



Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-24-000393-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: 06/17/2025
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: Precision Pumping and Excavation LLC	Primary Contractor: Precision Pumping and Excavation LLC
Address: 3511 Demaray Dr Grants Pass OR 97527	Installer/Pumper License: 39119
Phone: 5416591442	Address: 3511 Demaray Dr Grants Pass OR 97527
Email: gp.precisionexc@gmail.com	Phone: 5416591442
	Email: gp.precisionexc@gmail.com

Owner: JOHNSON, NICHOLAS K	Property Address: 3617 Demaray Dr, Grants Pass, OR
Address: 43299 SE PORTER RD ESTACADA OR 97023	97527

Parcel: 360634C000200000 - Primary **Township:** 36 **Range:** 06 **Section:** 34

Lot Size: 5.68	Water Supply: Well
Zoning: N/A	City/County/UGB: N/A
Land Use Approval: N/A	

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	1

System Specifications

Type: Standard		
Max Peak Design Flow: 450 gpd.	Proposed Flow:	300 gpd.
Min Septic Tank Volume: 1500 gal.	Min Dosing Tank Volume:	N/A

Drain Field Specifications

Drain Field Type: Standard	System Distribution Type:	Serial
Drainfield Sizing: N/A	Distribution Method:	Pressurized
Media Type: EZ FLOW 1201-P	Media Depth:	N/A
Trench Length: 375 linear ft.	Rock Above Pipe:	N/A
Max Depth: 26 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth: 24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type: Temporary	Groundwater Depth:	31 in.
Pump to Drainfield Required: Yes	Filter Fabric on Top of Drain Media:	Yes
Rake Trench Sidewalls: Yes		

Date Certificate Issued: 06/17/2025
Work Description: STANDARD CONSTRUCTION PERMIT

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

Issued By: Joshua Daley, Environmental Specialist

Effective Date: 06/17/2025

Joshua Daley

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: 463-24-000393-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.

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JUN 16 2025
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SECTION 1: Owner/Permittee Information:

Name: JOHNSON, NICHOLAS K

Twncshp: 36 Range: 06 Sect: 34
Lot:

Property 3617 DEMARAY DR, GRANTS PASS, OR 97527
Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:			Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Infiltrator	Date: 2-12-25
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Liberty 283	Float(s)Type(1): 0% Off	Model/Manuf. SSR
			Float(s)Type(2): Alarm	Model/Manuf. SSR

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/2	ASTM#/Other: schedule 40	Length: 160'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?		Yes	No	

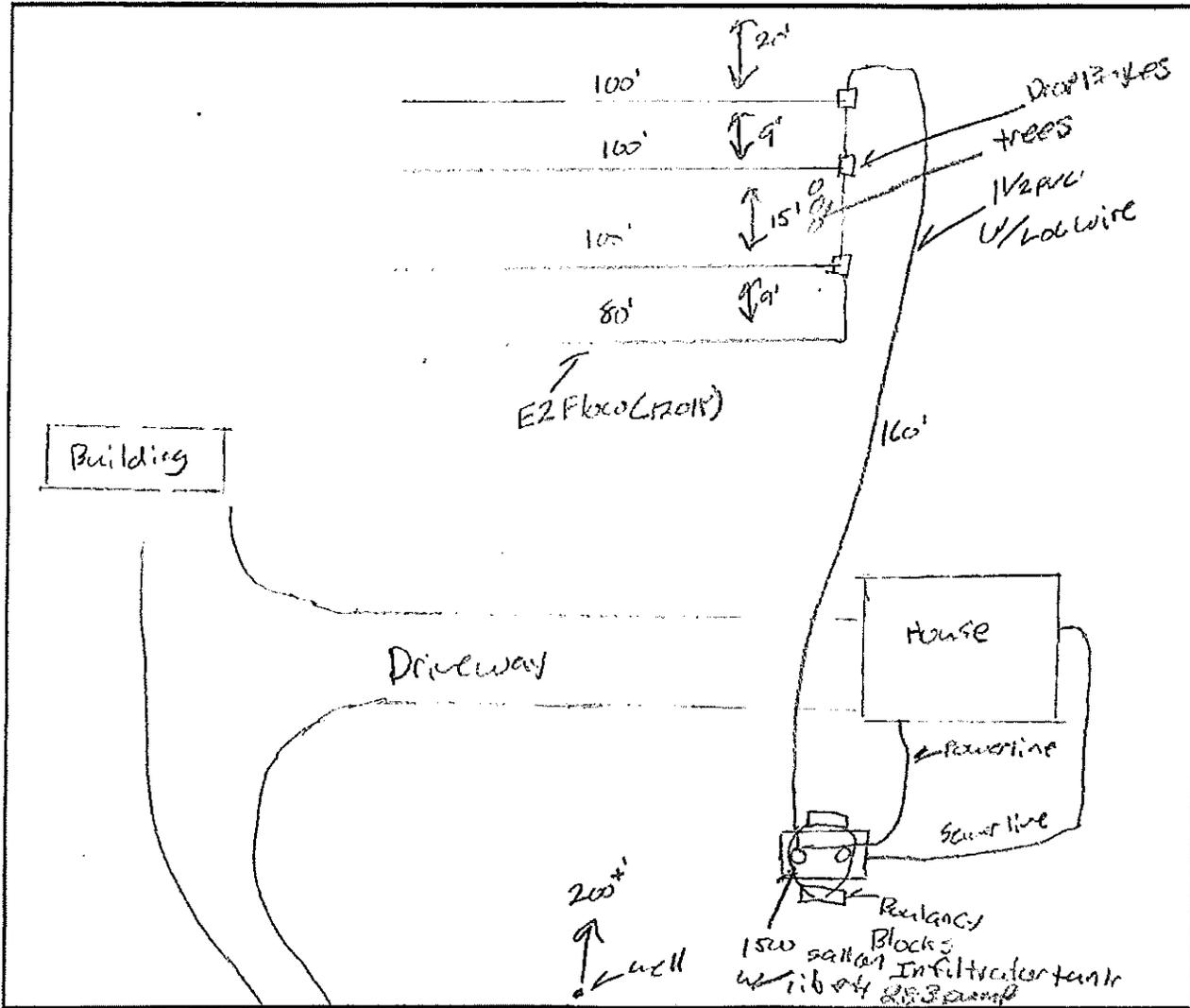
D. Drainfield Media

Type	(Gravel, Pipe or alternative?) EZ Flow (1201P)				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
	Yes <input checked="" type="checkbox"/>	No			
Drop Box	Yes <input checked="" type="checkbox"/>	No			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: EZ Flow (1201P)	Length: 380'
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. PL



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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>Josh Lindquist</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>39119</u>	Certification#: <u>AI 964</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>6-16-25</u>	Phone#: <u>541-654-1442</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: _____

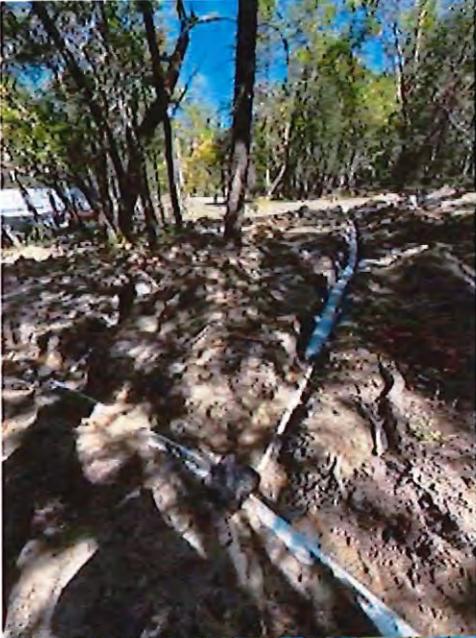
Comment: _____

ZENTGRAF Erica * DEQ

From: Josh Lindquist <gp.precisionexc@gmail.com>
Sent: Monday, June 16, 2025 12:55 PM
To: ZENTGRAF Erica * DEQ
Subject: 3671 demaray dr



