Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-23-000200-PRMT

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

Date Certificate Issued: 07/16/2024
Work Description:

Applicant: Paul F Chierichetti
Address: 2062 NW Vine St
Grants Pass OR 97526
Phone: 541-476-8216
Email: mrrooter1@qwestoffice.net

Primary Contractor: Chierichetti Plumbing, LLC
Installer/Pumper License: 38290
Address: 2062 NW Vine Street
Grants Pass OR 97526
Phone: 5414768216
Email: mrrooter1@qwestoffice.net

Contractor: CHIERICHETTI PLUMBING LLC
(LMS) Electrical Contractor, Limited Maintenance
Specialty: 987LMS
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: MR.ROOTER@TERRAGON.COM

Owner: APONTE, DAVID JAMES & APONTE, CHERYL ANN
Address: 3363 GRANITE HILL RD
GRANTS PASS OR 97526

Property Address: 3363 Granite Hill Rd, Grants Pass, OR 97526

Parcel: 3505290000050100 - Primary Township: 35 Range: 05 Section: 29

Lot Size: 1.89
Zoning: N/A
Land Use Approval: N/A
Directions to Property: 3360 granite hill road

Water Supply: Well - na
City/County/UGB: County

Category of Construction: Residential - na

	Existing	Proposed
Use of Structure:	residential home	na
Number of Bedrooms:	2	2
Number of Employees:	0	0
Number of Seating:	0	0

System Specifications

Type: Alternative Treatment Technology (ATTs)
Max Peak Design Flow: 450 gpd.
Min Septic Tank Volume: 1000 gal.

ATT Description: Ecopod E-50-N with UV
Proposed Flow: N/A
Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type: Standard
Drainfield Sizing: N/A
Media Type: FLOW 1201P is proposed and approved for this use
Trench Length: 135 linear ft.
Total Rock Depth: 12 in.
Max Depth: 30 in.
Min Depth: 18 in.

System Distribution Type: Equal
Distribution Method: Equal
Media Depth: 12 in.
Rock Above Pipe: 2 in.
Rock Below Pipe: 6 in.
Undisturbed Soil BetweenTrenches: N/A
Capping Fills-Min Depth of Fill Material: N/A

Date Certificate Issued: 07/16/2024
Work Description:

Conditions of Approval

1.This repair permit is for the following installation: a 1000 gallon septic tank with gravity flow to an ATT (Ecopod E-50-N) treatment standard 2. The ATT will gravity to a pump chamber which will pump to a distribution box which will convey effluent to the disposal area via equal distribution.

2.The irrigation well must be abandoned per Oregon Water Resource Department standards.

3.The pump chamber float settings must be set such that no more than 10% is dosed with one pump cycle.

4.Properly decommission the old septic tank and submit appropriate documentation.

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

6.ATT treatment standard 2 required.

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

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

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

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

11.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.

12.Photos of the septic system components must be submitted along with the FIRN.

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

14.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.

15.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.

16.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.

17.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.

18.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.

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

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

Date Certificate Issued: 07/16/2024
Work Description:

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

Comments: Well abandonment form received: OWRD Start Card #1074339. Jose 61887. Septic tank abandonment form received.

Issued By: Michael Obereigner, Natural Resource Specialist **Effective Date:** 07/16/2024

Michael Obereigner

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.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-23-000200-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Twnshp: 35 **Range:** 05 **Sect:** 29

Name: APONTE, DAVID JAMES & APONTE, CHERYL ANN **Lot:**

Property Address: 3363 GRANITE HILL RD, GRANTS PASS, OR 97526

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: ATT ECOPOD ESON w/UV **Water tight verification*** 6/10/24

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: INFILTRATOR			Date: 6/16/24	
Tanks(2)	Volume: 1000	Compartments: 1	Manufacturer: INFILTRATOR ESON			Date:	
Pump(s)	HP: 1/2	Model/Manuf. 10GPM	Float(s)Type(1): A	Model/Manuf. DELTA	PUMP DOWN		
			Float(s)Type(2): A	Model/Manuf. DELTA	PUMP DOWN		

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes ✓	No	Diameter: 1 1/2"	ASTM#/Other: PVC	Length: 15'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No ✓	Type: ESON ECO POD w/UV	Container Dimensions: 127" x 54.7"	
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: ECO POD ESON w/UV	
Certified Maint.	Provider Name:	MR ROOTER PLUMBING		
Operation and Maint.	Contract Received?	Yes ✓	No	

D. Drainfield Media

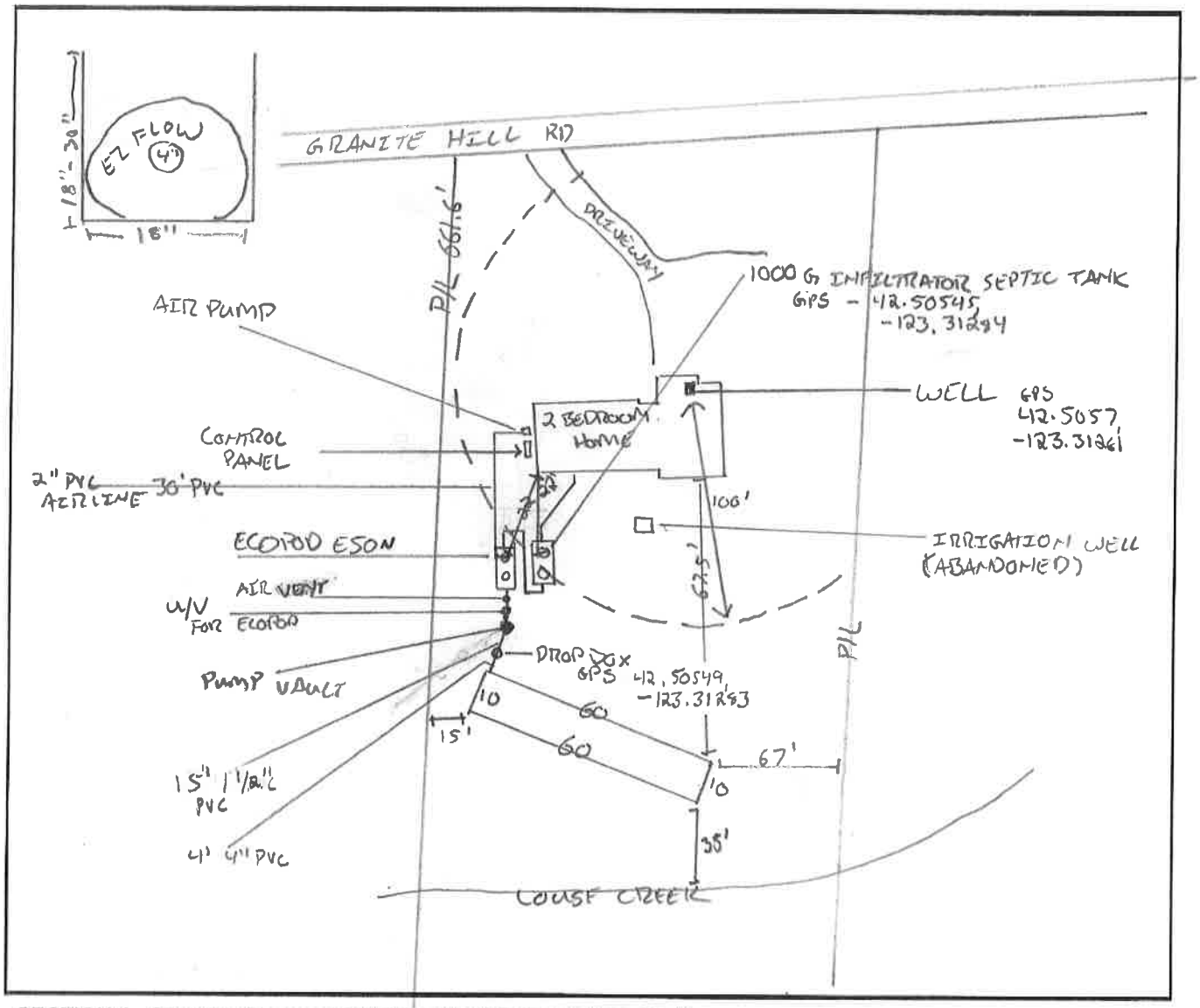
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
Drop Box	Yes ✓	No			
Distribution Pipe	Yes ✓	No	Diameter: 4"	ASTM#/Other: EZ FLOW	Length: 140

