



Septic Authorization Approval

463-25-000193-AUTH

Residential Authorization

DEQ Medford Office

221 Stewart Avenue

Suite 201

Medford, OR 97501

541-776-6010

onsitejosephine@deq.oregon.gov

Website: oregon.gov/deq

Date Issued: 9/22/25 Date Expiring: 9/22/26

Work Description: Larimer - AN > Minor Repair

Applicant: Clint Eells
Phone: 541-659-7325
Email: Clint.fcdc@gmail.com

Owner: LARIMER, TRACY Property Address: 540 Trollview Rd, Grants Pass, OR 97527
Address: 384 TROLLVIEW RD
GRANTS PASS OR 97527

Parcel: 360528D0000201 - Primary Township: 36S Range: 05 Section: 28

Accessory Dwelling Unit: No
Authorization Notice for: Addition of One or More Bedrooms

Comments: SYSTEM HOOKED TO ONE SINGLE FAMILY RESIDENCE

Lot Size: 5.06 Water Supply: Well

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	SFD - Under construction	SFD
Number of Bedrooms:	N/A	5

System Specifications:

Max Peak Design Flow: 450 gpd Proposed Gallons per Day: 525 gpd

Conditions of approval:

- 1.Type of System: STANDARD
- 2.Linear feet of drainfield: 375
3. Permit #: 463-25-000132-PRMT
4. Original CSC Date: 6-13-25
5. Tank Size: 1500 GALLON UPGRADED ON MINOR REPAIR 463-25-000193-PRMT
- 6.Original Design Flow: 450 GPD
- 7.Maintain all required setbacks.
- 8.Vehicular traffic and livestock must be restricted from the system area.
- 9.All roof drains must be directed away from the system.
- 10.A full system replacement area must be maintained and meet all required setbacks.

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from County is required.

If you disagree with this report, you have the right to apply for an authorization notice denial review. The application for review must be submitted in writing within 45 days of the report issuance and be accompanied by the review fee in OAR 340-071-0140(3), Table 9C and any additional information DEQ needs to complete the review.

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.

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.)

Septic Authorization 463-25-000193-AUTH

Date Issued: 9/22/25 **Date Expiring:** 9/22/26
Work Description: Larimer - AN > Minor Repair

9/22/25



Certificate of Satisfactory Completion

Repair (Minor) - Residential - New

463-25-000193-PRMT-01

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford, OR 97501
541-776-6010

onsitejosephine@deq.oregon.gov
Website: oregon.gov/deq

Date Certificate Issued: 09/22/2025
Work Description: Larimer - AN > Minor Repair

Applicant: Clint Eells
Phone: 541-659-7325
Email: Clint.fcdc@gmail.com

Owner: LARIMER, TRACY
Address: 384 TROLLVIEW RD
GRANTS PASS OR 97527
Property Address: 540 Trollview Rd, Grants Pass, OR
97527

Parcel: 360528D0000201 - Primary **Township:** 36S **Range:** 05 **Section:** 28

Lot Size: 5.06 **Water Supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Land Use Approval: N/A

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	SFD - Under construction	SFD
Number of Bedrooms:	N/A	5

System Specifications

Type: Tank Only
Max Peak Design Flow: 450 gpd. **Proposed Flow:** 525 gpd.
Min Septic Tank Volume: 1500 gal. **Min Dosing Tank Volume:** N/A
Special Tank Requirements: 1500 GALLON SINLE COMPARTMENT TANK IS BEING INSTALLED IN PLACE OF THE ORIGINAL 1000 GALLON TANK

Drain Field Specifications

Drain Field Type: Not Applicable **System Distribution Type:** Not Applicable

Special Requirements

Groundwater Type: Not Applicable **Groundwater Depth:** N/A

Date Certificate Issued: 09/22/2025
Work Description: Larimer - AN > Minor Repair

Conditions of Approval

Photos of the septic system components must be submitted along with the FIRN. 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. Vehicular traffic and livestock must be restricted from the system area. All roof drains must be directed away from the system 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. Meet all required setbacks 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. 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. For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>

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: Yes
Comments: PHOTOS SUBMITTED

Issued By: Joshua Daley, Onsite Wastewater Specialist

Effective Date: 09/22/2025

Joshua Daley

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

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

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-25-000193-PRMT-01

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

SECTION 1: Owner/Permittee Information:

Name: LARIMER, TRACY

Twnshp: 36S Range: 05 Sect: 28
 Lot:

Property Address: 540 TROLLVIEW RD, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:			Water tight verification*
Tanks(1)	Volume: 1,500	Compartments: 1	Manufacturer: Riverside	Date: 9/16/25	
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:	
Pump(s)	HP: Model/Manuf.	Float(s) Type(1):	Model/Manuf.		
		Float(s) Type(2):	Model/Manuf.		

Tank only

B. Piping		Yes	No	Diameter:	ASTM#/Other:	Length:
Effluent Sewer (tank to drainfield)						
Pressure Transport Pipe						

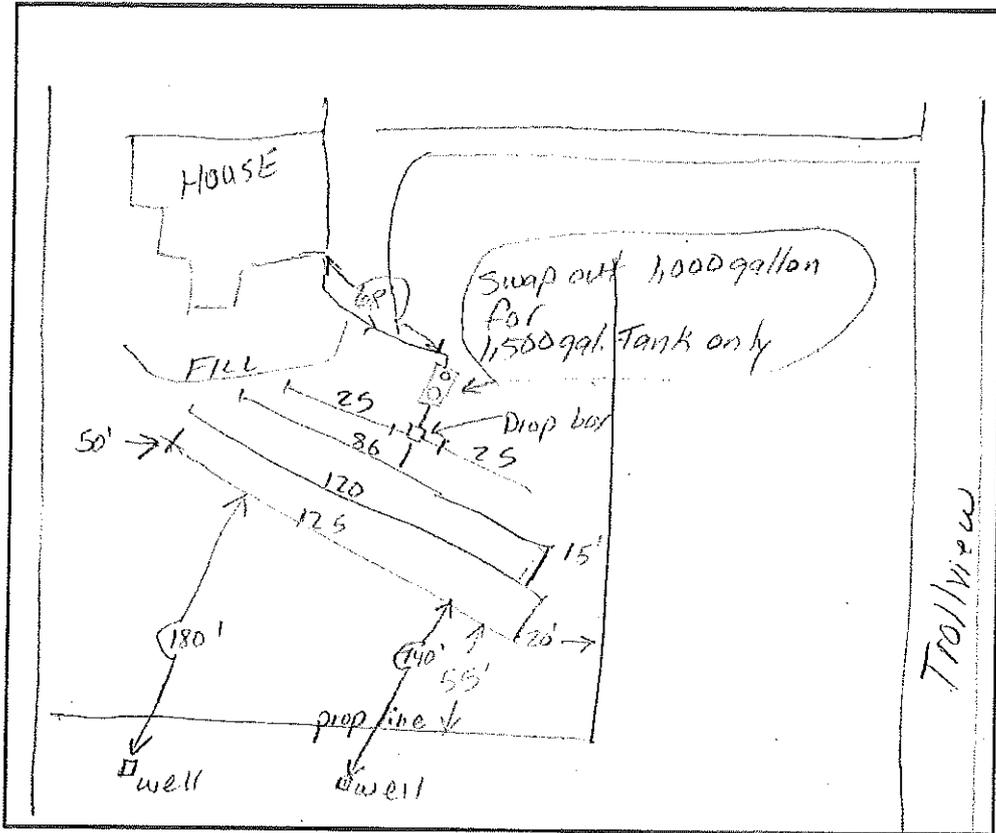
C. Secondary Treatment Unit:		Yes	No	Type:	Container Dimensions:
Sand Filter**					
Underdrain pipe	Diameter:			ASTM#/Other:	Length:
Manifold piping	Diameter:			ASTM#/Other:	Length:
Internal Pump	HP:			Model/Manufacturer	
Floats(1)	Type:			Model/Manufacturer	
Floats(2)	Type:			Model/Manufacturer	
ATT	Yes No			Model:	
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media		Yes	No	Diameter:	ASTM#/Other:	Length:
Type	(Gravel, Pipe or alternative?)					
Distribution Box	Yes No					
Drop Box	Yes No					
Distribution Pipe	Yes No			Diameter:	ASTM#/Other:	Length:
Comment						

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

SECTION 3 - As Built Plan

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



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <u>Clint ECHS</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>362108</u>	Certification#:
Owner/ Certified Installer:	Signature: <u>Clint ECHS</u>	Date: <u>9-16-25</u>	Phone#: <u>591-1059-7325</u>

SECTION 5 - Office Use Only:

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

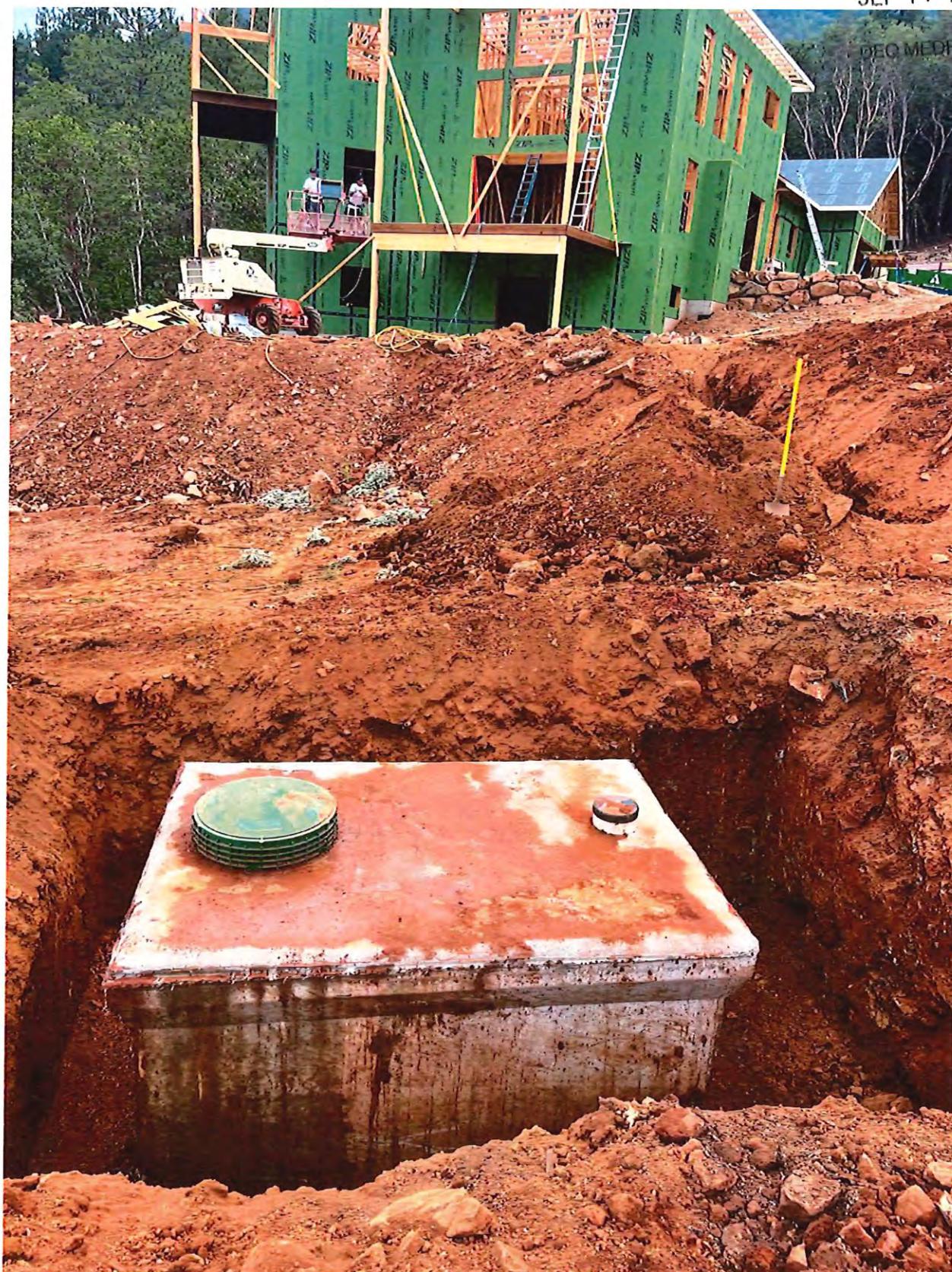
If No, Reason for Non Acceptance: _____

Comment: _____

RECEIVED

SEP 17 2025

DEC MEDFORD



RECEIVED

SFP 17 2025

RD



RECEIVED
SEP 17 2025
REG MEDFORD



Onsite Permit 463-25-000193-PRMT-01

Page 2 of 3

Date issued: 9/15/25

Expiration date: 9/15/26

Work description: Larimer - AN > Minor Repair

Conditions of approval:

Photos of the septic system components must be submitted along with the FIRN. 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. Vehicular traffic and livestock must be restricted from the system area. All roof drains must be directed away from the system. 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. Meet all required setbacks. 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. 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. For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>

Date issued: 9/15/25**Expiration date:** 9/15/26**Work description:** Larimer - AN > Minor Repair

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.