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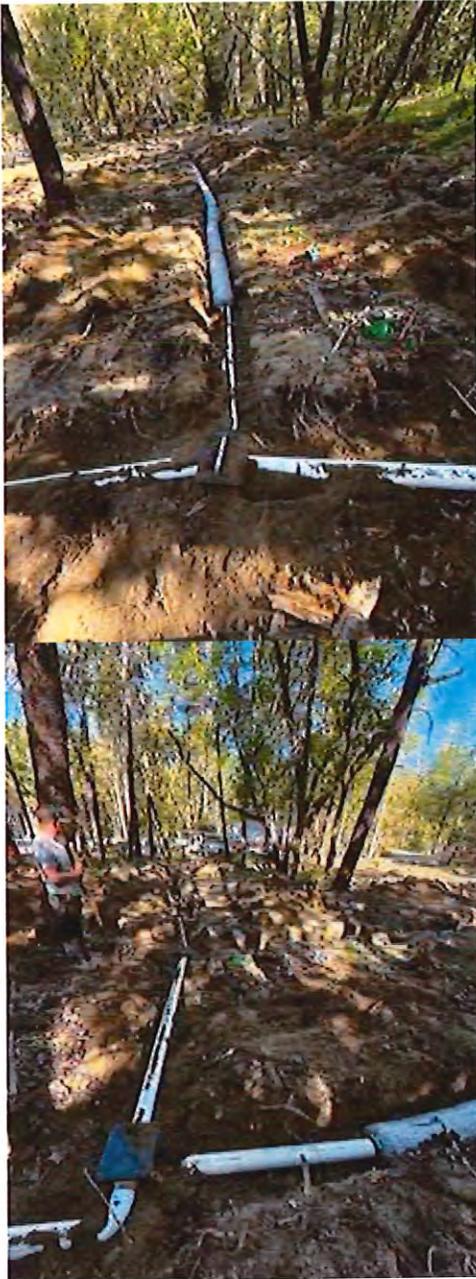
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Sent from my iPhone

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DEQ MEDFORD



Septic Permit

Installation Permit - Residential - New

463-24-000393-PRMT

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

Date issued: 2/11/25	Expiration date: 2/11/26
Work description: STANDARD CONSTRUCTION PERMIT	

Applicant: Precision Pumping and Excavation LLC	Primary contractor: Precision Pumping and Excavation LLC
Address: 3511 Demaray Dr Grants Pass OR 97527	Installer/Pumper License: 39119
Phone: 5416591442	Address: 3511 Demaray Dr Grants Pass OR 97527
Email: gp.precisionexc@gmail.com	Phone: 5416591442
	Email: gp.precisionexc@gmail.com
Business License: N/A	

Owner: JOHNSON, NICHOLAS K	Property address: 3617 Demaray Dr, Grants Pass, OR 97527
Address: 43299 SE PORTER RD ESTACADA OR 97023	
Parcel: 360634C000200000 - Primary	Township: 36 Range: 06 Section: 34

Lot size: 5.68	Water supply: Well	
Zoning: N/A	City/County/UGB: N/A	
Land use approval: N/A	County: N/A	
Accessory Dwelling Unit: No		
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	1

System Specifications

Type: Standard	ATT description: N/A
Max peak design flow: 450 gpd.	Proposed flow: 300 gpd.
Min septic tank volume: 1500 gal.	Min dosing tank volume: N/A

Drain Field Specifications

Drain field type: Standard	System distribution Tpe: Serial
Drainfield sizing: N/A	Distribution method: Pressurized
Media type: Other - Indicate Product/Manufacturer	Media depth: N/A
Media type description: EZ FLOW 1201-P	
Trench length: 375 linear ft.	Rock above pipe: N/A
Max depth: 26 in.	Undisturbed soil between trenches: 8 ft.
Min depth: 24 in.	Capping fills-min depth of fill material: N/A

Special Requirements

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

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Date issued: 2/11/25	Expiration date: 2/11/26
Work description: STANDARD CONSTRUCTION PERMIT	

Stake out required:	No	Groundwater depth:	31 in.
Groundwater type:	Temporary	Filter fabric on top of drain media:	Yes
Pump to drainfield reqd:	Yes		
Rake trench sidewalls:	Yes		

Conditions of approval:

- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- Install the pump and system components in accordance with the approved pump curve and specifications.
- An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- 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.
- Effluent filter required at tank outlet.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

Date issued: 2/11/25**Expiration date: 2/11/26****Work description: STANDARD CONSTRUCTION PERMIT**

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

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

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

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

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

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

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

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

Joshua Daley

Environmental Specialist

2/11/25



JO CO ON-SITE SEPTIC

FEB 7 2025

APPROVED BY:

Josephine County, Oregon

Community Development - Planning Division

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

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

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

DATE: 2-11-25 TWN 36 RNG 06 SEC 34 QQ 60 TL 200

OWNER'S NAME: Nicholas Johnson

ADDRESS: 3617 Demaree Dr, Grants Pass Or 97527

JO CO ON-SITE SEPTIC

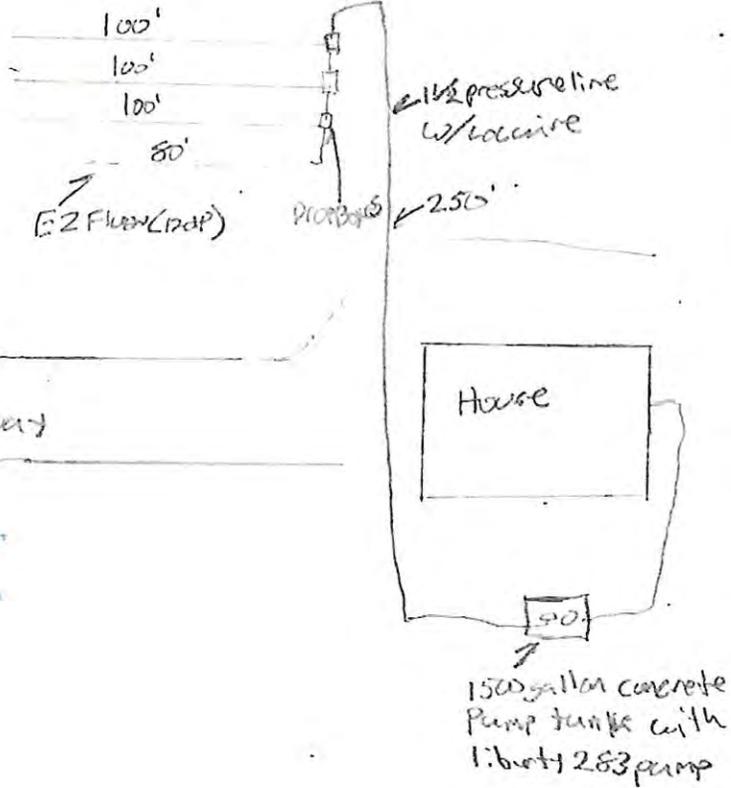
PLOT PLAN

FEB 11 2025

APPROVED BY:

Handwritten signature

Buildings



Driveway

1500 gallon concrete Pump tank with Liberty 283 pump

well

SIGNATURE: *Handwritten signature*

DATE: 2-11-25

280-SERIES

1/2 hp Submersible Effluent/Sump Pumps

The Liberty 280 series provides a cost effective "mid-range" pump for on-site waste water systems, liquid waste transfer and commercial heavy-duty sump pump applications that require higher head or more flow. Designed around Liberty's unique "Uni-Body" casting, the 280-Series will provide years of reliable performance.

All Models Feature:

- Vortex style impeller permitting passage of solids up to 3/4"
- 416 stainless steel rotor shaft
- Permanently lubricated upper and lower ball bearing
- Epoxy powder coat finish
- All fasteners – corrosion-resistant stainless steel
- 1 1/2" Discharge
- Stainless steel bottom screen – easily removable
- Maximum fluid temperature: 140° F.
- 280-Series Cord Lengths

Model	10'	25'(-2)	35'(-3)	50'(-5)
280	Standard	Optional	Optional	Optional
281	Standard	Optional	Optional	Optional
283	Standard	Optional	Optional	N/A
287	Standard	Optional	N/A	N/A

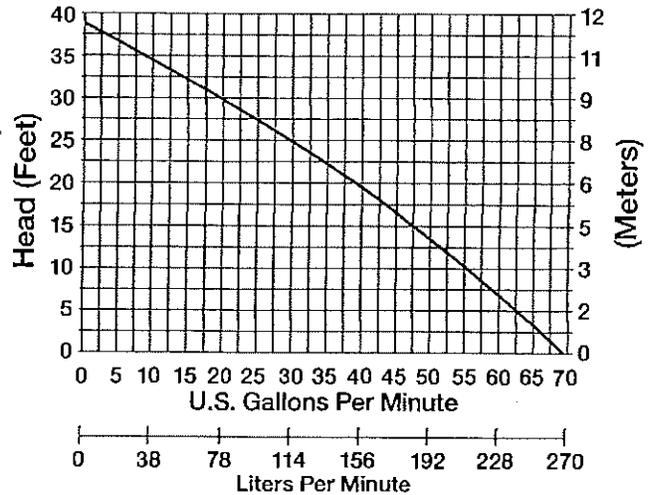
10' cord length standard on all models. For optional lengths, add "-2, -3 or -5" suffix to model number.
Example: for model 280 with 35' cord, order 280-3

