

Address: 4529 E EVANS CREEK ROAD

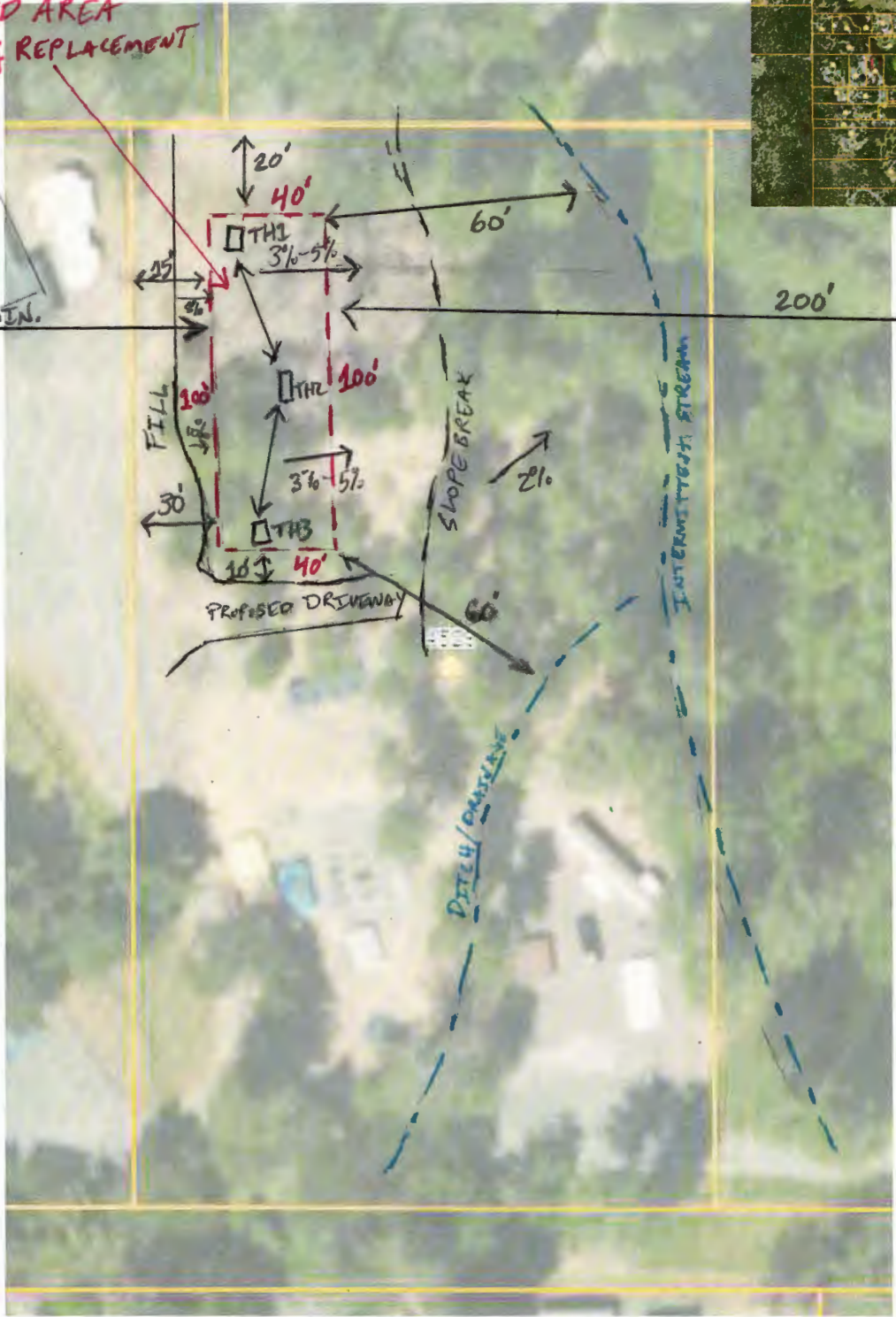
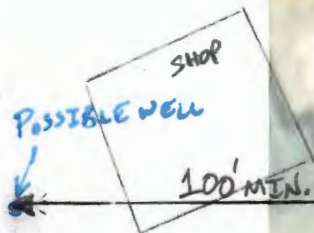
Parcel: 354W34B501