Joshua Daley

Onsite Wastewater Specialist

9/15/25

RECEIVED

RECEIVED

AUG 12 2025

AUG 19 2025

JO CO - PLANNING

DEQ MEDFORD

Clint Ellis

7-25-25

Parcel #1
T.L. 201
540 Trollview

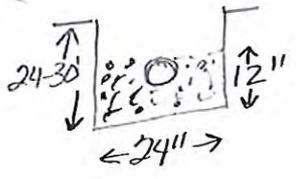


Previously approved
septic site 2023

Access

Drive way

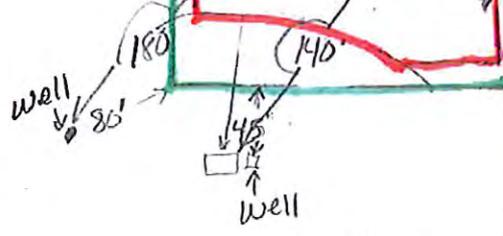
375' pipe and
rock drainfield



HOUSE
SITE

1,000 gallon Tank installed
on 6-10-25.

To be upgraded to
1,500 gallon single
Compartment



House

384 Trollview

Parcel 2

TROLLVIEW RD

JUL 17 2025



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality

221 Stewart Ave., Ste. 201
Medford, OR 97501

Phone/TTY: (541) 776-6010

Fax: (541) 776-6262

Requirements:

- Plot Plan
- Vicinity & TL Map
- Test pits—5 ft. deep
- Zoning Clearance
- INCLUDED:
- Plot Plan
- Vicinity & TL Map
- Test pits—5 ft. deep
- Zoning Clearance

For DEQ Use Only:

- Date Received _____
- Fee Paid DEQ MEDFORD
- Receipt Number _____
- Application Number _____
- Date of 1st Response _____
- Date of 2nd Response _____
- Date of Final Response _____
- Date of Completion _____
- Searched _____
- Data Entry _____

A. Property Owner Information

Name: Tracy Larimer Mailing Address (Street or PO Box, City, State, Zip Code): 384 Trollview rd G.P. DR 97527 Phone Number: 814-360-0598

B. Legal Property Description

Township: 36 Range: 05 Section: 28D Tax Lot: 201 Tax Account Number: _____ Acreage or Lot Size: 5.06
 County: Josephine Subdivision Name: _____ Lot: _____ Block: _____
 Property Address: 540 Trollview Rd City: Grants Pass State: OR Zip Code: 97527

Directions to Property: _____

C. Existing Facility Proposed Facility Water Information

Existing Facility: Single Family Residence Other
 Number of Bedrooms: _____
 Proposed Facility: Single Family Residence Other
 Number of Bedrooms: 5
 Water Supply: Public Private
 Name: _____
 Well, Spring, Shared: _____

D. Type of Application

Site Evaluation Renewal Permit Authorization Notice for:
 Construction Permit Existing System Evaluation Connecting to an Existing System Not in Use
 Repair Permit Permit Transfer Replacing a Mobile Home or House with Another Mobile Home or House
 Major Minor Permit Reinstatement The Addition of One or More Bedrooms
 Alteration Permit Major Minor Personal Hardship Temporary Housing Other - Please Specify Change from 4 to 5 bedrooms
Swap out new 1000 gal for a 1500 gallon tank

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 Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature: Clint Eells Date: 7-16-25
 Applicant's Name - Please Print Legibly: Clint Eells Applicant's Phone Number: 541-659-7325 Applicant's E-mail Address: Clint.fede@qmc
 Applicant's Mailing Address: 5545 Riverbanks road Grants Pass OR 97527

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached 36268
 Installer's Name



State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

I, Tracy Larimer, have authorized Clint Fells to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality 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 DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

540 Trollview road Grants Pass, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:
Township 36 Range 05 Section 28 D Map ID _____ Tax Lot #(s) 201

PROPERTY OWNER:

Printed Name: Tracy Larimer
Address: 540 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 Fells
Address: 5545 Riverbanks Road
City, State, Zip: Grants Pass, OR 97527
Phone: 541-659-7325 Email: Clint.fedc@gmail.com
Signature: Clint Fells

RECEIVED

JUL 17 2025

DEQ MEDFORD

RECEIVED
AUG 12 2025

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field) **1000 - PLANNING**

1. Applicant Name/Property Owner: Christ Ellis RECEIVED
Mailing Address: 5545 Riverbanks rd
City, State, Zip: Grants Pass OR 97527 AUG 19 2025
Telephone: 541-6597325 DEQ MEDFORD

2. Property Information:
County: Josephine Tax Lot No.: 201
Township: 36 Range: 05 Section: 2800
Physical Address: 546 Trollview rd
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

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

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

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

5. Property Zoning: RR5 Rural Residential Zoning Minimum Parcel Size: 5 acres
6. The facility is located: inside city limits inside UGB outside UGB
If inside UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared City/County jurisdiction
7. Does the proposed facility comply with all applicable local land use requirements: Yes No
If you answered "Yes" above, was this compliance based on:
 Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: Section 19.61.020.L, JCC Single Family Dwelling or Manufactured Dwelling. NOTE: Septic system to be connected to authorized uses or structures only. Issue Permit # PL-2025-00145

8. Planning Official Signature: Amber Peavyhousc
Print Name: Amber Peavyhousc Title: Planning Tech
Telephone: 541-474-5417 Date: 8/19/2025

Josephine County Planning
700 NW Dimmick Street
Suite C
Grants Pass, OR 97526
DEQ-OR-WQ-008

RECEIVED

AUG 19 2025

DEQ MEDFORD

RECEIVED

AUG 12 2025

JO CO - PLANNING

NOTICE AUTHORIZING REPRESENTATIVE



RECEIVED

AUG 17 2025

JO CO - PLANNING

I, Tracy Larimer, have authorized Clint Fells to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality 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 DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

540 Trollview road Grants Pass, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 05 Section 28 D Map ID _____ Tax Lot #(s) 201

PROPERTY OWNER:

Printed Name: Tracy Larimer

Address: 540 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 Fells

Address: 5545 Riverbanks Road

City, State, Zip: Grants Pass, OR. 97527

Phone: 541-659-7325 Email: Clint.fcd@qmail.com

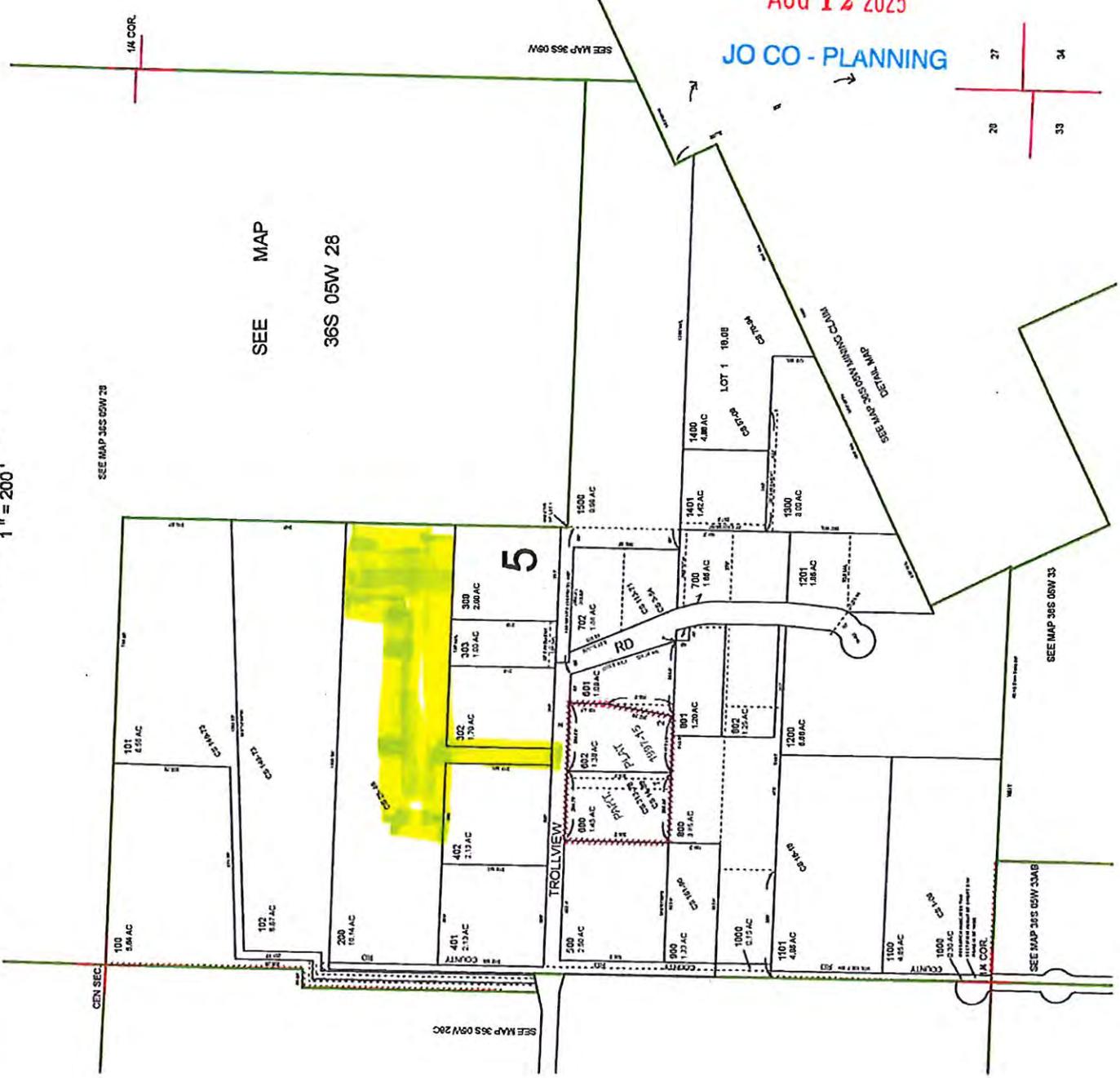
Signature: Clint Fells

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
600
801
901
700
1001
1002
1003
912



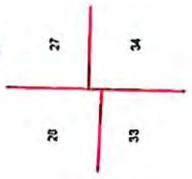
540 Trollview

RECEIVED

AUG 12 2025

JO CO - PLANNING

RECEIVED
AUG 19 2025
DEQ MED REC'D





EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):

- Septic Tank
- Disposal Trenches
- Capping Fill
- Sandfilter
- Seepage Bed
- Cesspool or Pit
- Unknown
- Other (Describe) _____

2. When was your septic system installed? 10-10-25 463-25-000132
(Date) (Permit Number)

3. Tank material: Concrete Steel Plastic or Fiberglass Unknown

4. Septic tank volume (in gallons) 1,000

5. When was the septic tank last pumped? never used Attach receipt if available.

6. Number of disposal trenches 4

7. Total length of disposal trenches (in feet) 375

8. Do you propose to use the existing septic system? Yes No

9. Is your septic system currently in use? Yes No If no, date of last use never

10. If the septic system currently serves a dwelling: New construction
How many bedrooms are in the dwelling? 2 How many people occupy the dwelling? ?