Motor Specifications

1/2 hp 60 Hz 3450 RPM
Oil filled, thermally protected

115 V. Models 8.5 amps
208/230 V. Models 4.6 amps

Performance Curve: 280-Series



Dimensional Data:

Weight: 29 lbs.
Height: 13"
Major Width: 10" (model 287)

Minimum Sump Diameters:

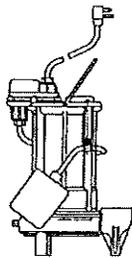
Model 281, 283...14"
Model 287 VMF...10"

Factory switch settings	Model 281, 283	Model 287 VMF
Turn on level	13"	9.5"
Turn off level	7"	4.0"

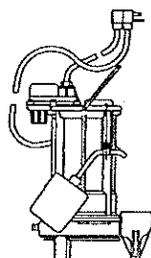
The Model 283 features a fully adjustable wide-angle float. Differential adjustments can be made easily by tethering the float to the discharge pipe or other mounting point. Vertical float model 287 is not adjustable.



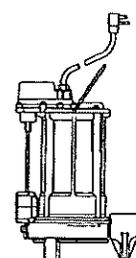
Model 280
Manual,
no switch



Model 281
Wide angle
float switch
with quick-
disconnect



Model 283
Wide angle
float switch
with series
(piggy-back)
plug



Model 287
VMF-Series
Vertical mag-
netic float
for smaller pits –
will operate in
a 10" diameter
sump



us Certified

Specifications are subject to change without notice.

PACIFIC PUMP CO.
3880 REDWOOD AVENUE
GRANTS PASS, OREGON 97527
(541) 479-8955

NAME: Cathy Frykman
ADDRESS: 3601 Demaray Drive
Grants Pass, OR
WELLSITE: 3601 Demaray Drive

DATE: 03/15/2017
PHONE:

TIME	FLOW	STATIC	METER
0:00	20	36'	0000
0:15	20	80'	0300
0:30	10	101'	0450
0:45	8	123'	0570
1:00	8	123'	0690
1:15	8	123'	0810
1:30	8	123'	0930
1:45	8	123'	1050
2:00	8	123'	1170
2:15	8	123'	1290
2:30	8	123'	1410
2:45	8	123'	1530
3:00	8	123'	1650
3:15	8	123'	1770
3:30	8	123'	1890
3:45	8	123'	2010
4:00	8	123'	2130

WELL DEPTH: 136'
VENT: N/A
WELL SEAL: Yes

PUMP SETTING: 120'
PRESSURE RELIEF VALVE: N/A
ODOR: None

CASING: 6"
COLOR:

Clear

CONDUCTED BY: Thomas D. Higgins LIC #106111

PACIFIC PUMP CO. guarantees the accuracy of this test on the date the test was conducted only and no way implies that the well flow or water quality would be the same on any future date, or that the flow would be the same for a longer period of



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

Boat Johnson 3617 Demaree Dr, Grants Pass OR 97527 541-450-1881
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

36 06 34C 2000 5.68
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size

County _____ Subdivision Name _____ Lot _____ Block _____

Property Address: 3617 Demaree Dr Grants Pass OR 97527
 Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input checked="" type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms	<input checked="" type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms	<input type="checkbox"/> Public _____ Name
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Private <u>well</u> Well, Spring, Shared

D. Type of Application

- | | | |
|---|---|---|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Other-please specify _____ |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Existing System Evaluation | |
| <input type="checkbox"/> Permit Repair
<input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Permit Transfer | |
| <input type="checkbox"/> Alteration Permit
<input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Permit Reinstatement | |

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] 10-30-24
 Signature Date

Josh Lindquist 541-659-1442 gp.precisionexc@gmail.com
 Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

3511 Demaree Dr, Grants Pass OR 97527
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer Josh Lindquist

Authorization Attached Precision Pumping And Excavation LLC
 Installer's Name

39119



Josephine County, Oregon

Community Development - Planning Division

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

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

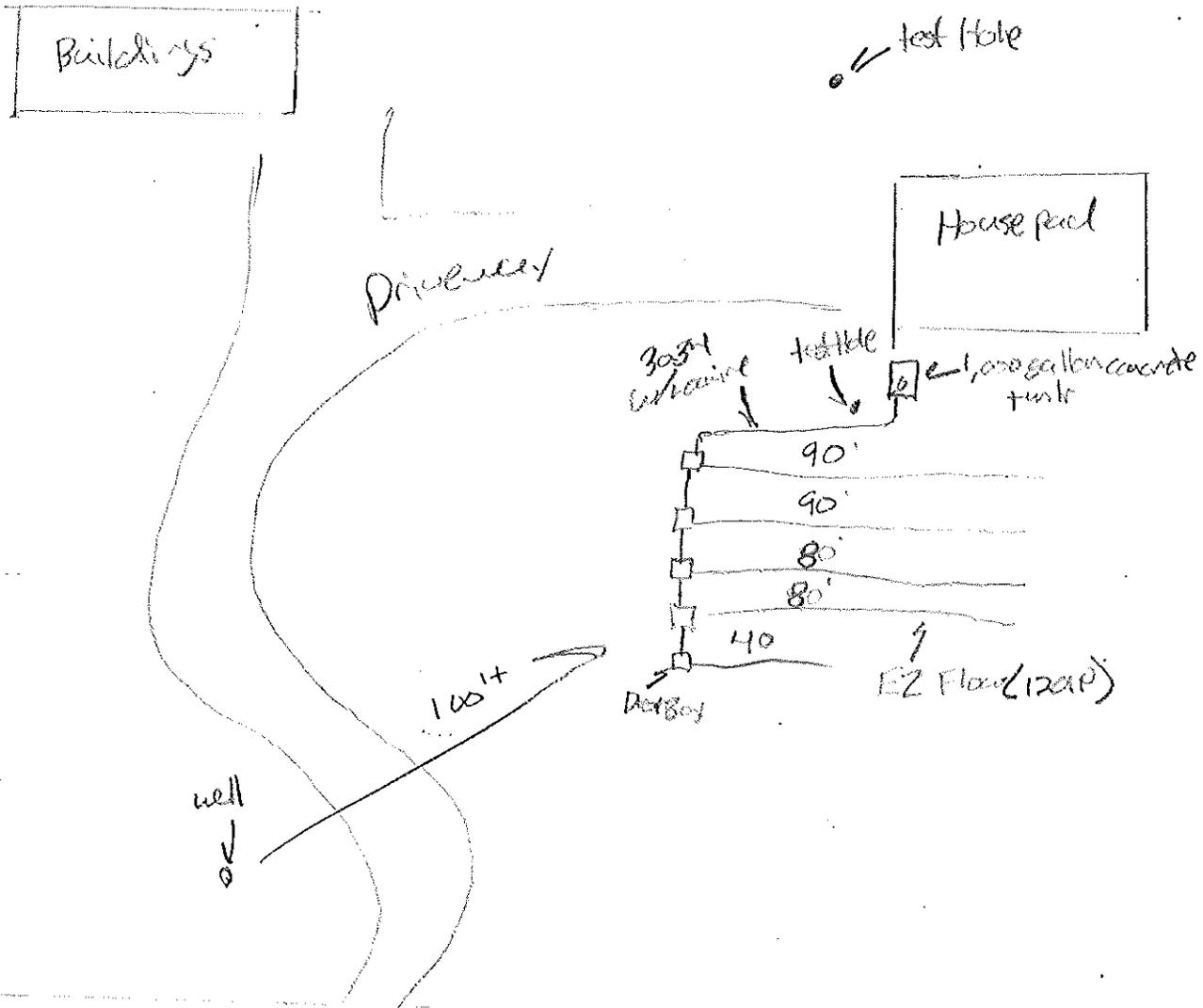
E-mail: planning@co.josephine.or.us

DATE: 10-30-24 TWN 36 RNG 06 SEC 34 QQ CO TL 200

OWNER'S NAME: Nicholas Johnson

ADDRESS: 3617 Demaray Dr, Grants Pass OR 97527

PLOT PLAN



SIGNATURE: _____

DATE: 10-30-24



NOTICE AUTHORIZING REPRESENTATIVE

I, Nicholas Johnson, have authorized Josh Lindquist 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:

3617 Demaray Dr Grants Pass or 97527

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 34 Map ID 60 Tax Lot #(s) 200

PROPERTY OWNER:

Printed Name: Nicholas Kyle Johnson

Address: 3617 Demaray Dr

City, State, Zip: Grants Pass OR 97527

Phone: 541-450-4881

Email: thebootjohnson@gmail

Signature: [Handwritten Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Josh Lindquist

Address: 3511 Demaray Dr

City, State, Zip: Grants Pass, or 97527

Phone: 541-659-1442

Email: gp.precisionexco@gmail.com

Signature: [Handwritten Signature]

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360634C0002000	PERMIT NUMBER: PL-2024-00935	
SITUS: 3617 DEMARAY DR	ZONE: RR5	
ACRES: 5.68	SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT	

APPLICANT:	SMITH, SPENCER MICHAEL	APPLICANT PHONE #:	541-660-2311
APPLICANT ADDRESS:	4064 JEROME PRAIRIE RD GRANTS PASS, OR 97527		
OWNER:	JOHNSON, NICHOLAS K		
OWNER ADDRESS:	43299 SE PORTER RD ESTACADA, OR 97023		

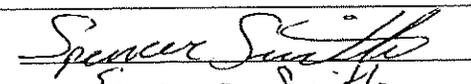
SPECIAL REQUIREMENTS
 • Erosion Hazard - Plan in File NA Reason: *outside*

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Vacant	SFD - 899 sq. ft.; 1 bedroom, 1 bath	Front Setback: 30 ft.
		Side Setback: 10 ft.
		Rear Setback: 25 ft.
		Stream Setback: 0 ft.
		Height: 35 ft.

- ADDITIONAL TERMS:**
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
 - It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
 - 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:		DATE:	7-29-24
CONTRACTOR NAME:	<i>Spencer Smith</i>	LICENSE#:	244566
APPROVED:		DATE:	7-29-24

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



\$380

PLANNING APPLICATION FORM

Property Address: 3617 Demaray Dr.

Assessor's Map & Tax Lot:
36-06-34-00 Tax Lot(s) 2000
Tax Lot(s) _____

Zoning: RES

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

Application/Permit Type: (Please Check All Applicable)

- Address Assignment
 - New Address
 - Change of Address
 - Additional Address
- Annual Compliance Certificate (See Form A)
- Appeal (See Sec.19.33.040)
- Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- Conditional Use Application (Chapter. 19.45)
- Determination of Nonconforming Use (See Sec.19.13.060)
 - Marijuana Prod. Site on RR (Attach License and Premise Sketch)
 - Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- Final Plat (See Sec.19.56.030)
- Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- Partition (See Sec.19.52.040)
- Planned Unit Development (See Sec.19.55.030)
- Pre-Application (See Chapter. 19.21)
- Property Line Adjustment or Vacation (See Sec.19.54.040)
- Replat (See Sec.19.53.040)
- Riparian Landscape Plan (Attach Plan or Use Form B)
- Site Plan Review (See Chapter 19.42)
- Subdivision (See Sec.19.51.040)
- Text Amendment (See Sec.19.46.030)
- Variance (See Chapter.19.44)

- Conditional Use Permit (Chapter. 19.92)
- Development Permit (See Sec.19.41.020)
- Temporary Dwelling (See Chapter. 19.43)
 - Detached Living Space
 - Medical Hardship

- Attachments:
- 2) Folded Maps/Site/Tentative Plan to Scale
 - 2) 8 1/2x 11" Site/Tentative/Plot Plan
 - 1) Written Narrative/Response to Criteria
 - 1) Power of Attorney
 - 1) Statement of Intended Water Use well log

- Statement of Understanding
- Floor Plan/Elevations
- Access Permit - PUBLIC WORKS
- Proof of Fire Protection
- Erosion Control Plan/Fire Safety Plan

granitic soils

Description of Request/Reason for Appeal
(Include name of project and proposed uses):

SFR

Property Owner: Nicholas E Johnson
Address: 3617 Demaray Dr.

Phone: 541 450 4881
Email: thebootjohnson@gmail.com

Applicant: _____
Address: _____
Phone: _____
Email: _____

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).

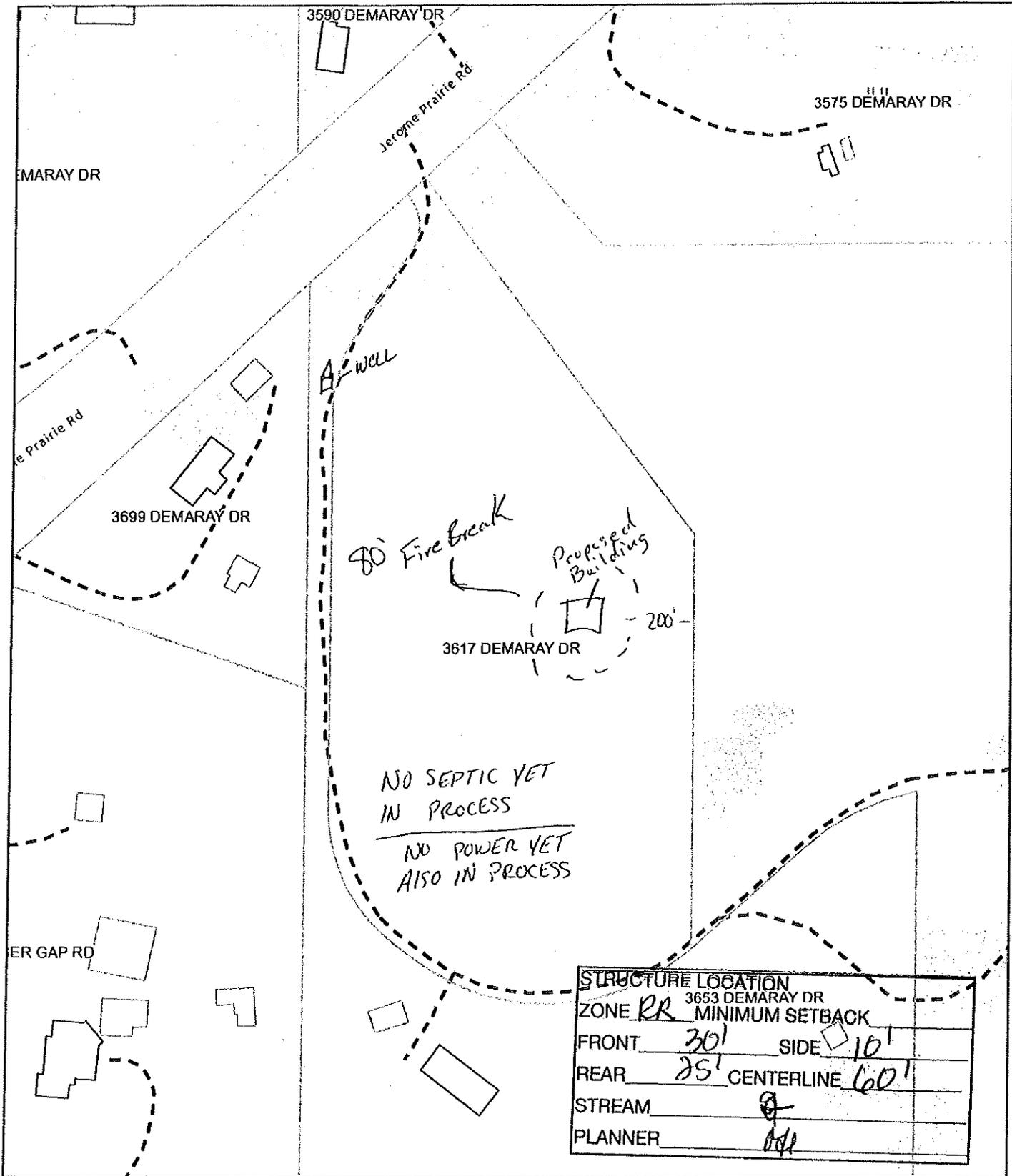
[Signature] 6-9-24
(Signature of Owner or Attorney-in-Fact) Date

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

(For Office Use)

