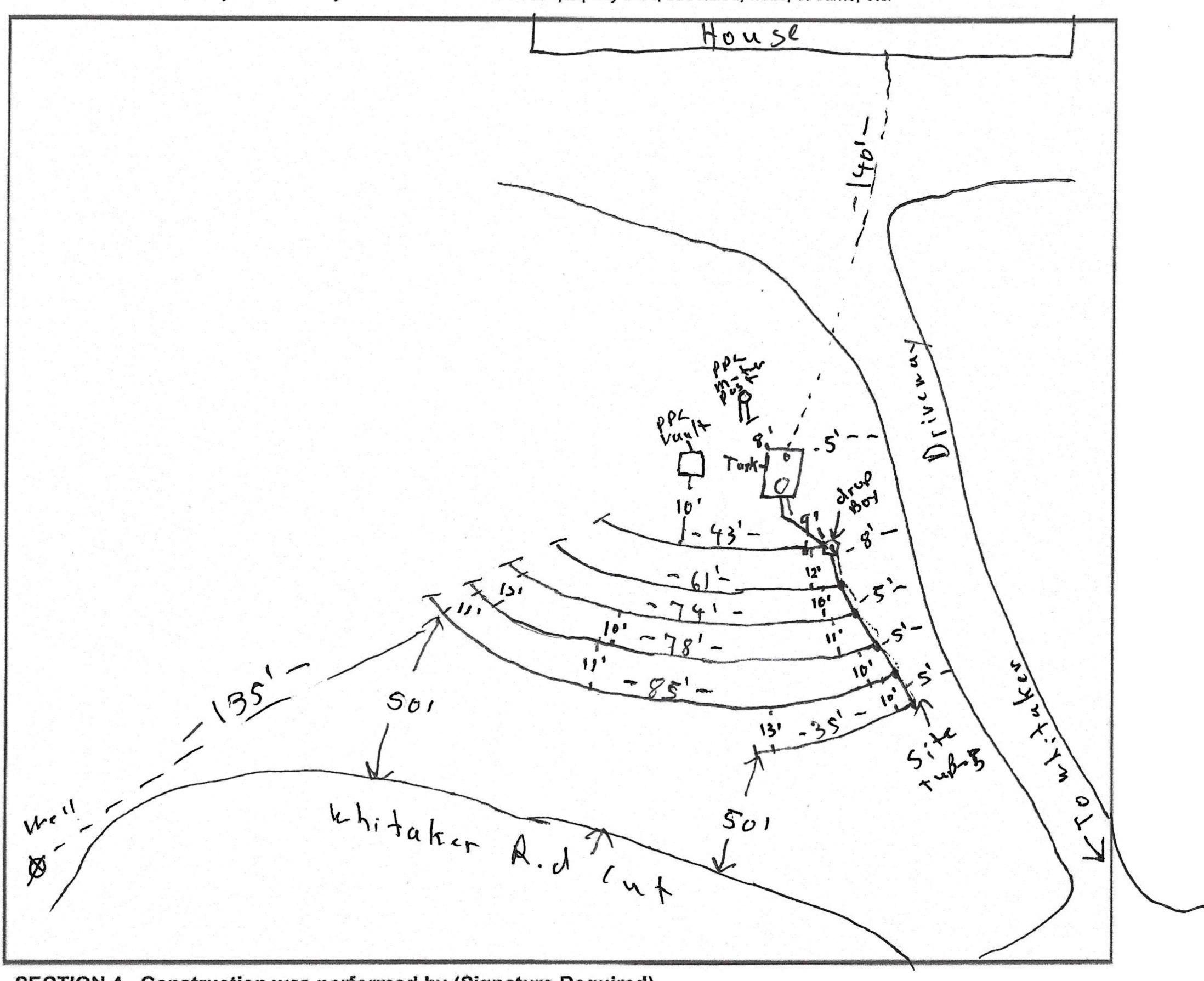
SECTION 1:	Owner/	<u>Permittee</u>	e Inform	nation	:			Twns	shp:	Ran	ge:	Sec	t:
Name: W	HITE, R	OBERT &						Lot:					
Property 29 Address:	97 WHIT	TAKER LN,	GRAN1	rs pas	S, OR 9	97527							
SECTION 2:	Syster	n Compo	onent S	Specifi	cation	ns:							
A. Tanks/Pumps	3				S	System	Type:						ater tight rification*
Tanks(1)	olume:	1000	Cor	mpartme	ents: 1		Manufacturer	•				Dat	e:6-12-
Tanks(2)	olume:		Cor	mpartme	ents:		Vanufacturer	•				Dat	e:6-13-
Pump(s) H	P: N	lodel/Manu	f.				Float(s)Type	(1):	Model/Manu	f.			
							Float(s)Type	(2):	Model/Manu	f.			
B. Piping	-												
Effluent	Sewer (f	ank to dra	infield)	YesX	No	Diame	ter: 4 11	ASTN	1#/Other: 30	34 0	V/	Length:	9"
	Pressu	re Transpo	rt Pipe	Yes	No	Diame	ter:		#/Other:			Length:	
C. Secondary Tr	eatment	Unit:										and the second s	
Sand	Filter**	Yes I	Vo	Type:					Cont	ainer Di	mensions	;	
Underdra	ain pipe	Diameter:		ASTM	#/Other	r:						Length:	
		Diameter:		ASTM	#/Other	r:		THE STREET STREET				Length::	
Interna	al Pump	HP:		Model	/Manufa	acturer							
F	loats(1)	Туре:		Model	/Manufa	acturer				Mp. 12-603	**************************************		
F	loats(2)	Type:		Model	/Manufa	acturer							
	ATT	Voc II	No	Model:									
Contific	ATT Arions to	Provider N	Company Company Company	Wiodei.			***************************************						
Operation and				Yes	No			***************************************		-	ertependenten er er er er en er	es esta de la constantación de	
Operation and	a svicinit.	Contractiv		1,00						Concentration of the second of the second			
D. Drainfield Me			************							-			
	Type	(Gravel, Pi	pe or alte	ernative'	?) 4 '-	tripl	« wall	-vtv2	ited, 13"	Runz	d Rock	, Fub	ric
Distribut	ion Box	res IN	10										
D	rop Box	Yes		D'			70.011.011						
Distributi	on Pipe	Yes	0	Diamete	er: 4 1'	' AS	I M#/Other:	Triple	wallp-	ertur	uted	Length: 3	76
_	omment								1				