Application: 248-24-000159-EVAL

### SITE PLAN



APPROVED AREA  
INITIAL & REPLACEMENT



\*NOT TO SCALE

**FIELD WORKSHEET**

Name: DUNCAN Application No.: 248-24-000159-EVAL Date: 7/11/2024  
 RE: SITE EVALUATION REPORT for Parcel #: 354W34B501

Commercial Facility:  Yes  No Parcel Size: 1.36 ACRES

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 0

| Initial System   | Replacement System   |
|--|--|
| <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter<br><input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>TS1</u>   | <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter<br><input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>TS1</u>   |
| Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other<br><input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required <u>500 Dosage</u> | Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other<br><input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required <u>500 Dosage</u> |
| 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>135</u> total linear feet<br><u>45</u> linear feet per 150 gallons projected daily sewage flow<br><u>24</u> " Max Depth <u>24</u> " Min Depth  | Absorption facility: <u>135</u> total linear feet<br><u>45</u> linear feet per 150 gallons projected daily sewage flow<br><u>24</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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- A curtain drain is required, a minimum of 10 feet above the highest disposal trench.
- The curtain drain must be a minimum of 48 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  
340-071-0295; 340-071-0345

\* MEET ALL SETBACKS

\* EQUAL-HYDROPLETTER DISTRIBUTION

ALLOWED IN PLACE OF SERIAL DISTRIBUTION

\* TRENCH DEPTHS 18"-24" w/ EQUAL-HYDROPLETTER

Application No.: \_\_\_\_\_

TD 50

| PIT No.    | DEPTH | TEXTURE                    | SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.   |
|------------|-------|----------------------------|---|
| Test Pit 1 | 0-10  | L                          | 10 yr <sup>2</sup> / <sub>2</sub> , mSBK, Roots I, V, F, M  |
|            | 10-24 | SCL                        | 7.5 yr <sup>4</sup> / <sub>4</sub> , m-SBK, Roots I, V, F, M  |
|            | 24-38 | SAP / <sup>TEXT.</sup> SCL | 10 yr <sup>2</sup> / <sub>2</sub> , mSBK-WEAK, Roots I, F, M, now, CAS DEP 10 yr <sup>5</sup> / <sub>1</sub> , CLAY SKINS, 7.5 yr <sup>5</sup> / <sub>4</sub> <sup>5</sup> / <sub>4</sub> |
|            | 38-50 | SAP / <sup>TEXT.</sup> SCL | 10 yr <sup>3</sup> / <sub>1</sub> , MASS, DIGGABLE w/HAND TOOLS, Roots I, F, M, " " " "   |
| Test Pit 2 | 0-8   |                            | SIM TO TH 1   |
|            | 8-27  |                            |   |
|            | 27-44 |                            |   |
|            | 44-53 |                            |   |
| Test Pit 3 | 0-8   |                            | SIM TO TH 1   |
|            | 8-27  |                            |   |
|            | 27-40 |                            |   |
|            | 40-48 |                            |   |
| Test Pit 4 |       |                            | SOIL/SAP MOIST  |
|            |       |                            |   |
|            |       |                            |   |
| Test Pit 5 |       |                            |   |
|            |       |                            |   |
|            |       |                            |   |
| Test Pit 6 |       |                            |   |
|            |       |                            |   |
|            |       |                            |   |

Landscape Notes: WOODED (MADROÑE, CEDAR, PINE, OAK) w/ UNDERBRUSH (GRASS, THISTLE, BLACKBERRY, DANDELION)