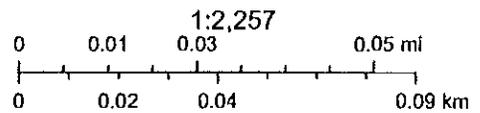
DATE STAMP

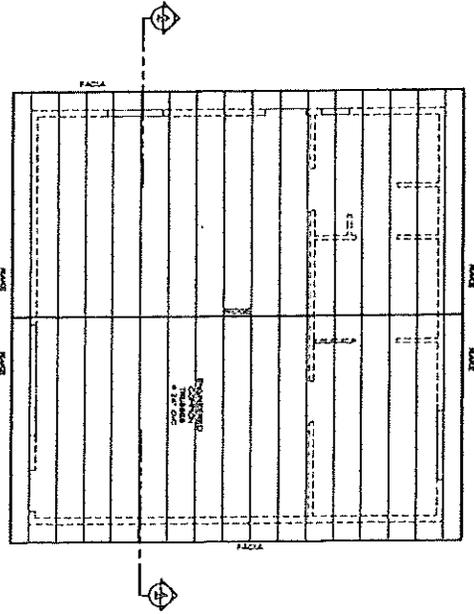
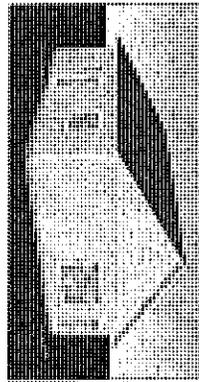
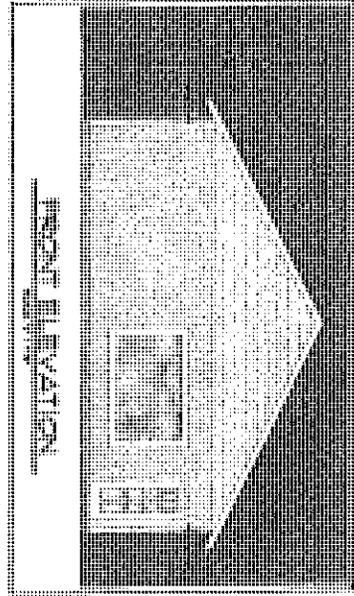
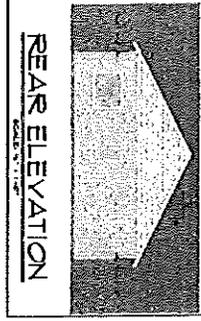
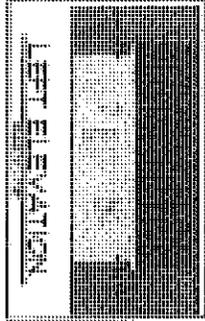
Fees Paid: \$380 Initials: edl



7/15/2024, 10:35:30 AM

- Buildings
- Primary
- Secondary
- Driveways
- Slope - percent grade
- 0 - 14.9%





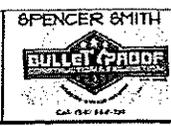
APR 14 2004
10:00 AM
C:\PROJECTS\3617 DEMARAY DR\3617 DEMARAY DR.dwg

SHEET NO.
A2
OF 2

**ROOF FRAMING PLAN
EXTERIOR ELEVATIONS**

PROJECT:	3617 DEMARAY DR
DATE:	04/14/04
BY:	DLB
CHECKED:	
SCALE:	

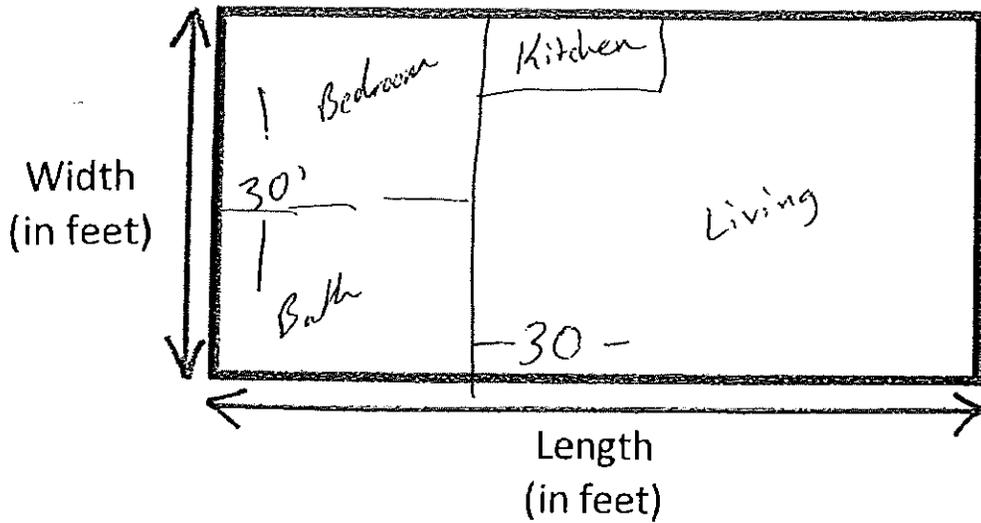
3617 DEMARAY DR



SHED
UTILITY ROOM
SHIPPING CONTAINER
OTHER SIMILARLY SHAPED STRUCTURES

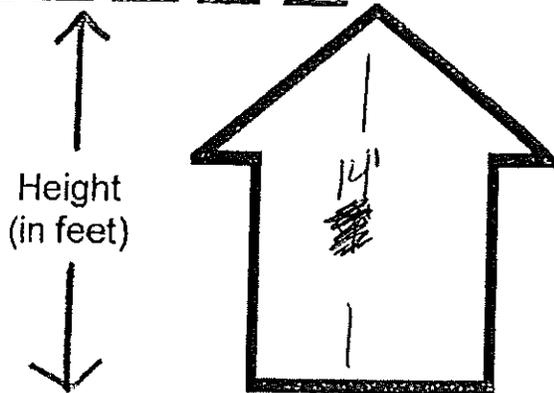
FLOOR PLAN

Label any interior components such as fans, heat source, plumbing, walls, lights, etc.
If there are NO interior components, please write "OPEN" inside the rectangle.

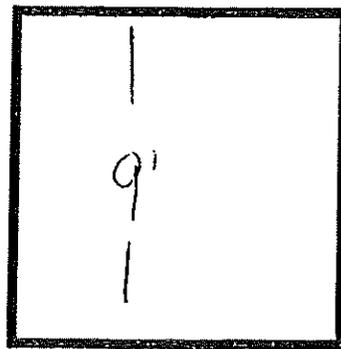


Write in dimensions on this sheet.

ELEVATION



OR



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

Prepared by: SK	District No: 3
Zone: RR5	Violations:
<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contact
<input checked="" type="checkbox"/> Pickup	<input type="checkbox"/> Mail
Fax:	
Email: thebootjohnson@gmail.com	
Land Use Log:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Scanned

Application Date: 06/20/24	Permit No: 24079			
Situs (St Address): Demaray Dr, TL 2000				
Location of Access: Demaray Dr				
T 38	R 06	S 34.C0	TL 2000	Parcel No:
Stated Purpose: Addressing				
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> EXISTING	<input checked="" type="checkbox"/> SHARED		

Contractor _____
 Street Address _____
 City / St / Zip _____

Office No. _____
 Cell No. _____
 Fax No. _____

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

Property Owner **Nicholas Johnson** Phone **503-305-1681**
 Mailing Address **Demaray Dr**
 City **Grants Pass** St **OR** Zip **97527**

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

TYPE OF ROAD:

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

Approach: Existing New Width: 22
 Culvert: Existing Required Material: CMP / Concrete

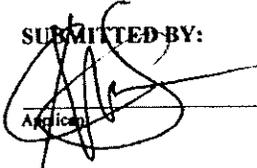
TYPE OF APPROACH:

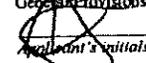
Residential Commercial / Industrial*
 Home Occupation* Temporary Construction
 Ag Use

Surface: Paved Unpaved
 Diameter: 12 Length: 51 Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before 6/21/25.

SUBMITTED BY:

 _____
 Applicant _____ Date 6-20-24

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

"CONDITIONS FOR APPROVAL" ISSUED BY:

Public Works _____ Date _____

INSTALLATION INSPECTION:

 _____
 Inspector Signature _____ Date 6/21/24

LOCATION OF APPROACH:

Address DEMARAY DR TL 2000

PERMIT VALID THROUGH

DATE: 6/21/2031

Latitude (N) 42° 23' 33.63"

Longitude (W) 123° 24' 03.15"

Comments: _____ LEFT RIGHT MILEPOST _____



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

Chapter 19.76 Certification of Fire Protection Service

Name: Nicholas Johnson

Assessor Map Number: 36 06 34 00 / 00 2 000

Address: 3617 Demaray Dr.

