



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-24-000198-PRMT

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 Certificate Issued: 10/08/2024

Work Description: Standard System - New Construction

Applicant: Perry Dunlap
Address: p.o. box 532
ROGUE RIVER OR 97537
Phone: 5416609543
Email: dunlapseptic1984@gmail.com

Contractor: Dunlap Septic Excavation
DEQ Installer/Maintenance Provider: RM6
Address: PO Box 532
Rogue River OR 97537
Phone: (541) 660-9543

Owner: JOBE, DEZERA E & JOBE, JIM &
FIRESTONE, COLEEN L
Address: 555 EWE CREEK RD
GRANTS PASS OR 97526

Property Address: 605 Ewe Creek Rd, Grants Pass, OR
97526

Parcel: 3506310000080300 - Primary **Township:** 35 **Range:** 06 **Section:** 31

Lot Size: 1.07 **Water Supply:** Well
Zoning: N/A **City/County/UGB:** County
Land Use Approval: N/A
Directions to Property: head to lower river rd , just after seclusion loop rd on left is EWE crk , address is marked .

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	na	Single Family Residence
Number of Bedrooms:	0	3

System Specifications

Type: Standard
Max Peak Design Flow: 450 gpd. **Proposed Flow:** N/A
Min Septic Tank Volume: 1000 gal. **Min Dosing Tank Volume:** 500 gal.
Special Tank Requirements: ANTI-BUOYANCY REQUIRED

Drain Field Specifications

Drain Field Type: Standard **System Distribution Type:** Serial
Drainfield Sizing: N/A **Distribution Method:** Serial
Media Type: Rock/Pipe **Media Depth:** 12 in.
Trench Length: 225 linear ft. **Rock Above Pipe:** N/A
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

Special Requirements

Groundwater Interceptor: Yes **Groundwater Interceptor Depth:** 48 in.
Groundwater Interceptor Amt of Drain Media: 36 in.
Pump to Drainfield Required: Yes **Filter Fabric on Top of Drain Media:** Yes

Date Certificate Issued: 10/08/2024

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Conditions of Approval

1. An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
2. 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.
3. 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.
4. Meet all required setbacks
5. The system must be installed by the property owner or a licensed sewage disposal business (installer).
6. 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.
7. 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.
8. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
9. 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.
10. Photos of the septic system components must be submitted along with the FIRN.
11. Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

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

Date Certificate Issued: 10/08/2024	
Work Description:	Standard System - New Construction

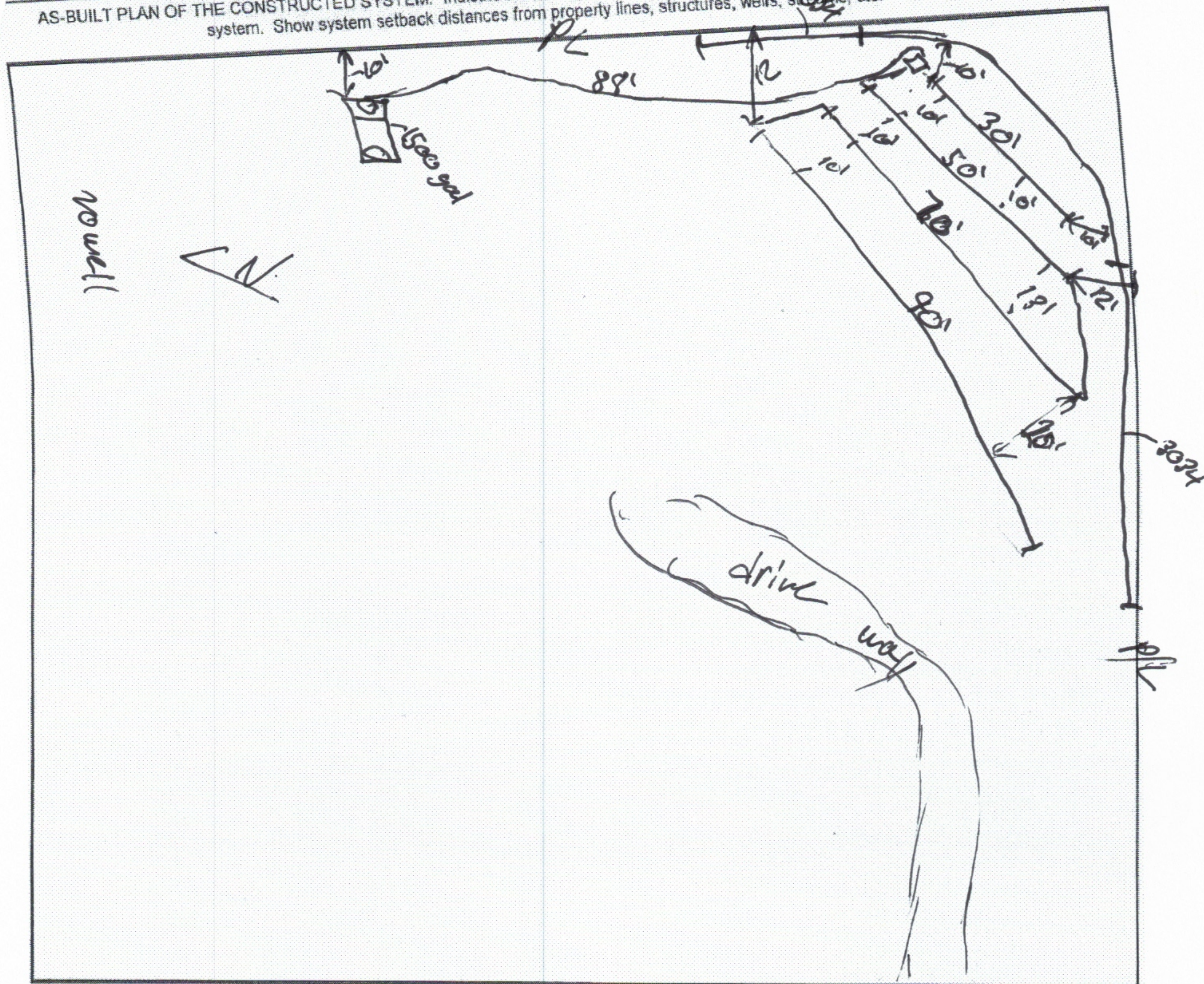
Issued By: Michael Obereigner, Natural Resource Specialist

