



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-22-000238-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: 07/20/2022

Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: Atilla The Hoe
Address: P.O. Box 835
Grants Pass OR 97528
Phone: (541) 476-8833
Email: remowill48@roguelinkdsl.com

Primary Contractor: Atilla The Hoe
Installer License: 38390
Address: P.O. Box 835
Grants Pass OR 97528
Phone: (541) 476-8833
Email: remowill48@roguelinkdsl.com

Owner: JAKE WRIGHT
Address: 1699 GRANITE HILL ROAD
GRANTS PASS OR 97526

Property Address: 1376 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000209 - Primary **Township:** 35 **Range:** 06 **Section:** 16

Lot Size: 2.51 **Water Supply:** Well
Zoning: N/A **City/County/UGB:** County
Land Use Approval: N/A

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	3

System Specifications

Type: Standard
Max Peak Design Flow: 450 gpd. **Proposed Flow:** 375 gpd.
Min Septic Tank Volume: 1500 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:** N/A
Trench Length: 225 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:** 8 ft.
Min Depth: 24 in. **Capping Fills-Min Depth of Fill Material:** N/A

Special Requirements

Pump to Drainfield Required: Yes **Filter Fabric on Top of Drain Media:** Yes
Rake Trench Sidewalls: Yes

Date Certificate Issued: 07/20/2022

Work Description: STANDARD 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. 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.
13. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
14. Maximum length of an individual trench is 150-feet.
15. Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
16. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
17. 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.
18. Photos of the septic system components must be submitted along with the FIRN.

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.

Date Certificate Issued: 07/20/2022

Work Description: STANDARD CONSTRUCTION PERMIT

Certificate of Satisfactory Completion

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

Comments: N/A

Joshua Daley

Environmental Specialist

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: 463-22-000238-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: 35

Range: 06

Sect: 16

Name: JAKE WRIGHT

Lot: 23

Property 1376 ELLISON LOOP, MERLIN, OR 97532

Address:

SECTION 2: System Component Specifications:**A. Tanks/Pumps****System Type:**Water tight
verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Riverside	Date: 7-6-2022
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Zoller 152	Float(s)Type(1): 1	Model/Manuf. Zoller 10-0229 115v
		Alarm	Float(s)Type(2): 1	Model/Manuf. STE Rhombus

B. Piping

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

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

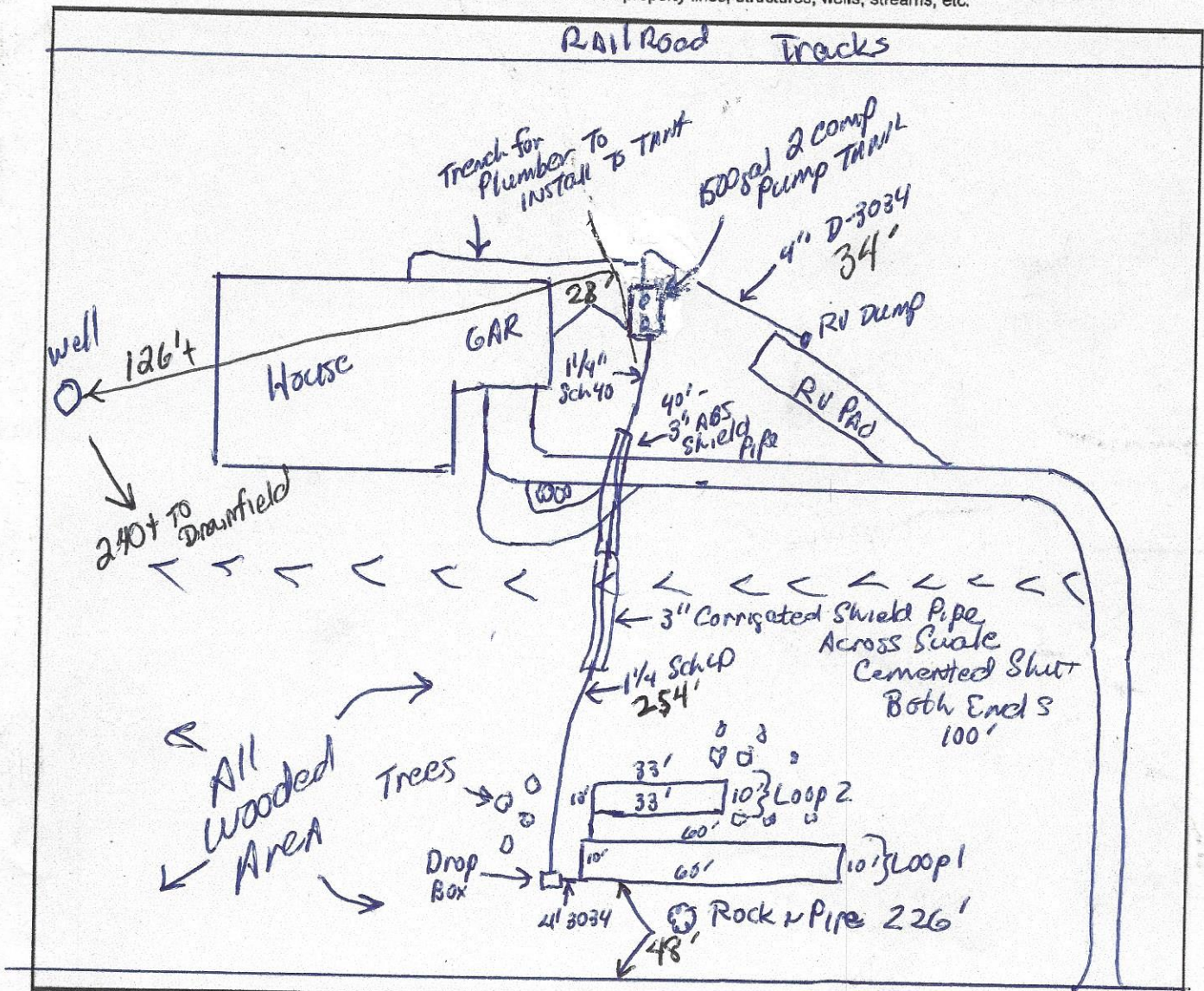
Type	(Gravel, Pipe or alternative?) Rock n Pipe		
Distribution Box	Yes ☒ No		
Drop Box	Yes ☒ No		
Distribution Pipe	Yes ☒ No	Diameter: 4"	ASTM#/Other: D-2729
			Length: 226'
Comment			

*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)

ELLISON LOOP ↑

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: <u>Ray Williams</u>	
Licensed Installer:	Yes ☒ No ☐	License#: <u>38390</u>	Certification#: <u>RI 36</u>
Owner/ Certified Installer:	Signature: <u>Ray Williams</u>	Date: <u>7-7-2022</u>	Phone#: <u>541 659 0852</u>

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: _____



Tank Set



Pump, Floats Set



Inlet coming from house



2% grade from house



2% grade into tank



Effluent Line from tank



3" ABS Shield Pipe under driveway



3" Shield pipe thru swale



Effluent Line continued



Effluent line continued



Effluent line into Drop Box



Level Drop Box



Effluent Line into Drop Box to Field



Drop Box 4" pipe to drainfield



Top Line of Loop 1 – total 130 feet



Line 2 of Loop 1



Crossover between Loop 1 and Loop 2



Loop 2 = 86 feet



Septic Permit
Installation Permit - Residential - New
463-22-000238-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 issued: 6/21/22

Expiration date: 6/21/23

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: Atilla The Hoe
Address: P.O. Box 835
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Phone: (541) 476-8833
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Primary contractor: Atilla The Hoe
Installer License: 38390
Address: P.O. Box 835
Grants Pass OR 97528
Phone: (541) 476-8833
Email: remowill48@roguelinkdsl.com

Business License: N/A

Owner: JAKE WRIGHT
Address: 1699 GRANITE HILL ROAD
GRANTS PASS OR 97526

Property address: 1376 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000209 - Primary

Township:

35 Range: 06

Section:

16

Lot size: 2.51
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
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	3

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	375 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttype:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	N/A
Trench length:	225 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:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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

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Date issued: 6/21/22**Expiration date:** 6/21/23**Work description:** STANDARD 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.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.
- 13.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 14.Maximum length of an individual trench is 150-feet.
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- 17.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.
- 18.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 6/21/22**Expiration date:** 6/21/23**Work description:** STANDARD 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.