City Grants Pass State OR Zip code 97527

Phone Number: 541-450-4881

Email: _____

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

Rural Metro Fire

Fire district or Fire service provider

starting: 07/09/2024
Date

Fire Official Signature: [Signature] Date: 07/09/2024

Title: Customer service rep



**Onsite Permit
Application Verification
463-24-000393-PRMT**

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

Application created: 12/4/24

Parcel Nbr: 360634C000200000
Site Address: 3617 DEMARAY DR, GRANTS PASS, OR 97527
Owner: JOHNSON, NICHOLAS K
3617 DEMARAY DR
GRANTS PASS, OR 97527

Applicant: Precision Pumping and Excavation LLC - Precision Pumping and Excavation LLC
3511 Demaray Dr
Grants Pass, OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

Licensed Professional(s):
License Number: Installer/Pumper License - 39119
Precision Pumping and Excavation LLC
3511 Demaray Dr
Grants Pass, OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

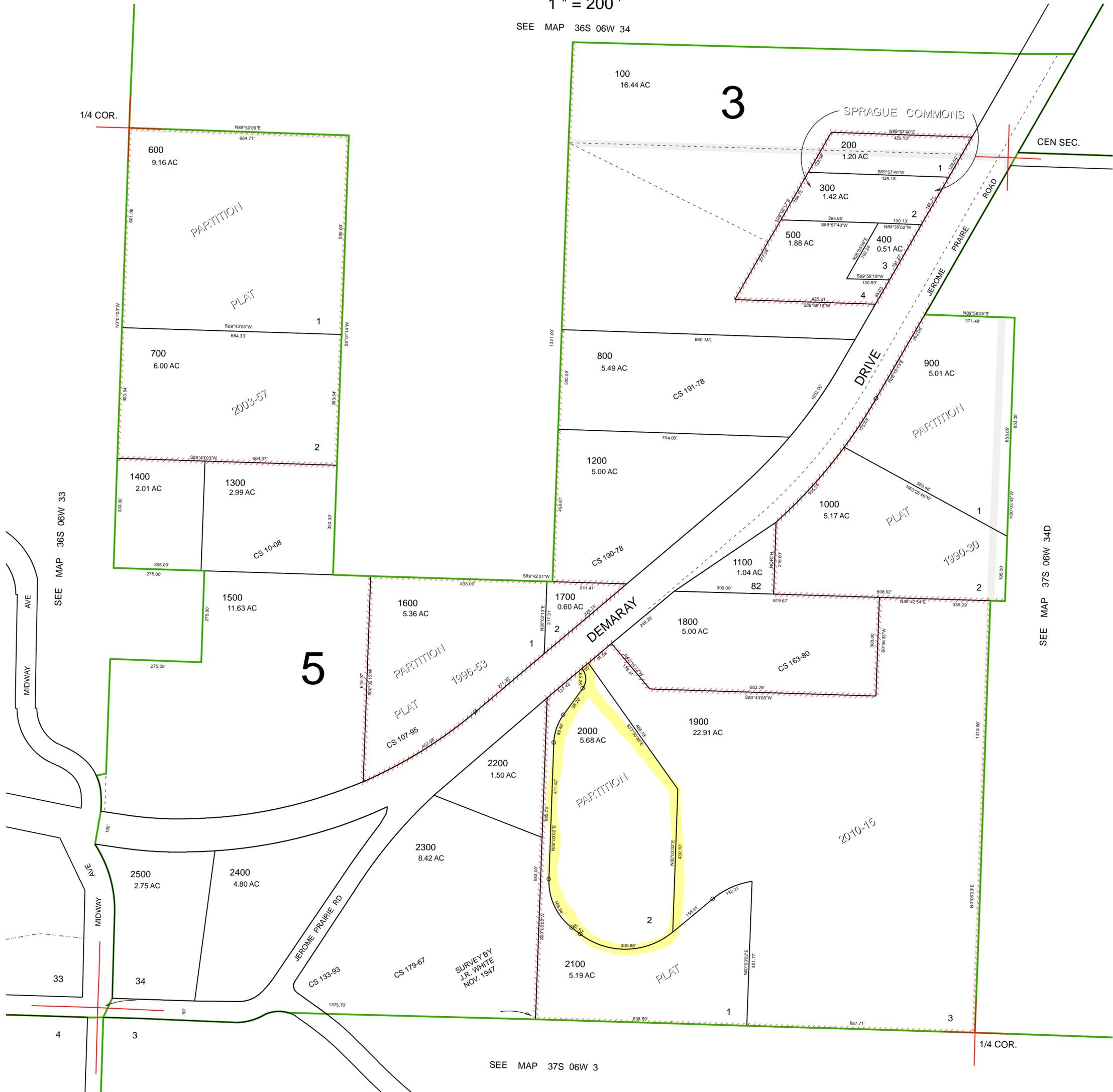
Category of Construction: Residential
Acreage or Lot Size: 5.68

County:
Water Supply: Well

Use of Structure: Existing
Number of Bedrooms:

Use of Structure: Proposed
Number of Bedrooms: SFR
1

Attached Documents:
No Documents have been attached.



SEE MAP 36S 06W 33

SEE MAP 37S 06W 34D

SEE MAP 37S 06W 3

Site Evaluation Report For On-Site Sewage Disposal System Suitability

Site Location: 36-06-34, TaxLot Number: 2400 (Parcel #2)
Demaray Drive, Grants Pass, Josephine County
Applicant: Cathy Frykman
Date(s) of Site Evaluation: 4/12/2010
DEQ On-Site Specialist: Don Jossie, REHS
Date of Report: April 14, 2010

Approved Systems

Based on the evaluation of the site conditions, the following on-site sewage disposal systems are approved:

Initial System: System Type: Standard
Minimum Septic Tank Size: 1000 gallons
Linear feet of drainfield: 375
Distribution Method: Serial
Trench Depths – Maximum: 26" and Minimum: 24"

Replacement System: System Type: Standard
Minimum Septic Tank Size: 1000 gallons
Linear feet of drainfield: 375
Distribution Method: Serial
Trench Depths – Maximum: 26" and Minimum: 24"

Attached is the Site Evaluation Field Worksheet, which shows the approved areas and other details of the site visit.

Additional Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of four bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.

Onsite #409022 (Parcel #2)

April 14, 2010

Page 3

4. 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.
5. This approval is site specific and intended to serve only one tax lot. Future lot line locations through or near the approved area may invalidate this approval.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.

This site approval is valid until the system approved above is constructed in accordance with a DEQ construction permit. Technical rule changes shall not invalidate this approval, but may require use of a different kind of system. If there is a technical rule change affecting this site approval, the Department will attempt to notify in writing the current property owner as identified by the county assessor's records. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

SITE EVALUATION FIELD WORKSHEET

Lot 2

Township: 36 Range: 6 Section: 34 Tax Reference: 2400 Parcel Size: 33.76A
 Owner/Applicant: FRYKMAN Evaluator: Jessie
 Inspection Date(s): 4-12-10 Application Number: _____

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-9	10YR 3/2 3556M 3VFT grass 3VFT ROOTS
	9-47	10YR 5/6 2506M 2VFT
		WATER @ 41"
Pit 2	0-9	10YR 3/2
	9-36	10YR 5/6 SAME
	36	WATER
Pit 3		
Pit 4		

Landscape Notes: _____
 Slope: 10 Aspect: S Groundwater Type: _____
 Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: STANDARD ATT Treatment Standard: 1
 Disposal Facility: 375 linear feet/square feet Maximum Depth: 26 inches Minimum Depth: 24 inches
 Replacement System: STANDARD ATT Treatment Standard: _____
 Disposal Facility: 375 linear feet/square feet Maximum Depth: 26 inches Minimum Depth: 24 inches
 Special Conditions: _____