11. How many bedrooms will be in the proposed dwelling? 5 How many occupants? _____

12. If the septic system serves a business:
How many total employees are there? _____
Type of business _____

13. Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain _____

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

8-7-25
(Date)

[Signature]
Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes No Attached Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued: Yes No Initials _____
Other file information: _____

RECEIVED
AUG 05 2025
DEQ MEDFORD

RECEIVED

JO CO - PLANNING

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

1. Applicant Name/Property Owner: Clint Epfls
Mailing Address: 5545 Riverbank's rd
City, State, Zip: Grants Pass OR 97527
Telephone: 541-659-7325

2. Property Information:
County: Josephine Tax Lot No.: 201
Township: 36 Range: 05 Section: 2810
Physical Address: 540 Trollwitz rd
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

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

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

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

5. Property Zoning: URS Zoning Minimum Parcel Size: 5 acres

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

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

Either provide reasons for affirmative compliance decision or attach findings of fact: Section R. 1.1. UGB. L
of the SCC single-family dwelling or manufactured
residence is an outright permitted use

8. Planning Official Signature: Tami Smith
Print Name: Tami Smith Title: Associate Planner
Telephone: 541-474-3924 Date: 7/23/25
700 NW Dimmick Street
Suite C
Grants Pass, OR 97526

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:
- 400
 - 401
 - 402
 - 403
 - 404
 - 405
 - 406
 - 407
 - 408
 - 409
 - 410
 - 411
 - 412
 - 413
 - 414

RECEIVED

AUG 05 2025

DEQ MEDFORD

36 05 28D

540 Trollview



SEE MAP

36S 05W 28

SEE MAP 36S 05W 28

SEE MAP 36S 05W 33

SEE MAP 36S 05W 33AB

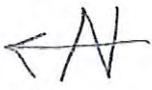
RECEIVED

AUG 05 2025

DEQ MEDFORD

Clint Eells
7-25-25

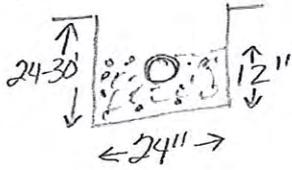
Parcel #1
T.L. 201
540 Trollview



previously approved
septic site 2003

Access

375' pipe and
rock drainfield

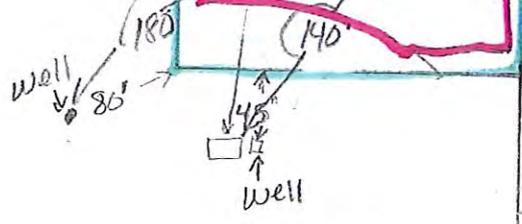


HOUSE
SITE

Drive way

1,000 gallon Tank installed
on 6-10-25.

To be upgraded to
1,500 gallon single
compartment



House

384 Trollview

Parcel 2

TROLLVIEW RD

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360528D0000201
SITUS: 540 TROLLVIEW RD
ACRES: 5.06

PERMIT NUMBER: PL-2025-00145
ZONE: RR5
SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT

APPLICANT:	MEADE, ROSS D &	APPLICANT PHONE #:	541-415-0909
APPLICANT ADDRESS:	682 Dutcher Creek Rd GRANTS PASS, OR 97527		
OWNER:	LARIMER, TRACY		
OWNER ADDRESS:	384 TROLLVIEW RD GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS

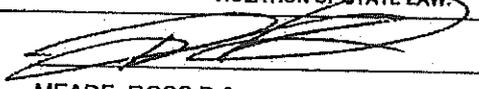
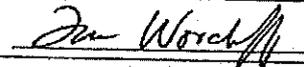
EXISTING STRUCTURES	PROPOSAL	SETBACKS										
Per Assessor Records: Vacant	Single Family Dwelling, 3,975 SQ FT - 5 Bedroom, 4 Bath w/ attached garage	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Front Setback:</td><td>30 ft.</td></tr> <tr><td>Side Setback:</td><td>10 ft.</td></tr> <tr><td>Rear Setback:</td><td>25 ft.</td></tr> <tr><td>Stream Setback:</td><td>0 ft.</td></tr> <tr><td>Height:</td><td>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:

- Electrical service to be connected to authorized structures/uses only.
- Note: Septic System to be connected to authorized structures/uses only.
- Building Safety Note: Erosion Control Plan must be implemented prior to issuing 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.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.

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:	
CONTRACTOR NAME:	MEADE, ROSS D &
APPROVED:	
DATE:	3/12/25
LICENSE#:	19977
DATE:	3-10-2025

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

RECEIVED

JUL 17 2025

DEQ MEDFORD



Onsite Authorization Application Verification

463-25-000193-AUTH

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

Application created: 7/17/25

Parcel Nbr: 360528D0000201
Site Address: 540 TROLLVIEW RD, GRANTS PASS, OR 97527
Owner: LARIMER, TRACY
540 TROLLVIEW RD
GRANTS PASS, OR 97527
(864) 360-0598
Applicant: Clint Eells - Clint Eells
5545 Riverbanks Rd
Grants Pass, OR
Phone: (541) 659-7325
Email: Clint.fcdc@gmail.com

Licensed Professional(s):
No Licensed Professionals Designated

Category of Construction: Residential County:
Acreage or Lot Size: 5.06 Water Supply: Well
Site Ready for Inspection: Yes

	<u>Existing</u>	<u>Proposed</u>
Use of Structure:	SFD - Under construction	SFD
Number of Bedrooms:		5

Attached Documents:
No Documents have been attached.



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

463-25-000132-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: 06/13/2025
Work Description: Larimer - Construction/Install

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: LARIMER, TRACY
Address: 384 TROLLVIEW RD
GRANTS PASS OR 97527

Property Address: 540 Trollview Rd, Grants Pass, OR
97527

Parcel: 360528D000020100 - Primary **Township:** 36 **Range:** 05 **Section:** 28

Lot Size: 5.06 **Water Supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Land Use Approval: N/A

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	bare land	SFD
Number of Bedrooms:	N/A	4

System Specifications

Type: Standard
Max Peak Design Flow: 450 gpd. **Proposed Flow:** 450 gpd.
Min Septic Tank Volume: 1000 gal. **Min Dosing Tank Volume:** N/A

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	125 linear ft.	Distribution Method:	Serial
Media Type:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	375 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Date Certificate Issued: 06/13/2025
Work Description: Larimer - Construction/Install

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: Andrew Forbes, Onsite Wastewater Specialist

Effective Date: 06/13/2025

Andrew Forbes

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: 463-25-000132-PRMT

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

SECTION 1: Owner/Permittee Information:

Name: LARIMER, TRACY	Twncshp: 36	Range: 05	Sect: 28
Property Address: 540 TROLLVIEW RD, GRANTS PASS, OR 97527	Lot:		

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: <u>1,000</u> Compartments: <u>1</u> Manufacturer: <u>Riverside</u>	Date: <u>6-11-25</u>
Tanks(2)	Volume: Compartments: Manufacturer:	Date:
Pump(s)	HP: Model/Manuf.	Float(s)Type(1): Model/Manuf.
		Float(s)Type(2): Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Diameter: <u>4</u>	ASTM#/Other: <u>3034</u>	Length: <u>7'</u>
Pressure Transport Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floals(1)	Type:		Model/Manufacturer	
Floals(2)	Type:		Model/Manufacturer	
ATT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

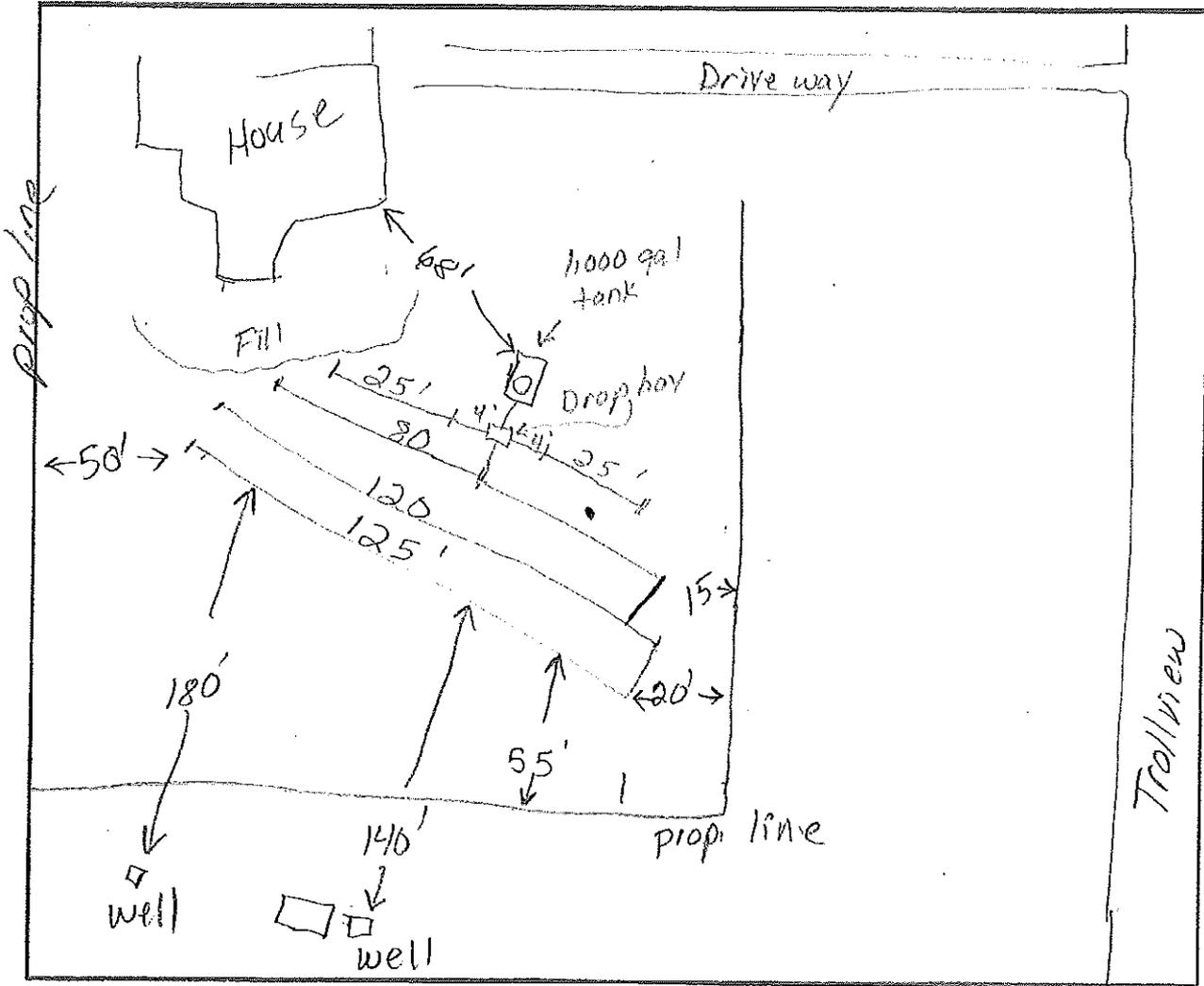
D. Drainfield Media

Type	(Gravel, Pipe or alternative?) <u>pipe and rock</u>			
Distribution Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Drop Box	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Distribution Pipe	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Diameter: <u>4</u>	ASTM#/Other: <u>F 810</u> Length: <u>375'</u>
Comment				

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

SECTION 3 - As Built Plan

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



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <i>Clint Eells</i>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <i>36268</i>	Certification#:
Owner/ Certified Installer:	Signature: <i>Clint Eells</i>	Date: <i>10-10-25</i>	Phone#: <i>541-659-7325</i>

