Residential Septic Site Evaluation Approval

463-23-000039-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: 05/30/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: KILPATRICK, JACQUELINE & HAYES, GLENNA GAIL
Phone: 5416216885
Email: JRANDLK@YAHOO.COM

Primary contractor: C.B.C. Cat & Backhoe, Inc.
Installer License: 36803
Address: 725 W Evans Creek Rd Rogue River OR 97537
Phone: (541) 821-4850
Email: schcbc@msn.com

Owner: KILPATRICK, JACQUELINE &

Property address: 0 Demaray Dr, Grants Pass, OR 97527

Address: HAYES, GLENNA GAIL PO BOX 307
HAYES, GLENNA GAIL
WILDERVILLE OR 97543

Parcel: 3606340000111100 - Primary

Lot size: 5
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.
Min septic tank volume: 1000 gal.
Proposed gallons per day: 450 gpd.
Min dosing tank volume: 500 gal.
Comments: ATT treatment standard 1 can be used in place of sandfilter.

System Specifications	*Initial System*	*Replacement Area*
System type:	Standard	Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	225 linear ft.	135 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

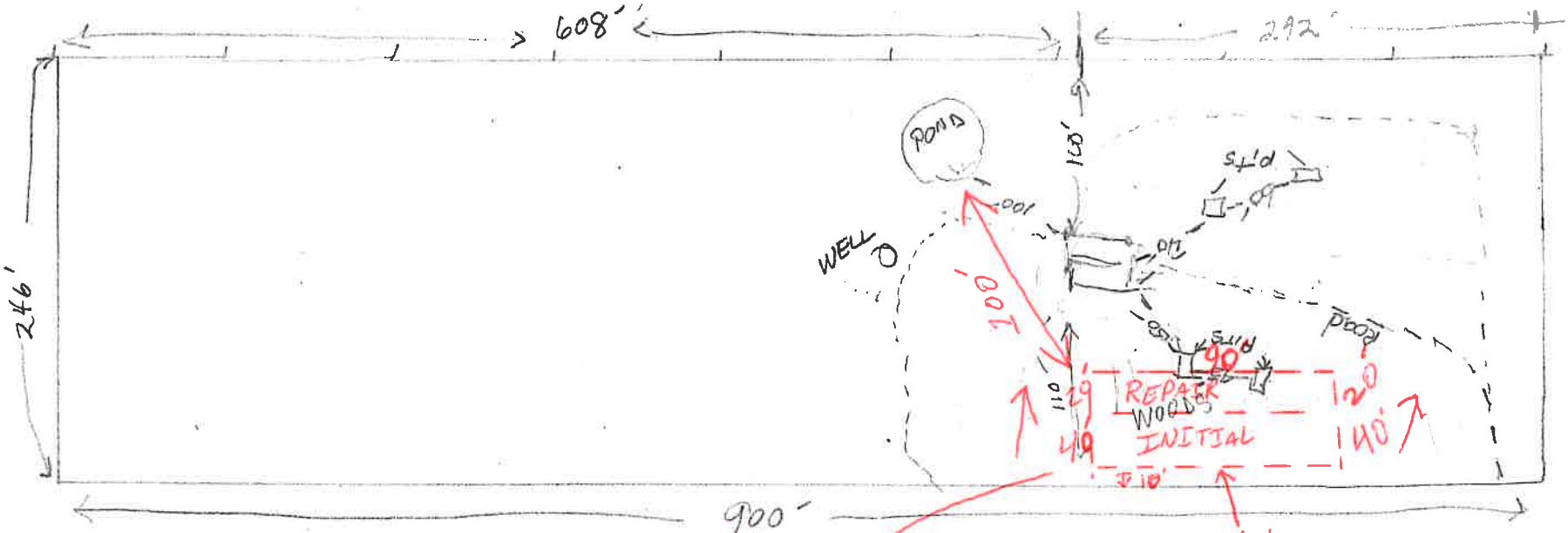
Special Requirements	*Initial System*	*Replacement Area*
Stakeout required:	Yes	Yes

