Residential Septic Site Evaluation Approval

463-23-000253-EVAL

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: 08/02/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: DON L MCLENNAN
Address: 3137 FLIN CT
GRANTS PASS OR 97527
Phone: 541-378-7784
Email: DMCLENNAN242@YAHOO.COM

Owner: DON L MCLENNAN
Address: 3137 FLIN CT
GRANTS PASS OR 97527

Property address: 0 Elk Ln 3, Grants Pass, OR 97527

Parcel: 360635A0002103 - Primary Township: 36 Range: 06 Section: 35

Lot size: 3.62
Zoning: N/A
Water supply: Well
City/County/UGB: County

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

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

Special Requirements	*Initial System*	*Replacement Area*
Drainfield type:	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.)

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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 Resources Specialist 8/2/23

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FIELD WORKSHEET

Name: MCLENNAN **Application No.:** 463-23-000253 **Date:** 8-2-23

RE: SITE EVALUATION REPORT for Parcel #: 360635A 0002103

Commercial Facility: ☐ Yes ☒ No Parcel Size: 3.62

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: N/A

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: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: 300 total linear feet 100 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 300 total linear feet 100 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.

Inspector: MIKE OBERTEGNER

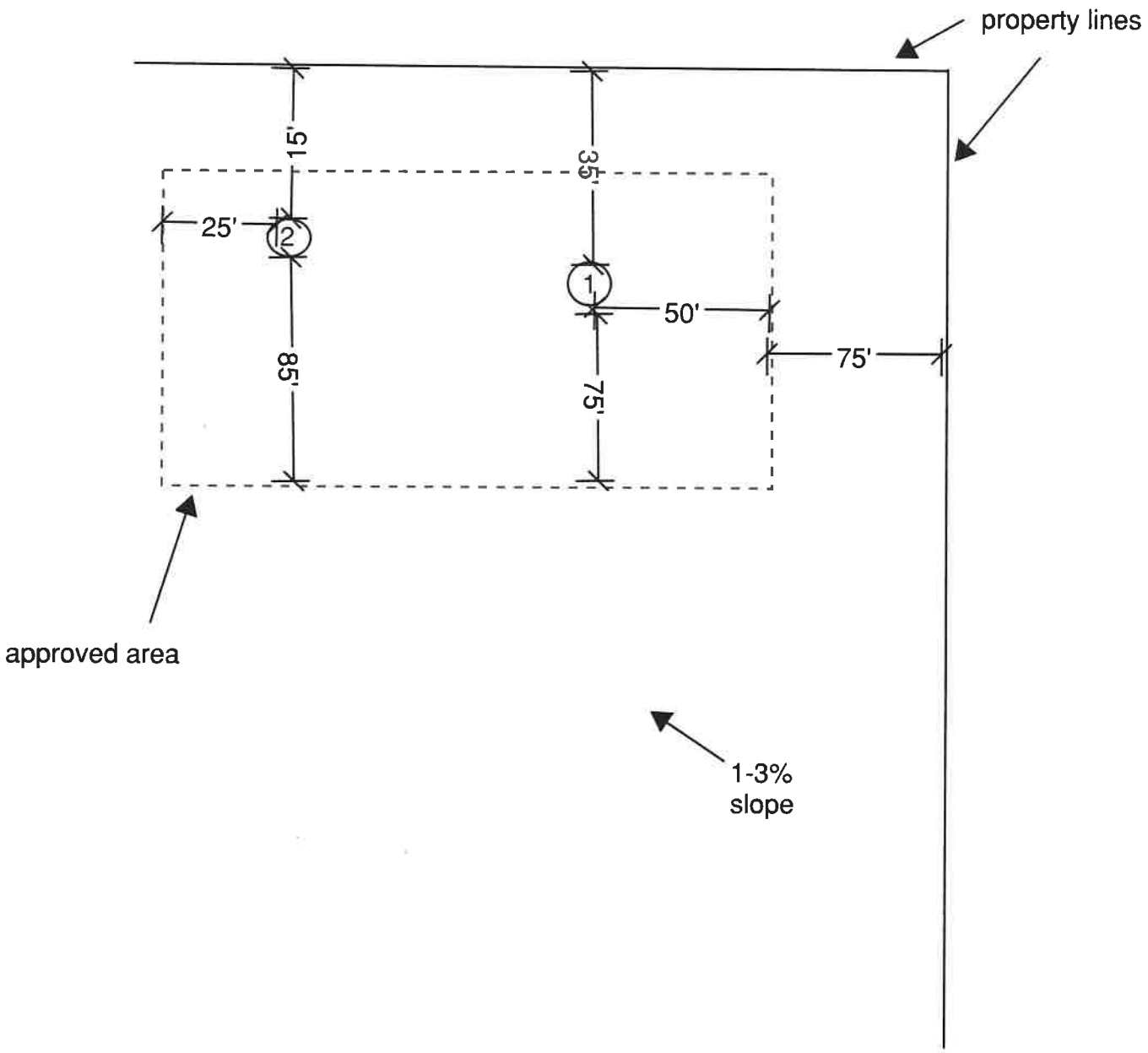
PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	CoSL	10YR 4/2; sg; c f m c roots
	4-40	LS	10YR 5/4; wsbk; f f m roots
	40-50	SAPROLITE	w/ Fe CONCENTRATIONS (7.5YR 5/4)
Test Pit 2			
			SIMILAR
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: OAK, MADRONE, PINE