^{*}All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

^{**}Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

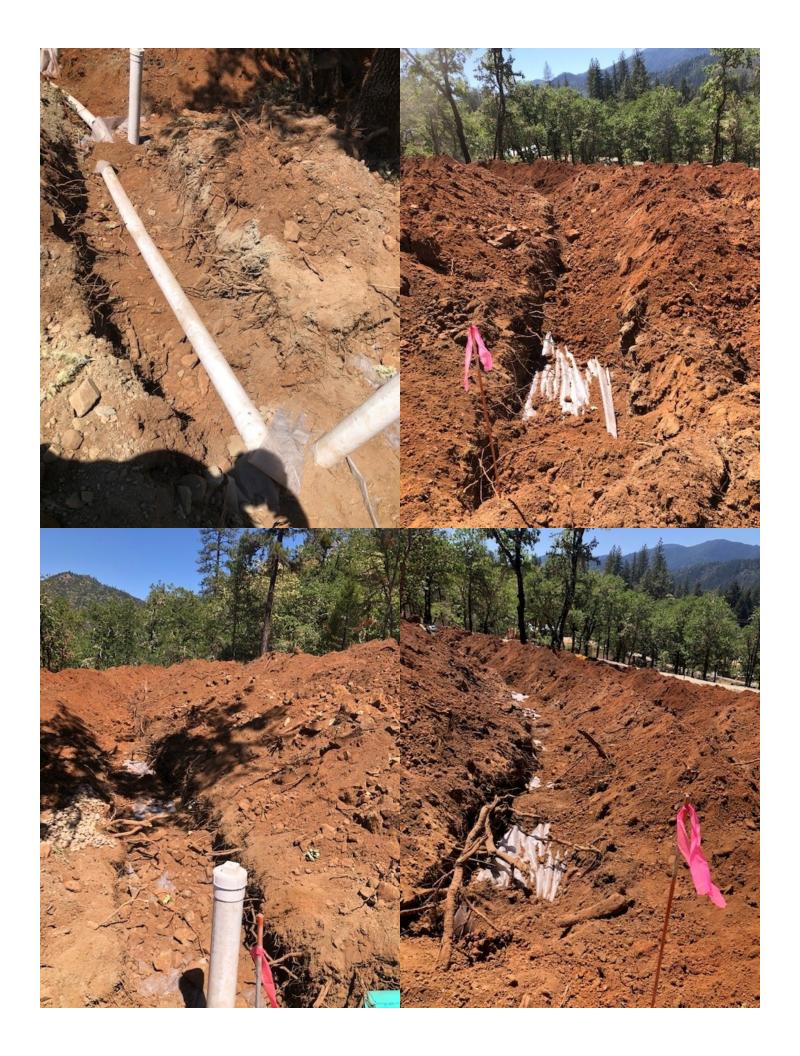
AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages 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 onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: C.R.C (a	+ AB	uckh	ve Inc
Licensed Installer: Yes X No License#: 3 6	803	Certification#:	RII	18
Owner/ Certified Signature: Signature:	Date: 6-	13-21	Phone#:	-821-4850
SECTION 5 - Office Use Only:	Installer/Owner			
Notice Accepted Yes No Date:	(Permittee) Notified:		No	Date:
If No, Reason for NonAcceptance:				*
Comment:				













Septic Permit Installation Permit - Residential - New

463-20-000059-PRMT

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

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Email: ALYSSAWHITERN@GMAIL.COM

Primary contractor: C.B.C. Cat & Backhoe, Inc.

97527

Installer License: 36803

Property address:

Address: 725 W Evans Creek Rd

Rogue River OR 97537

Phone: (541) 821-4850 **Email:** schcbc@msn.com

Business License: N/A

Owner: WHITE, ROBERT &

Address: WHITE, ALYSSA L 297

WHITAKER LN WHITE, ALYSSA L 297 WHITAKER LN

GRANTS PASS GRANTS PASS, OR

97527 97527

Parcel: 3705200000200600 - Primary

 Lot size:
 N/A
 Water supply:
 Well

 Zoning:
 N/A
 City/County/UGB:
 N/A

 Land use approval:
 N/A
 County:
 N/A

 Action:
 New
 Type of application:
 Construction Permit - Residential

System failing: N/A Septic tank last pump

Septic tank last pumped: N/A

297 Whitaker Ln, Grants Pass, OR

Comments: N/A

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	4

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	375 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	30 in.	Undisturbed soil between trenches:	N/A
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

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Permit Report comment #1.

Gabriel Kasiah 11/30/20

4" Triplemail Perforated いかからかいけ 501rd 6" RISC FROM Bottom OF EFFLUENT DISTRIBUTION PIPE to Bottom 1 K Round Rock DE SOLID SPILL OVER PIPE 10 on central Dren Flow F: 1420 297 Whitaker Grants Press of 41150174 8:8 Tufftite 4"2034 Prc-Tracer wire Riverside Ready mix Concrete Tunk 1000 gal CiBC Cat & Backhor Inc 11-16-20 Shun Buk Foundation 36803 H045e

315-5W-20-2008

248-30-000 401-Etal

Driveman A Pit Pad arey Houxe - 01 re--186--181-- ,59 --156 Tank 10005al 180, 247. Whiteher Grants Press of 30 C.BCcut o Buckbuck Rower 11-16-20 Transform 248-20-000 tol- Erul 36803 RI 118

375-54-20-2008



Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B **Grants Pass, OR 97526**

For ONSI	TE SEPTIC Use Only:	Date Stamp
Date received		•
Fee paid		
Receipt number		
Application num	nber	
Date of 1st response		
Date of 2 nd response	onse	
Date of final res	ponse	
Date of complet	ion	
	-	
Scanned	Data Entry	

	J.	41-474-5444	Scanned	Data Entry		
78 1 17 1 20	in the later of	A. Property O	wner Information	17 11 0 0 0		
AUSSA 1	MH Mai	297 Whitab ling Address (Street or PO Box,	UV UTANTS Pas City, State, Zip Code)	50R975	27 <u>54</u> Phone Numb	1-761-3434 er
	" - weiling in the	B. Legal Prop	perty Description		Marian Company	
375-50-20 Township TOSEPNIV	Range Se	action Act Description Rame	15	Account Number	Acreage	or Lot Size
Property Address	Address	Initaker in			State	97507 Zip Code
Directions to Prop	erty: <u>HWY 2</u>	37 to Ridgy A	eld to Whita	Ker		
OF SELECTION AND ADDRESS.	C. Exi	sting Facility / Propos	ed Facility / Wate	er Informatio	n	
Existing Facility:		Proposed Facility:		Water Supp		
☐Single Famil	y Residence	☐Single Family	Residence	□Public	Name	
Number of Bedroom	ms	Number of Bedroor	ns	Private	Well, Spring, Shar	red
□Other		□Other			\cup	
Surprise Survey		D. Type o	f Application			
□Site Evaluation	on 🗆	Renewal Permit	□Autl	horization Notic	ce for:	
					to an Existing System Mobile Home or Ho	
⊠ Construction		Existing System		□ Replacing a	O O I I I I I I I I I I I I I I I I	abo with renounce
【Construction □Permit Repair	r	Evaluation		Mobile Home o		.d
Construction □Permit Repair □Major □	r Minor	Evaluation Permit Transfer		Mobile Home o ☐ The Additio ☐ Personal Ha	on of One or More Be ordship	drooms
【Construction □Permit Repair	r Minor rmit	Evaluation	□ Ot	Mobile Home o ☐ The Additio	on of One or More Be ordship Housing	drooms
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Construction Permit Repair Major Alteration Per Major If the required fee a with your name and By my signature, I cit's authorized agent	minor Minor Minor and attachments are not address at the entrance of the control of the cont	Evaluation Permit Transfer Permit Reinstatement ot included with this appli	cation, it will be retu and number the test h correct, and hereby g	Mobile Home o The Additio Personal Ha Temporary I ther-please specify arned to you as i oles.	on of One or More Beardship Housing incomplete. Pos	t a flag or sign
Construction Permit Repair Major In the required fee a with your name and	minor Minor Minor and attachments are not address at the entrance of the control of the cont	Evaluation Permit Transfer Permit Reinstatement ot included with this appliance to the property. Flag anation I have furnished is a fonto the above described	cation, it will be retu and number the test h	Mobile Home o The Additio Personal Ha Temporary of the replease specify arned to you as it oles. The Addition represents the please specify of the representation of the repre	on of One or More Beardship Housing incomplete. Pos	t a flag or sign
Construction Permit Repair Major Alteration Per Major If the required fee a with your name and By my signature, I cit's authorized agent	Minor mit Minor Minor and attachments are in address at the entrancertify that the information to enter the permission the	Evaluation Permit Transfer Permit Reinstatement ot included with this appliance to the property. Flag anation I have furnished is a fonto the above described	cation, it will be returned number the test had number the test had be correct, and hereby go property for the sole Date	Mobile Home o The Additio Personal Ha Temporary of the replease specify arned to you as it oles. The Addition represents the please specify of the representation of the repre	on of One or More Beardship Housing incomplete. Pos	t a flag or sign
Construction Permit Repair Major Alteration Per Major If the required fee a with your name and by my signature, I cit's authorized agent Signature Applicant's Name – Plea	Minor mit Minor Minor and attachments are not address at the entrance tip that the information to entre the permission the permission the permission the permission to entre the permission the per	Evaluation Permit Transfer Permit Reinstatement ot included with this appliance to the property. Flag anation I have furnished is a fonto the above described	cation, it will be returned number the test had number the test had be correct, and hereby go property for the sole Date	Mobile Home o The Additio Personal Ha Temporary in the replease specify arned to you as it oles. Trant the Josephi purpose of this purpose of this repurpose of this repurpo	on of One or More Beardship Housing incomplete. Pos	t a flag or sign