Slope: 2 1/2 - 10% SEE MAP Aspect: E Groundwater Type:  Permanent  Temporary

Other Site Notes: INT. STREAM - EAST/DOWNSLOPE OF TL

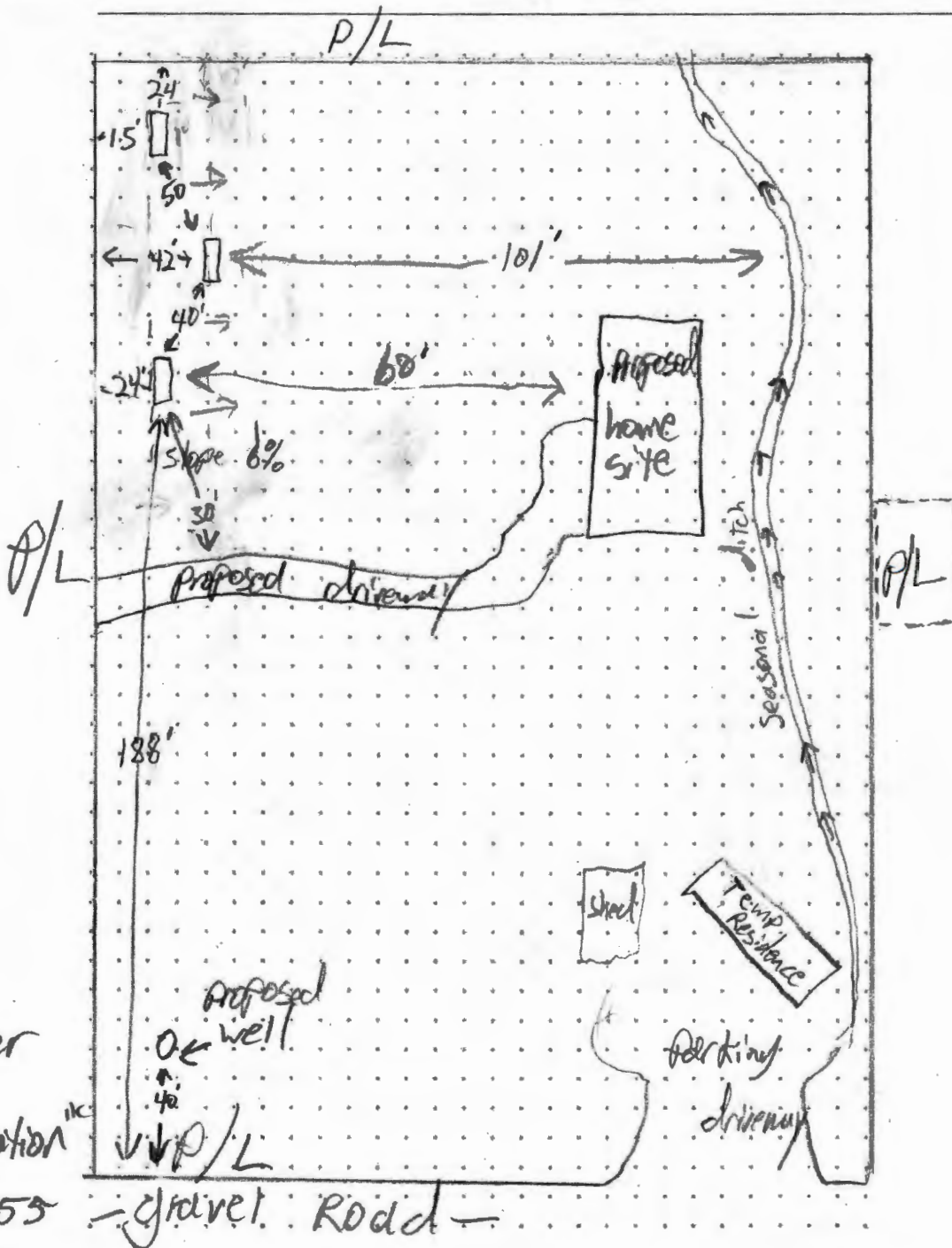


State of Oregon Department of Environmental Quality  
**Site Plan For Site Evaluation**