Slope: 1-3 % Aspect: NW Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes:

SITE EVALUATION 463-23-000253-EVAL



N

* NOT TO SCALE

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 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

STATFORD GROUP LLC — Name
3137 FLIN CT GRANTS PASS 97527 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-378-7784 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
36	6	35A	2103		3.62

JOSEPHINE — County
BLUE PINE ESTATES — Subdivision Name
3 — Lot
Block

Property Address: ELK LN / KONNON WAY — Address
GRANTS PASS — City
OR — State
97527 — Zip Code

Directions to Property: FROM INTERSECTION OF ELK LANE + KONNON WAY, DRIVE WEST ABOUT .2 MILE TO BLUE FLAGLINE ON RIGHT. FOLLOW BLUE RIBBONS TO TEST HOLES.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence
Number of Bedrooms
☐ Other

Proposed Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☐ Other

Water Supply:

☐ Public — Name
☐ Private — 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.

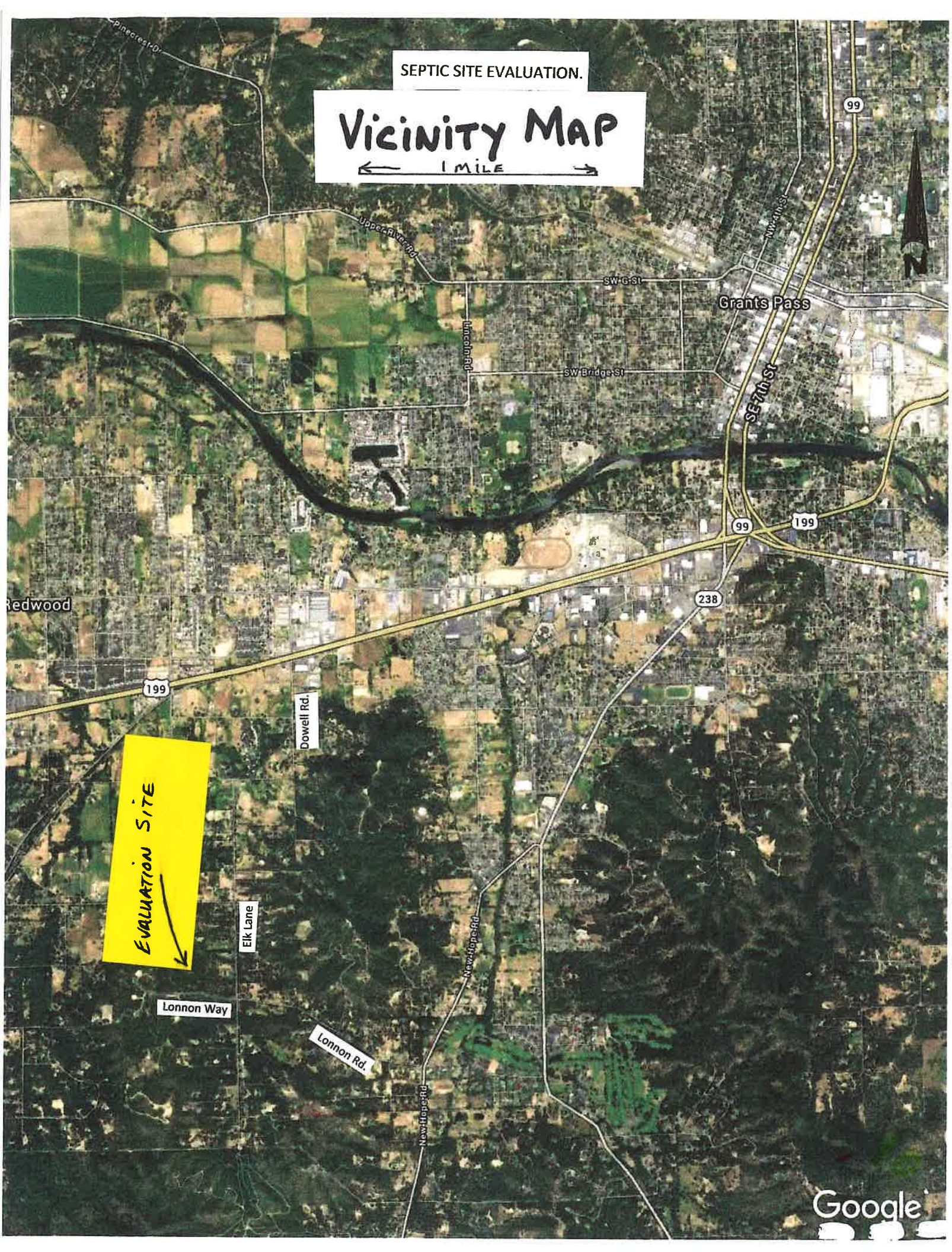
By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