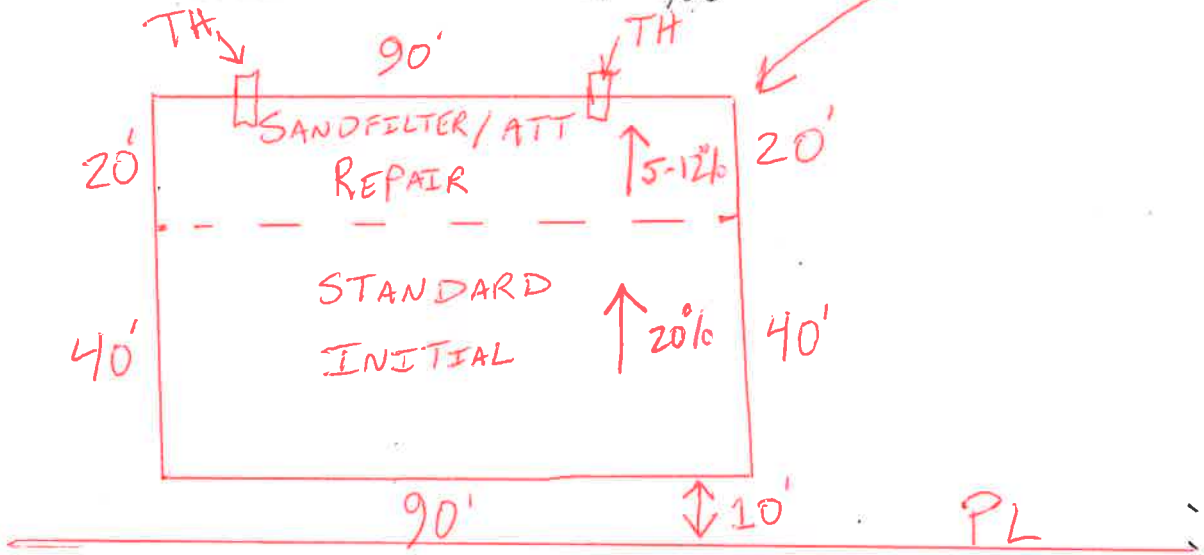
CALL BEFORE YOU DIG...IT'S THE LAW

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.)

36-06-34 TAX LOT 111

JACQUELINE KILPATRICK





JO CO ON-SITE SEPTIC

MAY 30 2023

APPROVED BY:

Residential Septic Site Evaluation

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Evaluation Not Completed

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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

Jacqueline Kilpatrick — Name
PO Box 307 Wilderville OR 97543 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-621-6885 — Phone Number

B. Legal Property Description

36 — Township
06 — Range
34 — Section
1111 — Tax Lot
R321131 — Tax Account Number
5 acres — Acreage or Lot Size
Josephine — County
Subdivision Name
Lot
Block

Property Address: "O" 11 DEMARAY DR — Address
Grants Pass — City
OR — State
97527 — Zip Code

Directions to Property: turn on Ridgecrest then immediate left into Driveway go about 1/8 mi to Silver Ford P/U on right - This is lower end of property on

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence
Number of Bedrooms
☐Other

Proposed Facility:

☒Single Family Residence
Number of Bedrooms
☐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 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.

Jacqueline Kilpatrick — Signature
1-27-23 — Date

JACQUELINE KILPATRICK — Applicant's Name – Please Print Legibly
541-621-6885 — Applicant's Phone Number
jrandlk@yahoo.com — Applicant's E-mail Address