Joshua Daley

Environmental Specialist

6/21/22



Josephine County, Oregon

Community Development – Planning Division

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

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

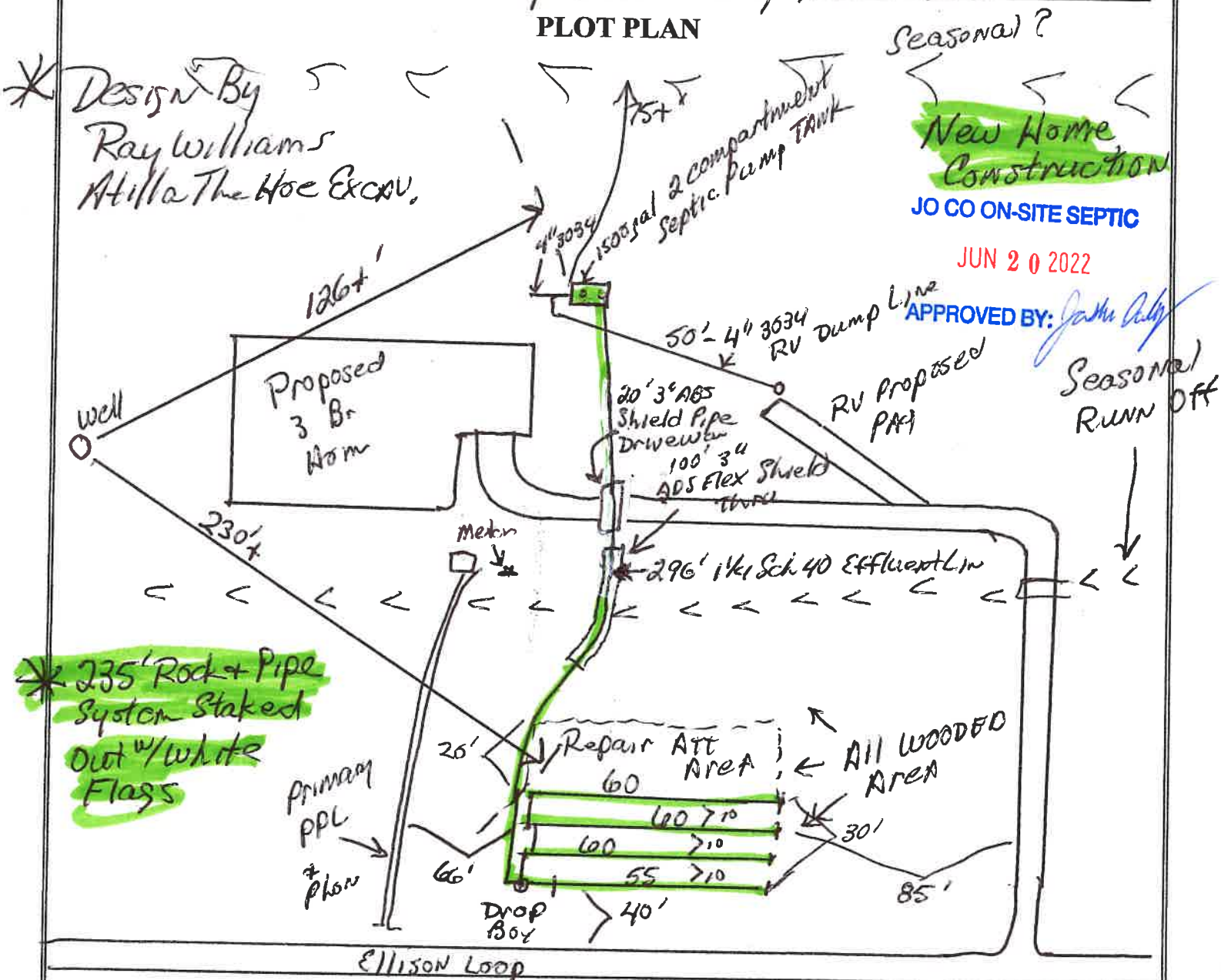
E-mail: planning@co.josephine.or.us

DATE: 4-23-2022 TWN 35 S RNG 06 W SEC 16 QQ TL 209

OWNER'S NAME: Jake Wright

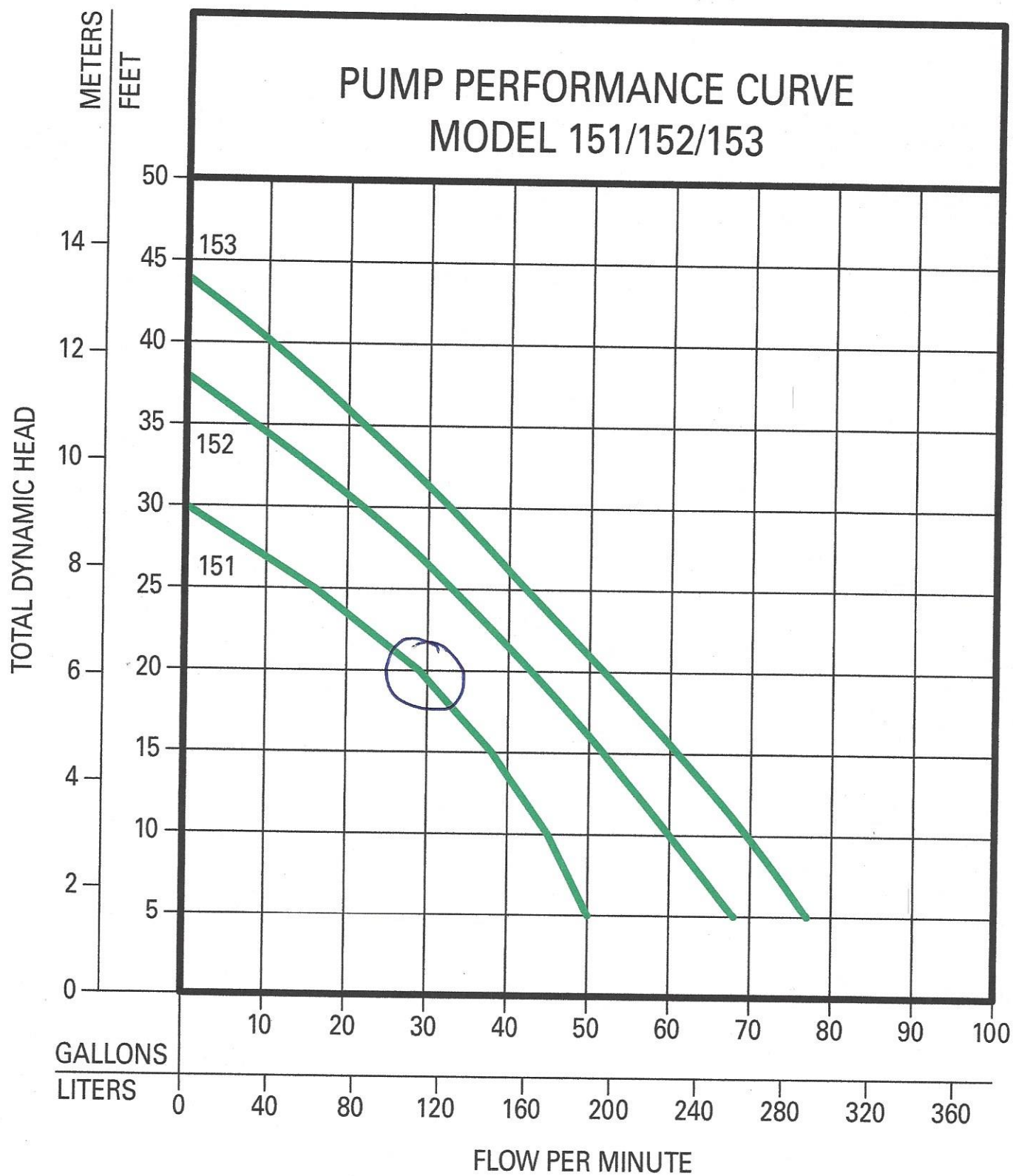
ADDRESS: 1376 Ellison Loop, Merlin, OR 97532

PLOT PLAN



SIGNATURE: Ray Williams

DATE: 4-23-2022



Attachments:

SED.151_152_153.curve1.jpg

692 KB

256' @ 20' Lift
1 1/4 Sch 40 PVC

Legal 35 06 16 B0 00209

Owner Jake Wright

Address 1376 Ellison Loop

Date

1500 GALLON TWO COMPARTMENT

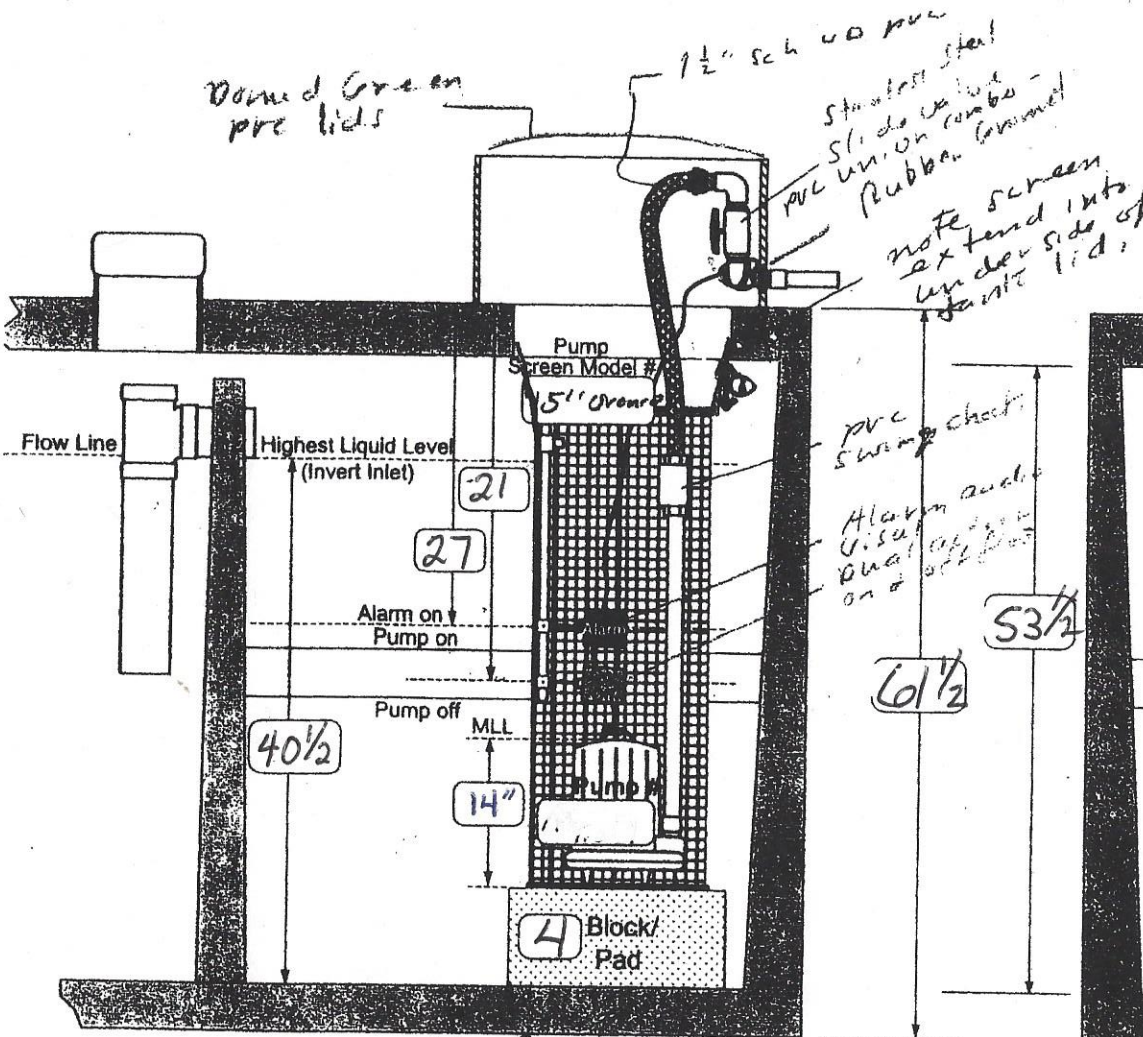
On-Demand dosing
WORKSHEET

Downed Green
pre lids

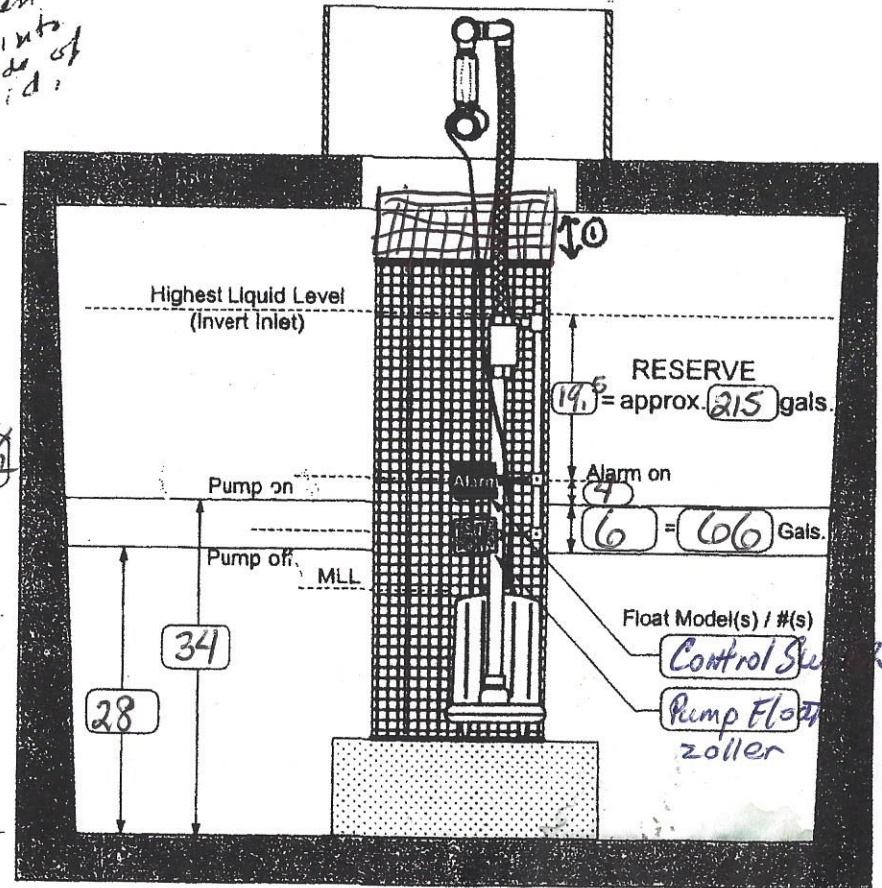
1 1/2" sch 40 pipe

Stainless steel
Slide valve
pvc line on combi -
Rubber gasket

note screen
extend into
underside of
tank lid



on & off float set
for 6" of travel or
66 Gallon per cycle



① Screen must be flush with underside
of tank lid/top

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350616B0000209

SITUS: 1376 Ellison Loop

ACRES: 2.51

PERMIT
NUMBER: PL-2022-00278

ZONE: RR2.5

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	WRIGHT, JEREMIAH & WRIGHT, BREANA	APPLICANT PHONE #:	541-659-6521
APPLICANT ADDRESS:	1699 GRANITE HILL RD GRANTS PASS, OR 97526		
OWNER:	WRIGHT, JEREMIAH & WRIGHT, BREANA		
OWNER ADDRESS:	1699 GRANITE HILL RD GRANTS PASS, OR 97526		
SPECIAL REQUIREMENTS			

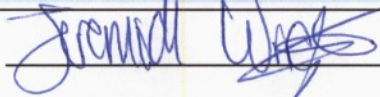
EXISTING STRUCTURES	PROPOSAL	SETBACKS	
Per Assessor Records: Vacant	SFD - 1940 sq. ft. 3 bed, 2 bath w/ attached garage	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

- Electrical service to be connected to authorized structures/uses only.
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Note: Septic System to be connected to authorized structures/uses only.