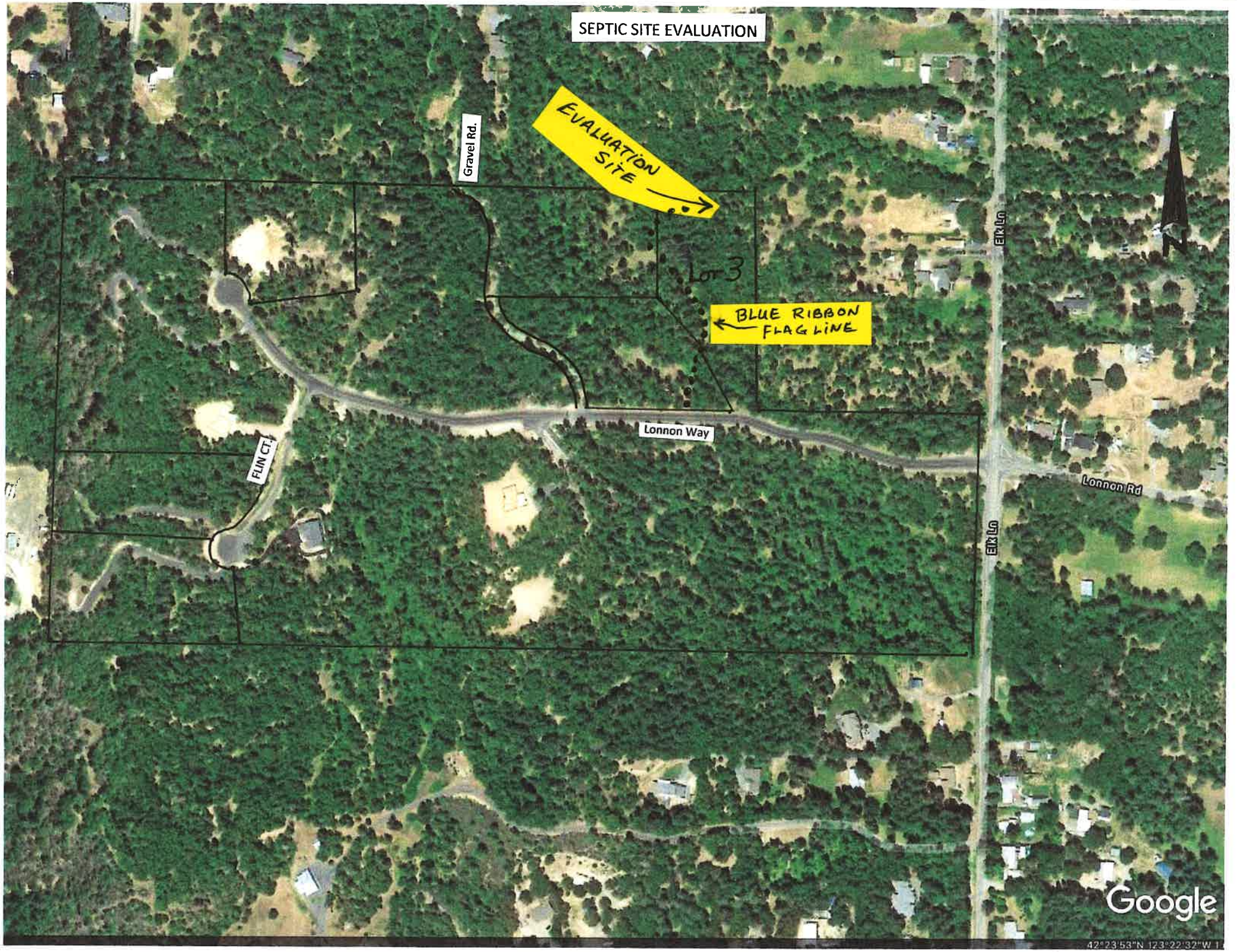
Don L McLennan — Signature
7/6/2023 — Date

DON L MCLENNAN — Applicant's Name – Please Print Legibly
541-378-7784 — Applicant's Phone Number
DMCLENNAN242@YAHOO.COM — Applicant's E-mail Address
3137 FLIN COURT, GRANTS PASS, OR 97527 — Applicant's Mailing Address