Comment _____

**All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)*
***Attach sieve analysis for Underdrain Media and Filter Sand*

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: AMR. ROOTER PLUMBING				
Licensed Installer:	Yes ✓	No	License#:	Certification#:	
Owner/ Certified Installer:	Signature:		Date: 6/10/21	Phone#: 541-476-8246	

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:	Installer/Owner (Permittee) Notified:	Yes	No	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

SEPTIC TANK ABANDONMENT FORM

State of Oregon
Department of Environmental Quality

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to our office at 221 Stewart Avenue, Suite 201, Medford, OR 97501. If you have any questions, please call 541-776-6010.

Oregon Administrative rule 340-071-0185 **Decommissioning of Systems**

(2) Procedures for decommissioning

a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to removal all septage.

b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner Cheryl Apanti

Septic Tank location See Site Plan

Legal Description: Twp: 35 Range 05 Section 29 TL# 501

Date tank pumped: ~~See Site Plan~~ 6.10.24

By: _____ License # 39157
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after been pumped.

By: _____ Date: _____

ATT 2-Year Service Contract

Parties: Mr. Rooter Plumbing
(Dealer or Service Provider) 2062 NW Vine Street
Grants Pass, OR 97526
Medford 541-773-8833
Grants Pass 541-476-8216
Fax 541-474-3045
Email: permits@mrrooter.cc

CUSTOMER NAME Cheryl Aponte

ADDRESS 3363 Granite Hill Rd

CITY, STATE, ZIP CODE Grants Pass OR 97526

TELEPHONE E-MAIL _____

NOW, THEREFORE, in consideration of the terms, provisions, covenants, and conditions contained herein, the Parties hereto agree as follows:

Scope of agreement

Mr. Rooter Plumbing, shall provide system startup assistance and schedule four system testing and servicing visits during the 24-month period after installation, as marked:

Initial System Start-up

System Testing and Servicing

3-6 months _____
6-12 months _____
12-18 months _____
18-24 months _____

Alarm Response

These services shall be performed during normal business hours Monday through Friday (excluding some holidays) on a pre-scheduled basis and as Mr. Rooter Plumbing or Service Provider deems necessary or advisable.

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

During system servicing the Service Provider shall make provisions for any needed effluent quality analysis such as color, turbidity, scum, and odor.

Performance of the 2-year Testing and Servicing shall include repair, replacement or addition of parts used in the system.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing.

Term of Agreement

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

Charges

The basic services, including testing, parts, and labor, shall be provided at no cost to the system owner. Optional services shall be provided at the agreed upon contract price and terms.

All charges for optional services shall be due and payable at the time of service unless otherwise agreed upon by both parties.

Warranty

Mr. Rooter Plumbing warrants that all Services shall be performed in a good and workmanlike manner and that Dealer or Service Provider will correct any System errors, malfunctions, or defects directly caused by Dealer or Service Provider's failure to perform the Services and Additional Services in such manner.

Limitation of Liability

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

Termination/Cancellation

This Agreement may be terminated or canceled only upon:

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

Miscellaneous Provisions

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

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

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

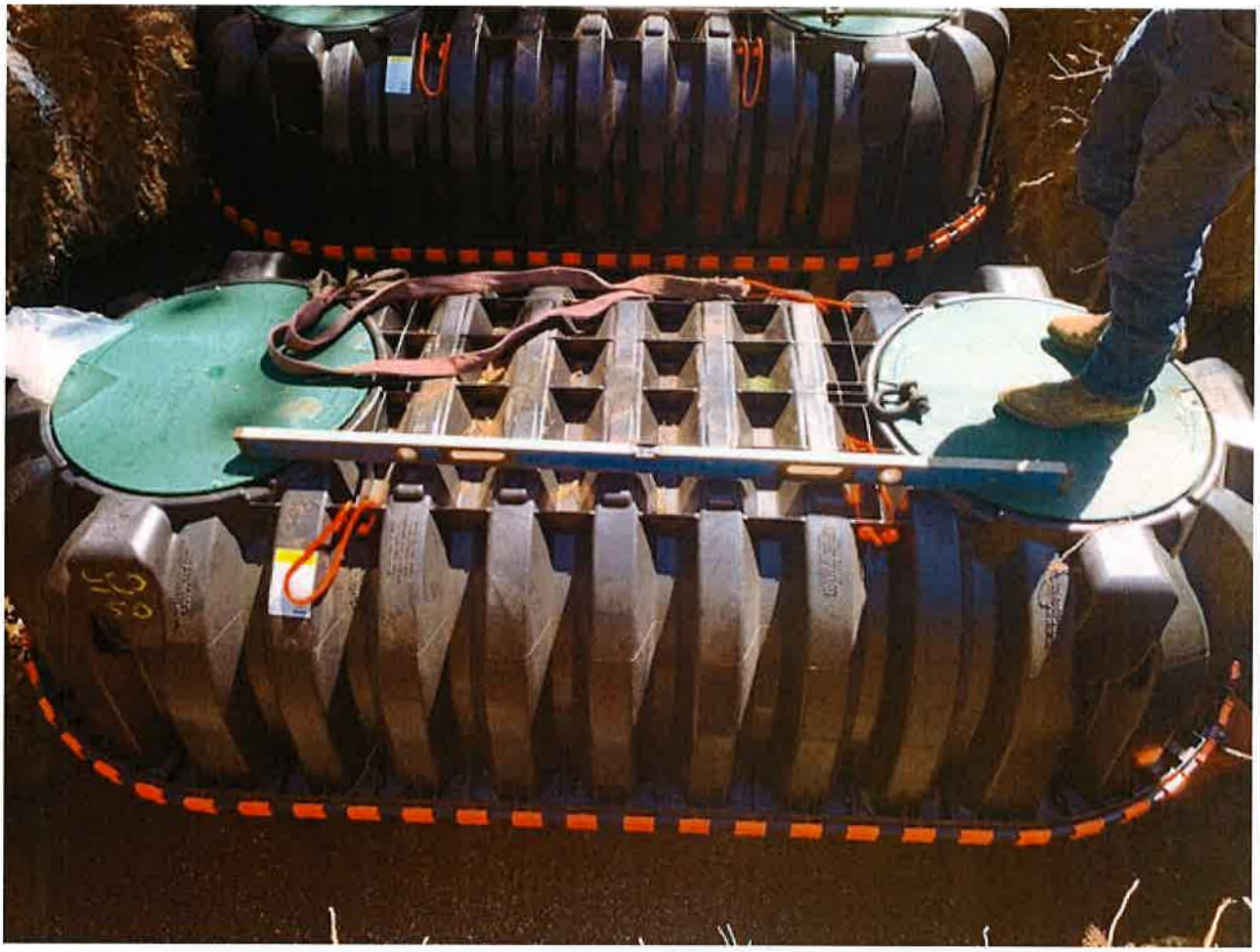
Mr. Rooter Plumbing
2062 NW Vine Street
Grants Pass, OR 97526

