



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-21-000454-PRMT-01

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: 08/23/2022

Work Description: CONSTRUCTION PERMIT ATT

Applicant: James Romero
Address: 6743 Old Stage Road
Central Point OR 97502
Phone: 5412267959
Email: brit.howard89@gmail.com

Primary Contractor: RALPH WYTCHERLEY
EXCAVATING LLC
CCB: 193027
Address: 251 MONTERICO RD
GRANTS PASS OR 97526
Phone: 5416602810
Email: rwxwytcherley@gmail.com

Owner: James Romero
Address: 6743 Old Stage Road
116 CAMBRIDGE DR
Central Point OR 97502

Property Address: 1420 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000021100 - Primary

Lot Size:	2.52 ACRES	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:	Alternative Treatment Technology (ATTs)	ATT Description:	AX20-RT
Max Peak Design Flow:	450 gpd.	Proposed Flow:	375 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:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	135 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	18 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Temporary	Groundwater Depth:	N/A
Pump to Drainfield Required:	Yes	Filter Fabric on Top of Drain Media:	Yes

Date Certificate Issued: 08/23/2022

Work Description: CONSTRUCTION PERMIT ATT

Conditions of Approval

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:** No **Pre-Cover Inspection Waived Per 340-071:** Yes

Comments: N/A

Gabriel Kasiah

Natural Resource 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: 463-21-000454-PRMT-01

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: Range: Sect:
Lot:

Name: James Romero

Property 1420 ELLISON LOOP, MERLIN, OR 97532
Address:

SECTION 2: System Component Specifications:

System Type:				Water tight verification*
A. Tanks/Pumps				
Tanks(1)	Volume: 1,000	Compartments: 1	Manufacturer: Riverside Ready Tank	Date: 8/10
Tanks(2)	Volume: 500	Compartments: 2	Manufacturer: Advantage Overo	Date: 8/11
Pump(s)	HP: Model/Manuf. PF300511	Float(s)Type(1):	Model/Manuf. Overo MF3P	
		Float(s)Type(2):	Model/Manuf. Overo MF3P	

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter: 1 1/4	ASTM#/Other: sched 40	Length: 50'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type: ATT Advantage XP500	Container Dimensions: 4x8.5
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: Dwyer Septic			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

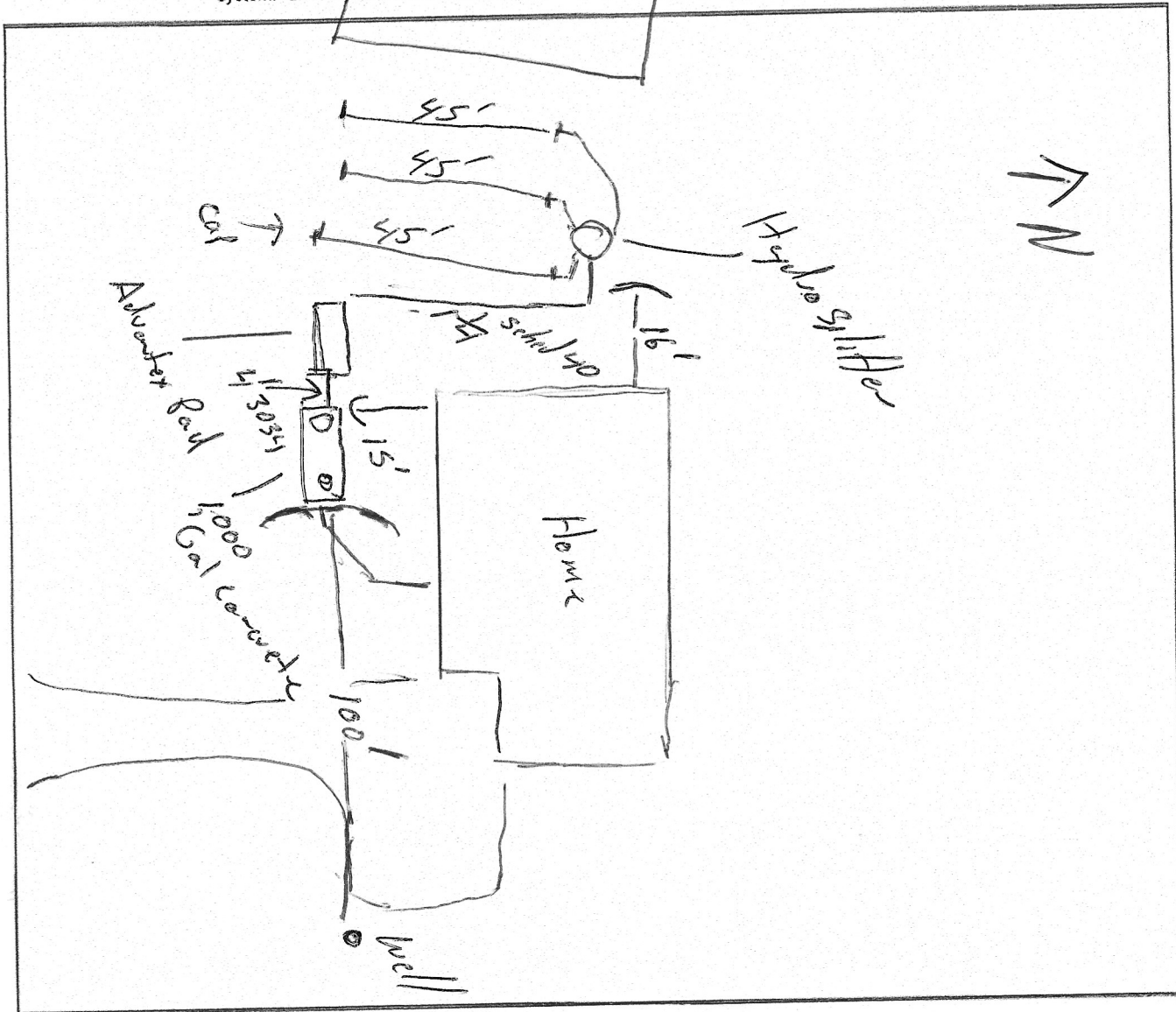
Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No	Hydro Splitter Equal 45' lines	
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter: 1"	ASTM#/Other: sched 40' Length: 30'
Comment				

*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: <u>Ralph Nycherley</u>		
Licensed Installer:	Yes - ☐	No ☒	License#: <u>384138</u>
			Certification#: <u>RI 619</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>8/12/23</u>	Phone#: <u>541 660-2810</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: _____



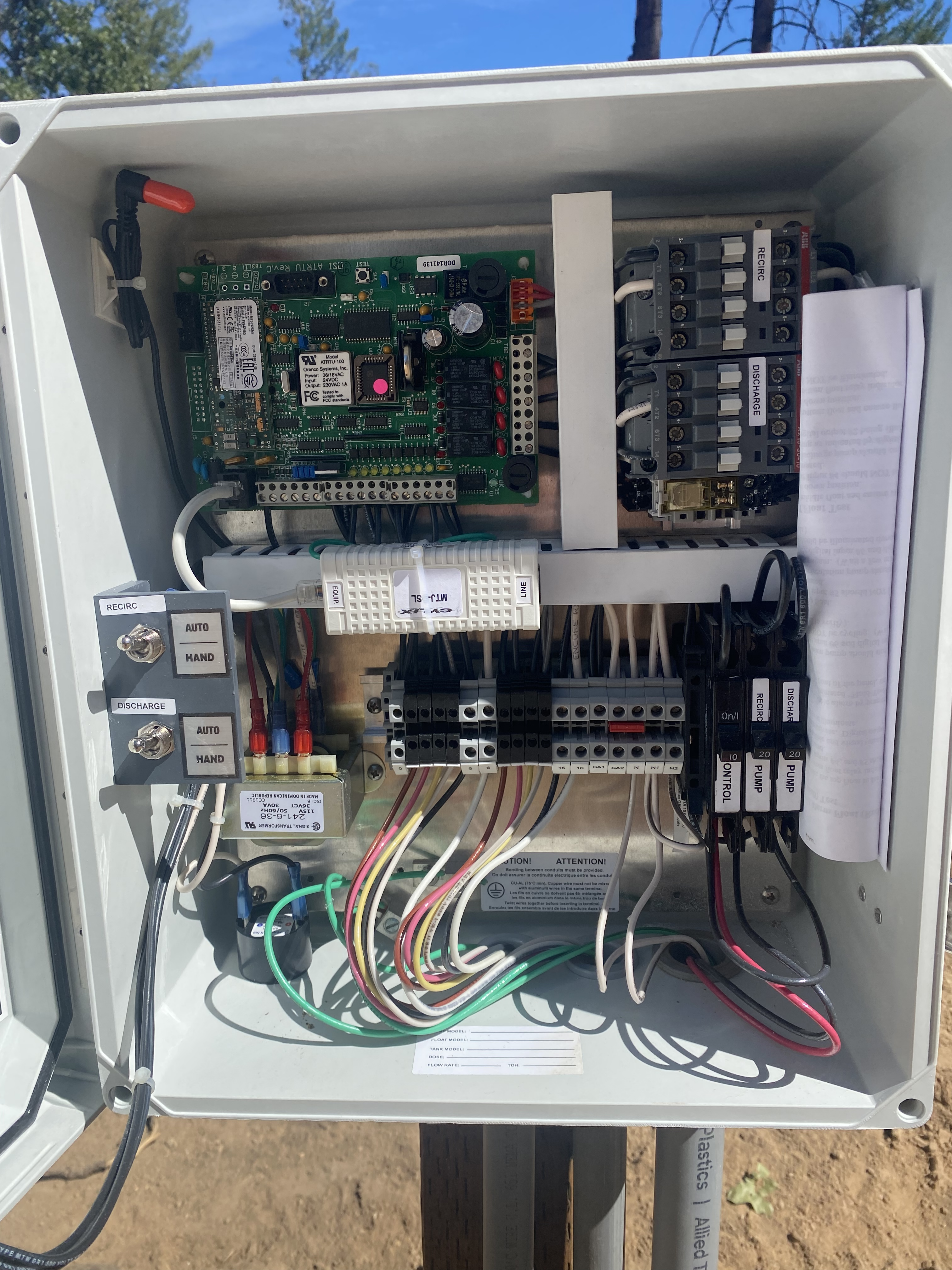












Model ATRTU-100
Orenco Systems, Inc.
Power: 36V 18VAC
Input: 24VDC
Output: 230VAC 1A
Tested to comply with FCC standards

Model ATRTU-100 Rev.C

TEST

U1 U2 U3 U4 U5 U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19 U20 U21 U22 U23 U24 U25 U26 U27 U28 U29 U30 U31 U32 U33 U34 U35 U36 U37 U38 U39 U40 U41 U42 U43 U44 U45 U46 U47 U48 U49 U50 U51 U52 U53 U54 U55 U56 U57 U58 U59 U60 U61 U62 U63 U64 U65 U66 U67 U68 U69 U70 U71 U72 U73 U74 U75 U76 U77 U78 U79 U80 U81 U82 U83 U84 U85 U86 U87 U88 U89 U90 U91 U92 U93 U94 U95 U96 U97 U98 U99 U100

RECIRC

AUTO

HAND

DISCHARGE

AUTO

HAND

24-1-6-36
115V 50/60Hz
36VCT 30VA
MADE IN DOMINICAN REPUBLIC
SIGNAL TRANSFORMER

MTJ-SL

LINE

EQUIP

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

DISCHARGE

RECIRC

PUMP

PUMP

CONTROL

ATTENTION! ATTENTION!
Bonding between conduits must be provided.
On doit assurer la continuité électrique entre les conduits.
CU-AL (75°C min). Copper wire must not be mixed with aluminum wires in the same terminal.
Les fils en cuivre ne doivent pas être mélangés avec les fils en aluminium dans le même trou de bornier.
Twist wires together before inserting in terminal.
Enroulez les fils ensemble avant de les introduire dans le bornier.