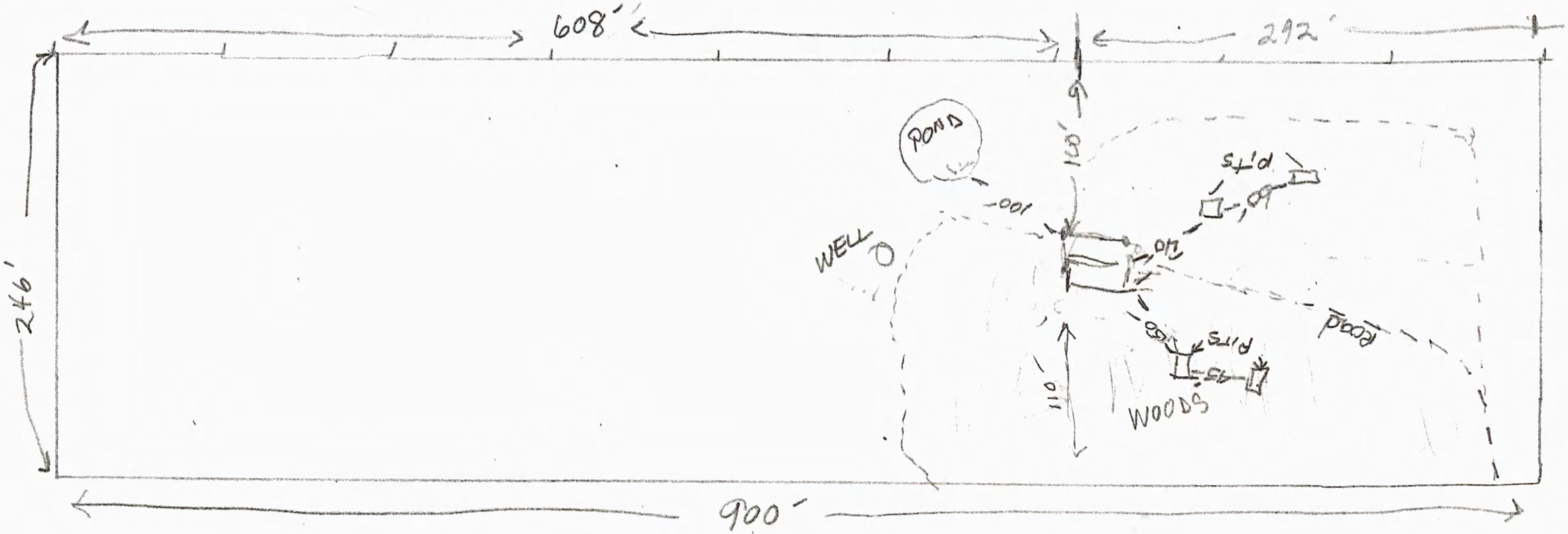
PO Box 307 Wilderville OR 97543 — Applicant's Mailing Address

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

☐Authorization Attached

Installer's Name

36-06-34 TAX Lot 111 Jacqueline Kilpatrick



THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 34 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

36 06 34

CANCELLED:
2500
1701
2303
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1600
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1103
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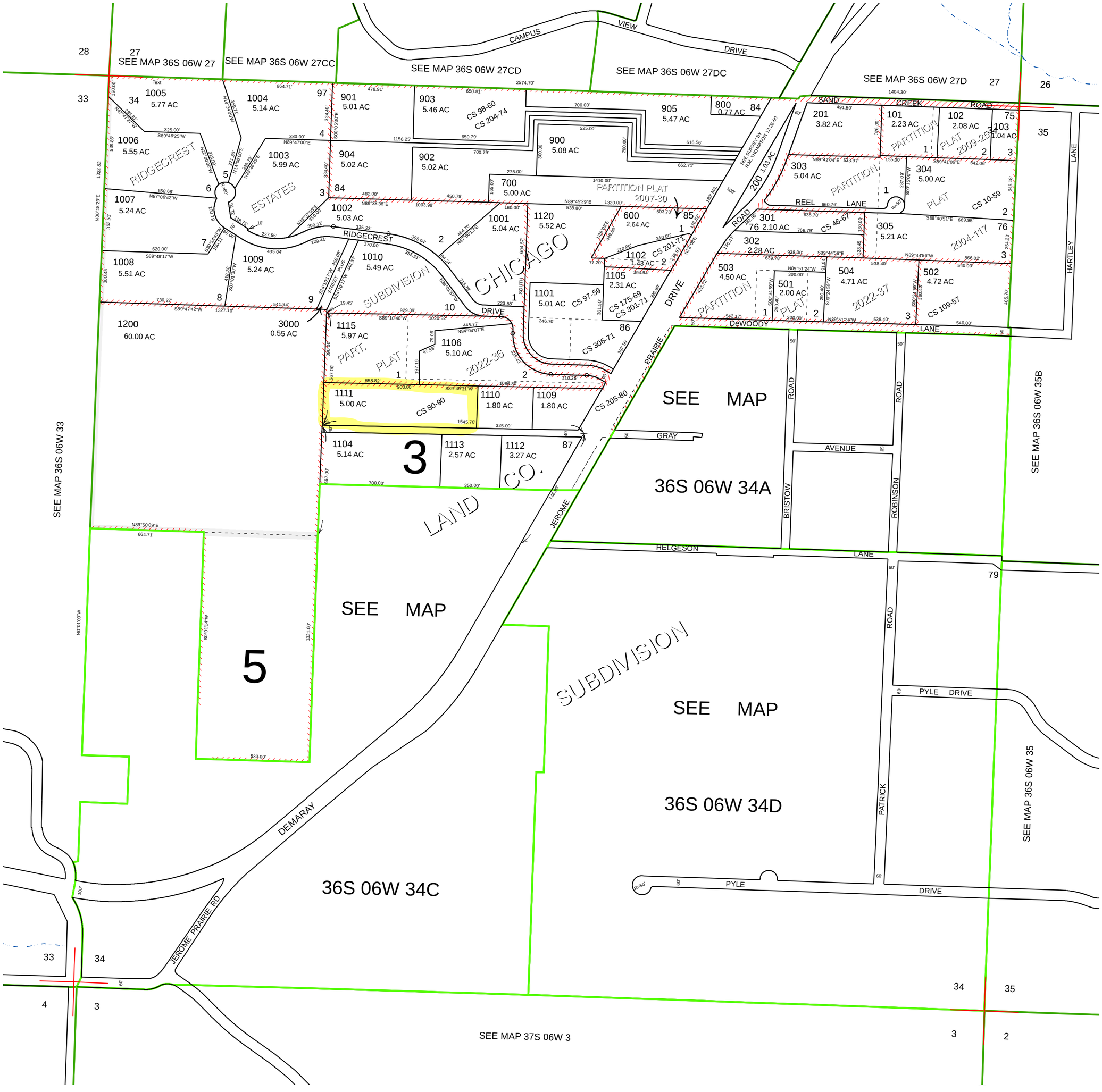