Statement of Site Status

Name: Aussaume
Address: 297 whitaker In
City: Kantspass State: Of Zip Code: 97827
Township: 37 Range: 05 Section: 20 Tax Lot: 200
County: Josephine

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: Nov 24,2020 Signed: Physica Will



NOTICE AUTHORIZING REPRESENTATIVE

I, A) y SQ White authorized Shuwn Herbrich all [LBCat-Buth] act as my (Property Owner/Print Name) (Authorized Representative/Print Name) agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Josephine County 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 Josephine County Onsite Septic agents to conduct required business activities on said property.
PROPERTY IDENTIFICATION:
297 Whitaker L. N Grunts Pass OR (Property Situs or Road Address)
And described in the records of 305ephine County as:
Township 3 7 Range 05 Section 25 Map ID Tax Lot #(s) 2006
PROPERTY OWNER:
Printed Name: Alyssa White
Address: 297 Whatevin U
City, State, Zip: 1trounts Pass OR 97527
Phone: 541-761-3934 Email: alyssachiteRNEgmail.com
Signature: Puppa elich
AUTHORIZED REPRESENTATIVE:
Printed Name: Shawn Herberhil2
Address: 725 West Evans (-k R. d
City, State, Zip: Roy ye River OR 97537
Phone: 541-821-4850 Email: sch cbc@MSh.com
Signature: Show Here

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 37052000002006

PERMIT NUMBER:

PL-2020-01812

SITUS:

Ę.

297 WHITAKER LN

ZONE:

RR5

ACRES:

4.22

SCHOOL DISTRICT:

Three Rivers

APPLICANT:	William A Tobin Construction LLC	APPLICANT PHONE # : 541-761-3905
APPLICANT ADDRESS:	311 Springbrook Dr	
	Grants Pass, OR 97527	
OWNER:	WHITE, ROBERT &	
OWNER ADDRESS:	297 WHITAKER LN	
1 h2s	GRANTS PASS, OR 97527	

SPECIAL REQUIREMENTS
• Erosion Hazard - Plan in File NA Reason: Xee attached.
• Fire Hazard - Plan in File NA Reason: Ale attached.
The anatomic.

EXISTING STRUCTURES	PROPOSAL	SETBAC	CKS
Unimproved	Single Family Dwelling, 4 Bed, 3 Bath, 2 Story with	Front Setback:	30 ft.
	Rec Room, Attached Garage and Covered Porches	Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- Building Safety Note: Erosion Control Plan must be implemented prior to issuing Certificate of Occupancy.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:

William A Table Construction

DATE:

11/6/2020

CONTRACTOR NAME:

William A Tobin Construction LLC

LICENSE#:

185235

APPROVED:

Mumiun

DATE:

Melzo

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:

SITUS:

37052000002006

297 WHITAKER LN

PERMIT

ZONE:

SCHOOL

NUMBER:

PL-2020-01812

RR5

ACRES : 4.22		DISTRICT:	Three Rivers
APPLICANT:	William A Tobin Construction LLC APPLICA	ANT PHONE #:	541-761-3905
APPLICANT ADDRESS:	311 Springbrook Dr Grants Pass, OR 97527		
OWNER:	WHITE, ROBERT &		
OWNER ADDRESS:	297 WHITAKER LN GRANTS PASS, OR 97527		
• Erosion Hazard - Plan in File • Fire Hazard - Plan in File ✓	/ 		
EXISTING STRUCTURES	PROPOSAL	SETBAG	CKS
Unimproved	Single Family Dwelling, 4 Bed, 3 Bath, 2 Story with	Front Setback:	30 ft.
	Rec Room, Attached Garage and Covered Porches		10 ft.
	, 100 , 100 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.
ADDITIONAL TERMS:	Building Safety Note: Fire Safety Plan must be implemented pr Building Safety Note: Erosion Control Plan must be implemented		

SIGNATURE:

CONTRACTOR NAME:

William A Tobin Construction LLC

DATE:

U/6/2020

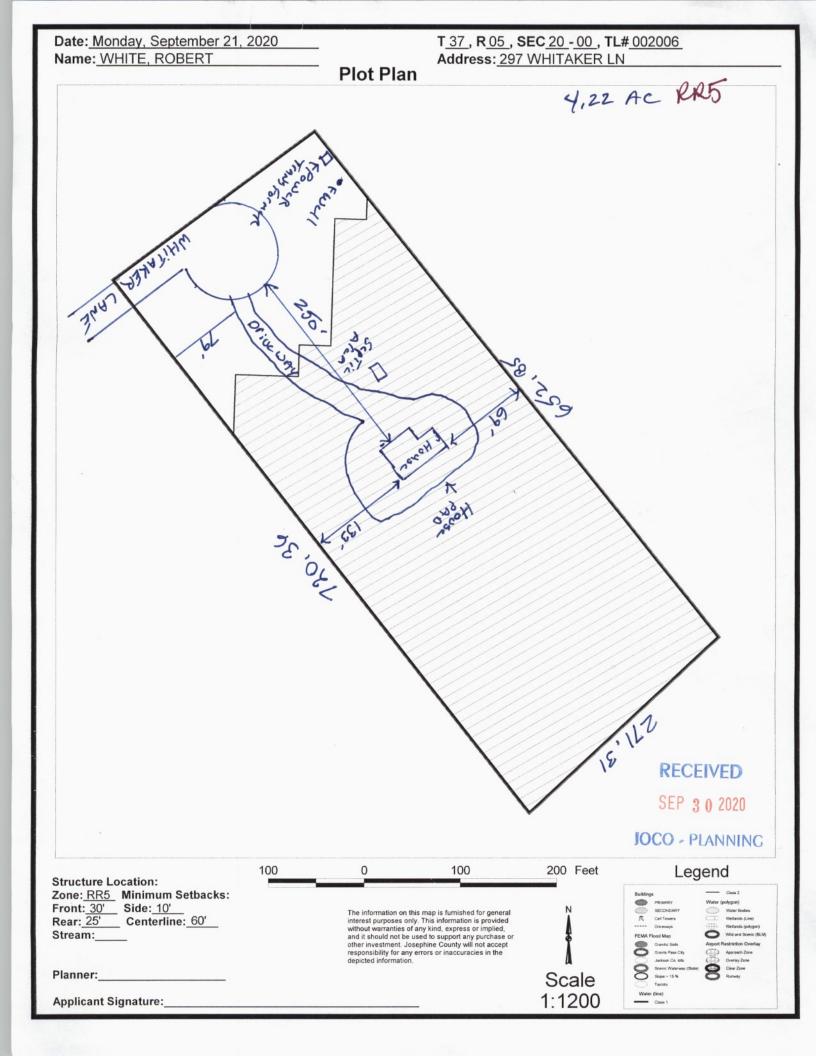
LICENSE#: 185235

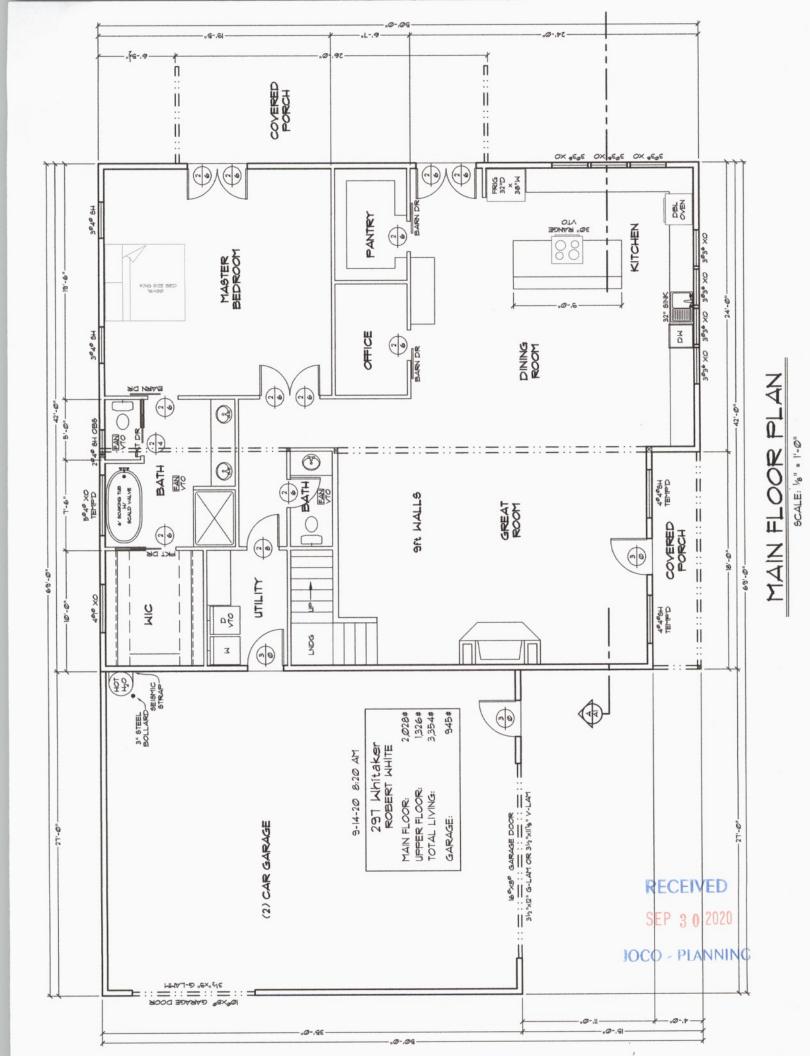
DATE:

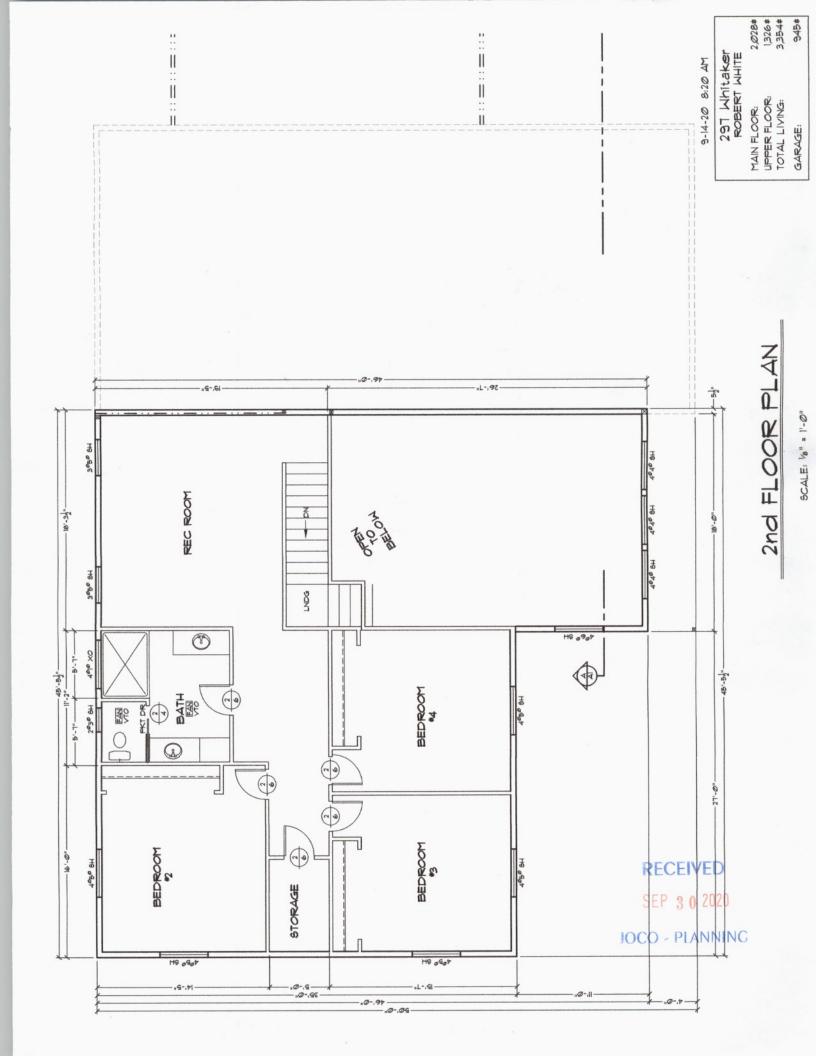
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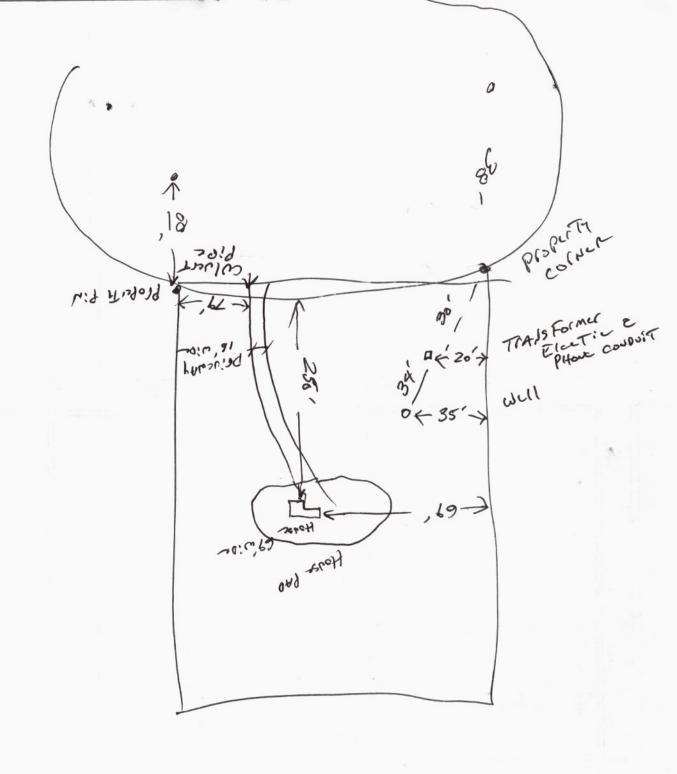
OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

