



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-21-000277-PRMT

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

Date Certificate Issued: 09/30/2021
Work Description: CONSTRUCTION PERMIT

Applicant: Doo Doo Bus Septic
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: 5418463071
Email: thedoodoobus@gmail.com

Contractor: Doo Doo Bus Septic
Installer/Pumper License: 38974
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: (541) 846-3071
Email: thedoodoobus@gmail.com

Owner: GREFSHEIM, ORRIS R JR &

Property Address: 1483 White School Rd, Cave Junction,
OR 97526

Parcel: 3907310000202 - Primary **Township:** 39S **Range:** 7W **Section:** 31

Lot Size: 15 ACRES **Water Supply:** Well
Zoning: N/A **City/County/UGB:** County
Land Use Approval: N/A

Category of Construction: Residential

	Existing	Proposed
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:	500 gal.

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Equal-Hydrosplitter
Media Type:	EZ FLOW 1201P	Media Depth:	N/A
Trench Length:	225 linear ft.	Rock Above Pipe:	N/A
Max Depth:	24 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Pump to Drainfield Required:	No	Filter Fabric on Top of Drain Media:	Yes
Rake Trench Sidewalls:	Yes		

Date Certificate Issued: 09/30/2021**Work Description:** CONSTRUCTION PERMIT**Conditions of Approval**

1. Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
2. The system must be installed by the property owner or a licensed sewage disposal business (installer).
3. Vehicular traffic and livestock must be restricted from the system area.
4. All roof drains must be directed away from the system
5. 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.
6. Meet all required setbacks.
7. 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.
8. 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.
9. For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
10. The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
11. Install the pump and system components in accordance with the approved pump curve and specifications.
12. 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.
13. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
14. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
15. Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
16. The hydrosplitter must be located at least 6 inches higher than the piping in the highest disposal trench to ensure that effluent in the top line does not spill back into the hydrosplitter.
17. The discharge assembly from the hydrosplitter must be connected to larger diameter piping to provide for "open channel" flow. The system using a hydrosplitter is to be pressurized only to the hydrosplitter, and is to utilize gravity flow from the hydrosplitter to the disposal trenches.
18. The hydrosplitter must be enclosed in a secure enclosure with a solid, watertight bottom to eliminate the effect of rodents filling the enclosure with soil.
19. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
20. 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.
21. Photos of the septic system components must be submitted along with the FIRN.

Date Certificate Issued: 09/30/2021

Work Description: CONSTRUCTION PERMIT

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.)

Final Inspection Request and Notice - Septic ID: 463-21-000277-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/Permittee Information:

Twnshp: 39S

Range: 7W

Sect: 31

Name: GREFSHEIM, ORRIS R JR &

Lot: 00202

Property 1483 WHITE SCHOOL RD, CAVE JUNCTION, OR
Address: 97526

SECTION 2: System Component Specifications:
A. Tanks/Pumps
System Type:

 Water tight
verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Wilam. He	Date: 9-15-21
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/4	Model/Manuf. Liberty	Float(s) Type(1): B	Model/Manuf. Oranco
			Float(s) Type(2): B	Model/Manuf. Oranco

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes ☒	No	Diameter: 1 1/4	ASTM#/Other: Sch 40	Length: 250 ft

C. Secondary Treatment Unit:

Sand Filter**	Yes	No ☒	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	
ATT	Yes	No ☒	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?		Yes	No

D. Drainfield Media

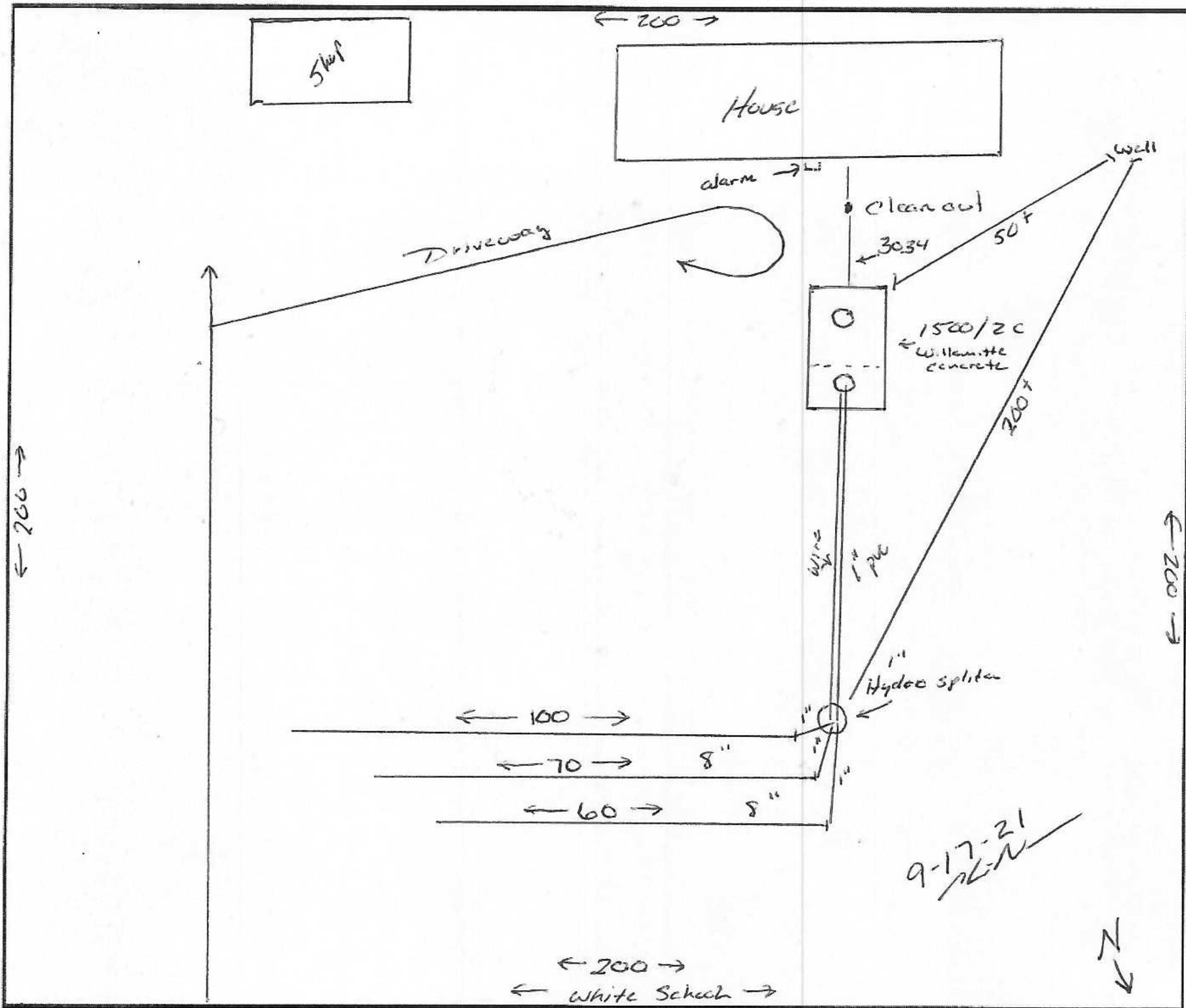
Type	(Gravel, Pipe or alternative?) EZ Flow			
Distribution Box	Yes	No ☒		
Drop Box	Yes	No ☒		
Distribution Pipe	Yes ☒	No	Diameter: 1"	ASTM#/Other: Sch 40
				Length: 80 ft
Comment				

*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:	Doo Doo Bus	
Licensed Installer:	Yes ☒ No ☐	License#:	38974
Owner/ Certified Installer:	Signature:	Date:	9-17-21
		Phone#:	

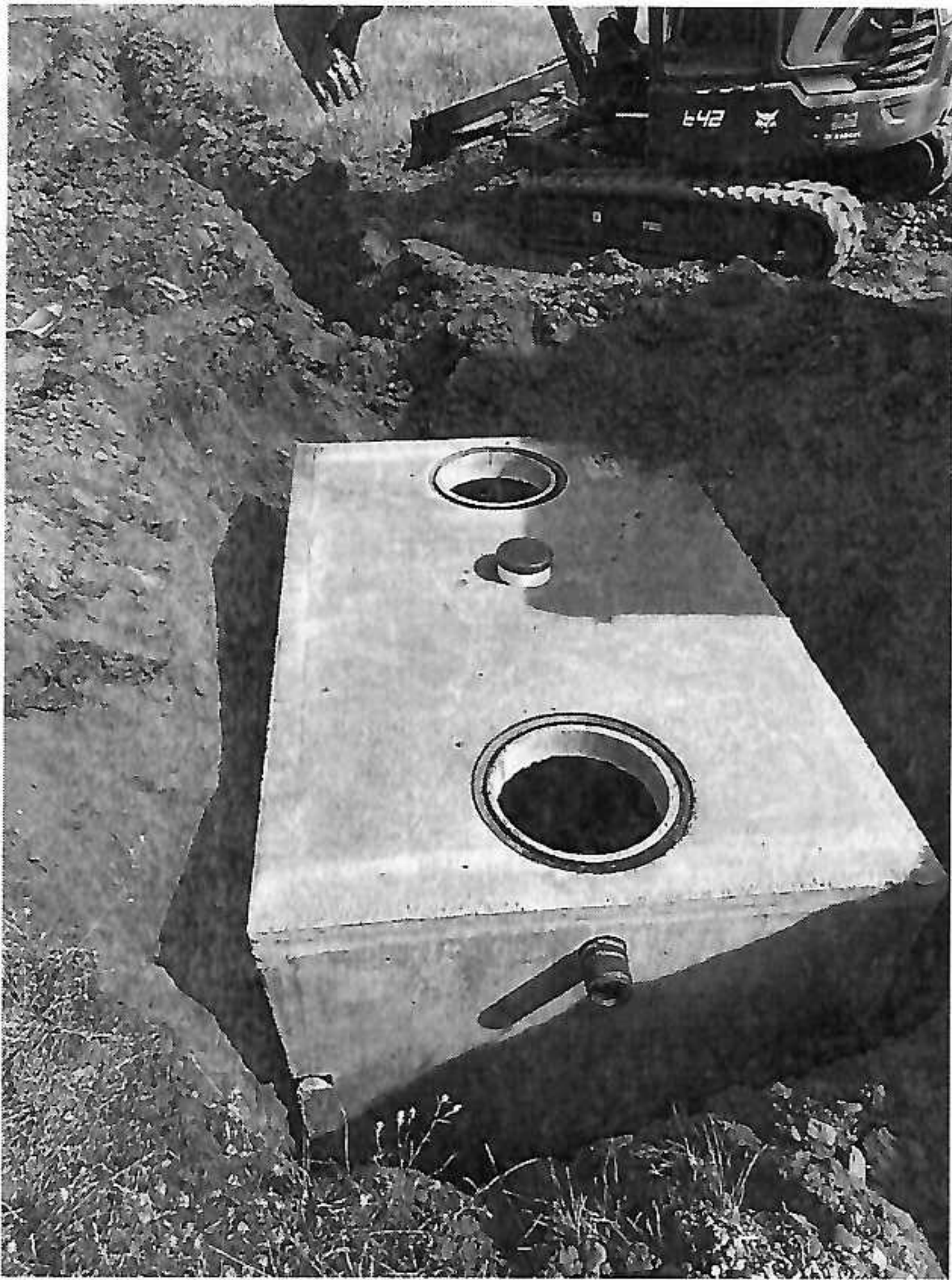
SECTION 5 - Office Use Only:

Notice Accepted	Yes ☐ No ☐	Date:	
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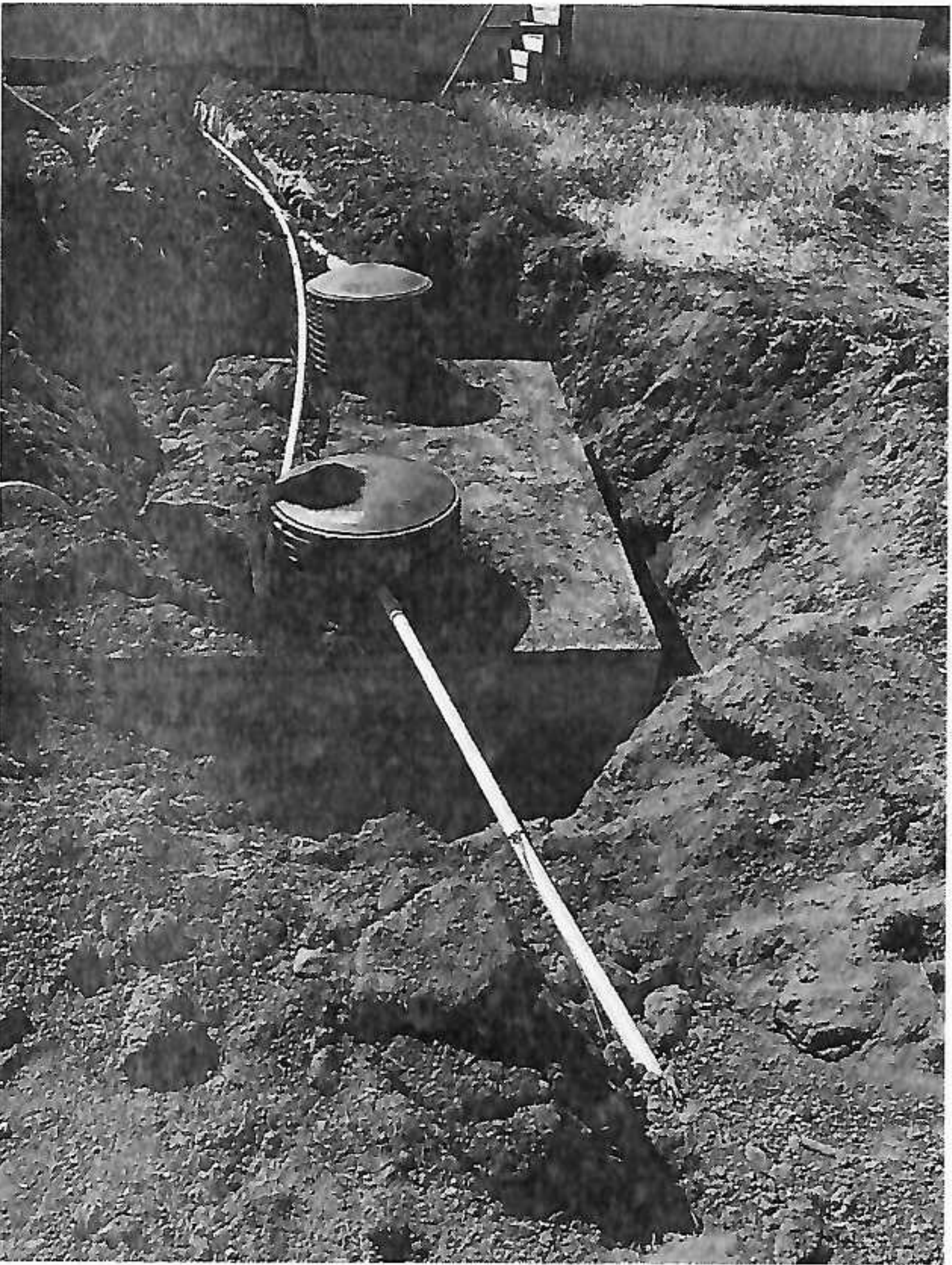
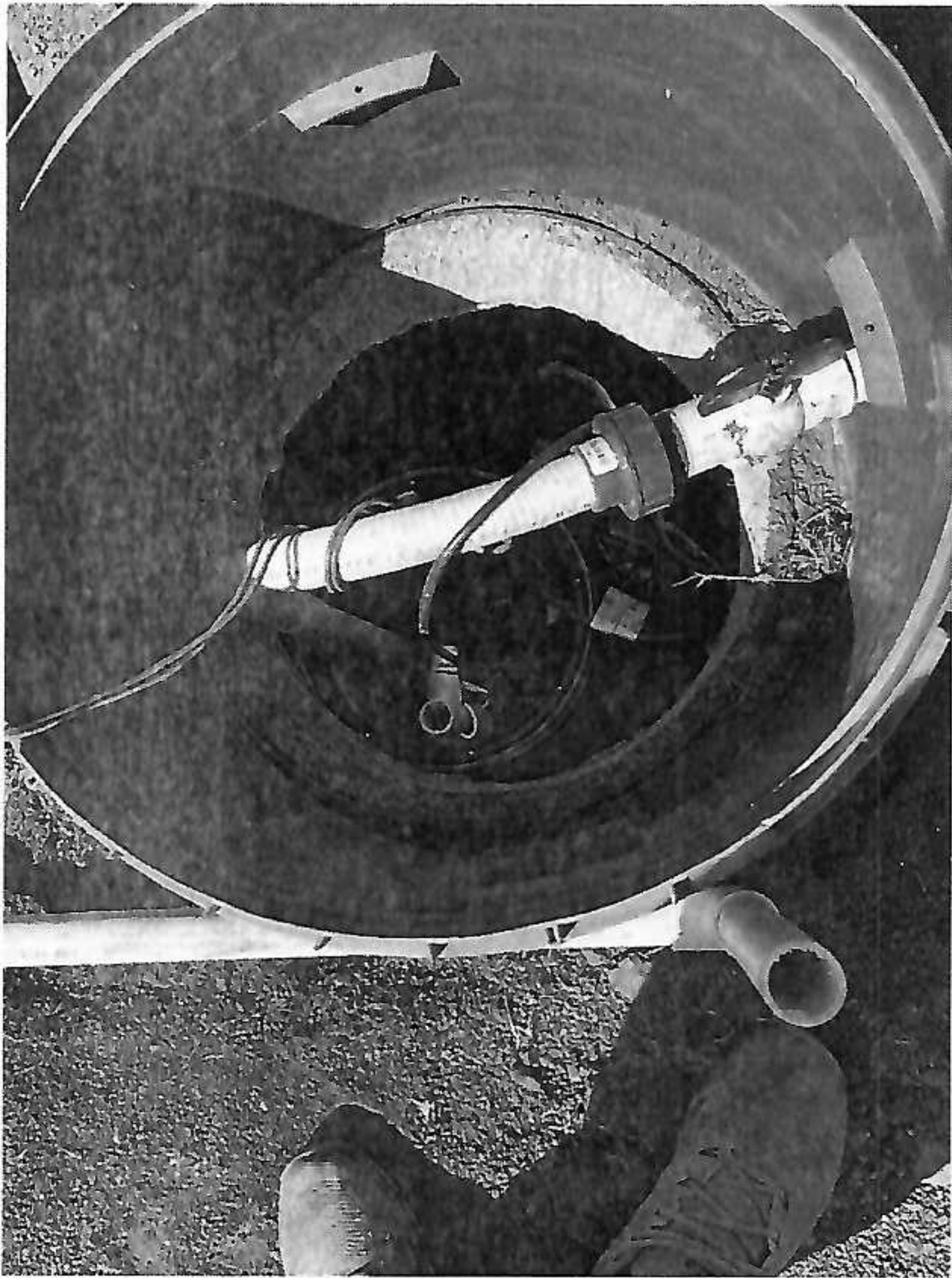
Installer/Owner (Permittee) Notified:	Yes ☐ No ☐	Date:	
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If No, Reason for Non Acceptance: _____

Comment: _____



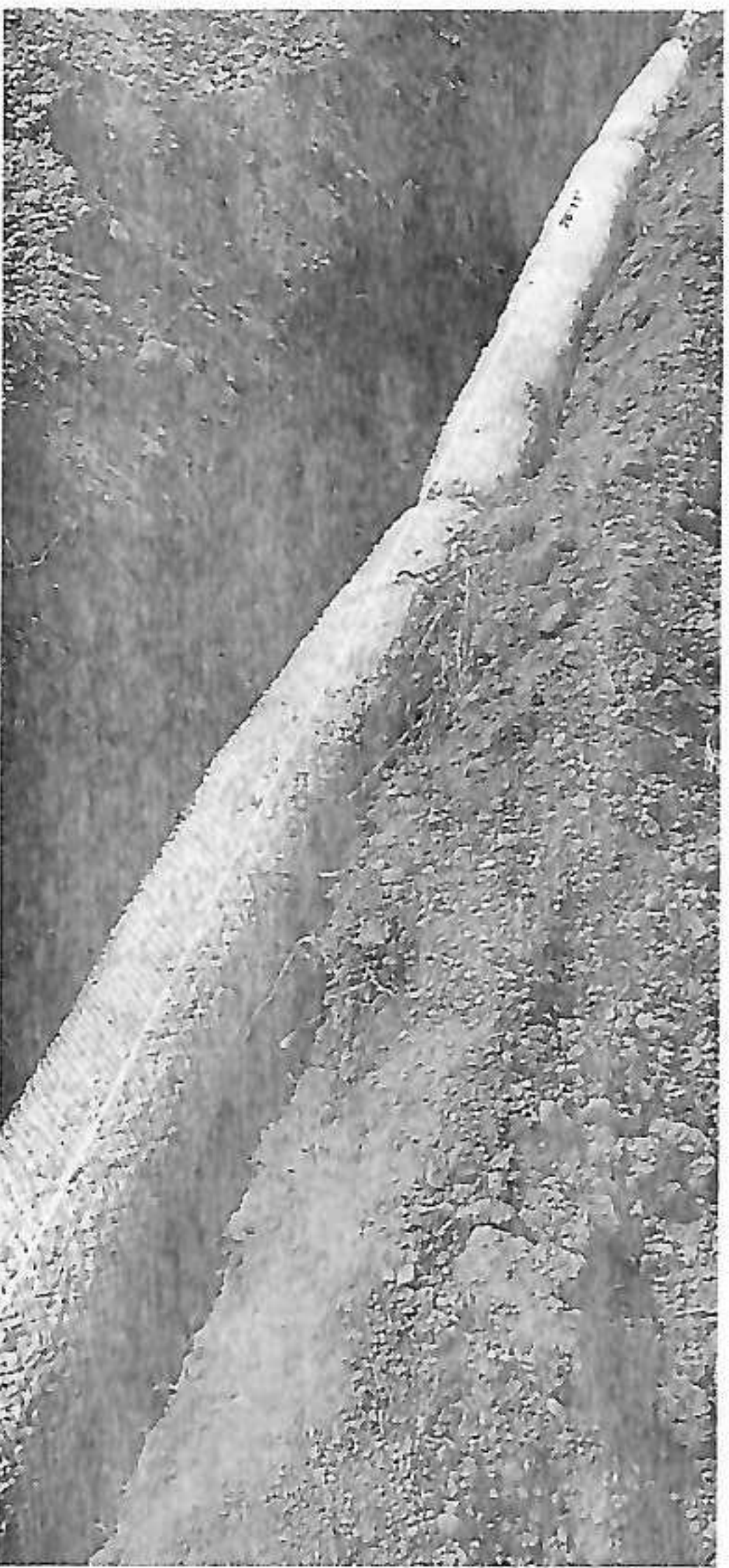
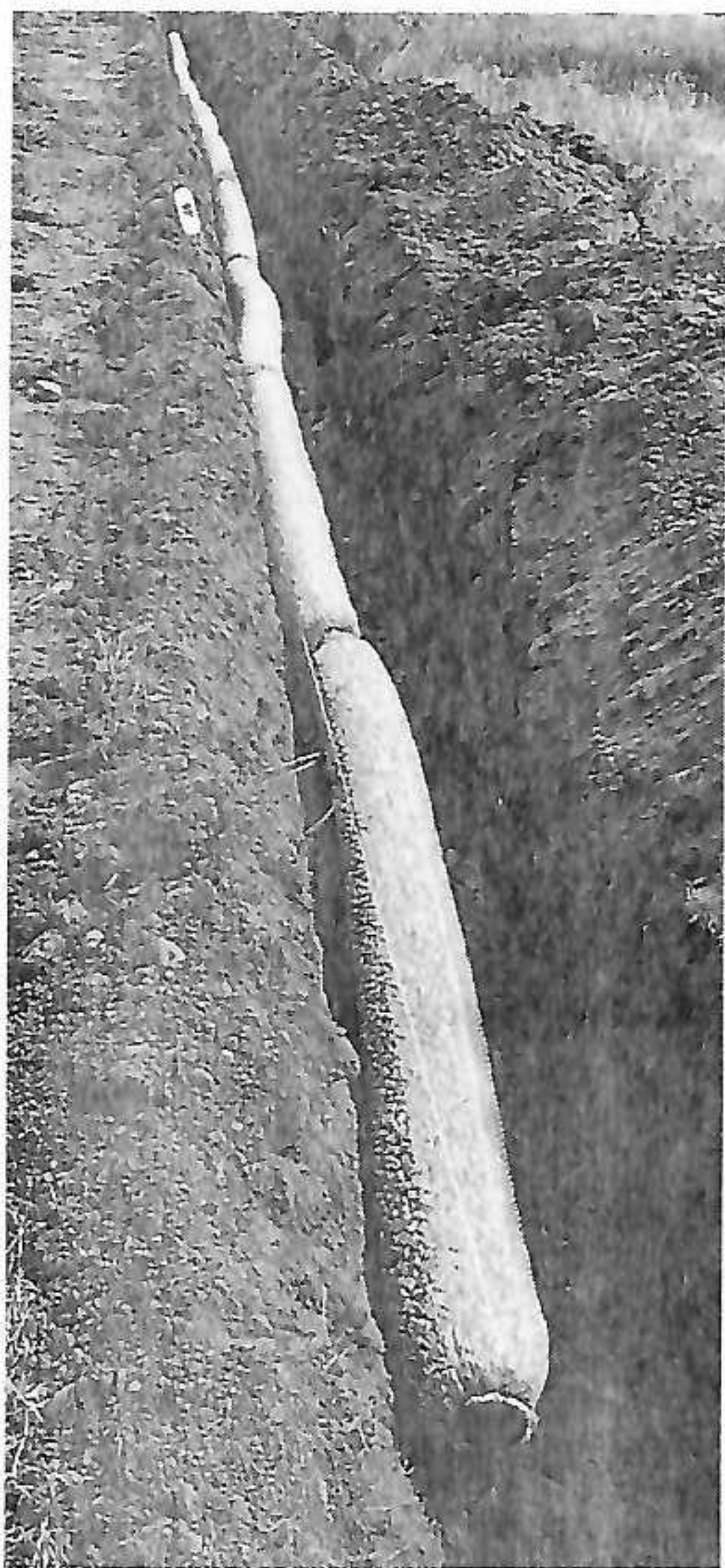
Final
Inspection
Waived
Per
Gabriel





