



**Certificate of Satisfactory Completion
Installation Permit - Residential - New**

463-24-000326-PRMT

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

Date Certificate Issued: 05/20/2025
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: Mr. Ed's Advanced Septic LLC	Primary Contractor: Mr. Ed's Advanced Septic LLC
Address: PO Box 759 Grants Pass OR 97528-0065	Installer License: 38580
Phone: 5414762821	Address: PO Box 759 Grants Pass OR 97528-0065
Email: mredsseptic@gmail.com	Phone: 5414762821
	Email: mredsseptic@gmail.com

Owner: BOWEN, KATHRYN & BOWEN, AUSTIN & BOWEN, AMANDA
Address: 1350 FORESTVIEW DR
GRANTS PASS OR 97527
Property Address: 1112 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000010300 - Primary **Township:** 35 **Range:** 06 **Section:** 16

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

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	3

System Specifications

Type:	Saprolite		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	500 gal.

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial	
Drainfield Sizing:	N/A	Distribution Method:	Serial	
Media Type:	FLOW 1201P is proposed and approved for this use		Media Depth:	12 in.
Trench Length:	300 linear ft.	Rock Above Pipe:	N/A	
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.	
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A	

Special Requirements

Pump to Drainfield Required:	Yes	Filter Fabric on Top of Drain Media:	Yes
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Date Certificate Issued: 05/20/2025
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: Michael Obereigner, Natural Resource Specialist

Effective Date: 05/20/2025

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.)

Final Inspection Request and Notice - Septic ID: 463-24-000326-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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MAY 15 2025
DEQ MEDFORD

SECTION 1: Owner/Permittee Information:

Name: BOWEN, KATHRYN & BOWEN, AUSTIN & BOWEN, AMANDA
Property 1112 ELLISON LOOP, MERLIN, OR 97532
Address:

Twncshp: 35 Range: 06 Sect: 16
Lot: 7

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Riverside	Date: 5/5/25
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Liberty	Float(s)Type(1):	Model/Manuf. SS Rhombus
			Float(s)Type(2):	Model/Manuf.

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: Sch 40	Length: 80'

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		

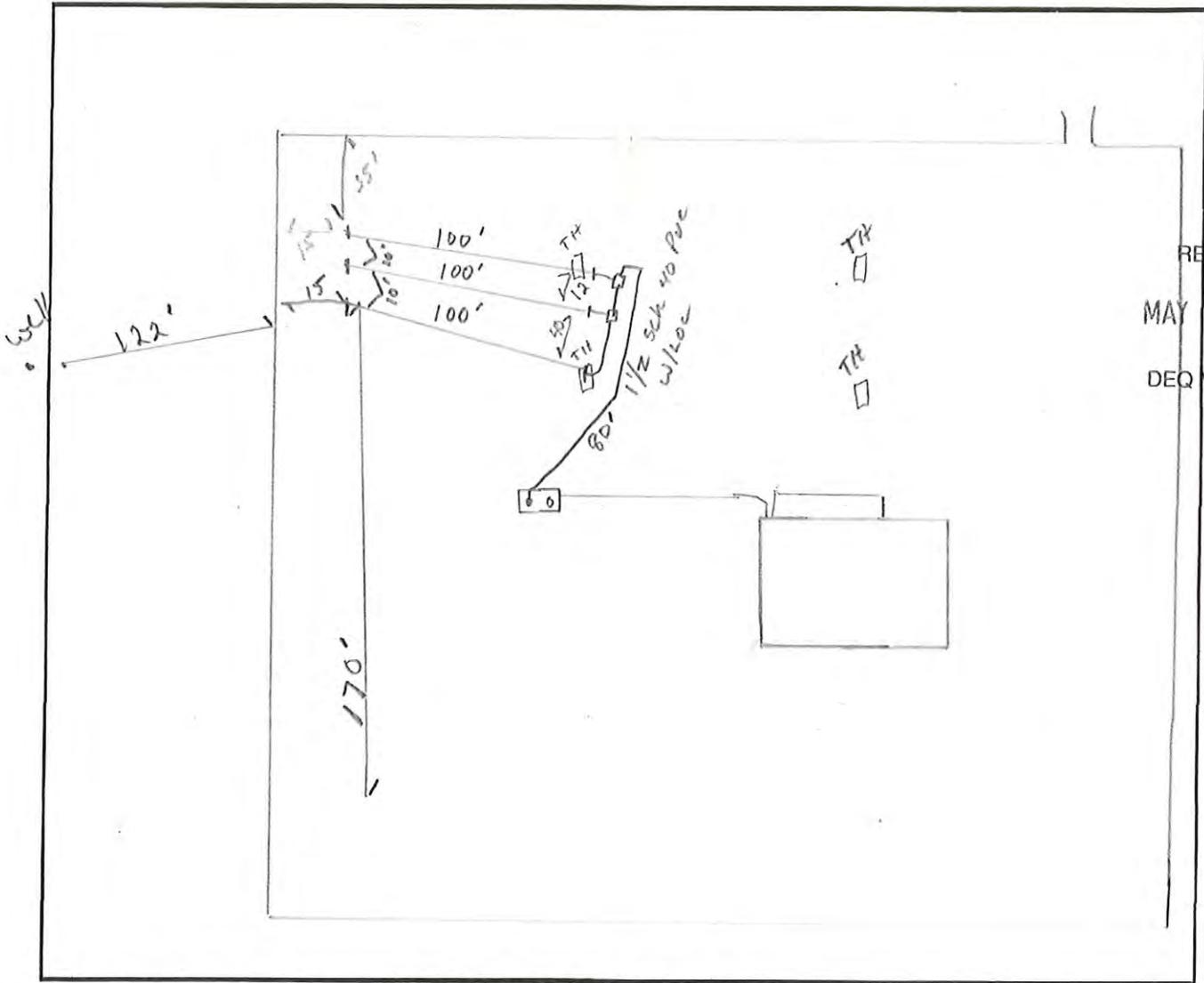
D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 1201-P				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
	Yes <input checked="" type="checkbox"/>	No			
Distribution Pipe	Yes	No	Diameter: 4"	ASTM#/Other: 1201-P	Length: 300'
Comment					

*All Tanks(s) were tested for water-lightness 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.



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SECTION 4 - Construction was performed by (Signature Required)

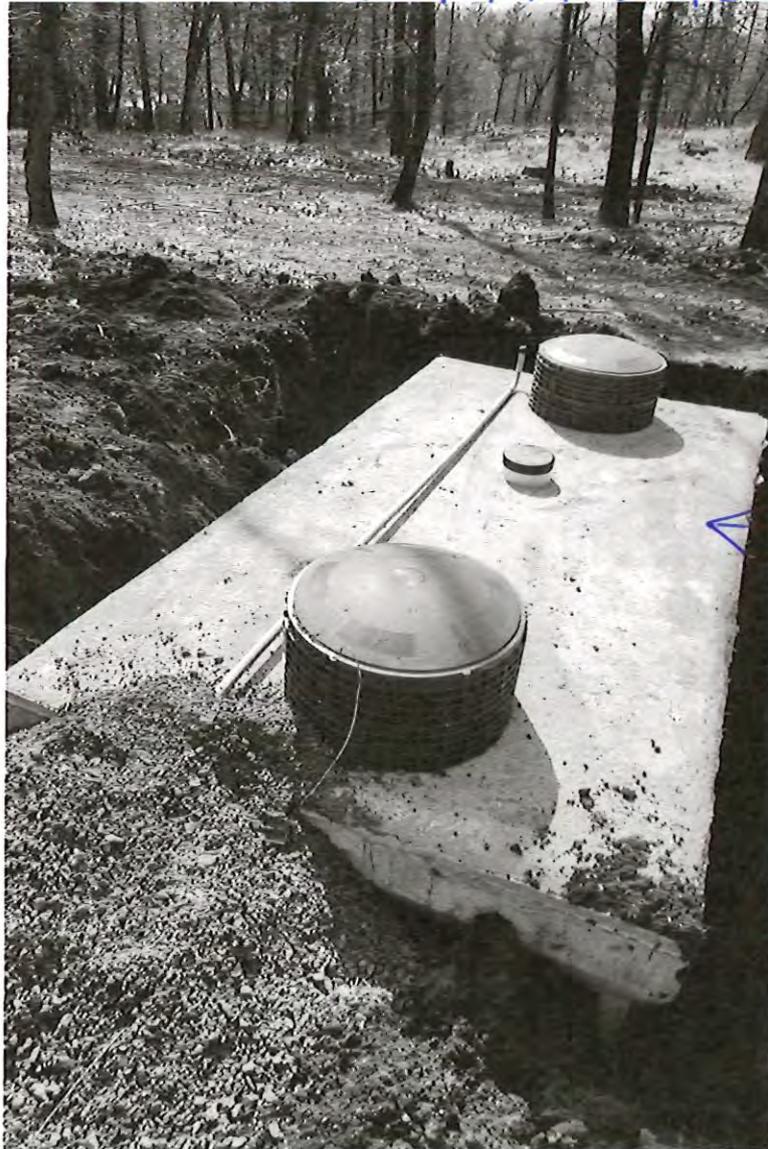
I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: Mr. Ed's Advanced Septic LLC		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 38580	Certification#: RI-114
Owner/ Certified Installer:	Signature: [Signature]	Date: 5/7/25	Phone#: 4762821