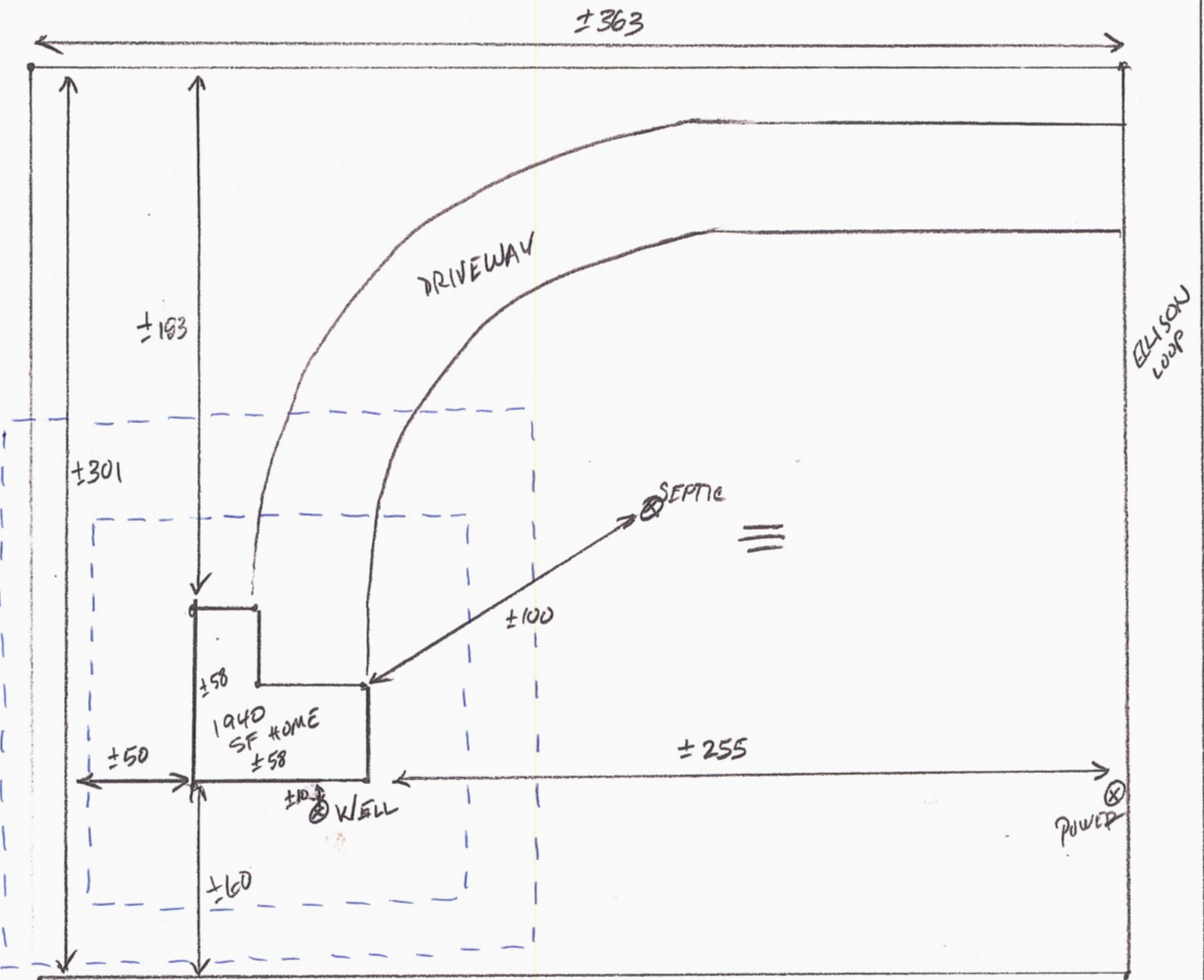
ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

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.

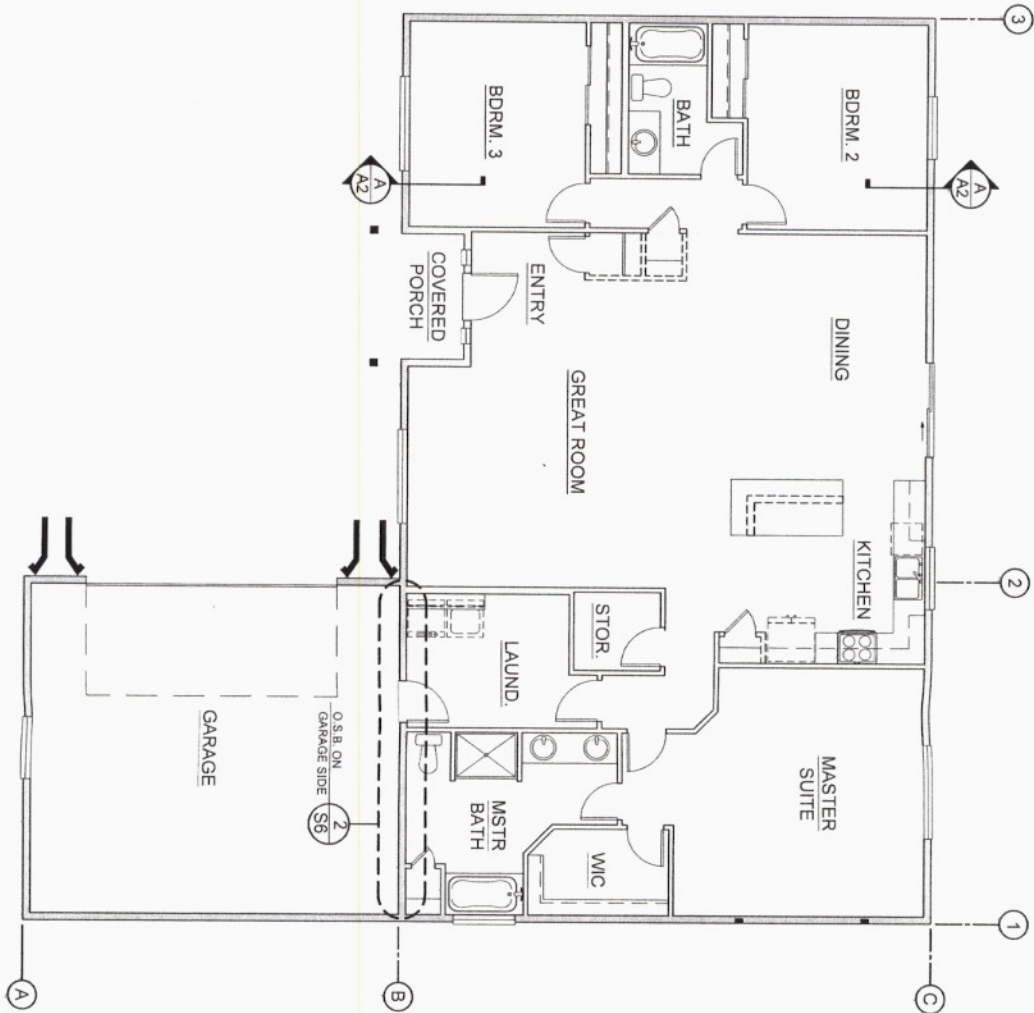
SIGNATURE:		DATE:	3/1/22
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	2-25-2022

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

Drawing provided by: Jake Wright Bre Wright 1699 Grantee Hill Rd Grants Pass OR 97526	1940 SF Home built at 1376 Ellison Loop Merlin OR 97532	Site Plan Map and tax lot: 3661623	Date:	RECEIVED 7 2022 JOCO PLANNING
			Scale: 1" = 40'	
			Sheet: 1/1	



RECEIVED
FEB 17 2022
IOCO - PLANNING

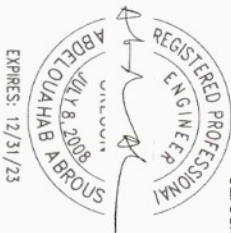


- GENERAL LATERAL NOTES
1. NO CHANGES SHALL BE MADE WITHOUT THE CONSENT OF THE GENERAL CONTRACTOR AND BUILDING DEPARTMENT.
 2. O.S.B. WALL SHEATHING 7/16" MINIMUM ONLY FOR EXTERIOR SHEARWALLS. NAIL SHEARWALLS PER EXTERIOR SHEARWALL DETAIL 1 ON SHEET S6 U.N.O.
 3. NAIL ALL TOP PLATES TOGETHER WITH 10d NAILS @ 12" O.C. AND AT SPICES W/ 10d NAILS @ 8" O.C. LAP SPICES A MIN. OF 48" TYPICAL. NAIL ALL BOTTOM PLATES TO FLOOR SHEATHING AND MUDSILL W/ (2) 10d NAILS EACH STUD BAY.
 4. FASTEN ALL O.S.B. SHEARWALLS W/ 8d NAILS @ 8" O.C. EDGE AND 12d NAIL U.N.O. AT GARAGE PORTALS. FASTEN ALL OSB SHEARWALLS W/ 8d NAILS @ 4" O.C. EDGE AND 12" O.C. FIELD U.N.O.
 5. WHERE PLAN REQUIRES SHEATHING TO BE ATTACHED TO THE MUDSILL ON THE PONY WALLS PER SHEARWALL DETAILS. PONYWALL STUDS MAY BE OFFSET TO ALIGN W/ ONE EDGE WHEN A 2x6 MUDSILL IS USED. THIS WILL ALLOW FOR THE REQUIRED MUDSILL ATTACHMENT. SEE PLANS FOR THIS REQUIREMENT.