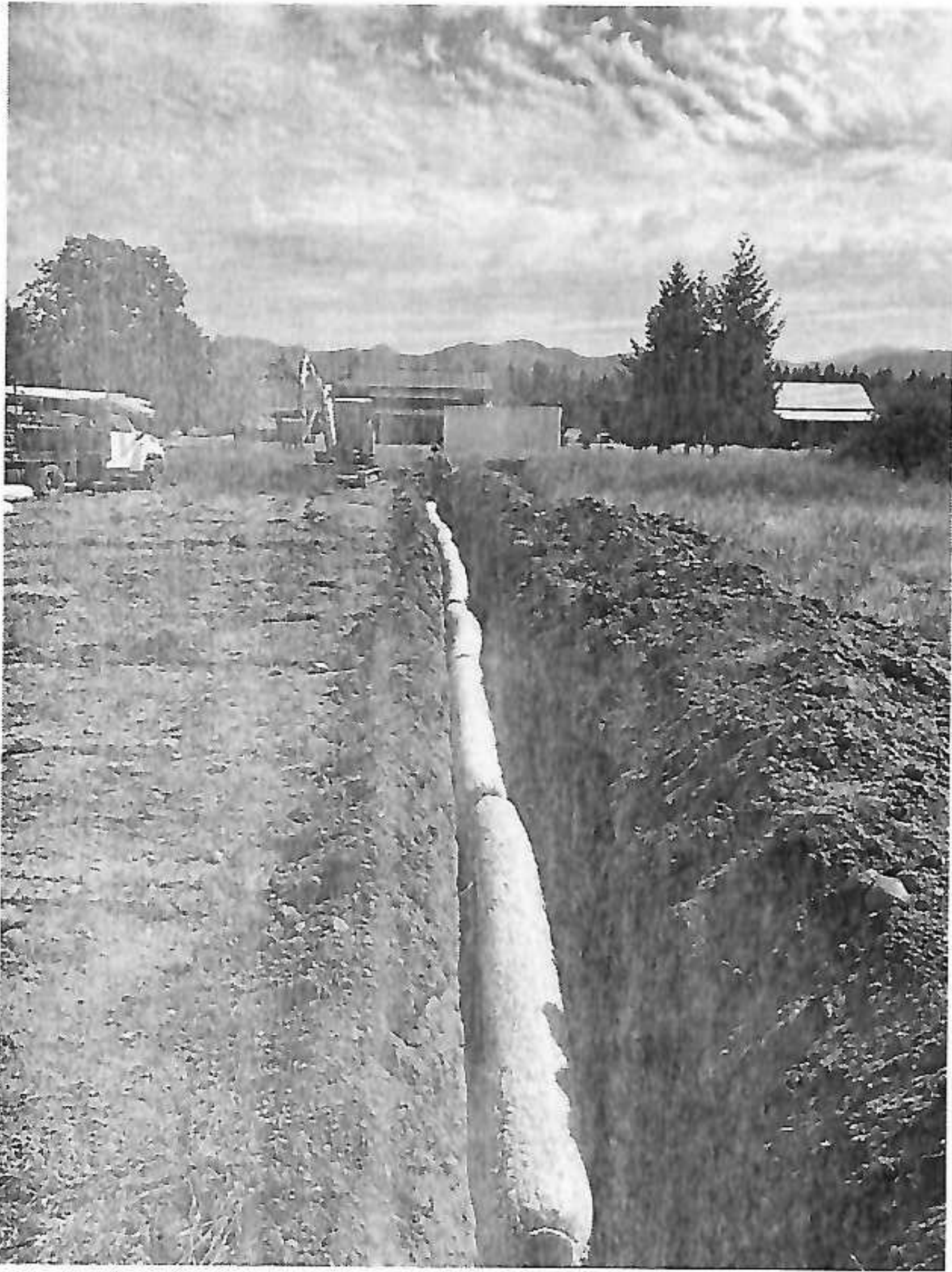


Trench before lay

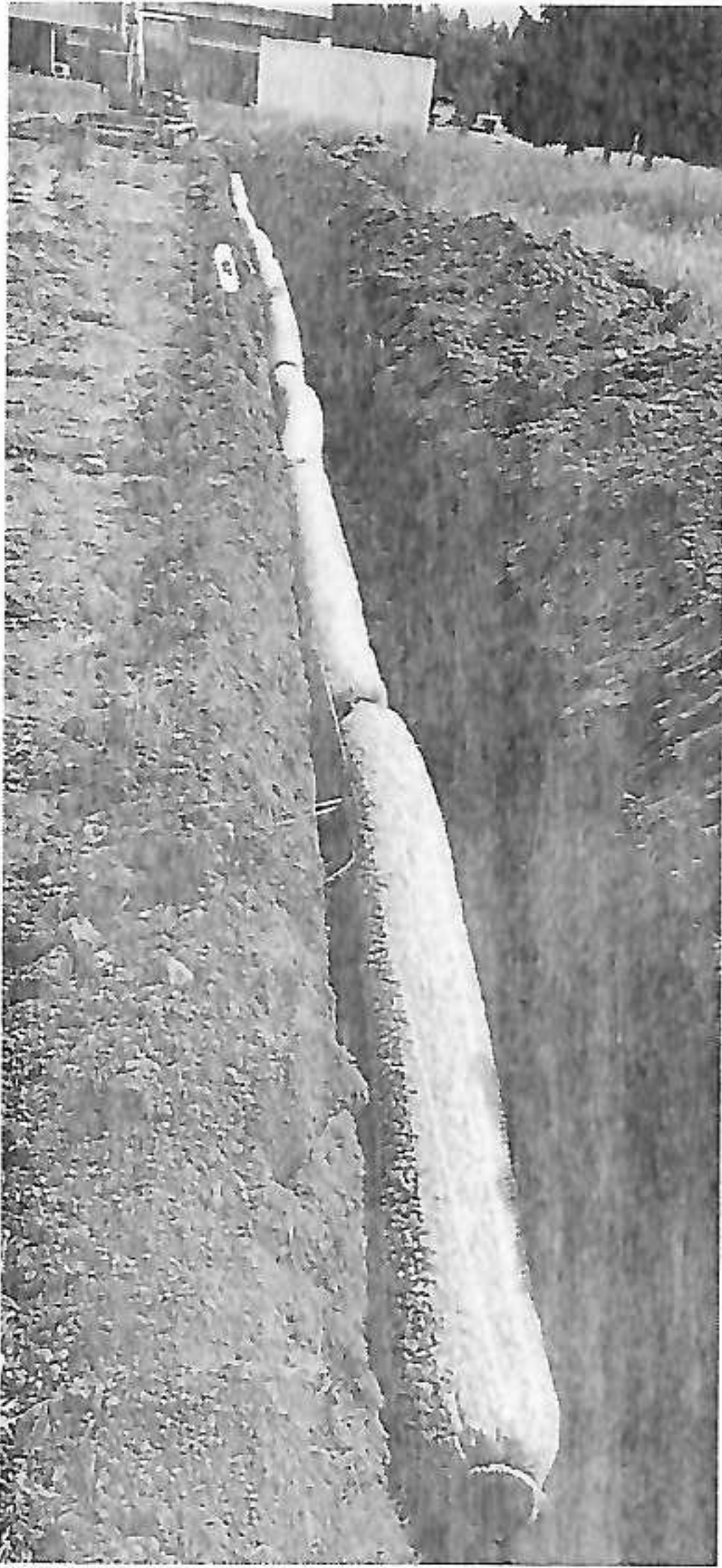




70ft



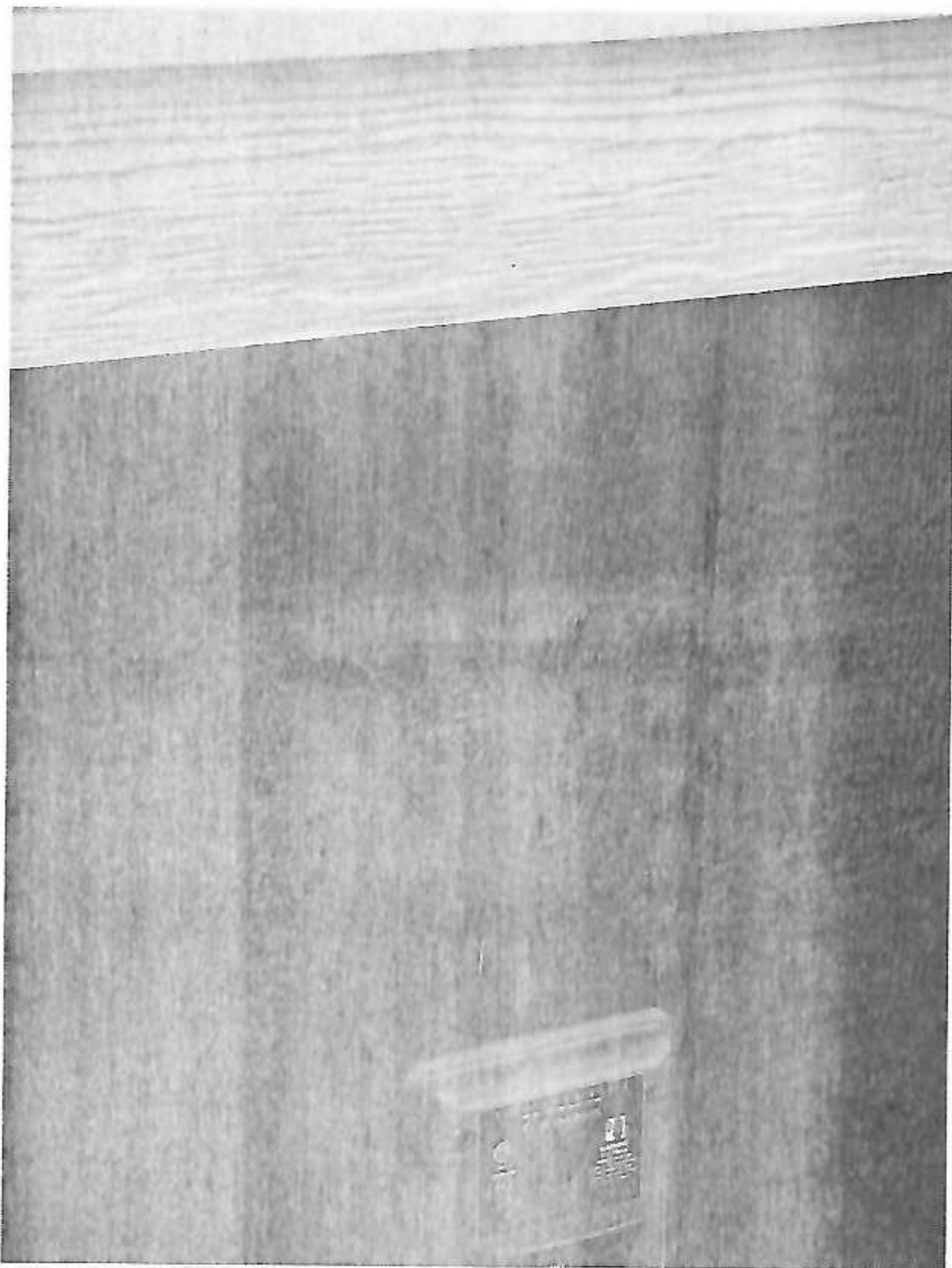
100 ft



60ft







Alarm



Septic Permit
Installation Permit - Residential - New
463-21-000277-PRMT

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

Date issued: 9/8/21

Expiration date: 9/8/22

Work description: CONSTRUCTION PERMIT

Applicant: Doo Doo Bus Septic
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: 5418463071
Email: thedoodoobus@gmail.com

Contractor: Doo Doo Bus Septic
Installer/Pumper License: 38974
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: (541) 846-3071
Email: thedoodoobus@gmail.com

Business License: N/A

Owner: GREFSHEIM, ORRIS R JR &

Property address: 1483 White School Rd, Cave Junction,
OR 97526

Parcel: 3907310000202 - Primary

Township:

39S Range: 7W

Section:

31

Lot size: 15 ACRES
Zoning: N/A
Land use approval: N/A
Action: New
System failing: N/A
Comments: N/A

Water supply: Well
City/County/UGB: County
County: N/A
Type of application: Construction Permit - Residential
Septic tank last pumped: N/A

Category of construction: Residential

	Existing	Proposed
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:	500 gal.

Drain Field Specifications

Drain field type:	Standard	System distribution Ttype:	Equal
Drainfield sizing:	N/A	Distribution method:	Equal-Hydrosplitter
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ FLOW 1201P		
Trench length:	225 linear ft.	Rock above pipe:	N/A
Max depth:	24 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes
Rake trench sidewalls:	Yes		

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9/8/21: 3:54:59PM

ONS_OnsitePermit_pr

Date issued: 9/8/21**Expiration date:** 9/8/22**Work description:** CONSTRUCTION PERMIT**Conditions of approval**

- 1.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
- 2.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 3.Vehicular traffic and livestock must be restricted from the system area.
- 4.All roof drains must be directed away from the system
- 5.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.
- 6.Meet all required setbacks.
- 7.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.
- 8.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.
- 9.For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 10.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
- 11.Install the pump and system components in accordance with the approved pump curve and specifications.
- 12.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.
- 13.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 14.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 15.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
- 16.The hydrosplitter must be located at least 6 inches higher than the piping in the highest disposal trench to ensure that effluent in the top line does not spill back into the hydrosplitter.
- 17.The discharge assembly from the hydrosplitter must be connected to larger diameter piping to provide for "open channel" flow. The system using a hydrosplitter is to be pressurized only to the hydrosplitter, and is to utilize gravity flow from the hydrosplitter to the disposal trenches.
- 18.The hydrosplitter must be enclosed in a secure enclosure with a solid, watertight bottom to eliminate the effect of rodents filling the enclosure with soil.
- 19.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 20.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.
- 21.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 9/8/21**Expiration date:** 9/8/22**Work description:** CONSTRUCTION PERMIT