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: _____							

1112 Ellison Loop, Merlin, OR



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← 1500 gal
2-comp
pump
tank

1112 Ellison loop, Merlin or

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MAY 15 2025

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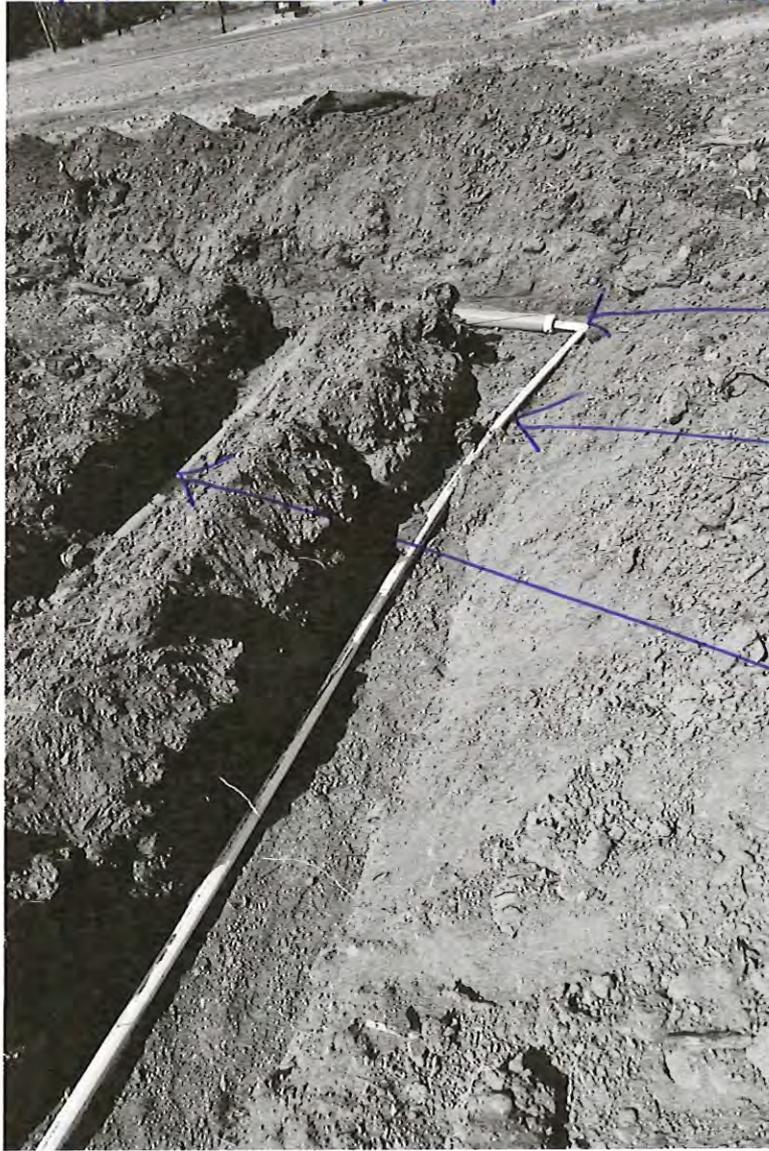
1/2" Sch 40
pressure line
w/loc
wire

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1112 Ellison loop, Merlin OR



Line 1

1 1/2" sch 40
pressure line
w/loc wire

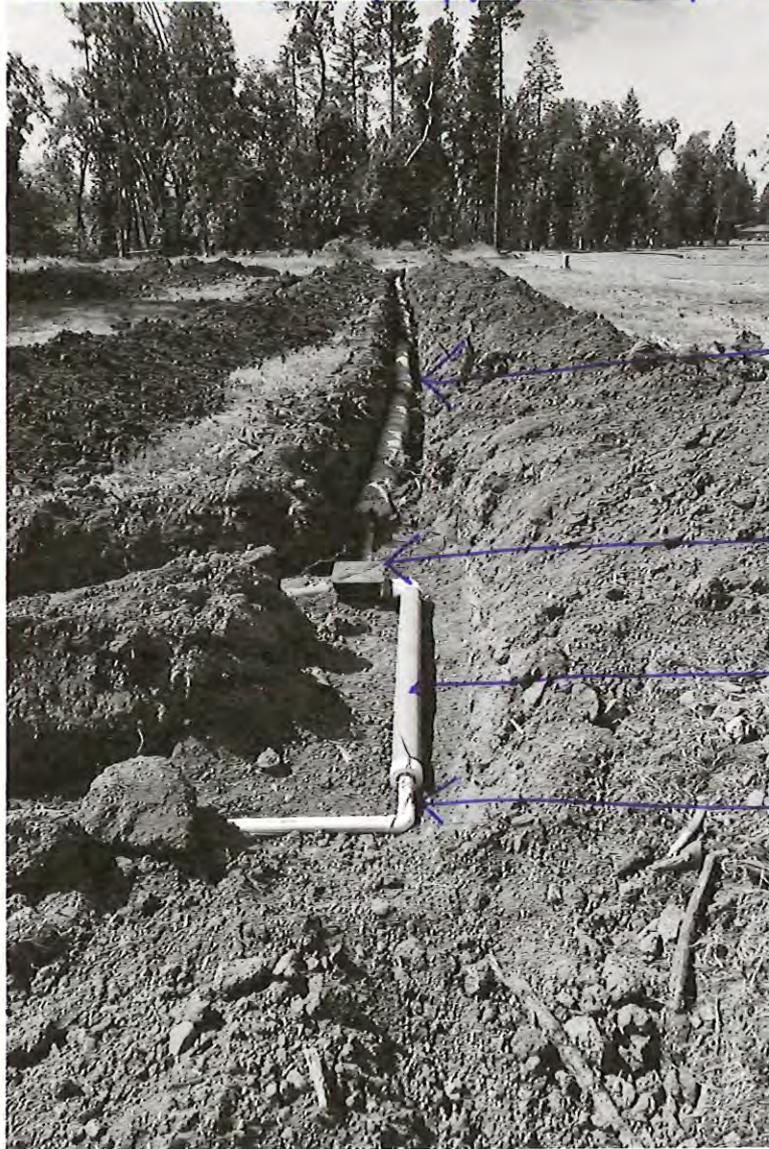
4"
3034
cross-over
to line
2 drop box

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1112 Ellison loop, Merlin, OR



Line 1
100'
1201-P

#1 drop box

4" 3034
defuser

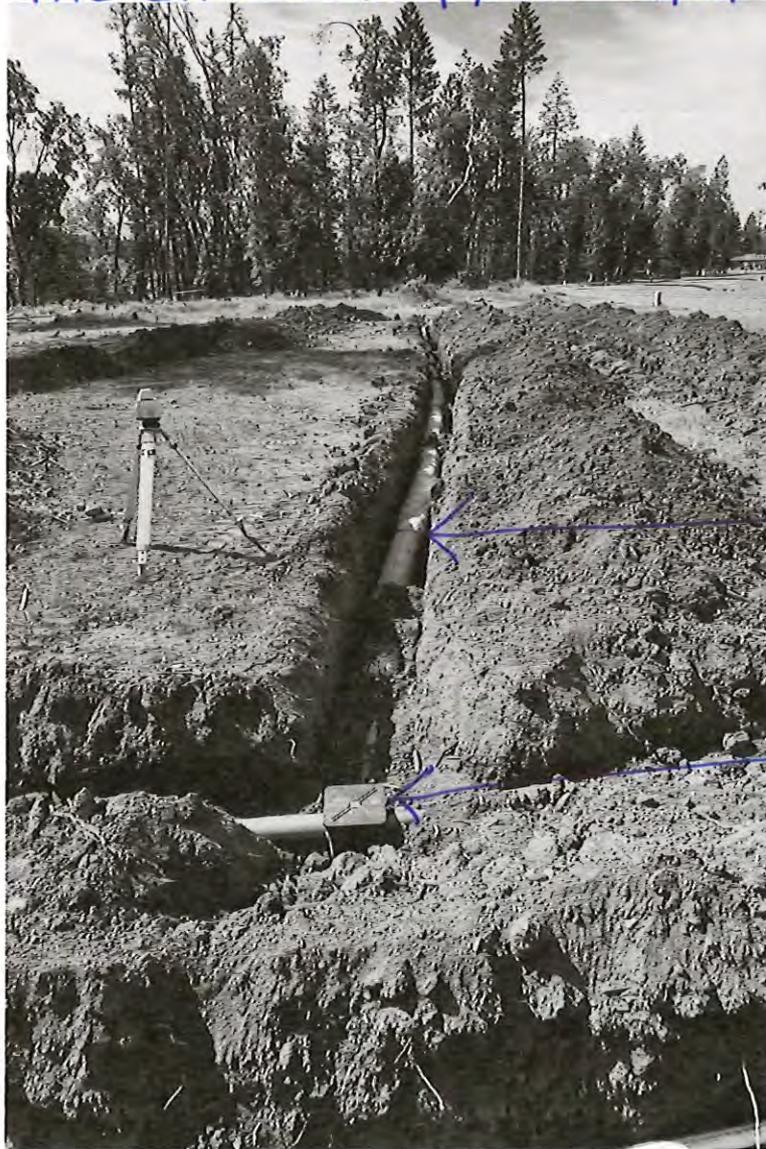
pressure line
1 1/2"

