Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-25-000007-PRMT

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

Date Certificate Issued: 03/17/2025
Work Description: MAJOR REPAIR

Applicant: Druther's Construction, LLC
Address: 560 A NE F st #208
Grants Pass OR 97526
Phone: 5414412029
Email: andrew.olson2002@gmail.com

Primary Contractor: Druther's Construction, LLC
Installer License: 39140
Address: 560 A NE F st #208
Grants Pass OR 97526
Phone: 5414412029
Email: andrew.olson2002@gmail.com

Owner: HUGHES, ROBERT & HUGHES, SANDRA
Address: 325 TEMPLIN AVE
GRANTS PASS OR 97526

Property Address: 1442 Ellison Loop, Merlin, OR 97532

Parcel: 3506090000070400 - Primary Township: 35 Range: 06 Section: 9

Lot Size:	2.53	**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:	SFR	SFR
Number of Bedrooms:	3	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	375 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:	N/A	**Distribution Method:**	Serial
Media Type:	EZ FLOW 1201-P	**Media Depth:**	N/A
Trench Length:	375 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Temporary	**Groundwater Depth:**	N/A
Groundwater Interceptor:	No	**Groundwater Interceptor Depth:**	48 in.
Rake Trench Sidewalls:	Yes		

Date Certificate Issued: 03/17/2025
Work Description: MAJOR REPAIR

Conditions of Approval

- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 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
- Install the pump and system components in accordance with the approved pump curve and specifications.
- An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- 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.
- Effluent filter required at tank outlet.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

· Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

Septic Permit 463-25-000007-PRMT

Date Certificate Issued: 03/17/2025
Work Description: MAJOR REPAIR

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:** Yes **Pre-Cover Inspection Waived Per 340-071:** No

Comments: PHOTOS SUBMITTED

Issued By: Joshua Daley, Environmental Specialist **Effective Date:** 03/17/2025

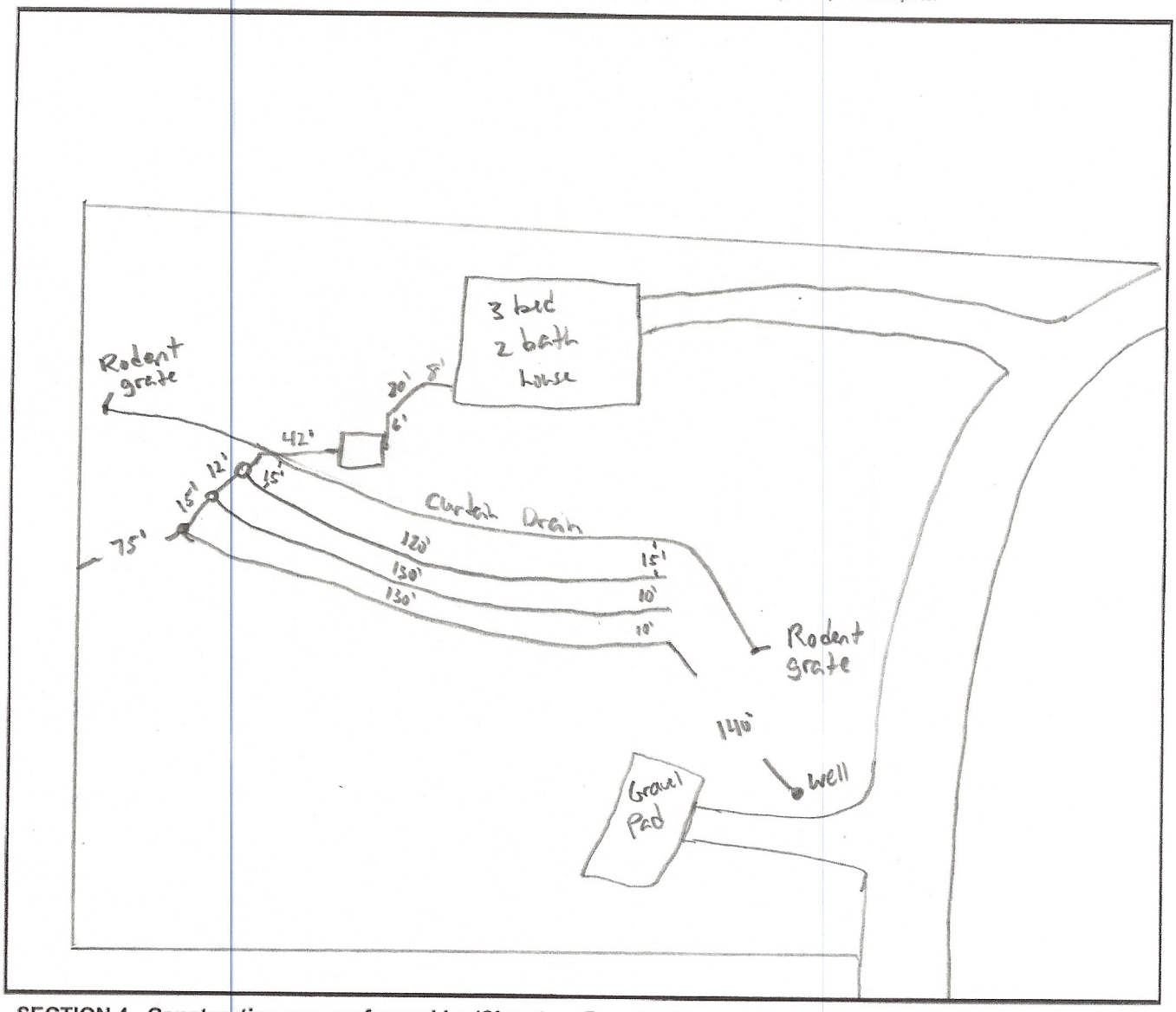
Joshua Daley

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.)

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: Andrew Olson				
Licensed Installer:	Yes	No	License#: 39140	Certification#:	
Owner/ Certified Installer:	Signature:		Date: 3-9-25	Phone#: 541-441-2029	

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____




Application for Onsite Sewage Treatment System

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

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

A. Property Owner Information

Bob Hughes — Name
325 Templin Ave. Grants Pass, OR 97526 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-660-9672 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
35	06	09	704	R347712	2.53

County	Subdivision Name	Lot	Block
Josephine	Russell Rd Estates	26	

Property Address: 1442 Ellison loop Rd (Address) — Merlin (City) — OR (State) — 97532 (Zip Code)

Directions to Property: I-5 to Merlin Exit. Head west to Merlin. Take a right onto Pleasant Valley Rd. Take left on Russell Rd. Take a left onto Ellison loop.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence
_____ Number of Bedrooms
☐ Other _____

Proposed Facility:

☒ Single Family Residence
3 beds Number of Bedrooms
☐ Other _____

Water Supply:

☐ Public _____ Name
☒ Private Well — Well, Spring, Shared

D. Type of Application

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

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

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

Signature — Date: 1-6-25

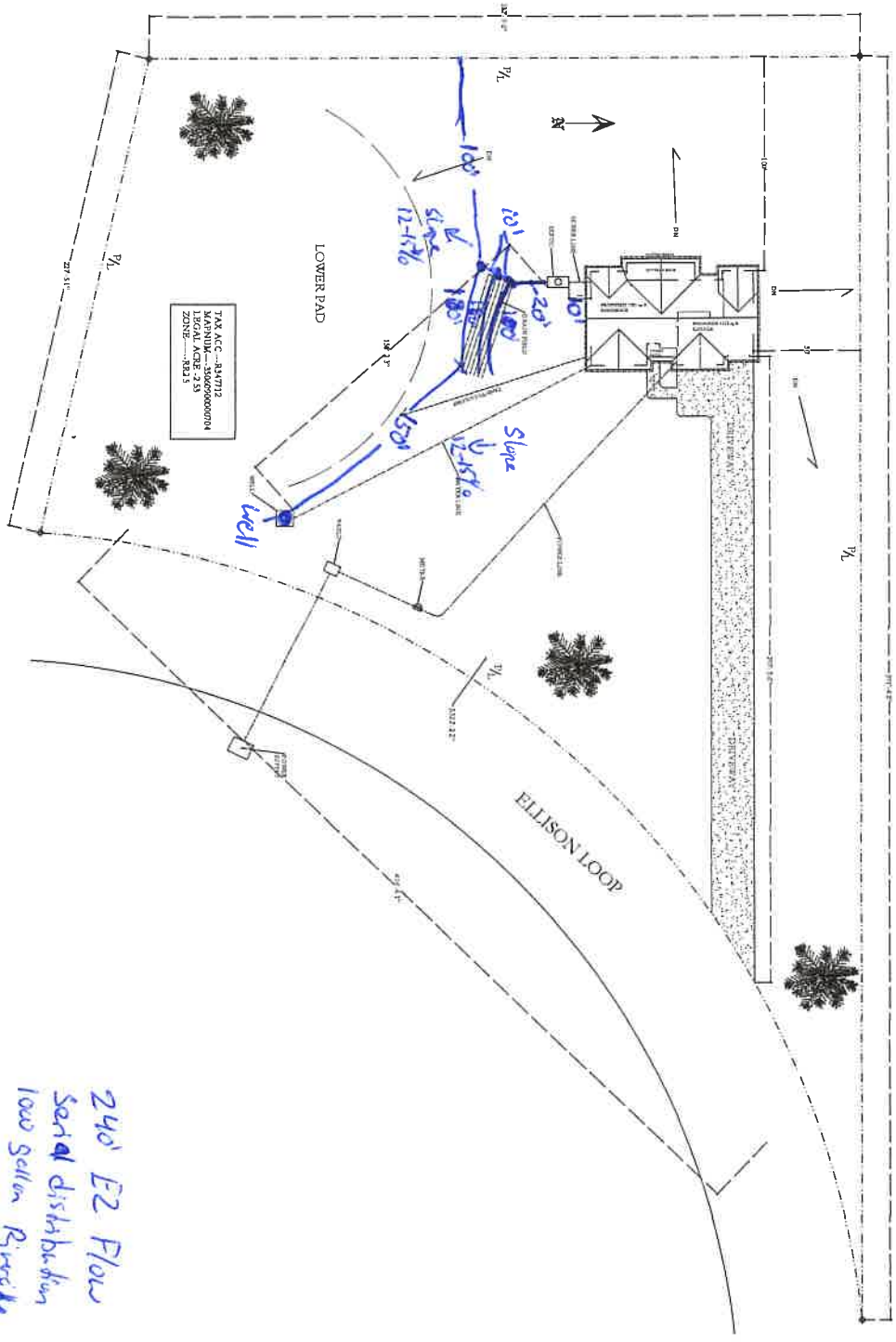
Andrew Olson — Applicant's Name – Please Print Legibly
541-441-2029 — Applicant's Phone Number
andrew.olson2022@gmail.com — Applicant's E-mail Address
P.O. Box 1586 Grants Pass, OR 97528 — Applicant's Mailing Address

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

☐ Authorization Attached

Drinkes Construction — Installer's Name 39140

SITE PLAN



A-1	FOR NEW RESIDENCE	DRAWN BY CAG	DATE DRAWN OCT. 11, '24	SCALE 1"=20'	PAGE SITE

HUGHES RESIDENCE
1442 ELLISON LOOP.
MERLIN, ORE.

