Certificate of Satisfactory Completion

Installation Permit - Residential - Renewal

248-19-000301-PRMT

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford, OR 97501
541-776-6010
OnsiteMedford@deq.state.or.us
Website: oregon.gov/deq

Date Certificate Issued: 05/03/2019
Work Description: RENEWAL OF INSTALLATION PERMIT #248-18-000252-prmt

Applicant: EGLI, DENNIS
Address: 1288 SW STURGEON CT.
GRANTS PASS OR 97527
Phone: 5416602506
Email: DENNISEGLI3@GMAIL.COM

Owner: DENNIS EGLI
Address: 1288 SW STURGEON CT.
GRANTS PASS OR 97527
Property Address: 3112 Flin Ct, Grants Pass, OR 97527
Parcel: 360635B002807 - Primary Township: 36 Range: 063 Section: 35

Lot Size: N/A
Water Supply: Well
Zoning: N/A
City/County/UGB: N/A
Land Use Approval: N/A
Directions to Property: ELK LANE TO LONNON WAY TO FLIN COURT.

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	3 BEDROOM 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:	1000 gal.	**Min Dosing Tank Volume:**	N/A

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	75 linear ft.	**Distribution Method:**	Serial
Media Type:	Infiltrator chambers	**Media Depth:**	N/A
Trench Length:	225 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Septic Permit 248-19-000301-PRMT

Date Certificate Issued: 05/03/2019
Work Description: RENEWAL OF INSTALLATION PERMIT #248-18-000252-prmt

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:** No

Comments: N/A

David Hurley Onsite Wastewater 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.)

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford, OR 97501
541-776-6010
OnsiteMedford@deq.state.or.us
Website: oregon.gov/deq

Septic Permit
Installation Permit - Residential - Renewal
248-19-000301-PRMT

Date issued: 4/23/19 **Expiration date:** 4/22/20

Work description: RENEWAL OF INSTALLATION PERMIT #248-18-000252-prmt

Applicant: EGLI, DENNIS
Address: 1288 SW STURGEON CT.
GRANTS PASS OR 97527
Phone: 5416602506
Email: DENNISEGLI3@GMAIL.COM
Business License: N/A

Owner: DENNIS EGLI
Address: 1288 SW STURGEON CT.
GRANTS PASS OR 97527
Property address: 3112 Flin Ct, Grants Pass, OR 97527
Parcel: 360635B002807 - Primary Township: 36 Range: 063 Section: 35

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

Comments: N/A

Directions to property: ELK LANE TO LONNON WAY TO FLIN COURT.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	3 BEDROOM 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:	1000 gal.	**Min dosing tank volume:**	N/A

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	75 linear ft.	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	Infiltrator chambers		
Trench length:	225 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	8 ft.
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

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

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Onsite Permit 248-19-000301-PRMT

Date issued: 4/23/19 **Expiration date:** 4/22/20

Work description: RENEWAL OF INSTALLATION PERMIT #248-18-000252-prmt

Conditions of approval

1.The system must be installed by the property owner or a licensed sewage disposal business (installer).
2.Vehicular traffic and livestock must be restricted from the system area.
3.All roof drains must be directed away from the system
4.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.
5.Meet all required setbacks
6.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.
7.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.
8.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
9.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.
10.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.
11.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
12.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
13.Maximum length of an individual trench is 150-feet.
14.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
15.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
16.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.
17.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 248-19-000301-PRMT

Date issued: 4/23/19 **Expiration date:** 4/22/20

Work description: RENEWAL OF INSTALLATION PERMIT #248-18-000252-prmt

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.

4/23/19

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 248-18-000252-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: 36 **Range:** 06 **Sect:** 35

Lot: 2807

Name: DENNIS EGLI

Property Address: 3112 FLIN CT, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

A. Tanks/Pumps — **System Type:** — **Water tight verification***

Tanks(1)	Volume: 1,000 GAL	Compartments:		Manufacturer: RIVERSIDE READI MIX			Date:
Tanks(2)	Volume:	Compartments:		Manufacturer:			Date:
Pump(s)	HP:	Model/Manuf.		Float(s)Type(1):	Model/Manuf.		
				Float(s)Type(2):	Model/Manuf.		

B. Piping

Effluent Sewer (tank to drainfield)	Yes X	No	Diameter: 4"	ASTM#/Other:	Length: 29'
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No X	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?)	INFILTRATOR			
Distribution Box	Yes X	No X			
Drop Box	Yes X	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

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.

ATTACHED

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: DENNIS EGLI			
Licensed Installer:	Yes	No X	License#:	Certification#:
Owner/ Certified Installer:	Signature:		Date: 3/11/19	Phone#: 541-660-2506

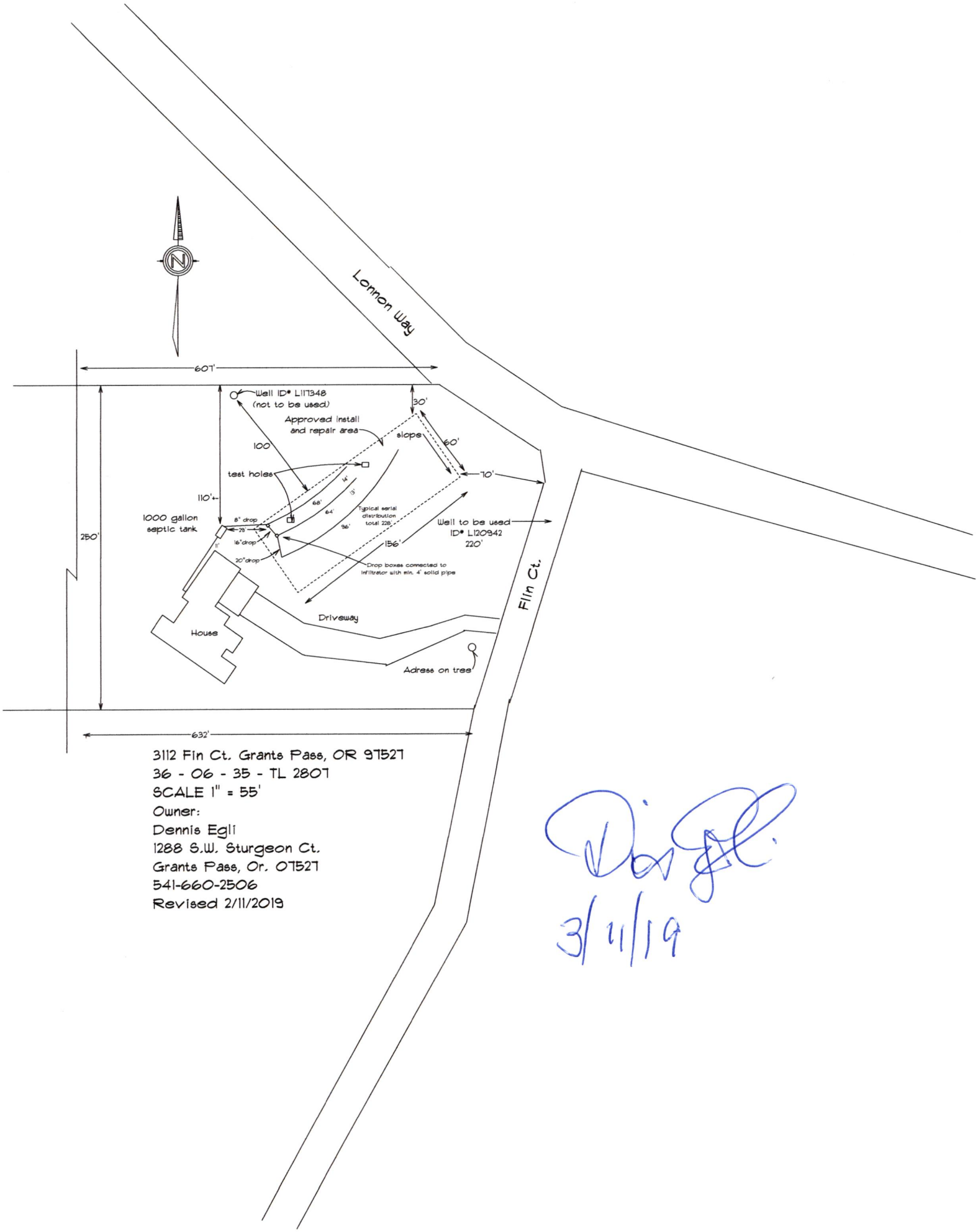
SECTION 5 - Office Use Only:

4-23-2019

Notice Accepted	Yes X	No	Date: ~~3-11-2019~~	Installer/Owner (Permittee) Notified:	Yes	No	Date:

If No, Reason for Non Acceptance: _____

Comment: _____



3112 Fin Ct. Grants Pass, OR 97527
36 - 06 - 35 - TL 2807
SCALE 1" = 55'
Owner:
Dennis Egli
1288 S.W. Sturgeon Ct.
Grants Pass, Or. 07527
541-660-2506
Revised 2/11/2019

3/11/19

Application for Onsite Sewage Treatment System

State of Oregon Department of Environmental Quality

Department of Environmental Quality,
221 Stewart Ave., Ste. 201
Medford, OR 97501

Phone/TTY: (541) 776-6010
Fax: (541) 776-6262

Date Stamp:	For DEQ Use Only: Date Received 4-23-2019 Fee Paid $251.00 Receipt Number Application Number 000301-PRMT Date of 1st Response Date of 2nd Response Date of Final Response Date of Completion Scanned Data Entry

A. Property Owner Information

Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number
DENNIS EGLI	1288 S.W. STURGEON CT. G.P. OR 97527	541 660-2506

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
36	06	35	2807		3.77 ACRES

County	Subdivision Name	Lot	Block
JOSEPHINE	ELK RIDGE ESTATES	7	

Property Address: 3112 FLIN CT. (Address) G.P. (City) OR (State) 97527 (Zip Code)

Directions to Property: ELK LANE TO LONNON WAY TO FLIN CT.

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: WELL

D. Type of Application

- ☐ Site Evaluation
- ☐ Construction Permit
- ☐ Repair Permit
  - ☐ 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 Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature: [signature] Date: 4/22/19

Applicant's Name – Please Print Legibly	Applicant's Phone Number	Applicant's E-mail Address
DENNIS EGLI	541 660-2506	denniseg|3@gmail.com

Applicant's Mailing Address: 1288 S.W. STURGEON CT. G.P. OR 97527

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

☐ Authorization Attached

Installer's Name: DENNIS EGLI

JOSEPHINE COUNTY DEVELOPMENT PERMIT

NON-REFUNDABLE FEE: $300 CHECK: 1700 CASH: _____
PERMIT NUMBER: 2018-220

TWN: 36 **RNG:** 06 **SEC:** 35 **QQ:** B0 **TAXLOT** 2807
SITUS: 3112 FLIN CT **ACRES:** 3.77 **ZONE:** RR5

Applicant: EGLI, DENNIS A & **Applicant Phone:** 541-660-2506
Applicant Address: 1280 GRAYS CREEK RD GRANTS PASS, OR 97527
Owner: EGLI, DENNIS A &
Owner Address: 1280 GRAYS CREEK RD GRANTS PASS, OR 97527

SPECIAL REQUIREMENTS

YES	NO	
☐	☐	Assigned Situs/Space Number_____ Address Card___
☐	☒	County Road*___ State Highway*___ Other/NA___ Access Permit in File___
☐	☒	Violation - Development Permit to resolve violation(s)_____Comment:
☐	☒	Approximate Flood Hazard Area - Professional Certificate in File___ NA___ Reason:
☐	☒	Floodway Fringe - Base Flood Elevation_____ft. NA___ Reason:
☐	☒	Floodway - Approved Engineer's "No-Rise" Study in File___ NA___ Reason:
☐	☒	LOMA (Letter of Map Amendment) on file
☐	☒	Scenic Waterway - BLM Authorization in File___
☐	☒	Stream - Name_____ Class 1 Stream ___ Class 2 Stream___
☐	☒	Wetland - Division of State Lands Authorization in File___ NA___ Reason:
☐	☒	Nesting Site - ODF&W Authorization in File____NA____Reason:
☐	☒	Erosion Hazard - Plan in File_____NA_____Reason:
☐	☒	Fire Hazard - Plan in File___ NA___ Reason:
☐	☒	Aggregate - Restrictive Covenant/Aggregate Impact Area Agreement in File___
☐	☒	Airport Overlay - Declaration in File ___ NA ___ Reason:
☐	☐	Enterprise Zone
☐	☒	Historical - Historical Committee Review___ Schools :District 7
☐	☒	Part of Total - map no. : Acres:
☐	☐	Site Review Conditions - Comment:

EXISTING STRUCTURES

PROPOSAL

SFD with attached garage and attached carport 3BR 2.5BA

SETBACKS
Front Setback: 30
Side Setback: 10
Rear Setback: 25
Stream Setback: NA
Height: 35 ft.

Additional Terms: Building Safety note: Fire Safety Plan must be implemented prior to issuance of Certificate of Completion.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT 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:** 4/6/18
Contractor Name: _____ **License#:** _____
Approved: _____ **Date:** 4-6-18

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

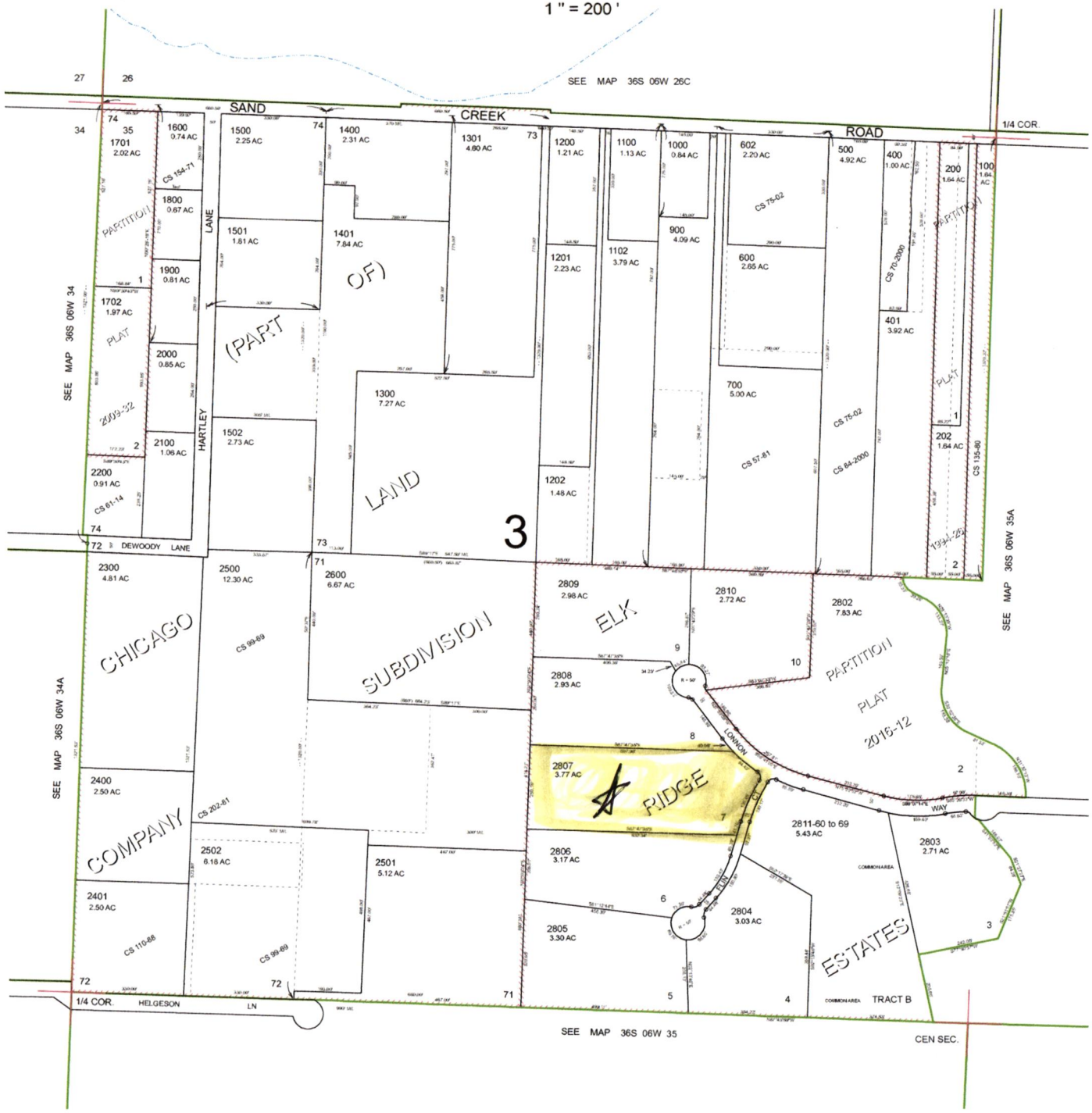
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