36 06 34

FIELD WORKSHEET

Name: JACQUELINE KILPATRICK **Application No.:** 413-23-000039-EVAL **Date:** —
RE: SITE EVALUATION REPORT for Parcel #: 3606340001111

Commercial Facility: ☐ Yes ☒ No Parcel Size: 5 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 0

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 TS1
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 500 DOSING
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 24 " Min Depth	Absorption facility: 135 total linear feet 45 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " 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.

340-071-0130; 340-071-0220, 340-071-0290
340-071-0295; 340-071-0345

* 100' MIN FROM POND
* INITAL SYSTEM UPSLOPE OF REPAIR
* MEET SETBACKS

Inspector: JLK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	SL	2.5Y 3/3, GR, ROOTS 3F, 1VF, M
	4-15	SL	10YR 3/4, WSBK-GR, ROOTS 2F, M, 1VF, C, VC
	15-40	SCL	2.5Y 5/4, WSBK, ROOTS 1VF, F, M, C MOIST (BECOMING SL)
	40-60	DG/SAP	VARIED, PLATY WSBK, ROOTS 1F CLAY SKINS 5YR 5/8
Test Pit 2			SIMILAR TO TEST HOLE 2 TEXTURES TO LS
			WATER @ 57"
Test Pit 3			SIMILAR TO TEST HOLE 1
			WATER @ 42"
Test Pit 4			SIMILAR TO TEST HOLE 1
			WATER @ 34"
			DEP 10YR 5/1 IN ROOT CHANNEL @
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (MADRONE, PINE, OAK, FIR)

Slope: 2-20% Aspect: TH1&2 N, TH3&4 SOUTH Groundwater Type: ☐ Permanent ☒ Temporary IN TH 3/4

Other Site Notes: PL UNMARKED

12:00PM 5/1, PARTLY SUNNY, 39°

SNOWED LAST 3 DAYS

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Parcel: 3606340000111100 - Primary

Lot size: 5
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.
Min septic tank volume: 1000 gal.
Proposed gallons per day: 450 gpd.
Min dosing tank volume: 500 gal.
Comments: ATT treatment standard 1 can be used in place of sandfilter.

System Specifications	*Initial System*	*Replacement Area*
System type:	Standard	Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	225 linear ft.	135 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements	*Initial System*	*Replacement Area*
Stakeout required:	Yes	Yes

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Septic Site Evaluation 463-23-000039-EVAL

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Work description: SITE EVALUATION

Groundwater type:	Temporary	Temporary
Drainfield type:	Standard	Standard
Drainfield sizing:	75 linear ft/150 gal.	45 linear ft/150 gal.
Pump to drainfield required:	Yes	Yes

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Gabriel Kasiah — Natural Resource Specialist — 5/30/23