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MAY 15 2025

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1112 Ellison loop, Merlin, OR

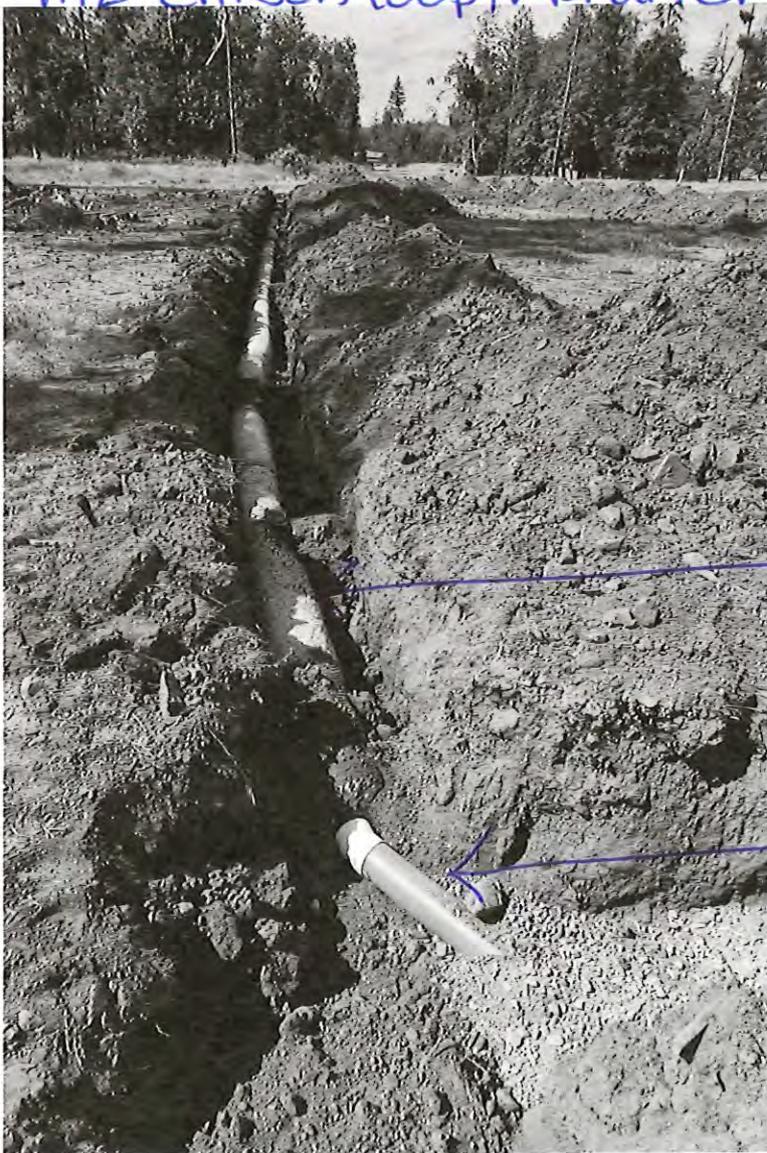


Line #2
100'
1201-P

#2 drop box

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1112 Ellison Loop, Merlin OR



Line #3
100'
1201-P

4" 3034
CROSSOVER
From drop box



**Septic Permit
Installation Permit - Residential - New
463-24-000326-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

Date issued: 10/8/24	Expiration date: 10/8/25
Work description: STANDARD CONSTRUCTION PERMIT	

Applicant: Mr. Ed's Advanced Septic LLC	Primary contractor: Mr. Ed's Advanced Septic LLC
Address: PO Box 759 Grants Pass OR 97528-0065	Installer License: 38580
Phone: 5414762821	Address: PO Box 759 Grants Pass OR 97528-0065
Email: mredsseptic@gmail.com	Phone: 5414762821
	Email: mredsseptic@gmail.com

Business License: N/A

Owner: BOWEN, KATHRYN & BOWEN, AUSTIN & BOWEN, AMANDA	Property address: 1112 Ellison Loop, Merlin, OR 97532
Address: 1350 FORESTVIEW DR GRANTS PASS OR 97527	

Parcel: 350616B000010300 - Primary **Township:** 35 **Range:** 06 **Section:** 16

Lot size: N/A	Water supply: Well
Zoning: N/A	City/County/UGB: County
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: See signed construction plan	

Category of construction: Residential

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

System Specifications

Type: Saprolite	ATT description: N/A
Max peak design flow: 450 gpd.	Proposed flow: N/A
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.

Drain Field Specifications

Drain field type: Standard	System distribution Ttpe: Serial
Drainfield sizing: N/A	Distribution method: Serial
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: 300 linear ft.	Rock above pipe: N/A
Max depth: 30 in.	Undisturbed soil between trenches: 8 ft.
Min depth: 24 in.	Capping fills-min depth of fill material: N/A

Special Requirements

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Date issued: 10/8/24

Expiration date: 10/8/25

Work description: STANDARD CONSTRUCTION PERMIT

Stake out required:	No		
Pump to drainfield reqd:	Yes	Filter fabric on top of drain media:	Yes

Conditions of approval:

1. 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.
2. 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.
3. Meet all required setbacks
4. All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
5. All roof drains must be directed away from the system
6. Vehicular traffic and livestock must be restricted from the system area.
7. The system must be installed by the property owner or a licensed sewage disposal business (installer).
8. 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.
9. Install the pump and system components in accordance with the approved pump curve and specifications.
10. 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.
11. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
12. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
13. Maximum length of an individual trench is 150-feet.
14. Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
15. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
16. A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
17. Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-24-000326-PRMT**Date issued: 10/8/24****Expiration date: 10/8/25****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.

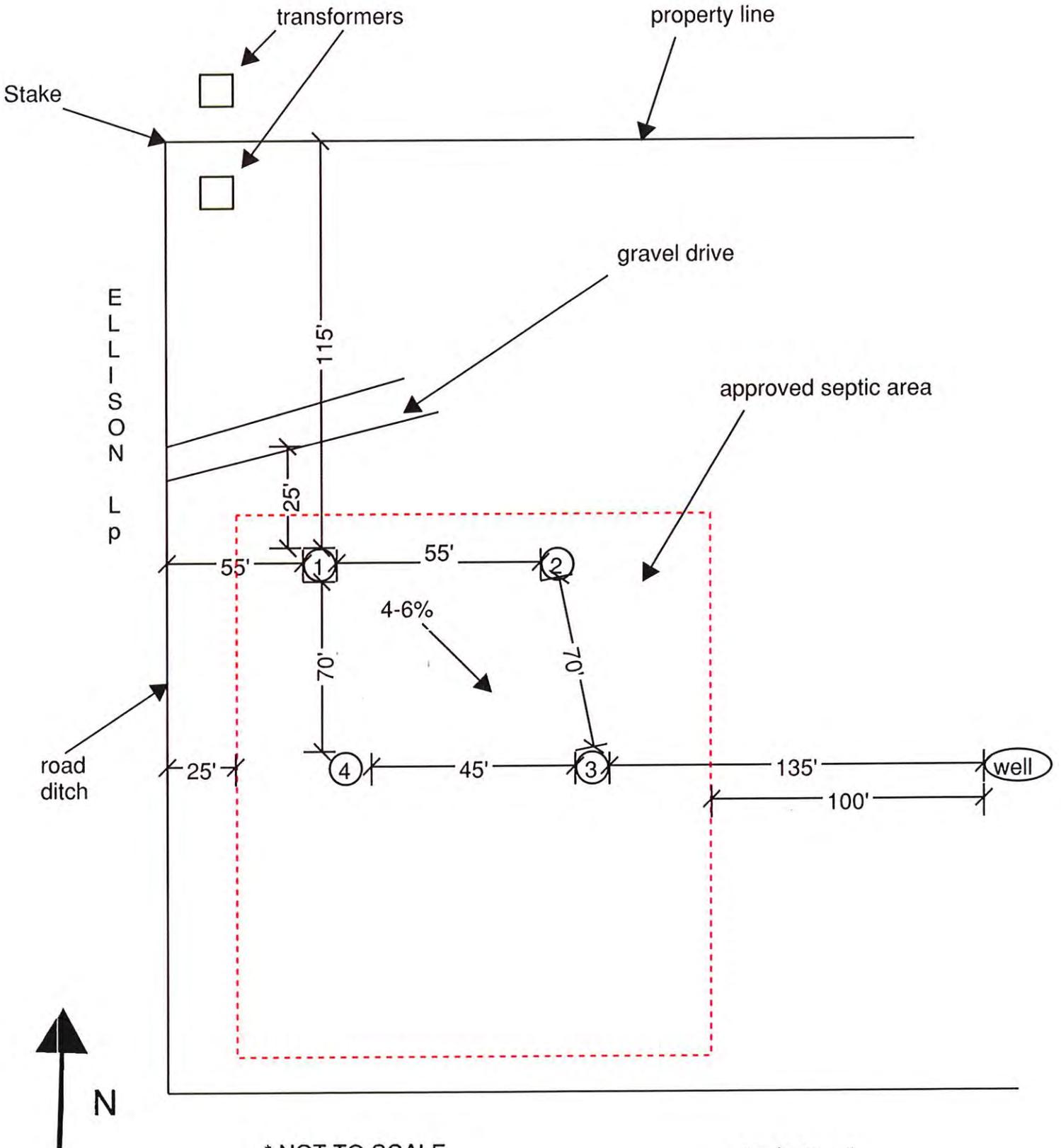
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Michael Obereigner