N.W.1/4 SEC.35 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

36 06 35B

CANCELLED:
2700
300
1101
800
601
2590
690
1503
790
2503
201
490
1700
2800
2801



3112 FLIN CT.
36-06-35
TL 2807

36 06 35B

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford,OR 97501
Phone: 541-776-6010

Septic Permit

Installation Permit - Residential - New

248-18-000252-PRMT

www.oregon.gov/deq OnsiteMedford@deq.state.or.us

Date Issued: 4/11/18 **Expiration Date:** 4/11/19

Work Description: STANDARD INSTALLATION PERMIT

Applicant: EGLI, DENNIS
Address: 1288 SW STURGEON CT.
GRANTS PASS OR 97527
Phone: 541-660-2506
Email: DCEGLI@YAHOO.COM

Owner: DENNIS EGLI **Property Address:** 3112 Flin Ct, Grants Pass, OR 97527
Address: 1288 SW STURGEON CT
GRANTS PASS OR 97527
Parcel: 3606350002807 - Primary Township: 36 Range: 06 Section: 35

Lot Size:	Not specified	**Water Supply:**	Well
Zoning:	Not specified	**City/County/UGB:**	Not specified
Land Use Approval:	Not specified		

Directions to Property: SOUTH ON WILLIAMS HWY., RIGHT ON NEW HOPE RD., RIGHT ON LONNON RD., CROSS ELK LANE ONTO LONNON WAY TO FLIN COURT.

Category of Construction: Single Family Dwelling

	Proposed
Use of Structure:	3 BEDROOM SFR
Number of Bedrooms:	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd	**Proposed Flow:**	450 gpd
Min Septic Tank Volume:	1000 gal	**Min Dosing Tank Volume:**	N/A
Special Tank Rqmts:	N/A		

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	N/A	**Distribution Method:**	Serial
Seepage Bed Specs:	Not specified		
Media Type:	Other - Indicate Product/Manufacturer	**Media Depth:**	N/A
Media Type Description:	Infiltrator Chambers		
Trench Length:	225 linear ft	**Rock Above Pipe:**	N/A
Total Rock Depth:	N/A	**Rock Below Pipe:**	N/A
Max Depth:	30 in	**Undisturbed Soil BetweenTrenches:**	8 ft
Min Depth:	24 in	**Capping Fills-Min Depth of Fill Material:**	N/A

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

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Onsite Permit 248-18-000252-PRMT

Date Issued: 4/11/18 **Expiration Date:** 4/11/19

Work Description: STANDARD INSTALLATION PERMIT

Special Rqmts:

Stake Out Reqd:	No		
Groundwater Type:	N/A	**Groundwater Depth:**	N/A
Groundwater Interceptor:	N/A	**Groundwater Interceptor Depth:**	N/A
Groundwater Interceptor Drain Media Amt:	N/A		
Pump to Drainfield Reqd:	N/A	**Filter Fabric on Top of Drain Media:**	N/A
Rake Trench Sidewalls:	N/A		
Other Special Rqmt:	Not specified		

Conditions of Approval

1.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

2.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.

3.The system must be installed by the property owner or a licensed sewage disposal business (installer).

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

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

6.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.

7.Meet all required setbacks

8.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.

9.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.

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).

Onsite Permit 248-18-000252-PRMT

Date Issued: 4/11/18 **Expiration Date:** 4/11/19

Work Description: STANDARD INSTALLATION 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.

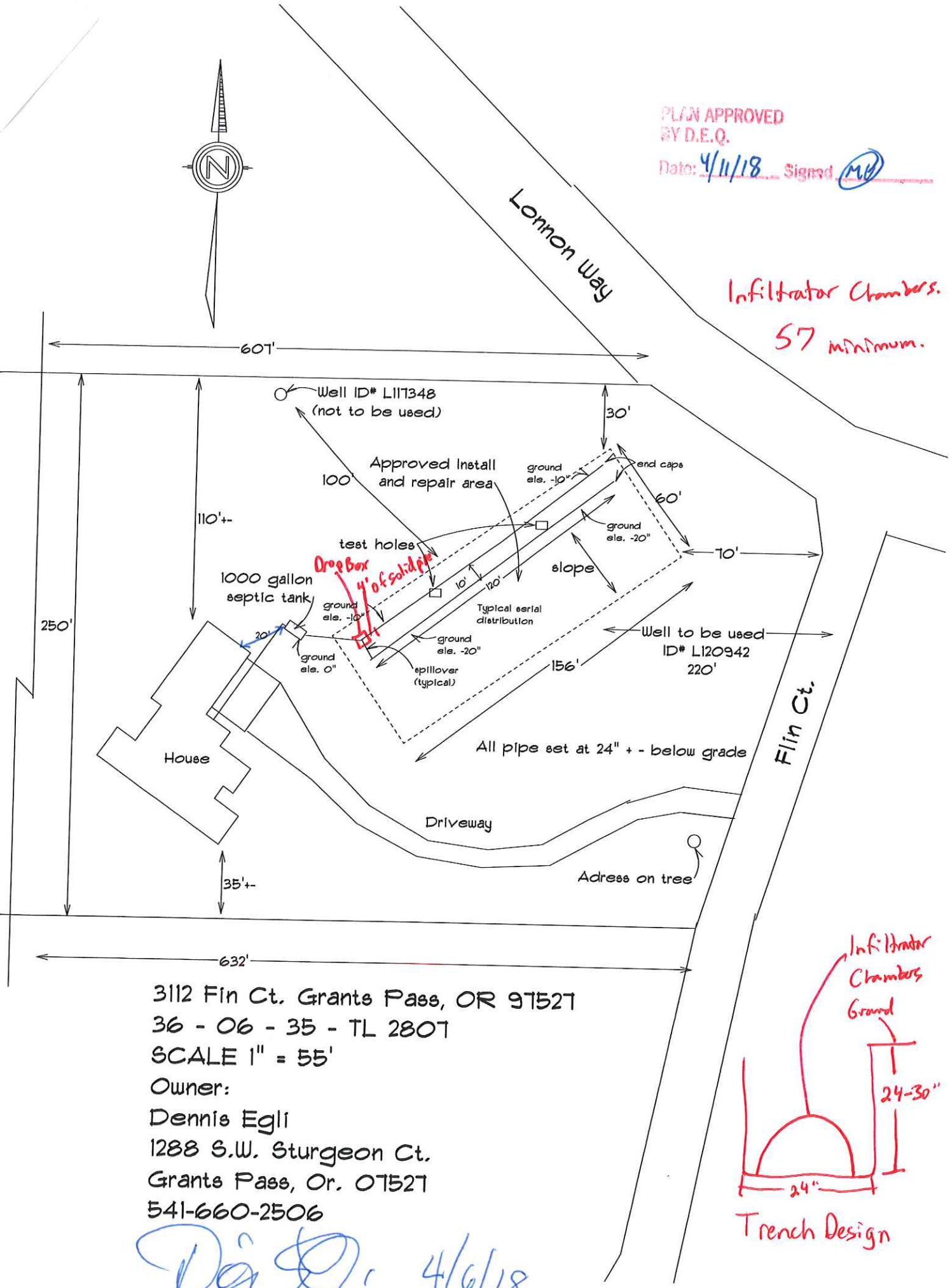
Marty Easter Onsite Wastewater Specialist 4/11/18

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.)