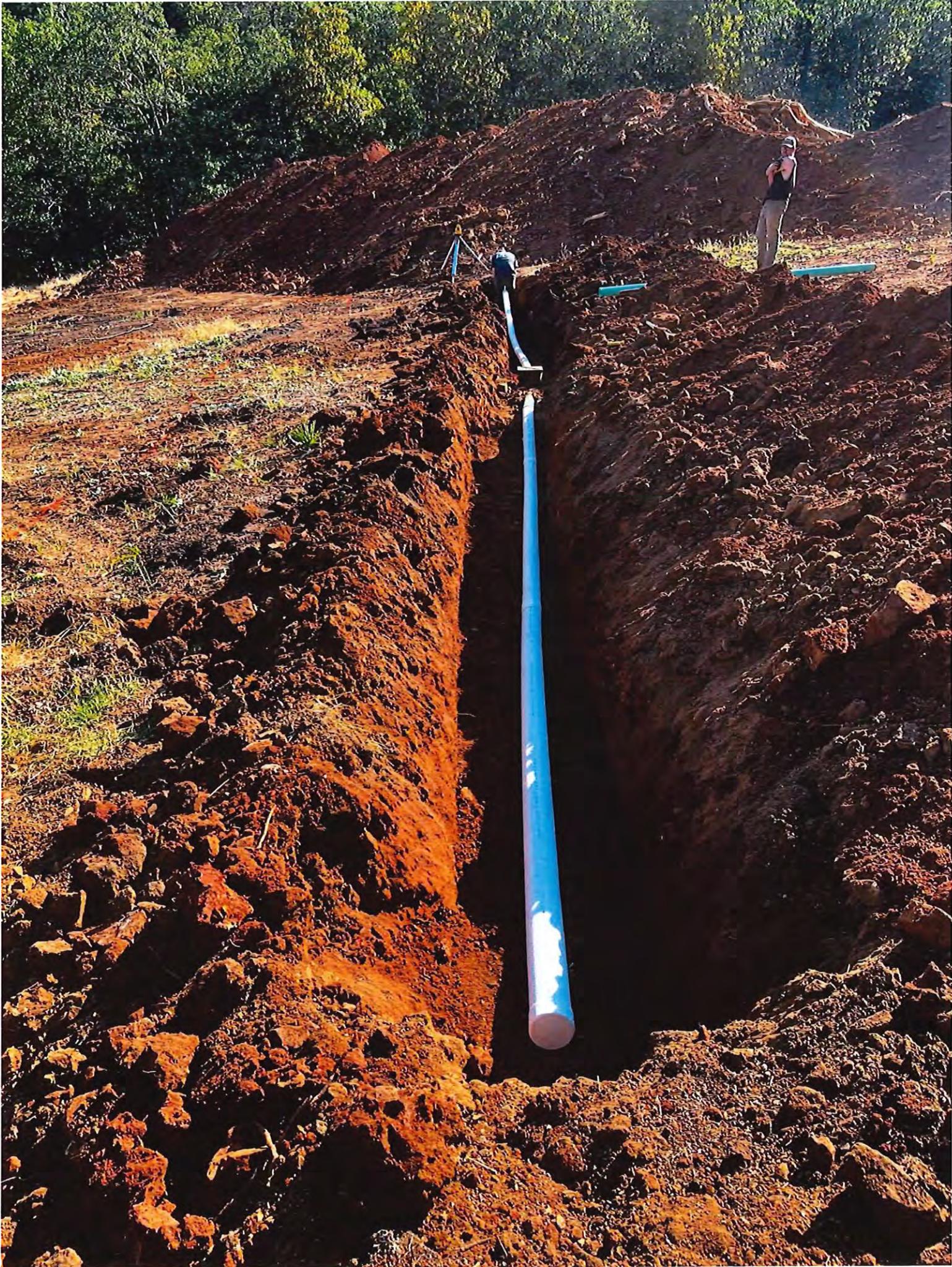
SECTION 5 - Office Use Only:

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: _____





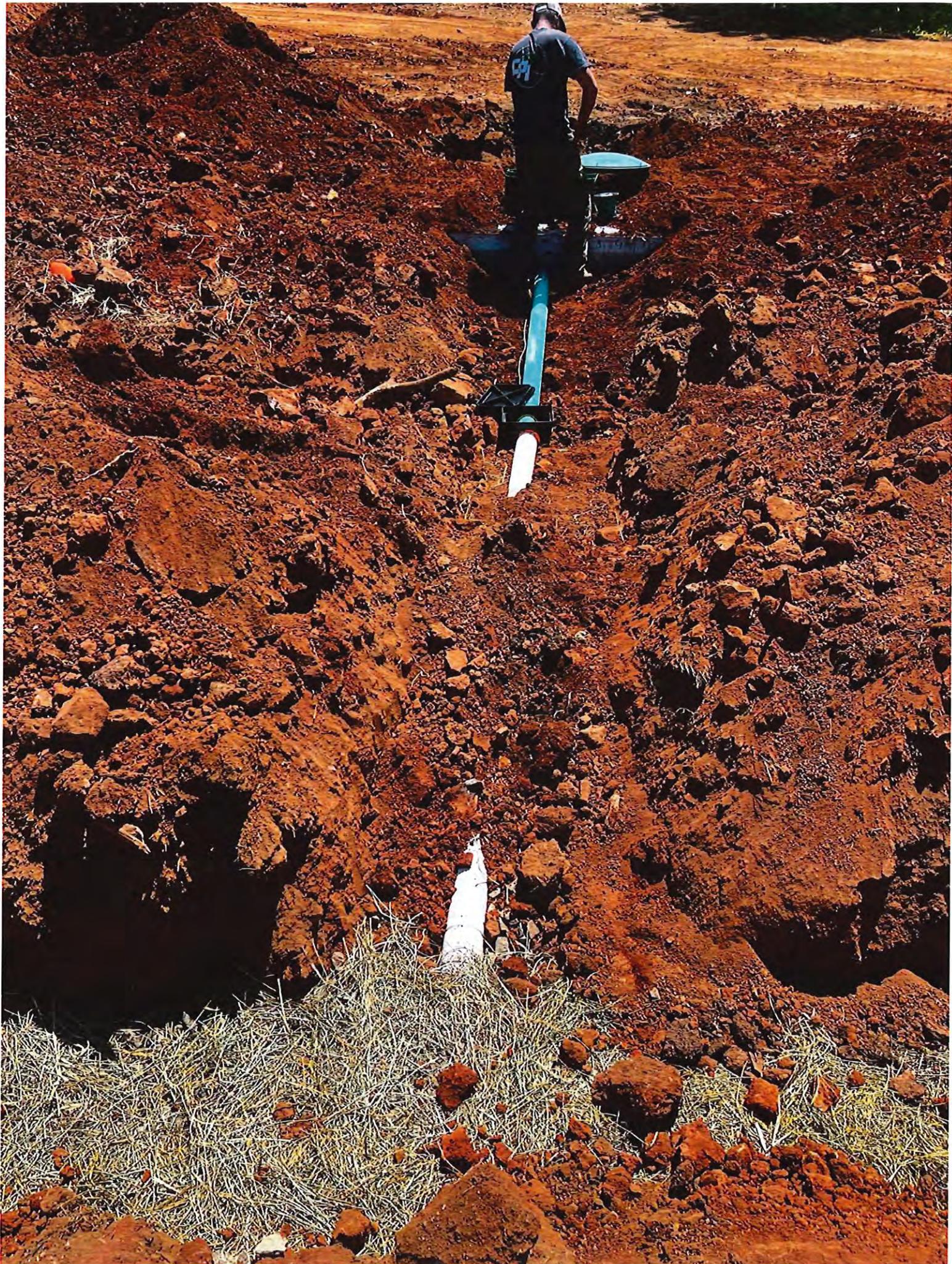




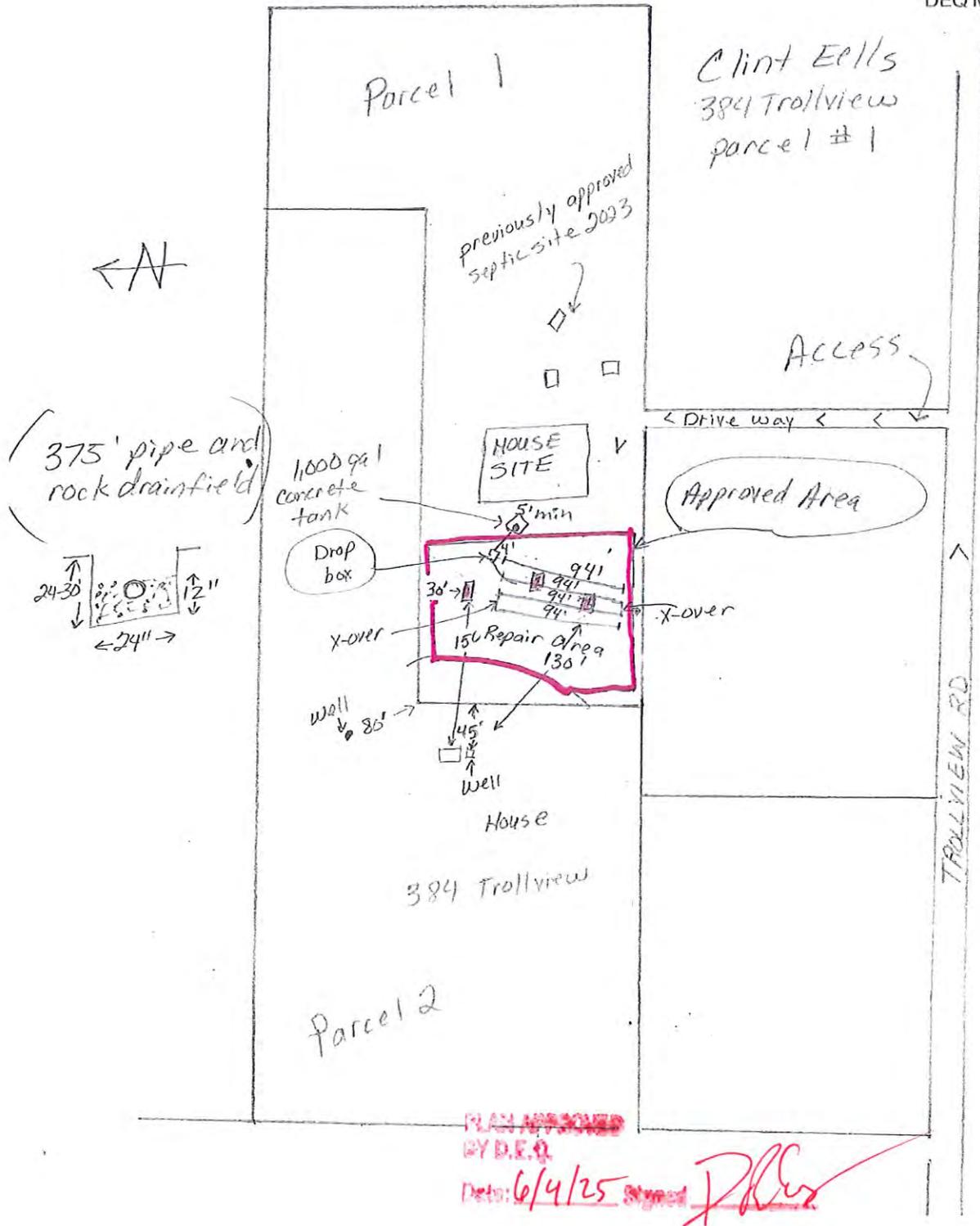








RECEIVED
MAY 13 2025
DEQ MEDFORD





Septic Permit

Installation Permit - Residential - New

463-25-000132-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 issued: 6/4/25	Expiration date: 6/4/26
Work description: Larimer - Construction/Install	

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
--	--

Business License: N/A

Owner: LARIMER, TRACY Address: 384 TROLLVIEW RD GRANTS PASS OR 97527	Property address: 540 Trollview Rd, Grants Pass, OR 97527
--	---

Parcel: 360528D000020100 - Primary **Township:** 36 **Range:** 05 **Section:** 28

Lot size:	5.06	Water supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
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:	N/A		

Category of construction: Residential

	Existing	Proposed
Use of structure:	bare land	SFD
Number of bedrooms:	N/A	4

System Specifications

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

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	125 linear ft.	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	375 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

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: 6/4/25**Expiration date: 6/4/26****Work description: Larimer - Construction/Install****Conditions of approval:**

1. Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
2. The system must be installed by the property owner or a licensed sewage disposal business (installer).
3. Vehicular traffic and livestock must be restricted from the system area.
4. All roof drains must be directed away from the system
5. 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.
6. Meet all required setbacks
7. 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.
8. 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.
9. For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
10. 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.
11. Effluent filter required at tank outlet.
12. Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
13. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
14. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
15. Maximum length of an individual trench is 150-feet.
16. Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
17. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
18. 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.
19. Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-25-000132-PRMT

Date issued: 6/4/25

Expiration date: 6/4/26

Work description: Larimer - Construction/Install

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.