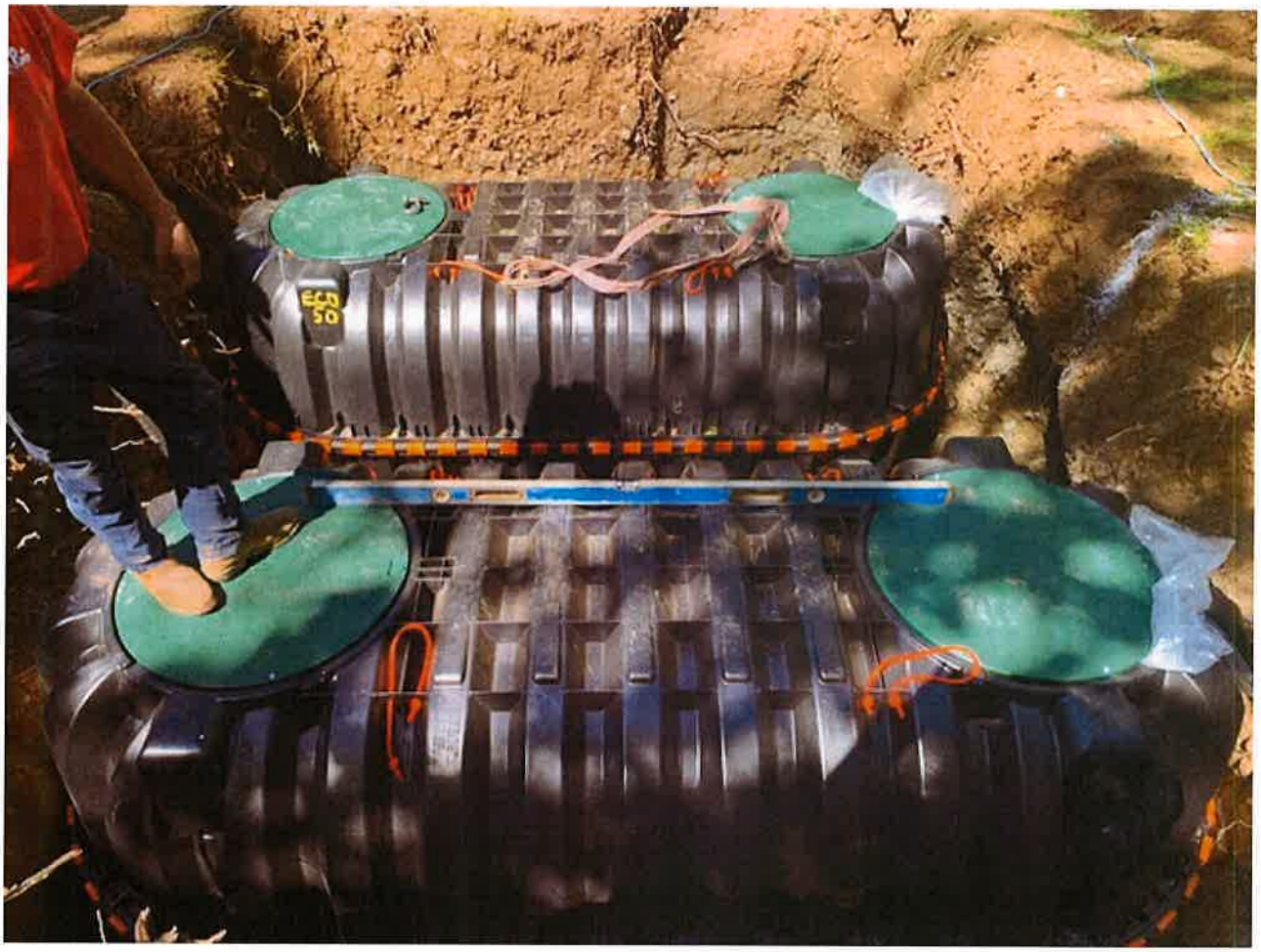
Maintenance Provider _____ Date 5-6-24

Customer Signature Cheryl Aponte Date 5-19-24

Service Account

From: Andrew Detlefsen <drewchevy71@yahoo.com>
Sent: Monday, June 10, 2024 12:15 PM
To: Permits
Subject: Aponte septic system

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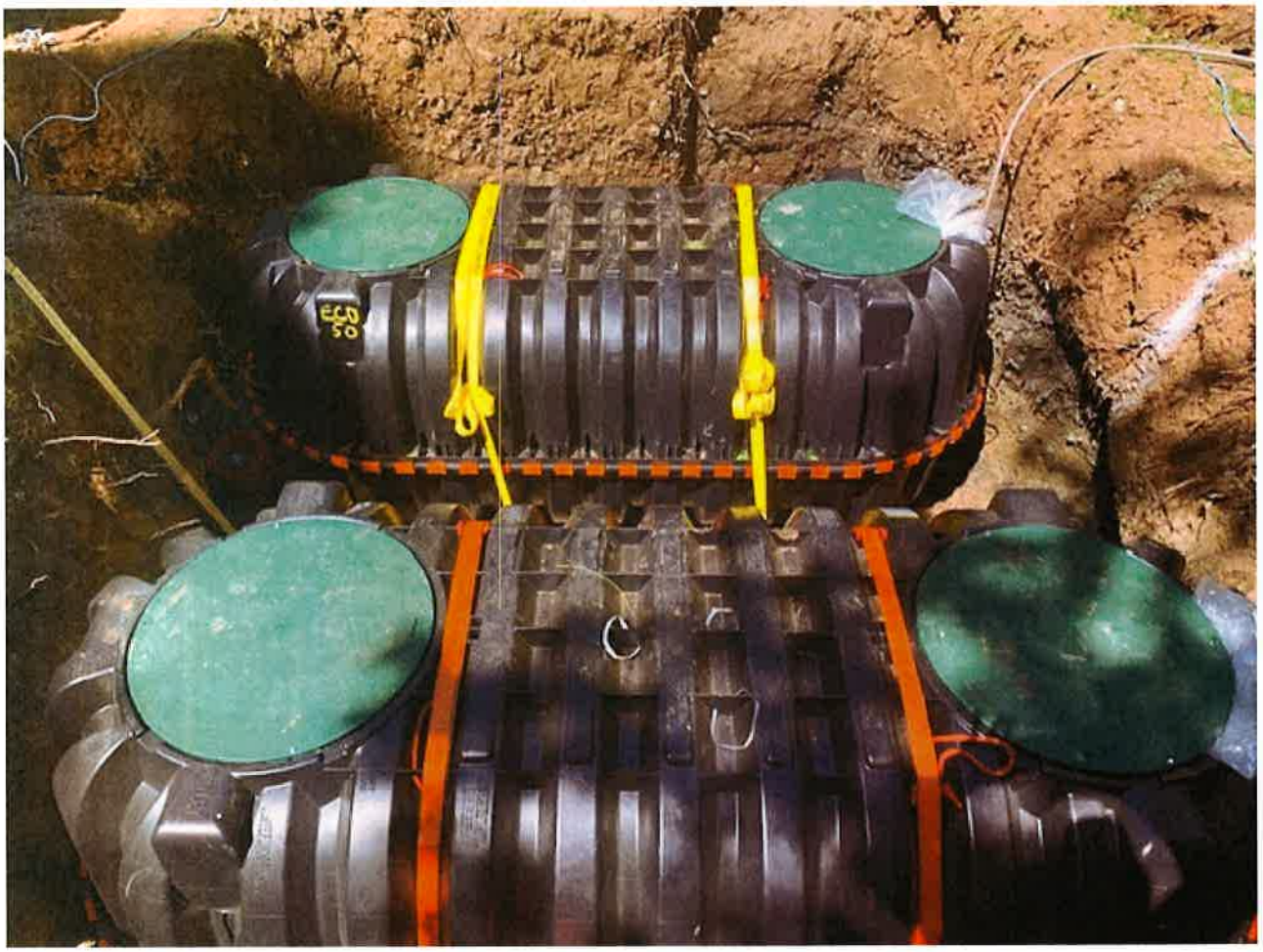

