

Septic Site Evaluation Approval

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444

Fax: 541-474-5422

Replacement Area

onsiteseptic@josephinecounty.gov Website: josephine.or.us

463-24-000229-EVAL

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, Property address: 1112 Ellison Loop, Merlin, OR 97532

AUSTIN & BOWEN, AMANDA

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

Special Requirements

Max peak design flow:450 gpd.Proposed gallons per day:N/AMin septic tank volume:1000 gal.Min dosing tank volume:N/A

Media depth: 12 in.

System Specifications Initial System Replacement Area

 System type:
 Saprolite
 Saprolite

 System distribution type:
 Serial
 Serial

 Distribution method:
 Serial
 Serial

 Trench Specifications
 Initial System
 Replacement Area

Trench linear feet: 300 linear ft. 300 linear ft.

 Max depth:
 30 in.
 30 in.

 Min depth:
 24 in.
 24 in.

Drainfield type: Standard Standard

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

Initial System

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.)

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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.

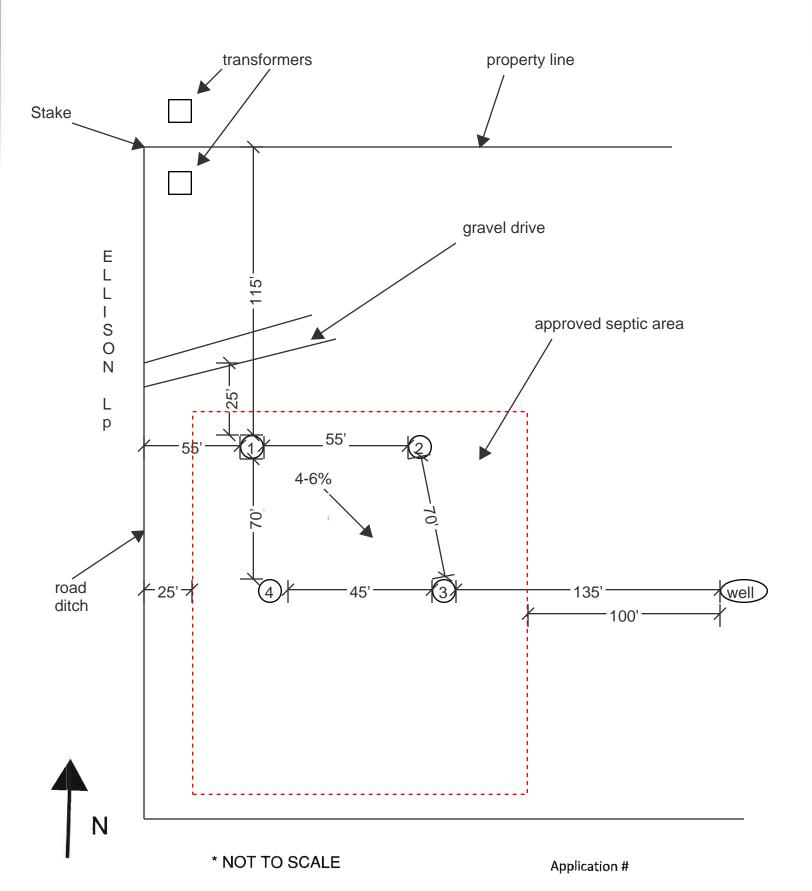
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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

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FIELD WORKSHEET

Name: KOWEN Applica RE: SITE EVALUATION REPORT for Parcel #: 3506/6	stion No.: 463-24-000229 Date: 7-16-2
Commercial Facility: Yes No Parcel Size: 2.5	-
APPROVED SYSTEM S	
Design flow: 450 gpd Max Number of bedrooms:	Max Number of Employees:
Initial System	Replacement System
Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other SAPROLITE	Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other SAPROLITE
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:	Distribution Method:
Absorption facility: 300 total linear feet 100 linear feet per 150 gallons projected daily sewage flow 30 "Max Depth" Min Depth	Absorption facility: 200 total linear feet 100 linear feet per 150 gallons projected daily sewage flow 300 "Max Depth" "Min Depth
 Any alteration of natural soil conditions (i.e. cutting or filling). Both the initial and replacement disposal areas are to be prodisturbance of natural soil conditions. The area must not be subjected to excessive saturation due to surfaces, roads, driveways, and building down spouts. Placement of a well within 100 feet of the approved areas must be a minimum of feet a feet a feet a The curtain drain must be a minimum of inches	to, but not limited to, artificial drainage of ground may invalidate this approval. Above the highest disposal trench. A deep, and installed in accordance with OAR 340-071- only. , unless otherwise approved by DEQ.
Inspector: MIKE OBEREIGN	ER

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
-1.00	0-10	SCL	
Pit 1	10-52		7.59R 3/4 ; NSSK; CVF F Noots SAPROLITE W/ \$54R 5/4 Fe concentrations
Test Pit 1			
	0-5	SCL	7.542 3/4; WISK; CVF Froots
Test Pit 2	5-26	CL	7.54R 4/3 1 WSSK
Test	26-57		SAPROLITE W/ SUR 5/4 Fe concentrations
	0-7		
Fest Pit 3	7-18		SIMILAR TO PIT TWO
Test	200	A	DIPICE AC 10 PILL 1000
	18-59		
	0-6		
Fest Pit 4	6-18		SIMILAR TO PIT TWO
Test	18-53		SIMITERE 10 PIT 1000
Test Pit 5			
Test			
Test Pit 6			
Test			
Lands	cape Notes	S	
-	11	()	<u> </u>
Slope:		66	Aspect: SE Groundwater Type: Permanent Temporary 10 01704 / CULVERT AT WEST PROP
	Site Notes	:_Ron	TO WITCOT / CULVETT IT WEST FROT