Andrew Forbes

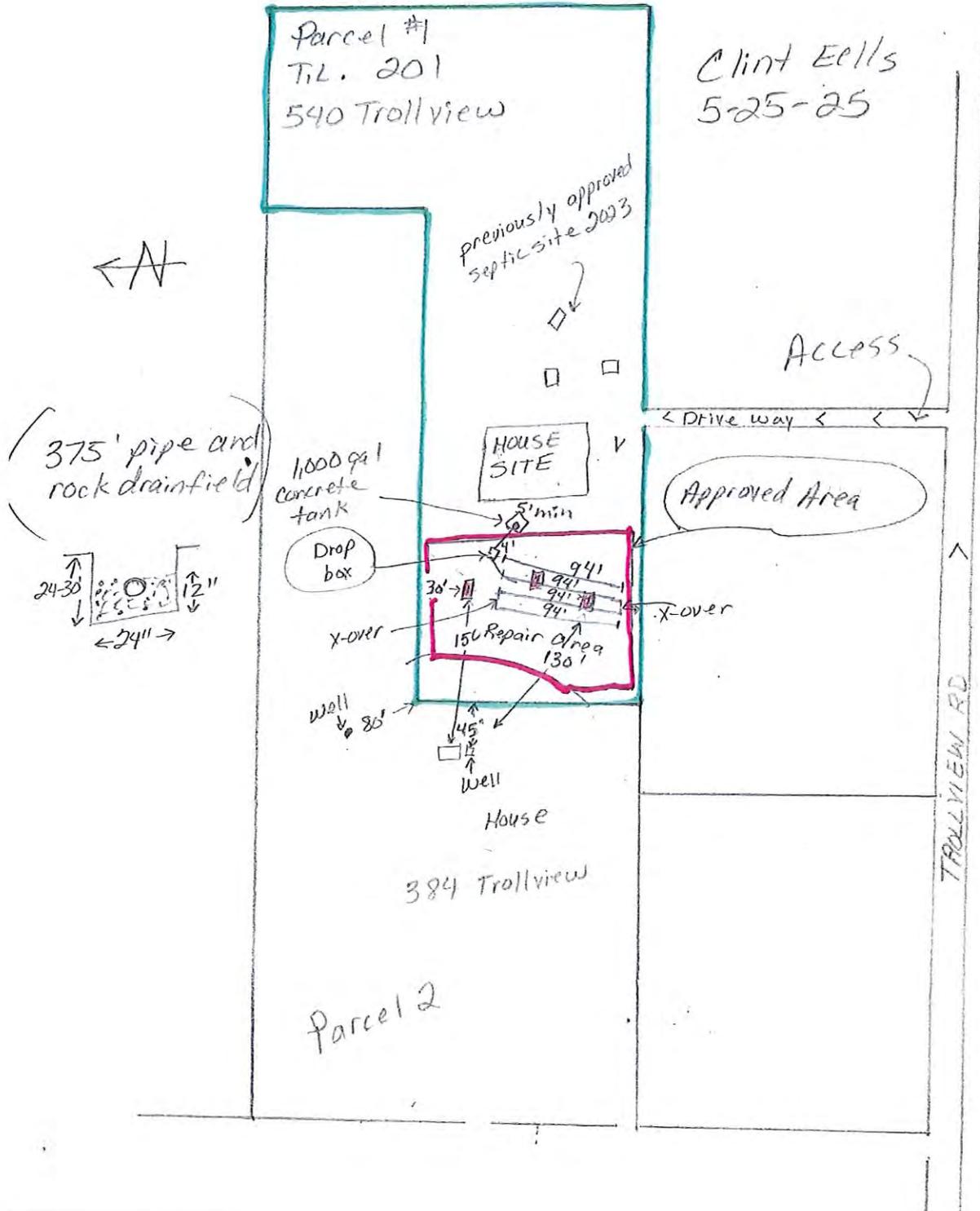
Onsite Wastewater Specialist

6/4/25

RECEIVED

MAY 27 2025

DEQ MEDFORD



JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360528D0000201	PERMIT NUMBER: PL-2025-00145
SITUS: 540 TROLLVIEW RD	ZONE: RR5
ACRES: 5.06	SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT

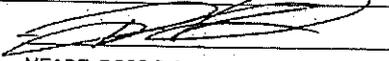
APPLICANT: MEADE, ROSS D &	APPLICANT PHONE #: 541-415-0909	
APPLICANT ADDRESS: 682 Dutcher Creek Rd GRANTS PASS, OR 97527		
OWNER: LARIMER, TRACY		
OWNER ADDRESS: 384 TROLLVIEW RD GRANTS PASS, OR 97527		
SPECIAL REQUIREMENTS		
EXISTING STRUCTURES Per Assessor Records: Vacant	PROPOSAL Single Family Dwelling, 3,975 SQ FT - 5 Bedroom, 4 Bath w/ attached garage	SETBACKS Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 0 ft. Height: 35 ft.

ADDITIONAL TERMS:

- Electrical service to be connected to authorized structures/uses only.
- Note: Septic System to be connected to authorized structures/uses only.
- Building Safety Note: Erosion Control Plan must be implemented prior to issuing 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.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.

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: 3/12/25
CONTRACTOR NAME: MEADE, ROSS D &	LICENSE#: 199777
APPROVED: 	DATE: 3.10.2025

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

RECEIVED

MAY 13 2025

DEQ MEDFORD



Application for Onsite Sewage Treatment System

Department of Environmental Quality
221 Stewart Ave., Ste. 201
Medford, OR 97501

Phone/TTY: (541) 776-6010
Fax: (541) 776-6263

Requirements:

- Plot Plan _____
 - Vicinity & TL Map _____
 - Test pits—5 ft. deep _____
 - Zoning Clearance _____
- INCLUDED:**
- Plot Plan _____
 - Vicinity & TL Map _____
 - Test pits—5 ft. deep _____
 - Zoning Clearance _____

For DEQ 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 _____
- Searched _____ Data Entry _____

A. Property Owner Information

Tracy Lorimer 384 Trollview Rd. G.P.O.R. 97527 864-360-0988
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Local Parcel Description

36 05 28D 200 5.00
 Township Range Section Tax Lot Acreage or Lot Size *br*

Josephine _____
 County Subdivision Name Lot Block

Property Address: 384 Trollview Rd Grants Pass OR 97527
 Address City State Zip Code

Directions to Property: _____

C. Existing Facility Proposed Facility Water Information

Existing Facility: Single Family Residence Other _____
 Number of Bedrooms _____

Proposed Facility: Single Family Residence Other _____
 Number of Bedrooms 4

Water Supply: Public _____
 Name _____
 Private Well, Spring, Shared

D. Type of Application

- Site Evaluation
- Construction Permit
- Repair Permit
 - Major
 - Minor
- Alteration Permit
 - Major
 - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Authorization Notices 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 Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Clint Eells 5-13-25
 Signature Date

Clint Eells 541-659-7325 Clint.fede@gmail.com
 Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

5545 Riverbanks road Grants Pass OR 97527
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached 36268
 Installer's Name



NOTICE AUTHORIZING REPRESENTATIVE

I, Tracy Larimer (Property Owner/Print Name), have authorized Clint Fells (Authorized Representative/Print Name) to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality 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 DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

540 Trollview road Grants Pass, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:
Township 36 Range 05 Section 28 D Map ID _____ Tax Lot #(s) 201

PROPERTY OWNER:

Printed Name: Tracy Larimer
Address: 540 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 Fells
Address: 5545 Riverbanks Road
City, State, Zip: Grants Pass, OR 97527
Phone: 541-659-7325 Email: Clint.fcdcd@gmail.com
Signature: Clint Fells

MORRIS Davena * DEQ

From: James Black <JBlack@josephinecounty.gov>
Sent: Tuesday, May 20, 2025 3:54 PM
To: EDEN Corby * DEQ
Cc: MORRIS Davena * DEQ; ZENTGRAF Erica * DEQ; Terri Woodruff; Tami Smith; Frank Wharregard; Melissa Older
Subject: FW: Development Permit

Hello Corby,

I was hoping to clarify this issue; and see if it is still okay with DEQ. Historically we have had two ways in which to “authorize” a septic system on a property. The first is the DEQ LUCS form which costs \$129 for the County to complete. The other is for the placement of any new structure via a Development Permit (a \$309 or \$392 fee). Either one of these was okay for on-site septic purposes.

That said, we have no issues with completing DEQ LUCS forms in addition to a Development Permit; however, it would be an additional cost to the property owner’s (an additional \$129 fee and time to complete). It is really up to DEQ; we will do whatever you feel is best process. I would think, if DEQ is okay, to accept the Development Permit as authorization for circumstances that include construction of new buildings or in circumstances that require placement/repair of septic systems in flood zones.

Let us know your thoughts on this matter.

Thanks Much,



James Black, CFM
Planning Manager
Planning Division
Community Development Department
700 NW Dimmick, Suite C, Grants Pass, OR 97526
(541) 474-5418 | jblack@josephinecounty.gov

PUBLIC RECORDS LAW DISCLOSURE

This email is a public record of Josephine County and is subject to public disclosure unless exempt from disclosure under Oregon Public Records Law. This email is subject to retention.

From: Melissa Older <MOlder@josephinecounty.gov>
Sent: Tuesday, May 20, 2025 3:05 PM
To: James Black <JBlack@josephinecounty.gov>
Subject: FW: Development Permit

Thanks much,



Melissa K. Older

Senior Administrative Supervisor
Community Development Department
700 NW Dimmick Street, Suite C, Grants Pass, OR 97526
(541) 474-5423 | molder@josephinecounty.gov

PUBLIC RECORDS LAW DISCLOSURE

This email is a public record of Josephine County and is subject to public disclosure unless exempt from disclosure under Oregon Public Records Law. This email is subject to retention.

From: EDEN Corby * DEQ <Corby.EDEN@deq.oregon.gov>
Sent: Tuesday, May 20, 2025 1:57 PM
To: Melissa Older <MOlder@josephinecounty.gov>
Cc: MORRIS Davena * DEQ <Davena.Morris@deq.oregon.gov>; ZENTGRAF Erica * DEQ <Erica.Zentgraf@deq.oregon.gov>
Subject: Development Permit

EXTERNAL EMAIL: Please verify links by hovering over them!

Hello Melissa,

Usually we want to have a LUCS submitted for septic applications.

We received a Development Permit today for 540 Trollview. It states septic to the SFD is allowed. I want to request a LUCS to keep the processing relatively straight forward.

Will it be an issue if we require a LUCS in place of a Development Permit?

Corby Eden

DEQ Onsite Program Analyst

465 Elrod Ave., Ste. 202
Coos Bay, OR 97420
541-972-5530

NOTICE: DEQ Onsite Septic Program in Baker, Union, and Wallowa Counties Transitioning to Harney County June 1, 2025

Harney County is officially taking over administration of the onsite septic program from DEQ in Baker, Union, and Wallowa Counties on June 1, 2025. Oregon ePermitting will be unavailable for Baker, Union, and Wallowa Counties from noon Friday, May 30, to 12:01 a.m. Monday, June 2, during the transition. Go to [Onsite Septic Staff and County Agent Contact Information](#) to find the latest contact details for Baker, Union, and Wallowa Counties.

MORRIS Davena * DEQ

From: EDEN Corby * DEQ
Sent: Tuesday, May 20, 2025 1:57 PM
To: Melissa Older
Cc: MORRIS Davena * DEQ; ZENTGRAF Erica * DEQ
Subject: Development Permit

Hello Melissa,

Usually we want to have a LUCS submitted for septic applications.