LEGEND

— = SHEARWALL SEGMENT

= SIMPSON STHD10 HOLDOWN SEE DETAIL 5 ON SHEET S6. (TOTAL = 4)



02/03/2022

SHEARWALL PLAN

CUSTOMER:

JEREMIAH & BREANA WRIGHT
1699 GRANITE HILL RD
GRANTS PASS, OR 97526
(541) 659-6521

SITE ADDRESS:

1376 ELLISON LOOP
MERLIN, OR 97532
PARCEL # 35-6-16-23

REVISIONS:



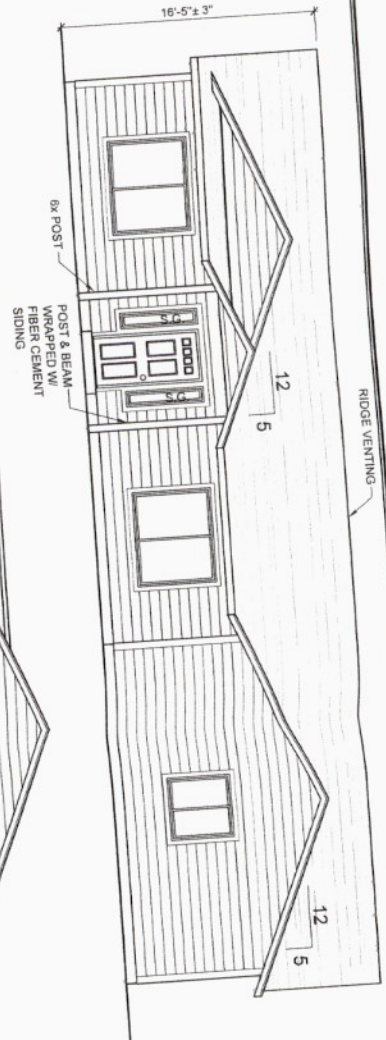
www.HilLineHomes.com
© Copyright HilLine Homes

HILINE HOMES
11908 82ND AVENUE
SEASIDE, WA 98138
(206) 770-2444 ext. 129
PLAN: 1940R
DATE: 1/2/22
JOB#: 2003-2013

- NOTE:
- HOMEOWNER IS RESPONSIBLE FOR DESIGN AND INSTALLATION OF ALL DECKS AND PATIOS INCLUDING THOSE UNDER COVERED AREAS. ALL DECKS AND PATIOS SHALL BE DESIGNED AND BUILT IN ACCORDANCE WITH ALL APPLICABLE LOCAL BUILDING CODES. COMPLIANCE WITH ALL APPLICABLE LOCAL BUILDING CODES, MATERIAL AVAILABILITY AND BUILDER DISCRETION.
 -

FRONT ELEVATION

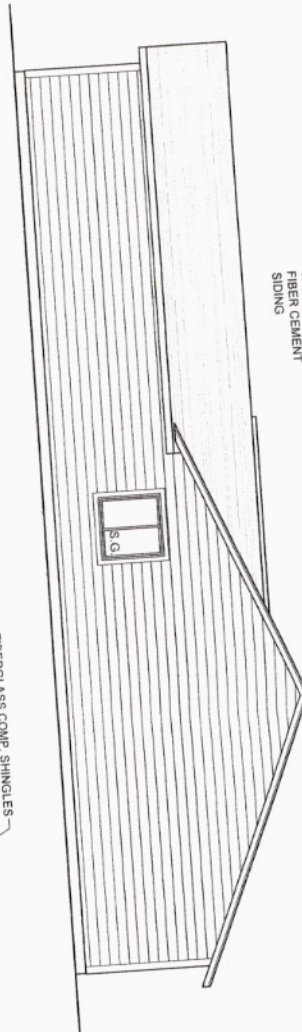
1/8" = 1'-0"



NOTE:
ADDRESS MUST BE LOCATED
ON THE HOUSE WHERE IT IS EASILY
SEEN FROM THE MAIN ACCESS ROAD
(OWNER RESPONSIBILITY)

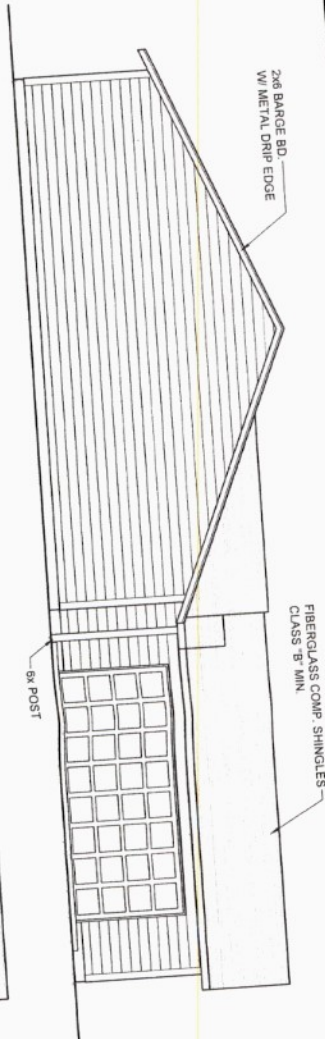
RIGHT ELEVATION

1/8" = 1'-0"



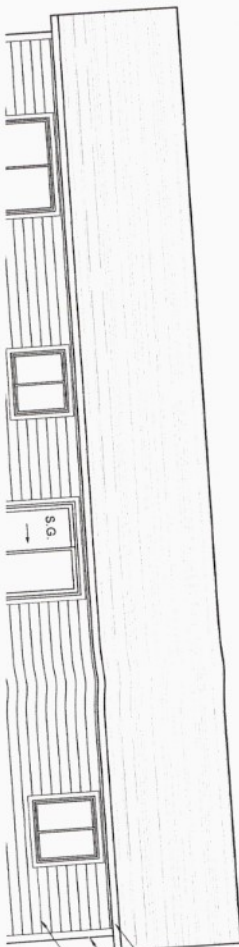
LEFT ELEVATION

1/8" = 1'-0"



REAR ELEVATION

1/8" = 1'-0"



EXTERIOR ELEVATIONS

CUSTOMER:

JEREMIAH & BREANA WRIGHT
1699 GRANITE HILL RD
GRANTS PASS, OR 97526
(541) 659-6521

SITE ADDRESS:

1376 ELLISON LOOP
MERLIN, OR 97532
PARCEL # 35-6-16-23

REVISIONS:



www.HiLineHomes.com
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A3

HILINE HOMES
11306 82ND AVENUE
PLYMOUTH, WA 98642
(253) 770-2244 ext. 113
PLAN: 1940R
DATE: 1/2/22
JOB#: 2003-2013

RECEIVED
FEB 17 2022
IOCO - PLANNING

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

RECEIVED
5 17 2022

JOCO - PLANNING

Prepared by:	bs	District No:	2
Zone:	RR2.5	Violations:	
Owner	Contact	Pickup	Mail
Fax:			
Email:	jwrightfam7@gmail.com		
Land Use Log:	Yes	No	Scanned

Application Date:	11/17/2021	Permit No:	9937
Situs (St Address):	Ellison Loop		
Location of Access:	Ellison Loop		
T	35	R	06
S	16.B0	TL	209
Lot No:	23		
Stated Purpose:	Home Construction		
NEW	EXISTING	SHARED	WAIVER

Contractor **Druthers Construction**
Street Address _____
City / St / Zip _____

Office No. _____
Cell No. **541-441-2029**
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 **Jeremiah Wright** Phone **541-659-6521**
Mailing Address **1699 Granite Hill Road**
City **Grants Pass** St **OR** Zip **97526**

Contact _____ Phone _____
Address _____
City _____ St _____ Zip _____

TYPE OF ROAD:

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

TYPE OF APPROACH:

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

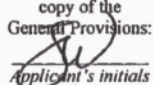
Approach: ☐ Existing ☒ New Width: _____

Culvert: ☐ Existing ☐ Required ☐ Material: ☐ CMP / Concrete Diameter: _____ Length: _____ ☐ Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before **11/19/2022**

SUBMITTED BY:

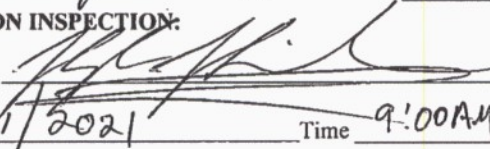

Applicant _____ Date **11/17/21**

I have received a copy of the General Provisions:

Applicant's initials _____

"CONDITIONS FOR APPROVAL" ISSUED BY:


Public Works _____ Date **11/19/2021**

INSTALLATION INSPECTION:

Approved By 
Date **12/1/2021** Time **9:00AM**

LOCATION OF APPROACH:

Address **ELLISON LOOP LOT # 23**
Latitude (N) **42° 31' 58"**
Longitude (W) **123° 25' 15"**

Denied By _____ Date _____

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 _____

\$300 - DP for house

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 APPLICATION FORM

Property Address: 1376 Ellison Loop
Merlin OR 97532

Assessor's Map & Tax Lot:
35-06-16-B0 Tax Lot(s) 209
Tax Lot(s)

Zoning: RR2.5

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

1940 Sq. Ft.

Application/Permit Type: (Please Check All Applicable)

- ☐ Address Assignment
 - ☐ New Address
 - ☐ Change of Address
 - ☐ Additional Address
- ☐ Annual Compliance Certificate
- ☐ 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 Intended Water Use

- ☐ Statement of Understanding
- ☒ 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):

3 bed, 2 bath, stick build

Property Owner:

Jeremiah & Bre Wright
Address: 1699 Granite Hill Road
Grants Pass OR 97526

Phone: 541-659-6521

Email: jwrightfam7@gmail.com

Applicant:

Jeremiah Wright
Address: 1699 Granite Hill Rd.

Phone: 541-659-6521

Email: jwrightfam7@gmail.com

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Address: _____

Phone: _____

Email: _____

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).

Jeremiah Wright
(Signature of Owner or Attorney-in-Fact)

02/16/22
Date

(Signature of Owner or Attorney-in-Fact)

Date

(For Office Use)

RECEIVED
DATE STAMP

Fees Paid: 300

Initials: VB



Community Development
 (541) 474-5421
 700 NW Dimmick Street, Suite C
 Grants Pass, OR 97526
www.josephinecounty.gov

ADDRESS ASSIGNMENT

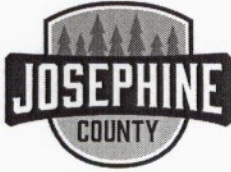
● Owner / Applicant (must have POA)	● PacifiCorp (Hanner)	Nicky Smith (BLM)
● Assessor (Roach / Snodgrass)	● GP Dept of Public Safety (Hyatt)	USPS Cave Junction (Krueger / Weir)
● Bldg Safety (Martin)	● GP Dept of Public Safety (Johnson)	● USPS Grants Pass (Anderson / Foster)
● ECSO (Murders / Harris)	● County Fire & Security (Trader)	● USPS Merlin (Ross)
● Public Works (Heesacker)	● ODOT (Scruggs)	USPS Murphy (Deneau)
● City of Grants Pass GIS (Brandt)	● Rural / Metro Fire Dept (Holloway)	USPS O'Brien (Horton / Weir)
● USPS District Address Mgmt Sys	Applegate Fire District (Jackson)	USPS Rogue River (Loop)
● CenturyLink (DiBetta)	Illinois Valley Fire District (Ismaili)	USPS Selma / Kerby / Wilderville (Willard)
● CenturyLink (Omaha office)	Williams Fire & Rescue (Kuntz)	USPS Williams (Rains)
● 911 (Haack)	Wolf Creek Fire District (Scruggs)	USPS Wolf Creek (Henry)
● Hunter Communications (Sinclair)		

DATE: February 24, 2022

FROM: Onnie Heater (541) 474-5109 ext. 2412 theater@josephinecounty.gov

Legal	35-06-16-B0, TL 209
	Lot 23 of Russell Road Estates
New Address	1376 Ellison Loop, Merlin, OR 97532
NOTES	





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

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL22-00257

Payer/Payee: WRIGHT, JEREMIAH & WRIGHT, BREANA
1699 GRANITE HILL RD
GRANTS PASS OR 97526

Cashier: Veronica Brown

Date: 02/17/2022

Primary Parcel: 350616B0000209 **Project Description:** New SFD; 1940 sq. ft. 3 bed, 2 bath

PL-2022-00278 DEVELOPMENT PERMIT

*** ELLISON LOOP**

Fee Description

Development Permit

<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
\$300.00	\$300.00	\$0.00
\$300.00	\$300.00	\$0.00

Payment Method	Reference Number	Payment Amount
CREDIT CARD	109335266	\$300.00

Total Paid: \$300.00



Application for Onsite Sewage Treatment System

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

6 1150.00

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 Jake Wright Mailing Address (Street or PO Box, City, State, Zip Code) 1699 Granite Hill Rd, Grants Pass, OR 97526 Phone Number 541-659-6521

B. Legal Property Description

Township 35S Range 06W Section 16B Tax Lot 00209 Tax Account Number 2.51 AC. Acreage or Lot Size
County Josephine Subdivision Name Russell Rd. Estates Lot Block
Property Address: 1376 Ellison Loop Address City Merlin State OR Zip Code 97532

Directions to Property: From Merlin go North on Pleasant Valley Rd to Russell Rd, Left on Russell Rd approx 3/4 mile To Ellison Loop (New Sub Division)

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
3
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 its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature Ray Williams Date 5/26/22
Applicant's Name - Please Print Legibly Ray Williams Applicant's Phone Number 541 659 0852
Applicant's Mailing Address Po Box 835 Grants Pass, OR 97528 Applicant's E-mail Address remowill48@roguelinkdsl.com