LOT # 2

Township: 36 Range: 6 Section: 34 Tax Reference: 2400 Parcel Size: 33.76 A

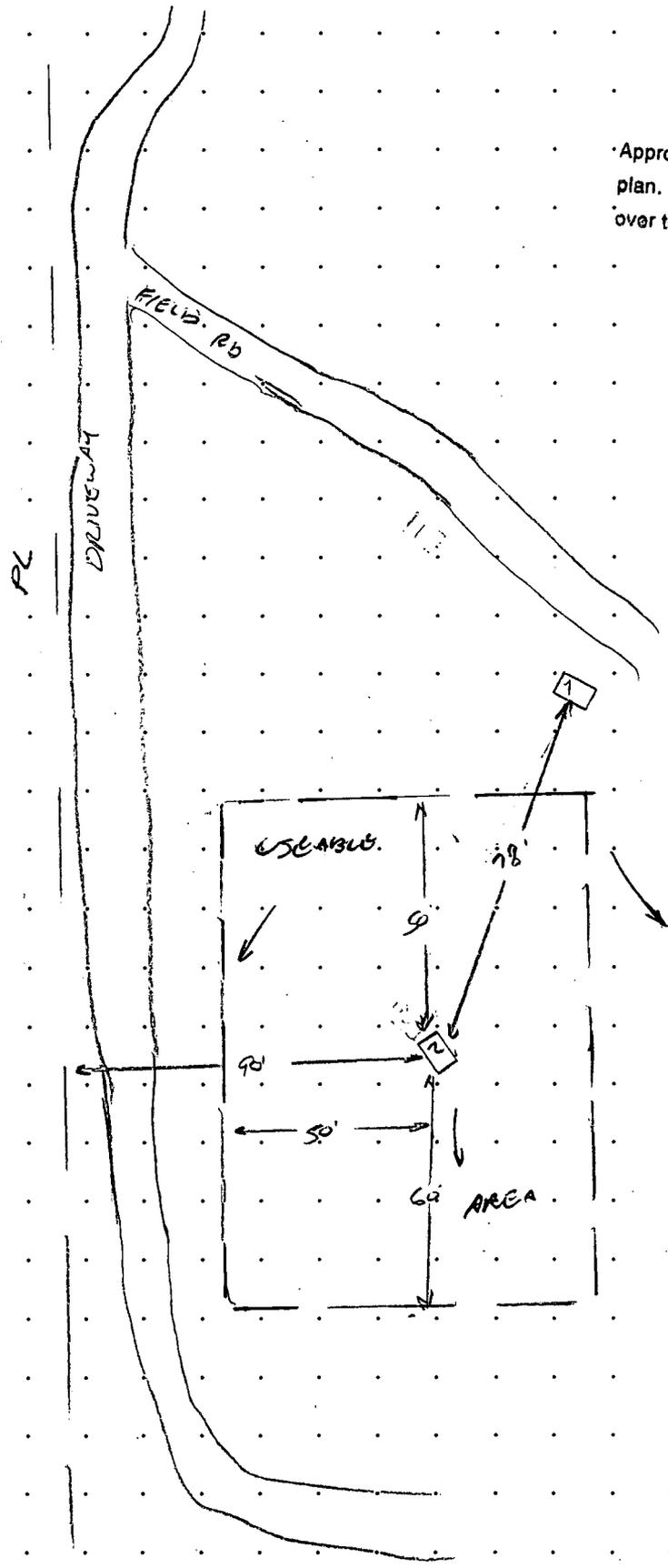
Owner/Applicant: FRYKMAN Evaluator: JESSIE

Inspection Date(s): 4-12-10 Application Number: _____

1"=40'



Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.



Frykman

Parcel 2

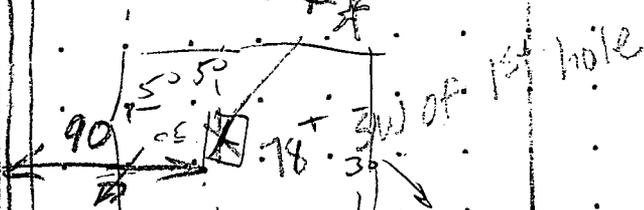
Received Time—Feb. 24.—2010 8:56AM No. 5712

3601 Demaray St



main gate 270' from Demaray

FIELD RD 283' from gate (SE)



Parcel 2

3 1/2' cut

S15404
NOV 2009

Cathy Frykman 3/9/10

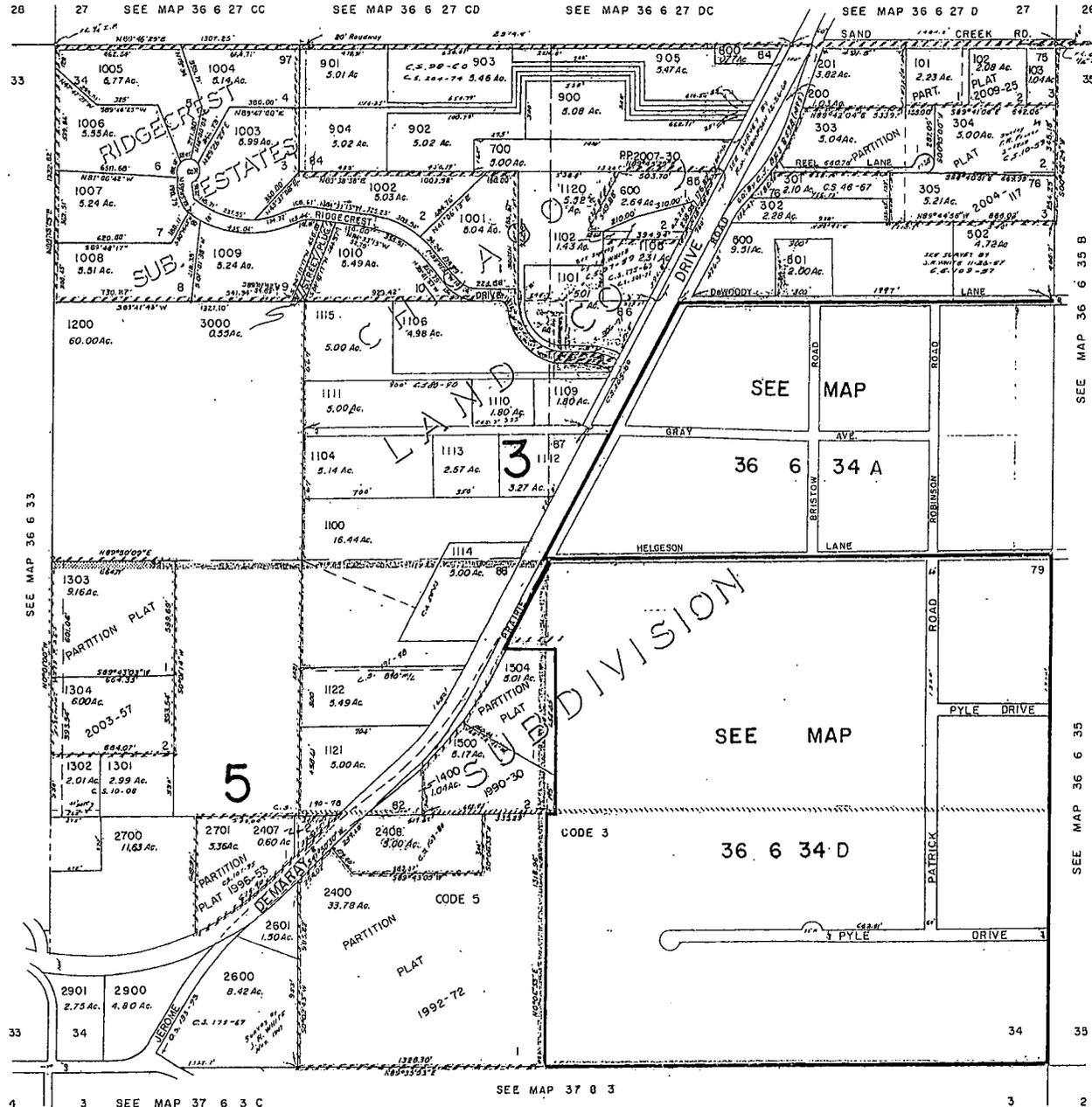
RECEIVED

MAR - 9 2010

State of Oregon - D.E. O
Western Region - Grants Pass

1" = 400'

This map was prepared for
assessment purposes only.