We received a Development Permit today for 540 Trollview. It states septic to the SFD is allowed. I want to request a LUCS to keep the processing relatively straight forward.

Will it be an issue if we require a LUCS in place of a Development Permit?

Corby Eden

DEQ Onsite Program Analyst

465 Elrod Ave., Ste. 202

Coos Bay, OR 97420

541-972-5530

NOTICE: DEQ Onsite Septic Program in Baker, Union, and Wallowa Counties Transitioning to Harney County June 1, 2025

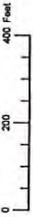
Harney County is officially taking over administration of the onsite septic program from DEQ in Baker, Union, and Wallowa Counties on June 1, 2025. Oregon ePermitting will be unavailable for Baker, Union, and Wallowa Counties from noon Friday, May 30, to 12:01 a.m. Monday, June 2, during the transition. Go to [Onsite Septic Staff and County Agent Contact Information](#) to find the latest contact details for Baker, Union, and Wallowa Counties.

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

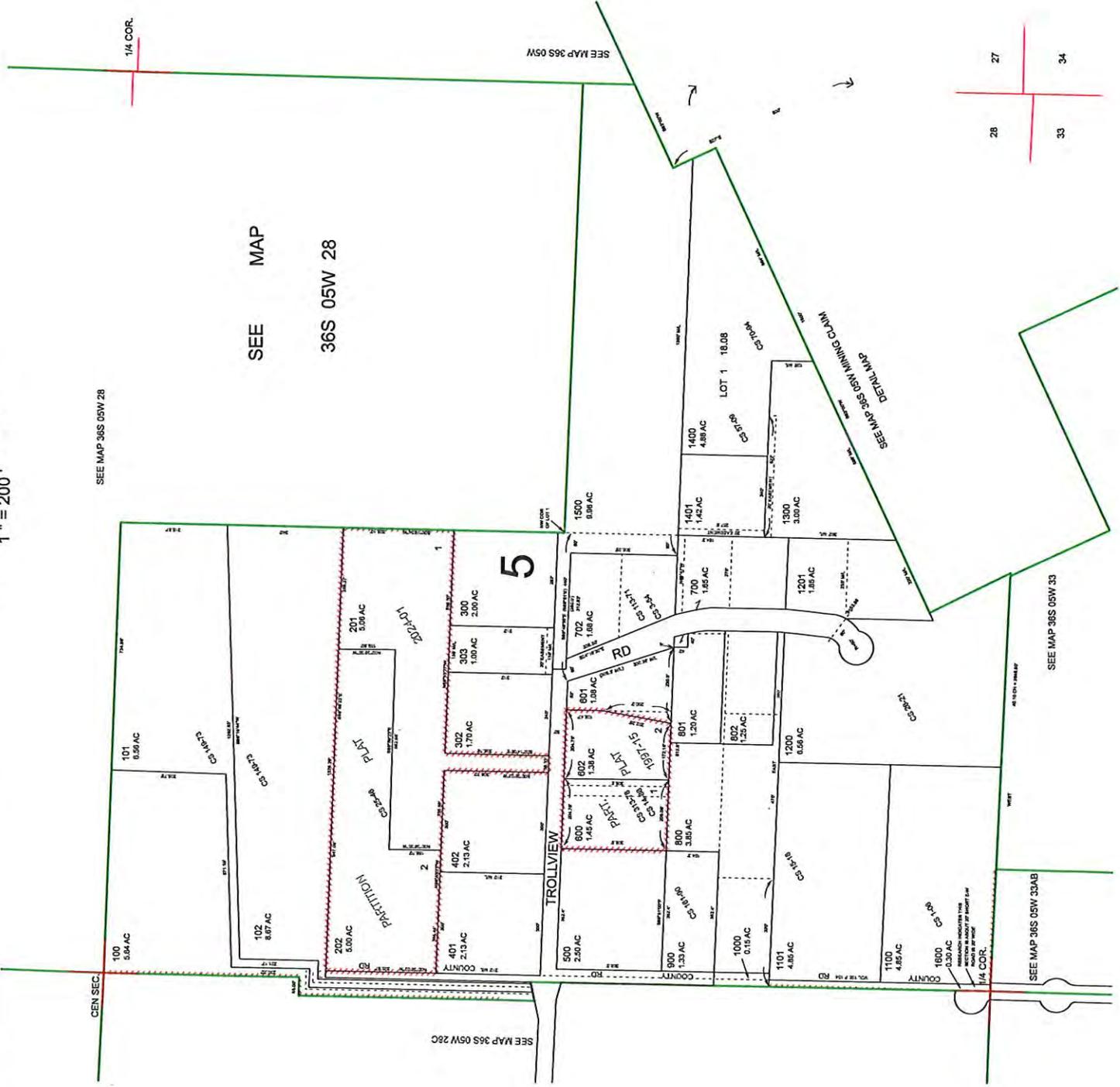
S.E. 1/4 SEC. 28 T.36S. R.5W. W.M.
JOSEPHINE COUNTY

1" = 200'

36 05 28D



- CANCELLED:
- 301
 - 400
 - 680
 - 991
 - 700
 - 1001
 - 1002
 - 1003
 - 662
 - 200



36 05 28D

RECEIVED

MAY 13 2025

DEQ MEDFORD

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360528D0000201
SITUS: 540 TROLLVIEW RD
ACRES: 5.06

PERMIT NUMBER: PL-2025-00145
ZONE: RR5
SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT

APPLICANT:	MEADE, ROSS D &	APPLICANT PHONE #:	541-415-0909
APPLICANT ADDRESS:	682 Dutcher Creek Rd GRANTS PASS, OR 97527		
OWNER:	LARIMER, TRACY		
OWNER ADDRESS:	384 TROLLVIEW RD GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS

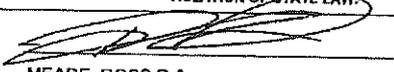
EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Vacant	Single Family Dwelling, 3,975 SQ FT - 5 Bedroom, 4 Bath w/ attached garage	Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 0 ft. Height: 35 ft.

ADDITIONAL TERMS:

- Electrical service to be connected to authorized structures/uses only.
- Note: Septic System to be connected to authorized structures/uses only.
- Building Safety Note: Erosion Control Plan must be implemented prior to Issuing 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.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.

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:	3/12/25
CONTRACTOR NAME:	MEADE, ROSS D &	LICENSE#:	199771
APPROVED:		DATE:	3-10-2025

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

RECEIVED
MAY 13 2025
DEQ MEDFORD



NOTICE AUTHORIZING REPRESENTATIVE

I, Tracy Larimer, have authorized Clint Fells to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality 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 DEQ 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 28 D 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 Fells
Address: 5545 Riverbanks Road
City, State, Zip: Grants Pass, OR. 97527
Phone: 541-659-7325 Email: clint.fells@gmail.com
Signature: Clint Fells

!!!



**Onsite Permit
Application Verification**
463-25-000132-PRMT

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

Application created: 5/20/25
Parcel Nbr: 360528D000020100
Site Address: 540 TROLLVIEW RD, GRANTS PASS, OR 97527
Owner: LARIMER, TRACY
540 TROLLVIEW RD
GRANTS PASS, OR 97527
(864) 360-0598
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: 5.0

County:
Water Supply: Well

Use of Structure: Existing
bare land
Number of Bedrooms:

Use of Structure: Proposed
SFD
Number of Bedrooms: 4

Attached Documents:
No Documents have been attached.



Onsite Permit Application Verification 463-25-000132-PRMT

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

Application created: 5/20/25
Parcel Nbr: 360528D000020100
Site Address: 540 TROLLVIEW RD, GRANTS PASS, OR 97527
Owner: LARIMER, TRACY
540 TROLLVIEW RD
GRANTS PASS, OR 97527
(864) 360-0598
Applicant: Clint Eells Excavating - Clint Eells Excavating
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

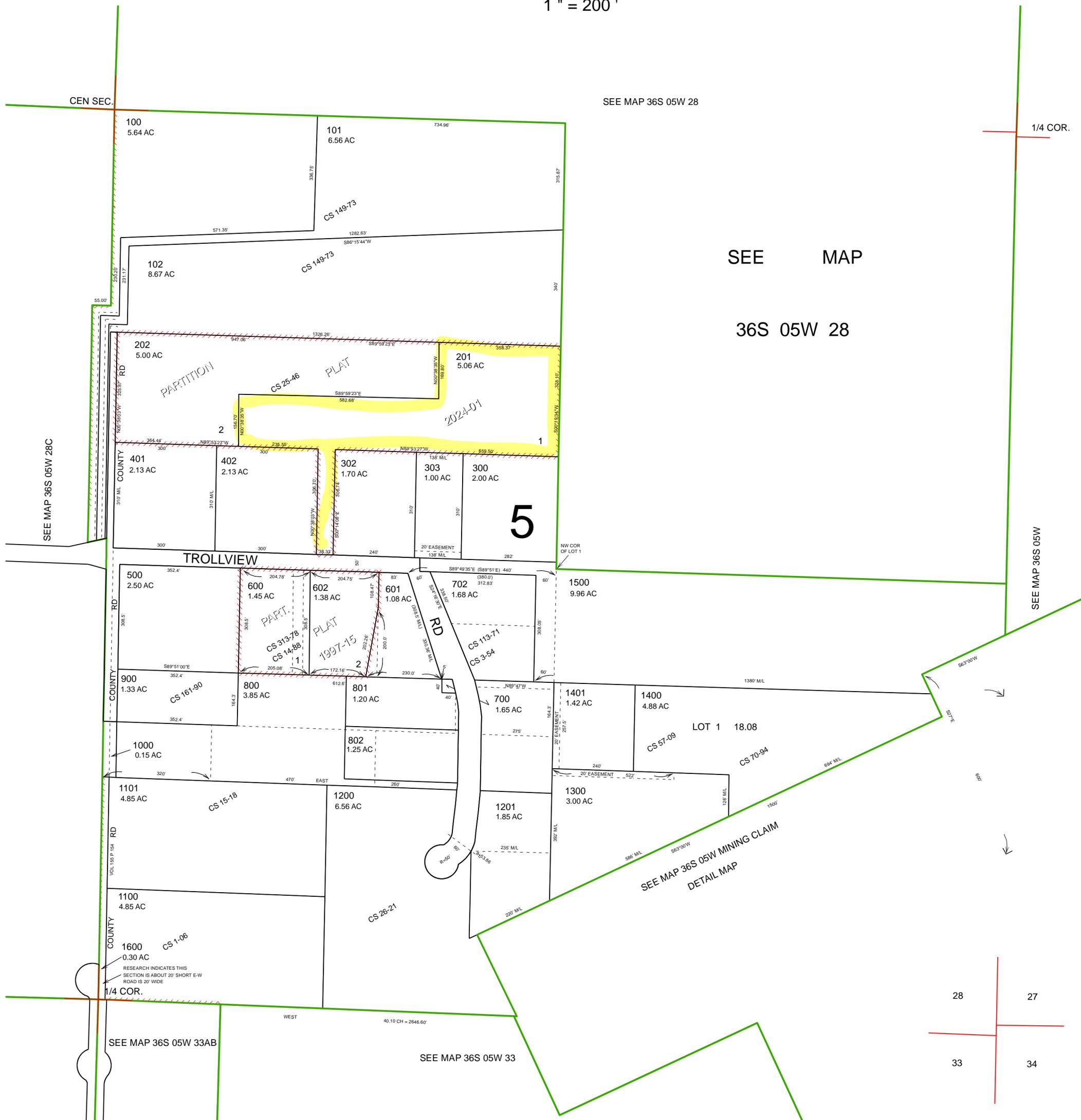
Licensed Professional(s):
License Number: Installer License - 36268
Clint Eells Excavating
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Category of Construction: Residential
Acreage or Lot Size: 5.06
County:
Water Supply: Well

Use of Structure:	<u>Existing</u>	Use of Structure:	<u>Proposed</u>
Number of Bedrooms:	bare land	Number of Bedrooms:	SFD
			4

Attached Documents:	Description
Name	
FIN_TransactionReceipt_pr_20250527_155537.pdf	

- CANCELLED:
- 301
- 400
- 690
- 691
- 701
- 790
- 1001
- 1002
- 1003
- 692
- 200



SEE MAP 36S 05W 28

SEE MAP

36S 05W 28

1/4 COR.