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

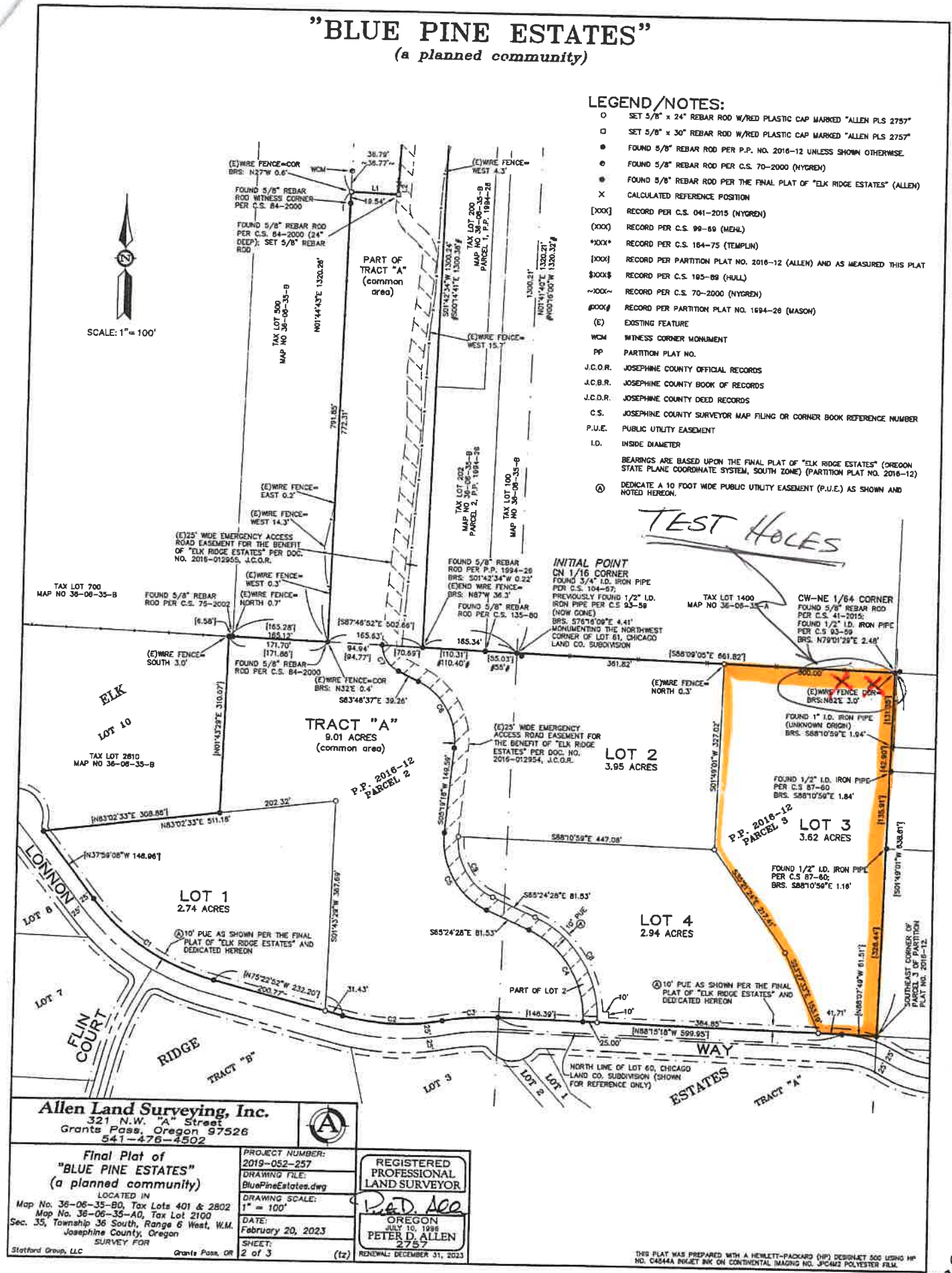
☐ Authorization Attached
Installer's Name


SEPTIC SITE EVALUATION.
VICINITY MAP
1 MILE
Pinecrest Dr.
Upper River Rd
SW G St
Lincoln Rd
SW Bridge St
Grants Pass
NW 4th St
SE 7th St
99
199
238
Redwood
Dowell Rd.
EVALUATION SITE
Elk Lane
Lonnon Way
Lonnon Rd.
New Hope Rd
Google


SEPTIC SITE EVALUATION
EVALUATION SITE
Gravel Rd.
Lot 3
BLUE RIBBON FLAG LINE
Lonnon Way
FLIN CT.
Elk Ln
Lonnon Rd
Elk Ln
Google
42°23'53"N 123°22'32"W

"BLUE PINE ESTATES"

(a planned community)



