



Residential Septic Site Evaluation Approval

463-23-000305-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: 09/26/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant:	Clint Wayne Eells	Primary contractor:	Clint Wayne Eells
Address:	5545 Riverbanks Rd Grants Pass OR 97527	Installer License:	36268
Phone:	5416597325	Address:	5545 Riverbanks Rd Grants Pass OR 97527
Email:	clint.fcdc@gmail.com	Phone:	5416597325
		Email:	clint.fcdc@gmail.com

Owner:	TRUJILLO, CHARLOTTE & LARIMER, TRACY	Property address:	384 Trollview Rd, Grants Pass, OR 97527
Address:	384 TROLLVIEW RD GRANTS PASS OR 97527		

Parcel: 360528D000020000 - Primary	Township:	36	Range: 05	Section:	28
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Lot size:	10.14	Water supply:	Well
Zoning:	N/A	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:	N/A
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A
Special tank reqmts:	Per submitted plan: proposed dwelling is downslope of approved septic area; therefore, pump is required.		
Comments:	(1) Cutting a driveway within 50' of approved initial or replacement drainfield areas may invalidate this approval. (2) Septic installer has staked out initial and replacement drainfields on site and provided a site plan depicting the stadout. Stakeout has been approved.		

System Specifications

System type:	Saprolite	Replacement Area	Sand Filter
System distribution type:	Serial		Serial
Distribution method:	Serial		Serial

Trench Specifications

Trench linear feet:	300 linear ft.	Replacement Area	150 linear ft.
Max depth:	30 in.		30 in.
Min depth:	24 in.		24 in.

Special Requirements

Initial System

Initial System

Initial System

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: 09/26/2023

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Drainfield type:	Standard	Standard
Pump to drainfield required:	Yes	Yes

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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

9/26/23



Septic Site Evaluation Approval

463-25-000092-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: 04/25/2025

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: Clint Eells Excavating
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Eells Excavating
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Owner: TRUJILLO, CHARLOTTE & LARIMER,
TRACY

Property address: 384 Trollview Rd, Grants Pass, OR
97527

Address: 384 TROLLVIEW RD
GRANTS PASS OR 97527

Parcel: 360528D000020200 - Primary

Township:

36

Range: 05

Section:

28

Lot size: 5

Zoning: N/A

Accessory Dwelling Unit: No

Water supply: Well

City/County/UGB: N/A

Proposed use of structure: SFR

Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd.

Min septic tank volume: 1000 gal.

Proposed gallons per day: 450 gpd.

Min dosing tank volume: N/A

System Specifications

System type:

System distribution type:

Distribution method:

Trench Specifications

Trench linear feet:

Max depth:

Min depth:

Special Requirements

Stakeout required:

Groundwater type:

Drainfield type:

Initial System

Standard

Serial

Serial

Initial System

375 linear ft.

30 in.

24 in.

Initial System

Yes

Not Applicable

N/A

Replacement Area

Standard

Serial

Serial

Replacement Area

375 linear ft.

30 in.

24 in.

Replacement Area

Yes

Not Applicable

Standard

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Joshua Daley

Environmental Specialist

4/25/25

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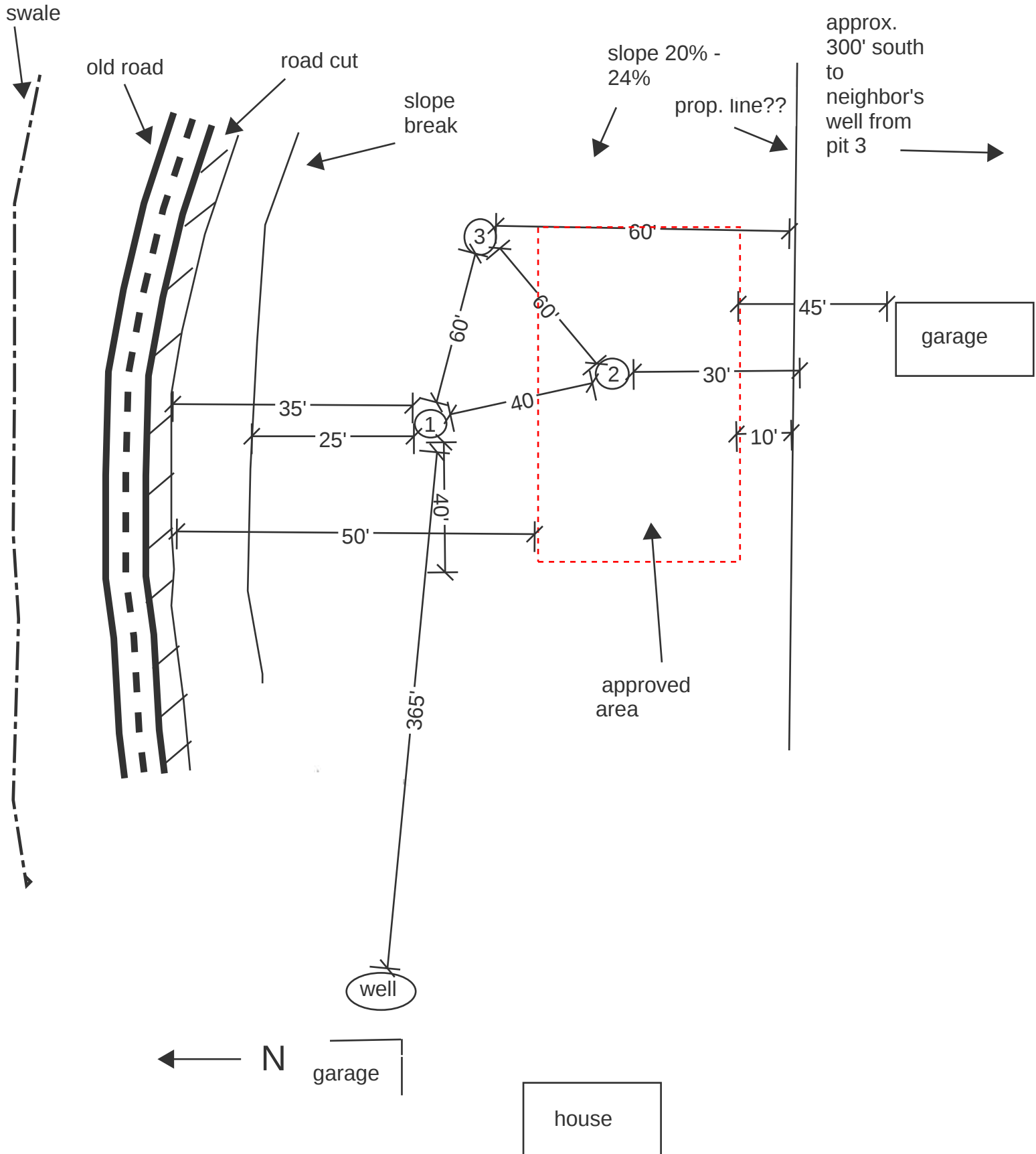
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Michael Obereigner

Natural Resources Specialist

9/26/23

SITE EVALUATION 463-23-000305-EVAL



* NOT TO SCALE

swale

old road

road cut

slope break

slope 20% - 24%

prop. line??

approx. 300' south to neighbor's well from pit 3

Large Pine

#1 - #6 = 300' D.F.

#7-9 = 150' S.F. repair

potential approved area

Clint Eells

9-21-23

Staked out lines w/ Lazer

← N

* NOT TO SCALE

FIELD WORKSHEET

Name: TRUJILLO

Application No.: 463-23-000305

Date: 9-26-23 EVAL

RE: SITE EVALUATION REPORT for Parcel #: 360528000020000

Commercial Facility: ☐ Yes ☒ No Parcel Size: 10.14

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 <u>SAPROLITE</u>	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☐ Other
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: <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>150</u> total linear feet <u>50</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.

NOTE: CUTTING A DRIVEWAY WITHIN 50' DOWNSLOPE OF THE APPROVED INITIAL OR REPLACEMENT DRAINFIELD AREAS MAY INVALIDATE THIS APPROVAL.