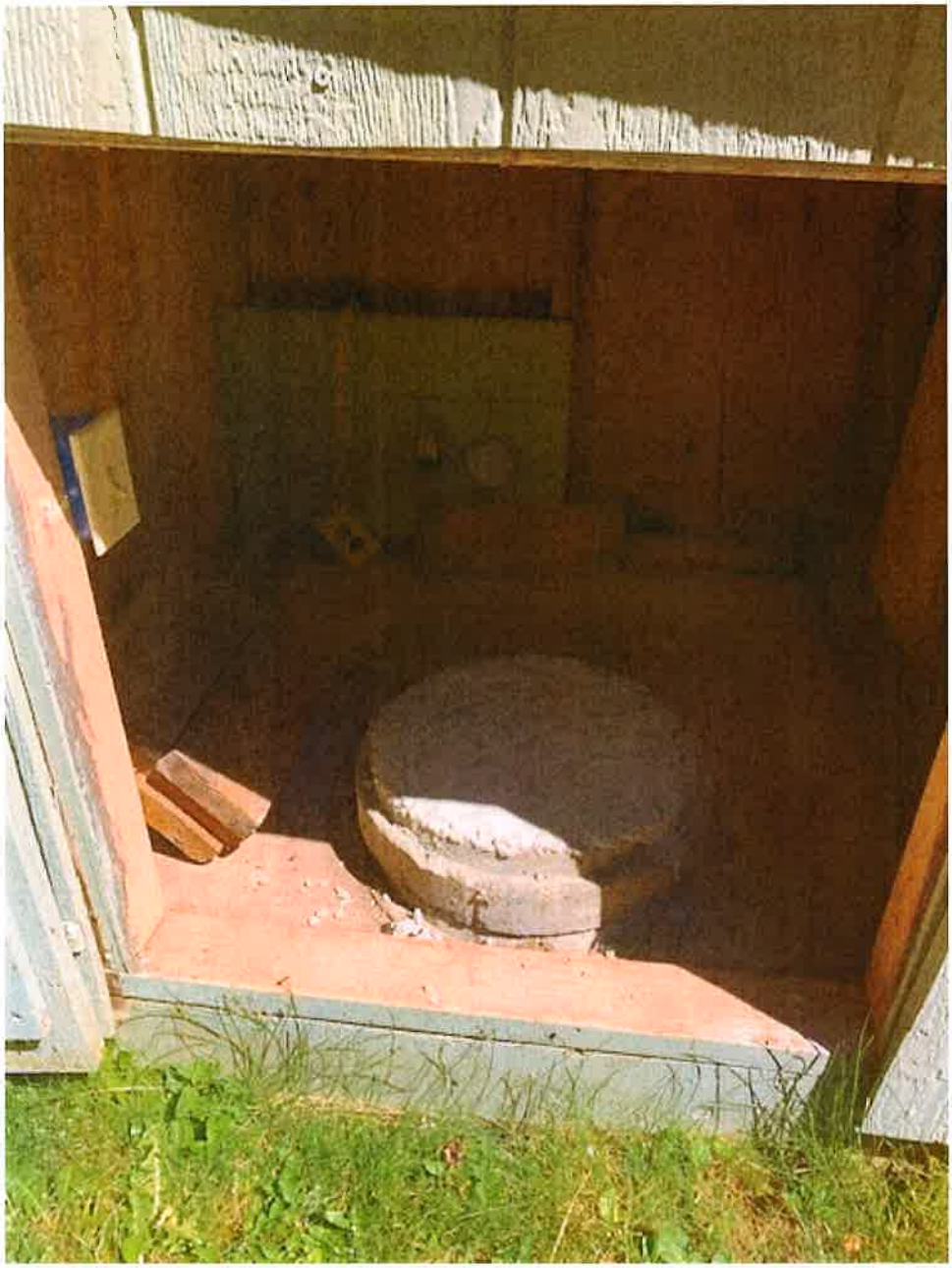

Sent from my iPhone

SEPTIC TANK ABANDONMENT FORM

State of Oregon
Department of Environmental Quality

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to our office at 221 Stewart Avenue, Suite 201, Medford, OR 97501. If you have any questions, please call 541-776-6010.

Oregon Administrative rule 340-071-0185 **Decommissioning of Systems**

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a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to removal all septage.

b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner Cheryl Apanth

Septic Tank location See Site Plan

Legal Description: Twp: 35 Range 05 Section 29 TL# 501

Date tank pumped: ~~See Site Plan~~ 6.10.24

By: _____ License # 39157
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after been pumped.

By: _____ Date: 6-10-24

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

JOSE 61887
7/3/2024

WELL I.D. LABEL# L
START CARD # 1074339
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name DAVID & CHERYL Last Name APONTE
Company
Address 3363 GRANITE HILL DR
City GRANTS PASS State OR Zip 97526

(2) TYPE OF WORK
☐ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☒ Abandonment(complete 5a)

(2a) PRE-ALTERATION
	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 13.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
15	0	3	Cement	0	3	1	S
15	3	13			Calculated		
			Bentonite Chips	3	13	21	S
					Calculated		

Seal placement method ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: DRY POUR/CMT CAP
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Type Amount
Seal Placement Begin Date 7/3/2024 Begin Time 08 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount 23.00 Sacks Actual Amount 21.00 Sacks

(6) CASING/LINER
C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location

Temp casing ☐ Yes Dia From + ☐ To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)

Temperature 55 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 58 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County JOSEPHINE Twp 35.00 S N/S Range 5.00 W E/W WM
Sec 29 NE 1/4 of the NE 1/4 Tax Lot 501
Tax Map Number Lot
Lat ° ' " or 42.50549000 DMS or DD
Long ° ' " or -123.31266000 DMS or DD
◉ Street address of well ○ Nearest address
3363 GRANITE HILL DR, GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well				

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG
Ground Elevation 1440.52 FT

Material	From	To
Measured well depth, SWL & TDS	0	13
Dry pour bentonite chips	0	13
Pour cement cap	0	13

Construction Begin Date 7/3/2024 Begin Time 08 00 End Date 7/3/2024

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 2095 Date 7/3/2024
Signed JARED HOOD (E-filed)

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1835 Date 7/3/2024
Signed KEVIN GILL (E-filed)
Drilling Company: Clouser Drilling Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT - continuation page

JOSE 61887

7/3/2024

WELL I.D. LABEL# L

START CARD # 1074339

ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location

(11) WELL LOG

Material	From	To

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)