PLAN APPROVED
BY D.E.Q.
Date: 4/11/18 Signed MH

Infiltrator Chambers.
57 minimum.



3112 Fin Ct. Grants Pass, OR 97527
36 - 06 - 35 - TL 2807
SCALE 1" = 55'
Owner:
Dennis Egli
1288 S.W. Sturgeon Ct.
Grants Pass, Or. 97527
541-660-2506

Dennis Egli 4/6/18

Trench Design

Application for Onsite Sewage Treatment System

Send this application to the appropriate DEQ office

State of Oregon Department of Environmental Quality

For DEQ Use Only:	Date Stamp
Date received 4-6-2018	
Fee paid $1138.00	
Receipt number	
Application number	
Date of 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

DENNIS EGLI — Name

1288 S.W. STURGEON CT G.P. OR 97527 — Mailing Address (Street or PO Box, City, State, Zip Code)

541-660-2506 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
36	06	35-20	2807		3.77 AC.

County	Subdivision Name	Lot	Block
JOSEPHINE	ELK RIDGE ESTATES	7	

Property Address: 3112 FLIN CT. (Address) GRANTS PASS (City) OR (State) 97527 (Zip Code)

Directions to Property: 30, ON WILLIAMS HWY, RIGHT ON NEW HOPE RD, RIGHT ON LONNON RD. CROSS ELK LANE ONTO LONNON WAY TO FLIN CT.

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 (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 Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature — Date

DENNIS EGLI — Applicant's Name – Please Print Legibly

541 660-2506 — Applicant's Phone Number

dcegli@yahoo.com — Applicant's E-mail Address

Applicant's Mailing Address

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

☐ Authorization Attached

DENNIS EGLI — Installer's Name

DEQ
State of Oregon
Department of
Environmental
Quality

Statement of Site Status

Name: DENNIS EGLI

Address: 3112 FLIN CT

City: GRANTS PASS State: OR Zip Code: 97527

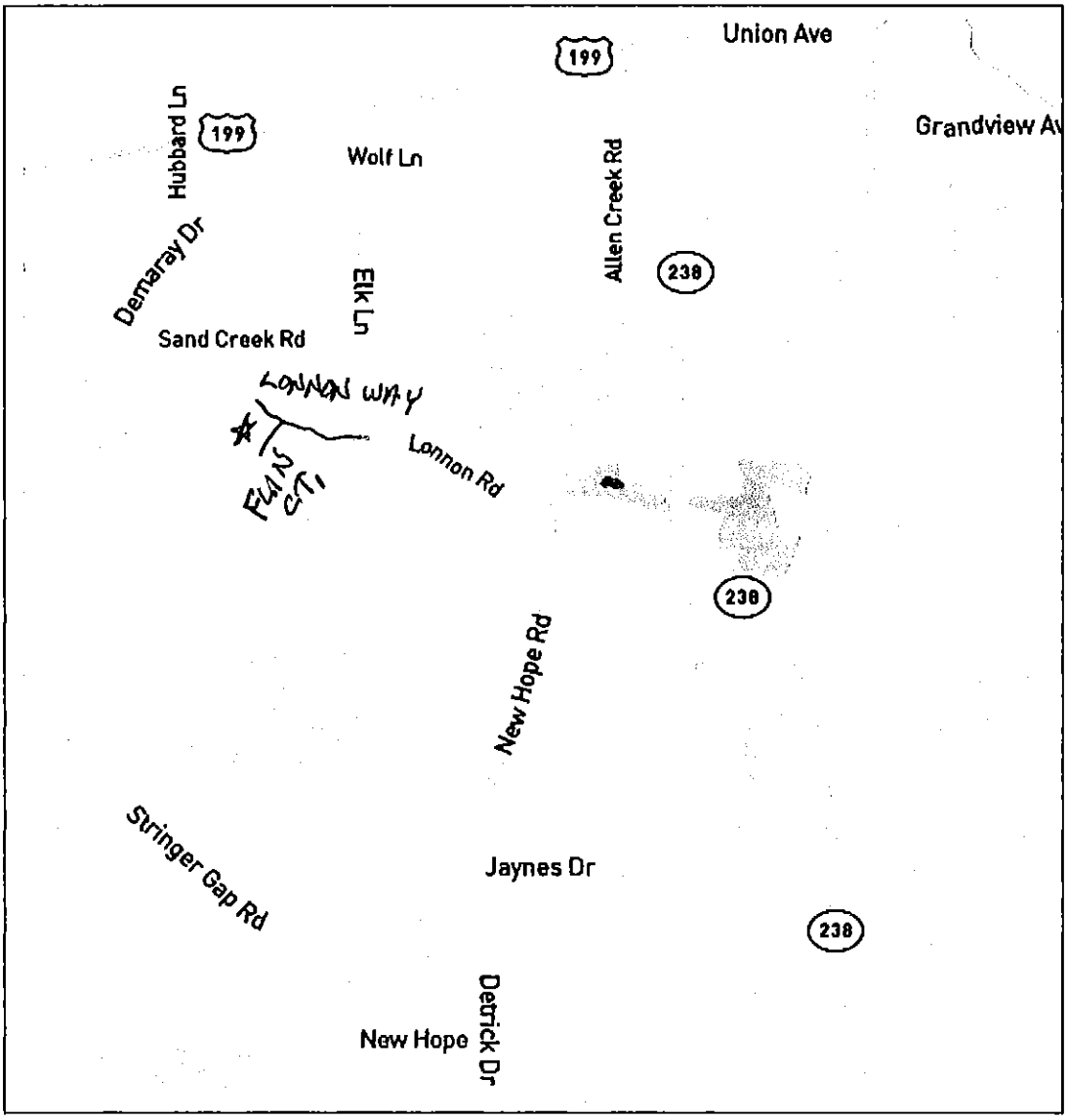
Township: 36 Range: 06 Section: 35 Tax Lot: 2807

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 Department of Environmental Quality.