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☒ Authorization Attached

Installer's Name Ray Williams



Josephine County, Oregon

Community Development – Planning Division

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

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

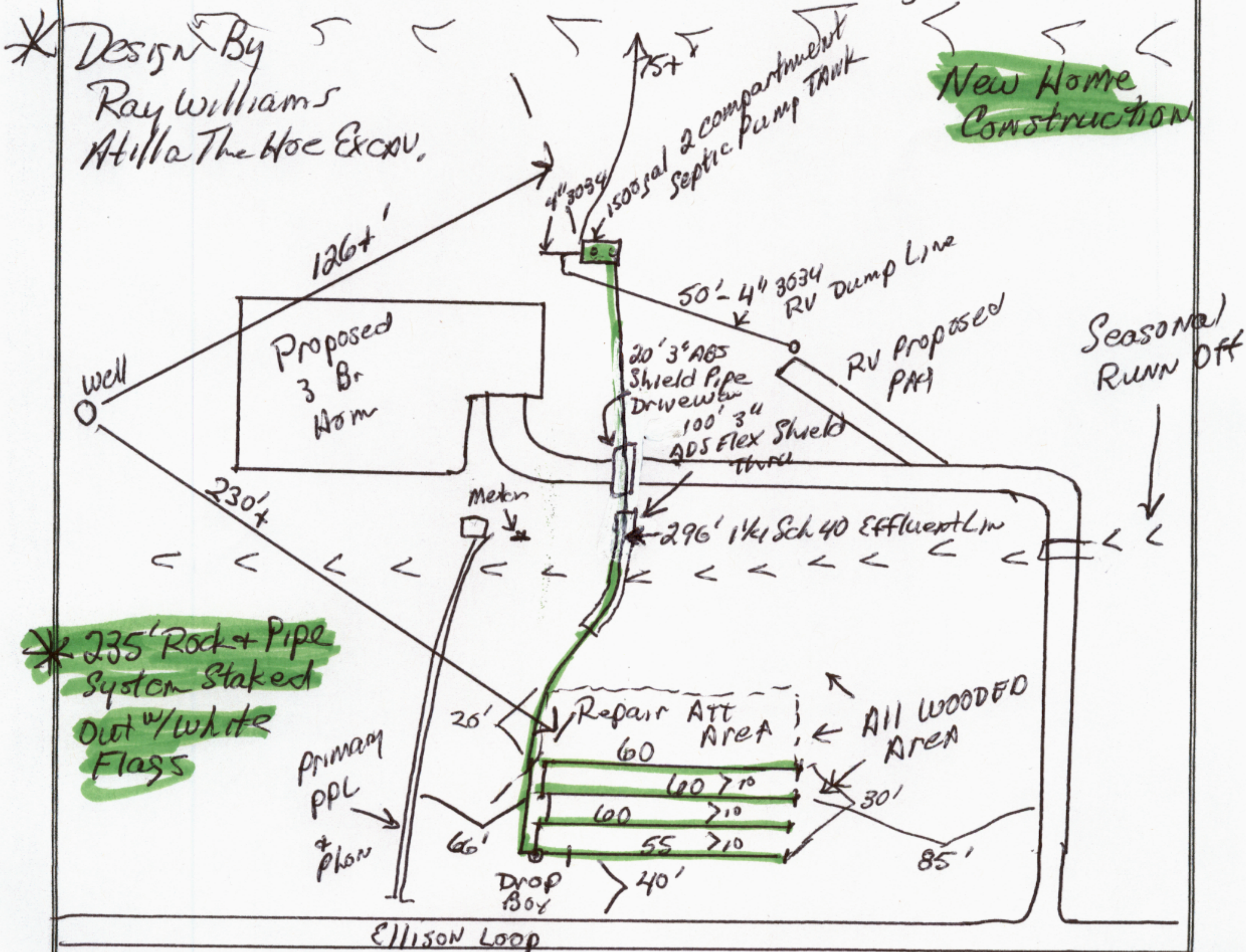
E-mail: planning@co.josephine.or.us

DATE: 4-23-2022 TWN 35 S RNG 06 W SEC 16 QQ TL 209

OWNER'S NAME: Jack Wright

ADDRESS: 1376 Ellison Loop Merlin, OR 97532

PLOT PLAN



SIGNATURE: Ray Williams

DATE: 4-23-2022



NOTICE AUTHORIZING REPRESENTATIVE

I, Jake Wright, have authorized Ray Williams to 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:

1376 Ellison Loop, Merlin OR, 97532
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35s Range 06w Section 16 Map ID _____ Tax Lot #(s) 00209

PROPERTY OWNER:

Printed Name: Jake Wright

Address: 1699 GRANTE HILL ROAD

City, State, Zip: GRANTS PASS, OR 97526

Phone: 541-659-6521 Email: jwrightfam7@gmail.com

Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Ray Williams "Atilla The Hoe Excav."

Address: PO Box 835

City, State, Zip: Grants Pass OR, 97528

Phone: 541 659 0852 Email: remowill48@roquelinkdsl.com

Signature: Ray Williams



Statement of Site Status

Name: Ray Williams

Address: 1376 Ellison Loop

City: Merlin State: OR Zip Code: 97532

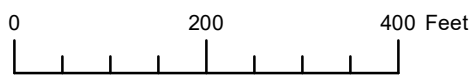
Township: 35 Range: 06 Section: 16 Tax Lot: 209

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: _____ Signed: Ray Williams

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY



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

35 06 16B

CANCELLED:
600
300
400
500
800
100
200





Residential Septic Site Evaluation Approval

463-22-000066-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: 03/29/2022
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: JAKE WRIGHT
Address: 1699 GRANITE HILL ROAD
GRANTS PASS OR 97526
Phone: 5416596521
Email: JWRIGHTFAM7@GMAIL.COM

Owner: JAKE WRIGHT
Address: 1699 GRANITE HILL ROAD
GRANTS PASS OR 97526

Property address: 1376 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000209 - Primary **Township:** 35 **Range:** 06 **Section:** 16

Lot size: 2.51 ACRES **Water supply:** Well
Zoning: N/A **City/County/UGB:** County

Proposed use of structure: 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:** 500 gal.
Comments: ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SAND FILTER FOR REPAIR SYSTEM.

System Specifications

	<i>Initial System</i>	<i>Replacement Area</i>
System type:	Standard	Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications

	<i>Initial System</i>	<i>Replacement Area</i>
Trench linear feet:	225 linear ft.	135 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements

	<i>Initial System</i>	<i>Replacement Area</i>
Stakeout required:	Yes	Yes
Drainfield type:	Standard	Standard
Drainfield sizing:	75 linear ft/150 gal.	45 linear ft/150 gal.
Pump to drainfield 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.)

Date issued: 03/29/2022**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

Natural Resource Specialist

3/29/22

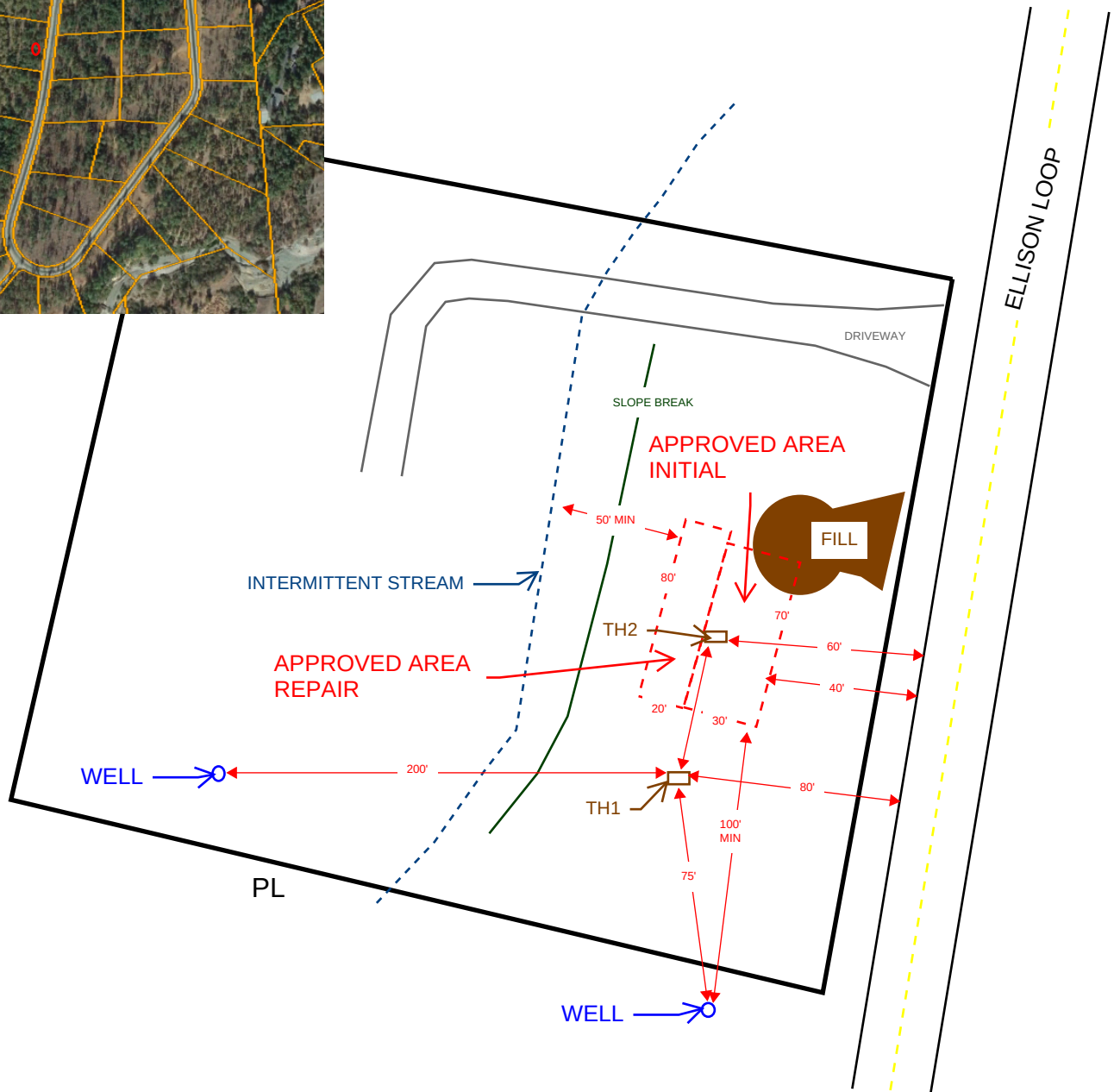
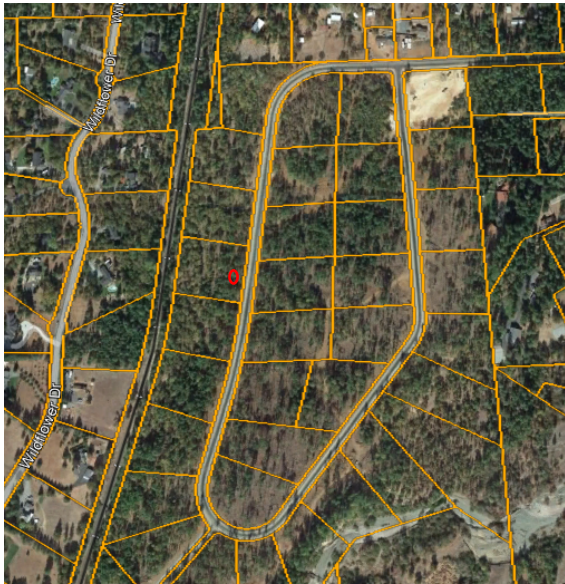
CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

