



Residential Septic Site Evaluation Approval

463-21-000437-EVAL

Josephine Onsite Septic Program 700 NW Dimmick Street Suite A Grants Pass, OR 97526

> 541-474-5444 Fax: 541-474-5422

onsiteseptic@josephinecounty.gov Website: josephine.or.us

Date issued: 02/22/2022

Application status: Site Evaluation Approved Work description: SITE EVALUATION LOT 2

Applicant: Clint Eells Excavating

Address: 5545 Riverbanks Rd

Grants Pass OR 97527

Phone: (541) 659-7325

Email: clint.fcdc@gmail.com

Owner: HADDAD, HAITHAM &

Address: HADDAD, SHEILA PO BOX

5744

HADDAD, SHEILA PO BOX 5744

GRANTS PASS OR 97528

Primary contractor: Clint Eells Excavating

Installer License: 36268

Property address:

Address: 5545 Riverbanks Rd

Grants Pass OR 97527

1951 Russell Rd, Merlin, OR 97532

Phone: (541) 659-7325

Email: clint.fcdc@gmail.com

Parcel: 350609DD00010000 - Primary

Lot size:13.62Water supply:WellZoning:N/ACity/County/UGB:N/A

Proposed use of structure: SFR

Category of construction: Single Family Dwelling

General Specifications

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

Special tank regmts: None

Comments: Multiple partitions to be located on lot

System Specifications Initial System Replacement Area

System type:StandardStandardSystem distribution type:EqualEqualDistribution method:EqualEqual

Trench Specifications Initial System Replacement Area

Trench linear feet: 300 linear ft. 300 linear ft.

Max depth: 30 in. 30 in.

Min depth: 24 in. 24 in.

Special Requirements Initial System Replacement Area

Groundwater type: Not Applicable Not Applicable Not Applicable

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: 02/22/2022

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Drainfield type: Standard Standard Standard

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.

Danielle Morvan

Natural Resource Specialist

2/22/22

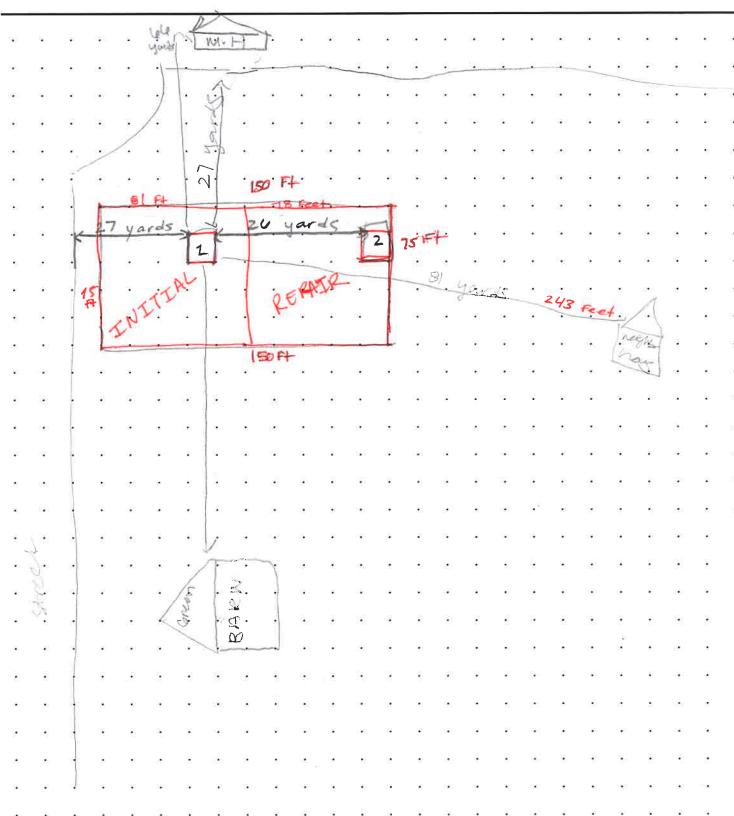
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Township: 35 Range: 04 Section: 09 Property ID: TL 100