Comments/Remarks

No log on file

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

JOSE 61887

7/3/2024

Map of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900

OREGON WATER RESOURCES DEPARTMENT

LOCATION OF WELL

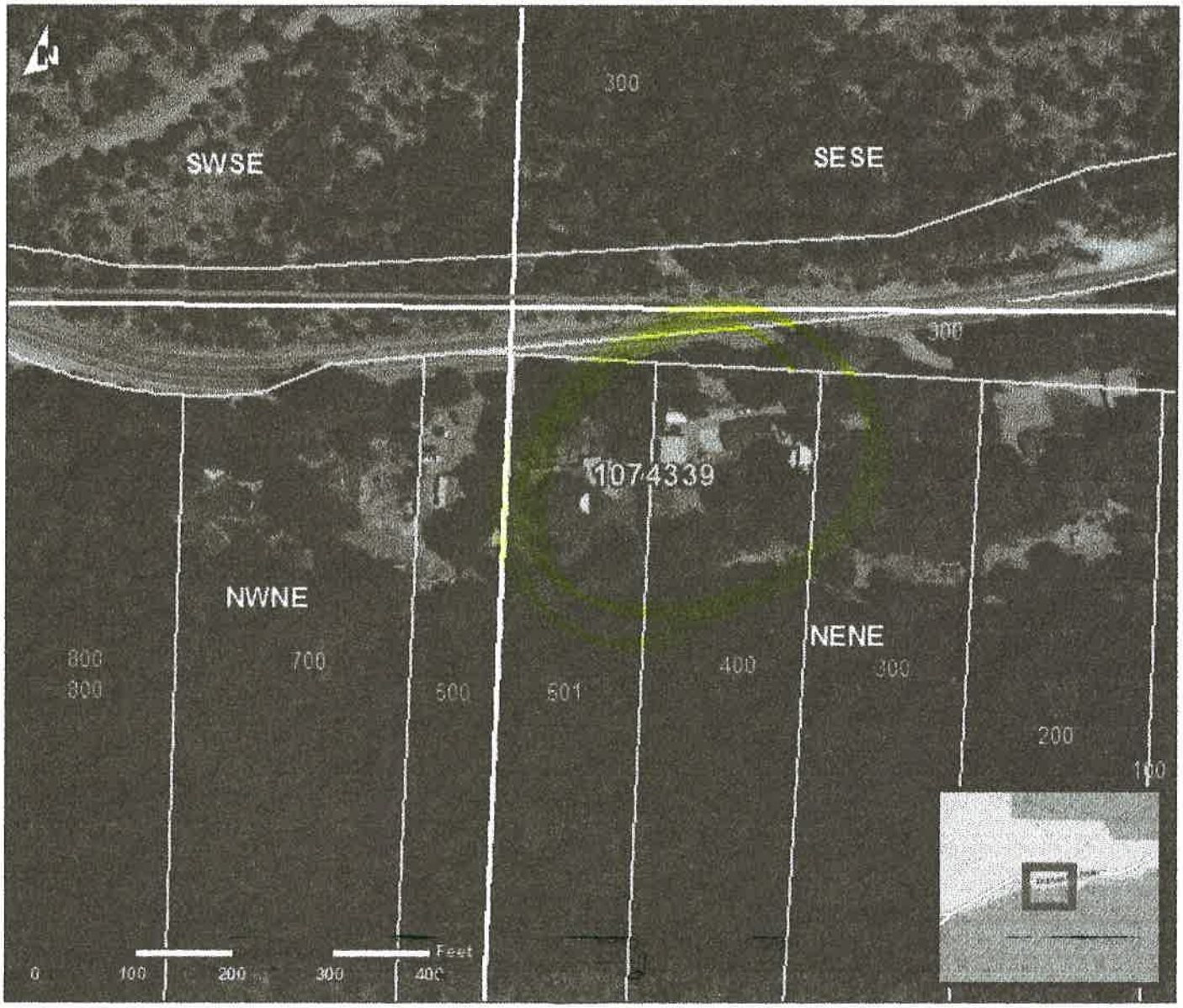
Latitude: 42.50549000 Datum: WGS84
Longitude: -123.31266000
Township/Range/Section/Quarter-Quarter Section:
WM35.00S5.00W29NENE
Address of Well:
3363 GRANITE HILL DR, GRANTS PASS, OR 97526

Startcard: 1074339

Printed: July 3, 2024

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



Clouser Drilling Inc.
129 Assembly Circle
Grants Pass OR 97526
541-476-7795

2023 SBA Oregon Family-Owned Small Business of the Year

Invoice

Terms	Date	Invoice #
Due on rec...	7/3/2024	12462

Bill To
David & Cheryl Aponte 3363 Granite Hill Rd Grants Pass, OR 97526

Work Site	
David & Cheryl Aponte 3363 Granite Hill Rd Grants Pass, OR 97526	
Start Card #	1074339

Description	Quantity	Rate	Total
Abandon 13' Deep 15" diameter dug well w/bentonite chips. Cement cap. File Start Card and Well Report with OWRD	1	500.00	500.00

We appreciate your prompt payment. Thank for you for your business.

Total $500.00

Finance Charge: 1.5% per month on unpaid balances. Minimum charge $10. In the event of default, you will be responsible to pay for all reasonable collection charges and/or legal fees.

Balance Due **$500.00**

Phone #	Fax #	E-mail	Web Site
541-476-7795	541-476-0095	helen@clouserdrilling.com	www.clouserdrilling.com

Septic Permit
Repair (Major) - Residential - New
463-23-000200-PRMT

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

Date issued: 8/1/23 **Expiration date:** 8/1/24

Work description:

Applicant: Paul F Chierichetti
Address: 2062 NW Vine St
Grants Pass OR 97526
Phone: 541-476-8216
Email: mrrooter1@qwestoffice.net

Primary contractor: Chierichetti Plumbing, LLC
Installer/Pumper License: 38290
Address: 2062 NW Vine Street
Grants Pass OR 97526
Phone: 5414768216
Email: mrrooter1@qwestoffice.net

Contractor: CHIERICHETTI PLUMBING LLC
(LMS) Electrical Contractor, Limited Maintenance
Specialty: 987LMS
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: MR.ROOTER@TERRAGON.COM

Business License: N/A

Owner: APONTE, DAVID JAMES & APONTE, CHERYL ANN
Address: 3363 GRANITE HILL RD
GRANTS PASS OR 97526

Property address: 3363 Granite Hill Rd, Grants Pass, OR 97526

Parcel: 3505290000050100 - Primary Township: 35 Range: 05 Section: 29

Lot size:	1.89	**Water supply:**	Well - na
Zoning:	N/A	**City/County/UGB:**	County
Land use approval:	N/A	**County:**	N/A
Accessory Dwelling Unit:	No		
Action:	New	**Type of application:**	Repair (Major) - Residential
System failing:	Yes	**Septic tank last pumped:**	N/A

Comments: (1) MAINTAIN 100' SETBACK FROM WELL TO LEACHLINES (2) Irrigation well must be abandoned to Oregon Water Resource Department standards (3) Set pump chamber floats such that no more than 10% of the projected daily sewage flow is dosed per cycle: 45 gallons or less. (4) Locate distribution box on corner of two leachlines. Loop both ends of drainfield, if additional footage is needed (providing well setback is maintained) (5) Provide maintenance contract asap (6).....340-071-0215 (4)(b) Reasonable Repair invoked for this permit with regard to leachline setback to surface water.

Directions to property: 3360 granite hill road

Category of construction: Residential - na

	Existing	Proposed
Use of structure:	residential home	na
Number of bedrooms:	2	2
Number of employees:	0	0
Number of seating:	0	0

System Specifications

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.)