Application for Onsite Sewage Treatment System

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

Attached

For ONS Date received	ITE SEPTIC Use Only:	Date Stamp
Fee paid		
Receipt numbe	r	
Application nui	mber	
Date of 1st resp		
Date of 2 nd resp	onse	
Date of final re-	sponse	
Date of comple	tion	
Scanned	Data Entry	

		J-11-41-J-4-4	Scanned	Data Entry		
10,000 00,100 0	Paulei	A. Property	Owner Informat	tion		
AUSTIN B	DOWEN	1350 FORES	TULEW DR		>A58 541	2 26 8516
Name	12 N. 1	Mailing Address (Street or PO Bo		OR 9752	Phone Numl	per
	Salva In Yu	D. Legal Pr	operty Descripti	on	The state of	
JOSEPHINE County		Section Tax Lot FLLISON LOOP (Subdivision Name	PUSSEL RD	Tax Account Number	Acreage	or Lot Size
Property Address:	Nddress	LLISON LOOP	City	asepass	OR State	Zip Code
Directions to Proper	ty: _ モ ゾロ	T (01 -> MERL	N RD +	PLEASEN	TUALICU	p∩ →
		ELLISON LOOP				
		Existing Facility / Propo	sed Facility / W			
Existing Facility:		Proposed Facility		Water Sup	ply:	
□Single Family I	Residence	Single Fami	ly Residence	□Public		
Number of Bedrooms		3-4 Number of Bedro	oms	Privat	Name e	
□Other		□Other			wen, spring, sna	icu
A THE STATE OF	THE WAY	D. Type	of Application	77 T		
Site Evaluation		□Renewal Permit		Authorization Noti	ce for	
☐Construction		□Existing System		Connecting	to an Existing Syste	m Not in Use
□Permit Repair		Evaluation		Mobile Home of		
☐Major ☐Mi		□Permit Transfer		☐ The Addition ☐ Personal Ha	on of One or More Boardship	edrooms
□Alteration Perm	ıt	□Permit Reinstatement	F2_	☐ Temporary	Housing	
□Major □Mi	nor			Other-please specify		
with your name and a	ddress at the e	are not included with this apput ntrance to the property. Flag	and number the te	st holes.		•
y my signature, I cer 's authorized agents	tify that the in	aformation I have furnished is enter onto the above describe	s correct, and herebed property, for the s	y grant the Joseph sole purpose of thi 2024	ine County Onsi s application.	te Septic and
AUSTIN Popularity Name - Please	Print Legibly	+ AMANDA BOWEN	(541) 22 Applicant's Phone Nu		Hebower Applicant's E-mail	ns8418@gn
pplicant's Mailing Addres	2557 V 15	W DR GRANS	s dass o	2 97527	l	
applicant is the	O wner	☐Authorized Representative	□License	l Septic Installer		
		□ Authorization				
		Attached	Installer's Na	ime		

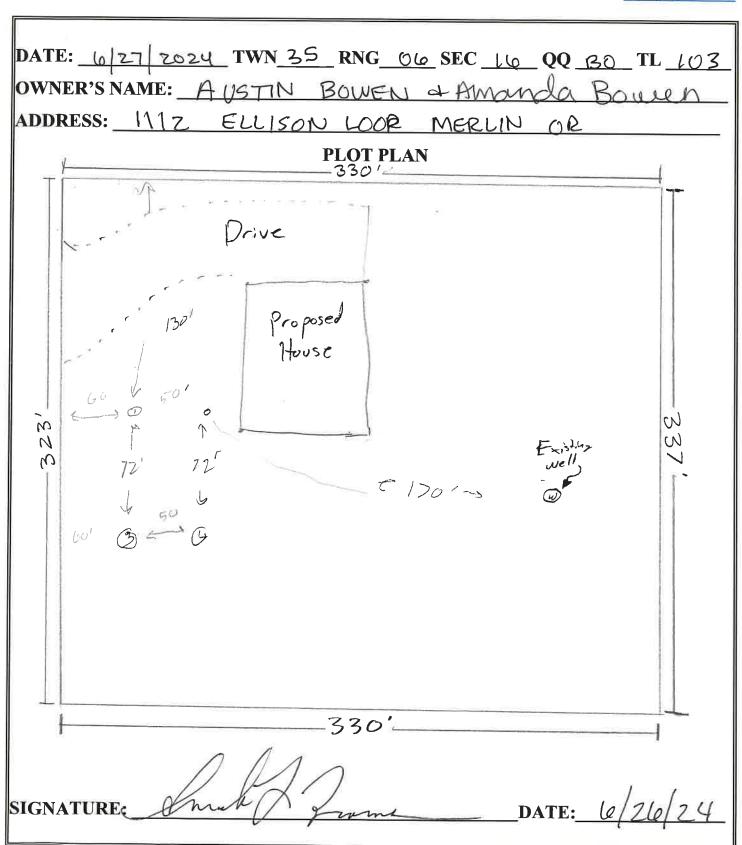
JOSEPHINE

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



600

300 400

500 800

100 200

CANCELLED:

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