MODEL: _____
FLOAT MODEL: _____
TANK MODEL: _____
DOSE: _____
FLOW RATE: _____ TDH: _____

TEST INSTRUCTIONS
1. Check the pump and motor for proper operation.
2. Check the pump and motor for proper operation.
3. Check the pump and motor for proper operation.
4. Check the pump and motor for proper operation.
5. Check the pump and motor for proper operation.
6. Check the pump and motor for proper operation.
7. Check the pump and motor for proper operation.
8. Check the pump and motor for proper operation.
9. Check the pump and motor for proper operation.
10. Check the pump and motor for proper operation.

VCOM-AX20B Reference Chart

Program: AX20B System 4.6

Input Functions (Yellow):

1. (D21) Recirc. RO & Low Level Alarm Float
2. (D20) Recirc. Override Timer Float
3. (D19) Recirc. High Level Alarm Float
4. (D18) Disc. Pump On Float
5. (D17) Disc. High Level Alarm Float
6. (D16) Recirc. Auxilliary Contact
7. (D15) Disc. Auxilliary Contact
8. (D14) Push to Silence

Conditions for activation:

- Float in up position
- Float in up position
- Float in up position
- Float in up position
- Float in up position
- Motor contactor is activated
- Motor contactor is activated
- Pushbutton is pressed

Output Functions (Red):

1. (D13) Recirc. Pump
2. (D11) Disc. Pump
3. (D9) Alarm Light
4. (D7) Audible Alarm

Condition for activation:

- Pump is activated
- Pump is activated
- Alarm Light is activated
- Audible Alarm is activated

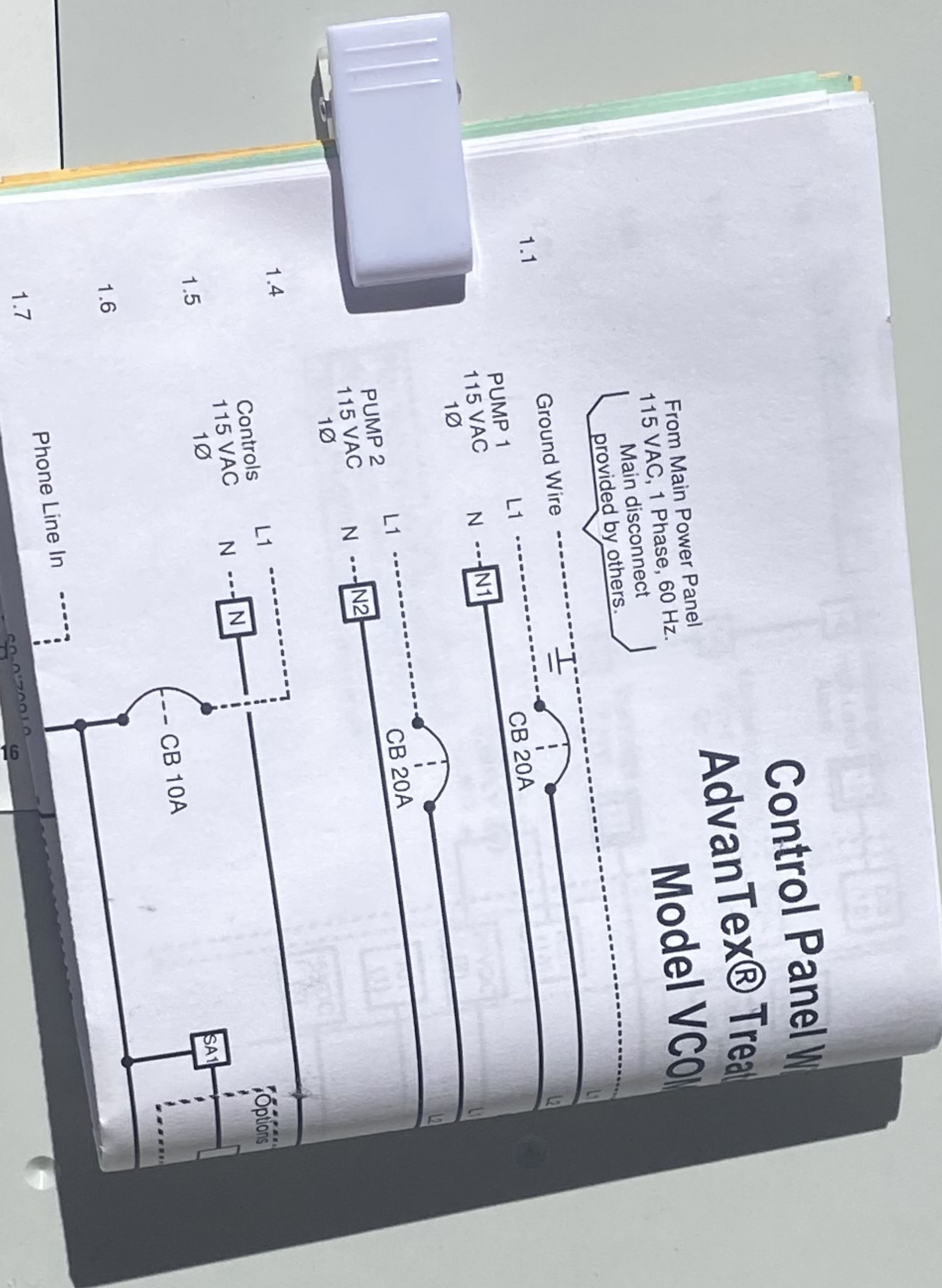
Test Mode:

The panel should be put in test mode during maintenance activities, troubleshooting, or panel start-up. To enable test mode, hold the silence button on the front of the panel until the audible alarm sounds (about 10 seconds). When testing is complete, the panel can be put back into normal operation by again holding the silence button until the alarm sounds, or the panel will automatically exit test mode after 30 minutes.

Forcing a Call:

To force the panel to call out, push the silence button on the front of the panel 15 times within a one minute period. Allow five minutes for the call to be initiated. Once the panel has made a successful connection, the red "CD" light on the board should be illuminated. The red light remains illuminated until the call has completed.

EIN-CP-REF-89
Rev 1.6 © 09/23/16



Keep Diagram Here
Please replace the wiring
diagram after each use.

VCOM IDENTIFICATION
RTU141139

Crenco

Model: VCOM-AX20 B1

Power	Volts	HP	FLA	Ø	Hz
Controls	120		5	1	60
Recirc Pump	120	1	16	1	60
Discharge Pump	120	1	16	1	60