Natural Resource Specialist

10/8/24

463-24-000229-EVAL



* NOT TO SCALE

Application #

FIELD WORKSHEET

Name: BOWEN Application No.: 463-24-000229 Date: 7-16-24
 RE: SITE EVALUATION REPORT for Parcel #: 3506168 000019300

Commercial Facility: Yes No Parcel Size: 2.5

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>SAPROLITE</u>	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>SAPROLITE</u>
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
- The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
- Rake trench sidewalls.
- The system must be installed during dry soil conditions only.
- System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

SEE SITE SKETCH FOR APPROVED SEPTIC AREA

Inspector: MIKE OBEREGNER

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-10	SCL	7.5YR 3/4; wsbk; c v f roots
	10-52	-	SAPROLITE w/ 5YR 5/4 Fe concentrations
Test Pit 2	0-5	SCL	7.5YR 3/4; wsbk; c v f roots
	5-26	CL	7.5YR 4/3; wsbk
	26-59	-	SAPROLITE w/ 5YR 5/4 Fe concentrations
Test Pit 3	0-7		SIMILAR TO PIT TWO
	7-18		
	18-59 18-59		
Test Pit 4	0-6		SIMILAR TO PIT TWO
	6-18		
	18-53		
Test Pit 5			
Test Pit 6			

Landscape Notes: _____

Slope: 4-6% Aspect: SE Groundwater Type: Permanent Temporary

Other Site Notes: ROAD DITCH / CULVERT AT WEST PROP LINE.



Application for Onsite Sewage Treatment System

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

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

A. Property Owner Information

Belinda Saites 915 NW Bishop St G.P. OR. 97526 4762821
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

35 06 116B0 103 2.5
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine Subdivision Name Lot Block

Property Address: 1112 Ellison Loop Merlin OR 97532
Address City State Zip Code

Directions to Property: N-I-5 Exit 101 Merlin-Galice Rd -> Pleasant Valley Rd @ Russel @ Ellison Loop

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Proposed Facility: Water Supply:
Single Family Residence Single Family Residence Public
Number of Bedrooms 3 Number of Bedrooms Private Well
Other Other Well, Spring, Shared

D. Type of Application

Site Evaluation Construction Permit Repair Alteration Permit
Renewal Permit Existing System Evaluation Permit Transfer Permit Reinstatement
Authorization Notice for: Connecting to an Existing System Not in Use Replacing a Mobile Home or House with Another Mobile Home or House The Addition of One or More Bedrooms Personal Hardship Temporary Housing Other-please specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature Date

Mr. Ed's Advanced Septic 4762821 mredsseptic@gmail.com
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

P.O. Box 759, Grants Pass, OR 97528
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
Authorization Attached Mr. Ed's Advance septic LLC
Installer's Name



NOTICE AUTHORIZING REPRESENTATIVE

I, Belinda Saites, have authorized Mr. Ed's Advanced Septic LLC 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:

1112 Ellison Loop, Marlin, OR 97532
(Property Situs or Road Address)

And described in the records of Josephine County as:
Township 35 Range 06 Section 16 B0 Map ID _____ Tax Lot #(s) 103

PROPERTY OWNER:

Printed Name: Belinda A. Saites

Address: 915 NW Bishop St.

City, State, Zip: Grants Pass, OR. 97526

Phone: 541-292-6297 Email: bssaites@gmail.com

Signature: Belinda A. Saites

AUTHORIZED REPRESENTATIVE:

Printed Name: Mr. Ed's Advanced Septic, LLC

Address: P.O. Box 759

City, State, Zip: Grants Pass, OR 97528

Phone: 476 2821 Email: mredsseptic@gmail.com

Signature: [Signature]

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350616B0000103
SITUS: 1112 ELLISON LOOP
ACRES: 2.5

PERMIT NUMBER: PL-2024-01125
ZONE: RR2.5
SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT

APPLICANT:	M & J Construction	APPLICANT PHONE #:	541-659-5304
APPLICANT ADDRESS:	1332 Ellison Loop MERLIN, OR 97532		
OWNER:	Belinda & Thomas Saites		
OWNER ADDRESS:	915 NW Bishop St GRANTS PASS, OR 97526		

SPECIAL REQUIREMENTS

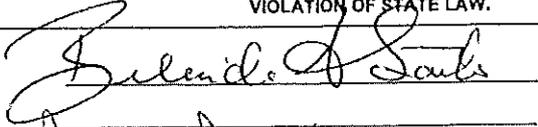
EXISTING STRUCTURES	PROPOSAL	SETBACKS										
Per Assessor Records: Vacant	SFD - 2202 sq. ft. 3 Bedroom, 2.5 Baths w/ Office; 976 sq. ft. attached garage, and 432 sq. ft. covered porches	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Front Setback:</td><td style="text-align: right;">30 ft.</td></tr> <tr><td>Side Setback:</td><td style="text-align: right;">10 ft.</td></tr> <tr><td>Rear Setback:</td><td style="text-align: right;">25 ft.</td></tr> <tr><td>Stream Setback:</td><td style="text-align: right;">0 ft.</td></tr> <tr><td>Height:</td><td style="text-align: right;">35 ft.</td></tr> </table>	Front Setback:	30 ft.	Side Setback:	10 ft.	Rear Setback:	25 ft.	Stream Setback:	0 ft.	Height:	35 ft.
Front Setback:	30 ft.											
Side Setback:	10 ft.											
Rear Setback:	25 ft.											
Stream Setback:	0 ft.											
Height:	35 ft.											

ADDITIONAL TERMS:

- Note: Septic System to be connected to authorized structures/uses only.
- 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.

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:	9/10/24
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	9-9-24

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

Mr.Ed's Advanced Septic, LLC
POBox 759 Grants Pass ,OR 97528
DEQ 38580 CCB 182903
541-476-2821

1112 Ellison Loop
Merlin, OR 97532



Toll Free: 888-999-3290

Pump Screen Installation & Maintenance Instructions

Installation

Lower the pump screen into place on the bottom of the tank.

To use the float tree,:

1. Cut either 1-1/4" or 1-1/2" pipe to a length that will put the float tree within easy reach of the tank access when it is installed in the pump screen.
2. Attach floats to the above pipe at the desired heights.
3. Lower the pipe into the pump screen until it touches the bottom.
4. Snap the pipe into the Float Tree Bracket that is mounted in the pump screen
5. The "J" Hook that is installed in the pump screen can be used to organize excess wires from the pump and/or floats

Float Tree Bracket



"J" Hook



Optional Float Holders are also available to attach the floats to the tree, the Sim/Tech part number is STF-FHPB-1.25-1.50.

Additional Float Tree Brackets, STF-106FTB-1.25-1.50 and "J" Hooks, STF-JHOOK can also be ordered separately. Float Holders and Float Tree Brackets to fit other sizes of pipes are also available.

Maintenance

1. Disconnect power to the pump.
2. If a ball valve is installed on the discharge pipe, it should be closed.
3. Disconnect the pump from the discharge pipe.
4. Unsnap the float tree from the pump screen.
5. Lift the pump and the float tree out of the tank.
6. Service the pump and floats as necessary.
7. Lift the pump screen out of the tank.
8. While holding the pump screen over the tank access, spray any debris on the pump screen into the tank.