RECEIVED  
 MAY 20 2024  
 DEQ MEDFORD

Property owner:  
 Address of site:  
 Legal description:  
 Scale:

Greg & Laurie Duncan  
4524 East Evans Creek Rd Rogue River OR 97537  
354W34B 501



eh  
 Heusser  
 EQM  
 excavation inc  
 cc# 726555  
 Def # 39267

FOR OFFICE USE ONLY

Application No.:

REVERSE  
ST. 21 1/2  
PROVISIONAL



40





# Onsite Site Evaluation Application Verification 248-24-000159-EVAL

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:** 5/20/24  
**Parcel Nbr:** 354W34B501  
**Site Address:** 4529 E Evans Creek RD, Rogue River, OR 9737  
**Owner:** GREGORY & LAURIE  
DUNCAN  
(541) 941-9098  
**Applicant:** E & M EXCAVATION LLC  
1003 COMET AVE  
CENTRAL POINT, OR 97502  
**Phone:** (541) 973-9153  
**Email:** excavation.em@gmail.com

**Licensed Professional(s):**

**License Number:** CCB - 226555  
E & M EXCAVATION LLC  
1003 COMET AVE  
CENTRAL POINT, OR 97502  
**Phone:** (541) 973-9153  
**Email:** excavation.em@gmail.com  
**License Number:** Installer License - 39267  
E & M Excavation, LLC  
1003 Comet Ave  
Central Point, OR 97502  
**Phone:** (541) 973-9153  
**Email:** excavation.em@gmail.com

**Category of Construction:** Single Family Dwelling      **County:** Jackson  
**Directions:** I-5 North to Exit 48, Depot St in Rogue River, Turn Right onto Depot St, Turn Left onto Pine. Continue straight onto East Evans Creek. Destination is on the Left  
**Acreeage or Lot Size:** 1.36      **Water Supply:** Well  
**Site Ready for Inspection:** Yes

|                            | <u>Existing</u> |                            | <u>Proposed</u> |
|----------------------------|-----------------|----------------------------|-----------------|
| <b>Use of Structure:</b>   | na              | <b>Use of Structure:</b>   | SFD             |
| <b>Number of Bedrooms:</b> | 0               | <b>Number of Bedrooms:</b> | 3               |

**Attached Documents:**

| Name  | Description                 |
|---|-----------------------------|
| application site evaluation 4529 e evans creek_20240520_0001.pdf    | site evaluation application |
| Test holes site plan site evaluation 4529 E Evans_20240520_0001.pdf | test holes / site plan      |
| Taxlotmap 4529 E Evans Crk.pdf                                      | taxlot map                  |
| 4529 East Evans Creek Notice Auth Rep_20240517_0001.pdf             | authorized rep form         |



# Oregon Department of Environmental Quality Application for Onsite Sewage Treatment System

Send this application to the appropriate  
DEQ office

|   |   |   |
|---|---|---|
| For DEQ Use Only:                       |   | Date Stamp  |
| Date received: _____                    | Fee paid: _____                         | <b>RECEIVED</b><br><br><b>MAY 20 2024</b><br><br><b>DEQ MEDFORD</b> |
| Receipt number: _____                   | Application number: _____               |   |
| Date of 1 <sup>st</sup> response: _____ | Date of 2 <sup>nd</sup> response: _____ |   |
| Date of final response: _____           | Date of completion: _____               |   |
| Scanned: _____                          | Data Entry: _____                       |   |

### Property owner information

|                  |  |
|------------------|--|
| Name:            | Greg and Laurie Duncan                     |
| Mailing Address: | 4529 E Evans Creek Rd Rogue River OR 97537 |
| Phone number:    | 541-941-9098                               |

### Legal property description 4529 East Evans Creek Rd Rogue River OR 97537

| Township | Range            | Section | Tax Lot            | Acreage or Lot Size |
|----------|------------------|---------|--------------------|---------------------|
| 35S      | 4W               | 34      | 501                | 1.3                 |
| County   | Subdivision Name |         | Tax Account Number | Block               |
| Jackson  |                  |         | 1-098888-3         |                     |