Largest Motor FLA: 16 A Total FLA: 37 A

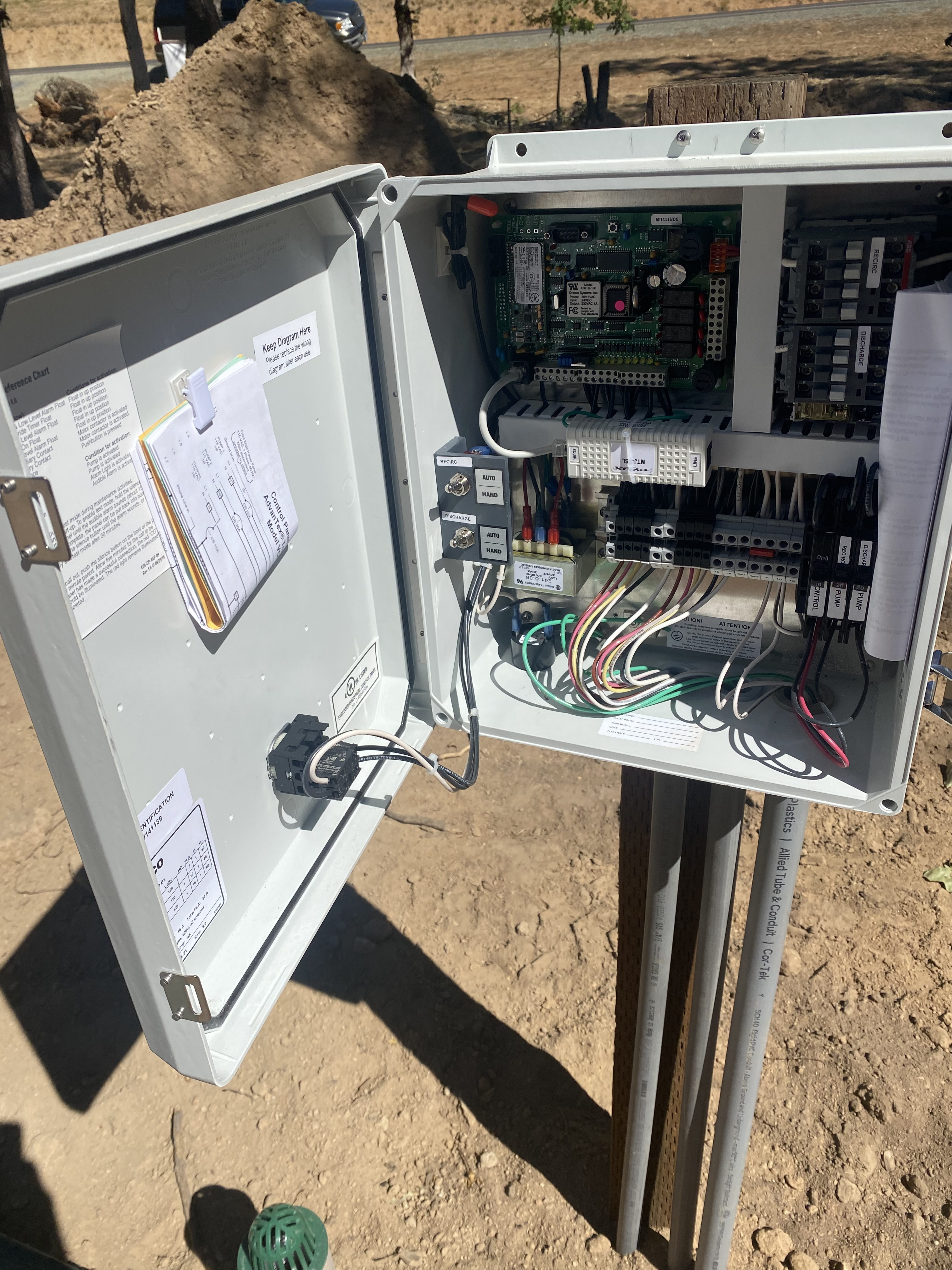
SCCR: 5 kA rms sym, 120V, all sources

Enclosure Type Rating: 4X

Doc#: EDW-WD-AX-21 Rev: 9.0 EB2361

UL US LISTED

ENCLOSED INDUSTRIAL CONTROL PANEL
No. D 48549994







Septic Permit
Installation Permit - Residential - New
463-21-000454-PRMT-01

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: 1/6/22

Expiration date: 1/6/23

Work description: CONSTRUCTION PERMIT ATT

Applicant: James Romero
Address: 6743 Old Stage Road
Central Point OR 97502
Phone: 5412267959
Email: brit.howard89@gmail.com

Primary contractor: RALPH WYTCHERLEY
EXCAVATING LLC
CCB: 193027
Address: 251 MONTERICO RD
GRANTS PASS OR 97526
Phone: 5416602810
Email: rwxwytycherley@gmail.com

Business License: N/A

Owner: James Romero
Address: 6743 Old Stage Road
116 CAMBRIDGE DR
Central Point OR 97502

Property address: 1420 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000021100 - Primary

Lot size:	2.52 ACRES	Water supply:	Well
Zoning:	N/A	City/County/UGB:	County
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Construction Permit - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	3

System Specifications

Type:	Alternative Treatment Technology (ATTs)	ATT description:	AX20-RT
Max peak design flow:	450 gpd.	Proposed flow:	375 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:	Rock/Pipe	Media depth:	12 in.
Trench length:	135 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	18 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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

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1/6/22:11:15:36AM

ONS_OnsitePermit_pr

Date issued: 1/6/22

Expiration date: 1/6/23

Work description: CONSTRUCTION PERMIT ATT

Stake out required:	Yes		
Groundwater type:	Temporary	Groundwater depth:	N/A
Pump to drainfield reqd:	Yes	Filter fabric on top of drain media:	Yes

Conditions of approval

1.This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345.

2.ATT treatment standard 1 required.

3.The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions.

4.The septic tank must be approved for use with the ATT system to be installed.

5.In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.

6.The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.

7.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).

8.The system must be installed by a licensed sewage disposal business (installer).

9.Vehicular traffic and livestock must be restricted from the system area.

10.All roof drains must be directed away from the system

11.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.

12.Meet all required setbacks

13.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.

14.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.

15.For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>

16.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.

17.Install the pump and system components in accordance with the approved pump curve and specifications.

18.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.

19.Effluent filter required at tank outlet.

20.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.

21.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.

22.Maximum length of an individual trench is 150-feet.

23.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).

24.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.

25.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.

26.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.

Date issued: 1/6/22**Expiration date:** 1/6/23**Work description:** CONSTRUCTION PERMIT ATT

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

1/6/22

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

Site Plan Must Be Current

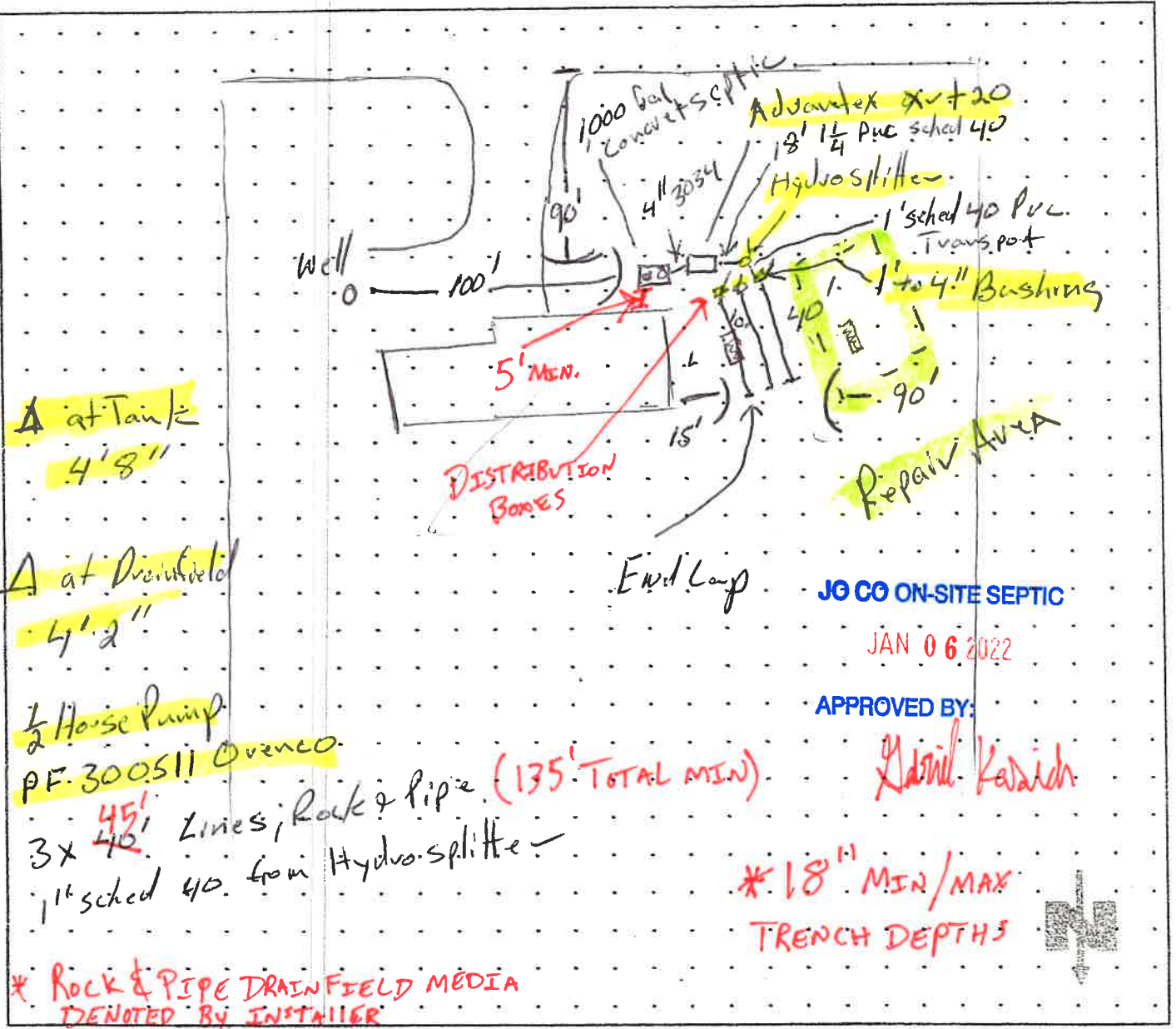
Property Owner: James Romero Site ID: _____

Site Address: 1420 Ellison Loop City: Mexico County: Jefferson

Township: _____ Range: _____ Section: _____ Tax Lot: _____

Subdivision: Russell Road Estate Lot: 25 Block: _____

Acre: 2.54



JO CO ON-SITE SEPTIC

JAN 06 2022

APPROVED BY:

David Karsich

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the ☐ Owner or ☒ Authorized Agent

Name (please print): Ralph W. Karsich Signature: _____

Date: 11/3/22

June 14, 2004

OSS:\winword\CI_Site_Plan.doc

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350616B0000211

SITUS: 1420 Ellison Loop

ACRES: 2.52

PERMIT
NUMBER: PL-2021-02648

ZONE: RR2.5

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	ROMERO, JAMES D	APPLICANT PHONE #:	541-226-7958
APPLICANT ADDRESS:	1238 NW HAWTHORNE AVE GRANTS PASS, OR 97526		
OWNER:	ROMERO, JAMES D		
OWNER ADDRESS:	1238 NW HAWTHORNE AVE GRANTS PASS, OR 97526		

SPECIAL REQUIREMENTS

• Stream Name _____ Class 2 Stream 25 ft setback required.

• Wetland - Division of State Lands Authorization in File ☒ NA Reason: *WLVN attached; see additional terms*

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Vacant land	New SFD - 56' x 36' 3 bed, 2 bath with den & 22' x 22' attached garage	Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 25 ft. Height: 35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.
- Electrical service to be connected to authorized structures/uses only.
- 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:	<i>Betty Kneer</i>	DATE:	<i>11/30/21</i>
CONTRACTOR NAME:		LICENSE#:	
APPROVED:	<i>Humina Brown</i>	DATE:	<i>11/29/21</i>

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@co.josephine.or.us

PLANNING APPLICATION FORM

\$300

1420

Property Address: ~~788~~ Ellison Loop
Merlin, OR 97532

Assessor's Map & Tax Lot:

3506-16-150 Tax Lot(s) 211

Tax Lot(s)

Zoning: RR 2.5

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

Single Family Home

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: proof of water

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

Building single family home

Property Owner: James Romero

Address: 6743 Old Stage Road
Central Point, OR 97526

Phone: 541-226-7958

Email: jay.jonah707@gmail.com

Applicant: Britney Romero

Address: 6743 Old Stage Road Central Point, OR

Phone: 541-226-7959

Email: brit.howard89@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).