TRUEBUILT
HOMES LLC
(541) 660-9868 GENE ROBERTSON CCB# 173891

CHARLES A DESIGNS
541-761-0126 / 541-582-8038

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	350609000000704	**PERMIT NUMBER:**	PL-2024-01350
SITUS:	1442 ELLISON LOOP	**ZONE:**	RR2.5
ACRES:	2.53	**SCHOOL DISTRICT:**	3 RIVERS SCHOOL DISTRICT

APPLICANT:	Robertson, Julie	**APPLICANT PHONE #:**	541-660-4005
APPLICANT ADDRESS:	PO Box 899 MERLIN, OR 97532		
OWNER:	HUGHES, ROBERT S		
OWNER ADDRESS:	325 TEMPLIN AVE GRANTS PASS, OR 97526		

SPECIAL REQUIREMENTS
- Fire Hazard - Plan in File ___ NA ___ Reason:
- Erosion Hazard - Plan in File ___ NA ___ Reason

EXISTING STRUCTURES	**PROPOSAL**	**SETBACKS**	
Per Assessor Records: Vacant	SFD - 1901 sq. ft., 3 bedroom, 2 1/2 bath; 1199 sq. ft. attached garage, 324 sq. ft. covered porches	Front Setback:	30 ft.
		Side Setback:	10 ft
		Rear Setback:	25 ft.
		Stream Setback:	0 ft
		Height:	35 ft.

ADDITIONAL TERMS:

- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Note: Septic System to be connected to authorized structures/uses only
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- Electrical service to be connected to authorized structures/uses only

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED. *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:		**DATE:**	12-9-2024
CONTRACTOR NAME:	Truebuilt Homes, LLC	**LICENSE#:**	173691
APPROVED:	Nan Smith	**DATE:**	12-9-24

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

NOTICE AUTHORIZING REPRESENTATIVE

I, Bob Hughes (Property Owner/Print Name), have authorized Andy Olson (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 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:

1442 Ellison Loop Grants Pass, Or. 97526
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 09 Map ID 00 Tax Lot #(s) 704

PROPERTY OWNER:

Printed Name: Bob and Sandra Hughes

Address: 325 Templin Ave

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

Phone: 541-660-9672 Email: maybitsf8@msn.com

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Andy Olson

Address: P.O. Box 1586

City, State, Zip: Grants Pass, OR 97528

Phone: 541-941-2029 Email: andrew.olson2002@gmail.com

Signature: [signature]

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 9 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

35 06 09

CANCELLED:
190
890
1500
191
116
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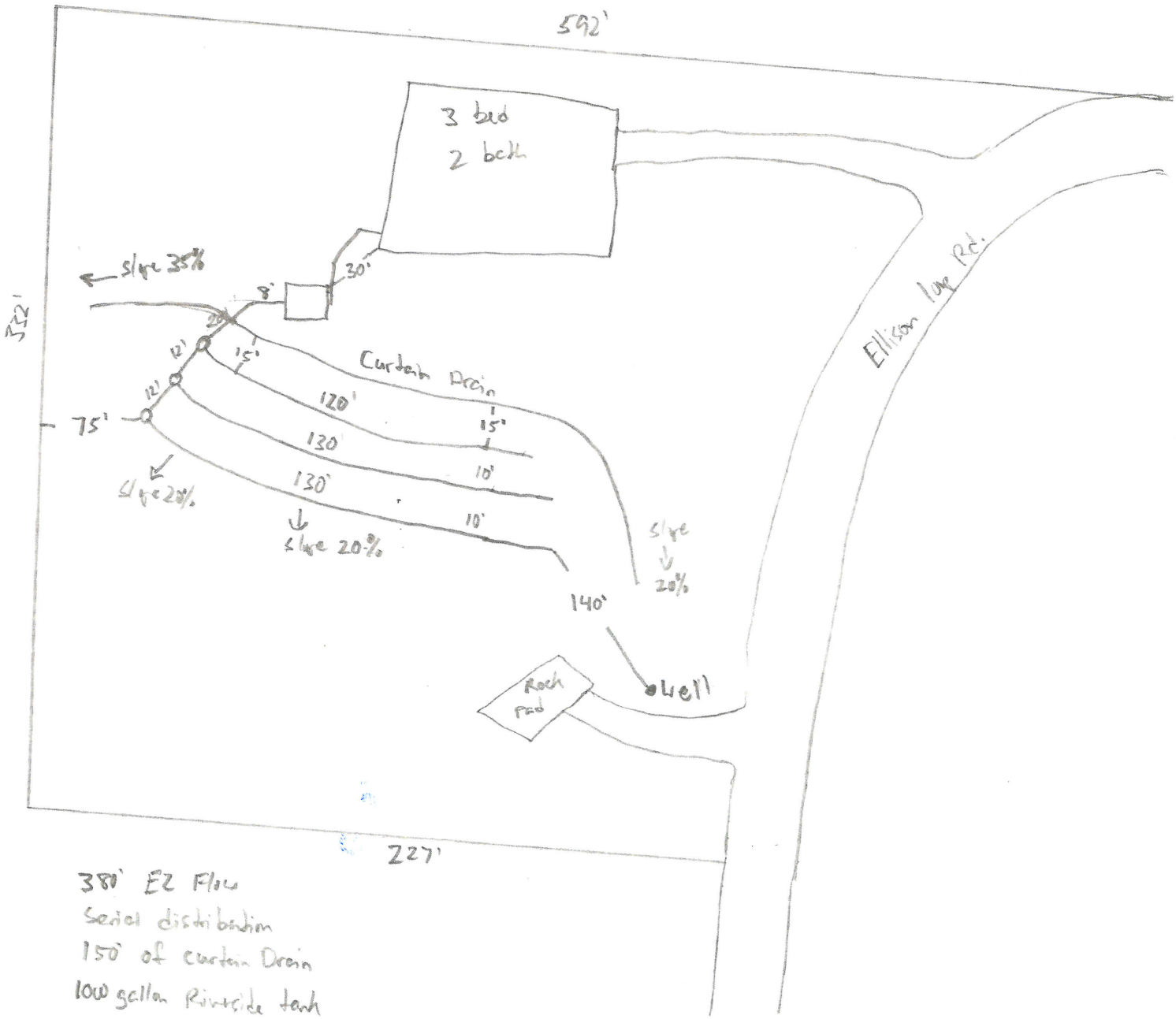
35 06 09

JO CO ON-SITE SEPTIC

MAR 04 2025

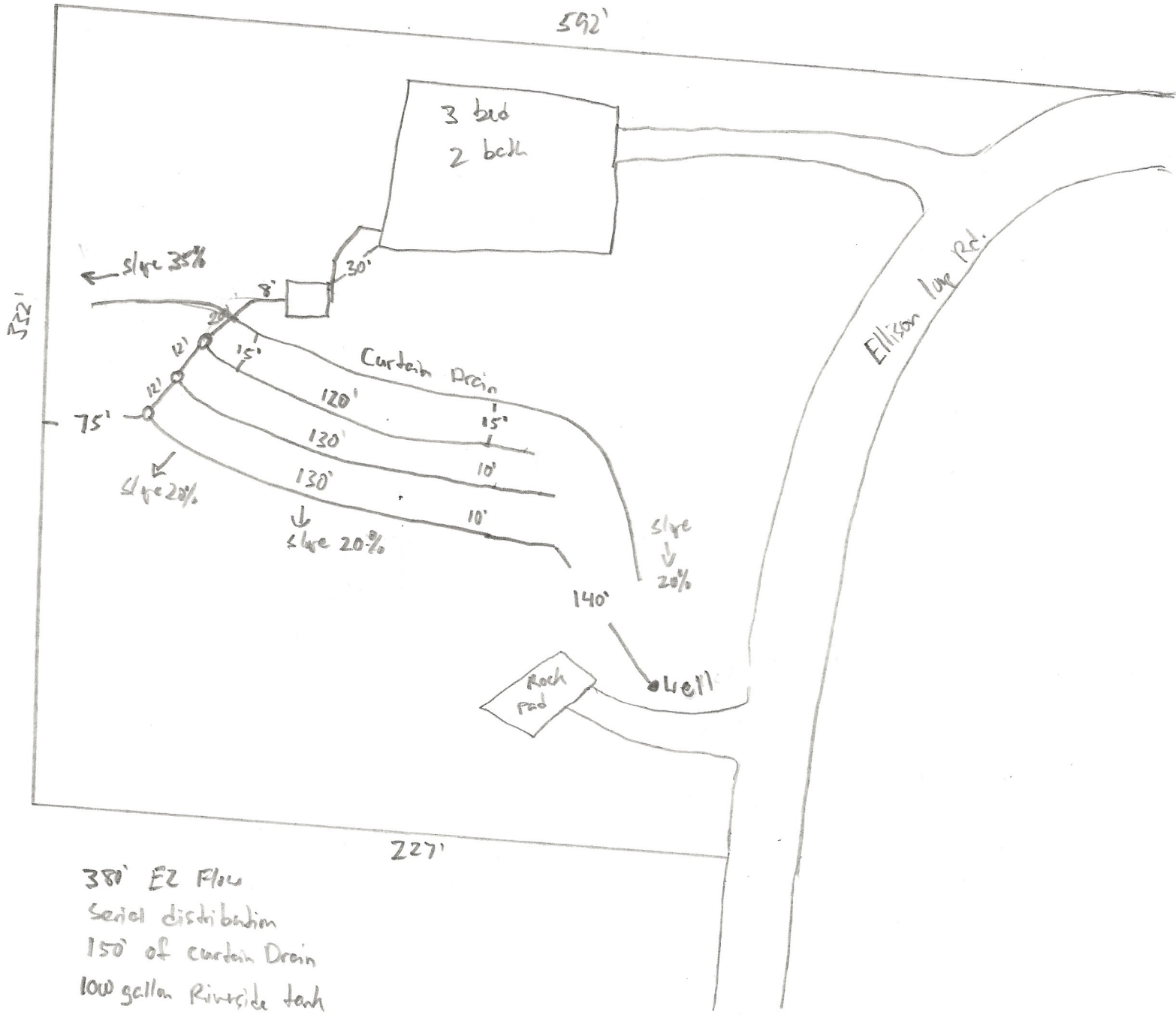
APPROVED BY:

1442 Ellison Loop Rd.
Construction Plan



380' EZ Flow
Serial distribution
150' of curtain Drain
100 gallon Riverside tank

1442 Ellison Loop Rd.
Construction Plan



380' EZ Flow
Serial distribution
150' of curtain Drain
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Website: josephine.or.us

Septic Permit
Repair (Major) - Residential - New
463-25-000007-PRMT

Date issued: 3/4/25 **Expiration date:** 3/4/26

Work description: MAJOR REPAIR

Applicant: Druther's Construction, LLC
Address: 560 A NE F st #208
Grants Pass OR 97526
Phone: 5414412029
Email: andrew.olson2002@gmail.com

Primary contractor: Druther's Construction, LLC
Installer License: 39140
Address: 560 A NE F st #208
Grants Pass OR 97526
Phone: 5414412029
Email: andrew.olson2002@gmail.com

Business License: N/A

Owner: HUGHES, ROBERT & HUGHES, SANDRA
Address: 325 TEMPLIN AVE
GRANTS PASS OR 97526

Property address: 1442 Ellison Loop, Merlin, OR 97532

Parcel: 3506090000070400 - Primary Township: 35 Range: 06 Section: 9

Lot size:	2.53	**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:**	Repair (Major) - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: N/A

Category of construction: Residential

	Existing	Proposed
Use of structure:	SFR	SFR
Number of bedrooms:	3	3

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	450 gpd.	**Proposed flow:**	375 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:	N/A	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	EZ FLOW 1201-P		
Trench length:	375 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	8 ft.
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

Special Requirements

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

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Onsite Permit 463-25-000007-PRMT

Date issued: 3/4/25 **Expiration date:** 3/4/26

Work description: MAJOR REPAIR

Stake out required:	No		
Groundwater type:	Temporary	**Groundwater depth:**	N/A
Groundwater interceptor:	N/A	**Groundwater interceptor depth:**	48 in.
Rake trench sidewalls:	Yes		

Onsite Permit 463-25-000007-PRMT

Date issued: 3/4/25 **Expiration date:** 3/4/26

Work description: MAJOR REPAIR

Conditions of approval:

- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 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
- Install the pump and system components in accordance with the approved pump curve and specifications.
- An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- 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.
- Effluent filter required at tank outlet.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

· Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

Onsite Permit 463-25-000007-PRMT

Date issued: 3/4/25 **Expiration date:** 3/4/26

Work description: MAJOR 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 Environmental Specialist 3/4/25

Onsite Permit
Application Verification

463-25-000007-PRMT

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

Application created: 1/9/25
Parcel Nbr: 3506090000070400
Site Address: 1442 ELLISON LOOP, MERLIN, OR 97532
Owner: HUGHES, ROBERT &
HUGHES, SANDRA
1442 ELLISON LOOP
MERLIN, OR 97532
Applicant: Druther's Construction, LLC - Druther's Construction, LLC
560 A NE F st #208
Grants Pass, OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Licensed Professional(s):

License Number: Installer License - 39140
Druther's Construction, LLC
560 A NE F st #208
Grants Pass, OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Category of Construction: Residential
Acreage or Lot Size: 2.53
County:
Water Supply: Well

	Existing		Proposed
Use of Structure:	SFR	**Use of Structure:**	SFR
Number of Bedrooms:	3	**Number of Bedrooms:**	3

Attached Documents:
No Documents have been attached.

Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-22-000378-PRMT

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

Date Certificate Issued: 11/09/2022
Work Description: New Septic System installation

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: BEELER EXCAVATION LLC
(PB) Plumbing Contractor: PB2635
Address: 109 CUMBERLAND DRIVE
GRANTS PASS OR 97527
Phone: 5416602953
Email: INFO@BEELEREXCAVATION.COM

Contractor: Beeler Excavation, LLC
Installer License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com

Owner: TARBELL, DEAN & KURLE, SCHELLEY
Address: 17 QUISTA DR
CHICO CA 95926
Parcel: 3506090000070400 - Primary

Property Address: 0 Ellison Loop 26, Merlin, OR 97532

Lot Size:	2.53	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	N/A

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Media Type:	EZ FLOW 1201	**Media Depth:**	N/A
Trench Length:	300 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	N/A
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Temporary	**Groundwater Depth:**	N/A
Pump to Drainfield Required:	Yes	**Filter Fabric on Top of Drain Media:**	No
Rake Trench Sidewalls:	Yes		

Septic Permit 463-22-000378-PRMT

Date Certificate Issued: 11/09/2022
Work Description: New Septic System installation

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:** Yes **Pre-Cover Inspection Waived Per 340-071:** No

Comments: 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.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-22-000378-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:

Twnshp: **Range:** **Sect:**

Lot:

Name: TARBELL, DEAN & KURLE, SCHELLEY

Property Address: 0 ELLISON LOOP 26, MERLIN, OR 97532

SECTION 2: System Component Specifications:

A. Tanks/Pumps — **System Type:** — **Water tight verification***

Tanks(1)	Volume: 1500gal	Compartments: 2	Manufacturer: Riverside Ready Mix			Date: 9/29/22	
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP: 1/2	Model/Manuf. Liberty	Float(s)Type(1): A	Model/Manuf. Orenco A Float			
			Float(s)Type(2): B	Model/Manuf. Orenco B Float			

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter: 1&1/4"	ASTM#/Other: PVC Schedule 40	Length: 249'

C. Secondary Treatment Unit:

Sand Filter**	Yes / No	Type:	Container Dimensions:	
Underdrain pipe	Diameter:	ASTM#/Other:	Length:	
Manifold piping	Diameter:	ASTM#/Other:	Length::	
Internal Pump	HP:	Model/Manufacturer		
Floats(1)	Type:	Model/Manufacturer		
Floats(2)	Type:	Model/Manufacturer		

ATT	Yes / No	Model:	
Certified Maint.	Provider Name:		
Operation and Maint.	Contract Received?	Yes	No

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) EZ Flow 1201				
Distribution Box	Yes / No				
Drop Box	Yes / No				
Distribution Pipe	Yes / No	Diameter: 4"	ASTM#/Other: 3034	Length: 300'	

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.

See Attached

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).

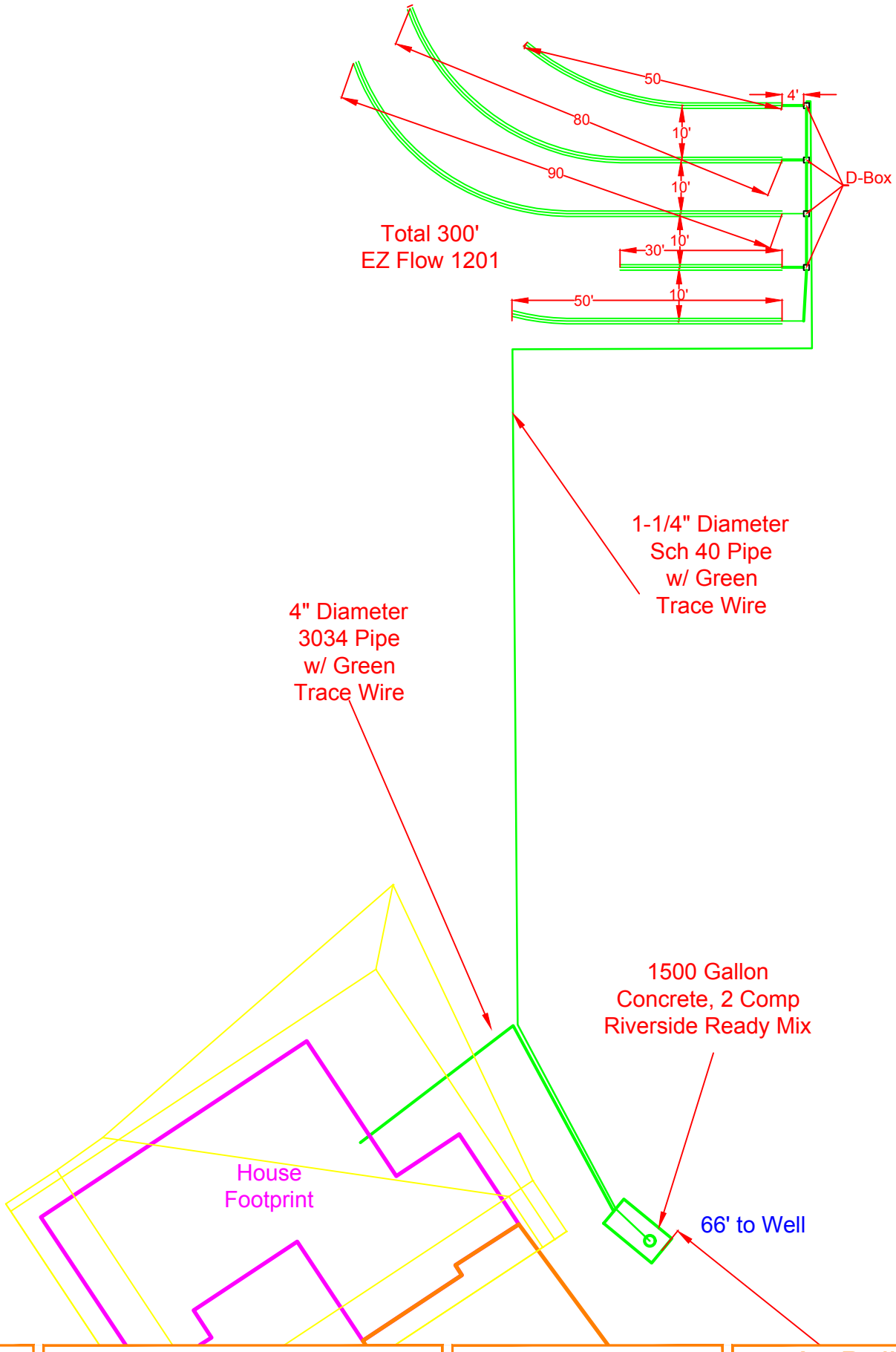
Owner/Permittee or Certified Installer w/Certification#:	Print Name: Dominic Florez of Beeler Excavation				
Licensed Installer:	Yes	No	License#: DEQ 37834	Certification#: I 2698	
Owner/ Certified Installer:	Signature: Dominic Florez		Date: 10/14/22	Phone#: 541-660-2953	

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____



Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834

Worksite Information
Lot 26, Russel Road Estates
Merlin, Oregon

As Built
Issue Date: Oct 14, 2022

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

Septic Permit
Installation Permit - Residential - New
463-22-000378-PRMT

Date issued: 8/29/22 **Expiration date:** 8/29/23

Work description: New Septic System installation

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: BEELER EXCAVATION LLC
(PB) Plumbing Contractor: PB2635
Address: 109 CUMBERLAND DRIVE
GRANTS PASS OR 97527
Phone: 5416602953
Email: INFO@BEELEREXCAVATION.COM

Contractor: Beeler Excavation, LLC
Installer License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com

Business License: N/A

Owner: TARBELL, DEAN & KURLE, SCHELLEY
Address: 17 QUISTA DR
CHICO CA 95926
Parcel: 3506090000070400 - Primary

Property address: 0 Ellison Loop 26, Merlin, OR 97532

Lot size:	2.53	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Construction Permit - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: CURTAIN DRAIN RECOMMENDED 10 FEET UPSLOPE OF DRAINFIELD.

Category of construction: Residential

	Existing	Proposed
Number of bedrooms:	N/A	3

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	450 gpd.	**Proposed flow:**	N/A

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	EZ FLOW 1201		
Trench length:	300 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	N/A
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

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

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Onsite Permit 463-22-000378-PRMT

Date issued: 8/29/22 **Expiration date:** 8/29/23

Work description: New Septic System installation

Special Requirements

Stake out required:	Yes		
Groundwater type:	Temporary	**Groundwater depth:**	N/A
Pump to drainfield reqd:	Yes	**Filter fabric on top of drain media:**	N/A
Rake trench sidewalls:	Yes		

Conditions of approval

1.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
2.A final inspection is required after landscaping or other erosion control measures are established.
3.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.
4.The system must be installed by the property owner or a licensed sewage disposal business (installer).
5.Vehicular traffic and livestock must be restricted from the system area.
6.All roof drains must be directed away from the system
7.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.
8.Meet all required setbacks
9.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.
10.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.
11.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
12.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
13.Install the pump and system components in accordance with the approved pump curve and specifications.
14.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
15.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.
16.Effluent filter required at tank outlet.
17.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
18.Maximum length of an individual trench is 150-feet.
19.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
20.Groundwater Interceptor, Curtain Drain RECOMMENDED: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

Onsite Permit 463-22-000378-PRMT

Date issued: 8/29/22 **Expiration date:** 8/29/23

Work description: New Septic System installation

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).