Onsite Permit 463-23-000200-PRMT

Date issued: 8/1/23 **Expiration date:** 8/1/24

Work description:

Type:	Alternative Treatment Technology (ATTs)	**ATT description:**	Ecopod E-50-N with UV
Max peak design flow:	450 gpd.	**Proposed flow:**	N/A
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Equal
Drainfield sizing:	N/A	**Distribution method:**	Equal
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	12 in.
Media type description:	EZ FLOW 1201P is proposed and approved for this use		
Trench length:	135 linear ft.	**Rock above pipe:**	2 in.
Total rock depth:	12 in.	**Rock below pipe:**	6 in.
Max depth:	30 in.	**Undisturbed soil between trenches:**	N/A
Min depth:	18 in.	**Capping fills-min depth of fill material:**	N/A

Onsite Permit 463-23-000200-PRMT

Date issued: 8/1/23 **Expiration date:** 8/1/24

Work description:

Conditions of approval

1.This repair permit is for the following installation: a 1000 gallon septic tank with gravity flow to an ATT (Ecopod E-50-N) treatment standard 2. The ATT will gravity to a pump chamber which will pump to a distribution box which will convey effluent to the disposal area via equal distribution.

2.The irrigation well must be abandoned per Oregon Water Resource Department standards.

3.The pump chamber float settings must be set such that no more than 10% is dosed with one pump cycle.

4.Properly decommission the old septic tank and submit appropriate documentation.

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

6.ATT treatment standard 2 required.

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

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

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

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

11.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.

12.Photos of the septic system components must be submitted along with the FIRN.

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

14.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.

15.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.

16.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.

17.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.

18.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.

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

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

Onsite Permit 463-23-000200-PRMT

Date issued: 8/1/23 **Expiration date:** 8/1/24

Work description:

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.

Michael Obereigner Natural Resource Specialist 8/1/23

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Josephine County, Oregon

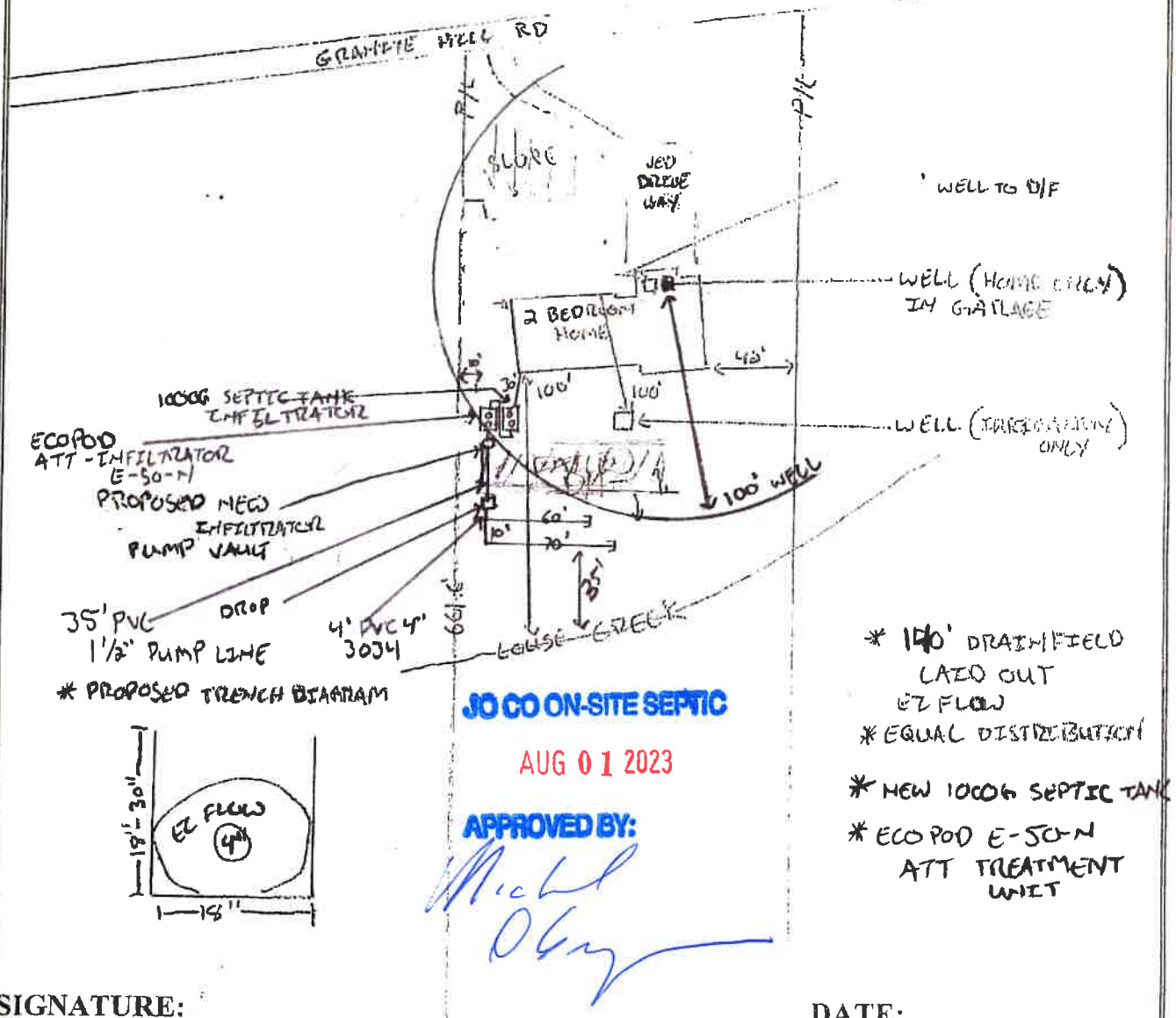
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

DATE: _____ **TWN** 35 **RNG** 05 **SEC** 29 **QQ** 00 **TL** 501

OWNER'S NAME: Cheryl + Dave Apante

ADDRESS: 3363 Granite Hill Rd Grants Pass OR 97526

PLOT PLAN



JO CO ON-SITE SEPTIC
AUG 01 2023
APPROVED BY:

SIGNATURE: _____ **DATE:** _____

Revised 04/17

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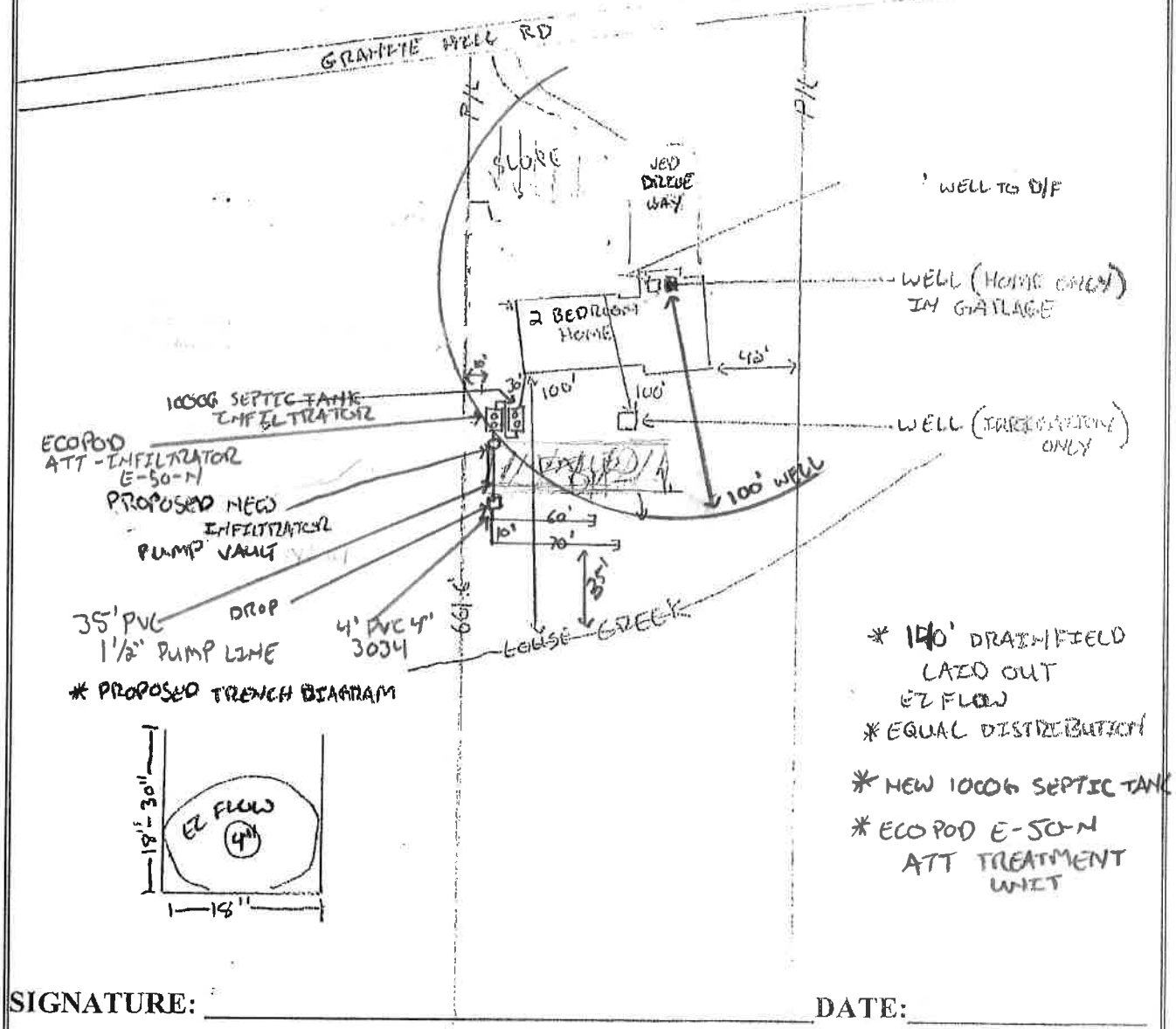