Important Notes:

- For deep installations, it may be beneficial to attach a rope to the pump screen for easier installation and removal. This rope should be attached just below the top section of the pump screen's support rings.

Mr.Ed's Advanced Septic, LLC
 POBox 759 Grants Pass ,OR 97528
 DEQ 38580 CCB 182903
 541-476-2821

1112 Ellison Loop
 Merlin, OR 97532

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

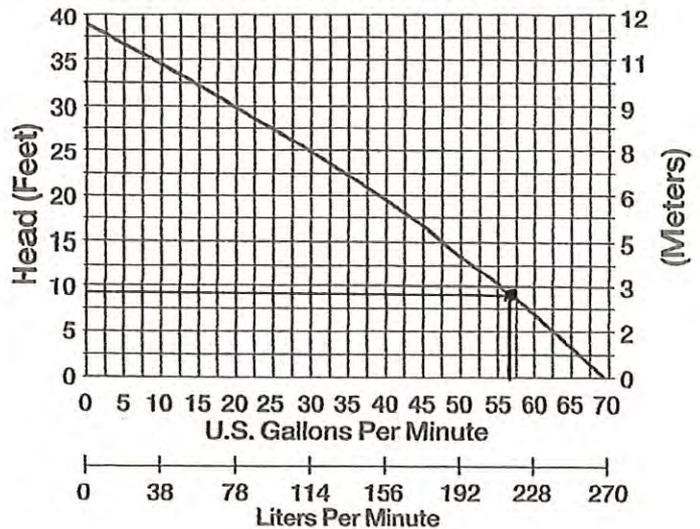
10' cord length standard on all models. For optional lengths, add "-2, -3 or -5" suffix to model number.
 Example: for model 280 with 35' cord, order 280-3

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:

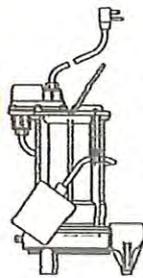
Model 281, 283...14"
 Model 287 VMF...10"

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



Specifications are subject to change without notice.

Mr. Ed's Advanced Septic, LLC
PO Box 759 Grants Pass, OR 97528
DEQ 38580 CCB 182903

Pump Switch Installation Instructions

541-476-2821

SJE-Rhombus® wide angle pump switches are designed to provide automatic control of pumps in non-potable water and sewage applications. The SJE PumpMaster®, SJE PumpMaster® Plus and SJE PumpMaster® SPDT passed NSF Standard 61 protocol by an approved Water Quality Association laboratory for use in potable water applications.

JUNIOR SUPER SINGLE®



Mercury activated pump switch for:

- Sewage
- Non-potable Water
- Non-turbulent applications

U.S. Patent Nos. 4,429,854 & 4,572,934

tether length	3.5	6	8	10	12	15	17
	min.						
pumping range	6.5	8.5	11	13	14	17	19

SUPER SINGLE®



Mercury activated pump and control switch for:

- Sewage
- Non-potable Water

U.S. Patent No. 4,302,641

tether length	3.5	5	7	9	13	15
	min.					
pumping range	6.5	7.5	8.5	11	12.5	13.5

SJE AMPMASTER®



Mechanically activated pump switch for:

- Sewage
- Non-potable Water

U.S. Patent Nos. 5,087,601 & 5,142,108

tether length	5	10	14	18	22
	min.				max.
pumping range	9	13	17	21	24

SJE PUMPMASTER®



Mechanically activated pump switch for:

- Sewage
- Non-potable Water
- Potable Water

U.S. Patent Nos. 5,087,601 & 5,142,108

tether length	3.5	6	10	14	18	22	24
	min.						
pumping range	7	10	16	22	28	33	36

SJE PUMPMASTER® PLUS



Mechanically activated pump switch for:

- Sewage
- Non-potable Water
- Potable Water

U.S. Patent Nos. 5,087,601 & 5,142,108

tether length	3.5	6	10	14	18	22	24
	min.						
pumping range	7	10	16	22	28	33	36

SJE PUMPMASTER® SPDT



Mechanically activated pump switch for:

- Sewage
- Non-potable Water
- Potable Water

U.S. Patent Nos. 5,087,601 & 5,142,108

tether length	3.5	6	10	14	18	22	24
	min.						
pumping range	7	10	16	22	28	33	36

PREVENTATIVE MAINTENANCE

- Periodically inspect the product. Check that the cable has not become worn or that the housing has not been damaged so as to impair the protection of the product. Replace the product immediately if any damage is found or suspected.
- Periodically check to see that the float is free to move and operate the switch.
- Use only SJE-Rhombus® replacement parts.
- The Junior Super Single® and Super Single® pump switches contain mercury and MUST be recycled or disposed of according to local, state, and federal codes.

SJE-RHOMBUS® THREE-YEAR LIMITED WARRANTY

SJE-RHOMBUS® warrants to the original consumer that this product shall be free of manufacturing defects for three years after the date of consumer purchase. During that time period and subject to the conditions set forth below, SJE-RHOMBUS® will repair or replace, for the original consumer, any component which proves to be defective due to defective materials or workmanship of SJE-RHOMBUS®.

THIS EXPRESS WARRANTY DOES NOT APPLY TO THE MOTOR START KIT COMPONENT. SJE-RHOMBUS® MAKES NO WARRANTIES OF ANY TYPE WITH RESPECT TO THE MOTOR START KIT.

ELECTRICAL WIRING AND SERVICING OF THIS PRODUCT MUST BE PERFORMED BY A LICENSED ELECTRICIAN.

THIS WARRANTY DOES NOT APPLY: (A) to damage due to lightning or conditions beyond the control of SJE-RHOMBUS®; (B) to defects or malfunctions resulting from failure to properly install, operate or maintain the unit in accordance with printed instructions provided; (C) to failures resulting from abuse, misuse, accident, or negligence; (D) to units which are not installed in accordance with applicable local codes, ordinances, or accepted trade practices, and (E) to units repaired and/or modified without prior authorization from SJE-RHOMBUS®.

Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

TO OBTAIN WARRANTY SERVICE: The consumer shall assume all responsibility and expense for removal, reinstallation, and freight. Any item to be repaired or replaced under this warranty must be returned to SJE-RHOMBUS®, or such place as designated by SJE-RHOMBUS®.

ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS ARE LIMITED TO THE DURATION OF THIS WRITTEN WARRANTY. SJE-RHOMBUS® SHALL NOT, IN ANY MANNER, BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES AS A RESULT OF A BREACH OF THIS WRITTEN WARRANTY OR ANY IMPLIED WARRANTY.