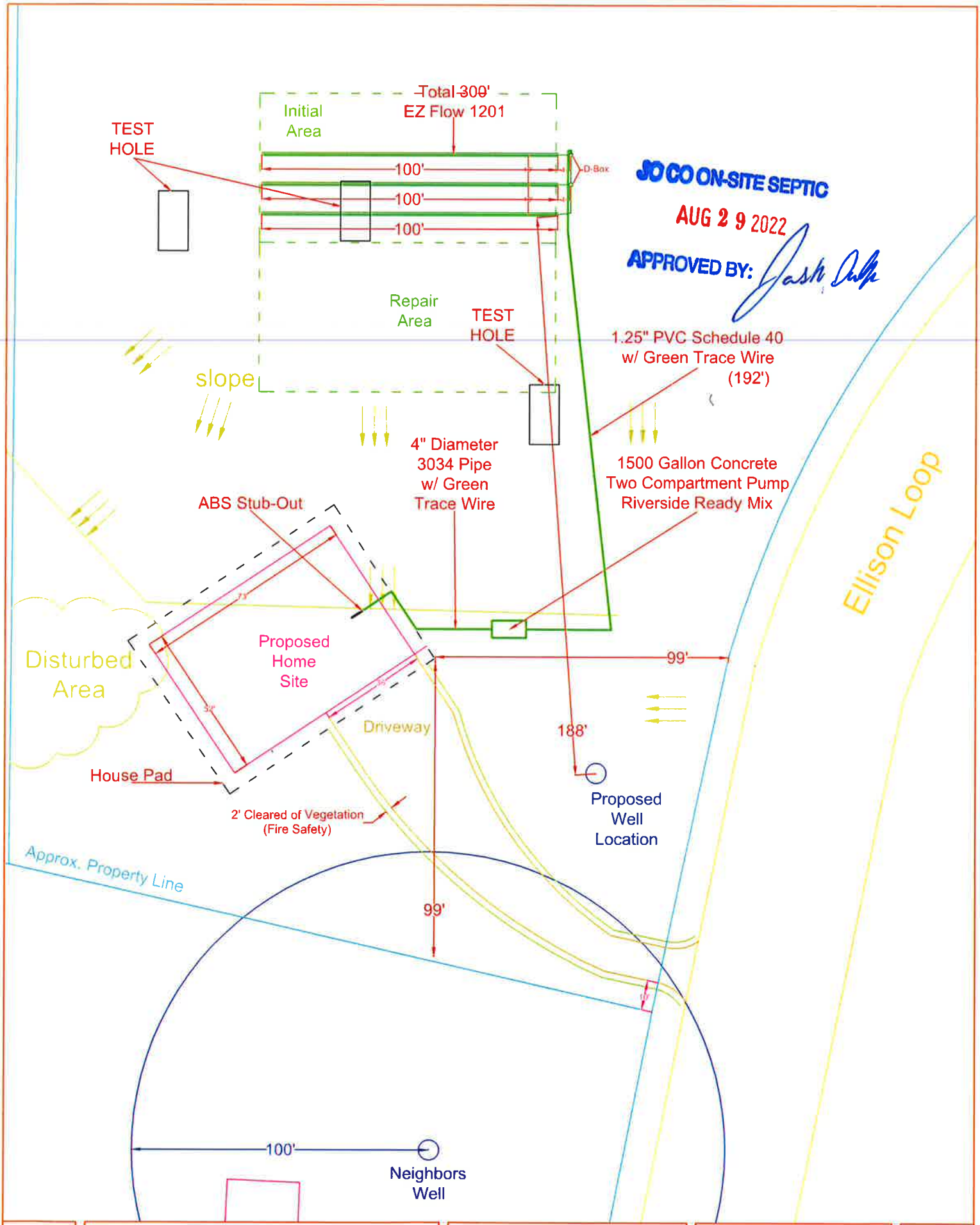
Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to 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.

8/29/22



Beeler Excavation
www BEELEREXCAVATION com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 ; CCB #229243 ; DEQ #37834

Worksite Information
Lot 26, Russel Road Estates
Merlin, Oregon

Site Plan

Issue Date: Aug 25, 2022

280-SERIES

Cast Iron Submersible Sump/Effluent Pump

Liberty Pumps®

A Family and Employee Owned Company

1/2 hp
1-1/2" Discharge
3/4" Solids Handling

Model 283

Features

- Liberty Pumps unique, one-piece "Uni-Body" casting
- Quick-connect 10' standard power cord allows replacement of cord in seconds without breaking seals to motor (other lengths available)
- Permanently lubricated upper and lower bearings
- Oil-filled, hermetically sealed motor with thermal overload protection
- Stainless-steel removable bottom screen
- Stainless-steel rotor shaft
- Stainless-steel fasteners

115V Models

280 Manual

281 Wide-Angle Float Switch with Quick-connect

283 Wide-Angle Float Switch, Series Plug

287 Vertical Magnetic Float (VMF) Switch for heavy-duty sump pump applications

208–230V Models

280HV Manual

281HV Wide-Angle Float Switch with Quick-connect

283HV Wide-Angle Float Switch, Series Plug

287HV Vertical Magnetic Float (VMF) Switch

Wide-angle float switches are mercury-free, mechanically activated.

Available with Vertical Magnetic Float Switch

SSPMA CERTIFIED

C SP US

innovate. evolve.

280-Series

Impeller

Vortex style engineered polymer

Paint

Powder coat

Max Fluid Temperature

140°F (60°C) Intermittent
104°F (40°C) Continuous duty

Motor Specifications

1/2 hp 8A (115V) 4A (208/230V)
Oil-Filled; Thermally Protected
(PSC) Permanent Split Capacitor

Power Cord Type

SJTW (10' and 15' models)
SJTOOW (35' and 50' models)

Motor Housing

Class 25 cast iron

Dimensional Data

Weight: 29 lbs
Height: 13"
Major Width: 10" (Model 287)

Shaft

Stainless

Hardware

Stainless

Mechanical Shaft Seal

Unitized ceramic carbon

Bearings

Upper and lower ball bearings

Minimum Sump Diameters

Models 281, 283	14"
Model 287	10"

FACTORY SWITCH SETTINGS	MODELS 281 & 283	MODEL 287
Turn on level	13"	9.5"
Turn off level	7"	4"

The Model 283 features a fully adjustable wide-angle float switch. Differential adjustments can be made easily by tethering the float switch to the discharge pipe or other mounting point. Vertical float switch Model 287 is not adjustable.

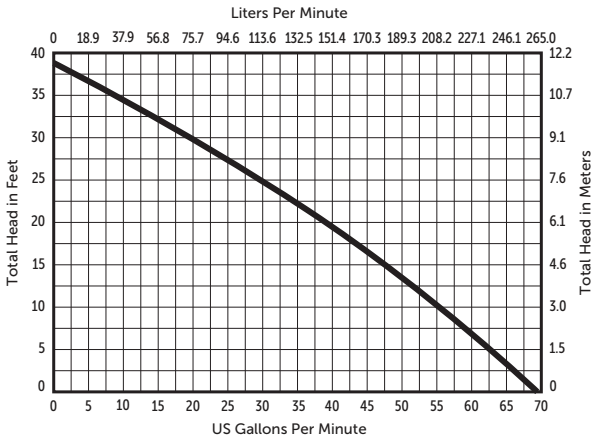
Cord Lengths

MODEL	10'	25'[-2]	35'[-3]	50'[-5]
280	Standard	Optional	Optional	Optional
281	Standard	Optional	Optional	Optional
283	Standard	Optional	Optional	N/A
287	Standard	Optional	N/A	N/A

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

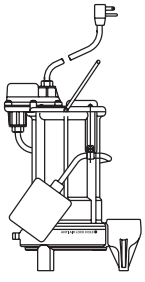
Performance Curve

60 Hz, 3450 RPM

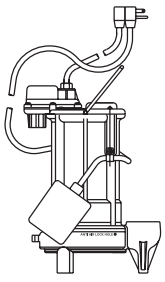


Effluent Models

Model 280
Manual, no float switch

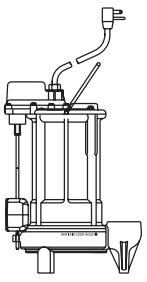


Model 281
Wide-angle float switch with Quick-connect



Model 283
Wide-angle float switch with series (piggyback) plug

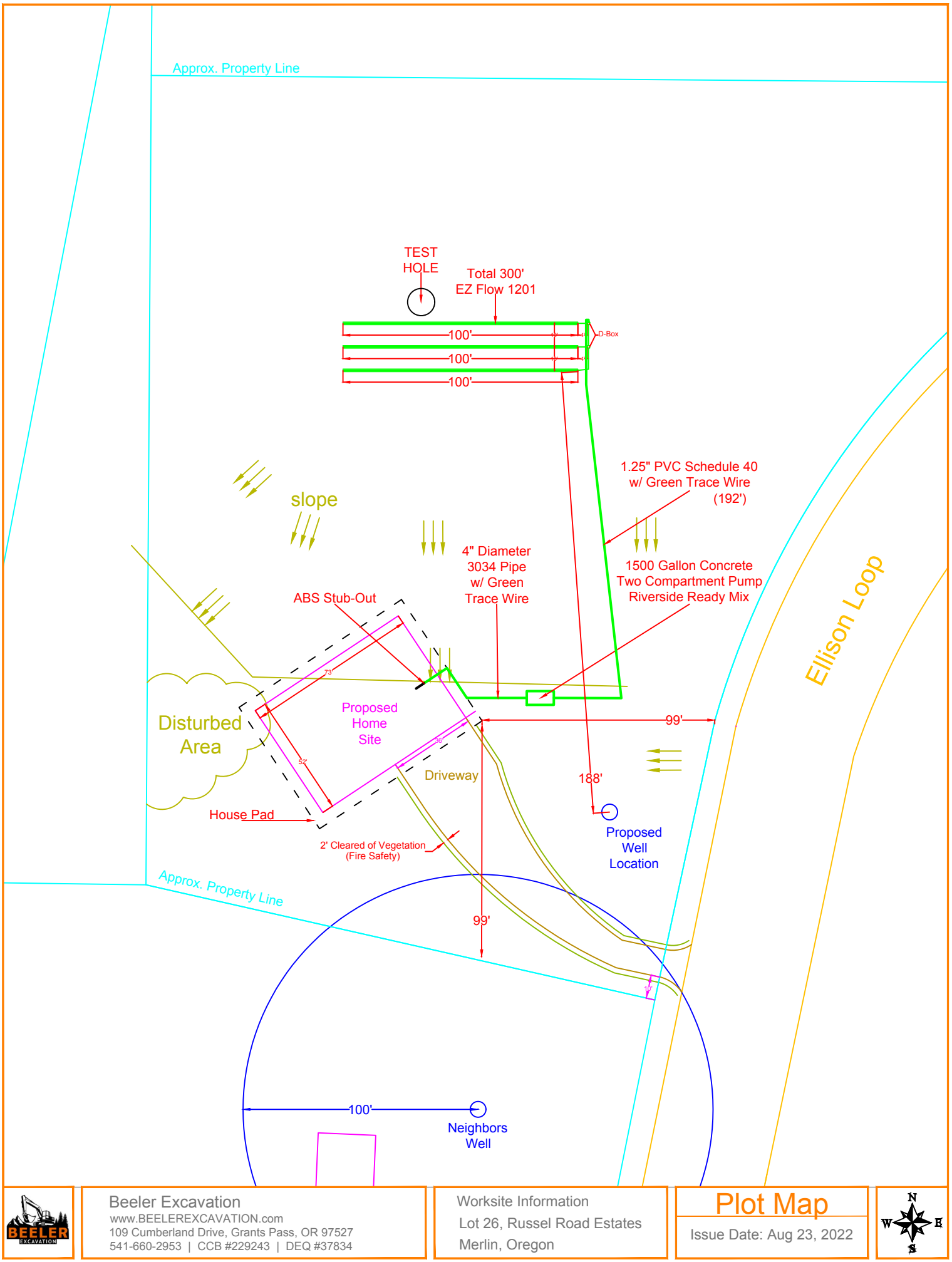
Sump Models



Model 287 VMF-Series
Vertical magnetic float switch for smaller pits – will operate in a 10" diameter sump

Specifications subject to change without notice.