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

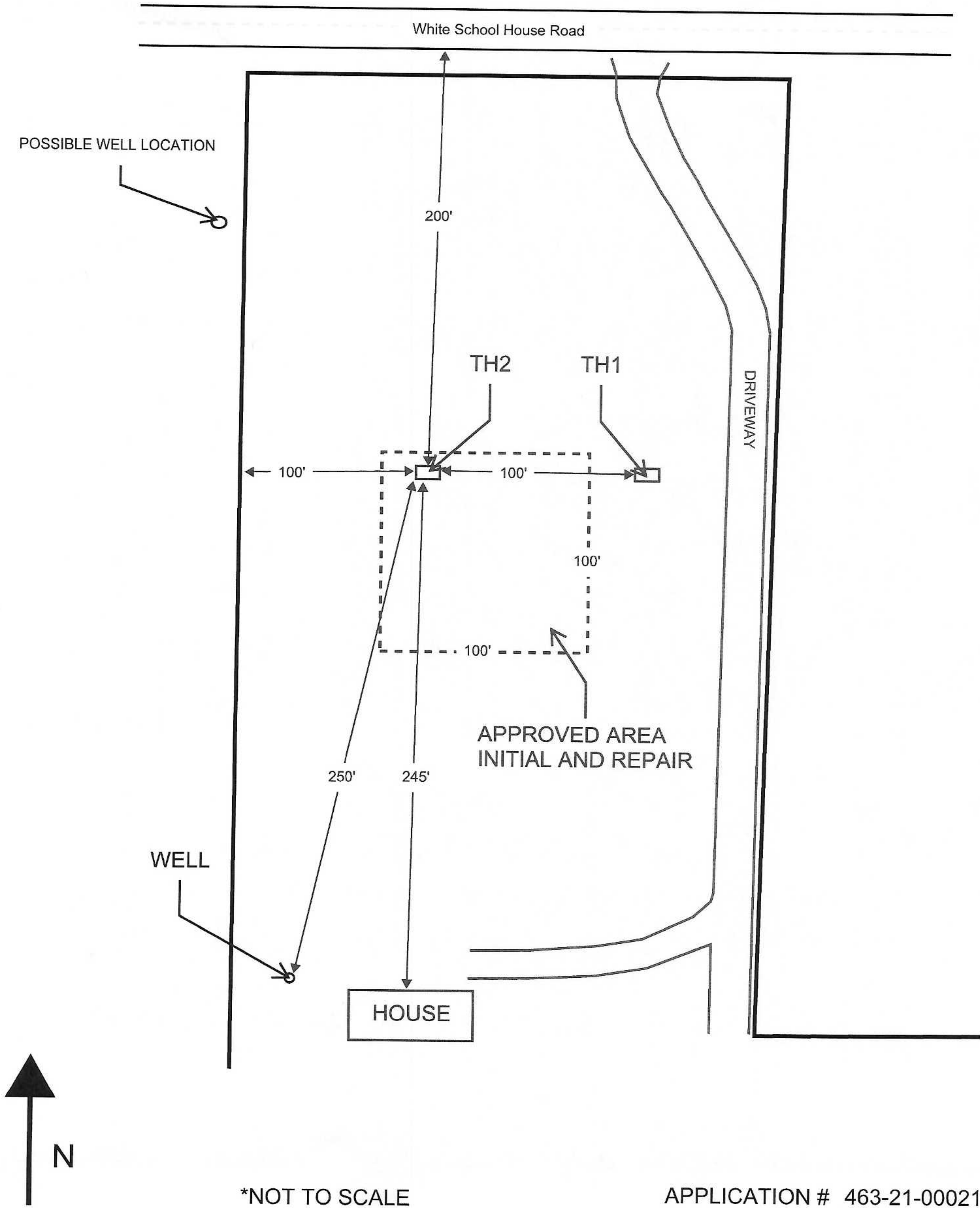
Gabriel Kasiah

9/8/21

SITE PLAN

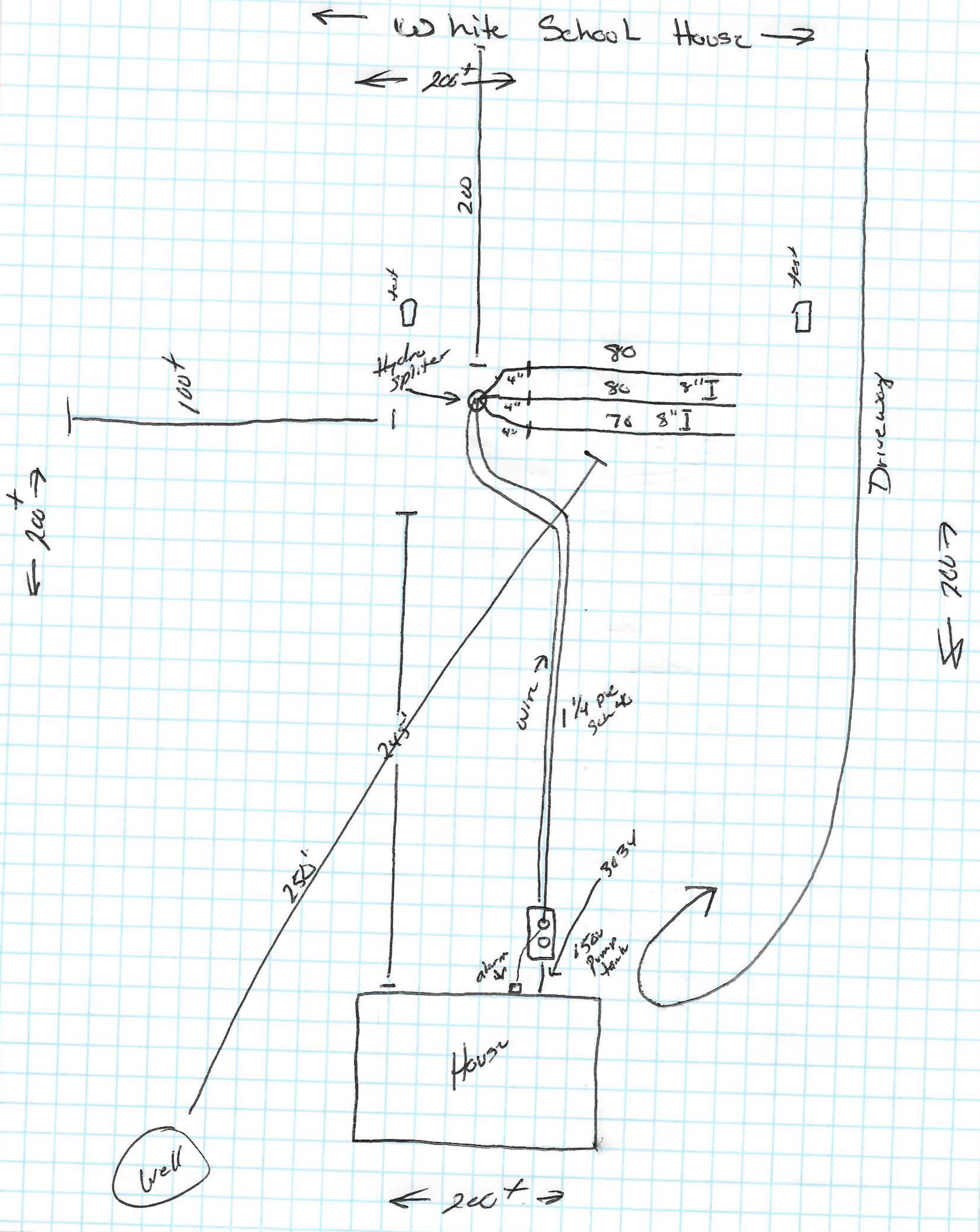
ADDRESS 1483 WHITE SCHOOL HOUSE RD.

PARCEL 3907310000202



*NOT TO SCALE

APPLICATION # 463-21-000212-EVAL



Pump Selection for a Pressurized System - Single Family Residence Project

1483 white school house

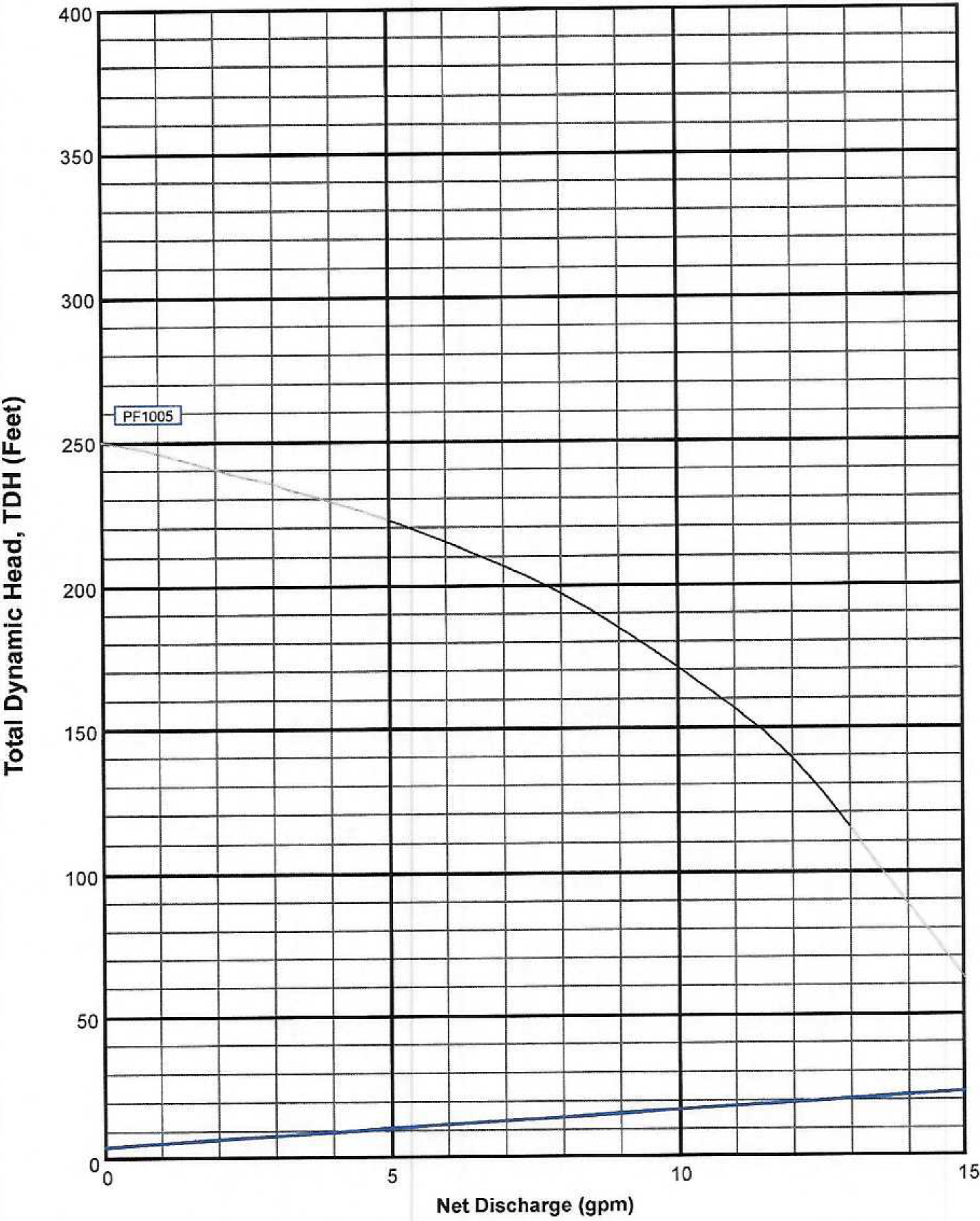
Parameters		
Discharge Assembly Size	1.25	inches
Transport Length	295	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	5	feet
Manifold Length	20	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	24	
Lateral Length	56	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	4	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations		
Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	360	
Total Flow Rate per Zone	156.3	gpm
Number of Laterals per Zone	24	
% Flow Differential 1st/Last Orifice	1.2	%
Transport Velocity	33.7	fps

Frictional Head Losses		
Loss through Discharge	170.9	feet
Loss in Transport	692.8	feet
Loss through Valve	0.0	feet
Loss in Manifold	13.0	feet
Loss in Laterals	0.2	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes		
Vol of Transport Line	22.9	gals
Vol of Manifold	1.6	gals
Vol of Laterals per Zone	104.4	gals
Total Volume	128.9	gals

Minimum Pump Requirements		
Design Flow Rate	156.3	gpm
Total Dynamic Head	886.9	feet



PumpData
PF1005 High Head Effluent Pump
10 GPM, 1/2HP
115/230V 1Ø 60Hz, 200V 3Ø 60Hz

Legend
System Curve:
Pump Curve:
Pump Optimal Range:
Operating Point:
Design Point:





Other N/A

Control ade

Leach Field 225

Trench Depth 24-18

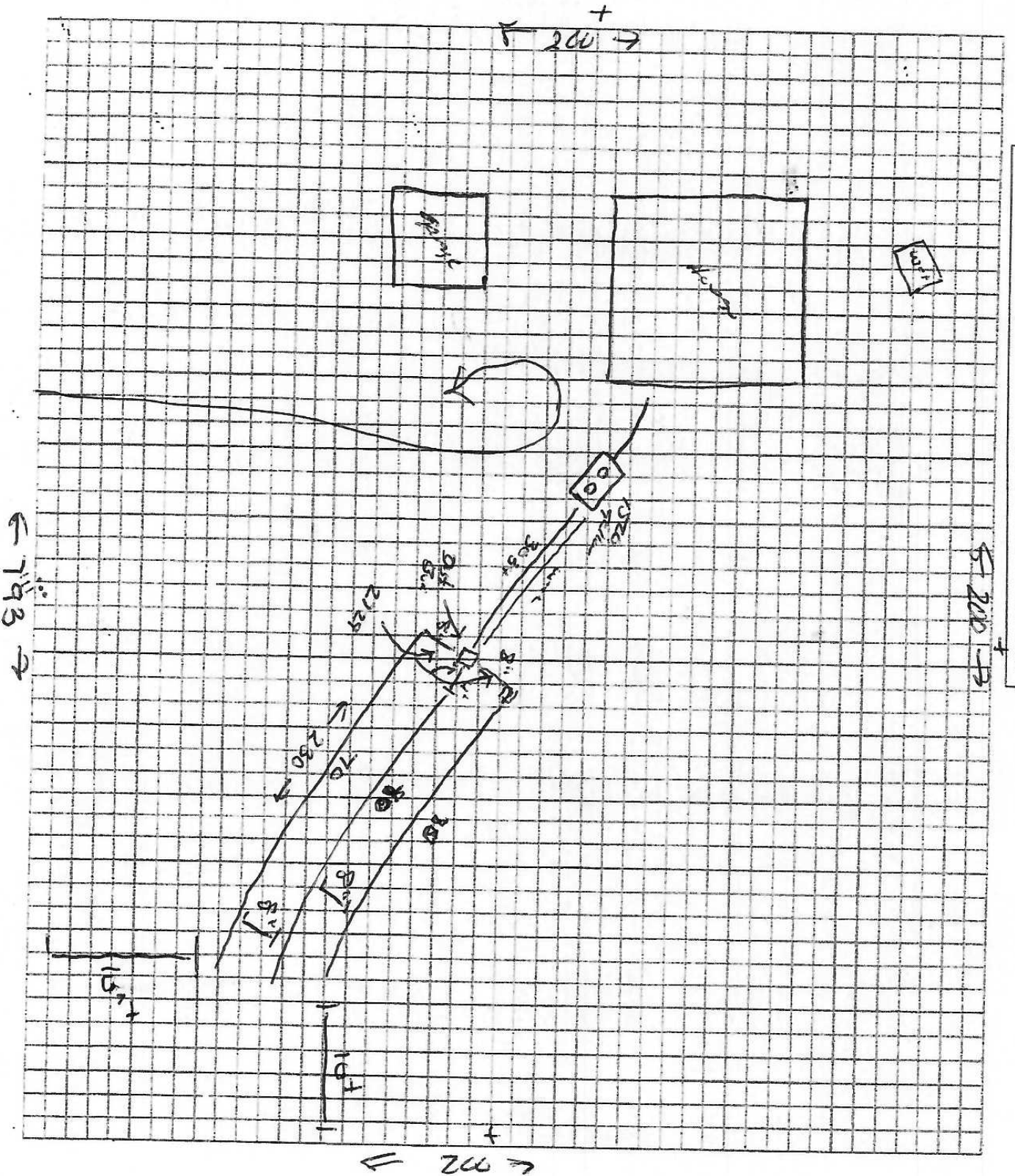
Other 82 f/c

Well 100 ft

Sign

Date 7-1-21

Construction Plan
1483 White School House
Address _____





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 received _____
Fee paid _____
Receipt number _____
Application number _____
Date of 1st response _____
Date of 2nd response _____
Date of final response _____
Date of completion _____

Date Stamp

Scanned

Data Entry

A. Property Owner Information

Victoria Prince
Name

1483 White School House
Mailing Address (Street or PO Box, City, State, Zip Code)

541-415 8365
Phone Number

B. Legal Property Description

39 07 31 0202
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size

County Subdivision Name Lot Block

Property Address: 1483 White school house Cave Junction OR 97523
Address City State Zip Code

Directions to Property: Cave's Hwy to White School house

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.