James Romero 11/23/21

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

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

(For Office Use)

RECEIVED

NOV 24 2021
DATE STAMP

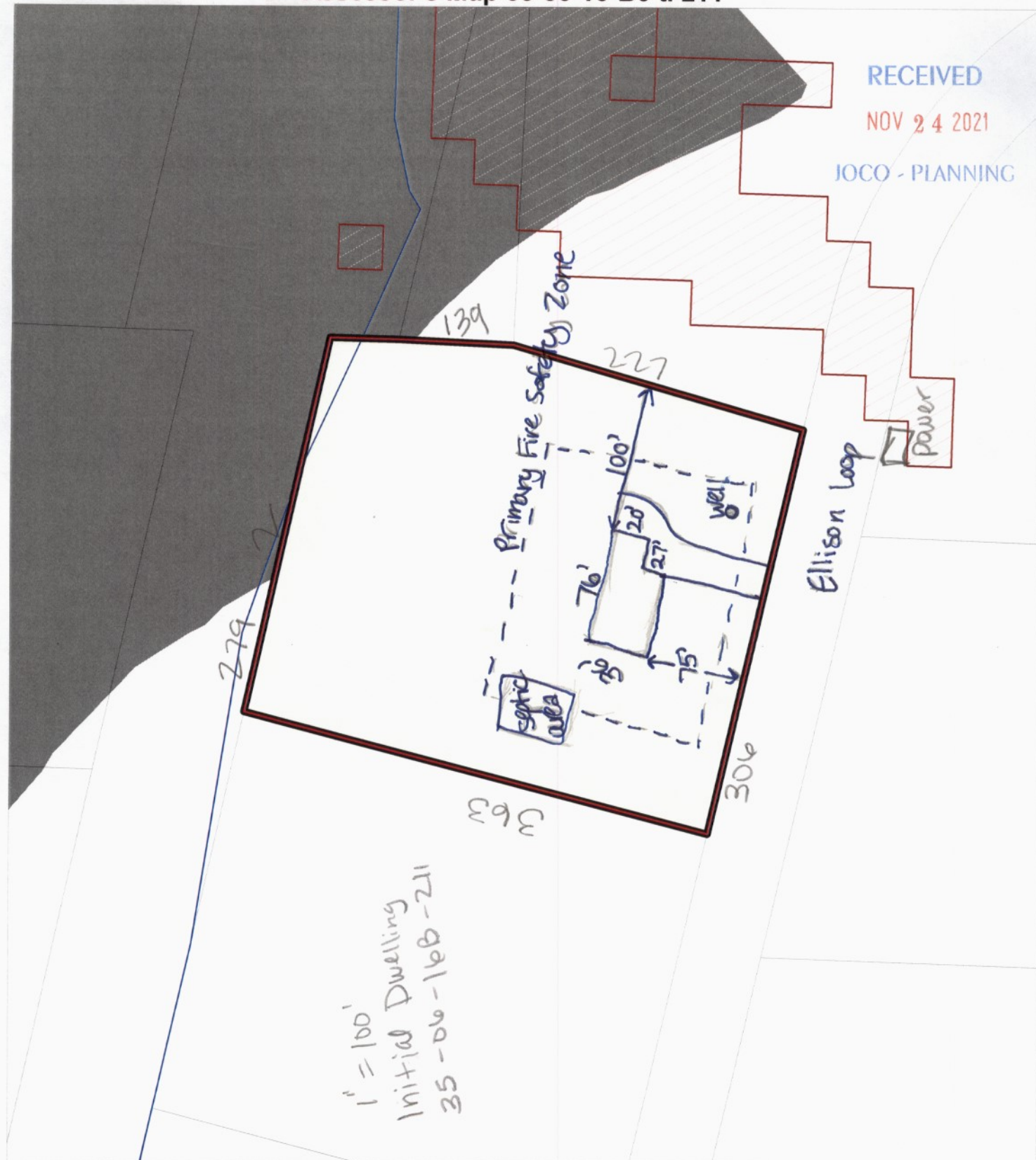
Fees Paid: \$300

Initials: JFR

RECEIVED

NOV 24 2021

JOCO - PLANNING



Legend

- Buildings
 - PRIMARY
 - SECONDARY
- Driveways
- Grantic Soils
- Text
 - Road Names
 - Slope > 15 %
 - Taxlots
- Water (line)
 - Class 1
 - Class 2

100 0 100 200 Feet

The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Neither Josephine County, Cave Junction, nor Grants Pass will accept responsibility for any errors or inaccuracies in the depicted information.



Scale
1:1200



Locator Map



WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

scale and north arrow

Map of Hole



N.W. 1/4 SEC. 16 T. 35S. R. 6W. W.M.
JOSEPHINE COUNTY

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

35 06 16B

CANCELLED:

600
300
400
500
800
100
200

JOCO - PLANNING

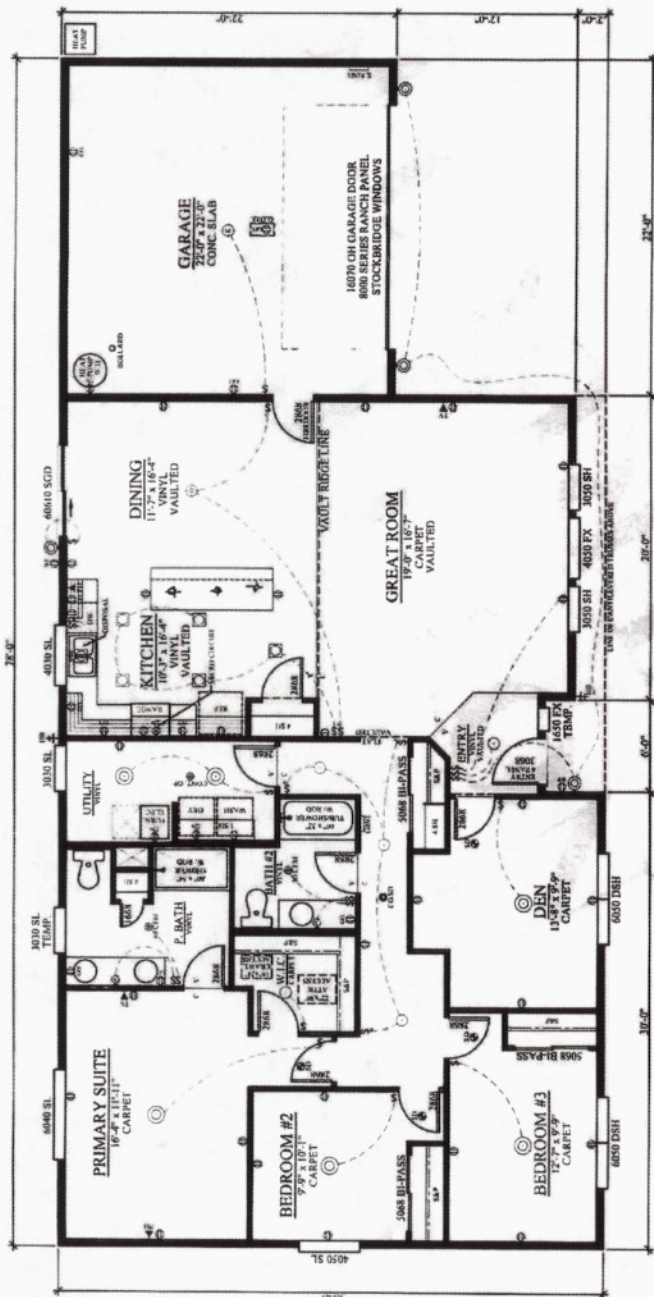
NOV 24 2021

RECEIVED

35 06 16B

THE ROMERO RESIDENCE

1950 SG REVERSE



FLOOR PLAN

1952 SQ FT 1/8" = 1'-0"



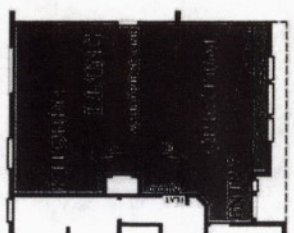
AREA LEGEND	
ENTRY	40 SF
GREAT ROOM	344 SF
KITCHEN (incl. PANTRY & DINING)	317 SF
HALL	136 SF
BEDROOM #3	124 SF
DEN	149 SF
BATH #2	131 SF
UTILITY	38 SF
PRIMARY SUITE (w/ W.C.)	91 SF
PRIMARY BATH	264 SF
KITCHEN ISLAND	20 SF
BATH #1	22 SF
PRIMARY BATH	10 SF
KITCHEN	12 SF
BATH #3	17 LF
PRIMARY BATH	7 LF
	9 LF

APPROVED _____
 OFFICER, ADAIR HOMES
 OWNER _____
 DATE 8/4/2021

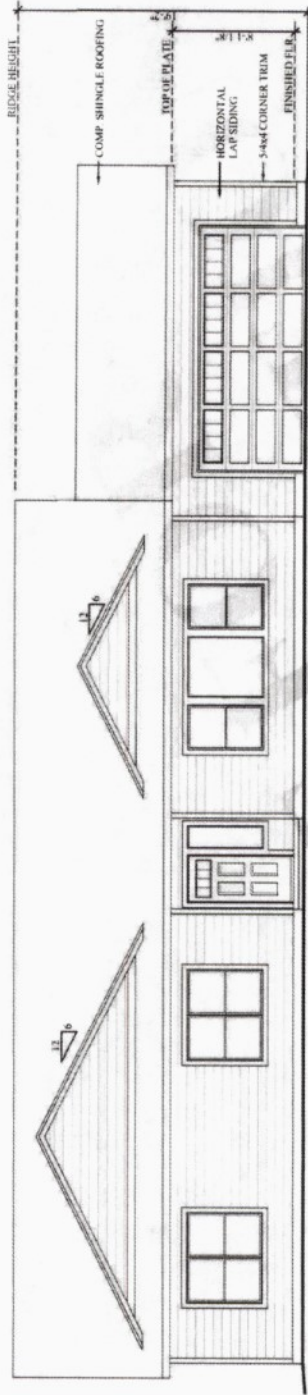
ELECTRICAL	SYMBOL
FAN	
PAN - CEILING ROUGH-IN	
LIGHT - WALL MOUNT - EXT.	
LIGHT - HANGING - DINING	
LIGHT - KEYLESS - EXP. BULB	
LIGHT - HANGING - 2 STORY	
LIGHT - BLANKED OUT BOX	
LIGHT - LARGE FLUSH MOUNT	
LIGHT - SMALL FLUSH MOUNT	
LIGHT - PENDANT	
LIGHT - 6" RECESSED CAN	
LIGHT - UNDER CABINET	
LIGHT - WALL MOUNT - VANITY	
OUTLET - 110	
OUTLET - EXTERIOR	
OUTLET - 220	
OUTLET - PHONE	
OUTLET - TV	
SMOKE DETECTOR	
SMOKE/CO DETECTOR	
SWITCH	

NOTE:

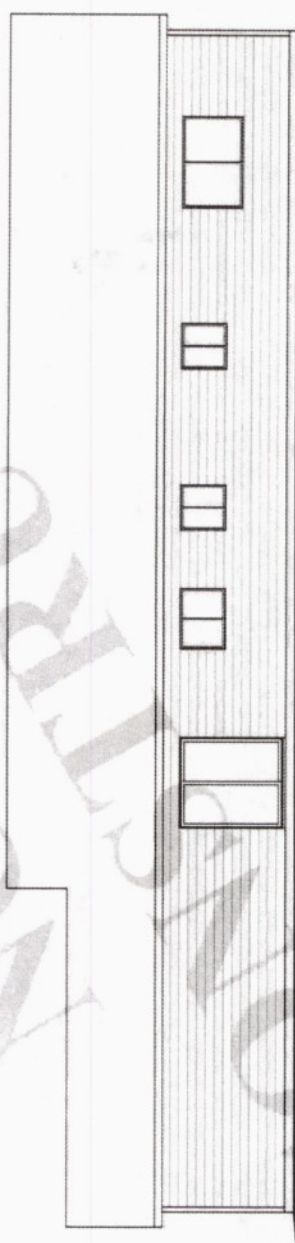
- 1-ACTUAL LOCATION OF ELECTRICAL OUTLETS, HEATERS, THERMOSTATS, AND ALL ELECTRICAL COMPONENTS SHALL BE DETERMINED BY THE ELECTRICIAN AND INSTALLED TO CODE.
- 2-THREE PLANS ARE GENERALIZED AS OPPOSED TO SPECIFIC. THE FINAL MEASUREMENTS AND LAYOUT OF THE STRUCTURE WILL DIFFER SOMEWHAT FROM WHAT IS SHOWN.



VAULT AREA



FRONT ELEVATION
1/8" = 1'-0"



REAR ELEVATION
1/8" = 1'-0"

NOTE:
EXTERIOR ELEVATIONS ARE DRAWN W/
ESTIMATED GRADES. ONCE SITE
CLEARING & EXCAVATION IS COMPLETE,
SOME ADJUSTMENTS MAY BE NECESSARY.

CLASSIC ELEVATION

3

RECEIVED
NOV 24 2021
TO - PLANNING

APPROVED: _____
Designed by _____
OWNER _____
OWNER _____
DATE 8/3/21
OFFICER, ADAIR HOMES



RURAL METRO FIRE

807 NE 6th St
Grants Pass, OR 97526
(541) 474-1218 phone (541) 479-6753 fax

Dev.
RECEIVED
NOV 24 2021

JOCC - PLANNING

RESIDENTIAL MEMBERSHIP AGREEMENT

Member Information			
Property Address:	1420 ELLISON LOOP		
	MERLIN	OR	97532
	City	State	Zip
Member Name:	ROMERO, BRITTNEY & JAMES		Phone #: 541-226-7959
Mailing Address:	6743 OLD STAGE RD		
	CENTRAL POINT	OR	97502
	City	State	Zip
Insurance Information			
Carrier:	Policy No.		
Agent Name:			Phone #:
Agent Address:			
Property Information			
Legal Description:	350616B0	Taxlot: 211	Acct No. Q77110
Structures to Protect:	BARE LAND - WILL BE BUILDING		
Rate / Payment Information			
Notes:	Email: brit.howard89@gmail.com		
District No. 8	Max	Rate	Total Annual Fee
ISO Class 005	Assessed Value	(per \$1000):	\$ 158.00
Payment Option (check one) ☒ Enclosed (Visa 2468) ☐ Bill Me Call for additional payment options		First Payment (check one) ☒ Payment in Full..... \$ 158.00 ☐ Semi-Annual Payment.. \$ 79.00 ☐ Quarterly Payment..... \$ 39.50	
Payment due within 30 days of effective date. Failure to meet these terms constitutes a default of the contract.			
MEMBERSHIP FEE IS NON-REFUNDABLE			
Company to complete: Duration of Service for the above property:			
OCTOBER 12, 2021		to OCTOBER 11, 2022	

Membership Agreement

R/M Fire Dept. (hereinafter "Company") is in the business of furnishing fire services (hereinafter "Services") to Member(s) who are not provided this type of service by their city, municipality and/or other governmental entity for a Membership Fee. Member desires Company to provide fire services for Member's property (hereinafter "Property") and agrees to the following terms:

Services. Company will provide services, including but not limited to, fire response and suppression to Property and emergency medical treatment until an emergency ambulance arrives for transport, if necessary. Ambulance transportation is not covered by this Agreement.

Member Warranty. Member represents and warrants to Company that Member: (i) is fully authorized to sign this Agreement on behalf of the Property owner(s) and does not require anyone else's consent; (ii) has provided true, accurate and complete information to Company regarding the Property, the Services and this Agreement; and (iii) has no Hazardous Materials as defined herein on the Property.

Company Warranty. Company or its agents warrant that they shall act in good faith and exercise ordinary reasonable care and judgment in the performance of its duties.

DISCLAIMER OF WARRANTY. Member acknowledges that dealing with fire is inherently risky, extremely dangerous, and unpredictable. Company's ability to suppress the fire and its spread on or about the Property is dependent upon multiple factors nearly all of which are outside of Company's reasonable control. ACCORDINGLY, AND EXCEPT AS PROVIDED HEREIN, THE COMPANY DOES NOT AND CANNOT MAKE ANY WARRANTY, EXPRESS OR IMPLIED, RELATING TO THE SUCCESS OR FAILURE OF ITS SERVICES.

Limitation of Liability. IN NO EVENT SHALL COMPANY, ITS AFFILIATES, OR ANY OF THEIR RESPECTIVE DIRECTORS, OFFICERS, MEMBERS, SHAREHOLDERS, EMPLOYEES, AGENTS OR SUBCONTRACTORS BE LIABLE TO MEMBER FOR LOST PROFITS, SPECIAL CONSEQUENTIAL, INCIDENTAL, OR PUNITIVE DAMAGES, REGARDLESS OF THE BASIS OF THE CLAIM, WHETHER IN CONTRACT, TORT, STRICT LIABILITY, OR OTHER LEGAL OR EQUITABLE THEORY, WHETHER OR NOT COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Membership Fees. The initial Membership is subject to a Registration Fee, along with a Membership Fee (collectively referred to as "Fees"). Member agrees to pay all fees due immediately upon execution of this Agreement or as otherwise agreed upon by the parties. Except for Member's Right to Cancel, the Membership Fee is not refundable, for any reason, including annexation. If the Company provides Services and the Member has not paid its outstanding Fees, Member shall be billed the Company's standard response rates. In the event Member fails to renew its Membership and then desires to establish service again to the Company's Services, Member may be charged a Reinstatement Fee in addition to the Membership Fee.

Term, Termination & Modification. The Term of the Agreement is listed herein and shall be automatically renewed for additional term(s) upon Member's timely payment of the then current Membership Fees. Payment of the Membership Fee shall acknowledge and reaffirm Member's agreement with the terms of this Agreement and/or any modifications. Company may terminate this Agreement at any time and for any reason. Company may also modify and amend this Agreement, including its rates and/or Services, from time to time.

Member Right to Cancel. Member may request a refund of the Membership Fee within 3 business days of payment. The Registration Fee or Reinstatement Fees are non-refundable.

Property Sales. In the event Member intends to sell the Property, Member shall immediately notify Company of the Buyer's name, address and phone number and notify the Buyer of this Agreement. In the event Member transfers its ownership in the Property, it is Members' responsibility to include any remaining balance of the annual Membership Fee in the closing escrow to continue Services to the Property.

Force Majeure. Company shall be excused for failures and delays in performance of its obligations under this Agreement due to any cause beyond its control including without limitation, any act of God, war, riot or insurrection, law of regulation, strike, flood, fire, terrorism, weather conditions, traffic conditions, labor supply, materials availability, roadway(s) and/or facilities, unavailability of water and/or insufficient water pressure. Member acknowledges and understands that natural physical barriers, such as mountains, hills or washes, and limitations of access to Property (which may be caused by steep, narrow or winding roads or driveways, weather conditions, traffic conditions or natural disasters), may impede, affect or block Company's efforts to provide Services and/or ability to utilize some or all of its equipment or apparatus.

Member Requirements. Member shall properly address the Property (address must be displayed prominently, at least in two inch numbering, and readily and easily visible 24 hours a day from the street) and provide Company with unfettered access to the Property.

Member Acknowledgements. Member understands that response time for emergency calls varies depending on the distance of Property from Company's fire station, the time of day when he call is made, the occurrence of other emergency activities requiring Company's response and any Force Majeure conditions present. MEMBER UNDERSTANDS NO SPECIFIC RESPONSE TIME IS PROMISED OR GUARANTEED.

Hazardous Materials. Member acknowledges that this Agreement does not apply to any Services involving hazardous materials on the Property. Member agrees to reimburse Company for all costs and/or expenses incurred by Company in responding to, handling and disposal of "Hazardous Materials" which may include chemicals, dangerous goods, toxic materials, substances and/or waste on the Property.

Legal Fees. In the event either party brings any action in law or equity, arising out of this Agreement, or on account of any breach or default hereof, the prevailing party shall be entitled to receive from the other party reasonable attorney's fees, costs, and expenses.

Assignment. Except as provided in the Property Sales section above, Member may not assign this Agreement to a third party without the prior written consent of Company, which shall not be unreasonably withheld. Company may assign or subcontract its obligations under this Agreement at any time. This Agreement shall be binding on the permitted successors, assigns, subcontractors or heirs of the parties.

Access to Personal Information. We will retain your information for as long as your account is active or as needed to provide you services. We will retain and use your information as necessary to comply with our legal obligations, resolve disputes, and enforce our agreements.

Security. The security of your personal information and our Clients' information is important to us. When you enter sensitive information, such as login credentials and credit card information, we encrypt the transmission of that information using secure socket layer technology (SSL). We follow generally accepted standards to protect the personal information submitted to us, both during transmission and once we receive it. No method of transmission over the Internet, or electronic storage, is 100% secure, however. Therefore, we cannot guarantee its absolute security. If you have any questions regarding security on our website, please contact us via webmaster@rmetro.com.

Account information. We may disclose your name, property, and membership status with our industry partners for membership verification purposes only.

Service Providers. We use other third parties, such as a credit card processing company, to bill you for services. When you sign up for our services, we will share your personal information only as necessary for the third party to provide that service.

Legal Disclaimer. We reserve the right to disclose your personal information as required by law, such as to comply with a subpoena or similar legal process, and when we believe that disclosure is necessary to protect our rights, protect your safety or the safety of others, investigate fraud and/or to comply with a judicial proceeding, court order, or legal process served on our website.