Liberty Pumps - 7000 Apple Tree Avenue - Bergen, New York 14416
Phone 800-543-2550 - Fax 585-494-1839 - LibertyPumps.com



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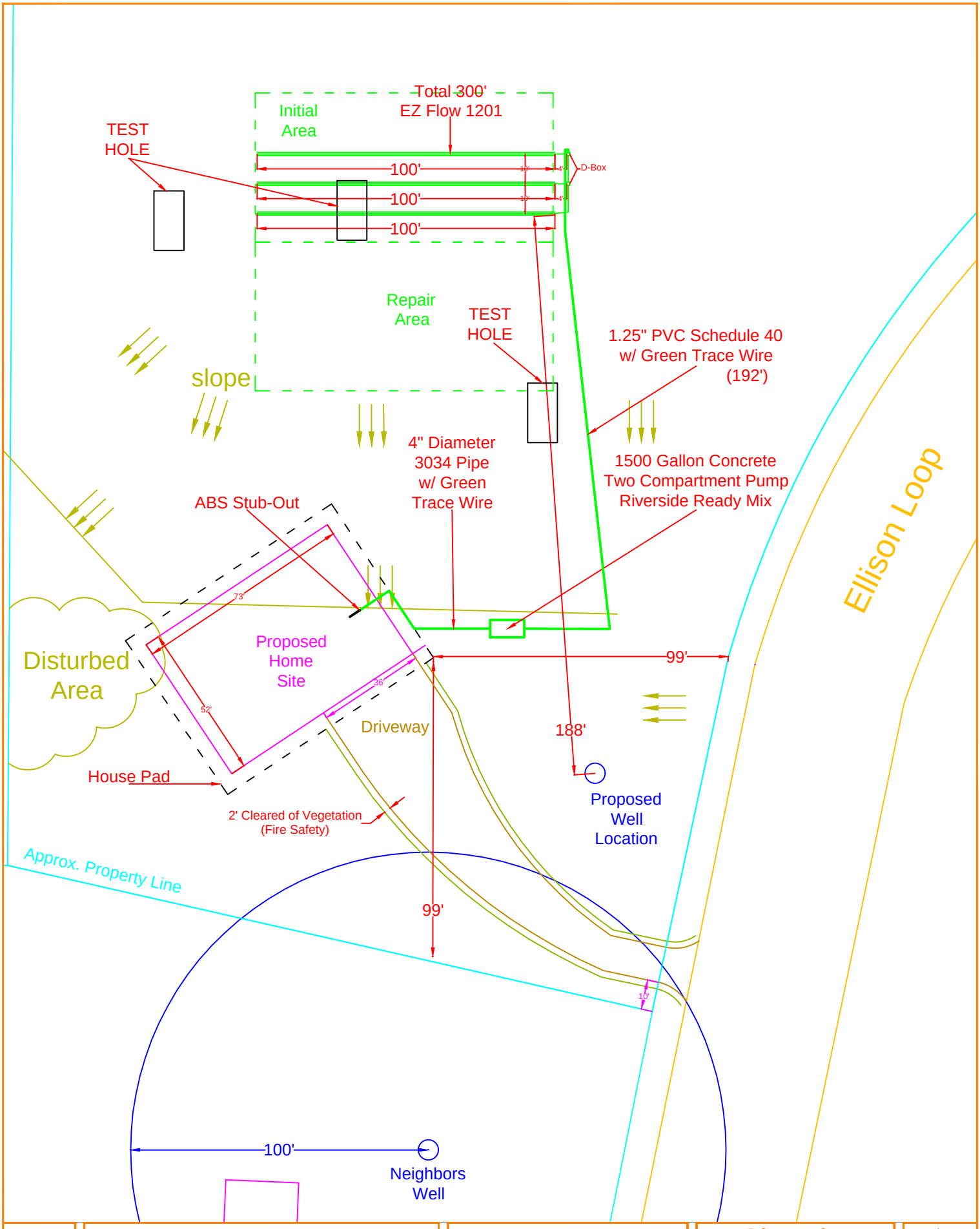
541-660-2953 | CCB #229243 | DEQ #37834

Worksite Information
Lot 26, Russel Road Estates
Merlin, Oregon

Plot Map

Issue Date: Aug 23, 2022



Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834

Worksite Information
Lot 26, Russel Road Estates
Merlin, Oregon

Site Plan

Issue Date: Aug 25, 2022

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NOTICE AUTHORIZING REPRESENTATIVE

I, Dean Tarbell (Property Owner/Print Name), have authorized Beeler Excavation (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 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:

Lot 26 ELLISON LOOP, MERLIN, OR 97532
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 09 Map ID 00 Tax Lot #(s) 704

PROPERTY OWNER:

Printed Name: Dean Tarbell

Address: Lot 26 ELLISON LOOP

City, State, Zip: MERLIN, OR 97532

Phone: 530-680-0442 Email: deansaved@yahoo.com

Signature: DocuSigned by: D1A2F1E1EB3F447...

AUTHORIZED REPRESENTATIVE:

Printed Name: Dominic Florez of Beeler Excavation

Address: 109 Cumberland Drive

City, State, Zip: Grants Pass, OR 97527

Phone: 541-660-2953 Email: info@beelerexcavation.com

Signature: DocuSigned by: 294FE1E344324EC...

Residential Septic Site Evaluation Approval

463-22-000152-EVAL

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

Date issued: 08/02/2022
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 26

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: Beeler Excavation, LLC
Installer License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com

Owner: AXXIS DEVELOPMENT INC
Address: 116 CAMBRIDGE DR
116 CAMBRIDGE DR
GRANTS PASS OR 97526

Property address: 0 Ellison Loop, Merlin, OR 97532

Parcel: 3506090000070400 - Primary

Lot size: 2.53
Zoning: N/A
Water supply: Well
City/County/UGB: County
Directions to Property: Northwest corner property of Russell Estates

Proposed use of structure: N/A
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	500 gal.
Media depth:	12 in.		

System Specifications	*Initial System*	*Replacement Area*
System type:	Standard	Steep Slope
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	300 linear ft.	375 linear ft.
Max depth:	30 in.	36 in.
Min depth:	24 in.	30 in.

Special Requirements	*Initial System*	*Replacement Area*
Stakeout required:	Yes	Yes
Groundwater type:	Temporary	Temporary
Groundwater interceptor:	No	Yes

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

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Date issued: 08/02/2022
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 26

Groundwater interceptor-amount of drain media:	N/A	36 in.
Groundwater interceptor depth:	N/A	48 in.
Drainfield type:	Standard	Seepage Trench
Drainfield sizing:	100 linear ft/150 gal.	125 linear ft/150 gal.
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

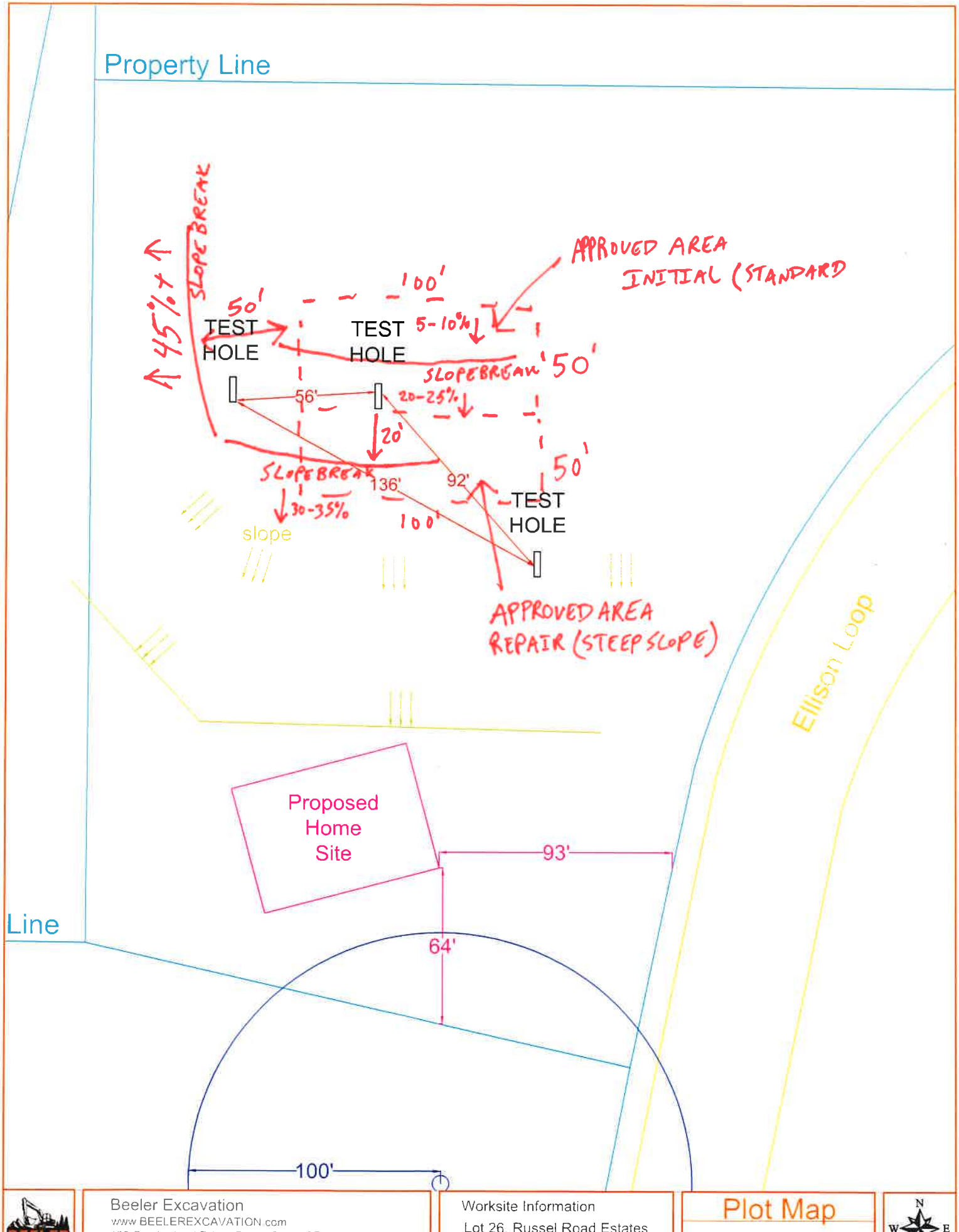
If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 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.

Gabriel Kasiah Natural Resource Specialist 8/2/22

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.)



Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834

Worksite Information
Lot 26, Russel Road Estates
Merlin, Oregon

Plot Map

Issue Date: Apr 7, 2022

N W E S

FIELD WORKSHEET

Name: BEELER EXC. **Application No.:** 463-22-000152 **Date:** _____
RE: SITE EVALUATION REPORT for Parcel #: 350609000704

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.53 ACRES

APPROVED SYSTEM SPECIFICATIONS

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

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 ~~TRENCH~~ STEEP SLOPE
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 500 DOSING	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 500 DOSING
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: 300 total linear feet 100 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: ~~150~~ 375 total linear feet 125 linear feet per 150 gallons projected daily sewage flow 36 " Max Depth ~~30~~ " Min Depth

Additional Conditions of Approval

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

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

OAR 340-071-0130; 340-071-0290; 340-071-0290

*STEEP SLOPE DRAINFIELD REQUIRED IN REPAIR AREA IF STAKEOUT IS IN AREA OVER 30% SLOPE
* RECOMMEND CURTAIN DRAIN 10' MIN UPSLOPE OF DRAINFIELD

Inspector: _____

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	SCL	10YR 3/3, GR, Roots 2F, M, 1VF, C
	4-14	SCL	10YR 5/3, WSBK, Roots 2F, M, 1VF, C, VC
	14-32	fSCL	10YR 5/4 WSBK, Roots 2F, 1M, VF, C — CONC 7.5YR 5/8
	32-36	SCL	10YR 5/2, 6/2, WSBK, Roots 1VF, F, M — " "
Test Pit 2	36-44	SAP	CLAY SKINS 5YR 5/8, MABK, TEXTURES to SCL, ROOTS NV
	44-55	SAP	10YR 7/2, 8/2, WABK, TEXTURES to SL, " "
Test Pit 3			SIMILAR TO TH1
Test Pit 4			COULD NOT EVALUATE DUE TO DEAD TREE (WIDOWMAKER) HANGING OVER TEST HOLE
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (OAK, MAPLE)

Slope: 5%-30+% Aspect: S Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: SLOPE BREAK 20' SOUTH OF TEST HOLE

NOTICE AUTHORIZING REPRESENTATIVE

I, Dean Tarbell (Property Owner/Print Name), have authorized Beeler Excavation (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 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:

Lot 26 ELLISON LOOP, MERLIN, OR 97532
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 09 Map ID 00 Tax Lot #(s) 704

PROPERTY OWNER:

Printed Name: Dean Tarbell

Address: Lot 26 ELLISON LOOP

City, State, Zip: MERLIN, OR 97532

Phone: 530-680-0442 Email: deansaved@yahoo.com

Signature: DocuSigned by: D1A2F1E1EB3F447...