T 37, R 05, SEC 20 - 00, TL# 002006 Date: Monday, September 21, 2020 Address: 297 WHITAKER LN Name: WHITE, ROBERT **Plot Plan** 4,22 AC RR5 **RECEIVED** NOV 06 2020 **IOCO - PLANNING** 3447 POJAVJIHA RECEIVED JOCO - PLANNING 200 Feet Legend 100 100 Structure Location: Zone: RR5 Minimum Setbacks: The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Josephine County will not accept responsibility for any errors or inaccuracies in the depicted information. Front: 30' Side: 10' Rear: 25' Centerline: 60' Stream: Scale Planner:_ 1:1200 Applicant Signature:









1288 STUGEN COUNT LISAS HOUSE









To whom this may concern:

Alyona White

We Alyssa and Robert White hereby authorize William Tobin to act in my behalf to take out any permits necessary for my property 297 Whitaker lane.

RECEIVED

SEP 3 0 2020

Eric Heesacker

To:

Kayla Wallace

Subject:

37-05-20.00/2006 on Whitaker Lane

Hi there,

William Tobin is at Public Works attempting to get an Approach Permit for the above-referenced parcel at 297 Whitaker Lane, a Private Street.

Since Whitaker Lane is a Private Street, Public Works will not issue an Approach Permit.

Please allow William Tobin (acting on behalf of the parcel owners: Alyssa/Robert White) to use this email as proof an Approach Permit from Public Works will not be forthcoming.

Get back to me with any questions.



Eric Heesacker

Transportation Planner

Public Works

201 River Heights Way, Grants Pass, OR 97527

(541) 474-5460 ext 4407 | eheesacker@josephinecounty.gov

PUBLIC RECORDS LAW DISCLOSURE

This email is a public record of Josephine County and is subject to public disclosure unless exempt from disclosure under Oregon Public Records Law. This email is subject to retention.

RECEIVED

SEP 3 0 2020

JOCO - PLANNING

NOV 06 2020

Driveway Detail 1000-PLANNING 37-5-20 TAX LOT 2001 297 WHITAKER LANC OWNERS: ROBERT & Alyssa WHITE 11/6/2020 Willie Tobin 541-761-3908

Grade of Diveway will wound 1-8" of 4"

From 1% To 12% on 508

FOR 1% To 12%

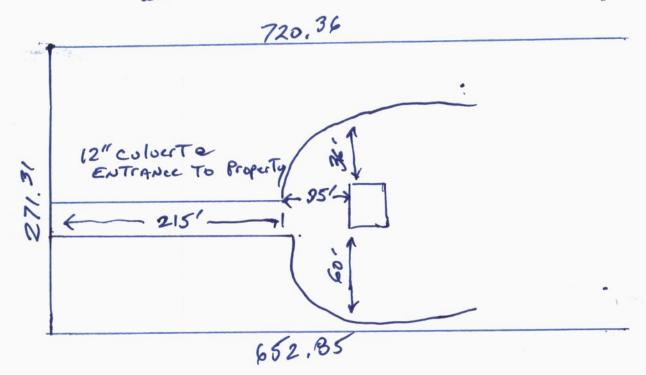
FABRIC PIT RUN BASE

FOR 1% TO 12%

FABRIC FOR COMPACTED

GRADE FOR COMPACTED

HAMMUSHEAD TUSN AROUND WILL NOT Exceed 4% 9840L a Completion







Josephine County, Oregon

Community Development - Planning Division 700 NW Dimmick, Suite C / Grants Pass, OR

> (541) 474-5421 / Fax (541) 474-5422 E-mail: planning@co.josephine.or.us

Chapter 19.76 Certification of Fire Protection Service

Name: KoBerl & Alyssa WHITE
Assessor Map Number: 37-05-20-00 Tax Lot 2006
Address: 297 WHITAKES LANC
City GIANTS PASS State OR Zip code 97527
Phone Number: 541-761-3934
Email:
I certify that the above property is being provided fire protection services by: Runal Matro fine Fire district or Fire service provider
starting: $\frac{10/22/2020}{Date}$.

RECEIVED SEP 3 0 2020 JOCO - PLANNING

CRANTS	AKERUN PAGG LYSSA & ROSERT		97527 Proce 9 541 545 5455	
The second second	AARREN .	4	- Inn	
Carry Carry				
or Character 3775	***	- 50000	Aug No. 5573540	
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A CONTRACTOR OF THE PARTY OF TH	Allow the Assessment of States		PROPERTY EST	
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RECEIVED

OCT 2 0 2020

JOCO - PLANNING





NOV 04 2020

JOCO - PLANNING

November 3, 2020

Tobin Construction 311 Springbrook Drive Grants Pass, OR 97527

SUBJECT:

Erosion Control for Proposed New Single-Family Residence

297 Whitaker Lane

Josephine County, Oregon

At your request, Applied Geotechnical Engineering and Geologic Consulting LLC (AGEGC) has evaluated the proposed site for a new single-family home to be located at 297 Whitaker Lane in Josephine County, Oregon. The property is approximately 4.6 acres in size and will be developed with a single-family residence.

A licensed geotechnical engineer/geologist from AGEGC completed a site visit to the property on October 21, 2020. At the time of our site visit, the site had a driveway and building pad for the new home. The driveway was graveled. The surficial soils consist of reddish-brown silt which are moderately susceptible to erosion when disturbed. The silt is underlain by weathered rock. The rock is exposed in the building pad and the cut slope uphill of the building pad. The property slopes down to the north. The site is predominately wooded. A small swale with seasonal flows is located on the east side of the property. Additional site grading will be minimal, consisting primarily of grading the fill slopes below the house pad. Fill slopes should be no steeper than 1.5H:1V.

Erosion control for the site will be relatively minimal and should consist of silt fence installed along the downhill edge of the fill slopes for the building pad (east and west of the access drive). After backfilling of the house foundations, the area of ground surface disturbed by construction should be covered with scattered straw mulch, spread to cover any bare soil, and ground cover planted. Disturbed ground areas should be revegetated as soon as practical. Until vegetation is reestablished on the construction site, the gravel drive should be kept clean of loose soil.

Please contact AGEGC if you have any questions or require additional information.

Sincerely,

Applied Geotechnical Engineering and Geologic Consulting LLC

Robin L. Warren, P.E., G.E., R.G.