Property address: 4529 E Evans Creek Rd Rogue River OR 97537

Directions to property:  
I-5 North to Exit 48, Depot St in Rogue River, Turn Right onto Depot St, Turn Left onto Pine. Continue straight onto East Evans Creek. Destination is on the Left

### Existing facility/Proposed facility/Water information

| Existing facility                                | Proposed facility   | Water supply                                |
|--|---|---|
| <input type="checkbox"/> Single family residence | <input checked="" type="checkbox"/> Single family residence | <input checked="" type="checkbox"/> Public  |
| Number of bedrooms: _____                        | Number of bedrooms: 3                                       | Name: _____                                 |
| <input type="checkbox"/> Other                   | <input type="checkbox"/> Other                              | <input checked="" type="checkbox"/> Private |
| Description: _____                               | Description: _____  | Well, Spring, Shared: _____                 |

### Type of application

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Site Evaluation<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Permit Repair<br><input type="checkbox"/> Major <input type="checkbox"/> Minor<br><input type="checkbox"/> Alteration Permit<br><input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Renewal Permit<br><input type="checkbox"/> Existing System Evaluation<br><input type="checkbox"/> Permit Transfer<br><input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> Authorization Notice for:<br><input type="checkbox"/> Connecting to an Existing System Not in Use<br><input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House<br><input type="checkbox"/> The Addition of One or More Bedrooms<br><input type="checkbox"/> Personal Hardship<br><input type="checkbox"/> Temporary Housing<br><input type="checkbox"/> 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.