AUTHORIZED REPRESENTATIVE:

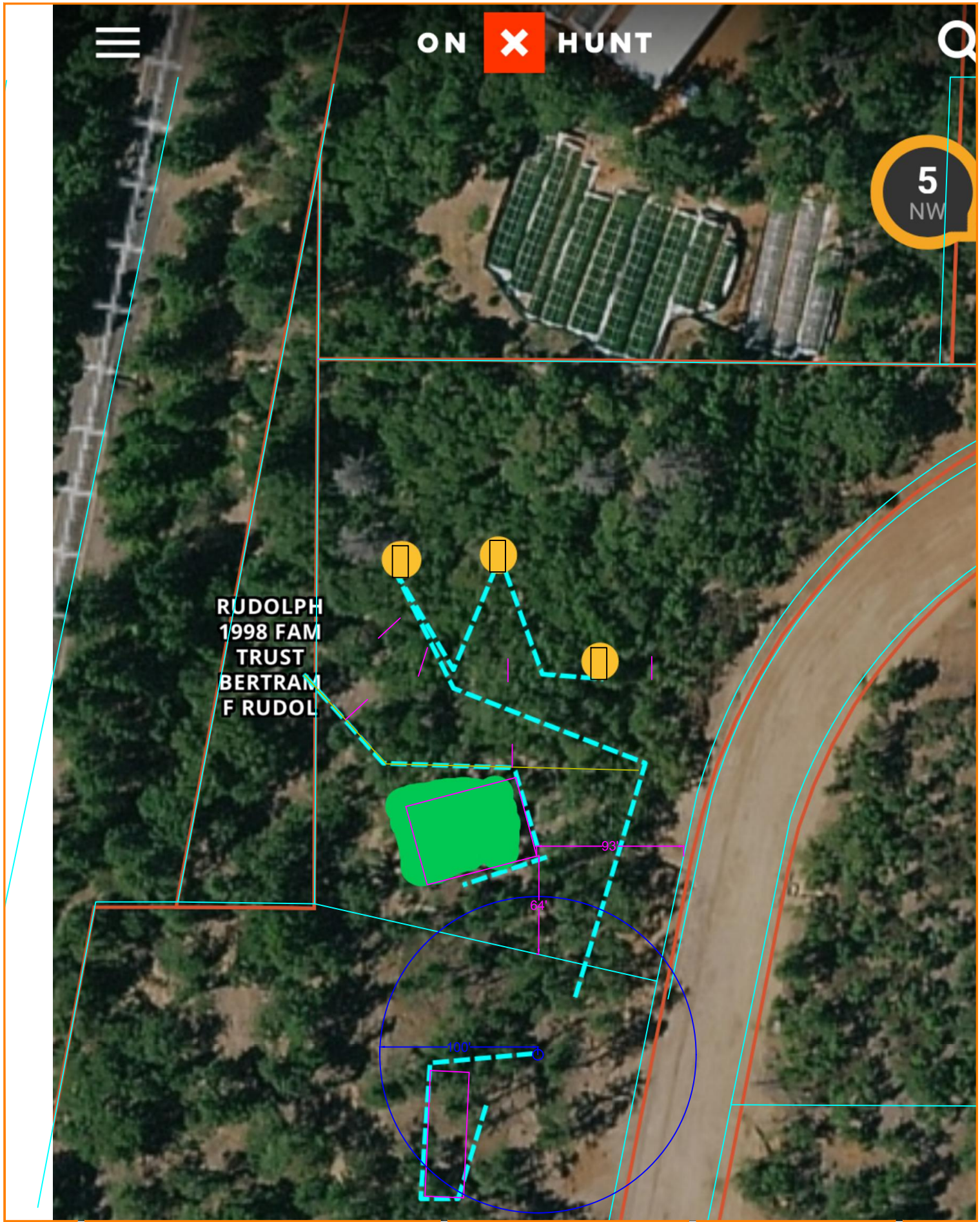
Printed Name: Dominic Florez of Beeler Excavation

Address: 109 Cumberland Drive

City, State, Zip: Grants Pass, OR 97527

Phone: 541-660-2953 Email: info@beelerexcavation.com

Signature: DocuSigned by: 294FE1E344324EC...



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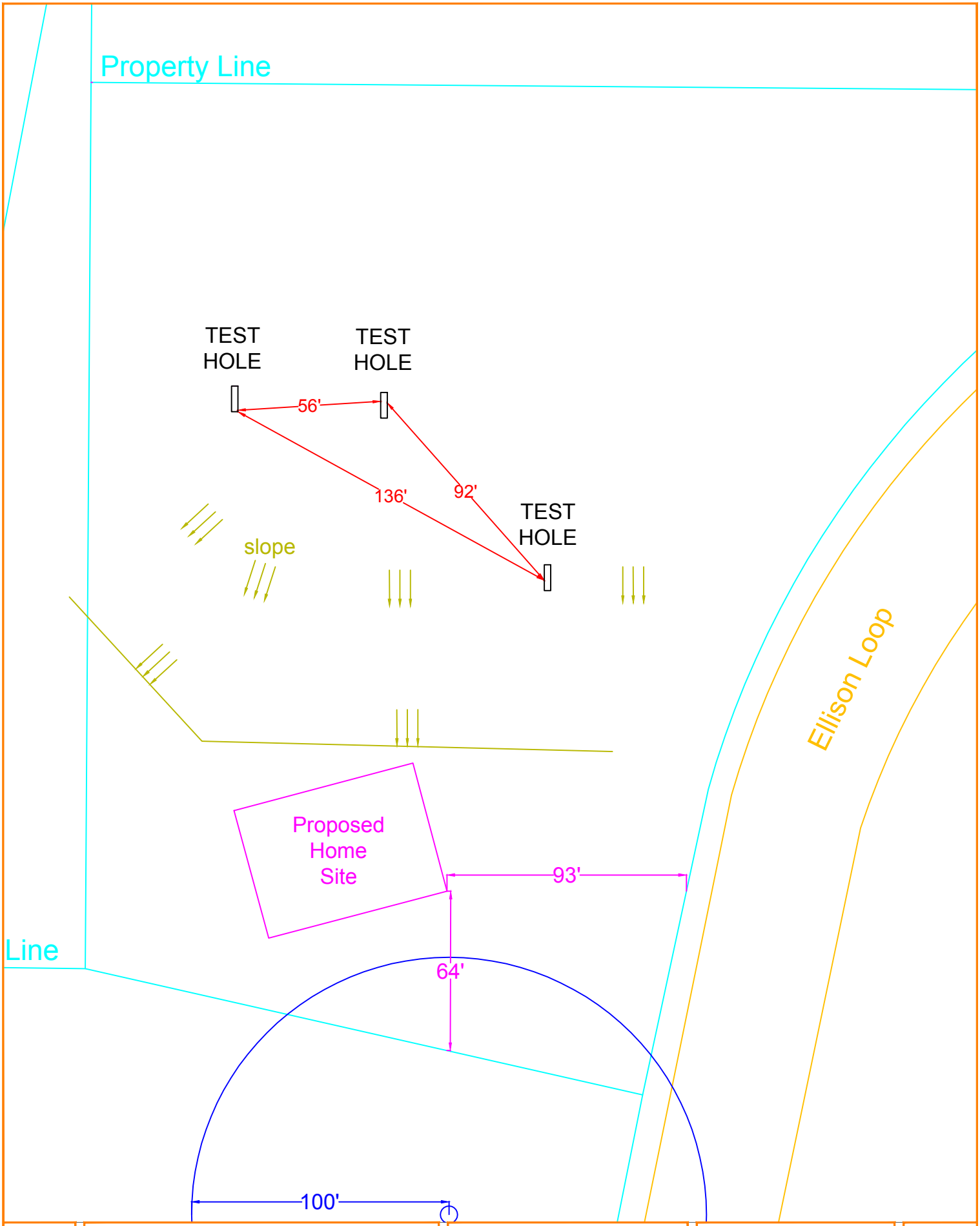
Worksite Information
Lot 26, Russel Road Estates
Merlin, Oregon

Plot Map

Issue Date: Apr 7, 2022



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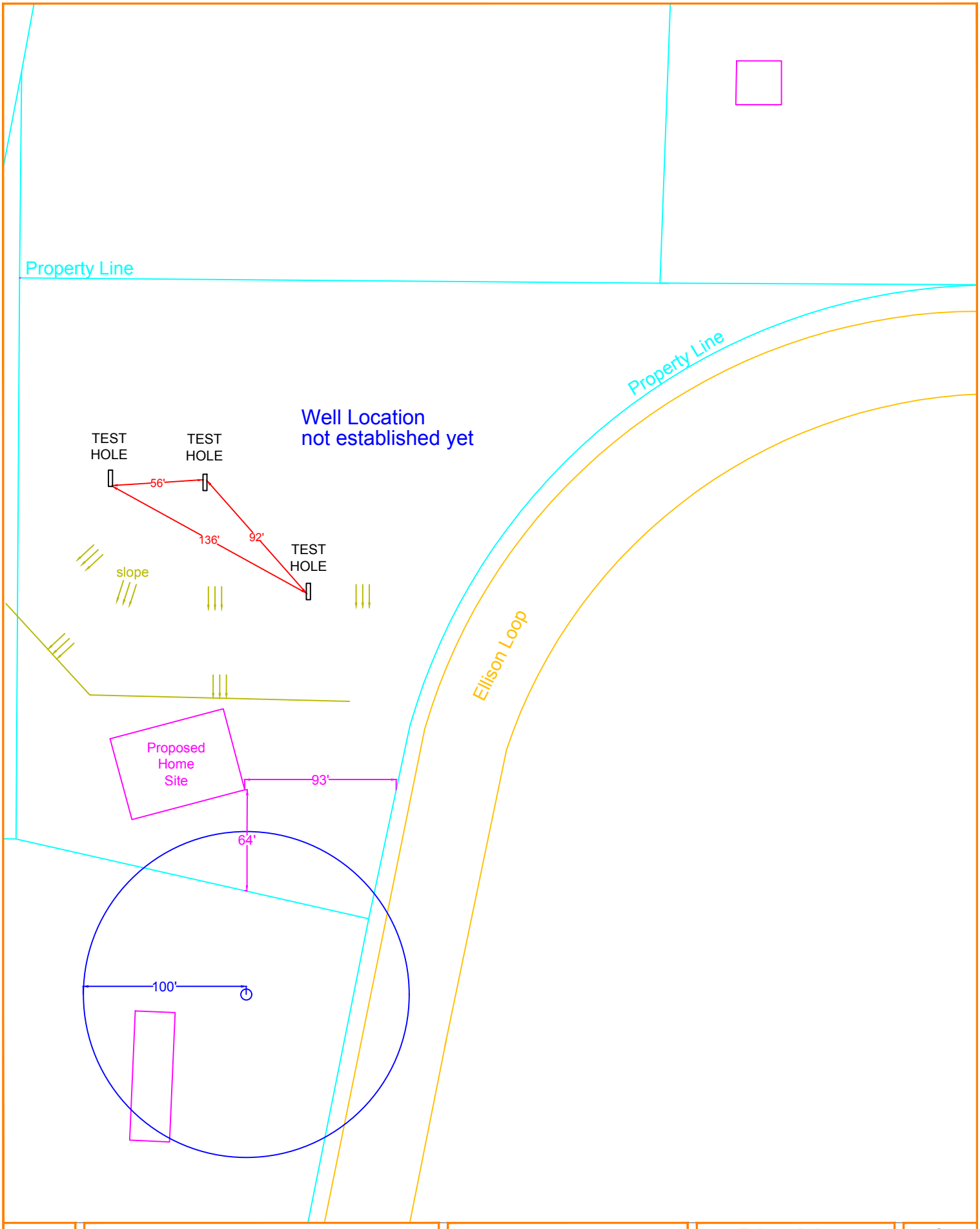

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Worksite Information
Lot 26, Russel Road Estates
Merlin, Oregon

Plot Map

Issue Date: Apr 7, 2022

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 9 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

35 06 09

SEE MAP 35S 06W 04

SEE MAP 35S 06W 08

SEE MAP 35S 06W 10B

SEE MAP 35S 06W 10CB

SEE MAP 35S 06W 10CC

SEE MAP 35S 06W 08D

SEE MAP 35S 06W 16B

SEE MAP 35S 06W 16

SEE MAP 35S 06W 16AA

5 4 3

8 9 10

17 16 15

1/4 COR.