Date: 3/29/2018 Signed: Dennis Egli

Updated 10-30-02 by BJK



3112 Flin Ct. Vicinity Map

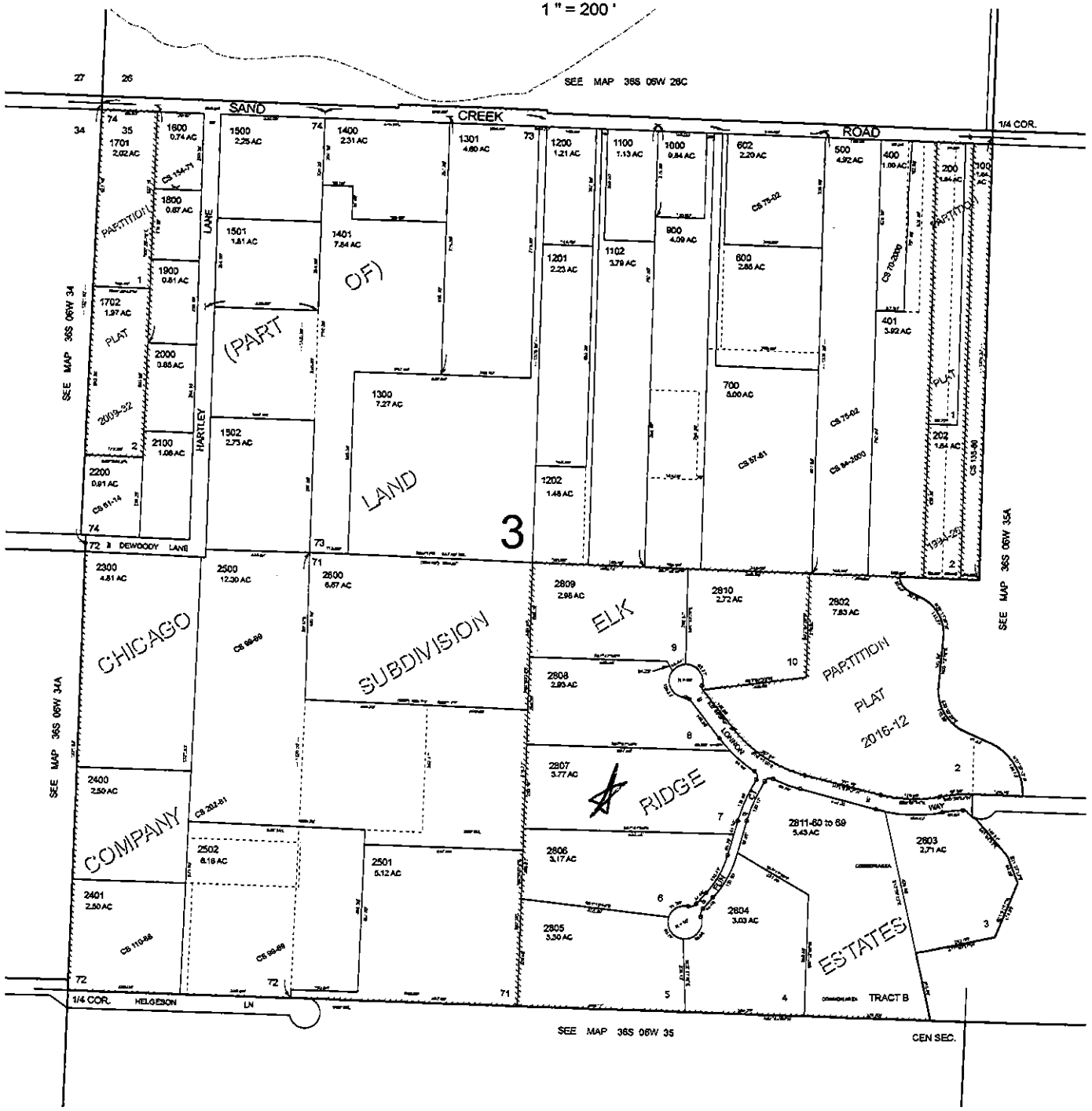
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

N.W.1/4 SEC.35 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

36 06 35B

CANCELLED:
2700
300
1101
800
601
2580
690
1503
790
2503
201
480
1700
2800
2801



3112 FLIN CT,
36-06-35
TL 2807

36 06 35B

State of Oregon
Department of Environmental Quality

SITE PLAN FOR CONSTRUCTION / INSTALLATION

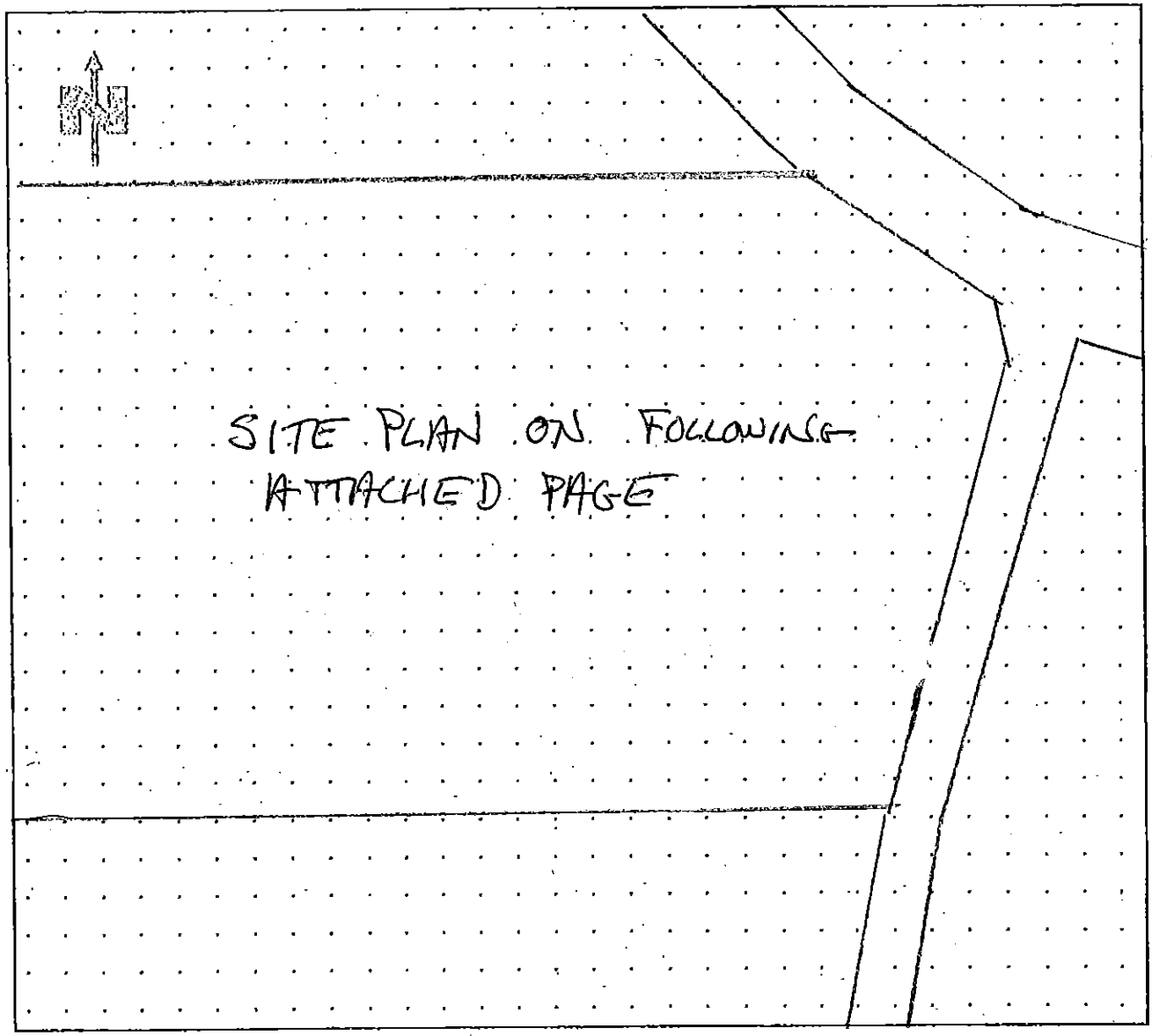
Site Plan Must Be Current Property Owner: DENNIS EGLI Site ID: _____

Site Address: 3112 FLIN CT. City: GRANTS PASS County: JOSEPHINE

Township: 36 Range: 06 Section: 35 Tax Lot: 2807

Acres: 3.77 Subdivision: ELK RIDGE ESTATES Lot: 7 Block: _____

Scale: 1 Square = _____ Feet SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