Principal

Renewal: June 2022

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

11-02-2007

WELL LABEL # L	92855	
START CARD#	1002545	

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name Last Name	County Josephine Twp 37.00 S N/S Range 5.00 W E/W WM
Company WHITAKER TRUST RICHARD & CHRISTINE TRUSTEES	Sec 20 SW 1/4 of the SW 1/4 Tax Lot 2001
Address 17462 PLEASANT VIEW AVE	Tax Map Number Lot DMS or DD
City LOS GATOS State CA Zip 95030-3320	LatO
(2) TYPE OF WORK New Well Deepening Conversion	Street address of well Nearest address
Alteration (repair/recondition) Abandonment	
(3) DRILL METHOD	RIDGEFIELD RD GRANTS PASS, OR 97527 (LOT #6)
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Reverse Rotary Other	
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening 11-01-2007 61
Industrial/ Commercial Livestock Dewatering	Completed Well 11-01-2007 61 61 Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 181
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	
Depth of Completed Well 500.00 ft.	11-01-2007 181 182 1.5 61
BORE HOLE SEAL sacks/	11-01-2007 442 483 43.5 61
Dia From To Material From To Amt lbs	
6 360 500	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other Seal Not Disturbed	Dark Grey Serpentine Hard 360 500
Backfill placed from ft. to ft. Material Size	
The pack non	
Explosives used: Yes Type Amount	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/S Casing/Screen Scm/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	
creen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, or
	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to
	the best of my knowledge and belief.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1504 Date 11-02-2007
	Electronically Filed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed CHARLIE GILL (E-filed)
45 500 1	(bonded) Water Well Constructor Certification
	I accept responsibility for the construction, deepening, alteration, or abandonmen
	work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well
Temperature 53 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief.
Water quality concerns? Yes (describe below) From To Description Amount Units	License Number 1835 Date 11-02-2007
	Electronically Filed
	Signed KEVIN D GILL (E-filed) Contact Info (optional) Clouser Drilling LLC RECEIVED
	Contact Info (optional) Clouser Drilling LLC R-CFV-D



Josephine County, Oregon

PLANNING

700 NW Dimmick, Suite C / Grants Pass, OR 97526 (541) 474-5421 / Fax (541) 474-5422 E-mail: planning@co.josephine.or.us

Test No.	
Date	The same of the sa
Lauc	

PRELIMINARY REPORT MAJOR/MINOR PUMP TEST

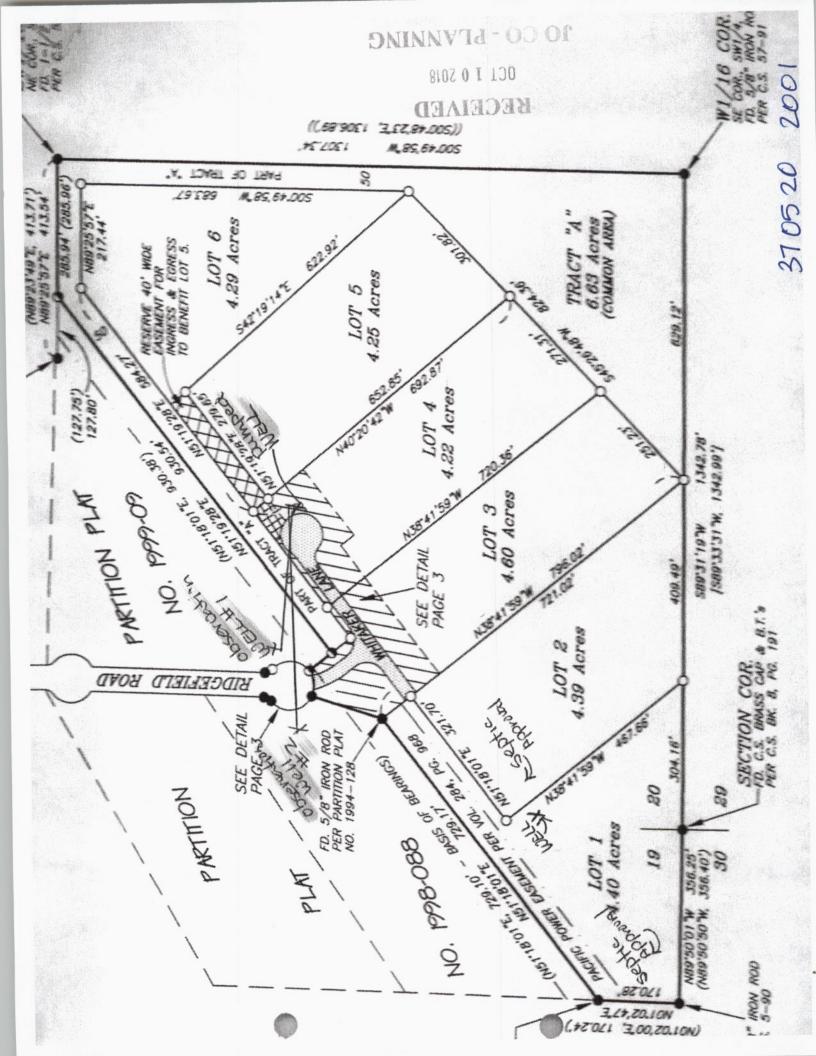
Conducted By: _	A11 10	Well of Pump Sevice, LLC Phone: (541)582-4357
Mailing Address:	P.O.	Box 1778 Roque River, OR 97537
Conducted for: _		Sheri Waltmirt
Mailing Address:		700 Chenry CH Rd Grants Pass, OR 97527
Legal Description	a: Twn	37 Range 05 Sec 20 Qtr Sec TL 2001
Development Pro	pposed:	Qu oct
	+	
Test Date:/C	12/18	
Pumped Well:	12/10	Time: 5:00 4m
2	Depth:	500' Well Yield: 459pm Pump Set At 441' Type & Size Pump: 5HP ZS
	Maximum Pu	imp Capacity at: 25 Set Depth: 441 Proposed Pumping Rate: 179pm
	Methods of M	Measuring Pump Discharge: Blue - White Variable area flow meter
	Method of Co	ontrolling Pump Discharge: Ball Valve
	Method of M	leasuring Water Level in Pumped Well: Powers Electric Water level meter
Observation Wells	- 10	TE: Observation wells should remain unused long enough to attain true static water levels.
	Owner's Nam	ne: Soe Neiderheiser
#1	Location of W	Vell: Twn 37 Range 05 Sec 20 Qtr Sec TL 2002
	Depth of Wel	l:
	Distance & D	Firection from Pumped Well: 325' - NW
	Owner's Nam	e: Kenneth Shults
#2	Location of W	Well: Twn 37 Range 05 Sec 19 Qtr Sec TL 1909
	Depth of Well	l: /60'
	- 1	irection from Pumped Well: 425' - NW
Method of Measur	ing Water Lev	rel in Observation Wells: Powers Electric Water Level Meter
Attach a scale dra	wa map showi	ing the pumped well, observation wells and any other regulated or unregulated wells within 500' of the pumped well and note if permission to use granted or denied.

RECEIVED

s:\plan\all\forms\water resources\prelim pump test.doc

SEP 3 0 2020

JOCO - PLANNING





Department of Fish and Wildlife Rogue Watershed District 1495 East Gregory Road Central Point, OR 97502 VOICE (541) 826-8774 FAX (541) 826-8776

February 11th, 2015

RECEIVED

FEB 1 1 2015

James Black
Re: Whittaker PUD, 37s 05w Sec 20 Tl 2001
700 NW Dimmick Ste. C
Grants Pass, OR 97526

Josephine County Planning

Dear James:

Thank you for allowing ODFW to review this application. The site is within identified deer winter range and it is important to preserve the area's capacity to support wintering deer. I have included some recommendations to promote this goal.