Signature _____

Date 05-26-21

Allied Septic Service LLC
Applicant's Name - Please Print Legibly

541 660-8184
Applicant's Phone Number

Thechad@alliedseptic.com
Applicant's E-mail Address

4450 Williams Hwy BP OR 97527
Applicant's Mailing Address

Applicant is the

☐ Owner

☒ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name _____

NOTICE AUTHORIZING REPRESENTATIVE

I, X Crown Homes LLC, have authorized
Alfred Septic Service LLC (Property Owner/Print Name)
(Authorized Representative Print Name) to act as my agent in performing
the activities necessary to obtain site evaluations, permits, and other 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.

PROPERTY IDENTIFICATION:

X 1483 White School House Rd, C.J., OR
Property Situs or Road Address

And described in the records of Tosephum County as:

Township 39 Range 07 Section 31 Map ID 00 Tax Lot #(s) 000202
Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

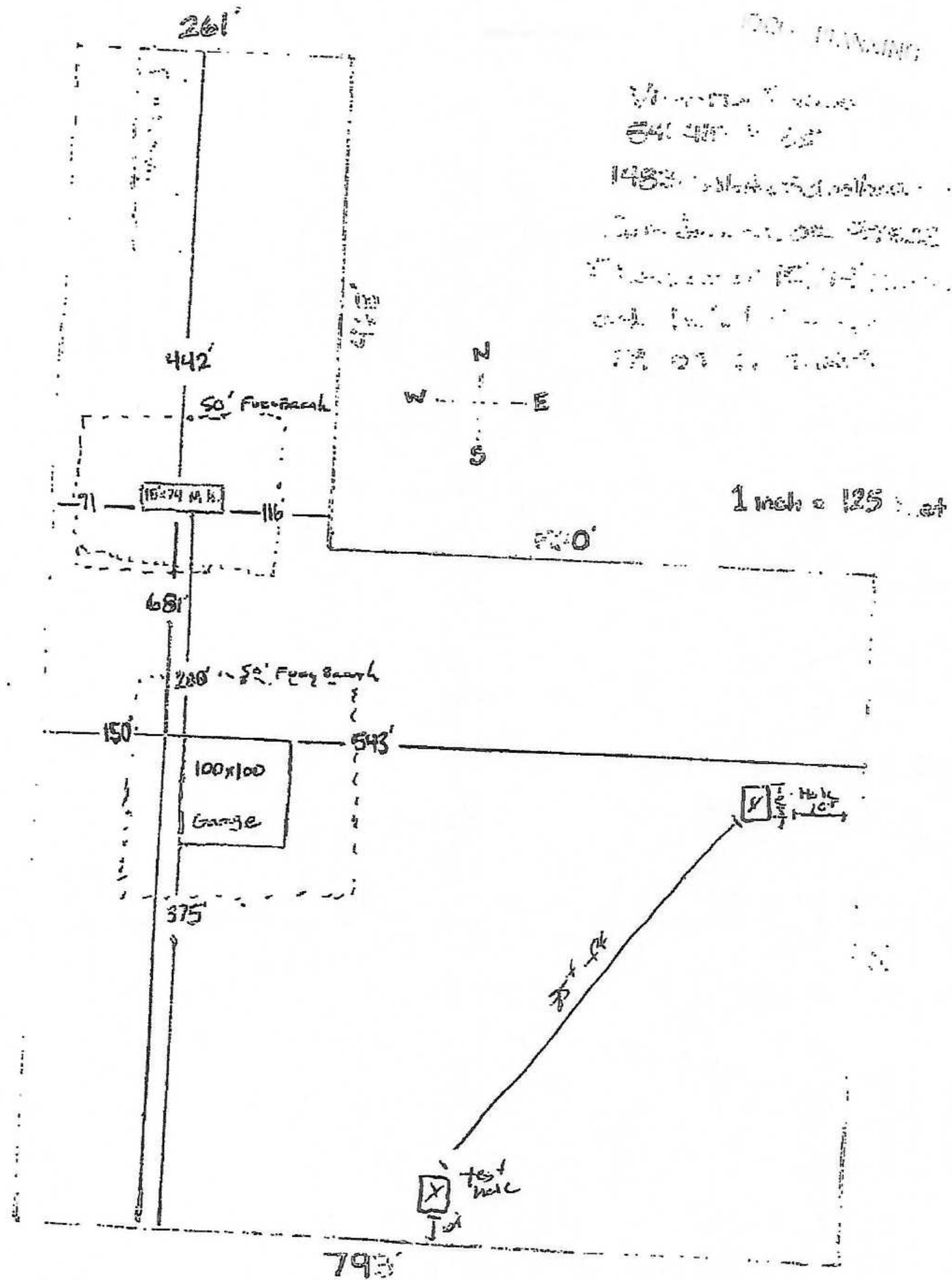
PROPERTY OWNER:

Printed Name: X Victoria Prince
Signature: X Date: 10-21-20
Address: X 1483 White School House Phone: 541-833-0629
City, State, Zip: X C.J., OR, 97527 Fax: _____
E-mail Address: X

AUTHORIZED REPRESENTATIVE:

Printed Name: Alfred Septic Service LLC
Signature: K. N. Date: 5-20-21
Address: 4190 Williams Hwy Phone: 541-846-3071
City, State, Zip: CP OR 97527 Fax: _____
E-mail Address: Alfred Septic Service@gmail.com

77 27 6 7.02.77



EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
Septic Tank Disposal Trenches Capping Fill Sandfilter
Seepage Bed Cesspool or Pit Unknown
Other (Describe) _____
2. When was your septic system installed? _____
(Date) (Permit Number)
3. Tank material: Concrete Steel Plastic or Fiberglass Unknown
4. Septic tank volume (in gallons) _____
5. When was the septic tank last pumped? _____ Attach receipt if available.
6. Number of disposal trenches _____
7. Total length of disposal trenches (in feet) _____
8. Do you propose to use the existing septic system? Yes No
9. Is your septic system currently in use? Yes No If no, date of last use _____
10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? _____ How many people occupy the dwelling? _____
11. How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____
12. If the septic system serves a business:
How many total employees are there? _____
Type of business _____
13. Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain _____
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

(Date) Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued Yes ☐ No ☐ Initials _____
Other file information: _____

Last Updated 10-30-01 by 1117

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 39073100000202

PERMIT
NUMBER: PL-2020-01702SITUS: 1483 WHITE
SCHOOLHOUSE RD

ZONE: RR5

ACRES: 15.00

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	CROWN HOMES	APPLICANT PHONE #:	541-830-0629
APPLICANT ADDRESS:	7220 CRATER LAKE HWY WHITE CITY, OR 97503		
OWNER:	PRINCE, VICTORIA		
OWNER ADDRESS:	PO BOX 233 CAVE JUNCTION, OR 97523		

SPECIAL REQUIREMENTS
• Enterprise Zone

EXISTING STRUCTURES	PROPOSAL	SETBACKS	
Barn	Manufactured structure - 1,110 sq.ft ; 4 bedroom, 2 bathroom w/stairs in front and back	Front Setback	30 ft
		Side Setback	10 ft
		Rear Setback	25 ft
		Stream Setback	0 ft
		Height	35 ft

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety checklist must be submitted prior to final approval.
- No connection of utilities or occupancy of mobile home is allowed without obtaining DEQ and Building permits

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:		DATE:	9-24-20
CONTRACTOR NAME:	CROWN HOMES	LICENSE#:	111078
APPROVED:		DATE:	9-24-2020

NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT



Josephine County, Oregon

Community Development - Planning Division
700 NW Dimmock, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@jco.net

PLANNING APPLICATION FORM

Property Address: 1483 White Schoolhouse Road
Cave Junction, Oregon 97523

Assessor's Map & Tax Lot:
39 - 07 - 31 - 00 Tax Lot(s) 202
- - - Tax Lot(s)

Zoning: RR-6

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
16'0" x 14' Singlewide Manufactured Home

Application/Permit Type: (Please Check All Applicable)

- ☐ Address Assignment
 - ☐ New Address
 - ☐ 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)
 - ☐ 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)
- ☐ 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)
- ☐ 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
- ☐ Other: _____

Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale
- ☒ (1) 8 1/2 x 11" Site/Tentative/Plot Plan
- ☐ Written Narrative/Response to Criteria
- ☒ Power of Attorney
- ☐ Statement of Understanding

Revised 4/16/19

- ☒ Statement of Intended Water Use
- ☒ Floor Plan/Elevations
- ☒ Access Permit
- ☒ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan
- Other: _____

Description of Request/Reason for Appeal

(Include name of project and proposed uses)
Put new 13'-6"x74' singlewide manufactured home onto the property

Property Owner: Victoria Prince
Address: 1483 White Schoolhouse Road Cave Junction, Or 97523

Phone: 541-415-8365

Email: _____

Applicant: Victoria Prince
Address: 1483 White Schoolhouse Road Cave Junction, Or 97523
Phone: 541-415-8365
Email: _____

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Crown Homes, Inc.
Address: 7220 Crater Lake Hwy White City, Oregon 97503
Phone: 541-830-0629
Email: crownhomesw@hmail.com

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).

Victoria Prince 4-12-26
(Signature of Owner or Attorney-in-Fact) Date

(Signature of Owner or Attorney-in-Fact) Date

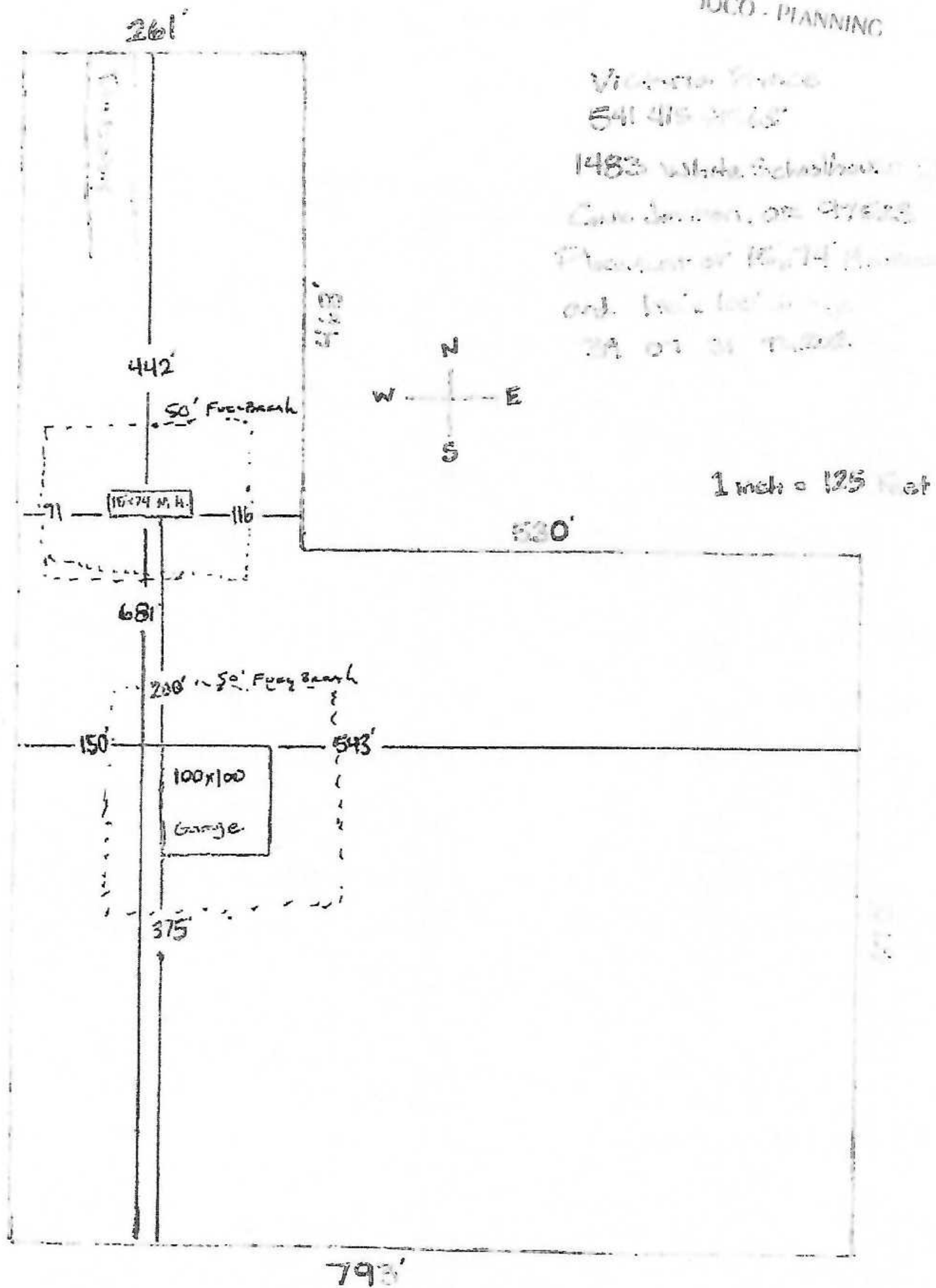
(For Office Use)