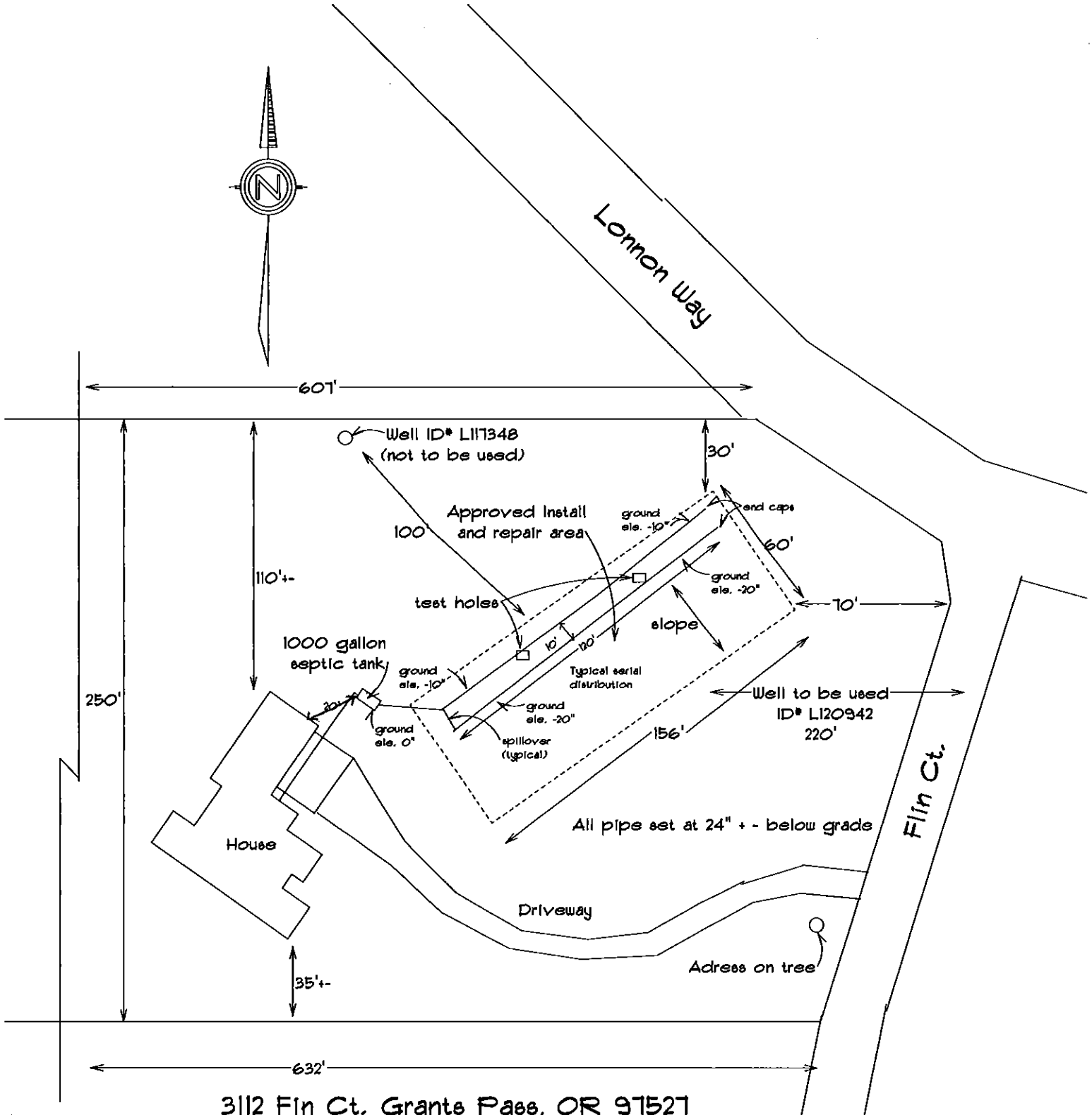


I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the ☒ Owner or ☐ Authorized Agent Name (please print): DENNIS EGLI

Signature: _____ Date: _____

OSS:\winword\CI_Site_Plan.doc June 14, 2004



3112 Fin Ct. Grants Pass, OR 97527
36 - 06 - 35 - TL 2807
SCALE 1" = 55'
Owner:
Dennis Egli
1288 S.W. Sturgeon Ct.
Grants Pass, Or. 07527
541-660-2506

4/6/18

JOSEPHINE COUNTY DEVELOPMENT PERMIT

NON-REFUNDABLE FEE: $300 CHECK: 1700 CASH: _____
PERMIT NUMBER: 2018-220

TWN: 36 **RNG:** 06 **SEC:** 35 **QQ:** B0 **TAXLOT** 2807
SITUS: 3112 FLIN CT **ACRES:** 3.77 **ZONE:** RR5

Applicant: EGLI, DENNIS A & **Applicant Phone:** 541-660-2506
Applicant Address: 1280 GRAYS CREEK RD GRANTS PASS, OR 97527
Owner: EGLI, DENNIS A &
Owner Address: 1280 GRAYS CREEK RD GRANTS PASS, OR 97527

SPECIAL REQUIREMENTS

YES	NO	
☐	☐	Assigned Situs/Space Number_____ Address Card___
☐	☒	County Road*___ State Highway*___ Other/NA___ Access Permit in File___
☐	☒	Violation - Development Permit to resolve violation(s)_____Comment:
☐	☒	Approximate Flood Hazard Area - Professional Certificate in File___ NA___ Reason:
☐	☒	Floodway Fringe - Base Flood Elevation_____ft. NA___ Reason:
☐	☒	Floodway - Approved Engineer's "No-Rise" Study in File___ NA___ Reason:
☐	☒	LOMA (Letter of Map Amendment) on file
☐	☒	Scenic Waterway - BLM Authorization in File___
☐	☒	Stream - Name_____ Class 1 Stream___ Class 2 Stream___
☐	☒	Wetland - Division of State Lands Authorization in File___ NA___Reason:
☐	☒	Nesting Site - ODF&W Authorization in File____NA____Reason:
☐	☒	Erosion Hazard - Plan in File_____NA_____Reason:
☐	☒	Fire Hazard - Plan in File___ NA___ Reason:
☐	☒	Aggregate - Restrictive Covenant/Aggregate Impact Area Agreement in File___
☐	☒	Airport Overlay - Declaration in File ___ NA ___ Reason:
☐	☐	Enterprise Zone
☐	☒	Historical - Historical Committee Review___ Schools :District 7
☐	☒	Part of Total - map no. : Acres:
☐	☐	Site Review Conditions - Comment:

EXISTING STRUCTURES

PROPOSAL

SFD with attached garage and attached carport 3BR 2.5BA

SETBACKS
Front Setback: 30
Side Setback: 10
Rear Setback: 25
Stream Setback: NA
Height: 35 ft.

Additional Terms: Building Safety note: Fire Safety Plan must be implemented prior to issuance of Certificate of Completion.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT 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:** 4/6/18
Contractor Name: _____ **License#:** _____
Approved: _____ **Date:** 4-6-18