Josephine County's comprehensive plan requires that housing density not exceed 1 dwelling per 40 acres within 2 square miles of designated winter range, and provides two mechanisms to make this density calculation (Article 69.220). ODFW previously expressed concern about the methods used to calculate dwelling density. However, after corresponding with Bob Hart, the applicant's consultant, we believe the calculation conforms to the methods described in the Deer Winter Range code and the property meets the dwelling density standard for this project (see attached correspondence).

In addition to the County's requirement to address overall housing density, there are a number of voluntary actions that developers can take to limit impacts on wildlife species, especially black-tailed deer. The following recommendations may be incorporated into a Planned Unit Development:

- Adopt restrictive covenants which prohibit the feeding of game species. Feeding
 corn to deer at the wrong time of year can kill the animals directly, and other
 types of feed may indirectly harm wildlife by concentrating animals and
 facilitating the spread of disease.
- Adopt restrictive covenants which prohibit the use of sharp, picket-style fencing.
 These fences can severely injure wildlife that try and jump over.
- · Adopt restrictive covenants which require the use of native plants for landscaping.

- Adopt restrictive covenants that encourage the use of wildlife exclusion fence around gardens and high-value landscaping, but limit its use to within 300' of the homesite.
- Retain as much natural vegetation as possible.
- If applicable, retain mature oaks as legacy trees. Mature oaks are particularly
 valuable to a wide variety of species, and may take hundreds of years to reach
 their full potential. Oak woodlands have an important conservation status on a
 statewide level, and are designated as a Strategy Habitat in the Oregon
 Conservation Strategy.
- Snags, standing dead trees, and dead trees that have fallen down are important and limited resources for a large number of non-game species. Retaining them whenever possible is strongly encouraged.
- Cluster development to retain as much open space as possible.
- Limit the length of driveways to reduce the amount of vegetation removed.

Although these recommendations are not required by ordinance, they can be very beneficial to wildlife species. If the applicants are interested in actions they can take to maintain wildlife habitat while developing their property, I would be happy to talk with them.

Sincerely,

Steven Niemela

Assistant District Wildlife Biologist

From: Bob Hart [mailto:bob@bobhartconsultinglic.com]

Sent: Friday, December 12, 2014 12:31 PM

To: Steve Niemela Subject: RE: Whittaker

Steve.

I made sure that the area within the study area is in fact within deer winter range. I excluded all of the areas that are in the committed development area. I had to enlarge the diameter of the study area to make up for the committed area to be excluded. I made sure we have the 1200 acres to complete the study area.

I was thinking that we are required to provide significant open space on this project with the Planned Development type of land division. Much of the area is on the sloping hillside to the south. Is there anything we can do to increase the habitat quality of this area?

Bob

From: Steve Niemela [mailto:steve.a.niemela@state.or.us]

Sent: Friday, December 12, 2014 10:20 AM

To: Bob Hart Subject: Whittaker

Bob,

Just to clarify, when you did the density calculation for the Whittaker subdivision did you only count the acres within winter range? You clearly exclude homesites within the study area that are not on winter range. I just want to make sure that the acres that were outside of winter range were also excluded.

Thanks,

Steve Niemela
Assistant District Wildlife Biologist
Rogue Watershed District
Oregon Department of Fish and Wildlife
steve.a.niemela@state.or.us

O: 541-826-8774 ext. 239

F: 541-826-8776



Department of Fish and Wildlife Rogue Watershed District 1495 East Gregory Road Central Point, OR 97502 VOICE (541) 826-8774 FAX (541) 826-8776

April 28th, 2014

James Black Re: Whittaker PUD, 37s 05w Sec 20 Tl 2001 700 NW Dimmick Ste. C Grants Pass, OR 97526

Dear James:

Thank you for allowing ODFW to review this application. The site is within identified deer winter range and it is important to preserve the area's capacity to support wintering deer. I have included some recommendations to promote this goal.

Josephine County's comprehensive plan requires that housing density not exceed 1 dwelling per 40 acres within 2 square miles of designated winter range, and provides two mechanisms to make this density calculation (Article 69.220). The applicant's description makes clear that they are excluding the dwellings outside of winter range from the calculations for dwelling density, which is appropriate. Are they also excluding the acres of habitat that are not designated as winter range? The goal is to calculate the overall density of dwelling within winter range. ODFW recommends the applicant state the acres of winter range within the study that are included in the density calculation.

In addition to the County's requirement to address overall housing density, there are a number of voluntary actions that developers can take to limit impacts on wildlife species, especially black-tailed deer. The following recommendations may be incorporated into a Planned Unit Development:

- Adopt restrictive covenants which prohibit the feeding of game species. Feeding
 corn to deer at the wrong time of year can kill the animals directly, and other
 types of feed may indirectly harm wildlife by concentrating animals and
 facilitating the spread of disease.
- Adopt restrictive covenants which prohibit the use of sharp, picket-style fencing.
 These fences can severely injure wildlife that try and jump over.
- · Adopt restrictive covenants which require the use of native plants for landscaping.

- Adopt restrictive covenants that encourage the use of wildlife exclusion fence around gardens and high-value landscaping, but limit its use to within 300' of the homesite.
- · Retain as much natural vegetation as possible.
- If applicable, retain mature oaks as legacy trees. Mature oaks are particularly
 valuable to a wide variety of species, and may take hundreds of years to reach
 their full potential. Oak woodlands have an important conservation status on a
 statewide level, and are designated as a Strategy Habitat in the Oregon
 Conservation Strategy.
- Snags, standing dead trees, and dead trees that have fallen down are important and limited resources for a large number of non-game species. Retaining them whenever possible is strongly encouraged.
- Cluster development to retain as much open space as possible.
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Although these recommendations are not required by ordinance, they can be very beneficial to wildlife species. If the applicants are interested in actions they can take to maintain wildlife habitat while developing their property, I would be happy to talk with them.

Sincerely,

Steven Niemela

Assistant District Wildlife Biologist

Josephine County, Oregon



Community Development – Planning Division 700 NW Dimmick, Suite C / Grants Pass, OR 97526 (541) 474-5421 / Fax (541) 474-5422 E-mail: planning@co.josephine.or.us