5

SEE MAP 36S 05W MINING CLAIM
DETAIL MAP

28	27
33	34



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

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

<p>Owner: TRUJILLO, CHARLOTTE & LARIMER, TRACY</p>	<p>Property address: 384 Trollview Rd, Grants Pass, OR 97527</p>
---	---

Address: 384 TROLLVIEW RD
GRANTS PASS OR 97527

Parcel: 360528D000020000 - Primary **Township:** 36 **Range:** 05 **Section:** 28

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:	<i>Initial System</i> Saprolite	<i>Replacement Area</i> Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications

Trench linear feet:	<i>Initial System</i> 300 linear ft.	<i>Replacement Area</i> 150 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements

<i>Initial System</i>	<i>Replacement Area</i>
-----------------------	-------------------------

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

Date issued: 09/26/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

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

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

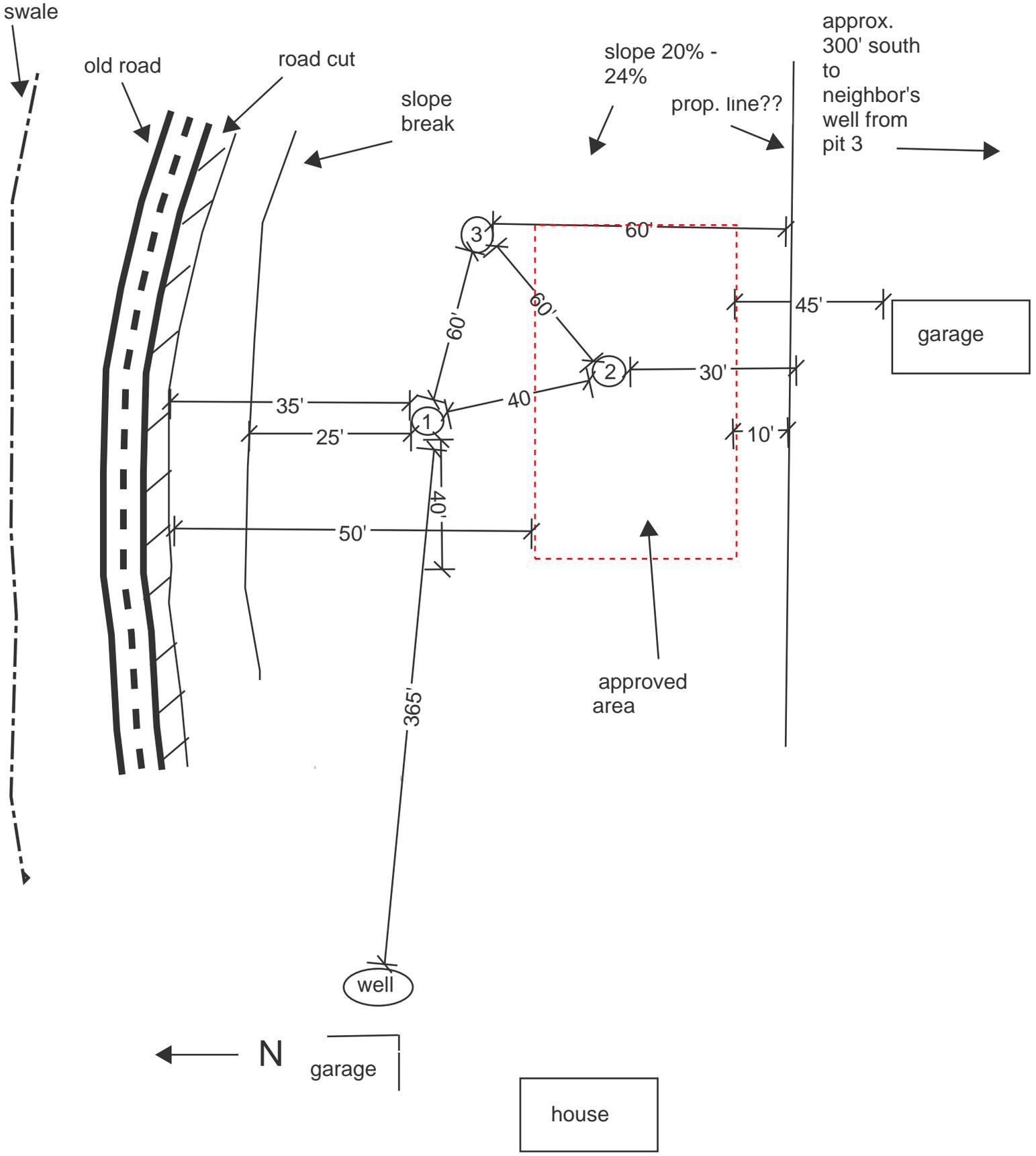
Natural Resources Specialist

9/26/23

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

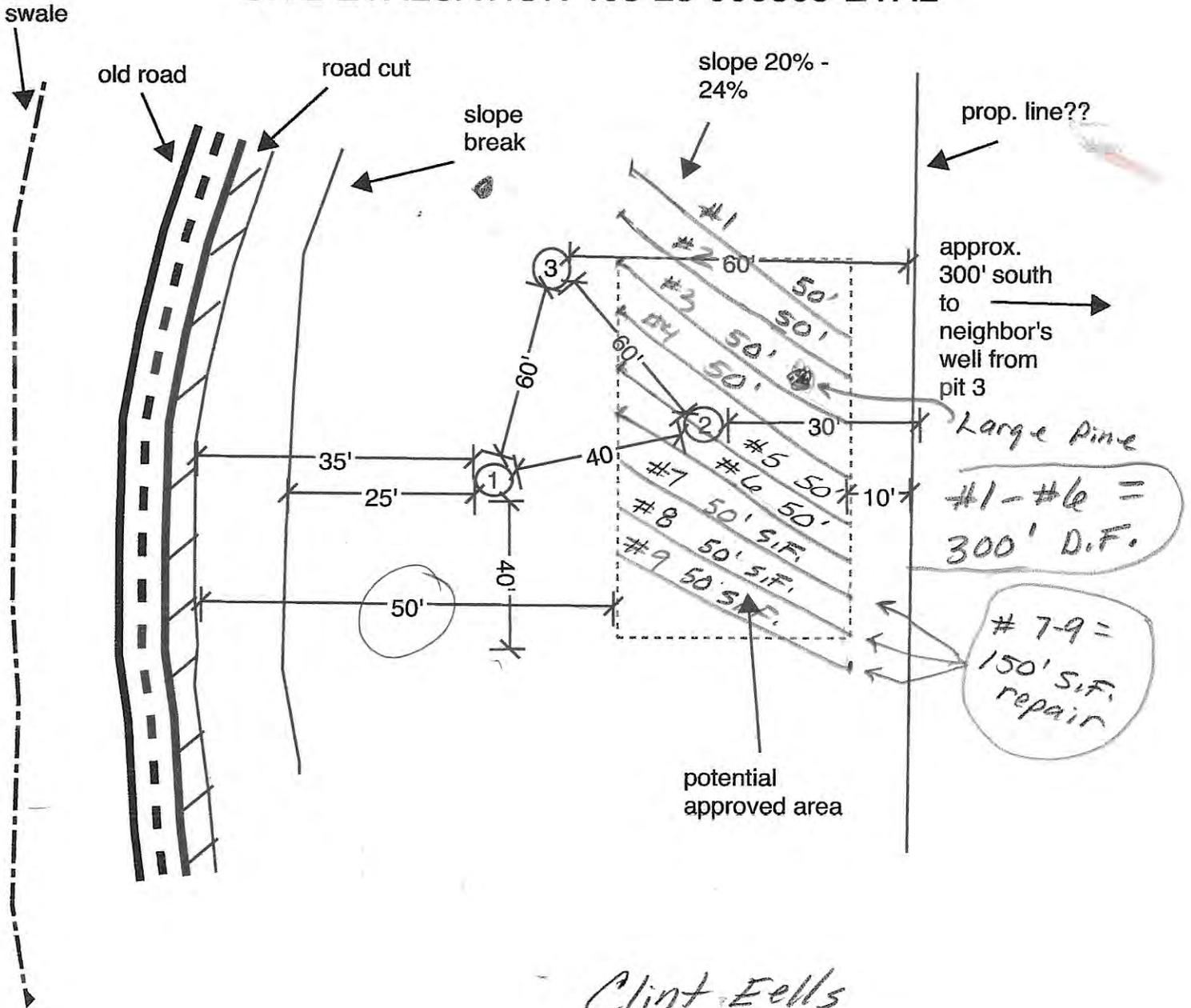
ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

SITE EVALUATION 463-23-000305-EVAL



* NOT TO SCALE

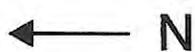
SITE EVALUATION 463-23-000305-EVAL



Clint Eells

9-21-23

Staked out lines w/ Lazer



* NOT TO SCALE

FIELD WORKSHEET

Name: TRUJILLO Application No.: 463-23-000305 ^{EVAL} Date: 9-26-23
 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
<input checked="" 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 checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input type="checkbox"/> 1,000 gal. <input checked="" 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 type="checkbox"/> 1,000 gal. <input checked="" 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>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 OBERGNER

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 8/3; wsbk; many v f m roots; 15% gr
	8-33	vcob CL	10YR ^{7.5YR} 4/3; wsbk; few f m roots; 35% cob
	33-62	SAPROLITE	variegated w/ 7.5YR 4/4 Fe concentrations
Test Pit 2	0-6		SIMILAR
	6-24		
	24-63		
Test Pit 3	0-5		SIMILAR
	5-14		
	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 Address City: G.P. State: OR Zip Code: 97527

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence Other _____
 Number of Bedrooms: _____
 Proposed Facility: Single Family Residence Other _____
 Number of Bedrooms: 3
 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
 - 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 Eells Date: 9-12-23
 Applicant's Name - Please Print Legibly: Clint Eells Applicant's Phone Number: 541-659-7325 Applicant's E-mail Address: Clint.fede@gmail.com

Applicant's Mailing Address: _____

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached
 Installer's Name: Clint Eells



NOTICE AUTHORIZING REPRESENTATIVE

I, Tracy Larimer, have authorized Clint Eells to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Josephine County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

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: 5595 Riverbanks rd

City, State, Zip: Grants Pass, OR 97527

Phone: 541-659-7325

Email: Clint.f.cdc@gmail.com

Signature: Clint Eells

!!!!