Owner/Applicant: Haitham Haddad Evaluator: Danielle Morvan

Inspection Date(s): Application Number: 463-21-000437-EVAL



SITE EVALUATION FIELD WORKSHEET

Townsh	- :::	n a la					
		Range: U	Section: 09 Property ID: TL 100				
		or their					
Inspect	ion Date(s):		Application Number: 463-21-000437-EVAL				
	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC				
	0-15	loam	LVFIFINC 104R3/2 SbK				
	16-33	gravelly	1-VF 10 YR 3/h Sol				
Pit 1	34-48	COBBIY	Reds Color				
//		day loam	gracity, though the				
48"							
Pit 2			Similar to test pit				
			J. Control of the con				
		Î					
Pit 3							
1113							
	7						
Pit 4	ş. <u>.</u>						
T - 1	a all all all all all all all all all a	W 2000 F	0 15 Page 0 W No. 1 and				
		,	e comples in bottom				
Slope:_			pect: Groundwater Type:				
Other S	ite Notes://	201 60+					
			SYSTEM SPECIFICATIONS				
Design	Flow: 450	gpd	5151EW 51ECHICATIONS				
_	System: Sto						
	ıl Facility: 30		near feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches				
Replacement System: Standard							
Disposal Facility: 300 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 2 inches							
Special Conditions: NINC							
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Application for Onsite Sewage Treatment System

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

	ITE SEPTIC Use Only:	Date Stamp
Date received		
Fee paid		
Receipt number		
Application nu		
Date of 1st resp	onse	
Date of 2nd resp	oonse	
Date of final re	sponse	
Date of comple	tion	
Scanned	Data Entry	

Charles of the Parket of the P	A. Property Owner Info	rmation	
Shella Haddao	P.O.Box 5744 G.P. (Mailing Address (Street or PO Box, City, State, Zip	OR. 97527	541-660-5848 Phone Number
	B. Legal Property Desc	ription	
Township Range County Property Address: 1951	Section 100 Section Off Soe Creek Subdivision Name BUSSELL RA N	Sub: 2,4,1	Acreage or Lot Size Block
Address Directions to Property:	City	10,700	State Zip Code
	C. Existing Facility / Proposed Facility	// Water Information	
Existing Facility:	Proposed Facility:	Water Supply:	
☐Single Family Residence	XSingle Family Residence	□Public Nam	e
Number of Bedrooms	Number of Bedrooms	₽ Private	h : a :
□Other	□Other	Well Spring, Shared	
	D. Type of Applicat	ion	
W			
Site Evaluation	□Renewal Permit	☐Authorization Notice for	
□Construction	□Existing System	 □ Connecting to an Existing System Not in Use □ Replacing a Mobile Home or House with Another 	
□Permit Repair □Major □Minor	Evaluation	Mobile Home or House	
□Alteration Permit	□Permit Transfer □Permit Reinstatement	☐ The Addition of One or More Bedrooms ☐ Personal Hardship	
□Major □Minor	Dreimit Reinstatement	☐ Temporary Housing ☐ Other-please specify	
		y 1	
with your name and address at the	ats are not included with this application, it wise entrance to the property. Flag and number	he test holes.	
By my signature, I certify that the	e information I have furnished is correct, and to enter onto the above described property for to enter onto the above described property for the late.	the sole purpose of this appli	ounty Onsite Septic and ication.
Clin + Eell 5	541-65 Applicant's Pho	9-7325 Cl	intefede Damo
5545 River	Banks Rd G.P. O.	R. 97527	South of P-HBII Address
Applicant is the Owner	Authorized Representative	ensed Septic Installer	
	□Authorization Install	Christ Talls	

NOTICE AUTHORIZING REPRESENTATIVE

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