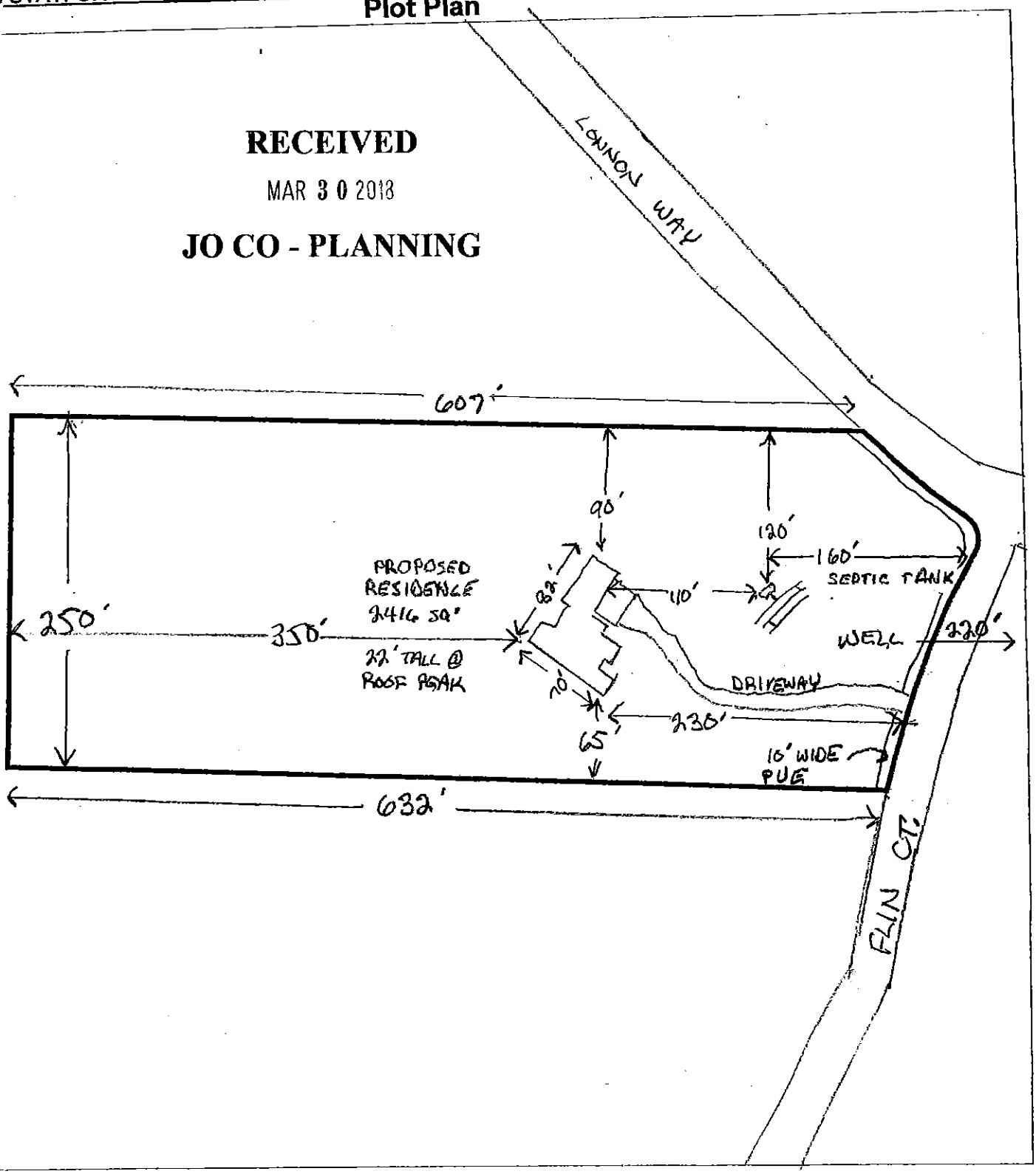
NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.

Date: Monday, March 26, 2018
Name: STATFORD GROUP LLC

T 36 , R 06 , SEC 35 - B0 , TL# 002807
Address: 3112 FLIN CT

Plot Plan

RECEIVED
MAR 30 2018
JO CO - PLANNING



100 0 100 200 Feet

Structure Location:
Zone: RR5 **Minimum Setbacks:**
Front: 30' **Side:** 10'
Rear: 25' **Centerline:** 60'
Stream:

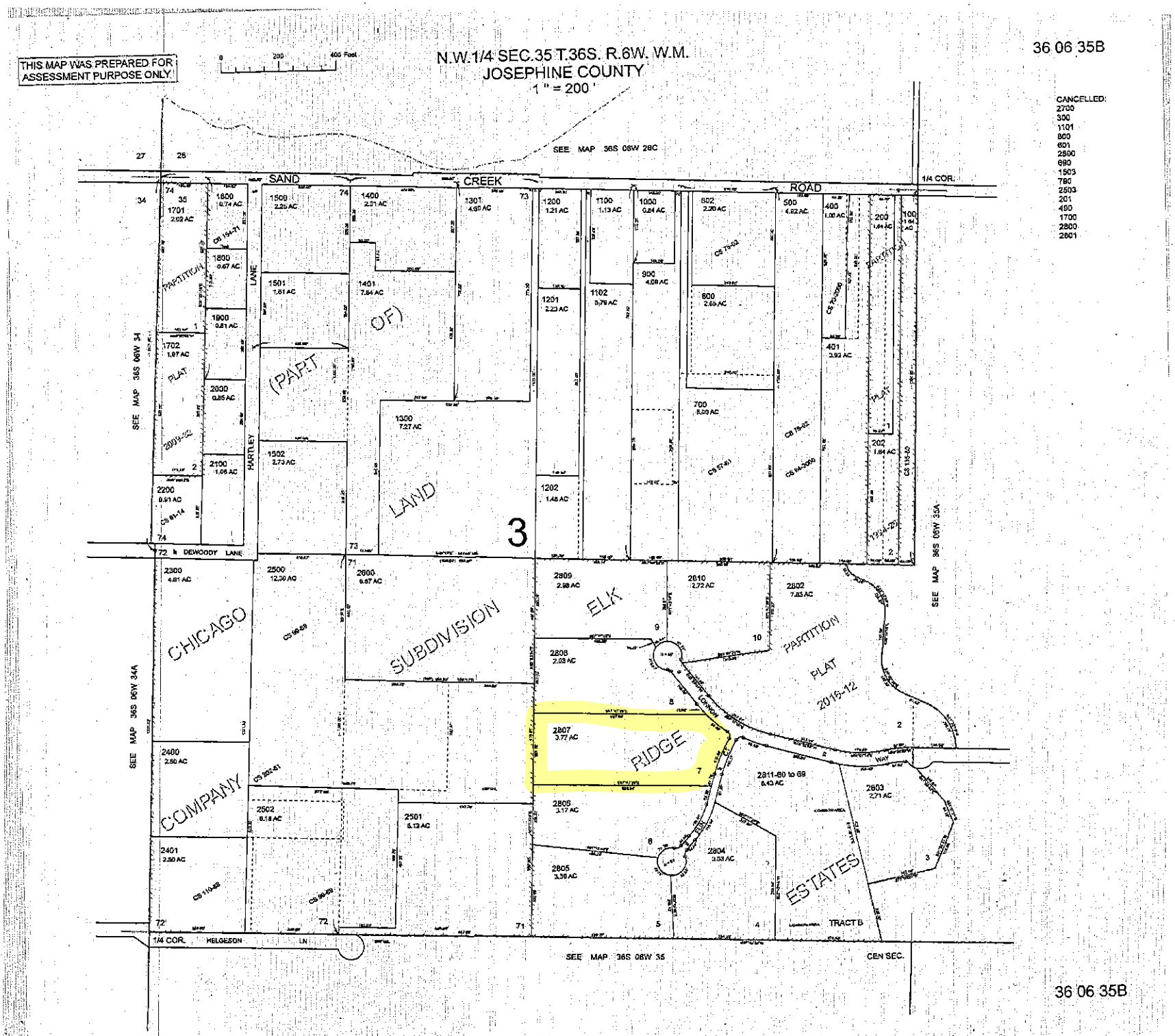
N

Scale 1:1200

Legend

Planner:

Applicant Signature: 3/29/2018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0 200 400 Feet
N.W.1/4 SEC.35 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '
36 06 35B
CANCELLED:
2700
300
1101
800
801
2500
680
1503
780
2503
201
490
1700
2800
2801
SEE MAP 36S 06W 28C
SAND CREEK ROAD
1/4 COR.
SEE MAP 36S 06W 34
SEE MAP 36S 06W 35A
SEE MAP 36S 06W 34A
PARTITION PLAT 2009-22
(PART OF) HARTLEY LANE
DEWOODY LANE
LAND
3
CHICAGO COMPANY SUBDIVISION
ELK RIDGE ESTATES
PARTITION PLAT 2015-12
LONGHORN WAY
TRACT B
HELGESON LN
1/4 COR.
CEN SEC.
SEE MAP 36S 06W 35
36 06 35B

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford,OR 97501
Phone: 541-776-6010

Septic Site Evaluation Approval
Residential Site Evaluation

248-17-000482-EVAL

www.oregon.gov/deq OnsiteMedford@deq.state.or.us

Date Issued: 6/12/17
Work Description: SITE EVALUATION LOT 7

Applicant: MCLENNAN, DON
Address: PO BOX 533
CAVE JUNCTION OR 97523
Phone: 5413787784
Email: DMCLENNAN242@YAHOO.COM

Owner: DON MCLENNAN
Address: PO BOX 533
CAVE JUNCTION OR 97523
Property Address: 3112 Flin Ct, Grants Pass, OR 97527
Parcel: 3606350002807 - Primary Township: 36 Range: 06 Section: 35

Lot Size: Not specified
Zoning: Not specified
Water Supply: Not specified
City/County/UGB: Not specified
County: Josephine

Directions to Property: SO. ON WILLIAMS HWY, RIGHT ON NEW HOPE RD., RIGHT ON LONNON RD, CROSS ELK LANE ONTO LONNON WAY TO FLIN CT.