Governing Law. This Agreement is subject to and governed according to the laws of the State in which the Property is located, regardless of whether the Member is or may become a resident/citizen of another state or Country.

Entire Agreement. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof and supercedes any previous agreements or understandings, whether oral or written, between the parties.

BY PHONE
MEMBER SIGNATURE

DATE

ADELE DESADIER
R/M SIGNATURE

10/12/2021
DATE

NOV 24 2021

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

JOCO - PLANNING

Prepared by:	SK	District No:	2
Zone:	RR2.5	Violations:	
Owner	Contact	Pickup	Mail
Fax:			
Email:	Brit.howard89@gmail.com		
Land Use Log:	Yes	No	Scanned

Application Date:	10/5/2021	Permit No:	9909
Situs (St Address):	1420 Ellison Loop		
Location of Access:	Ellison Loop		
T	35	R	06
S	16.B0	TL	211
Parcel No:			
Stated Purpose:	New Home		
NEW	EXISTING	SHARED	WAIVER

Contractor **Ted Eells Excavating**

Street Address _____

City / St / Zip _____

Office No. _____

Cell No. **541-660-6859**

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 **James & Brittney Romero** Phone **541-226-7958**
 Mailing Address **6743 Old Stage Rd**
 City **Central Point** St **OR** Zip **97502**

Contact _____ Phone _____
 Mailing 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* **Require 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 **10/7/2022**.

SUBMITTED BY:

I have received a
copy of the
General Provisions:
BR
Applicant's Initials

"CONDITIONS FOR APPROVAL" ISSUED BY:

Brittney Romero **10/5/21**
Applicant Date

[Signature] **10/7/2021**
Public Works Date

INSTALLATION INSPECTION:

Approved By *[Signature]*

Date **11/** Time _____

Denied By _____ Date _____

Reason: _____

LOCATION OF APPROACH:

Address **1420 Ellison Loop**

Latitude (N) **42° 32' 06"**

Longitude (W) **123° 25' 13"**

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 _____



Wetland Land Use Notification

OREGON DEPARTMENT OF STATE LANDS

775 Summer Street NE, Suite 100, Salem, OR 97301-1279

Phone: (503) 986-5200

This form is to be completed by planning department staff for mapped wetlands and waterways.

Responsible Jurisdiction

*

☐ City of ☒ County of

Municipality*

Josephine

Date*

11/29/2021

Staff Contact

First Name*

Veronica

Last Name*

Brown

Phone*

541-474-5109 ext 2423

Email*

vbrown@josephinecounty.gov

Applicant

First Name*

James

Last Name*

Romero

Mailing Address*

Street Address

6743 Old Stage Road

Address Line 2

City

Central Point

Postal / Zip Code

97526

State

OR

Country

United States

Phone

541-226-7958

Email (?)

jayjonah707@gmail.com

Is the Property Owner name and address the same as the Applicant? *☐ No ☒ Yes**Activity Location****Township* (?)**

35S

Range* (?)

06W

Section* (?)

16

Quarter-quarter Section (?)

B0

Tax Lot(s) *

211

You can enter multiple tax lot numbers within this field. i.e. 100, 200, 300, etc.

To add additional tax map and lot information, please click the "add" button below.

Address

Street Address

Address Line 2

City

State

Postal / Zip Code

Country

County*

Josephine

Adjacent Waterbody**Proposed Activity****Local Case File #***

PL-2021-02648

Zoning

RR2.5

Proposed

- ☒ Building Permit (new structures)
- ☐ Grading Permit
- ☐ Site Plan Approval
- ☐ Other (please describe)

- ☐ Conditional use Permit
- ☐ Planned Unit Development
- ☐ Subdivision

Project*

New SFD - 56' x 36' 3 bed, 2 bath with den & 22' x 22' attached garage

Required attachments with site marked: Tax map and site plan(s). (?)

20211129130106.pdf

862.27KB

Additional Attachments

Date

11/29/2021



Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97526
(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL21-01765

Payer/Payee: ROMERO, JAMES D
1238 NW HAWTHORNE AVE
GRANTS PASS OR 97526

Cashier: Onnie Heater

Date: 11/24/2021

Primary Parcel: 350616B0000211 **Project Description:** New SFR

PL-2021-02648 DEVELOPMENT PERMIT

1420 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

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
CHECK	3006	\$300.00

Total Paid: \$300.00



AX20N / AX20RT 2- YEAR SERVICE CONTRACT

For the state of Oregon

Service Provider

Dunlap Septic
P.O. Box 532
Rogue River, OR 97537
(541) 770-6744, (541) 660-9543
Dunlapseptic1984@gmail.com

Customer

Name: James & Brittney Romero
Address: 6743 Old Stage Road
City, State, Zip: Central Point, OR 97502
Telephone: 541-226-7959
E-Mail: brit.howard89@gmail.com

System Location

Address: 1420 Ellison Loop
City, Zip: Merlin, OR 97532
Permit#: _____
Date: 1/4/2022

1.0 Performance of Basic Services

The Authorized AdvanTex® Service Provider shall perform the System Inspection/Service Visits during the 24 month period after installation, as marked:

Inspection/service Visits ¹	3-6 months	x
	6-12 months	x
	12-18 months	x
	18-24 months	x
Alarm Response	Service Monitoring Reporting	x
Other Services ²		x

¹ As required by NSF, these services will be included as part of the initial purchase of the system.

² These services may be paid for during purchase or at a later date, when the work is performed.

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on a pre-scheduled basis and as the Authorized AdvanTex® Service Provider deems necessary or advisable.

At each service visit the system shall be inspected and serviced in accordance with the instructions in the system O&M Manual. Additionally, an effluent quality inspection consisting of a visual assessment of color, turbidity, and scum overflow, and an olfactory assessment for odor must be performed, including a visual inspection of the drain field.

The Service Provider will affix a "For Service, Call _____" label near the control panel's alarm signal and fill in his or her phone number.

Performance of the 2-year Inspection/Service visits shall include notification of needed repair, replacement or addition of parts used in the system.

The Service Provider shall provide emergency service within 48 hours of a service request.

The Service provider shall be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency as required in OAR-071-0345.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of the servicing. The written notification shall include an estimated date of correction.

2.0 Term of Agreement

This Agreement shall be for the period of 24 months from the date of system start-up, unless otherwise terminated or cancelled by either party as provided herein.

3.0 Definitions

For purpose of this Agreement, the following definitions shall apply:

- 3.1 "System Monitoring" shall include the collecting and processing of data transmitted by telemetry, PDA, laptop computer or other for evaluating the operating parameters of the treatment system, including alarm notification. It shall also include all sampling and laboratory information.
- 3.2 "System" Shall mean an AdvanTex® AXN NSF/ANSI Standard 40 certified wastewater treatment system.
- 3.3 "System Start-up Date" shall mean the date the system begins operating for its intended purpose.

4.0 Charges

The basic services, including service, inspection, effluent quality evaluation, and service, shall be included with the purchase of the system. Optional, additional services shall be provided at the agreed upon contract price and terms. The annual report and annual fee required by DEQ is not optional, and may or may not be

included in the cost of the basic services. Refer to Service Provider's fee schedule for an outline of the cost of basic services and optional services to be provided under this contract.

All charges for optional services shall be due and payable within (30) days of the customer's receipt of Service providers invoice. The Customer shall pay Service Provider a late payment charge of 1.5% per month, or the maximum rate permitted by applicable law, whichever is less, on any unpaid amount for each calendar month or fraction thereof that any payment to the Service Provider is in arrears.

5.0 Warranty

The AdvanTex® Service Provider warrants that all services shall be performed in a good and workmanlike manner and that Service Provider will correct any system errors, malfunctions, or defects directly caused by Service Provider's failure to perform the services and additional services in such manner.

6.0 Limitation of Liability

The sole liability of the AdvanTex® Service Provider under this agreement shall be to correct any errors, malfunctions, or defects in the system directly caused by the AdvanTex® Service Provider's failure to perform any services in a good and workmanlike manner pursuant in section 4 above. In no event shall the Service Provider's liability to the Customer hereunder exceed the total of the amounts paid to the Service Provider hereunder by the Customer. In no event shall the AdvanTex® Service Provider be liable to the customer or any third-party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this Agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence or strictly liability or other test, breach of any statutory duty, indemnity, or contribution or otherwise, even if the Service Provider has been advised of the possibility of such damages.

7.0 Termination/Cancellation

This Agreement may be terminated or cancelled only upon:

- Written notice by one Party effective as of the effective date thereof if the other party is in default of any provision of this Agreement and such default is not cured by the defaulting party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual written agreement of both Parties.
- Copy of such written notice shall be forwarded to the regulatory agency.

8.0 Miscellaneous Provisions

This Agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other party.

The laws of the State of Oregon shall govern this Agreement.

The homeowner shall be responsible for complying with the AdvanTex® Homeowner Manual and AXN Supplement provided to them with the purchase of the system.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the parties at the addresses shown on the first page of this agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

AdvanTex® service Provider

Name:

Dunlap Septic Inc

Signature:

Perry Dunlap

Title:

Owner

Customer(s)

X James & Britney Rones

James Rones

Britney Rones

Acknowledgement of Understanding

Owner Responsibilities to maintain/Convey AdvanTex® Service Contract(s)

I/we, as owners of an Orenco Systems®, Inc., AdvanTex® Treatment Systems, understand that I/we have purchased from Orenco Dealer or Dealer's agent an onsite wastewater treatment system that uses proprietary advanced wastewater treatment technology. I/we agree to purchase and maintain a Service contract for this system from our AdvanTex® dealer or from Dealer's agent for the entire period of the warranty.

I/we also understand that this service contract must be maintained. Failure to pay any renewal fees within 30 days of the due date shall result in termination of all Maintenance of our AdvanTex® Treatment system.

I/we also understand that failure to pay any renewal fees within 30 days of the due date will void the AdvanTex® Treatment System warranty and all Orenco warranties on any component of the AdvanTex® Treatment System

I/we also understand that I/we are obligated to disclose this information and this Service Contract requirement to subsequent property buyers. I/we also acknowledge that I/we have received a homeowner's Manual (for preventative maintenance) and that I/we are obligated to pass this Homeowner's manual on to subsequent property owners.