RECEIVED

JOCCO - PLANNING

Fees Paid: 300 Initials: TP

29 of 31



RECEIVED

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

JOCC PLANNING

Prepared by:	df	District No:	5
Zone:	RR5	Violations:	
Owner:	Contract	Pickup	Mail
E-mail:	crownhomesw@hotmai.com		
Land Use Log:	Yes	No	Scanned

Application Date:	7/13/2020	Permit No:	9543
Site (St Address):	1483 White Schoolhouse Road		
Location of Access:	White Schoolhouse Road		
1	39	R	67
S	31.00	ft	202
Parcel No:			
Stated Purpose:	New manufactured home		
NEW	EXISTING	STARTED	WAIVER

Contractor: Camps
Street Address:
City St Zip:

Office No:
Cell No:
Fax No:

This permit is granted subject to the terms and conditions stated below, and to the GENERAL PROVISIONS' violation of said terms or conditions will constitute sufficient cause for revocation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner:	Victoria Prince	Phone:		Contact:	Wes - Crown Homes	Phone:	541-830-0629
Mailing Address:	PO Box 233			Mailing Address:			
City:	Cave Junction	St:	OR	Zip:	97523	City:	

TYPE OF ROAD:

☒ County-maintained
☐ Owner-maintained
☐ Local access road
☐ Circuit Court Decree

TYPE OF APPROACH:

☒ Residential
☐ Home Occupation
☐ Commercial - Industrial
☐ Agricultural
☐ Requiring Site Plan

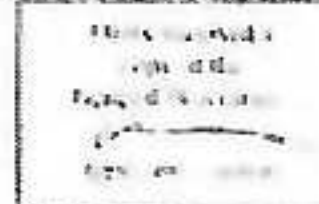
Approach: ☒ Existing ☐ New Width: 14'
Culvert: ☒ Existing ☐ Required ☐ Material ☐ CMP Concrete

Diameter: 12" Length: 21' Inspection: ☐

This permit shall be void unless work herein described shall have been completed, inspected and approved before 7/15/20

SUBMITTED BY:

Signature: _____ Date: 7/13/20



"CONDITIONS FOR APPROVAL" ISSUED BY

Signature: _____ Date: 7/13/20

INSTALLATION INSPECTION

LOCATION OF APPROACH:

Approved by: _____ Address: 1483 WHITE SCHOOLHOUSE RD.

Date: 7/2/20 Time: 10:00 AM Latitude (N): 42° 00' 22"

Denied by: _____ Date: _____ Longitude (W): 123° 34' 45"

Reason: _____ LEFT RIGHT MID POST

WAIVER

FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with the Josephine County standards and the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

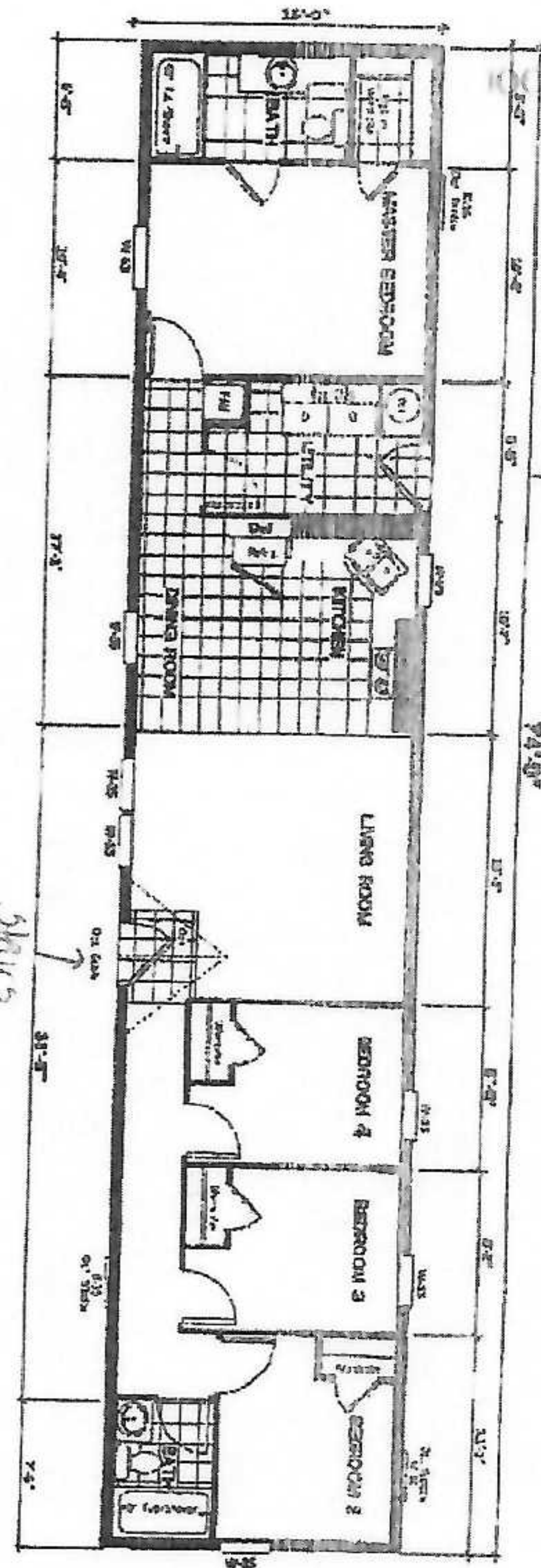
Public Works Authorized Representative

Date

RECEIVED

ROOM PLANNING

8' STRETCH WITH 4TH BEDROOM ADDED



DREAMSERIES 16X74 IRRM 001N



Josephine County, Oregon

Community Development - Planning Division

700 NW Dummick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@jco.or.us

LIMITED POWER OF ATTORNEY FOR LAND-USE AND DEVELOPMENT PERMITS

I (We), Victoria France, own real property in Josephine County.
The address is: 1422 Wilson Schoolhouse Rd, and
the Assessor's legal description is: TWN 31, RNG 07, SEC 01, QQ 01, Tax Lot (TL)
102.

This power of attorney authorizes Common Homes Inc. to act as
my agent regarding the land use application submitted to the Community Development Division within
thirty (30) days. As my agent, this person is fully empowered to sign all required applications, permits
and other documents required or requested, and to appear, negotiate and testify on my behalf in any
hearing or administrative process, in connection with such actions. I agree to be unconditionally bound by
the acts of my agent and to perform any and all conditions or other requirements resulting from approvals
or permits.

Signature

Dated this 30 day of June, 2020.

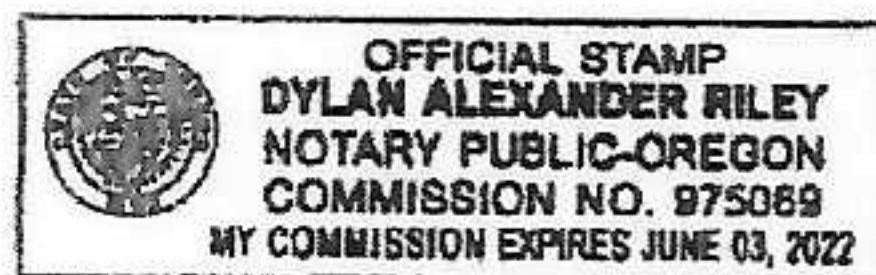
Signature

STATE OF OREGON

County of Josephine

)
) ss
)

On this 30 day of June, 2020, the above named Victoria France
personally appeared before me,
a Notary Public for the State of Oregon, and executed the foregoing *Power of Attorney* freely and
voluntarily.



Notary Public, State of Oregon

My Commission Expires: June 03, 2022

RECEIVED

Wildfire

Planning Office JOCO PLANNING
700 NW Dimmick St Suite C
Grants Pass, Oregon 97526
541-474-5421
Fax: 541-474-5422
Email: planning@co.joseph.



Article 76 Certification of Fire Protection Service

Name: Victoria Prince

Assessor Map Number: 39-07-31 TL 202 1483 White Schoolhouse Rd

Address: PO Box 233

City Cave Junction State OR Zip code 97523

Phone Number: (541) 415-8365

Email: _____

I certify that the above property is being provided fire protection services by:

Illinois Valley Fire District
Fire district or Fire service provider

starting: 06/08/2020
Date

Fire Official Signature:  Date: 06/08/2020

Title: Division Chief Operations and Prevention

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-021)

RECEIVED

JOSE 60964

9/3/2020

WELL I.D. LABEL # 1

START CARD #

ORIGINAL LOG #

138508

1048857

Page 1 of 1

(1) LAND OWNER

First Name VICTORIA Last Name PRINCE ANNING

Company

Address P.O. BOX 233

CAVE JUNCTION

State OR

Zip 97523

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment complete 5a

(2a) PRE-ALTERATION

Casing: Dia From To Gauge Stil Pistc Wld Tard

Material From To Amt sacks lbs

Seal: Dia From To Amt sacks lbs

(3) DRIFT METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud

☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community

☐ Industrial-Commercial ☐ Livestock ☐ Dewatering

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 240.00 ft

Special Standard ☐ (Attach copy)

BORE HOLE

Dia From To Material From To Amt sacks lbs

10 0 40 Bentonite Chips 0 40 20 S

6 20 240 Calculated 18.20

Calculated

How was seal placed Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other POURED BENTONITE

Backfill placed from ft to ft Material

Filter pack from ft to ft Material Size

Explosives used ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia From To Gauge Stil Pistc Wld Tard

6 2 208 .025

Material From To Amt sacks lbs

Seal: Dia From To Amt sacks lbs

Material From To Amt sacks lbs

Seal: Dia From To Amt sacks lbs

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Material From To Amt sacks lbs

(9) LOCATION OF WELL (legal description)

County JOHNSON Township 39.00 S Range 2.00 W L W W W

Sec 31 NW 1/4 of the NW 1/4 Tax Lot 202

Tax Map Number Lot

Lat or DMS or DD

Long or DMS or DD

☒ Street address of well ☐ Nearest address

1483 WHITE SCHOOLHOUSE RD CAVE JUNCTION OR 97523

(10) STATIC WATER LEVEL

Date SWL (psi) + SWL (ft)

Existing Well Pre-alteration 9/2/2020

Completed Well 9/3/2020

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 230.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

9/3/2020 230 240 50 40

(11) WELL LOG

Ground Elevation

Material From To

Brown Clay 0 2

Gray Sand & Gravel 12 240

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ An ☐ Flowing Artesian

Yield gpm Drawdown Depth from Pump depth Duration (hr)

50 239 1

Temperature 52 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount mg/L

From To Description Amount Units

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version



Residential Septic Site Evaluation Approval

463-21-000212-EVAL

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

Date issued: 06/17/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: Doo Doo Bus Septic
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: (541) 846-3071
Email: thedoodoobus@gmail.com

Primary contractor: Doo Doo Bus Septic
Installer/Pumper License: 38974
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: (541) 846-3071
Email: thedoodoobus@gmail.com

Owner: PRINCE, VICTORIA
Address: PO BOX 233
CAVE JUNCTION CAVE JUNCTION,
OR 97523 97523

Property address: 1483 White Schoolhouse Rd, Cave
Junction, OR 97523

Parcel: 3907310000020200 - Primary

Lot size: 15 ACRES

Zoning: N/A

Water supply: Well

City/County/UGB: County

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

General Specifications

Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.

Proposed gallons per day: 450 gpd.
Min dosing tank volume: N/A

System Specifications

System type:
System distribution type:
Distribution method:

Initial System

Standard
Equal
Equal

Replacement Area

Standard
Equal
Equal

Trench Specifications

Trench linear feet:

Max depth:

Min depth:

Initial System

225 linear ft.
24 in.
18 in.

Replacement Area

225 linear ft.
24 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.)

Date issued: 06/17/2021**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 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

6/17/21

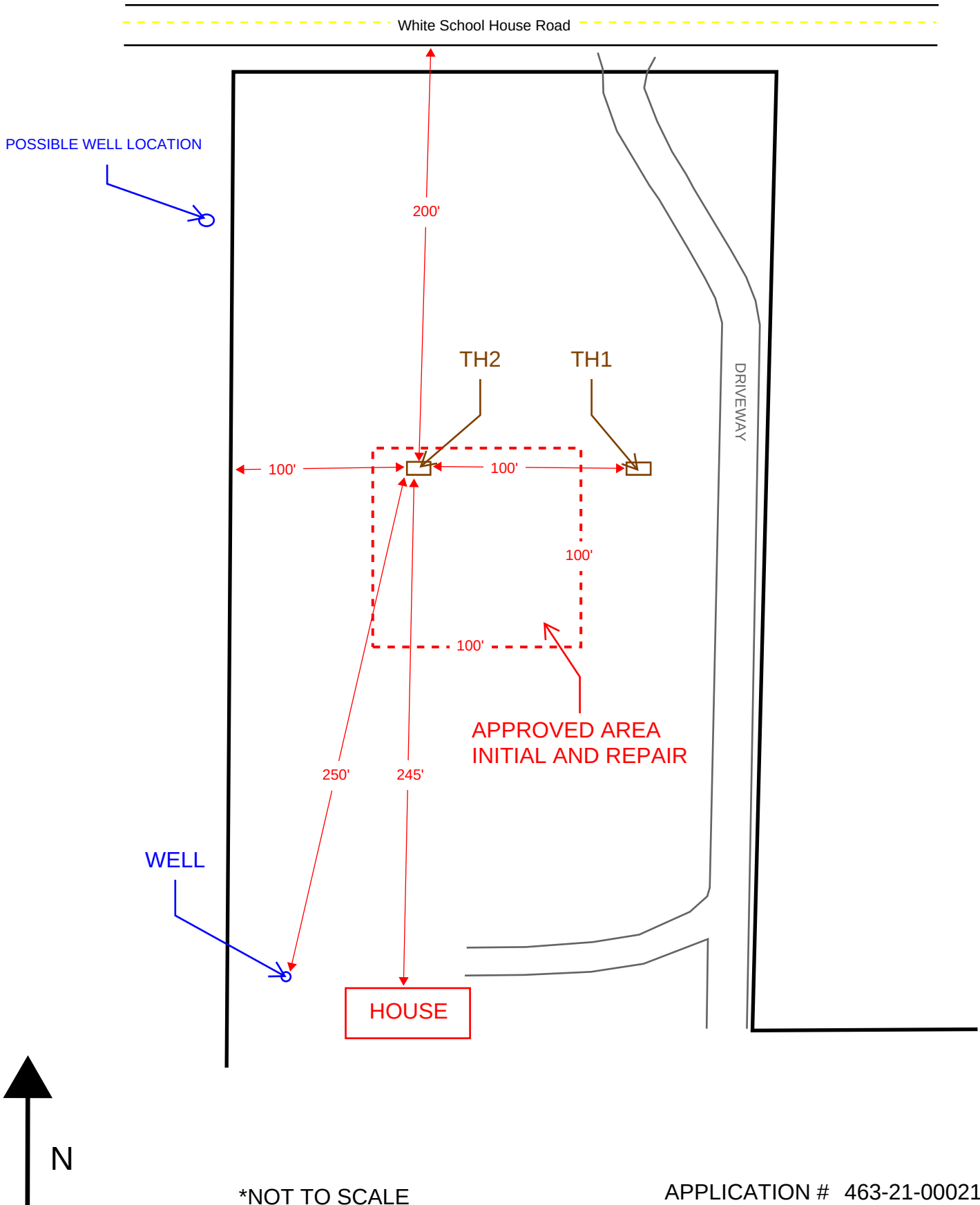
CALL BEFORE YOU DIG...IT'S THE LAW

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SITE PLAN

ADDRESS 1483 WHITE SCHOOL HOUSE RD.