Inspector: MIKE OBEREIGNER

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	gr L	10YR 3/3; wsbk; many v f m roots; 15% gr
	8-33	vcob CL	^{7.5YR} 4/3; msbk; low f m roots; 35% cob
	33-62	SAPROLITE	variegated w/ 7.5YR 4/4 Fe concentrations
Test Pit 2	0-6		
	6-24		SIMILAR
	24-63		
Test Pit 3	0-5		
	5-14		SIMILAR
	14-54		
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Wooded; Madrone, OAK, POISON OAK

Slope: 20-24° Aspect: W Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: SWALE AND ROAD CUT TO NORTH OF TEST PITS



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

Name Tracy Latimer Mailing Address (Street or PO Box, City, State, Zip Code) 384 Trollview Rd G.P. OR 97527 Phone Number 864-360-0598

B. Legal Property Description

Township 36 Range 05 Section 28D Tax Lot 200 Tax Account Number _____ Acreage or Lot Size _____
County Jos. Subdivision Name _____ Lot _____ Block _____
Property Address: 384 Trollview Rd G.P. OR 97527
Address City State Zip Code

Directions to Property: _____

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

future
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 Clint Fells

Date 9-12-23

Applicant's Name - Please Print Legibly Clint Fells

Applicant's Phone Number 541-659-7325

Applicant's E-mail Address Clint.fells@gmail.com

Applicant's Mailing Address _____

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name Clint Fells



NOTICE AUTHORIZING REPRESENTATIVE

I, Tracy Larimer, have authorized Clint Eells 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:

384 Trollview Rd.
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 05 Section 280 Map ID _____ Tax Lot #(s) 200

PROPERTY OWNER:

Printed Name: Tracy Larimer

Address: 384 Trollview Rd.

City, State, Zip: Grants Pass, OR 97527

Phone: 864-360-0598

Email: Tracy-Larimer@yahoo.com

Signature: Tracy Larimer

AUTHORIZED REPRESENTATIVE:

Printed Name: Clint Eells

Address: 5545 Riverbanks Rd

City, State, Zip: Grants Pass, OR 97527

Phone: 541-659-7325

Email: Clint.fcd@gmail.com

Signature: Clint Eells

Clint Eells
384 Trollview
9-12-23

Parcel #1

STEEP DRAW

Trees

Neighbor's
shop
House



proposed driveway

HOUSE
SITE

Clearing

Test
Holes

Flagged line

Flagged line

Parcel #2

384 Trollview

HOUSE

Access Test holes
from this House

TROLLVIEW RD

Gravel Rd

384 Trollview

TENTATIVE PLAN

REPLAT

LOCATED IN THE N.W. 1/4 OF THE S.E. 1/4 OF SECTION 28, T.36S., R.6W., JOSEPHINE COUNTY, OREGON

FOR

TRACY LARIMER
384 TROLLVIEW ROAD
GRANTS PASS, OR 97527

REGISTERED
PROFESSIONAL
LAND SURVEYOR

Diane Apple
JULY 10, 2018
DAVE HARDE
90707 LS

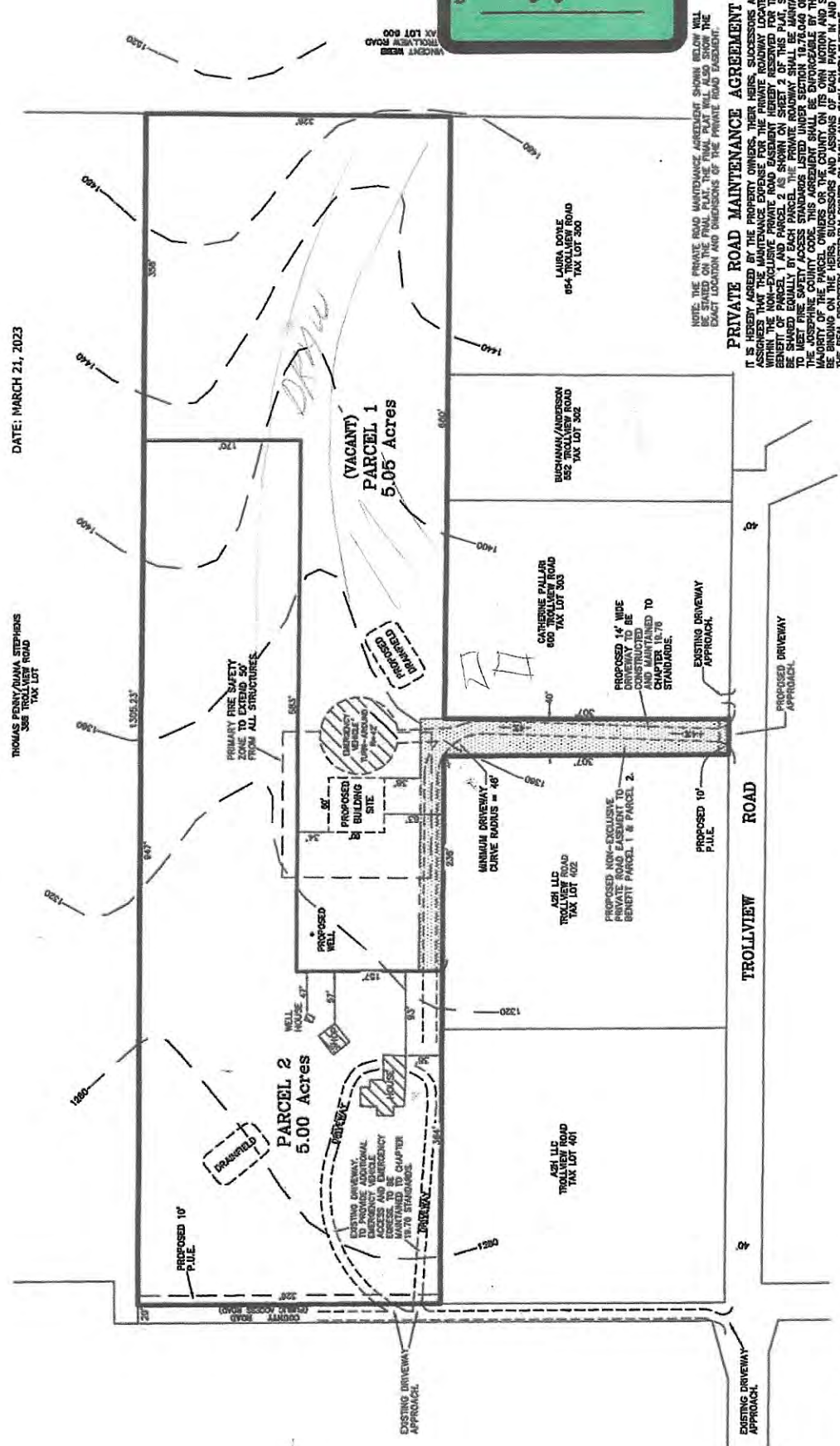
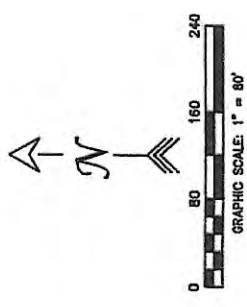
REVISIONS: 12-31-24

SURVEYED BY:
MEADE SURVEYING, LLC
233 NE "B" ST., SUITE 200
GRANTS PASS, OR 97526
(541) 244-1871

DATE: MARCH 21, 2023

NOTES:

- ASSESSOR'S MAP: 36-05-28D, TAX LOT 200
- STATUS: 384 TROLLVIEW ROAD
- ZONING: RURAL RESIDENTIAL (RR-6)
- WATER SOURCE: EXISTING PRIVATE WELLS
- SEWAGE DISPOSAL: SUBSURFACE
- PROPOSED DRIVEWAYS TO BE CONSTRUCTED TO CHAPTER 18.76 STANDARDS.
- THE LOCATIONS OF THE PROPOSED BUILDING SITE, DRIVEWAY, WELL AND DRAINFIELD AS SHOWN HEREON IS FOR CONCEPTUAL PURPOSES ONLY AND DOES NOT REPRESENT EXACT LOCATION.
- TO THE BEST OF MY KNOWLEDGE THIS LAND PARTITION DOES NOT CONFLICT WITH ANY PUBLIC OR PRIVATE EASEMENTS.
- CONTOUR ARE APPROXIMATE.



NOTE: THE PRIVATE ROAD MAINTENANCE AGREEMENT SHOWN BELOW WILL BE STATED ON THE FINAL PLAN. THE FINAL PLAN WILL ALSO SHOW THE EXACT LOCATION AND DIMENSIONS OF THE PRIVATE ROAD EASEMENT.