X Site Address: 1470 Ellison Loop Merlin OR 97532
(Street/PO Box) (City) (State) (Zip Code)

X _____
(Printed Name) Brittney Romero
(Printed Name)

X [Signature] _____
(Signature) [Signature]
(Signature)

X _____
(Date) 1/4/2022
(Date)



Septic Contract
Maintenance and Servicing for Alternative Treatment Technology

2 year service contract cost \$640.00. Includes a system start up (if new) and 4 servicing's. State fee is to be paid by owner, \$62.00 annually and may be subject to increase. Dunlap Septic will provide Annual Maintenance report after annual service.

Invoicing is sent out after each servicing, if not prepaid.

After 2 years, customer will be switched to an annual service agreement. If not filled out and signed, you will not be scheduled in for annual service.

Installation and manufacture defect repairs are not included in service price.

Supplemental testing that may be required is not included in service price

Manufacturer requires UV lights to be replaced Annually. After the first year UV lights do not function according to Specs. This replacement fee is \$120 and is not included in our 2 year servicing fee.

Owner will be notified when septic tank is in need of pumping, pumping is not part of the service contract.

Site Address 1420 Ellison Loop Merin, OR 97532

Customer Signature and Date Batley Roneo 1/4/2022



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 James & Brittany Romero Mailing Address (Street or PO Box, City, State, Zip Code) 6743 Old Stage Rd Central Point, Ore 97502 Phone Number (541) 226-7959

B. Legal Property Description

Township 35 Range 00 Section 16 B Tax Lot 211 Tax Account Number _____ Acreage or Lot Size _____
County Josephine Subdivision Name _____ Lot _____ Block _____
Property Address: 1420 Ellison Loop City _____ State _____ Zip Code _____

Directions to Property: Russel Rd to Ellison Loop 3 Block NW
Property on N side of Ellison Loop

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
NA
Number of Bedrooms
☐ Other _____

Proposed Facility:

☒ Single Family Residence
3 bedrooms + Den
Number of Bedrooms
☐ Other _____

Water Supply:

☐ Public _____ Name _____
☒ Private Well
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 Ralph Wytchewley Date 1/3/22

Applicant's Name - Please Print Legibly Ralph Wytchewley Applicant's Phone Number 541 660-2810 Applicant's E-mail Address rwytchewley@gmail
Applicant's Mailing Address 251 Monterrico Rd Grants Pass Ore 97526

Applicant is the ☐ Owner ☒ Authorized Representative
☐ Authorization Attached

☒ Licensed Septic Installer
Ralph Wytchewley
Installer's Name

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350616B0000211

SITUS: 1420 Ellison Loop

ACRES: 2.52

PERMIT
NUMBER: PL-2021-02648

ZONE: RR2.5

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	ROMERO, JAMES D	APPLICANT PHONE #:	541-226-7958
APPLICANT ADDRESS:	1238 NW HAWTHORNE AVE GRANTS PASS, OR 97526		
OWNER:	ROMERO, JAMES D		
OWNER ADDRESS:	1238 NW HAWTHORNE AVE GRANTS PASS, OR 97526		

SPECIAL REQUIREMENTS

• Stream Name _____ Class 2 Stream 25 ft setback required.

• Wetland - Division of State Lands Authorization in File ☒ NA Reason: *WLUN attached; see additional terms*

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Vacant land	New SFD - 56' x 36' 3 bed, 2 bath with den & 22' x 22' attached garage	Front Setback: 30 ft.
		Side Setback: 10 ft.
		Rear Setback: 25 ft.
		Stream Setback: 25 ft.
		Height: 35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.
- Electrical service to be connected to authorized structures/uses only.
- 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:	<i>Betty Kneer</i>	DATE:	<i>11/30/21</i>
CONTRACTOR NAME:		LICENSE#:	
APPROVED:	<i>Humina Brown</i>	DATE:	<i>11/29/21</i>

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

Site Plan Must Be Current

Property Owner: James Romero

Site ID: _____

Site Address: 1420 Ellison Loop

City: Merlin

County: Josephine

Township: _____

Range: _____

Section: _____

Tax Lot: _____

Acres: 2.54

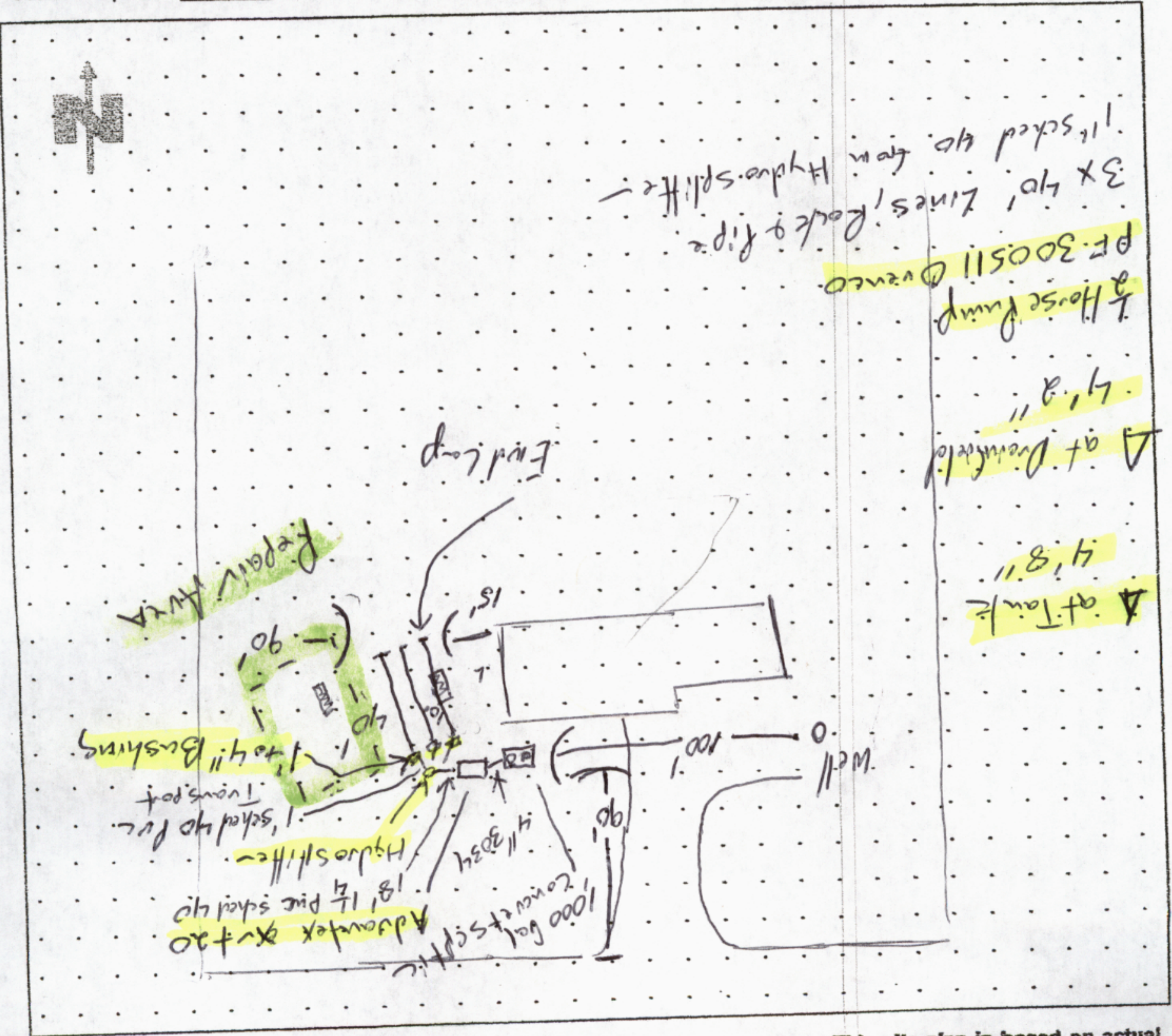
Subdivision: Russel Road Estates

Lot: 25

Block: _____

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the ☐ Owner or ☒ Authorized Agent.

Name (please print): Ralph Wycharley

Signature: _____

Date: 11/3/22

June 14, 2004



NOTICE AUTHORIZING REPRESENTATIVE

I, James Romero, have authorized Ralph Wycheley 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:

Ellison Loop
(Property Situs or Road Address)

And described in the records of Josephine County as:

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

PROPERTY OWNER:

Printed Name: James & Brittany Romero

Address: 6743 Old Stage Rd

City, State, Zip: Central Point Ore 97502

Phone: (541) 226-7959 Email: brit.howard89@gmail.com

Signature: James Romero

AUTHORIZED REPRESENTATIVE:

Printed Name: Ralph Wycheley

Address: 251 Monterico Rd

City, State, Zip: Grants Pass Ore 97526

Phone: 541 660-2810 Email: RWX Wycheley at gmail.com

Signature: [Signature]



Residential Septic Site Evaluation Approval

463-21-000454-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: 12/10/2021

Application status: Site Evaluation Approved

Work description: Putting in septic system for future family home

Applicant: James Romero
Address: 6743 Old Stage Road
Central Point OR 97502
Phone: 5412267959
Email: brit.howard89@gmail.com

Primary contractor: RALPH WYTCHERLEY
EXCAVATING LLC
CCB: 193027
Address: 251 MONTERICO RD
GRANTS PASS OR 97526
Phone: 5416602810
Email: rwxwytcherley@gmail.com

Owner: James Romero
Address: 6743 Old Stage Road
116 CAMBRIDGE DR
Central Point OR 97502

Property address: 0 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000021100 - Primary

Lot size: 2.52 ACRES
Zoning: N/A

Water supply: Well
City/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:	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 SANDFILTER.			

System Specifications

System type:
System distribution type:
Distribution method:

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Special Requirements

Stakeout required:
Groundwater type:
Pump to drainfield required:

Initial System

Sand Filter
Equal
Equal-Hydrosplitter

Initial System

135 linear ft.
18 in.
18 in.

Initial System

Yes
Temporary
Yes

Replacement Area

Sand Filter
Equal
Equal-Hydrosplitter

Replacement Area

135 linear ft.
18 in.
18 in.