PARCEL 3907310000202



FIELD WORKSHEET

Name: VICTORIA PRINCE Application No.: 463-21-000212-EVAL Date: _____
RE: SITE EVALUATION REPORT for Parcel #: 3907310000202

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: ☒ 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: <u>225</u> total linear feet <u>75</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>225</u> total linear feet <u>75</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>18</u> " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- 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: SK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-6	L	10yR ^{3/4} , GR, ROOTS 2VF, 1F
	6-18	gr CL	7.5yR ^{4/6} , w SBK, ROOTS 1VF 20% ROUNDED CF
	18-30	gr CL	7.5yR ^{5/6} , m SBK, ROOTS 1VF, Fe CONC WHEN DRY/NOT VIS. MOIST, 25% CF
	30-48	gr CL	7.5yR ^{5/6} , m-SSBK, ROOTS 1VF FAINT Fe CONC 7.5yR ^{5/8} , Mn STAINS
Test Pit 2			SIMILAR TO TEST HOLE 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS & SOME BLACKBERRIES

Slope: 0-2% Aspect: N 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 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Name: Victoria Prince Mailing Address (Street or PO Box, City, State, Zip Code): 1483 White School House Phone Number: 541-415 8365

B. Legal Property Description

Township: 39 Range: 07 Section: 31 Tax Lot: 0202 Tax Account Number: _____ Acreage or Lot Size: _____
County: _____ Subdivision Name: _____ Lot: _____ Block: _____
Property Address: 1483 White School house Address City: Cave Junction State: OR Zip Code: 97523

Directions to Property: Caves Hwy to White School house

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.

Signature: _____

Date: 05-20-21

Applicant's Name - Please Print Legibly: Allied Septic Service LLC

Applicant's Phone Number: 541-660-8184

Applicant's E-mail Address: Theodorebusk@gmail.com

Applicant's Mailing Address: 4150 Williams Hwy BP OR 97527

Applicant is the

☐ Owner

☒ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name: _____

NOTICE AUTHORIZING REPRESENTATIVE

I, X Crown Homes LLC, have authorized
Alfred Septic Service LLC (Property Owner/Print Name)
(Authorized Representative/Print Name) to act as my agent in performing
the activities necessary to obtain site evaluations, permits, and other 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.

PROPERTY IDENTIFICATION:

X 1483 White School House Rd, CT, OR
Property Situs or Road Address

And described in the records of Tosephum County as:

Township 39 Range 07 Section 31 Map ID 00 Tax Lot #(s) 000202

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: X Victoria Prince

Signature: X

Address: X 1483 White School House

Date: 10-21-20

City, State, Zip: X CT, OR, 97527

Phone: 541-830-0629

E-mail Address: X

Fax: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: Alfred Septic Service LLC

Signature: A. N.

Address: 4196 Williams Hwy

Date: 5-20-21

City, State, Zip: EP OR 97527

Phone: 541-846-3071

E-mail Address: Alfred Septic Service@gmail.com

Fax: _____

EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
Septic Tank Disposal Trenches Capping Fill Sandfilter
Seepage Bed Cesspool or Pit Unknown
Other (Describe) _____
2. When was your septic system installed? _____
(Date) (Permit Number)
3. Tank material: Concrete Steel Plastic or Fiberglass Unknown
4. Septic tank volume (in gallons) _____
5. When was the septic tank last pumped? _____ Attach receipt if available.
6. Number of disposal trenches _____
7. Total length of disposal trenches (in feet) _____
8. Do you propose to use the existing septic system? Yes No
9. Is your septic system currently in use? Yes No If no, date of last use _____
10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? _____ How many people occupy the dwelling? _____
11. How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____
12. If the septic system serves a business:
How many total employees are there? _____
Type of business _____
13. Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain _____
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

(Date) Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Data issued
Permit Number _____ Certificate of Satisfactory Completion issued Yes ☐ No ☐ Initials _____
Other file information: _____

Last Updated 10-30-03 by MFL

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 39073100000202

PERMIT
NUMBER: PL-2020-01702

SITUS: 1483 WHITE
SCHOOLHOUSE RD

ZONE: RR5

ACRES: 15.00

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	CROWN HOMES	APPLICANT PHONE #:	541-830-0629
APPLICANT ADDRESS:	7220 CRATER LAKE HWY WHITE CITY, OR 97503		
OWNER:	PRINCE, VICTORIA		
OWNER ADDRESS:	PO BOX 233 CAVE JUNCTION, OR 97523		

SPECIAL REQUIREMENTS
• Enterprise Zone

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Barn	Manufactured structure - 1,110 sq.ft.; 4 bedroom, 2 bathroom w/stairs in front and back	Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 0 ft. Height: 35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety checklist must be submitted prior to final approval.
- No connection of utilities or occupancy of mobile home is allowed without obtaining DEQ and Building permits.

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:		DATE:	9-24-20
CONTRACTOR NAME:	CROWN HOMES	LICENSE#:	111078
APPROVED:		DATE:	9-24-2020

NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT



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@joco-planning.org

PLANNING APPLICATION FORM

Property Address: 1483 White Schoolhouse Road

Cave Junction, Oregon 97523

Assessor's Map & Tax Lot:

39 - 07 - 31 - 00 Tax Lot(s) 202

- - - Tax Lot(s)

Zoning: RR-5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

13'6"x74' Singlewide Manufactured Home

Application/Permit Type: (Please Check All Applicable)

☐ Address Assignment

☐ New Address

☐ 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)

☐ 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)

☐ 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)

☐ 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

☐ Other:

Attachments:

☐ (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 Understanding

Revised 4/16/19

☒ Statement of Intended Water Use

☒ Floor Plan/Elevations

☒ Access Permit

☒ Proof of Fire Protection

☐ Erosion Control Plan/Fire Safety Plan

Other:

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

Put new 13'6"x74' singlewide manufactured home onto the property

Property Owner: Victoria Prince

Address: 1483 White Schoolhouse Road, Cave Junction, Or 97523

Phone: 541-415-8365

Email:

Applicant: Victoria Prince

Address: 1483 White Schoolhouse Road, Cave Junction, Or 97523

Phone: 541-415-8365

Email:

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Crown Homes, Inc.

Address: 7220 Crater Lake Hwy, White City, Oregon 97503

Phone: 541-830-0629

Email: crownhomeswes@hotmail.com

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

(Signature of Owner or Attorney-in-Fact)

Date

(For Office Use)

RECEIVED

SEP 16 2011

JOCO - PLANNING

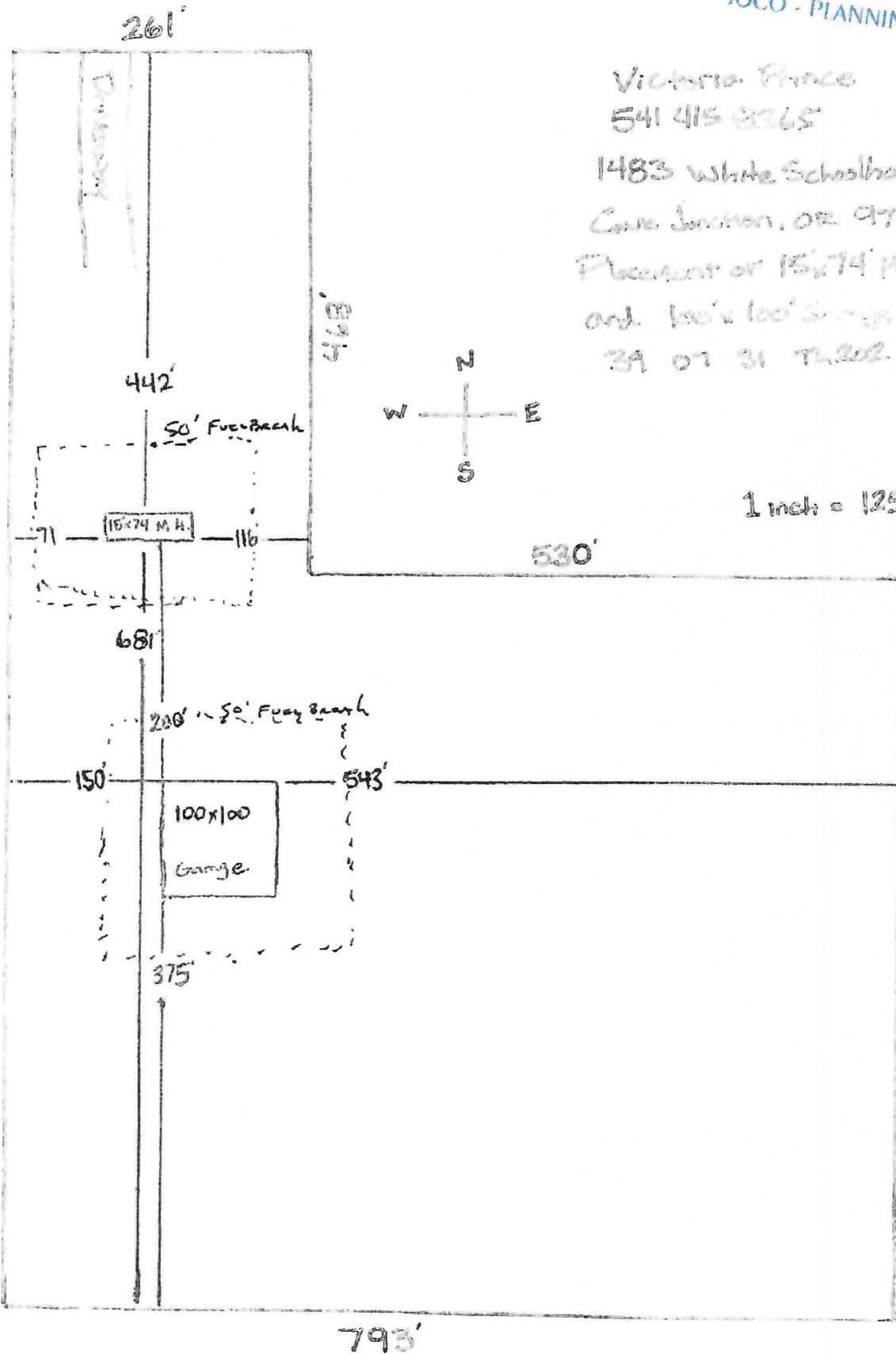
Fees Paid:

Initials:

RECEIVED

SEP 15 2020

IOCO - PLANNING



Victoria Prince

541 415 2265

1483 White Schoolhouse St.

Cave Junction, OR 97523

Placement of 15x74 Manhole and home.

and 100x100 Garage

3A 01 31 Th202.

RECEIVED

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

JOJO - PLANNING

Prepared by:	df	District No:	5
Zone:	RR5	Violations:	
Owner:	Contact	Pickup	Mail
Fax:			
E-mail:	crownhomesw@hotmai.com		
Land Use Log:	Yes	No	Scanned

Application Date:	7/13/2020	Permit No:	9543
Site (St Address):	1483 White Schoolhouse Road		
Location of Access:	White Schoolhouse Road		
I	39	R	07
S	31.00	H	202
Parcel No:			
Stated Purpose:	New manufactured home		
NEW	EXISTING	SHARED	WAIVER

Contractor: Campa
Street Address: _____
City / St / Zip: _____

Office No: _____
Cell No: _____
Fax No: _____

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner: Victoria Prince Phone: _____
Mailing Address: PO Box 233
City: Cave Junction St: OR Zip: 97523

Contact: Wes - Crown Homes Phone: 541-830-0629
Mailing Address: _____
City: _____ St: _____ Zip: _____

TYPE OF ROAD:

☒ County-maintained
☐ Owner-maintained

☐ Local access road
☐ Circuit Court Decree

Approach: ☒ Existing ☐ New Width: 14'

Culvert: ☒ Existing ☐ Required ☐ Material ☐ CMP / Concrete

TYPE OF APPROACH:

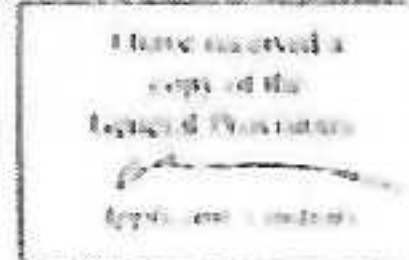
☒ Residential ☐ Commercial / Industrial*
☐ Home Occupation* **Requires Site Plan*
☐ Ag Use

Diameter: 12" Length: 21' ☐ Graveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before 7/15/20

SUBMITTED BY:

[Signature] 7/13/20
Applicant Date



"CONDITIONS FOR APPROVAL" ISSUED BY:

[Signature] 7/15/20
Public Works Date

INSTALLATION INSPECTION

Approved by: [Signature]

LOCATION OF APPROACH:

Address: 1483 WHITE SCHOOLHOUSE RD.