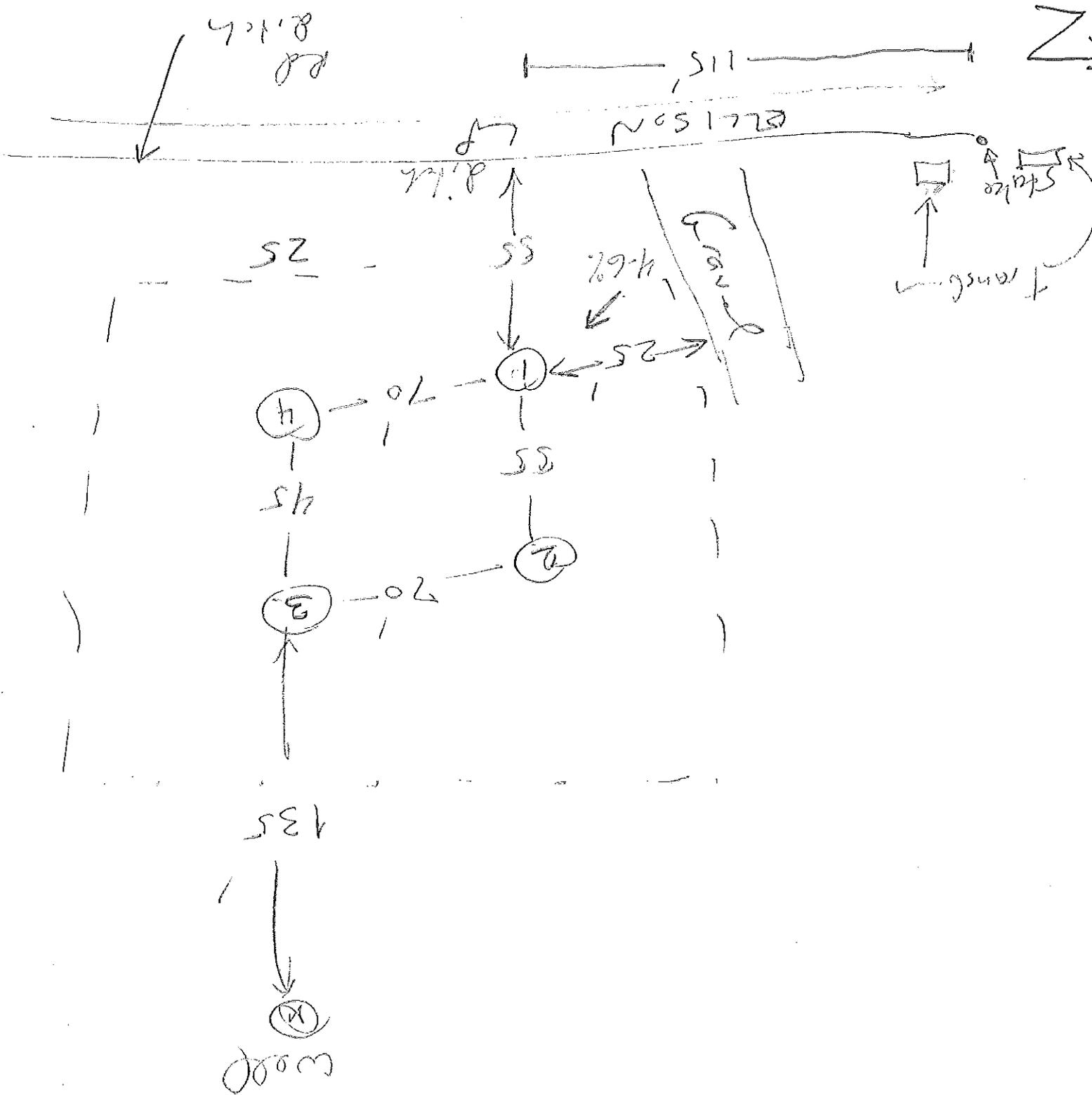
0
10

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	10	SCL	7.5 YR 3/4; wslk; c vrf roots
	52	-	Saprolite w/ Fe con
Test Pit 2	5	SCL	7.5 YR 3/4; wslk; c vrf roots
	26	CL	2.5 YR 4/3; wslk
	57	-	Saprolite w/ Fe con
			w/ cob & ST
Test Pit 3	7		
	18		
	59		SIM TO #2
Test Pit 4	6		
	18		
	53		SIM TO #2
Test Pit 5			
Test Pit 6			

Landscape Notes: _____

Slope: 4-6% Aspect: SE Groundwater Type: Permanent Temporary

Other Site Notes: ROAD DITCH/CULVERT AT WEST PROPLINE



52
07

114
3

Google Maps 1112 Ellison Lp



Map data ©2024 2000 ft





**Onsite Site Evaluation
Application Verification**
463-24-000229-EVAL

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

Application created: 7/1/24

Parcel Nbr: 350616B000010300

Site Address: 1112 ELLISON LOOP, MERLIN, OR 97532

Owner: BOWEN, KATHRYN &
BOWEN, AUSTIN &
BOWEN, AMANDA
1112 ELLISON LOOP
MERLIN, OR 97532

Applicant: BOWEN, KATHRYN & BOWEN, AUSTIN & BOWEN, AMANDA - BOWEN, KATHRYN & BOWEN, AUSTIN &
1350 FORESTVIEW DR
GRANTS PASS, OR 97527

Phone: (541) 226-8516

Email: THEBOWENS8418@GMAIL.COM

Licensed Professional(s):

No Licensed Professionals Designated

Category of Construction: Residential

Acreage or Lot Size: 2.50

Site Ready for Inspection: Yes

County:

Water Supply: Well

Use of Structure:

Number of Bedrooms:

Existing

Use of Structure:

Number of Bedrooms:

Proposed

SFR

4

Attached Documents:

No Documents have been attached.



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

AMANDA BOWEN
AUSTIN BOWEN 1350 FORESTVIEW DR GRANTSPASS 541 226 8516
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number
OR 97527

B. Legal Property Description

35 06 16B 103 _____ 2.5 ACRES
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
JOSEPHINE _____ ELLISON LOOP (RUSSEL RD) 7 _____
County Subdivision Name _____ Lot Block
MERLIN
GRANTSPASS OR
Property Address: 1112 ELLISON LOOP _____ _____
Address City State Zip Code

Directions to Property: EXIT 61 → MERLIN RD → PLEASANT VALLEY RD →
RUSSELL RD → ELLISON LOOP → 3RD LOT ON FIRST LEFT TURN

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
Number of Bedrooms _____	<u>3-4</u> Number of Bedrooms	<input checked="" type="checkbox"/> Private <u>well</u> Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

D. Type of Application

- | | | |
|---|---|---|
| <input checked="" 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 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: Austin Bowen + Amanda Bowen Date: 6/27/2024
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
1350 FORESTVIEW DR GRANTSPASS OR 97527
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Installer's Name _____