SIGNATURE: _____ **DATE:** _____

FIELD WORKSHEET

Name: APONTE **Application No.:** 463-23-000200 **Date:** 7/19/23

RE: SITE EVALUATION REPORT for Parcel #: 350529 TL 501

Commercial Facility: ☐ Yes ☒ No Parcel Size: 1.89

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: _____ Max Number of Employees: N/A

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 Treatman + standard 2
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: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: 135 total linear feet 45 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. 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.

MAINTAIN 100' TO NEIGHBORING WELLS & DRINKING/HOUSEHOLD WELL ON SUBJECT LOT. IRRIGATION WELL MUST BE ABANDONED WITH OWRD STANDARDS. O.A.R. 340-071-0215 (4)(b) "REASONABLE REPAIR" INVOKED HERE TO ALLOW LEACHLINES & OTHER COMPONENTS (IF NECESSARY) TO VIOLATE SETBACK TO CREEK.

Inspector: MIKE OBERLANDER

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	L	10YR 3/1; wsbk; mvfrm roots
	8-43	CL	10YR 3/2; msbk; fvffroots; Fe conc. to 32"
	43-60	SCL	10YR 3/1; wsbk; Fe conc
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS, ORNAMENTAL TREES

Slope: 0-2% Aspect: SW Groundwater Type: [X] Permanent [ ] Temporary

Other Site Notes: IRRIGATION WELL MUST BE ABANDONED. VERY LIMITED AREA OUTSIDE OF 100' SETBACK TO DRINKING/HOUSEHOLD WELL. SETBACK TO CREEK CANNOT BE MET.

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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

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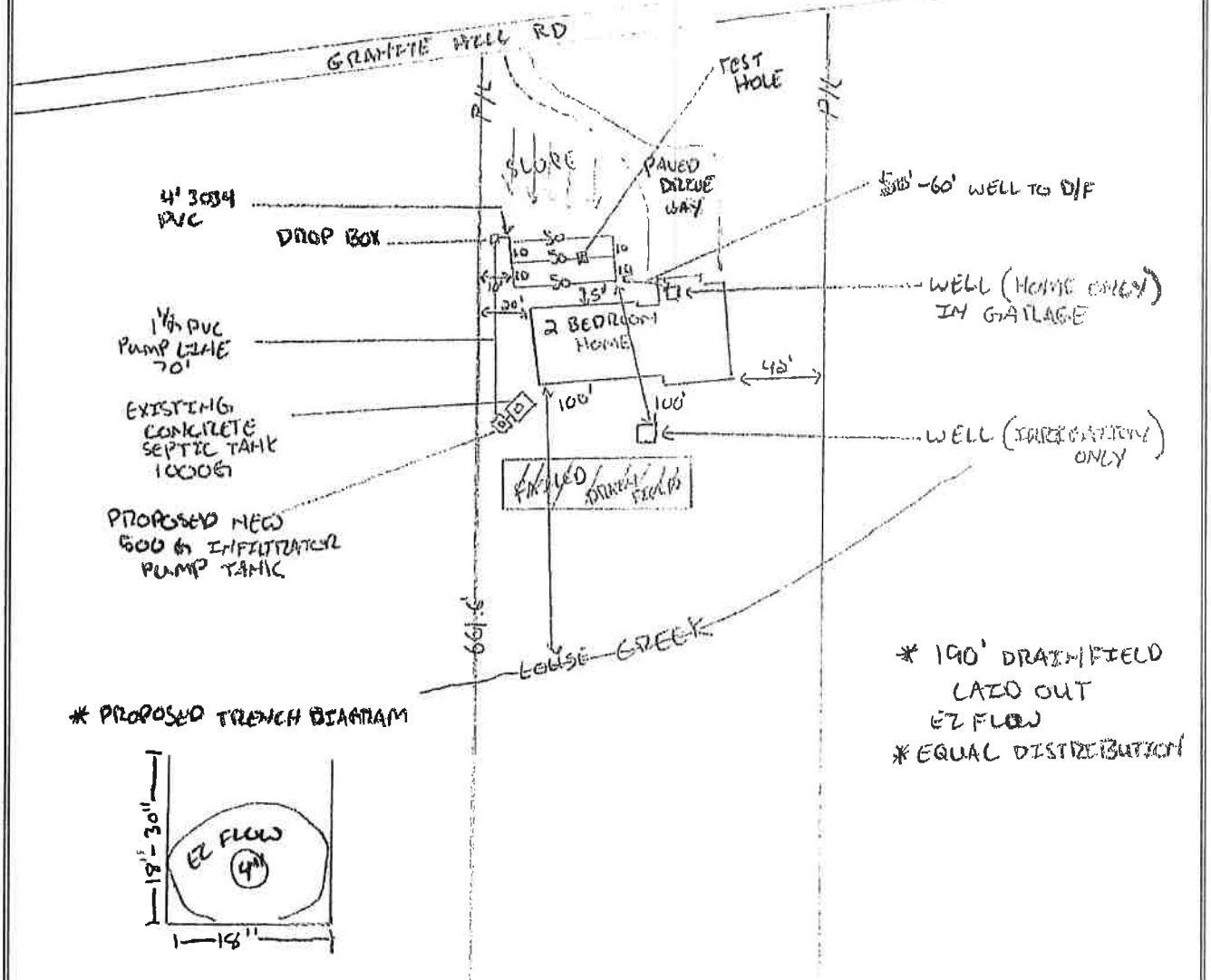

SIGNATURE: _____ **DATE:** _____

Jim/MR Rooter 541-941-3507 E-mail mrrooter2@qwestoffice.net

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

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1. **Applicant Name/Property Owner:** Cheryl + Dave Aponte
   Mailing Address: 3363 Granite Hill Rd
   City, State, Zip: Grants Pass OR 97526
   Telephone: 541 956-2187