200
153.20 AC

300
12.50 AC

401
6.47 AC

400
11.03 AC

CS 153-84

590
0.07 AC

503
3.09 AC

504
2.59 AC

505
2.52 AC

502
3.65 AC

501
2.51 AC

506
2.52 AC

MOON RIDGE EST

STREET PLUG

DRIVE

ADMIRAL CR.

WILDFLOWER

SEE MAP

35 06 09CC

690
0.44 AC

704
2.53 AC

CENTRAL OREGON PACIFIC RAILROAD

200

PARTITION PLAT 1999-99

905
2.60 AC

910
2.54 AC

904
2.50 AC

906
2.51 AC

903
2.50 AC

907
2.57 AC

902
2.51 AC

908
2.52 AC

909
2.20 AC

901
2.22 AC

SUGARPINE SUB.

SUGARPINE

1000
40.00 AC

813
2.51 AC

812
2.53 AC

809
4.30 AC

804
2.17 AC

807
2.17 AC

806
4.36 AC

1100
3.87 AC

CS 23-72

CS 104-72

CS 59-63

VERDE

808
5.15 AC

803
4.27 AC

811
1.01 AC

810
1.07 AC

CS 102-03

800
0.86 AC

801
2.71 AC

CS 231-87

816
3.80 AC

814
1.08 AC

805
0.68 AC

CS 278-72

CS 196-79

PARTITION PLAT 1995-112

PARTITION PLAT 2004-55

1101
2.50 AC

1102
2.53 AC

1201
2.73 AC

1202
2.74 AC

1200
2.84 AC

PARTITION PLAT 1994-97

SE COR. OF PROP. DESCRIBED IN VOL. 223 P. 554

LANE

LOOP

ELLISON

RUSSELL

703
2.66 AC

702
2.76 AC

701
2.50 AC

1404
2.50 AC

1403
2.54 AC

1402
2.63 AC

ROAD

ESTATES

DRIVE

COMBS

TOMOE COURT

HARTSFIELD LANE

WILD GOOSE LN.

ROAD

TERRACE OAKS

35 06 09A

SEE MAP

35 06 09AD

RUSSELL

DRIVE

NORTHWOODS

HIDDEN ACRES DR.

35 06 09DA

SEE MAP

STARFLOWER WAY

35 06 09DD

JOE CREEK

JUMPOFF

CANCELLED:
190
890
1500
191
116
101
802
815
100
102
103
104
105
106
107
108
109
110
111
112
113
114
115
117
1300
900
1600
1690
500
691
1603
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611
612
1601
1602
1604
1605
1606
1607
1608
1609
1610
1611
1612
700
1400
1401

35 06 09

LOT

#7

Scan ID
405385

Oregon

Theodore Kulongoski, Governor

Department of Environmental Quality
Western Region Grants Pass Office
510 NW 4th Street, Room 76
Grants Pass, OR 97526
(541) 471-2850
FAX (541) 479-2764

August 17, 2007

Gary Wallace
725 Oakridge Drive
Grants Pass, OR 97526

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY
-This is not a construction permit-

RE: **Onsite #404569 Results – Site Approval With Conditions**
Township/Range/Section: 35-06-09, Tax Lot Number: 700 (Lot #7)
Parsons Way, Grants Pass, Josephine County

Dear Mr. Wallace:

Your site was evaluated for suitability of on-site sewage disposal systems on the following date(s): 8/15/07. Based on this evaluation, the following on-site sewage disposal systems are approved:

Initial system: Standard, 375 linear feet drainfield **(SEE CONDITIONS PG 3)**

Replacement system: Standard, 375 linear feet drainfield **(SEE CONDITIONS PG 3)**

Details of the site evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Next Step – Applying for a Construction/Installation Permit

When you are ready to proceed with system construction, contact this office to get a permit application package. The permit must be issued by DEQ before you can start construction.

Request for Site Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review at a cost of $440. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance at a cost of $1340. If you are interested in either of these actions, please contact the undersigned for more details before you proceed.

Best wishes on a successful project. If you have any other questions about this report, please feel free to call me at (541) 471-2850, ext. 225.

Sincerely,

Donald L. Jossie
On-Site Wastewater Specialist

Enclosure
Site Evaluation Report

Site Evaluation Report
For On-Site Sewage Disposal System Suitability

Site Location: 35-06-09, Tax Lot Number: 700 (Lot #7)
Parsons Way, Grants Pass, Josephine County
Applicant: Gary Wallace
Date(s) of Site Evaluation: 8/15/07
DEQ On-Site Specialist: Donald L. Jossie
Date of Report: August 17, 2007

General Description of Site Evaluations

Sewage contains disease-causing organisms and other pollutants that can cause adverse impacts to human health and the environment. An on-site sewage disposal system must treat and dispose of sewage in a way that will not cause a public health hazard, contaminate drinking water supplies, or pollute public waters.

Proper treatment in an on-site system begins with primary treatment in the septic tank. The septic tank separates the solid particles in sewage from the liquid. The liquid that comes out of the septic tank is called effluent. The effluent may then be dispersed in the soil for further treatment or discharged into a secondary treatment device such as a sand filter or aerobic treatment unit prior to dispersal in the soil. For proper treatment, the effluent must slowly infiltrate into the underlying soil. Dissolved wastes and bacteria in the effluent are trapped or adsorbed to soil particles or decomposed by microorganisms. This process removes disease-causing organisms, organic matter, and most nutrients. Effluent that comes to the ground surface (through poor soils or other problems with the system) can be a possible health hazard because it may still contain some disease-causing organisms. Soil that drains too quickly may not give the effluent enough treatment and may result in groundwater contamination.

The purpose of the evaluation was to locate suitable soils in an area that is large enough for both the initial drainfield area and the replacement drainfield area. The criteria used for this site evaluation can be found in Oregon Administrative Rules (OAR) 340-071.

Soil test pits and other site features were evaluated during the site visit on 8/15/07. In the site inspection, the following features were evaluated:

- Soil types - how well they drain and other evidence of good soil structure for treatment
- Depth to groundwater
- Wells located on the site or adjacent sites.
- Slopes, escarpments, ground surface variations, topography
- Creeks or springs on the site or adjacent properties
- Whether the soils have been disturbed
- Setbacks from property lines, buildings, water lines, and other utilities
- Other site features that could affect the placement of your on-site system.

Approved Systems

Based on the evaluation of the site conditions, the following on-site sewage disposal systems are approved:

Initial System: System Type: Standard
Minimum Septic Tank Size: 1000 gallons
Linear feet of drainfield: 375
Distribution Method: Serial
Trench Depths – Maximum: 26" and Minimum: 24"
1. 36" deep curtain drain required with 24" of rock.

Replacement System: System Type: Standard
Minimum Septic Tank Size: 1000 gallons
Linear feet of drainfield: 375
Distribution Method: Serial
Trench Depths – Maximum: 26" and Minimum: 24"

Attached is the Site Evaluation Field Worksheet, which shows the approved areas and other details of the site visit.

Additional Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of four bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.

2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.

3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.

4. 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.

5. This approval is site specific and intended to serve only one tax lot. Future lot line locations through or near the approved area may invalidate this approval.

6. Placement of a well within 100 feet of the approved areas may invalidate this approval.

This site approval is valid until the system approved above is constructed in accordance with a DEQ construction permit. Technical rule changes shall not invalidate this approval, but may require use of a different kind of system. If there is a technical rule change affecting this site approval, the Department will attempt to notify in writing the current property owner as identified by the county assessor's records. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

SITE EVALUATION FIELD WORKSHEET #7

Township: 35 Range: 6 Section: 9 Tax Reference: 700 Parcel Size: 2.5A

Owner/Applicant: WALLACE Evaluator: JOSSIE

Inspection Date(s): 8/15/07 Application Number: 405385

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-10	L	7.5YR 3/2	3FSBK	3VF+ PORES	3VF
	10-34	CL	7.5YR 5/6	3FSBK	3VFT	2VF
	34-60	SAP	MN +FE+2 7.5YR 5/2		1VFT	1VF
Pit 2	0-9	L				
	9-33	CL				
	33-60	SAP	MN & FE+2 STAINS			
			CLAYS HARDER WITH DEPTH			
Pit 3						
Pit 4						

Landscape Notes:

Slope: 10 Aspect: S Groundwater Type: TEMP

Other Site Notes:

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd

Initial System: STANDARD **ATT Treatment Standard:** 1

Disposal Facility: 375 linear feet/square feet Maximum Depth: 26 inches Minimum Depth: 24 inches

Replacement System: STANDARD **ATT Treatment Standard:** 1

Disposal Facility: 375 linear feet/square feet Maximum Depth: 26 inches Minimum Depth: 24 inches