PRIVATE ROAD MAINTENANCE AGREEMENT

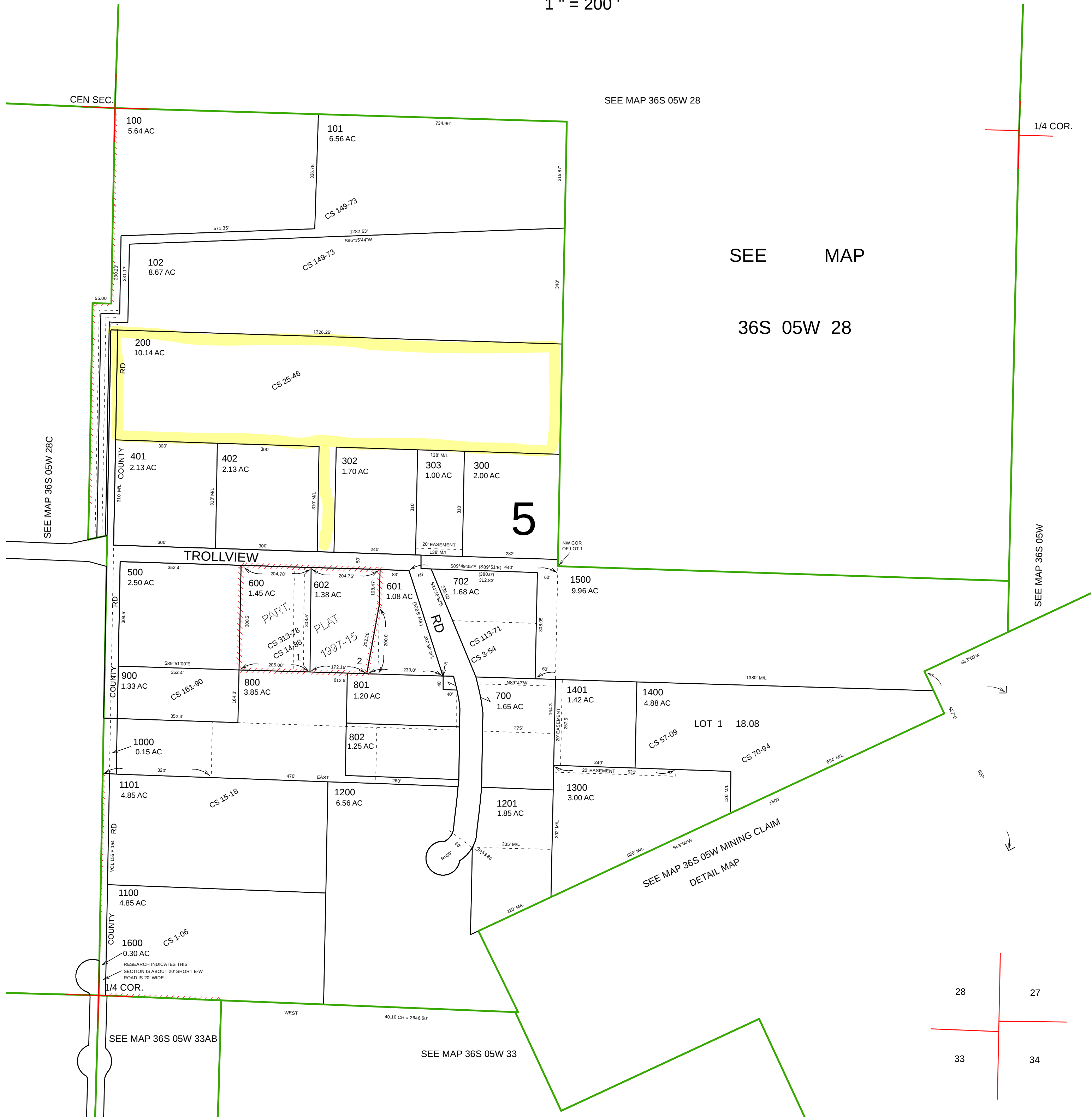
IT IS HEREBY AGREED BY THE PROPERTY OWNERS, THEIR HEIRS, SUCCESSORS AND ASSIGNEES THAT THE MAINTENANCE EXPENSE FOR THE PRIVATE ROADWAY LOCATED HEREON SHALL BE SHARED EQUALLY BY EACH PARTY. THE PRIVATE ROADWAY SHALL BE MAINTAINED TO MEET FIRE SAFETY ACCESS STANDARDS LISTED UNDER SECTION 18.76.040 OF THE OREGON COUNTY CODE. THIS AGREEMENT SHALL BE ENFORCEABLE BY THE MAINTENANCE OF THE COUNTY CODE. ANY COSTS OF MAINTENANCE SHALL BE BORNE BY THE HEIRS, SUCCESSORS AND ASSIGNS OF EACH PARTY IN AND TO THE REAL PROPERTY PRESENTLY OWNED BY EACH AND EACH PARTY THEREOF.

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

S.E.1/4 SEC.28 T.36S. R.5W. W.M.
JOSEPHINE COUNTY
1" = 200'

36 05 28D

CANCELLED:
301
400
690
691
701
790
1001
1002
1003
692



36 05 28D

FIELD WORKSHEET

Name: Charlotte Trujillo Application No.: 763-25-0000 82-EVAL Date: 9/25/25
 RE: SITE EVALUATION REPORT for Parcel #: 36-05-280 TL 202

Commercial Facility: ☐ Yes ☒ No Parcel Size: SAC

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 2

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 _____
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
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Inspector: [Signature]

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Test Pit 1	0-8	C	25% 1/4" clast 1/2" 1/2" 18BK
	8-55	C	5% 2 1/4" clast 2 1/2" 18BK
			Concrete NCAS
Test Pit 2			Similar
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Grass Yard

Slope: 15-20% Aspect: _____ Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: _____

Parcel 1

Clint Eells
384 Trollview
parcel # 1

previously approved
septic site 2023

Access

Drive way

Proposed
House
Site

New Test Holes

JO CO ON-SITE SEPTIC
APR 24 2025

APPROVED BY: *[Signature]*

Well 85'