2. **Property Information:**
   County: Josephine **Tax Lot No.:** 501
   Township: 35 **Range:** 05 **Section:** 29
   Physical Address: 3363 Granite Hill Rd
   Block: _____ **Lot:** _____
   Subdivision Name (if applicable): _____

3. **This proposed facility is for:**
   - [x] An individual, single-family dwelling.
   - [ ] Other. Describe the type of development, business, or facility and the provided services or products: _____

4. **Permit or approval being requested:**
   - [ ] Construction-Installation permit for: [ ] New Construction [x] Repair [ ] Alteration
   - [ ] Non-water –carried facility requests (for example, pit privy/vault toilet for campgrounds).
   - [x] System failing
   - [ ] Authorization Notice for: [ ] Replacement of dwelling [ ] Bedroom addition
   - [ ] Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. **Property Zoning:** RR5 **Zoning Minimum Parcel Size:** 5 acres

6. **The facility is located:** [ ] inside city limits [ ] inside UGB [x] outside UGB
   If inside UGB, the proposed facility is subject to:
   [ ] City jurisdiction [ ] County jurisdiction [ ] Shared City/County jurisdiction

7. **Does the proposed facility comply with all applicable local land use requirements:** [x] Yes [ ] No
   If you answered "Yes" above, was this compliance based on:
   - [x] Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
   - [ ] Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
   - [ ] Measure 49 waiver (provide Department of Land Conservation and Development approval number)

   Either provide reasons for affirmative compliance decision or attach findings of fact: Section 9.6.1.020.J of the JCC - Single family dwelling or manufactured dwelling (outright permitted use)

8. **Planning Official Signature:** Tami Smith
   Print Name: Tami Smith **Title:** Associate Planner
   Telephone: 541-474-5424 **Date:** 6-16-23

Josephine County Planning
700 NW Dimmick Street
Suite C
Grants Pass, OR 97526

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

Receipt Number: PL23-00787

Payer/Payee: CHIERICHETTE PLUMBING LLC
2062 NW VINE STREET
GRANTS PASS OR 97526

Cashier: Onnie Heater

Date: 06/12/2023

Primary Parcel: 35052900000501 **Project Description:** Onsite Septic LUCS

PL-2023-00825 LAND USE INFORMATION RESPONSE 3383 GRANITE HILL RD

Fee Description	Fee Amount	Amount Paid	Fee Balance
Land Use Information Response	$125.00	$125.00	$0.00
	$125.00	**$125.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CHECK	1036	$125.00
Total Paid:		**$125.00**

NOTICE AUTHORIZING REPRESENTATIVE

I, Cheryl + Dave Aponte (Property Owner/Print Name), have authorized Mr Rooter (Authorized Representative/Print Name) to act as my 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:

_____
(Property Situs or Road Address)

And described in the records of _____ County as:

Township 35 Range 05 Section 29 Map ID _____ Tax Lot #(s) 501

PROPERTY OWNER:

Printed Name: Cheryl + Dave Aponte

Address: 3363 Granite Hill Rd

City, State, Zip: Grants Pass, OR 97526

Phone: 541-956-2187 Email: roadkingmomma@gmail.com

Signature: Cheryl aponte

AUTHORIZED REPRESENTATIVE:

Printed Name: Mr Rooter

Address: 2062 NW Vine st

City, State, Zip: Grant's pass OR

Phone (541) 773-8833 Email: MR Rooter 1 at qwest office.net

Signature: Jim / MR Rooter

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: _____ **TWN** 35 **RNG** 05 **SEC** 29 **QQ** 00 **TL** 501

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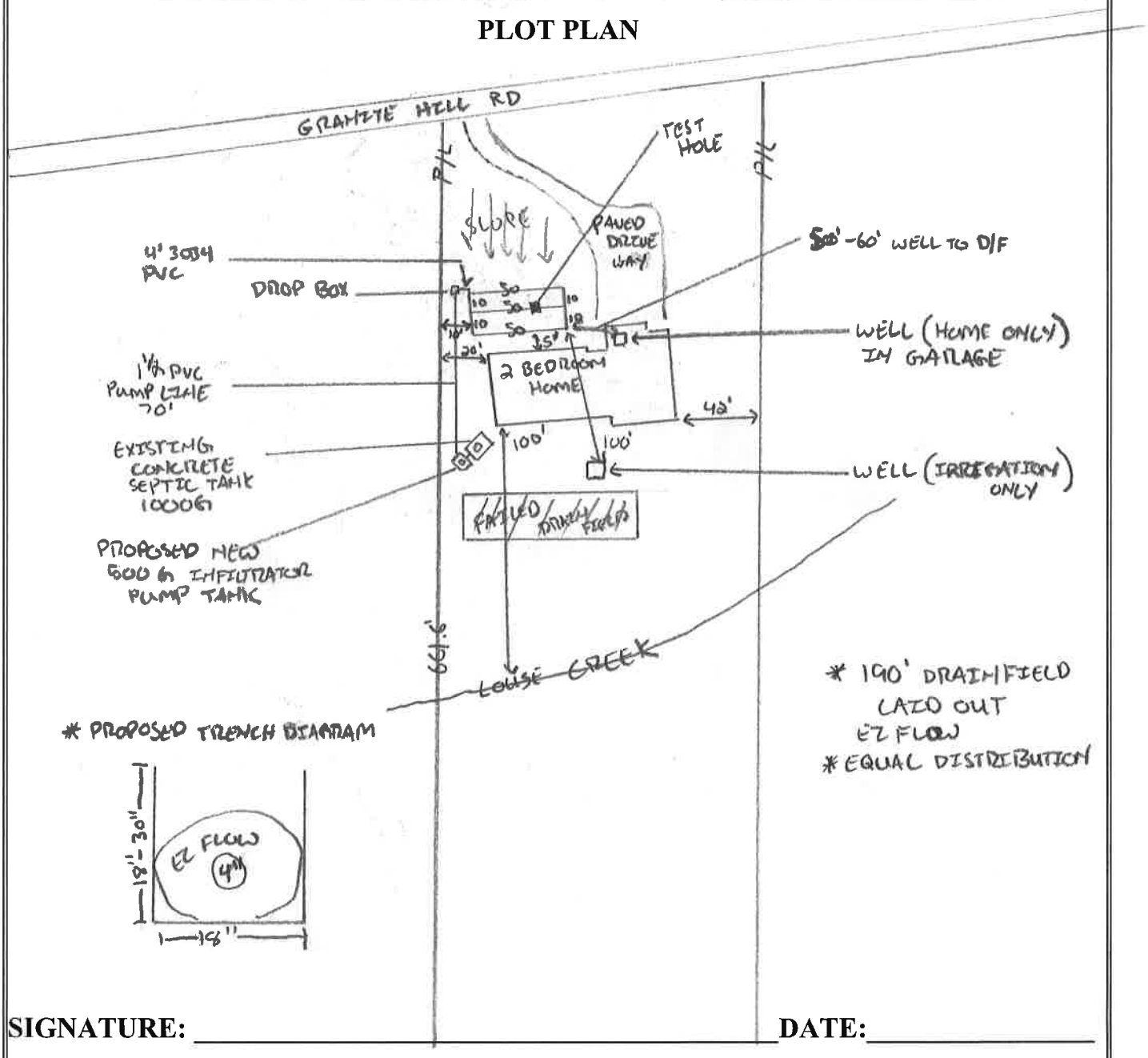
PLOT PLAN



SIGNATURE: _____ **DATE:** _____

SECTION 29 T35S R5W W.M.
JOSEPHINE COUNTY

1"= 400'

This map was prepared for assessment purpose only.