36-06-34 TAX LOT 111

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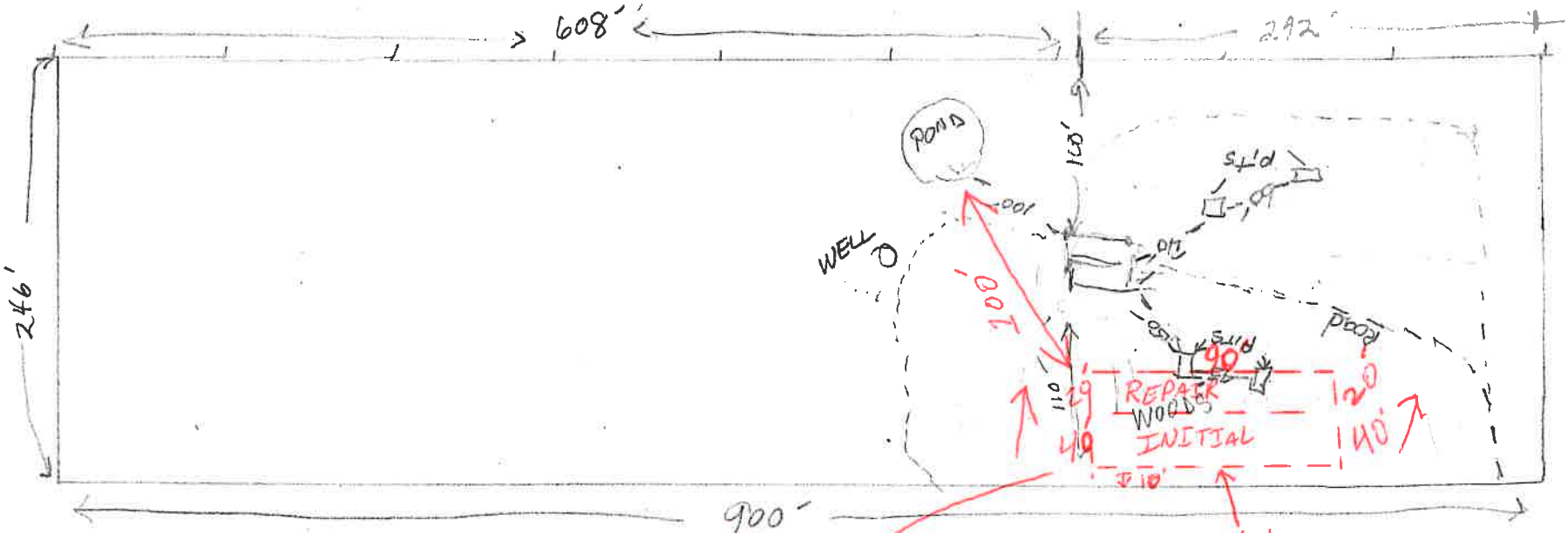

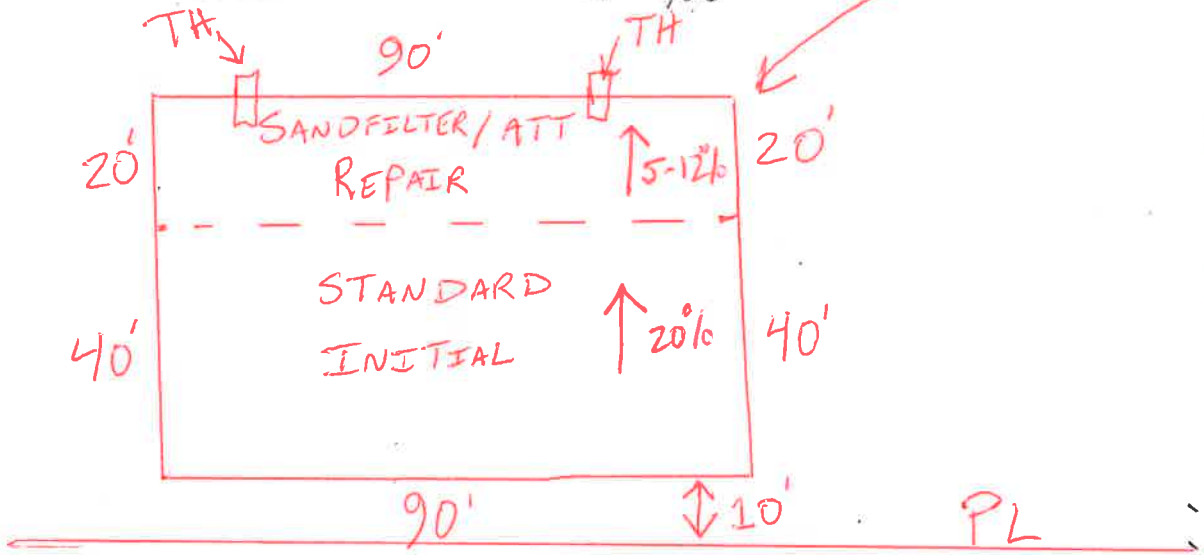

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Number of Bedrooms
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Proposed Facility:

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Number of Bedrooms
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Water Supply:

☐Public
Name
☒Private
Well, Spring, Shared

D. Type of Application

☒Site Evaluation
☐Construction
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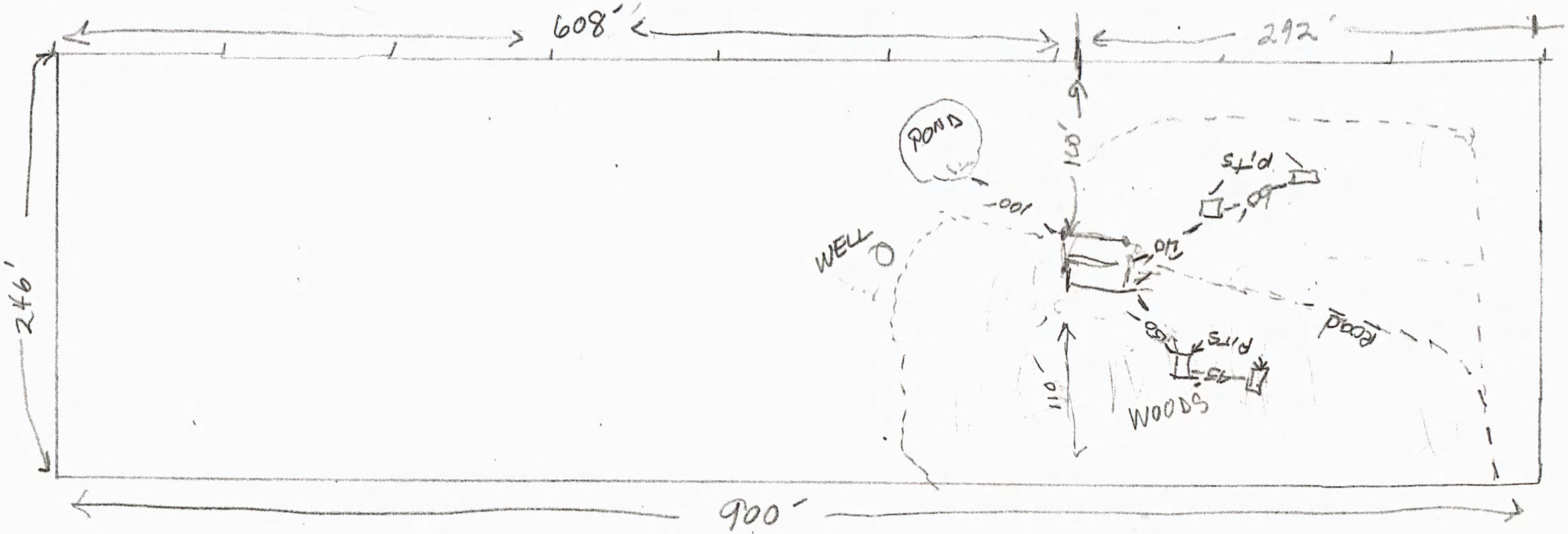
Applicant is the ☒Owner ☐Authorized Representative ☐Licensed Septic Installer

☐Authorization Attached

Installer's Name

36-06-34 TAX LOT 111 JACQUELINE KILPATRICK



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JOSEPHINE COUNTY
1 " = 400 '