PLANNING APPLICA	ATION FORM
Assessor's Map & Tax Lot:	Statement of Understanding Floor Plan/Elevations Access Permit
37-05-20-00 Tax Lot(s) 2006	Proof of Fire Protection will be enabled Erasian - to be Erasian - to be Cother: Of the Cother of Watch
Zoning: Tax Lot(s)	Description of Request/Reason for Appeal
Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.) 3435 69 FT 945 GARAGE	(Include name of project and proposed uses):
Application/Permit Type: (Please Check All Applicable) ☐ Address Assignment ☐ New Address	New Single Family Dwelling 4 Bed 100m 3 BATTI
 □ Change of Address □ Additional Address □ Annual Compliance Certificate (See Form A) □ Appeal (See Sec.19.33.040) □ Comp Plan/Zone Map Amendment (See Sec.19.46.030) □ Conditional Use Application (Chapter. 19.45) □ Determination of Nonconforming Use (See Sec.19.13.060) 	Property Owner: Robert 44 Alyssa WHITE Address: 1288 STUGGEN COURT 97527 Phone: 541 - 761 - 3934
 □ Marijuana Prod. Site on RR (Attach License and Premise Sketch) □ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050) □ Final Plat (See Sec.19.56.030) □ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form) 	Applicant: ROBET WHITE Address: Phone: Email:
 □ Partition (See Sec.19.52.040) □ Planned Unit Development (See Sec.19.55.030) □ Pre-Application (See Chapter. 19.21) □ Property Line Adjustment or Vacation (See Sec.19.54.040) □ Replat (See Sec.19.53.040) □ Riparian Landscape Plan (Attach Plan or Use Form B) □ Site Plan Review (See Chapter 19.42) □ Subdivision (See Sec.19.51.040) 	Authorized Representative/ Surveyor or Engineer: (If Different From Applicant) (If Applicable) (If Applicable) Address: 3 Sp(i.sq Brook DK) Phone: 5q1-761-3905 Email:
☐ Text Amendment (See Sec.19.46.030) ☐ Variance (See Chapter.19.44) ☐ Conditional Use Permit (Chapter. 19.92) ☐ Development Permit (See Sec.19.41.020) ☐ Temporary Dwelling (See Chapter. 19.43) ☐ Detached Living Space ☐ Medical Hardship	CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached) (Signature of Owner or Attorney-in-Fact) Date
Other:	(Signature of Owner or Attorney-in-Fact) (For Office Use)
☐ (2) Folded Maps/Site/Tentative Plan to Scale (1) 8 1/2x 11" Site/Tentative/Plot Plan ☐ Written Narrative/Response to Criteria ☐ Power of Attorney ☐ Statement of Intended Water Use	SEPATE STAMP SOCO - PLANNING Fees Paid: Initials:



Community Development - Planning Division 700 NW Dimmick, Suite C Grants Pass, OR 97526

(541) 474-5421 planning@josephinecounty.gov

Payer/Payee: WILLIAM A TOBIN CONSTRUCTION LLC

311 SPRINGBROOK DR

GRANTS PASS OR 97527

Cashier: Audra Wonsyld

Date: 09/30/2020

Receipt Number: PL20-01701

Project Description: Single Family Dwelling, 4 Bed, 3 Bath, 2 Story with Attached Primary Parcel: 37052000002006

Garage and Covered Porches

PL-2020-01812 DEVELOPMENT PERMIT 297 WHITAKER LN

Fee Amount Paid Fee Balance **Fee Description** \$0.00 \$300.00 \$300.00 **Development Permit** \$300.00 \$0.00 \$300.00

Payment Method	Reference Number	Payment Amount
CHECK	8628	\$300.00
Total Paid:		\$300.00

CANCELLED:

2402 201 102

1700

1203

1290

300-40

311-40

104

202

901

990

1303

1401

490

390

191

2000

391 1291

809

890 305

700

2001

2100

37 05 20



Residential Septic Site Evaluation Approval

248-20-000401-EVAL

DEQ Medford Office 221 Stewart Avenue Suite 201 Medford, OR 97501 541-776-6010

Josephine

OnsiteMedford@deq.state.or.us Website: oregon.gov/deq

Date issued: 07/07/2020

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: Stephen Stark Excavation, LLC

Address: 756 Stringer Gap Road

Grants Pass OR 97527

Phone: (541) 476-1226

Email: starksteve32@yahoo.com

Owner: CHRIS WHITAKER

Address: 17462 PLEASANT VIEW AVE. MONTE SERENO CA 95030

TRIS WHITAKER

Primary contractor: Stephen Stark Excavation, LLC

Installer License: 38143

Email:

Address: 756 Stringer Gap Road

Grants Pass OR 97527

Phone: (541) 476-1226

starksteve32@yahoo.com

Property address: 297 Whitaker, Grants Pass, OR

97527

Parcel: 3705200002001 - Primary Township: 37S Range: 5W Section: 20

Lot size:N/AWater supply:WellZoning:N/ACity/County/UGB:N/A

County:

Directions to Property: WILLIAMS HWY. TO RIDGEFIELD TO WHITAKER

Proposed use of structure: 3 BEDROOM SFR

Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:450 gpd.Proposed gallons per day:375 gpd.Min septic tank volume:1000 gal.Min dosing tank volume:N/A

System Specifications Initial System Replacement Area

System type:StandardStandardSystem distribution type:SerialSerialDistribution method:SerialSerialTrench SpecificationsInitial SystemReplacement Area

Trench linear feet:375 linear ft.375 linear ft.Max depth:30 in.30 in.

Min depth:24 in.24 in.Special RequirementsInitial SystemReplacement Area

Stakeout required:NoYesDrainfield type:StandardStandardDrainfield sizing:125 linear ft/150 gal.125 linear ft/150 gal.

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: 07/07/2020

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

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 DEQ 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.

David Hurley

Onsite Wastewater Specialist

7/7/20

FIELD WORKSHEET

Name: Chris Whitates Applie RE: SITE EVALUATION REPORT for Parcel #: 37 05 a	cation No.: <u>048-30-000401- Eval</u> Date: <u>1/2/do</u>		
Commercial Facility: Yes No Parcel Size:			
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:	Tank: ☐ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Othe ☐ effluent pump required ☐ effluent filter required		
Distribution Method:	Distribution Method:		
Absorption facility: 375 total linear feet	Absorption facility: 375 total linear feet		
125 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 21 " Min Depth	125 linear feet per 150 gallons projected daily sewage flow 30 Max Depth 24 Min Depth		
wiax Deptii with Deptii	Vian Depui		
 disturbance of natural soil conditions. The area must not be subjected to excessive saturation due surfaces, roads, driveways, and building down spouts. This approval is given on the basis that the parcel describe Placement of a well within 100 feet of the approved areas of the curtain drain is required, a minimum of feet The curtain drain must be a minimum of inche inche inche (12). Rake trench sidewalls. The system must be installed during dry soil conditions System must be installed between June 1 and October 	d above will not be further partitioned or subdivided. may invalidate this approval. above the highest disposal trench. s deep, and installed in accordance with OAR 340-071-		
	Application No ·		

6,55

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.				
	0-9	SCL	7.54R3/2, grandar 3 of 20 m 1e roots 20% coldes				
	1,31	5c	7.54R 3/3 WSBK DUF & M.C EDS DS1. COBBES				
Test Pit 1	31-55	6c	7.54R3/2, grandar 3 of 2P m 1 c roots 20% coldes 7.64R3/3 WSBK, 2vf f m, C soots 25% coldes 767R3/4 WSBK, 1vf, f, im roots 25% coldies				
			Similar to TP#I				
oit 2			Similar to TP#I				
Test Pit 2							
Test Pit 3							
Test							
Test Pit 4							
Test			,				
Test Pit 5							
Tes							
9							
Test Pit 6							
Te							
L_							
Lands	cape Notes	S:					
Slone	8-9%	'	Aspect: Groundwater Type: Permanent Temporary				
Other Site Notes:							

Application No.:____



SITE PLAN FOR PROPOSED SEPTIC REPAIR

Site Plan Must Be Current				4					
Site Address:				Grants Past					
Tax Lot#: 37-5-20	Acres:	Subdivision: _	<u>B</u>						
Lot: Block:	Pr	operty Owner:	his arhitates						
Scale: 1 Square =	Feet	SITE PLAN MUST	SHOW ALL PROPER	TY LINES AND DIMENSIONS					
130'	cot Bark	150	Approved Initia -Standa ** not to PLAN APPROVED BY D.E.Q. Date: 7/7/do						
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measurements and conditions that the [] Owner or [tions on the site	gent. Name (please	print): <u>Stephen</u>	s site plan is based on actual					
Signature:		Date:5-2	10-3010						