Special Conditions: CD @ 36" W/ 24" ROCK

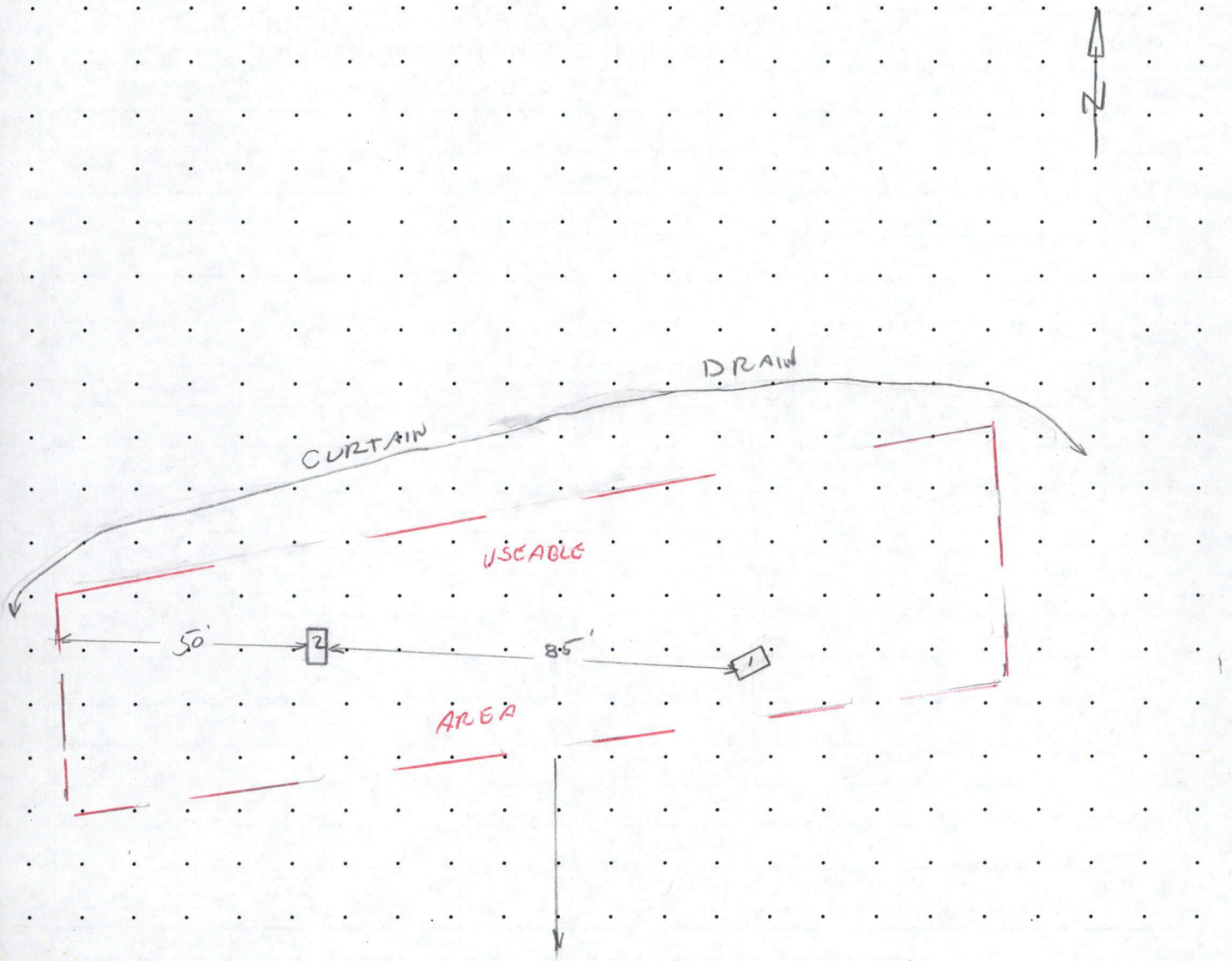
#7

Township: 35 Range: 6 Section: 9 Tax Reference: 700 Parcel Size: 2.5A

Owner/Applicant: WALLACE Evaluator: JOSSIE

Inspection Date(s): 8.15.07 Application Number: 405385

1" = 30'



Scan ID 405385

DEQ
State of Oregon Department of Environmental Quality

Application for On-Site Sewage Treatment System

Department of Environmental Quality
510 N.W. 4TH St.
Grants Pass, OR 97526

Phone: (541) 471-2850
Fax: (541) 479-2764

Requirements:	
Plot Plan	☑
Vicinity and Tax Lot Map	☑
Test Pits—5 feet deep	☑
Development Permit	☐
Included:	
Plot Plan	☑
Vicinity and Tax Lot Map	☑
Test Pits –5 feet deep	☑
Development Permit	☐

For DEQ Use Only:
Date Received 8-13-07
Fee Paid #465.00
Receipt Number 131829
Application Number 405385

Date of 1st Response
Date of 2nd Response
Date of Final Response
Date of Completion

☐ Scanned ☐ Data Entry

Underground Utility Locate Number
1-503-232-1987 or 1-800-332-2344

A. Property Owner Information

Name	Mailing Address	City	State	Zip Code	Phone Number
Gary Wallace	725 Oakridge Dr	Grants Pass	OR	97526	479-4599

B. Legal Property Description

Township	Range	Section	Tax Lot	Acreage or Lot Size	County
35S	6W	9	#1 700 ~~1400-1401~~	2.5 AC	Josephine

Property Address: Parsons Way (Address) Grants Pass (City) OR (State) 97526 (Zip Code)

Directions to Property: Russell Road To Combs Dr To Parsons Way

C. Existing Facility / Proposed Facility / Water Information

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

Proposed Facility:
☒ Single Family Residence
3 Number of Bedrooms
☐ Other

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

D. Type of Application

☒ Site Evaluation
☐ Construction Permit
☐ Repair Permit ☐ 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 sign with your name and address at the entrance to the property. Flag route to site and indicate lot and test hole numbers.

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: Gary Wallace — Date: 8-13-07

Applicant's Name – Please Print Legibly: Gary Wallace — Applicant's Phone Number: 479-4599 — Applicant's E-mail Address:

Applicant's Mailing Address: 725 Oakridge Dr. Grants Pass OR 97526

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

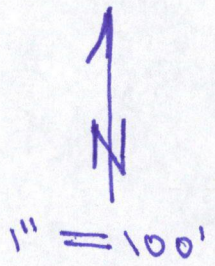
Installer's Name

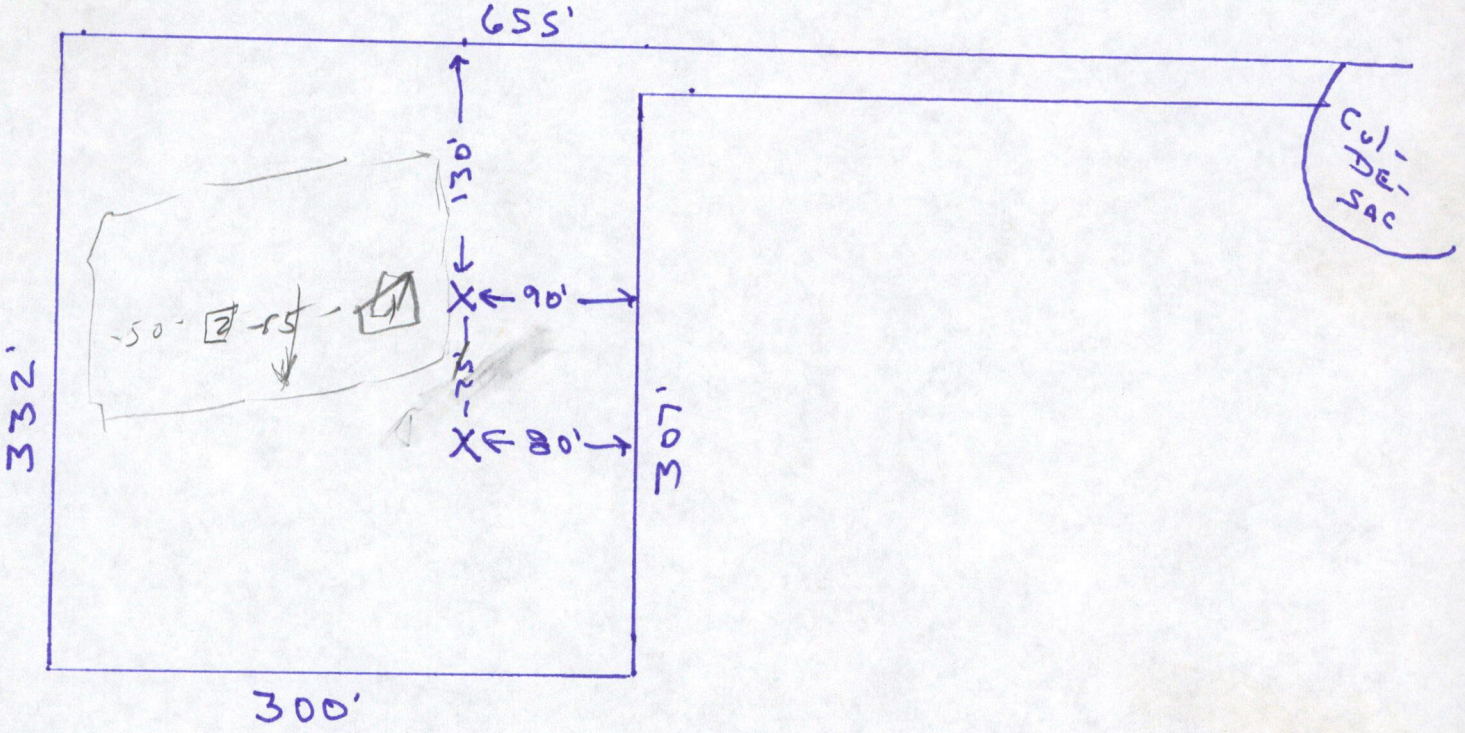
SCANNED SEP 27 2013

Rev 12-6-02 bjk

Shoemaker Sub.
T 35 R 6 W SEC 9
TL's — 700, 1400, 1401

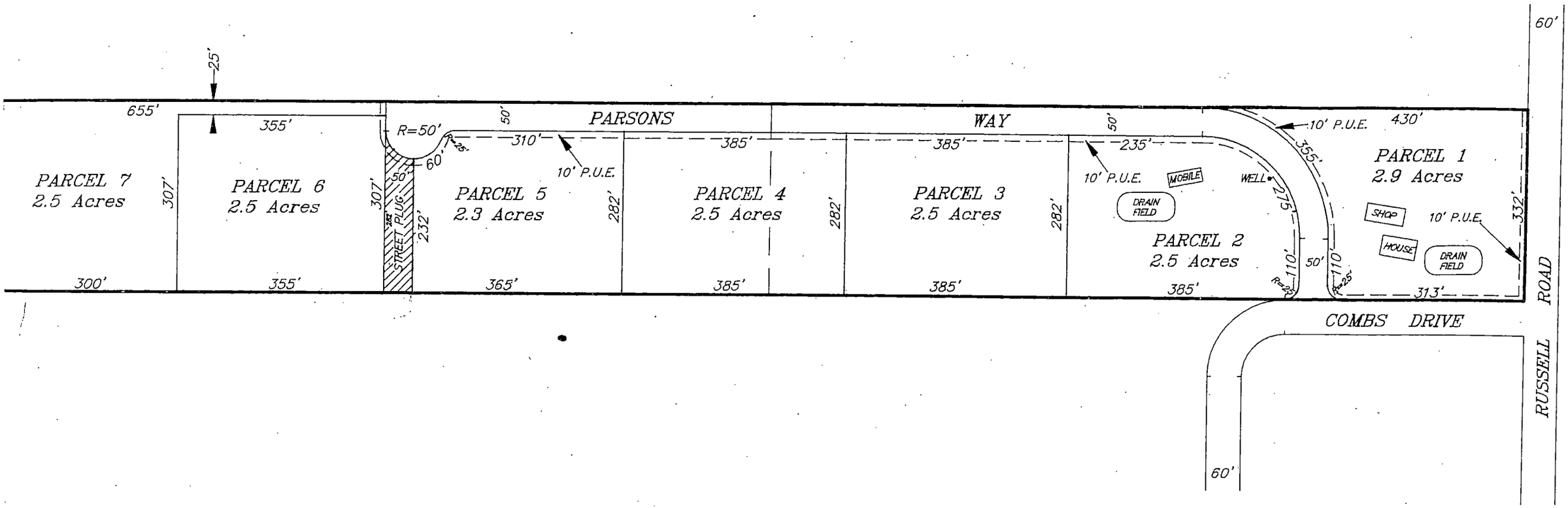
LOT 7
2.5 ACRES





Guy Walker
8-10-07

DATE: JULY 26, 2004



TOPOGRAPHIC INFORMATION

THE AVERAGE GRADE FOR PARSONS WAY IS APPROXIMATELY +1% FROM EAST TO WEST. PARSONS WAY WILL DRAIN TO COMBS DRIVE. COMBS DRIVE DRAINS TO RUSSELL ROAD. SHOEMAKER SUBDIVISION HAS MODERATE GENERAL SLOPE OF -3% FROM NORTH TO SOUTH.

REGISTERED
PROFESSIONAL
LAND SURVEYOR

OREGON
GERALD V. NYGREN
AUGUST 22, 1975
1035

RENEW: 12-31-04