SITE PLAN

ADDRESS 1376 ELLISON LOOP

PARCEL 350616B000209



* ADDED FILL(6"-12"), IN APPROVED AREA, TO BE REMOVED FROM SURFACE PRIOR TO INSTALL

*NOT TO SCALE

APPLICATION # 463-22-000066-EVAL

FIELD WORKSHEET

Name: Jeremiah Wright Application No.: 463-22-000066-EJW Date: 3/8/2022
 RE: SITE EVALUATION REPORT for Parcel #: 350616B000209

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.51

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 2

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

* OAR 340-071-0130; 340-071-0220; 340-071-0290; 340-071-0295;
 340-071-0345

* SPACE LIMITED DUE TO SETBACKS

* PUMP REQUIRED BASED ON HOME LOCATION

* THI WITHIN 100' OF A WELL

Inspector: [Signature]

ESD
60"

ESD
60"

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-5	CL	7.5YR ^{3/3} , GR, ROOTS 2VF, F, M 10% RCF
	5-17	CL	7.5YR ^{3/4} , WSBK, ROOTS 2F, 1VF, M, C, UC, " "
	17-32	CL	5YR ^{4/6} , WSBK, ROOTS 1VF, F, M, C 15% RCF
	32-60	COBBLY CL	" " 1 WSBK-WEDGE, ROOTS 1VF, F 25% RCF
Test Pit 2			SIMILAR TO TEST HOLE 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (FIR, MADROÑE, OAK)

Slope: 3-8% Aspect: W Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: 3/8/2022, PARTLY SUNNY, 61°, 2:30PM, INTERMITTENT
STREAM WEST OF THIS (DOWNSLOPE), TH1 75' FROM N. WELL TO,
(SOUTH) ←



**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 _____

Scanned

Data Entry

Date Stamp

A. Property Owner Information

Name Jake Wright
(Jeremiah)
Mailing Address (Street or PO Box, City, State, Zip Code) 1699 Granite Hill Road, Grants Pass, OR 97526
Phone Number 541-659-6521

B. Legal Property Description

Township 35.00S Range 6.00W Section 16 Tax Lot 209 Tax Account Number 23 Acreage or Lot Size 2.51
County Josephine Subdivision Name Russell Road Estates Lot 23 Block _____
Property Address: 1376 Ellison Loop City Merlin State OR. Zip Code 97532

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms 3

☐ 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

Jeremiah Wright

Date

2/7/22

Applicant's Name - Please Print Legibly

Jeremiah Wright

Applicant's Phone Number

541-659-6521

Applicant's E-mail Address

jwrightfam7@gmail.com

Applicant's Mailing Address

1699 Granite Hill Rd. Grants Pass OR. 97526

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name

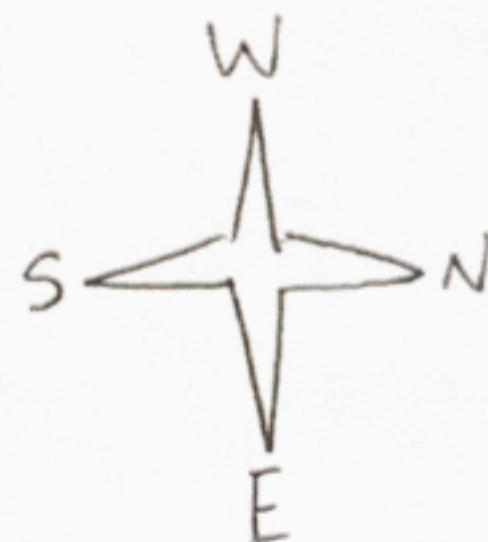
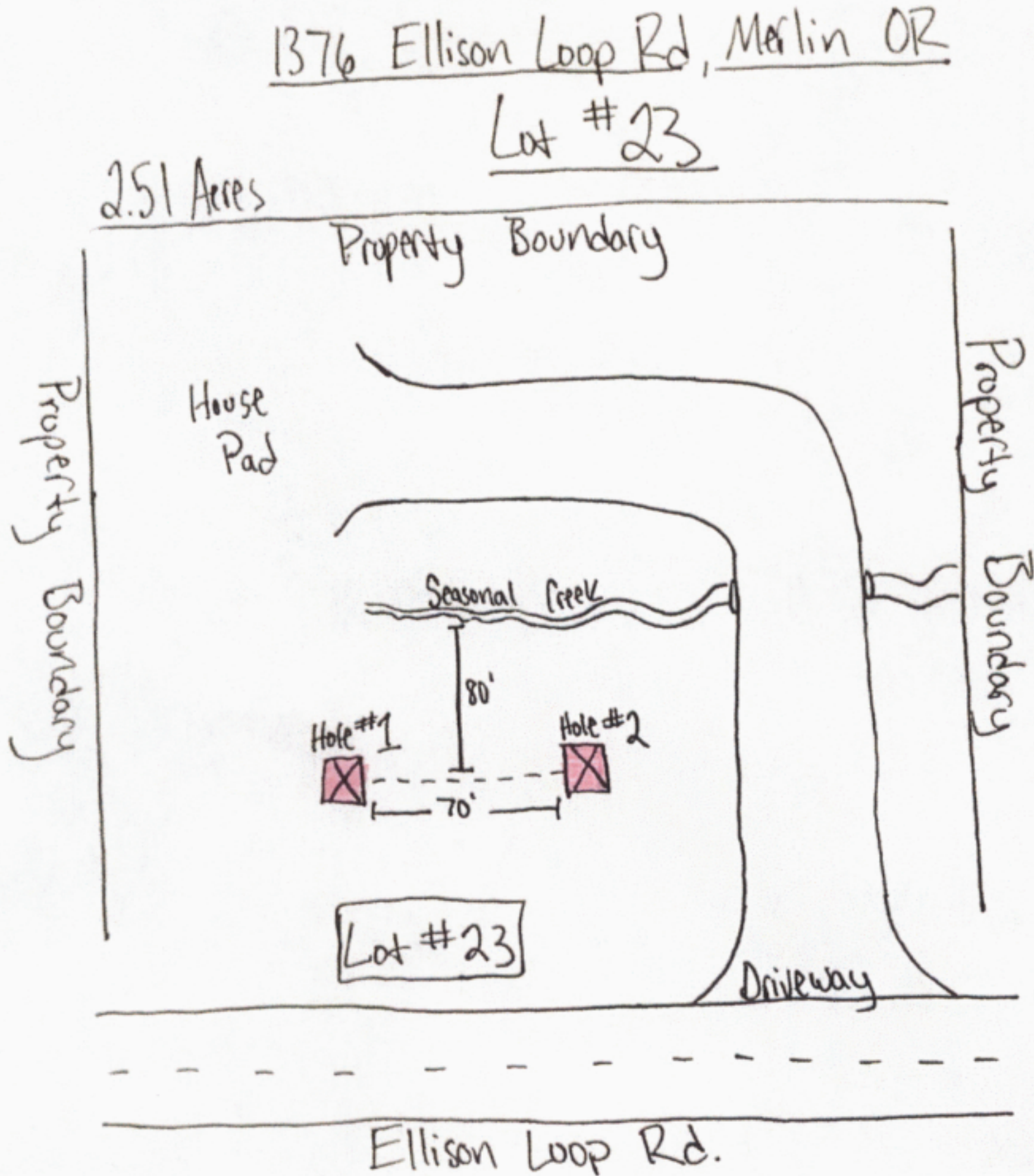
02/07/2022

Septic Inspection Map

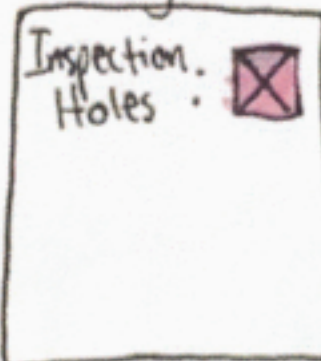
1376 Ellison Loop Rd, Merlin OR

Lot #23

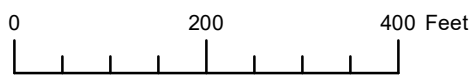
2.51 Acres



Key:



THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY



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

35 06 16B

CANCELLED:
600
300
400
500
800
100
200



35 06 16B