Date: 7/2/20 Time: 10:00 AM Latitude (N): 42° 08' 22"

Denied By: _____ Date: _____ Longitude (W): 123° 34' 45"

Reason: _____ LEFT RIGHT MILEPOST

WAIVER

FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative

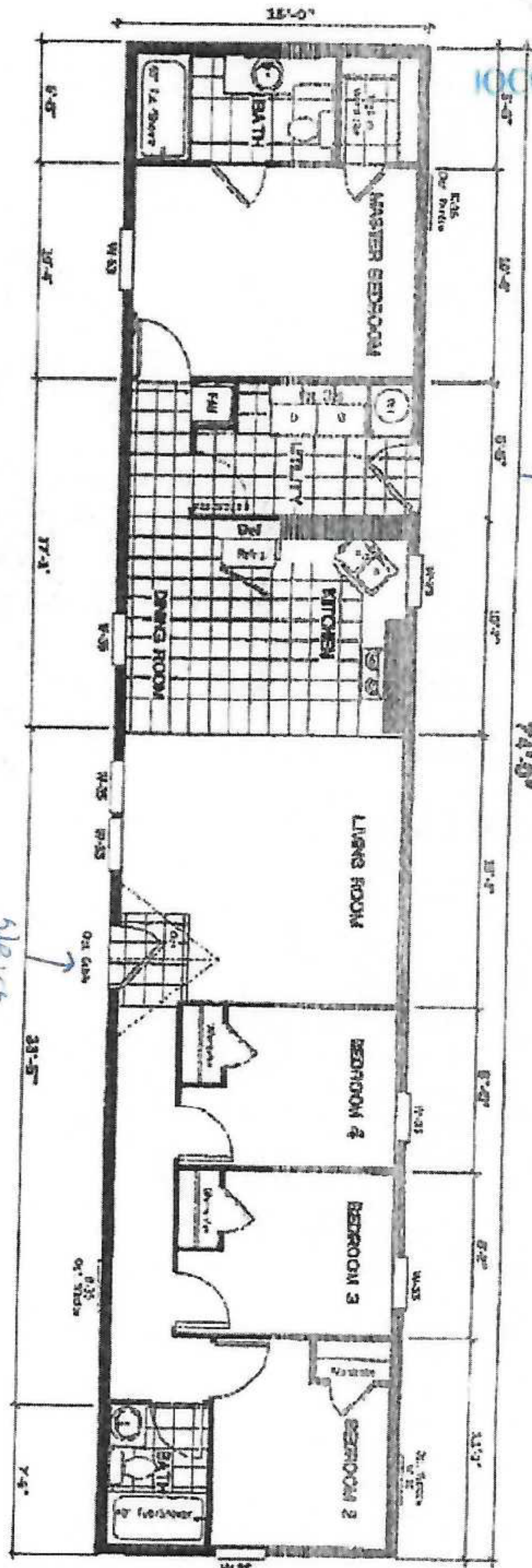
Date

RECEIVED

SEP 15 2018

1000 PLANNING

8" STRETCH WITH 4TH BEDROOM ADDED



DREAM SERIES 15x74 DKM 661N

RECEIVED
SEP 15 2020
IOCO - PLANNING

Manufacturing West, Inc.
Albany Division - Port 1972
2445 S.W. PACIFIC BLVD.
ALBANY, OR 97321
Phone (541) 928-0831
Fax (866) 451-6847



DRAWING
TITLE

EXTERIOR ELEVATION

SHEET NO.

4" WALLS

4" WALLS

4" WALLS

4" WALLS

4" WALLS

4" WALLS

4" WALLS

4" WALLS

4" WALLS

4" WALLS

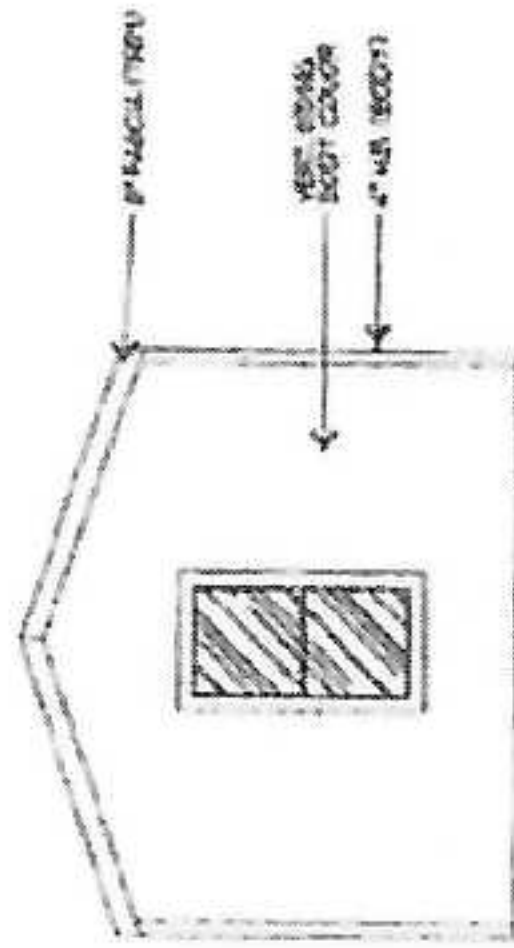
4" WALLS

4" WALLS

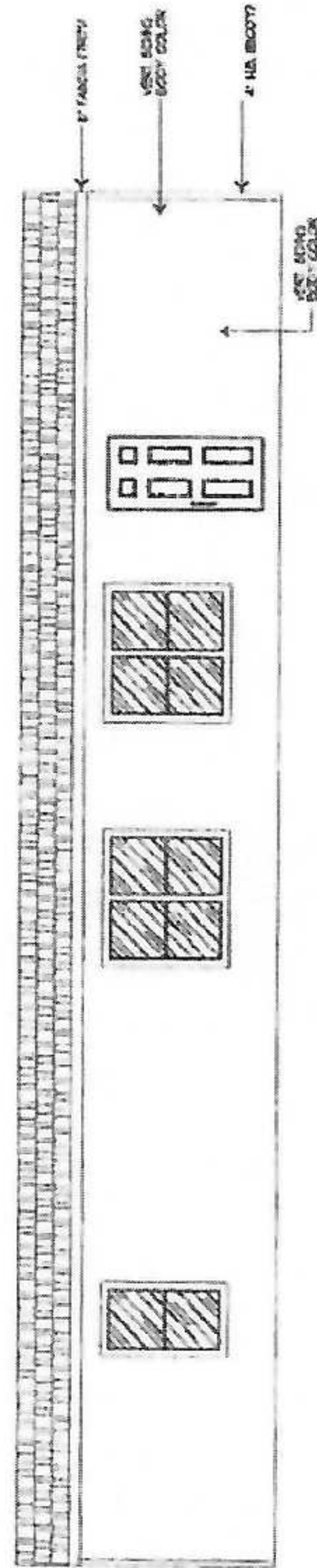
4" WALLS

4" WALLS

4" WALLS



FRONT ENDWALL ELEVATION



SEWALL ELEVATION

RECEIVED

SEP 16 2020



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@josephine.or.us

LIMITED POWER OF ATTORNEY FOR LAND-USE AND DEVELOPMENT PERMITS

I (We), Victoria Prince, own real property in Josephine County.
The address is: 1433 White Schoolhouse Rd., and
the Assessor's legal description is: TWN 31, RNG 07, SEC 31, QQ , Tax Lot (TL)
207.

This power of attorney authorizes Cramer Homes Inc. to act as
my agent regarding the land use application submitted to the Community Development Division within
thirty (30) days. As my agent, this person is fully empowered to sign all required applications, permits
and other documents required or requested, and to appear, negotiate and testify on my behalf in any
hearing or administrative process, in connection with such actions. I agree to be unconditionally bound by
the acts of my agent and to perform any and all conditions or other requirements resulting from approvals
or permits.

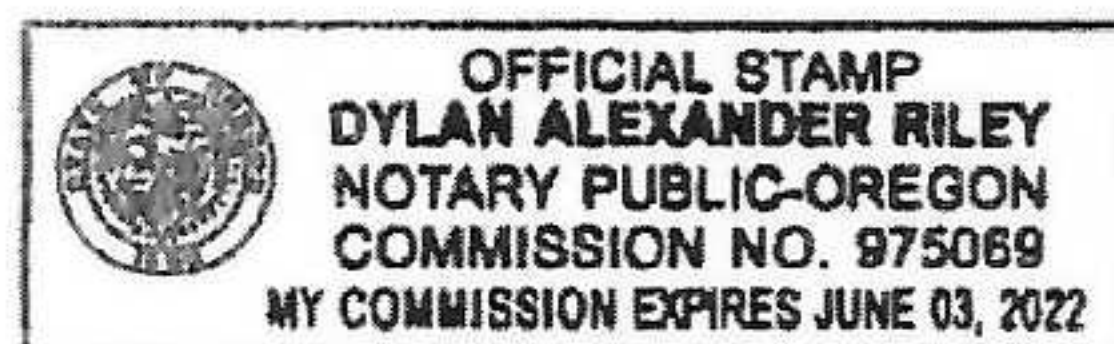
[Signature]
Signature

Dated this 30 day of JUNE, 20 20

Signature

STATE OF OREGON }
County of Josephine } ss

On this 30 day of June, 2020, the above named Victoria Prince
personally appeared before me,
a Notary Public for the State of Oregon, and executed the foregoing *Power of Attorney* freely and
voluntarily.



[Signature]
Notary Public, State of Oregon

My Commission Expires: 06-03-2022



RECEIVED

SEP 13 2020

Planning Office **JOJO - PLANNING**
700 NW Dimmick St Suite C
Grants Pass, Oregon 97526
541-474-5421
Fax: 541-474-5422
Email: planning@co.joseph.



Article 76

Certification of Fire Protection Service

Name: Victoria Prince

Assessor Map Number: 39-07-31 TL 202 1483 White Schoolhouse Rd

Address: PO Box 233

City Cave Junction State OR Zip code 97523

Phone Number: (541) 415-8365

Email: _____

I certify that the above property is being provided fire protection services by:

Illinois Valley Fire District
Fire district or Fire service provider

starting: 06/08/2020
Date

Fire Official Signature:  Date: 06/08/2020

Title: Division Chief Operations and Prevention

1048857

Zip 97523

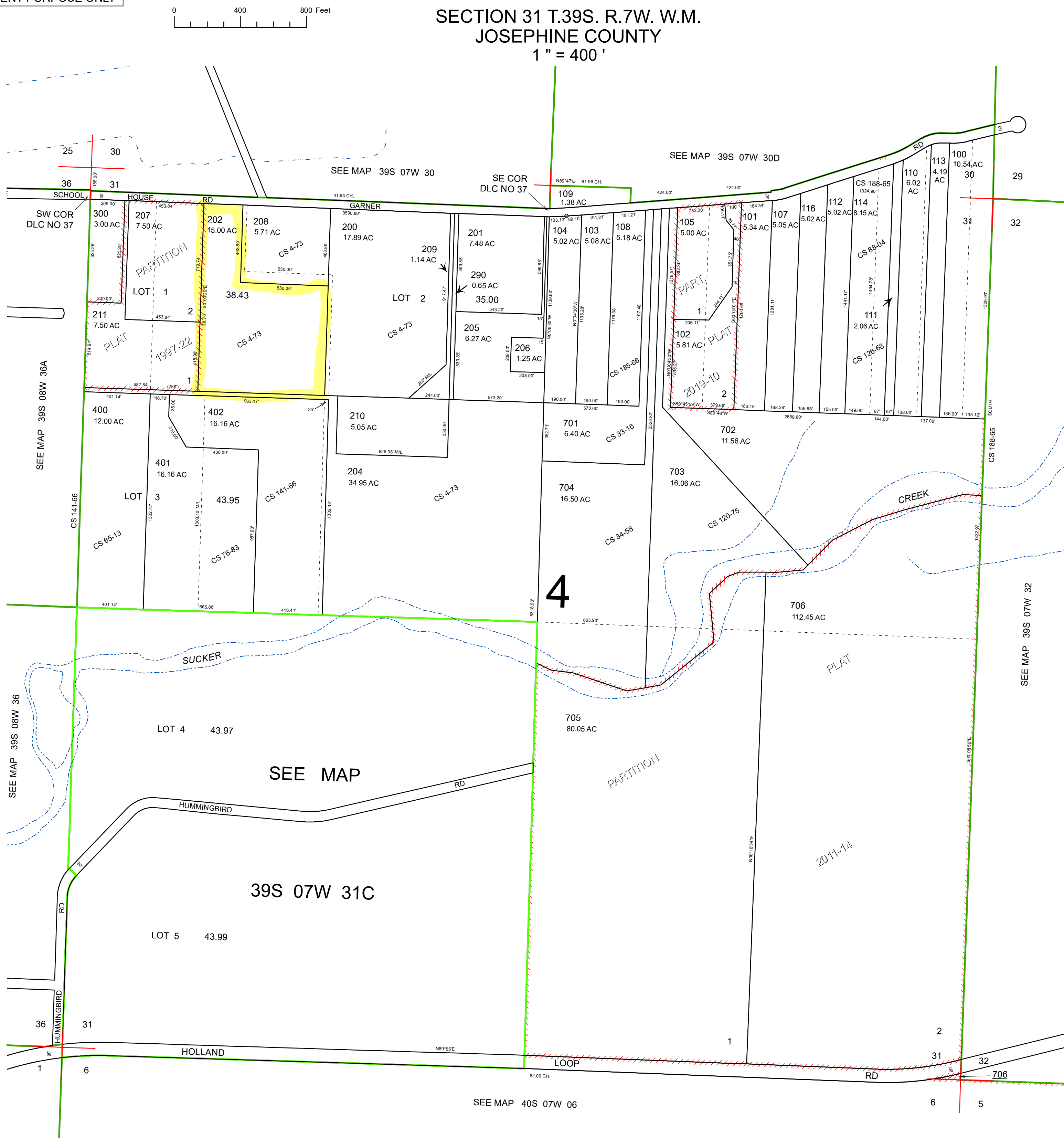
Alteration (complete 2a & 10) ☐ Abandonment (complete 5a) ☐

Seal:

--	--	--	--	--

☐ Thermal ☐ Injection ☐ Other

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK. Form Version



CANCELLED:
106
115
112-60
112-61
116-60
116-61
117
118
500
600
601
490
491
203
700