Well

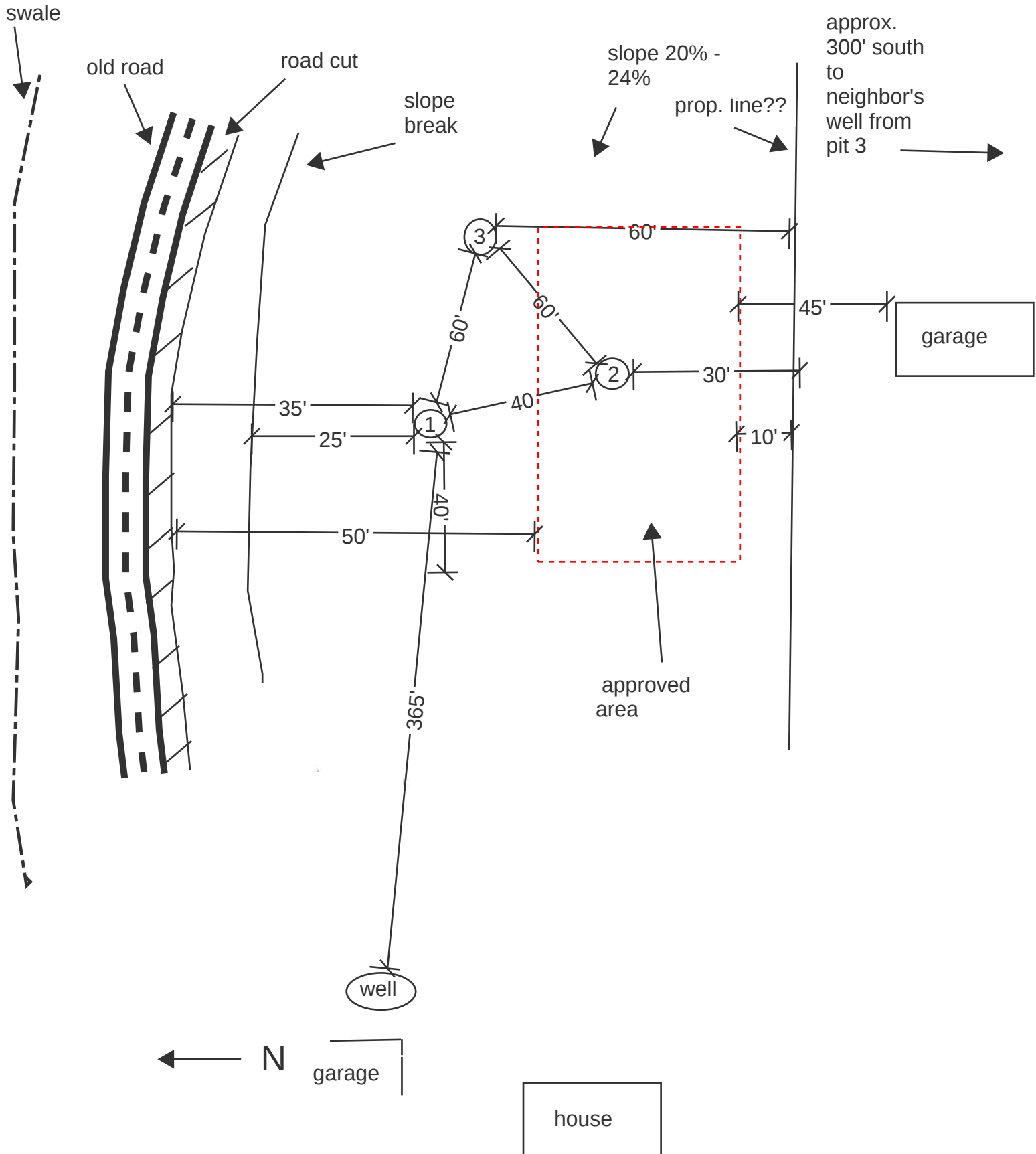
House

384 Trollview

Parcel 2

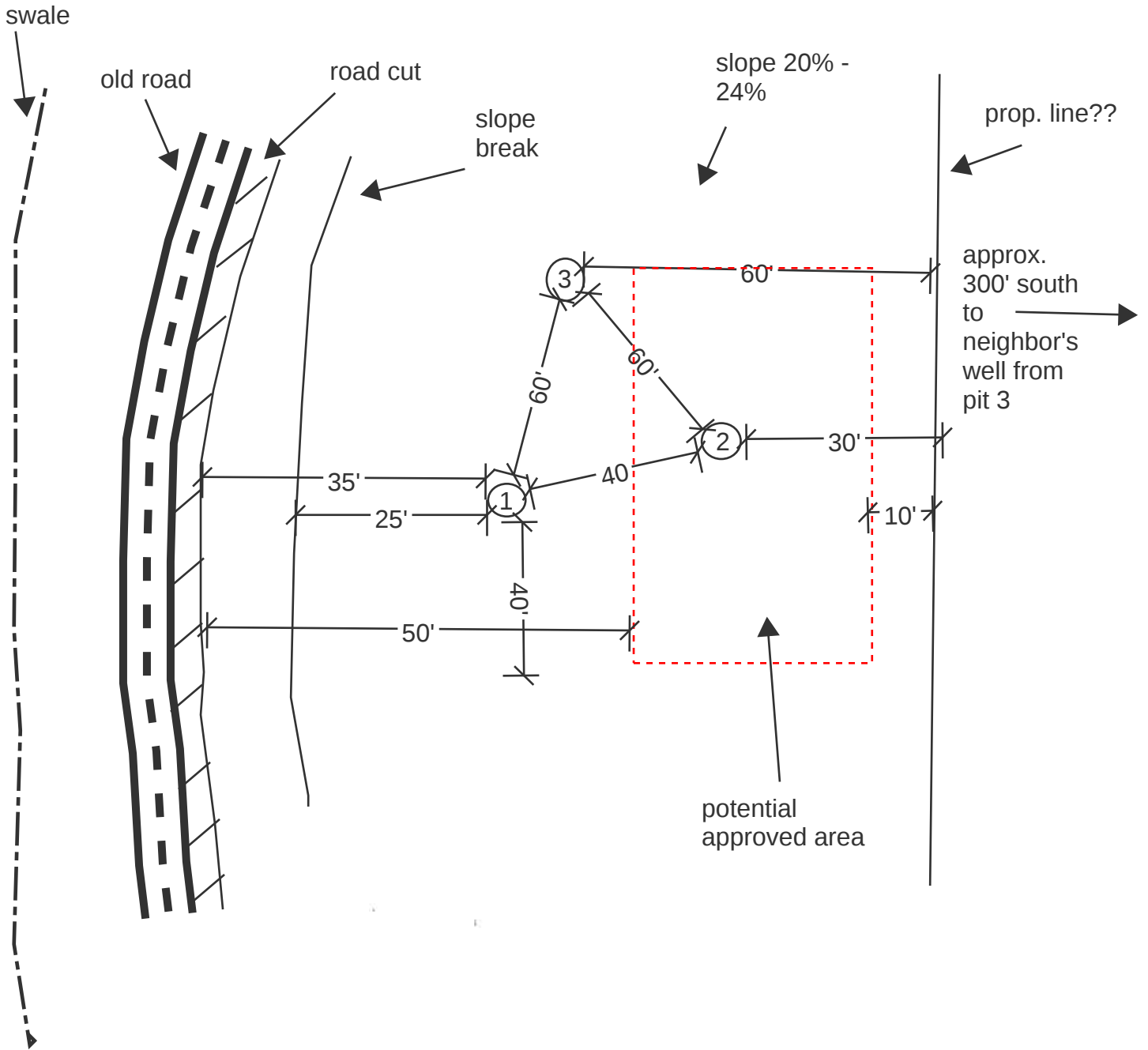
TROLLVIEW RD

SITE EVALUATION 463-23-000305-EVAL



* NOT TO SCALE

SITE EVALUATION 463-23-000305-EVAL



* NOT TO SCALE

swale

old road

road cut

slope break

slope 20% - 24%

prop. line??

approx. 300' south to neighbor's well from pit 3

Large Pine

#1 - #6 = 300' D.F.

#7-9 = 150' S.F. repair

potential approved area

Clint Eells

9-21-23

Staked out lines w/ Lazer

← N

* NOT TO SCALE

FIELD WORKSHEET

Name: TRUJILLO

Application No.: 463-23-000305

Date: 9-26-23 EVAL

RE: SITE EVALUATION REPORT for Parcel #: 360528000020000

Commercial Facility: ☐ Yes ☒ No Parcel Size: 10.14

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 <u>SAPROLITE</u>	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☐ Other
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: <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>150</u> total linear feet <u>50</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.

NOTE: CUTTING A DRIVEWAY WITHIN 50' DOWNSLOPE OF THE APPROVED INITIAL OR REPLACEMENT DRAINFIELD AREAS MAY INVALIDATE THIS APPROVAL.

Inspector: MIKE OBEREIGNER

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	gr L	10YR 3/3; wsbk; many v f m roots; 15% gr
	8-33	vcob CL	^{7.5YR} 4/3; msbk; low f m roots; 35% cob
	33-62	SAPROLITE	variegated w/ 7.5YR 4/4 Fe concentrations
Test Pit 2	0-6		
	6-24		SIMILAR
	24-63		
Test Pit 3	0-5		
	5-14		SIMILAR
	14-54		
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Wooded; Madrone, OAK, POISON OAK

Slope: 20-24° Aspect: W Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: SWALE AND ROAD CUT TO NORTH OF TEST PITS



Onsite Site Evaluation Application Verification

463-25-000092-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: 3/25/25
Parcel Nbr: 360528D000020200
Site Address: 384 TROLLVIEW RD, GRANTS PASS, OR 97527
Owner: TRUJILLO, CHARLOTTE &
LARIMER, TRACY
384 TROLLVIEW RD
GRANTS PASS, OR 97527
Applicant: Clint Eells Excavating - Clint Eells Excavating
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Licensed Professional(s):

License Number: Installer License - 36268
Clint Eells Excavating
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Category of Construction: Residential
Acreage or Lot Size: 5
Site Ready for Inspection: Yes

County:
Water Supply: Well

Use of Structure:
Number of Bedrooms:

Use of Structure:
Number of Bedrooms:

Attached Documents:

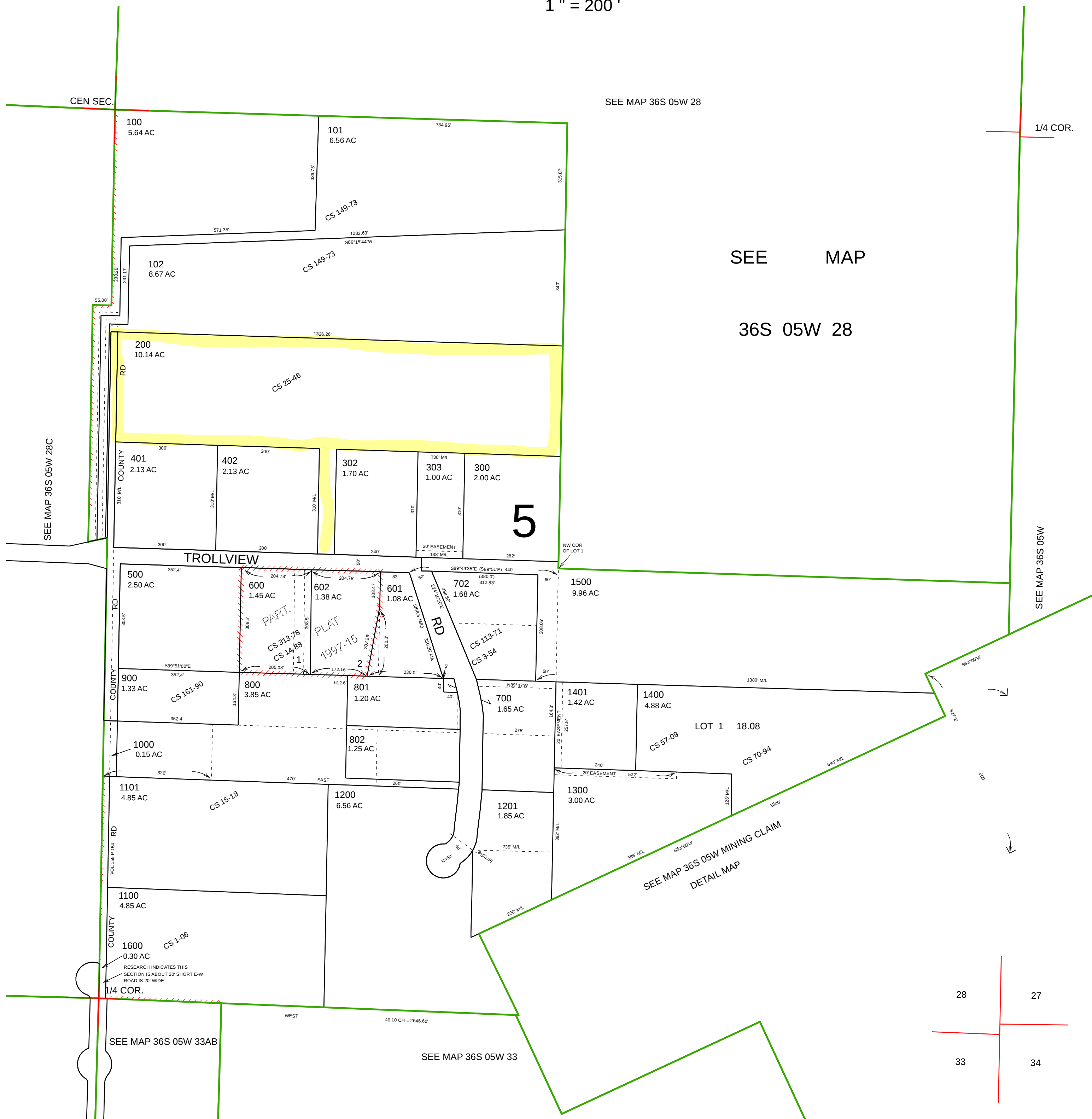
Name	Description
FIN_TransactionReceipt_pr_20250325_170750.pdf	

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

S.E.1/4 SEC.28 T.36S. R.5W. W.M.
JOSEPHINE COUNTY
1" = 200'

36 05 28D

CANCELLED:
301
400
690
691
701
790
1001
1002
1003
692



36 05 28D

Original-Planning Dept.

Canary-Environmental Health Dept.

Pink-Building/Safety Dept.

Goldenrod-Applicant

FEE \$ 10.-30-5-28-4 TL 200

JOSEPHINE COUNTY DEVELOPMENT PERMIT

☐ Urban Growth Boundary ☒ County ☐ Previous Permit No. _____☐ Subdivision ☐ Major Partition _____ Block _____ Lot _____
☐ Minor Partition: Date _____

YES NO

- ☐ ☒ Flood Hazard Flood Elevation _____ feet. (If yes, building site elevation may be required prior to issuance of Building Permit.)
- ☐ ☒ Is proposed structure within the Flood Hazard Area.
- ☐ ☒ Scenic Waterway (If yes, requires permit from Dept. of Transportation.)
- ☐ ☒ Requires Watermaster review or approval.
- ☒ ☐ Other: ☒ 50' fire break required _____ Airport Overlay _____ Erosion Control
- ☐ ☒ UGB surfaced driveway required.
- ☒ House No. 384 to be clearly visible from a dedicated right-of-way.
- ☐ ☒ Stream Setback: 50 ft. from Class I banks and 25 ft. from Class II banks.

PROPERTY OWNER: NORBERT ZWAN PHONE: _____MAILING ADDRESS: 384 TROLL VIEW RD - NP. OR

DEVELOPMENT	EXISTING	PROPOSED
Vacant Land: ☐ Yes ☒ No		
Conventional Residence	☒ <u>1300</u> Br	☐ _____ Br
Manufactured Housing	☐ _____ Br	☐ _____ Br
Multi-Family	☐ _____ Units	☐ _____ Units
Commercial	☐ _____	☐ _____
Industrial	☐ _____	☐ _____
Agriculture Bldg.	☐ _____	☐ _____
Addition to Existing Bldg.	☐ _____	☐ _____
Home Occupation	☐ _____	☐ _____
Garage	☒ <u>CARPORT 480</u>	☐ _____
Other	☒ <u>SHED 572</u>	☒ <u>4'X4' DYNAMITE SHED</u>
Proposed Building Height: _____		

SITE REVIEW REQUIREMENTS MADE A PART OF THIS DEVELOPMENT PERMIT.

NOTES: REQUIRES PROPER PERMITS FROM STATE + COUNTY ON HAZARDOUS MATERIALZoning Classification RR-5 Property Acreage 10.14 AC

SETBACKS FROM PROPERTY AND STREET:

Front: 30 Ft.; Center Line 60 Ft.; Sides 10 Ft.; Rear 25 Ft.

Additional Setback Notes _____

- ACCESS: ☐ Easement, Private Road, or Court Declared Public Road
- ☐ Non-maintained County Road
- ☒ Maintained County Road. Obtain road approach permit from County Public Works Department.
- ☐ State Highway. Obtain road approach permit from State Highway Department.

ADDITIONAL PERMITS: ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE CLEARED WITH THE ENVIRONMENTAL HEALTH AND BUILDING/SAFETY DEPARTMENTS.

INCORRECT INFORMATION PROVIDED BY THE APPLICANT MAY INVALIDATE THIS PERMIT.

Signature Norbert Zwan☒ Owner ☐ Contractor License # _____APPROVED BY [Signature] DATE 11 OCT 91 PERMIT # 91-947

THIS PERMIT VALID FOR ONE YEAR. THE USES AUTHORIZED BY THIS PERMIT SHOULD BE ESTABLISHED OR UNDER CONSTRUCTION WITHIN ONE YEAR.

THIS PERMIT EXPIRES 11 OCT 92

REV 6/1/88

TOWNSHIP

30 RANGE

SECTION

28-4

TAX LOT

200

ADDRESS

384

TROLLVIEW RD.

NON-BEDROOM ADDITION

I / We certify this addition or alteration will not result in additional bedrooms or sewage flow. No structure will be within 5' of the septic tank or 10' of the drainfield. The septic system is not surfacing, failing, or malfunctioning.

Robert Zwan
Applicant Signature

Date 10-11-91

Reviewed by [Signature]
DEPT. OF ENVIRONMENTAL QUALITY
GRANTS PASS BRANCH



**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

Name Tracy Latimer Mailing Address (Street or PO Box, City, State, Zip Code) 384 Trollview Rd G.P. OR 97527 Phone Number 864-360-0598

B. Legal Property Description

Township 36 Range 05 Section 28D Tax Lot 200 Tax Account Number _____ Acreage or Lot Size _____
County Jos. Subdivision Name _____ Lot _____ Block _____
Property Address: 384 Trollview Rd G.P. OR 97527
Address City State Zip Code

Directions to Property: _____

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

future
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 Clint Fells

Date 9-12-23

Applicant's Name - Please Print Legibly Clint Fells

Applicant's Phone Number 541-659-7325

Applicant's E-mail Address Clint.fells@gmail.com

Applicant's Mailing Address _____

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name Clint Fells



NOTICE AUTHORIZING REPRESENTATIVE

I, Tracy Larimer, have authorized Clint Eells 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:

384 Trollview Rd.
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 05 Section 280 Map ID _____ Tax Lot #(s) 200

PROPERTY OWNER:

Printed Name: Tracy Larimer

Address: 384 Trollview Rd.