V9 Pg. 946

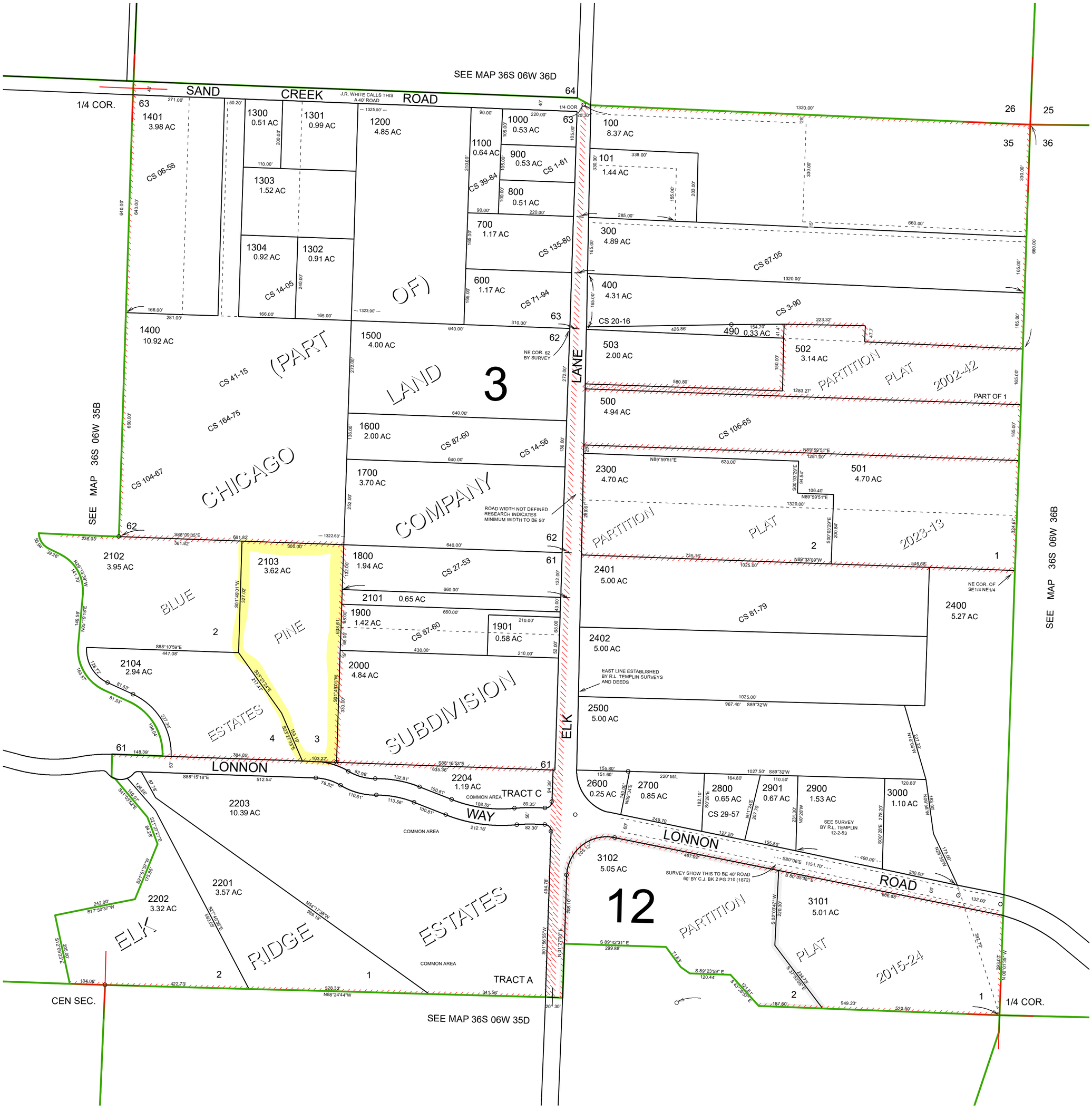
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

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

36 06 35A

CANCELLED:
1490
290
200
201
491
3100
2200
2100



36 06 35A