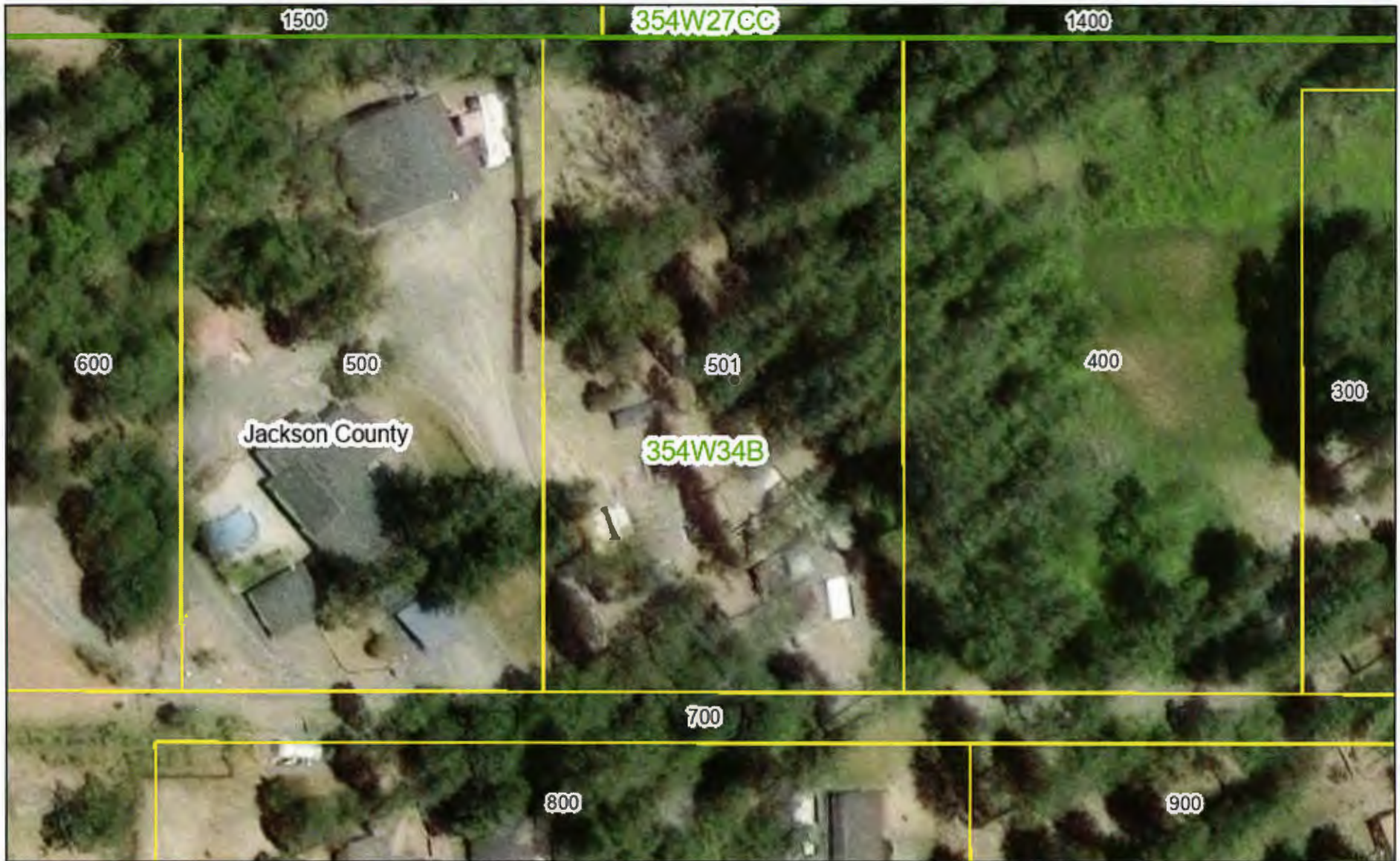
Signature: *Eli Heusser* Date: 5/20/24

Applicant's name - please print legibly: Eli Heusser Applicant's phone number: 541-973-9153

Applicant's mailing address: 1003 Cornet Ave Central Point OR 97502 Applicant's email address: excavation.em@gmail.com

|                   |                                |   |   |
|-------------------|--------------------------------|---|---|
| Applicant is the: | <input type="checkbox"/> Owner | <input checked="" type="checkbox"/> Authorized representative | <input checked="" type="checkbox"/> Licensed septic installer |
|                   |                                | <input type="checkbox"/> Authorization attached               | Installer name:<br><u>Eli Heusser</u>                         |

# ArcGIS Web Map

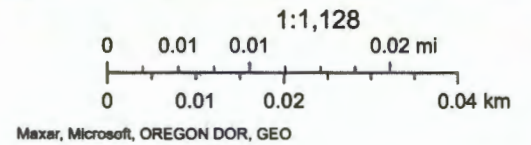


5/20/2024, 8:03:07 AM

-  taxlot
-  mapIndex

CountyLines

RECEIVED  
MAY 20 2024  
DEQ MEDFORD







NOTICE AUTHORIZING REPRESENTATIVE

RECEIVED  
MAY 20 2024  
DEQ MEDFORD

I, GREGORY ROY DUNCAN, have authorized E&M Excavation LLC to act as my  
(Property Owner/Print Name) (Authorized Representative/Print Name)  
agent in performing the activities necessary to obtain all onsite wastewater treatment program  
services provided by the 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:**

4529 East Evans Creek Rd Rogue River OR 97537  
(Property Situs or Road Address)

And described in the records of Jackson County as:

Township 35S Range 4W Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) 501

**PROPERTY OWNER:**

Printed Name: GREGORY ROY DUNCAN

Address: 4529 E EVANS CREEK RD.

City, State, Zip: ROGUE RIVER, OR 97537

Phone: (541) 941-9098 Email: G DUNCAN 541 @ GMAIL.COM

→ Signature: *Gregory Roy Duncan*

**AUTHORIZED REPRESENTATIVE:**

Printed Name: Eli Heusser E&M Excavation LLC

Address: 1003 Comet Ave

City, State, Zip: Central Point OR 97502

Phone: 541-973-9153 Email: excavation.em@gmail.com

Signature: *Eli Heusser*