City, State, Zip: Grants Pass, OR 97527

Phone: 864-360-0598

Email: Tracy-Larimer@yahoo.com

Signature: Tracy Larimer

AUTHORIZED REPRESENTATIVE:

Printed Name: Clint Eells

Address: 5545 Riverbanks Rd

City, State, Zip: Grants Pass, OR 97527

Phone: 541-659-7325

Email: Clint.fcd@gmail.com

Signature: Clint Eells

Clint Eells
384 Trollview
9-12-23

Parcel #1



STEEP DRAW

Trees

Neighbor's
shop
House

Test
Holes

Flagged line

Clearing

Flagged line

HOUSE
SITE

proposed driveway

Parcel #2

384 Trollview

HOUSE

Access Test holes
from this House

TROLLVIEW RD

Gravel Rd

384 Trollview

TENTATIVE PLAN

REPLAT

LOCATED IN THE N.W. 1/4 OF THE S.E. 1/4 OF SECTION 28, T.36S., R.6W., JOSEPHINE COUNTY, OREGON

FOR

TRACY LARIMER
384 TROLLVIEW ROAD
GRANTS PASS, OR 97527

REGISTERED
PROFESSIONAL
LAND SURVEYOR

Diane Apple
JULY 10, 2018
DAVE HARDE
90707 LS

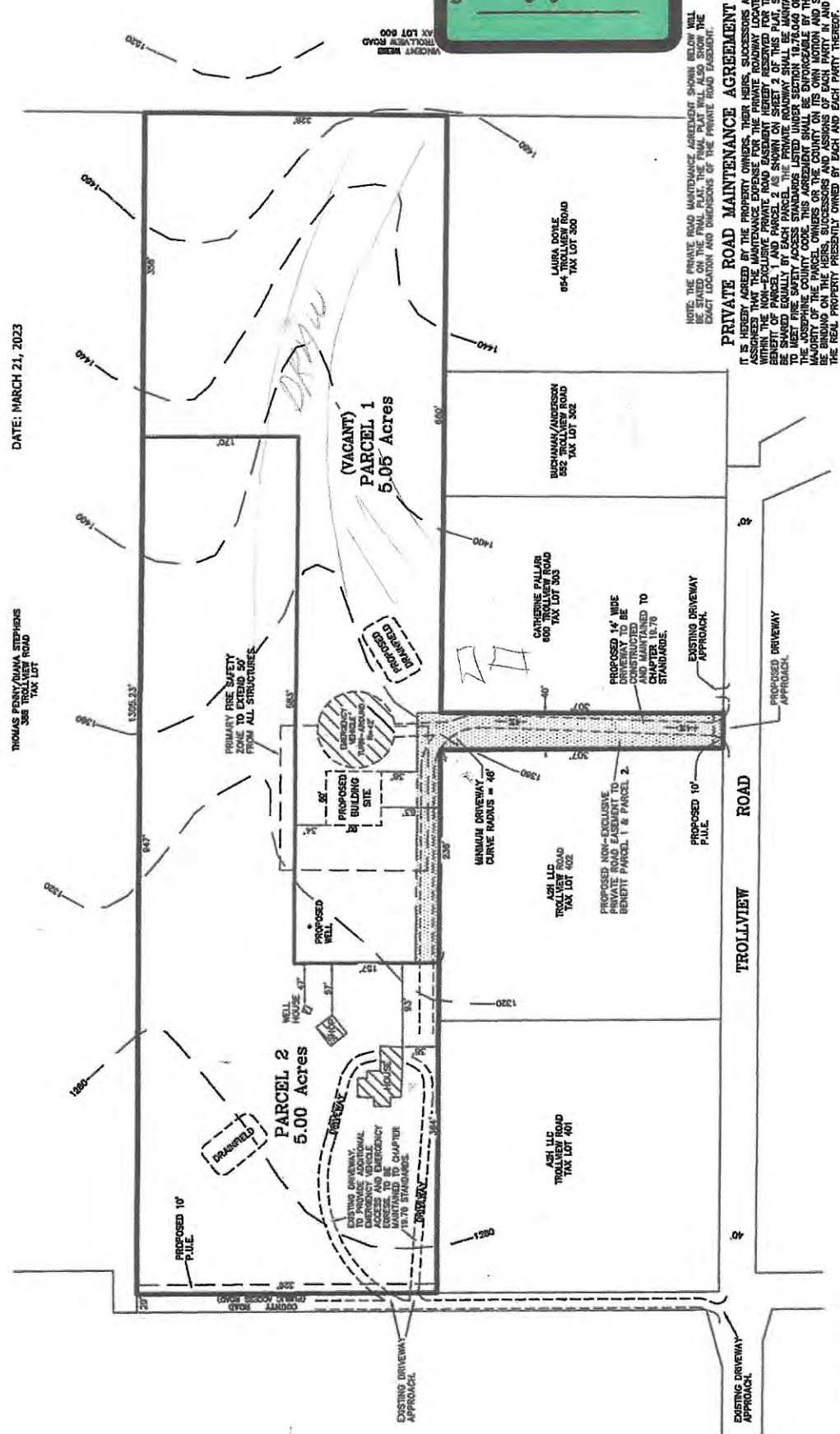
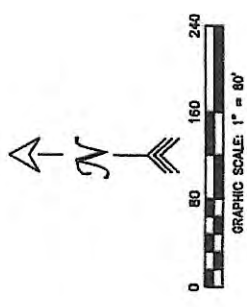
REVISIONS: 12-31-24

SURVEYED BY:
MEADE SURVEYING, LLC
233 NE "B" ST., SUITE 200
GRANTS PASS, OR 97526
(541) 244-1871

DATE: MARCH 21, 2023

NOTES:

- ASSESSOR'S MAP: 36-05-28D, TAX LOT 200
- STATUS: 384 TROLLVIEW ROAD
- ZONING: RURAL RESIDENTIAL (RR-6)
- WATER SOURCE: EXISTING PRIVATE WELLS
- SEWAGE DISPOSAL: SUBSURFACE
- PROPOSED DRIVEWAYS TO BE CONSTRUCTED TO CHAPTER 18.76 STANDARDS.
- THE LOCATIONS OF THE PROPOSED BUILDING SITE, DRIVEWAY, WELL AND DRAINFIELD AS SHOWN HEREON IS FOR CONCEPTUAL PURPOSES ONLY AND DOES NOT REPRESENT EXACT LOCATION.
- TO THE BEST OF MY KNOWLEDGE THIS LAND PARTITION DOES NOT CONFLICT WITH ANY PUBLIC OR PRIVATE EASEMENTS.
- CONTOUR ARE APPROXIMATE.



NOTE: THE PRIVATE ROAD MAINTENANCE AGREEMENT SHOWN BELOW WILL BE STATED ON THE FINAL PLAN. THE FINAL PLAN WILL ALSO SHOW THE EXACT LOCATION AND DIMENSIONS OF THE PRIVATE ROAD EASEMENT.

PRIVATE ROAD MAINTENANCE AGREEMENT

IT IS HEREBY AGREED BY THE PROPERTY OWNERS, THEIR HEIRS, SUCCESSORS AND ASSIGNEES THAT THE MAINTENANCE EXPENSE FOR THE PRIVATE ROADWAY LOCATED HEREON SHALL BE SHARED EQUALLY BY EACH PARTY. THE PRIVATE ROADWAY SHALL BE MAINTAINED TO MEET FIRE SAFETY ACCESS STANDARDS LISTED UNDER SECTION 18.76.040 OF THE JOSEPHINE COUNTY CODE. THIS AGREEMENT SHALL BE ENFORCEABLE BY THE MAINTENANCE OF THE COUNTY CODE. ANY DISPUTES OR ASSIGNMENTS OF THE REAL PROPERTY PRESENTLY OWNED BY EACH PARTY IN AND TO THE REAL PROPERTY PRESENTLY OWNED BY EACH PARTY THEREOF.

Original-Planning Dept.

Canary-Environmental Health Dept.

Pink-Building/Safety Dept.