36 06 34

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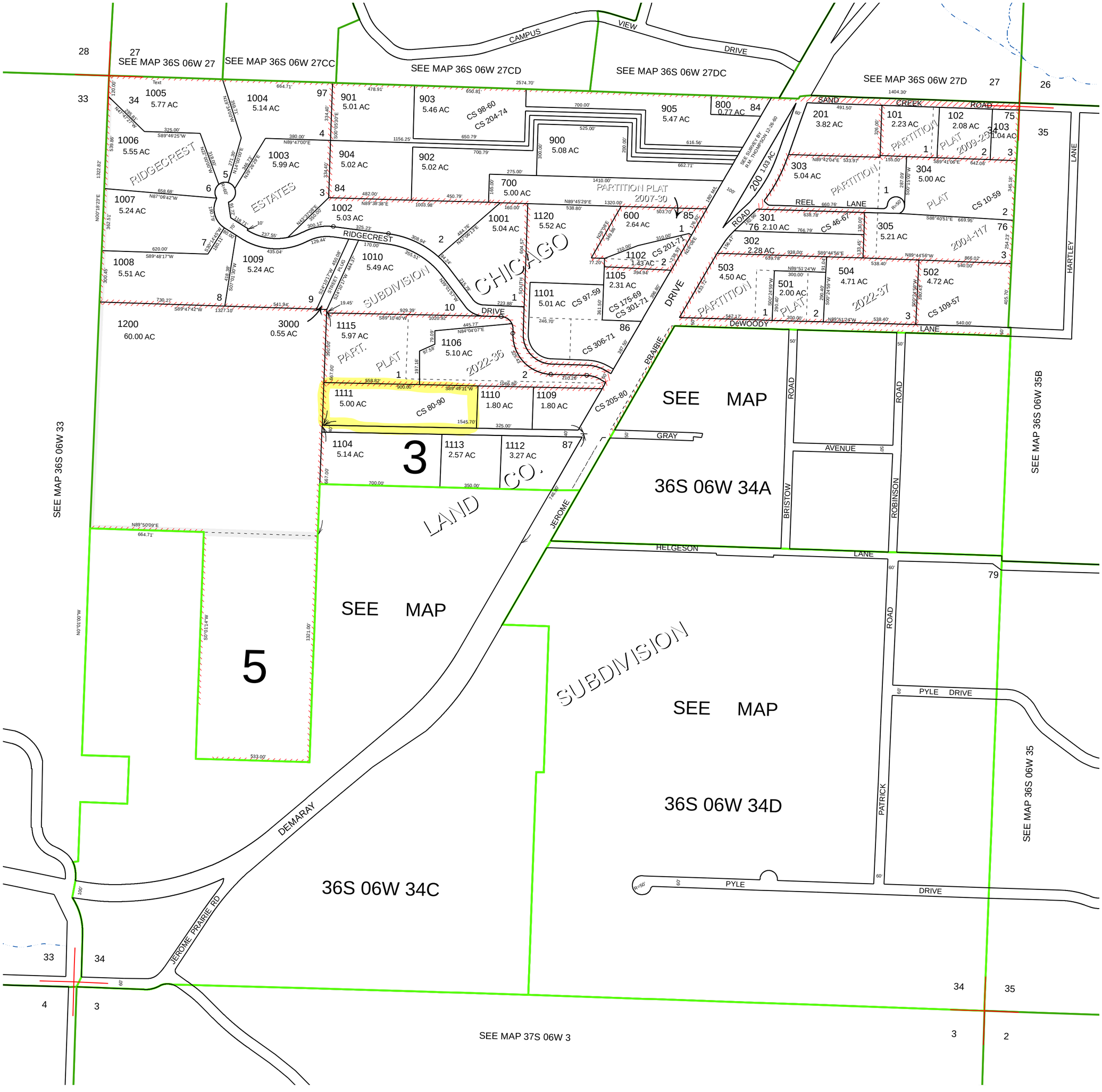

36 06 34

Onsite Site Evaluation
Application Verification

463-23-000039-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

Application created: 1/27/23
Parcel Nbr: 3606340000111100
Owner: KILPATRICK, JACQUELINE &
Applicant: KILPATRICK, JACQUELINE & HAYES, GLENNA GAIL - KILPATRICK, JACQUELINE & HAYES, GLENNA G
PO BOX 307
PO BOX 307
WILDERVILLE, OR 97543
Phone: (541) 621-6885
Email: JRANDLK@YAHOO.COM

Licensed Professional(s):

License Number: Installer License - 36803
C.B.C. Cat & Backhoe, Inc.
725 W Evans Creek Rd
Rogue River, OR 97537
Phone: (541) 821-4850
Email: schcbc@msn.com

Category of Construction: Residential
Acreage or Lot Size: 5
Site Ready for Inspection: Yes

County:
Water Supply: Well

Existing		Proposed	
Use of Structure:		**Use of Structure:**	SFR
Number of Bedrooms:		**Number of Bedrooms:**	4

Attached Documents:
No Documents have been attached.