Proposed Use of Structure: SFD- 3 BED
Category of Construction: Single Family Dwelling

	Proposed
Number of Bedrooms:	3

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 Reqmts:	N/A		
Media Depth:	N/A		
Seepage Bed Specs:	Not specified		

System Specifications

	Initial System	*Replacement Area*
System Type:	Standard	Standard
System Distribution Type:	Serial	Serial
Distribution Method:	Serial	Serial

Trench Specifications

	Initial System	*Replacement Area*
Trench Linear Feet:	225 linear ft	225 linear ft
Max Depth:	30 in	30 in
Min Depth:	24 in	24 in
Capping Fills-Min Depth of Fill Material:	N/A	N/A

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.)

Septic Site Evaluation 248-17-000482-EVAL

Date Issued: 6/12/17
Work Description: SITE EVALUATION LOT 7

Special Requirements	*Initial System*	*Replacement Area*
Stakeout Required:	No	No
Groundwater Type:	Temporary	Temporary
Groundwater Depth:	N/A	N/A
Groundwater Interceptor:	N/A	N/A
Groundwater Interceptor-Amount of Drain Media:	N/A	N/A
Groundwater Interceptor Depth:	N/A	N/A
Drainfield Type:	Standard	Standard
Drainfield Sizing:	N/A	N/A
Pump to Drainfield Required:	No	No
Other Special Requirement:	N/A	N/A

Conditions of Approval:

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 DEQ 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 believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

Marty Easter — Onsite Wastewater Specialist — 6/12/17

FIELD WORKSHEET

Name: McLennan Application No.: 17-482-EVAL Date: 6-12-17

RE: SITE EVALUATION REPORT for Township: 36 Range: 6 Section: 35 Tax Lot: 2807

Commercial Facility: ☐ Yes ☒ No Parcel Size: 3.77ac

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
4. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
5. 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.

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-14	SL	10YR 4/4, 6cm, Roots 2VF, F, 1M, C, 0 Redox
	14-41	SL	10YR 3/3, WSBK, Roots 1VF, F, 0 Redox
	41-49	—	Weathered Parent Material
			TD-49" No H2O in Pit ESD-41"
Test Pit 2			Similar to TP1
			TD-50' ESD-42"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: _____

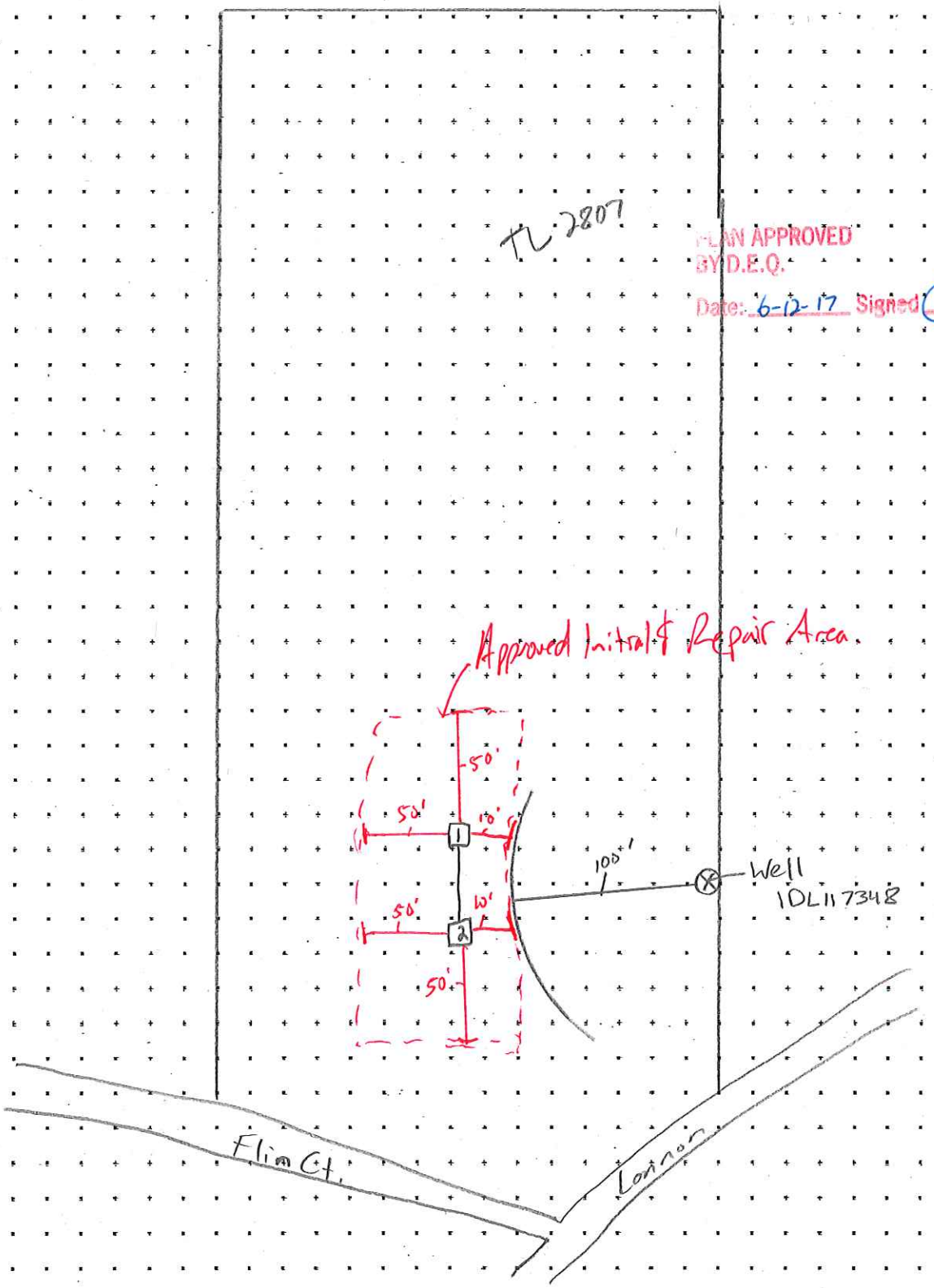
Slope: 6-9 - Variable Aspect: _____ Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: Has rained for past 72 hours.

Application No.: 0

SITE PLAN

N



Application #_____

248-17-000482-Eval

DEQ
State of Oregon Department of Environmental Quality

Application for Onsite Sewage Treatment System

Send this application to the appropriate DEQ office

For DEQ Use Only:	Date Stamp
Date received	
Fee paid 780.00	
Receipt number	
Application number	
Date of 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

DON MCLENNAN — Name
STATFORD GROUP LLC
P.O. BOX 533, CAVE JUNCTION, OR 97523 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-378-7784 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
36S	6W	35	2807		3.77

County	Subdivision Name	Lot	Block
JOSEPHINE	ELK RIDGE ESTATES	LOT 7	

Property Address: 3112 FLIN CT. (Address) GRANTS PASS (City) OR (State) 97527 (Zip Code)

Directions to Property: SOUTH ON WILLIAMS HWY, RIGHT ON NEW HOPE RD, RIGHT ON LONNON RD, CROSS ELK LANE ONTO LONNON WAY TO FLIN CT.

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 — 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 Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Don L McLennan — Signature
5/16/2017 — Date

DON MCLENNAN STATFORD GROUP LLC. — Applicant's Name – Please Print Legibly
541-378-7784 — Applicant's Phone Number
dmclennan242@yahoo.com — Applicant's E-mail Address
P.O. BOX 533, CAVE JUNCTION, OR, 97523 — Applicant's Mailing Address

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

☐ Authorization Attached

Installer's Name

Elk Ridge Estates

Lot 7

SEPTIC TEST HOLE LOCATION