Goldenrod-Applicant

FEE \$ 10.-

30-5-28-4 TL 200

JOSEPHINE COUNTY DEVELOPMENT PERMIT

☐ Urban Growth Boundary ☒ County ☐ Previous Permit No. _____

☐ Subdivision ☐ Major Partition _____ Block _____ Lot _____
☐ Minor Partition: Date _____

YES NO

- ☐ ☒ Flood Hazard Flood Elevation _____ feet. (If yes, building site elevation may be required prior to issuance of Building Permit.)
- ☐ ☒ Is proposed structure within the Flood Hazard Area.
- ☐ ☒ Scenic Waterway (If yes, requires permit from Dept. of Transportation.)
- ☐ ☒ Requires Watermaster review or approval.
- ☒ ☐ Other: ☒ 50' fire break required _____ Airport Overlay _____ Erosion Control
- ☐ ☒ UGB surfaced driveway required.
- ☒ House No. 384 to be clearly visible from a dedicated right-of-way.
- ☐ ☒ Stream Setback: 50 ft. from Class I banks and 25 ft. from Class II banks.

PROPERTY OWNER: NORBERT ZWAN PHONE: _____

MAILING ADDRESS: 384 TROLL VIEW RD - NP. OR

DEVELOPMENT	EXISTING	PROPOSED
Vacant Land: ☐ Yes ☒ No		
Conventional Residence	☒ <u>1300</u> Br	☐ _____ Br
Manufactured Housing	☐ _____ Br	☐ _____ Br
Multi-Family	☐ _____ Units	☐ _____ Units
Commercial	☐ _____	☐ _____
Industrial	☐ _____	☐ _____
Agriculture Bldg.	☐ _____	☐ _____
Addition to Existing Bldg.	☐ _____	☐ _____
Home Occupation	☐ _____	☐ _____
Garage	☒ <u>CARPORT 480</u>	☐ _____
Other	☒ <u>SHED 572</u>	☒ <u>4'X4' DYNAMITE SHED</u>
Proposed Building Height: _____		

SITE REVIEW REQUIREMENTS MADE A PART OF THIS DEVELOPMENT PERMIT.

NOTES: REQUIRES PROPER PERMITS FROM STATE + COUNTY ON HAZARDOUS MATERIAL

Zoning Classification RR-5 Property Acreage 10.14 AC

SETBACKS FROM PROPERTY AND STREET:

Front: 30 Ft.; Center Line 60 Ft.; Sides 10 Ft.; Rear 25 Ft.

Additional Setback Notes _____

- ACCESS: ☐ Easement, Private Road, or Court Declared Public Road
- ☐ Non-maintained County Road
- ☒ Maintained County Road. Obtain road approach permit from County Public Works Department.
- ☐ State Highway. Obtain road approach permit from State Highway Department.

ADDITIONAL PERMITS: ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE CLEARED WITH THE ENVIRONMENTAL HEALTH AND BUILDING/SAFETY DEPARTMENTS.

INCORRECT INFORMATION PROVIDED BY THE APPLICANT MAY INVALIDATE THIS PERMIT.

Norbert Zwan ☒ Owner ☐ Contractor License # _____
Signature

APPROVED BY [Signature] DATE 11 OCT 91 PERMIT # 91-947

THIS PERMIT VALID FOR ONE YEAR. THE USES AUTHORIZED BY THIS PERMIT SHOULD BE ESTABLISHED OR UNDER CONSTRUCTION WITHIN ONE YEAR.

THIS PERMIT EXPIRES 11 OCT 92

TOWNSHIP 30 RANGE 5 SECTION 28-4 TAX LOT 200 ADDRESS 384 TROLLVIEW RD.

NON-BEDROOM ADDITION

I / We certify this addition or alteration will not result in additional bedrooms or sewage flow. No structure will be within 5' of the septic tank or 10' of the drainfield. The septic system is not surfacing, failing, or malfunctioning.

Robert Zwan
Applicant Signature

Date 10-11-91

Reviewed by [Signature]
DEPT. OF ENVIRONMENTAL QUALITY
GRANTS PASS BRANCH



**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

Name Tracy Latimer Mailing Address (Street or PO Box, City, State, Zip Code) 384 Trollview Rd G.P. OR 97527 Phone Number 864-360-0598

B. Legal Property Description

Township 36 Range 05 Section 28D Tax Lot 200 Tax Account Number _____ Acreage or Lot Size _____
County Jos. Subdivision Name _____ Lot _____ Block _____
Property Address: 384 Trollview Rd G.P. OR 97527
Address City State Zip Code

Directions to Property: _____

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

☐ Other _____

Water Supply:

☐ Public

Name _____

☒ Private

Well, Spring, Shared future

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
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- ☐ 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 Clint Fells

Date 9-12-23

Applicant's Name - Please Print Legibly Clint Fells

Applicant's Phone Number 541-659-7325

Applicant's E-mail Address Clint.fells@gmail.com

Applicant's Mailing Address _____

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name Clint Fells



NOTICE AUTHORIZING REPRESENTATIVE

I, Tracy Larimer, have authorized Clint Eells 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:

384 Trollview Rd.
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 05 Section 280 Map ID _____ Tax Lot #(s) 200

PROPERTY OWNER:

Printed Name: Tracy Larimer

Address: 384 Trollview Rd.

City, State, Zip: Grants Pass, OR 97527

Phone: 864-360-0598

Email: Tracy-Larimer@yahoo.com

Signature: Tracy Larimer

AUTHORIZED REPRESENTATIVE:

Printed Name: Clint Eells

Address: 5545 Riverbanks Rd

City, State, Zip: Grants Pass, OR 97527

Phone: 541-659-7325

Email: Clint.fcd@gmail.com

Signature: Clint Eells

Clint Eells
384 Trollview
9-12-23

Parcel #1



STEEP DRAW

Trees

Neighbor's
shop
House

Test
Holes

Flagged line

Clearing

Flagged line

HOUSE
SITE

proposed driveway

Parcel #2

384 Trollview

HOUSE

Access Test holes
from this House

TROLLVIEW RD

Gravel Rd

384 Trollview

TENTATIVE PLAN

REPLAT

LOCATED IN THE N.W. 1/4 OF THE S.E. 1/4 OF SECTION 28, T.36S., R.6W., JOSEPHINE COUNTY, OREGON

FOR

TRACY LARIMER
384 TROLLVIEW ROAD
GRANTS PASS, OR 97527

REGISTERED PROFESSIONAL LAND SURVEYOR
JULY 10, 2018
DAVE MADRINE
90707 LS

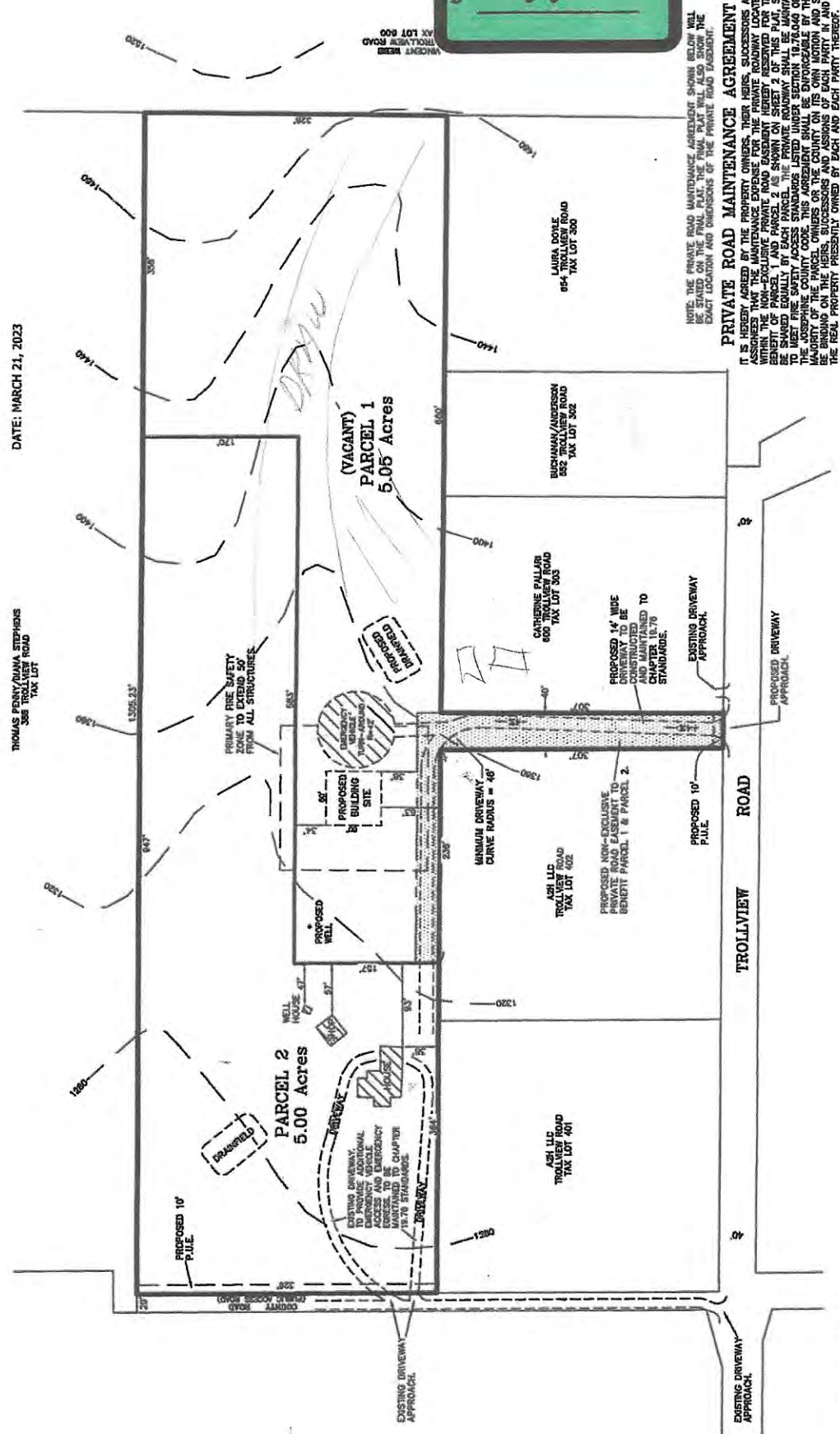
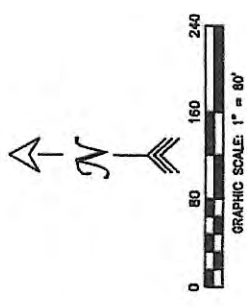
REVISIONS: 12-31-24