Josephine County, Oregon

Community Development – Planning Division

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

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

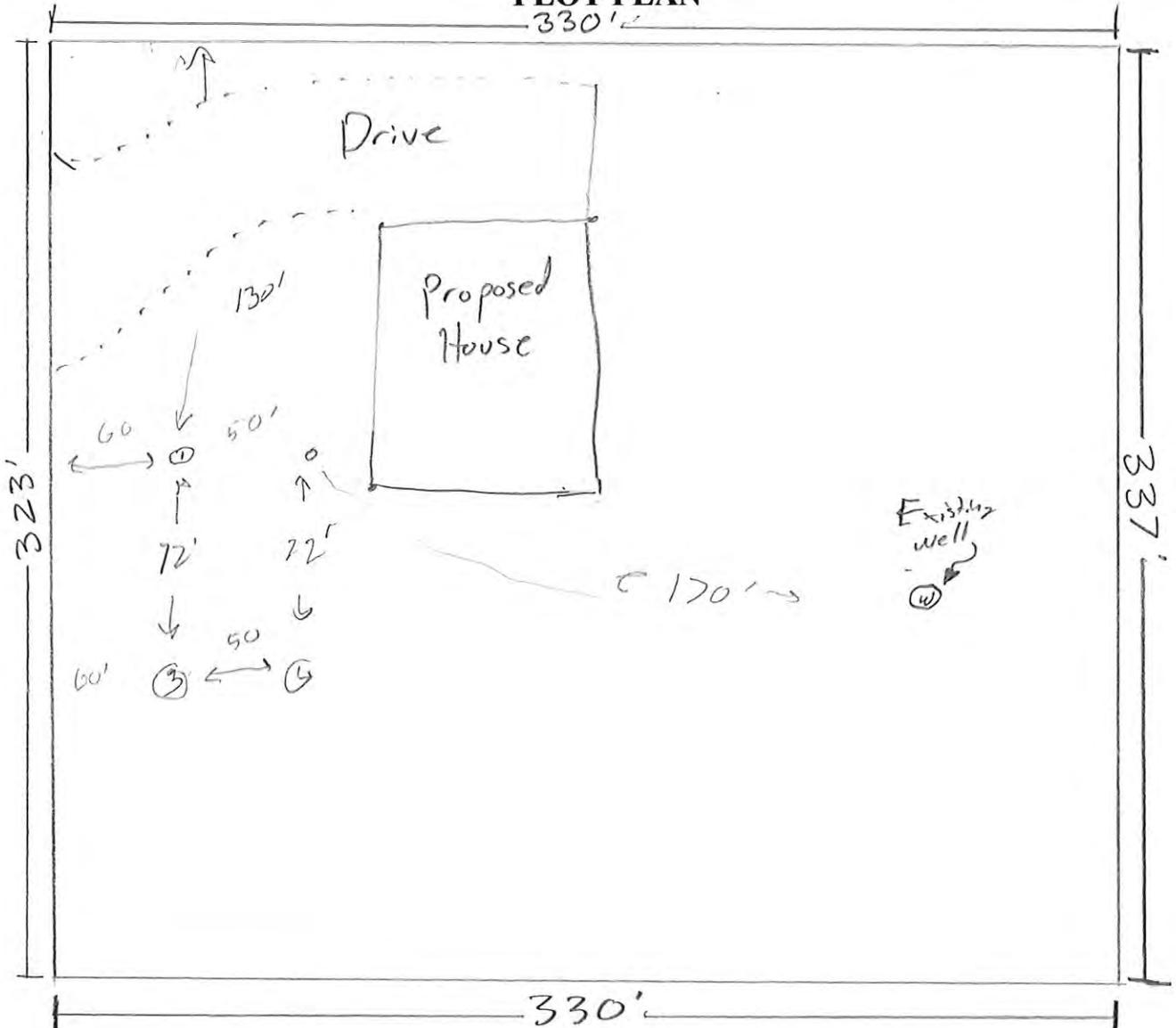
E-mail: planning@co.josephine.or.us

DATE: 6/27/2024 TWN 35 RNG 06 SEC 16 QQ B0 TL 103

OWNER'S NAME: AUSTIN BOWEN & Amanda Bowen

ADDRESS: 1112 ELLISON LOOP MERLIN OR

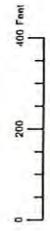
PLOT PLAN



SIGNATURE: *Shrek P. Frame*

DATE: 6/26/24

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

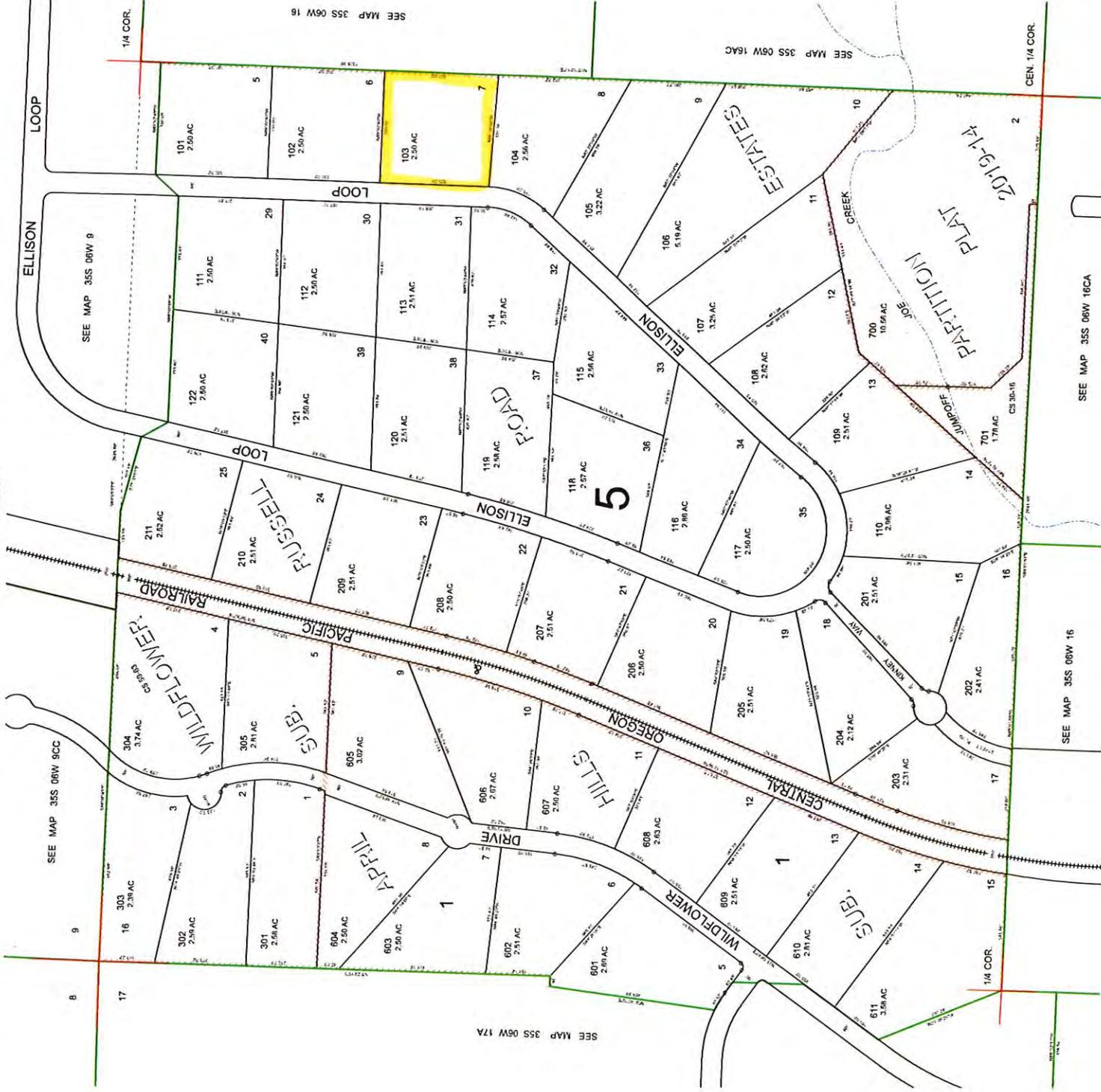


N.W. 1/4 SEC. 16 T.35S. R.6W. W.M.
JOSEPHINE COUNTY

1" = 200'

35 06 16B

CANCELLED:
600
300
400
500
800
200



SEE MAP 35S 06W 16

SEE MAP 35S 06W 16CA

35 06 16B



**Onsite Permit
Application Verification
463-24-000326-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: 9/26/24

Parcel Nbr: 350616B000010300
Site Address: 1112 ELLISON LOOP, MERLIN, OR 97532
Owner: BOWEN, KATHRYN &
BOWEN, AUSTIN &
BOWEN, AMANDA
1112 ELLISON LOOP
MERLIN, OR 97532

Applicant: Mr. Ed's Advanced Septic LLC - Mr. Ed's Advanced Septic LLC
PO Box 759
Grants Pass, OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Licensed Professional(s):

License Number: Installer License - 38580
Mr. Ed's Advanced Septic LLC
PO Box 759
Grants Pass, OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Category of Construction: Residential
Acreage or Lot Size:

County:
Water Supply: Well

Use of Structure:
Number of Bedrooms:

Existing

Use of Structure:
Number of Bedrooms:

Proposed
SFR
3

Attached Documents:
No Documents have been attached.



Septic Site Evaluation Approval

463-24-000229-EVAL

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

Date issued: 07/16/2024
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 7

Applicant: BOWEN, KATHRYN & BOWEN,
AUSTIN & BOWEN, AMANDA
Address: 1350 FORESTVIEW DR
GRANTS PASS OR 97527
Phone: 5412268516
Email: THEBOWENS8418@GMAIL.COM

Owner: BOWEN, KATHRYN & BOWEN,
AUSTIN & BOWEN, AMANDA
Property address: 1112 Ellison Loop, Merlin, OR 97532

Address: 1350 FORESTVIEW DR
GRANTS PASS OR 97527

Parcel: 350616B000010300 - Primary **Township:** 35 **Range:** 06 **Section:** 16

Lot size: 2.50 **Water supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Accessory Dwelling Unit: No

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd. **Proposed gallons per day:** N/A
Min septic tank volume: 1000 gal. **Min dosing tank volume:** N/A
Media depth: 12 in.

System Specifications

System type:	Initial System	Replacement Area
System distribution type:	Saprolite	Saprolite
Distribution method:	Serial	Serial
	Serial	Serial

Trench Specifications

Trench linear feet:	Initial System	Replacement Area
	300 linear ft.	300 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements

Drainfield type:	Initial System	Replacement Area
	Standard	Standard

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

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date issued: 07/16/2024

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 7

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

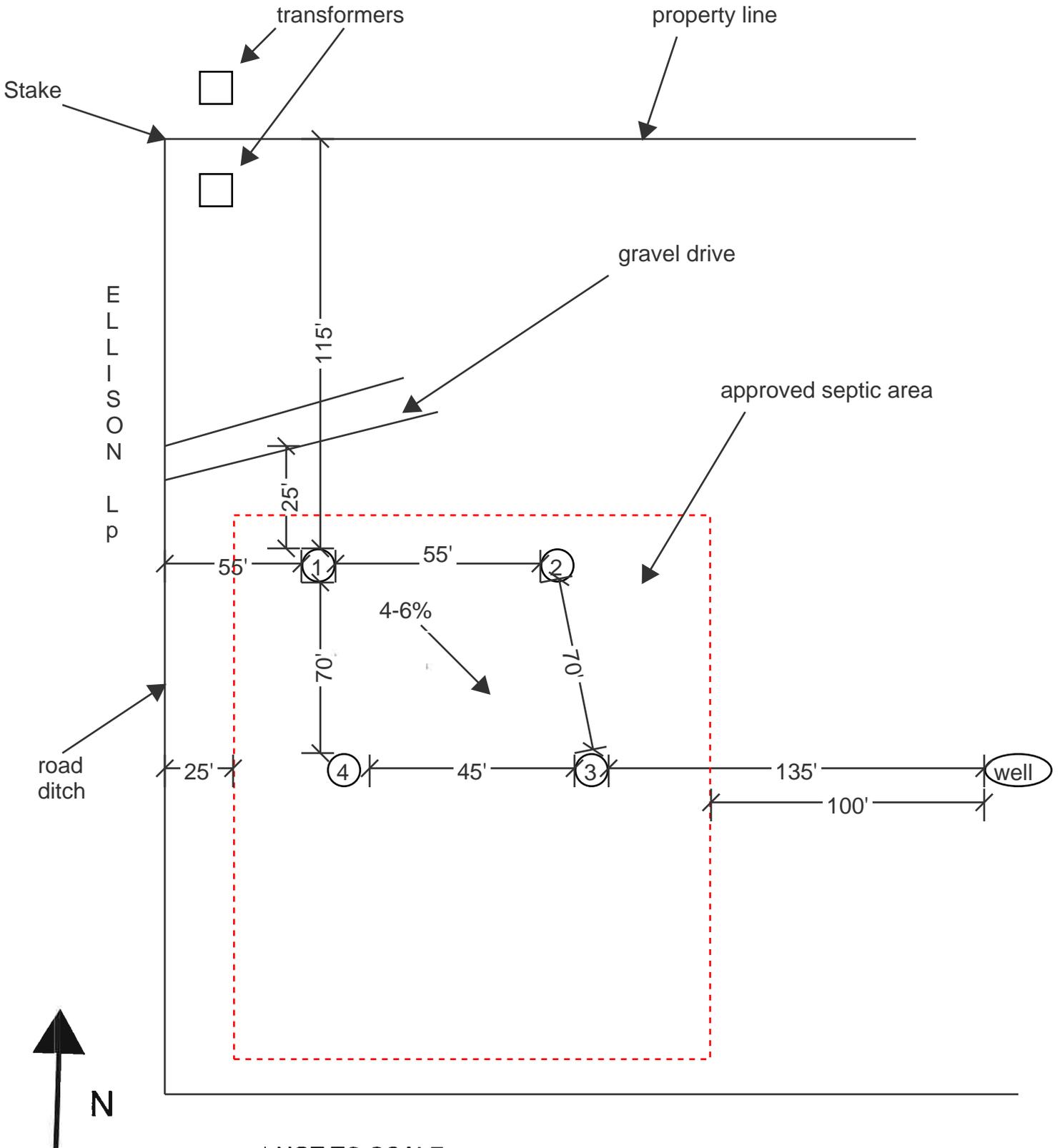
Michael Obereigner

Natural Resource Specialist

7/16/24

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.)



* NOT TO SCALE

Application #

FIELD WORKSHEET

Name: BOWEN Application No.: 463-24-000229 Date: 7-16-24
 RE: SITE EVALUATION REPORT for Parcel #: 3506168 000019300

Commercial Facility: Yes No Parcel Size: 2.5

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>SAPROLITE</u>	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>SAPROLITE</u>
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
- The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
- Rake trench sidewalls.
- The system must be installed during dry soil conditions only.
- System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

SEE SITE SKETCH FOR APPROVED
SEPTIC AREA

Inspector: MIKE OBERETNER

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-10	SCL	7.5YR 3/4; wsbk; c vf f roots
	10-52	-	SAPROLITE w/ 5YR 5/4 Fe concentrations
Test Pit 2	0-5	SCL	7.5YR 3/4; wsbk; c vf f roots
	5-26	CL	7.5YR 4/3; wsbk
	26-59	-	SAPROLITE w/ 5YR 5/4 Fe concentrations
Test Pit 3	0-7		SIMILAR TO PIT TWO
	7-18		
	18-59		
	18-59		
Test Pit 4	0-6		SIMILAR TO PIT TWO
	6-18		
	18-53		
Test Pit 5			
Test Pit 6			

Landscape Notes: _____

Slope: 4-6% Aspect: SE Groundwater Type: Permanent Temporary

Other Site Notes: ROAD DITCH / CULVERT AT WEST PROP LINE.



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

AMANDA BOWEN
AUSTIN BOWEN
Name 1350 FORESTVIEW DR GRANTSPASS 541 226 8516
Mailing Address (Street or PO Box, City, State, Zip Code) OR 97527 Phone Number

B. Legal Property Description

35 06 16B 103 2.5 Acres
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
JOSEPHINE ELLISON LOOP (RUSSEL RD) 7
County Subdivision Name Lot Block
1112 ELLISON LOOP GRANTSPASS OR
Property Address: Address City State Zip Code

Directions to Property: EXIT 61 → MERLIN RD → PLEASANT VALLEY RD →
RUSSELL RD → ELLISON LOOP → 3RD LOT ON FIRST LEFT TURN

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

- Single Family Residence
Number of Bedrooms _____
 Other _____

Proposed Facility:

- Single Family Residence
Number of Bedrooms 3-4
 Other _____

Water Supply:

- Public Name _____
 Private well
Well, Spring, Shared

D. Type of Application

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

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature Austin Bowen Date 6/27/2024
Applicant's Name - Please Print Legibly AUSTIN BOWEN + AMANDA BOWEN Applicant's Phone Number (541) 226 8516 Applicant's E-mail Address thebowens8418@gmail
Applicant's Mailing Address 1350 FORESTVIEW DR GRANTSPASS OR 97527

- Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached
Installer's Name _____



Josephine County, Oregon

Community Development – Planning Division

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

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

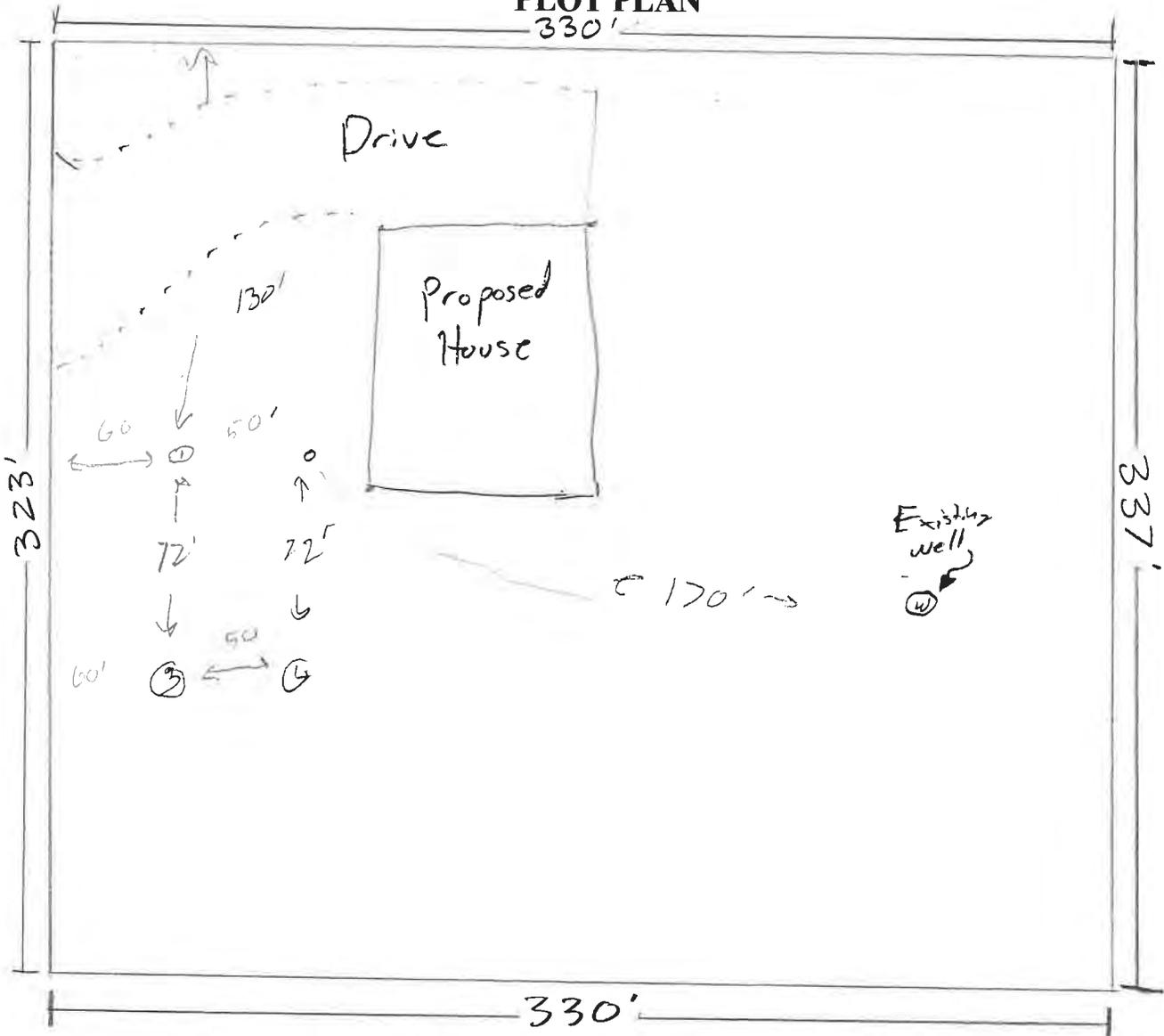
E-mail: planning@co.josephine.or.us

DATE: 6/27/2024 TWN 35 RNG 06 SEC 16 QQ B0 TL 103

OWNER'S NAME: AUSTIN BOWEN + Amanda Bowen

ADDRESS: 1112 ELLISON LOOP MERLIN OR

PLOT PLAN



SIGNATURE: *Shrek J. [Signature]*

DATE: 6/26/24