TL 2500 CANCELLED

- 1701
- 2303
- 1502
- 1503
- 1601
- 1700
- 1702
- 1800
- 1801
- 1900
- 2000
- 2100
- 2200
- 2300
- 2301
- 2302
- 2304
- 2401
- 2401
- 2402
- 2403
- 2404
- 2405
- 2406
- 3000
- 1107
- 1108
- 890
- 1600
- 1117
- 1118
- 1119
- 1190
- 1191
- 1116
- 1103
- 1000
- 1192
- 1193
- 2800
- 1590
- 1501
- 2790
- 1300
- 300
- 400
- 100

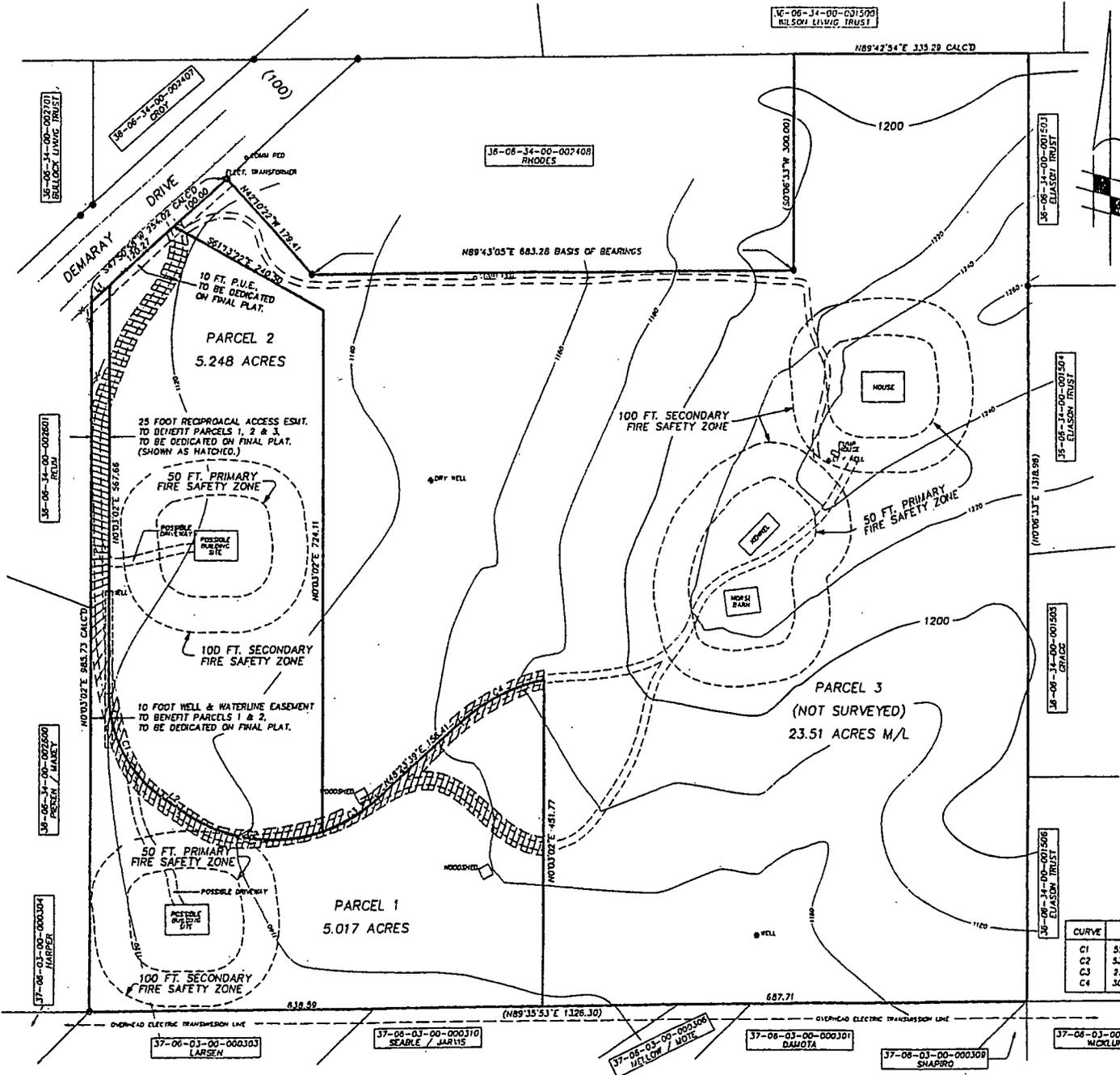
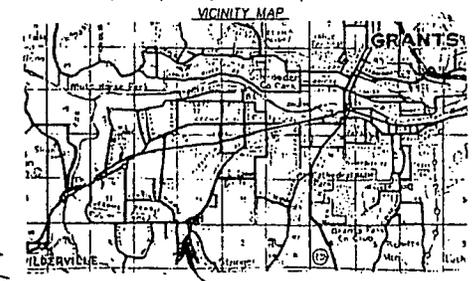
SEE MAP 36 6 35 B

SEE MAP 36 6 35

SEE MAP 36 6 35

TENTATIVE DRAWING OF PROPOSED LAND PARTITION

PARCEL 1 OF PARTITION PLAT NO. 1992-072, SITUATED IN THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 34, TWP. 36 SOUTH, RANGE 6 WEST, 1/4 M., JOSEPHINE CO., OREGON
(MAP NO. 36-06-34-00 TAX LOT 2400) 3601 DEMARAY DRIVE, GRANTS PASS, OREGON 97527



LEGEND/NOTES

SCALE: 1 INCH = 100 FEET DATE: AUGUST 20, 2009
BASIS OF BEARINGS: PARTITION PLAT # 1992-072
BASIS OF ELEVATIONS: NGVD '29 (SCALED FROM USGS 7 1/2" TOPOGRAPHIC QUAD SHEET "HILDERVILLE")
CONTOUR INTERVAL: 20 FEET (MINOR) 100 FEET (MAJOR)

- = FOUND MONUMENT OF PROPERTY CORNER
- P.U.E. = PUBLIC UTILITY EASEMENT M/L = MORE OR LESS
- = OVERHEAD ELECTRIC POWER
- - - - - = EDGE OF GRAVEL ROAD / DRIVE
- ==== = EDGE OF PAVEMENT
- ===== = FENCE LINE

DRAWING PREPARED BY: JOHN VOORHEIS, PLS 2835
3388-B MERLIN ROAD # 113
GRANTS PASS, OREGON 97526
(541) 476-0601

LAND USE CONSULTANT: GRACE M. ZILVERBERG
400 SAN FRANCISCO STREET
GRANTS PASS, OREGON 97526
(541) 958-3311

EXISTING USE: PARCELS 1 & 2: UNIMPROVED (RESIDENTIAL OUTBUILDINGS)
PARCEL 3: IMPROVED (RESIDENTIAL OUTBUILDINGS)

OWNER / APPLICANT: CATHERINE FRYKMAN
P.O. BOX 3257
GRANTS PASS, OR 97527
(541) 958-8978

ZONING (TAX LOT 1103): RURAL RESIDENTIAL (RR-5)
SCHOOL DISTRICT: THREE RIVERS
WATER SOURCE: PRIVATE WELLS
SEWAGE DISPOSAL: SUBSURFACE

NOTE: PROPERTY IS NOT IN AN AIRPORT OVERLAY ZONE.
NOTE: PROPERTY IS NOT IN A FLOOD HAZARD ZONE.

TOTAL SITE AREA: 33.78 ACRES

PURSUANT TO JOSEPHINE COUNTY RURAL LAND DEVELOPMENT CODE (RLDC) SECTION 50.060.Z ALL KNOWN ENVIRONMENTAL HAZARDS, SUCH AS UNSTABLE OR ERODIBLE SOILS, FLOOD WATER INUNDATION, FIRE HAZARD, POLLUTION CONTAMINATION, OR OTHER SIMILAR HAZARDS HAVE BEEN DISCLOSED ON THIS TENTATIVE PLAN.

CATHERINE FRYKMAN AUGUST 20, 2009

LINE	DISTANCE	BEARING
L1	13.75	S47°50'58"W
L2	12.10	S54°31'58"E

CURVE	DELTA	RADIUS	LENGTH	LONG CHORD
C1	55°01'00"	175.00	168.04	S27°27'28"E 161.68
C2	53°07'08"	225.00	208.60	S81°31'32"E 201.21
C3	23°32'15"	225.00	92.37	N80°09'18"E 91.72
C4	30°55'04"	245.00	132.21	N63°31'11"E 130.61

REGISTERED PROFESSIONAL LAND SURVEYOR
John J. Voorheis
OREGON
JULY 20, 1972
JOHN J. VOORHEIS
2835

LICENSE RENEWAL DATE: JUNE 30, 2010

VOORHEIS LAND SURVEYING
JOHN J. VOORHEIS, PLS 2635
3388-B MERLIN ROAD # 113
GRANTS PASS, OREGON 97526
(541) 476-0601