Replacement Area

Yes
Temporary
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: 12/10/2021**Application status:** Site Evaluation Approved**Work description:** Putting in septic system for future family home

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

12/10/21

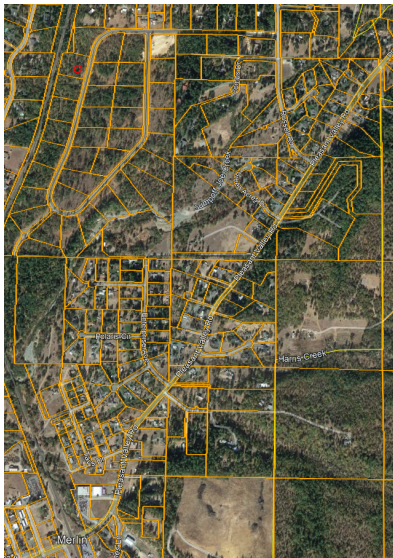
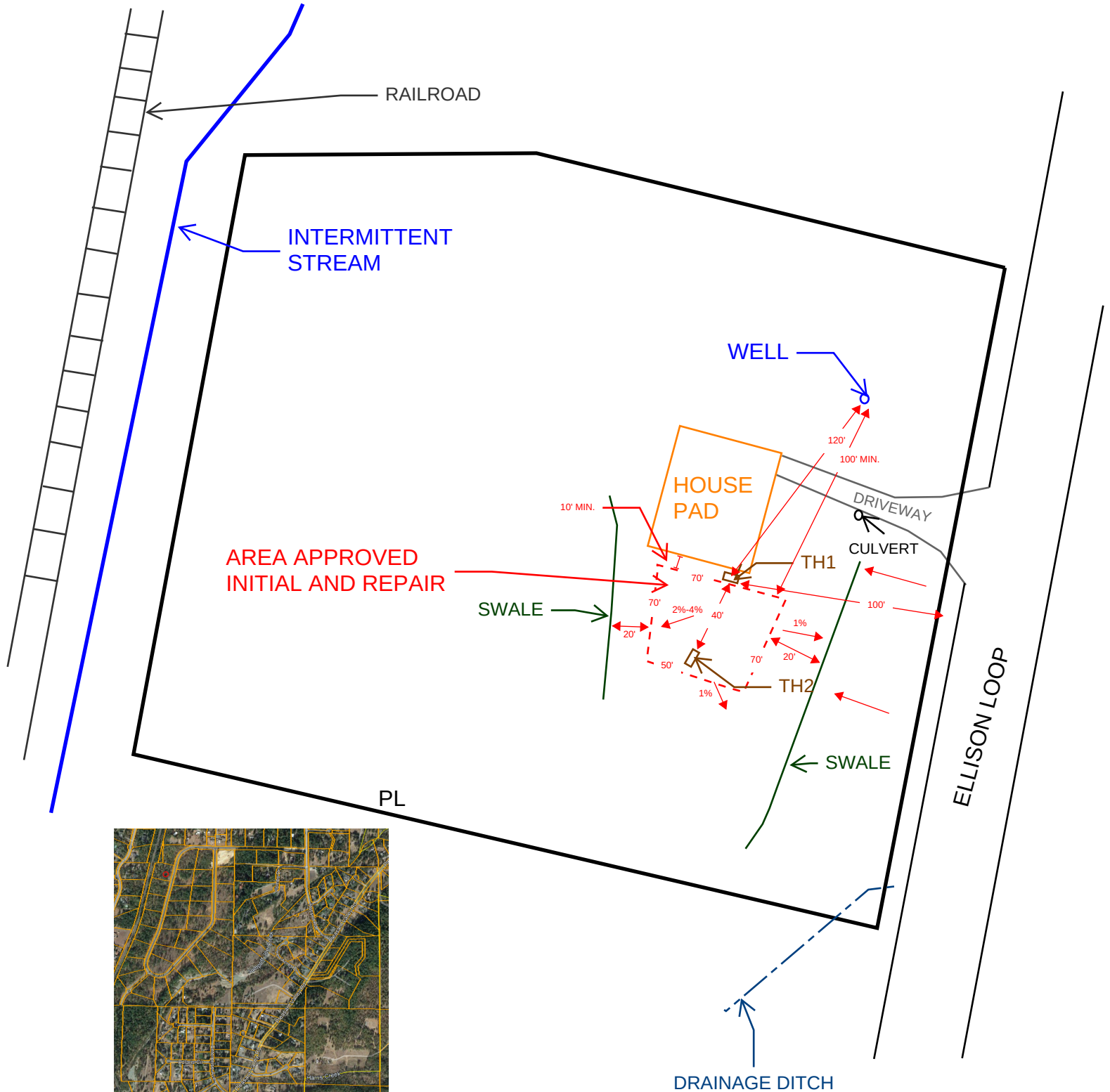
CALL BEFORE YOU DIG...IT'S THE LAW

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SITE PLAN

ADDRESS 0 ELLISON LOOP

PARCEL 350616B000211



*NOT TO SCALE

APPLICATION # 463-21-000454-EVAL

12/2/2021

ESD

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-5	SL	10YR 7/2, GR, ROOTS 2F, M, 1UF SOIL MOIST
	5-23	SL	10YR 9/4, WSBK, ROOTS 1UF, F, M PORES 1UF, F, M, MIN NODULES, CONC. 5YR 3/4 SOIL MOIST
	23-30	SL	10YR 5/4, 5/8, WSBK, ROOTS 1UF, SOIL MOIST, PORES 1UF, F, M, MIN NODULES, CONC. 5YR 3/4
	30-60	SL	10YR 5/4, M SBK, ROOTS NO LIVE ROOTS, PORES 1UF, F, M, MIN NODULES
Test Pit 2			DEP 10YR 6/1, 6/2 CONC. 5YR 5/8, 4/6
Test Pit 3	0-8		SIMILAR TO TEST HOLE 1
	8-24		2M, 1UF, F, M, C, UC DEPLECTIONS 6/1, 5/2 @ 18"
	24-32		1UF, F, UC DEP CONC 7.5YR 5/4
	32-55		1UF TO BOTTOM INSPE CORNER OF TEST PIT
Test Pit 4			DEPLETED AREA TEXTURES
			TO SIL
			SL SURROUNDING
Test Pit 5			LOWEST HORIZON COARSE TEXTURED
			CO SIL IN AREAS
			ALL SL HORIZONS BORDER SIL
Test Pit 6			

Landscape Notes: WOODED (SMALL FIR, PINE, OAK, MADRONE) SOME CEDARS ON PROPERTY, GRASS UNDERSTORY

Slope: _____ Aspect: _____ Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: MULTIPLE SWALES RUNNING THROUGH PROPERTY

Temp
37.5
AT 1/35
12/2/21
CHECK
DSL

BSK
DIP 24"
TH1
PIT DR

CHECK
WELL
LOG 48°
12:00, OVERCAST

FIELD WORKSHEET

Name: _____ Application No.: 454 EVAL Date: 12/2/21
RE: SITE EVALUATION REPORT for Parcel #: 35-06-16B TL 211

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.52

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: _____ 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>135</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <u>18</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>135</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <u>18</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: GK.



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

James Romero
Name

6743 Old Stage Rd Central Point OR
Mailing Address (Street or PO Box, City, State, Zip Code) 97502

541-226-7959
Phone Number

B. Legal Property Description

Township 35 Range 06 Section 16B0 Tax Lot 211 Tax Account Number 25 Acreage or Lot Size 2.52
County Josephine Subdivision Name Lot 25 Block

Property Address: TBD Ellison Loop, Merlin OR 97532
Address City State Zip Code

Directions to Property: Russell Road to Ellison Loop, take R Loop fork
property on the right Lot #25

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms

☐ Other

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms 4

☐ Other

Water Supply:

☐ Public

Name

☒ Private

Future Well
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

97DEB68D331742C...

Date

11/5/2021

Applicant's Name - Please Print Legibly

James Romero

Applicant's Phone Number

541-226-7959

Applicant's E-mail Address

bhoward89@icloud.com

6743 Old Stage Rd Central Point OR 97502
Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name



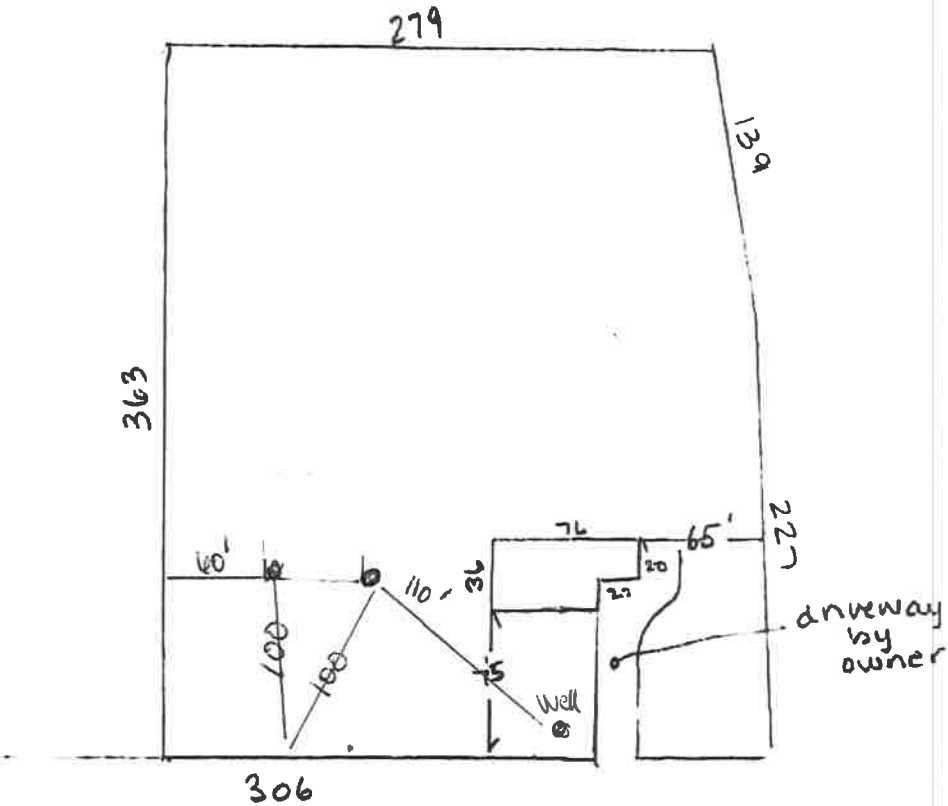
ADAIR HOMES

PLOT PLAN

The information on this Plan has been provided and reviewed by the property owner who by signing below: 1) Acknowledges and Accepts full responsibility for its accuracy and completeness: 2) Is responsible to ensure that the improvements to the site take place in conformance with this plan: 3) Will establish all the corner irons, lot lines and code required setbacks required of this property, any change(s) to this plan must be pre-approved by the governmental agencies with jurisdiction, the mortgage lender, the contractor and documented.

DocuSigned by:	
Signature	Date 7/21/2021
Signature	Date

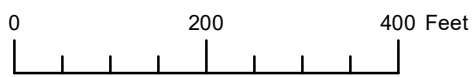
1" = 100'
Initial Dwelling
35-06-16B - 211



ellison loop



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