SURVEYED BY:
MEADE SURVEYING, LLC
233 NE "B" ST., SUITE 200
GRANTS PASS, OR 97526
(541) 244-1871

DATE: MARCH 21, 2023

NOTES:

- ASSESSOR'S MAP: 36-05-28D, TAX LOT 200
- STATUS: 384 TROLLVIEW ROAD
- ZONING: RURAL RESIDENTIAL (RR-6)
- WATER SOURCE: EXISTING PRIVATE WELLS
- SEWAGE DISPOSAL: SUBSURFACE
- PROPOSED DRIVEWAYS TO BE CONSTRUCTED TO CHAPTER 18.76 STANDARDS.
- THE LOCATIONS OF THE PROPOSED BUILDING SITE, DRIVEWAY, WELL AND DRAINFIELD AS SHOWN HEREON IS FOR CONCEPTUAL PURPOSES ONLY AND DOES NOT REPRESENT EXACT LOCATION.
- TO THE BEST OF MY KNOWLEDGE THIS LAND PARTITION DOES NOT CONFLICT WITH ANY PUBLIC OR PRIVATE EASEMENTS.
- CONTOUR ARE APPROXIMATE.



NOTE: THE PRIVATE ROAD MAINTENANCE AGREEMENT SHOWN BELOW WILL BE STATED ON THE FINAL PLAN. THE FINAL PLAN WILL ALSO SHOW THE EXISTING LOCATIONS AND DIMENSIONS OF THE PRIVATE ROAD EASEMENT.

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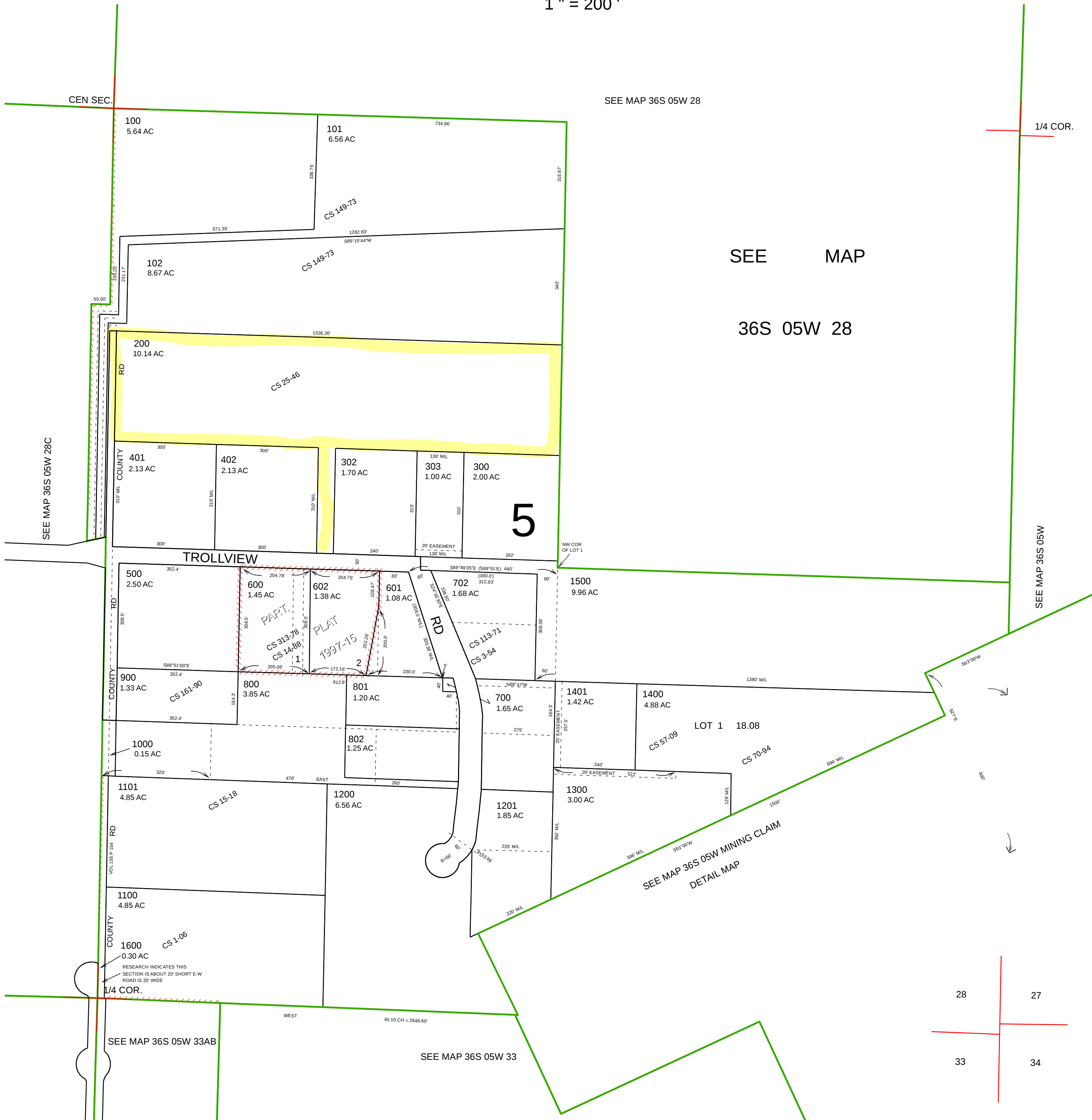
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.E.1/4 SEC.28 T.36S. R.5W. W.M.
JOSEPHINE COUNTY
1" = 200'

36 05 28D

CANCELLED:
301
400
690
691
701
790
1001
1002
1003
692



36 05 28D



Onsite Site Evaluation Application Verification

463-23-000305-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: 9/13/23
Parcel Nbr: 360528D000020000
Site Address: 384 TROLLVIEW RD, GRANTS PASS, OR 97527
Owner: TRUJILLO, CHARLOTTE &
LARIMER, TRACY
384 TROLLVIEW RD
GRANTS PASS, OR 97527
Applicant: Clint Wayne Eells - Clint Wayne Eells
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Licensed Professional(s):

License Number: Installer License - 36268
Clint Wayne Eells
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Category of Construction: Residential
Acreage or Lot Size: 10.14
Site Ready for Inspection: Yes

County:
Water Supply: Well

Use of Structure:
Number of Bedrooms:

Use of Structure:
Number of Bedrooms:

Attached Documents:

Name	Description
FIN_TransactionReceipt_pr_20230913_160704.pdf	