Clint Eell's
384 Trollview
9-12-23

Parcel # 1



STEEP DRAW

Trees

Neighbor's
shop
House



Test
Holes

Flagged line

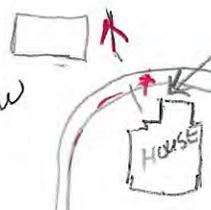
Clearing

HOUSE
SITE

proposed driveway

Parcel # 2

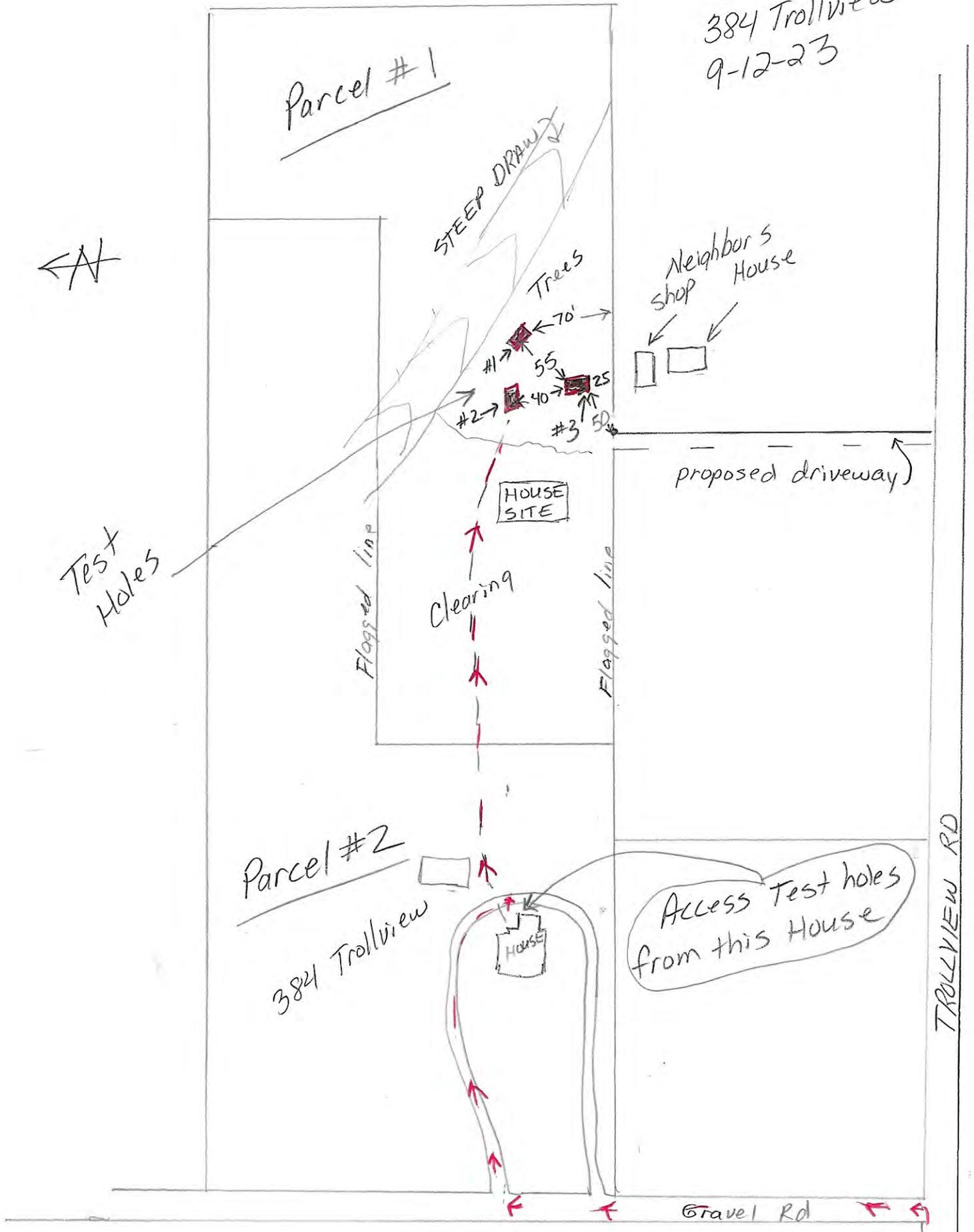
384 Trollview



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
Deane A. Apple
OREGON JULY 19, 1918
DANE A. APPLE
90707 LS
RENEWS: 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

THOMAS PENNY/DANNA STEPHENS
308 TROLLVIEW ROAD
TAX LOT

NOTES:
ASSESSOR'S MAP: 36-05-28D, TAX LOT 200

SITUS: 384 TROLLVIEW ROAD

ZONING: RURAL RESIDENTIAL (RR-6)

WATER SOURCE: EXISTING PRIVATE WELLS

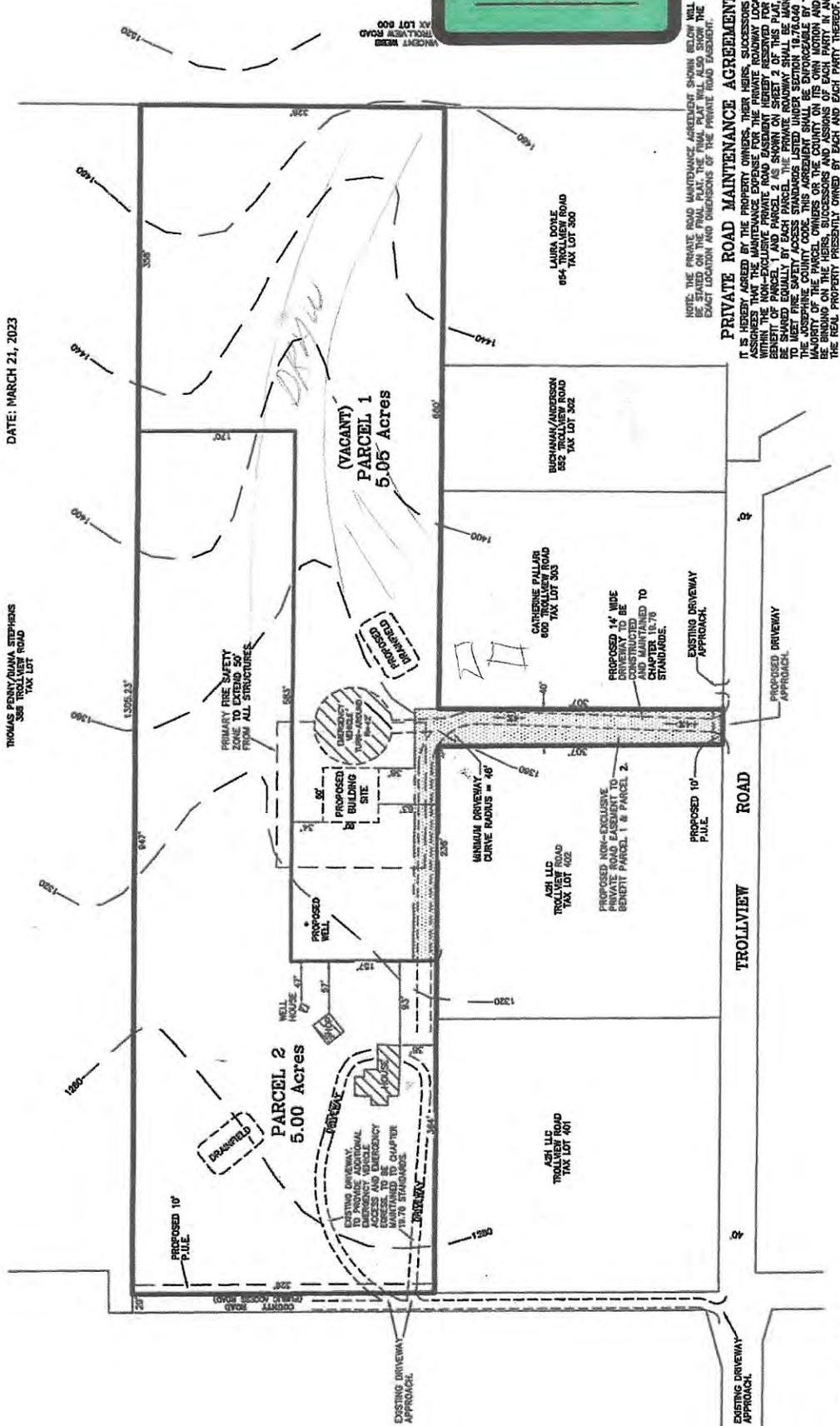
SEWAGE DISPOSAL: SUBSURFACE

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.

CONTOURS ARE APPROXIMATE.

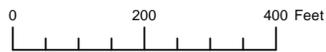


NOTE: THE PRIVATE ROAD MAINTENANCE AGREEMENT SHOWN BELOW WILL BE STATED ON THE FINAL PLAT. THE FINAL PLAT WILL ALSO SHOW THE EXACT LOCATION AND DIMENSIONS OF THE PRIVATE ROAD EASEMENT.

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 COMMITTEE OF THE PROPERTY OWNERS OF EACH PARTY AND TO THE REAL PROPERTY PRESENTLY OWNED BY EACH AND EACH PARTY THEREOF.

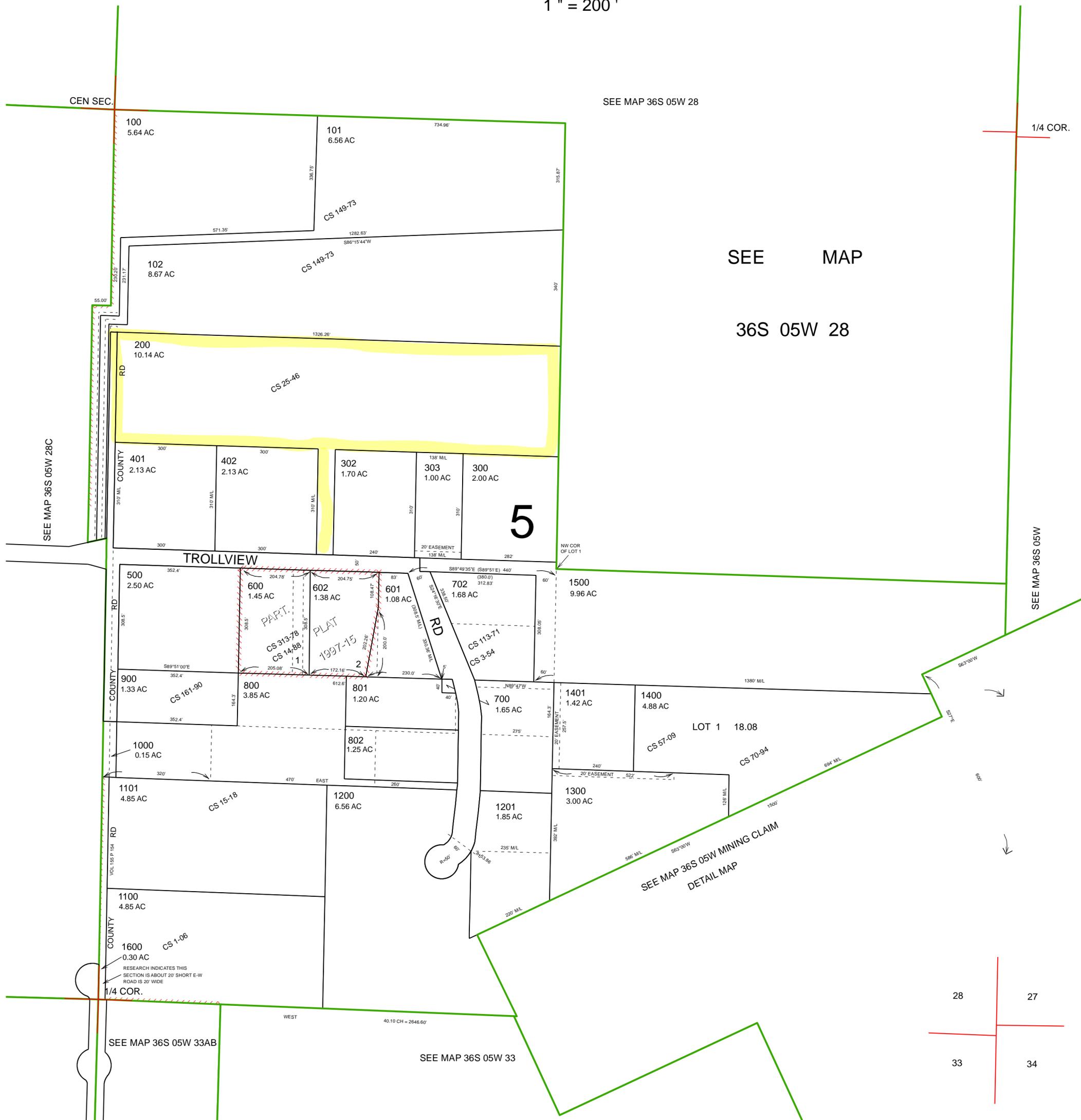
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY



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



SEE MAP 36S 05W 28C

SEE MAP 36S 05W 28

SEE MAP

36S 05W 28

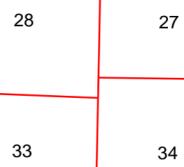
1/4 COR.

SEE MAP 36S 05W

SEE MAP 36S 05W MINING CLAIM
DETAIL MAP

SEE MAP 36S 05W 33AB

SEE MAP 36S 05W 33



36 05 28D