Effective Date: 10/08/2024

Michael Obereigner

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>Dun-Right Septic</u>	
Licensed Installer:	Yes ☒ No ☐	License#: <u>39262</u>	Certification#: <u>RI 1019</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>9-16-24</u>	Phone#: <u>541-890-7674</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: _____

Final Inspection Request and Notice - Septic ID: 463-24-000198-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:

Twtnshp: 35

Range: 06

Sect: 31

Name: JOBE, DEZERA E & JOBE, JIM & FIRESTONE,
COLEEN L

Lot:

Property Address: 605 EWE CREEK RD, GRANTS PASS, OR 97526

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: River side	Date: 9-8-24
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. 283 Liberty	Float(s) Type(1): 4" P	Model/Manuf. OSI
			Float(s) Type(2): "B"	Model/Manuf. OSI

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No ☒	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes ☒	No	Diameter: 2"	ASTM#/Other: Sch 40	Length: 88'

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?) 12" EZflow			
Distribution Box	Yes	No ☒		
Drop Box	Yes ☒	No		
Distribution Pipe	Yes ☒	No	Diameter: 4"	ASTM#/Other: 12" EZflow Length: 230'
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



Pump



1500 gal tank



transport line



drop box



transport line



Transport line



line 2



line 3



exit of CD



line 4



CD



CD



line 4



line 1



CD



Line 3



line 2



exit of CD



Septic Permit
Installation Permit - Residential - New
463-24-000198-PRMT

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700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
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Date issued: 7/3/24

Expiration date: 7/3/25

Work description: Standard System - New Construction

Applicant: Perry Dunlap
Address: p.o. box 532
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Property address: 605 Ewe Creek Rd, Grants Pass, OR
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Parcel: 3506310000080300 - Primary **Township:** 35 **Range:** 06 **Section:** 31

Lot size:	1.07	Water supply:	Well
Zoning:	N/A	City/County/UGB:	County
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: (1) MAINTAIN 10' SEPARATION FROM CURTAIN DRAIN TO TOP LEACHLINE (2) MAINTAIN THE 30' SEPARATION FROM BOTTOM LEACHLINE TO TEST PIT 2 AS NOTED ON APPROVED PLAN (3) CALL 541-474-5417 IF SITE CONDITIONS REQUIRE A CHANGE FROM THE APPROVED PLAN OR THIS PERMIT

Directions to property: head to lower river rd , just after seclusion loop rd on left is EWE crk , address is marked .

Category of construction: Residential

	Existing	Proposed
Use of structure:	na	Single Family Residence
Number of bedrooms:	0	3

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	N/A
Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.
Special tank rqmts:	ANTI-BUOYANCY REQUIRED		

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	225 linear ft.	Rock above pipe:	N/A
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: 7/3/24

Expiration date: 7/3/25

Work description: Standard System - New Construction

Special Requirements

Groundwater interceptor:	Yes	Groundwater interceptor depth:	48 in.
Groundwater interceptor drain media amt:	36 in.		
Pump to drainfield reqd:	Yes	Filter fabric on top of drain media:	Yes

Conditions of approval

- 1.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- 2.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.
- 3.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.
- 4.Meet all required setbacks
- 5.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 6.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.
- 7.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.
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- 10.Photos of the septic system components must be submitted along with the FIRN.
- 11.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

Date issued: 7/3/24**Expiration date:** 7/3/25**Work description:** Standard System - New Construction

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.

Michael Obereigner

Natural Resource Specialist

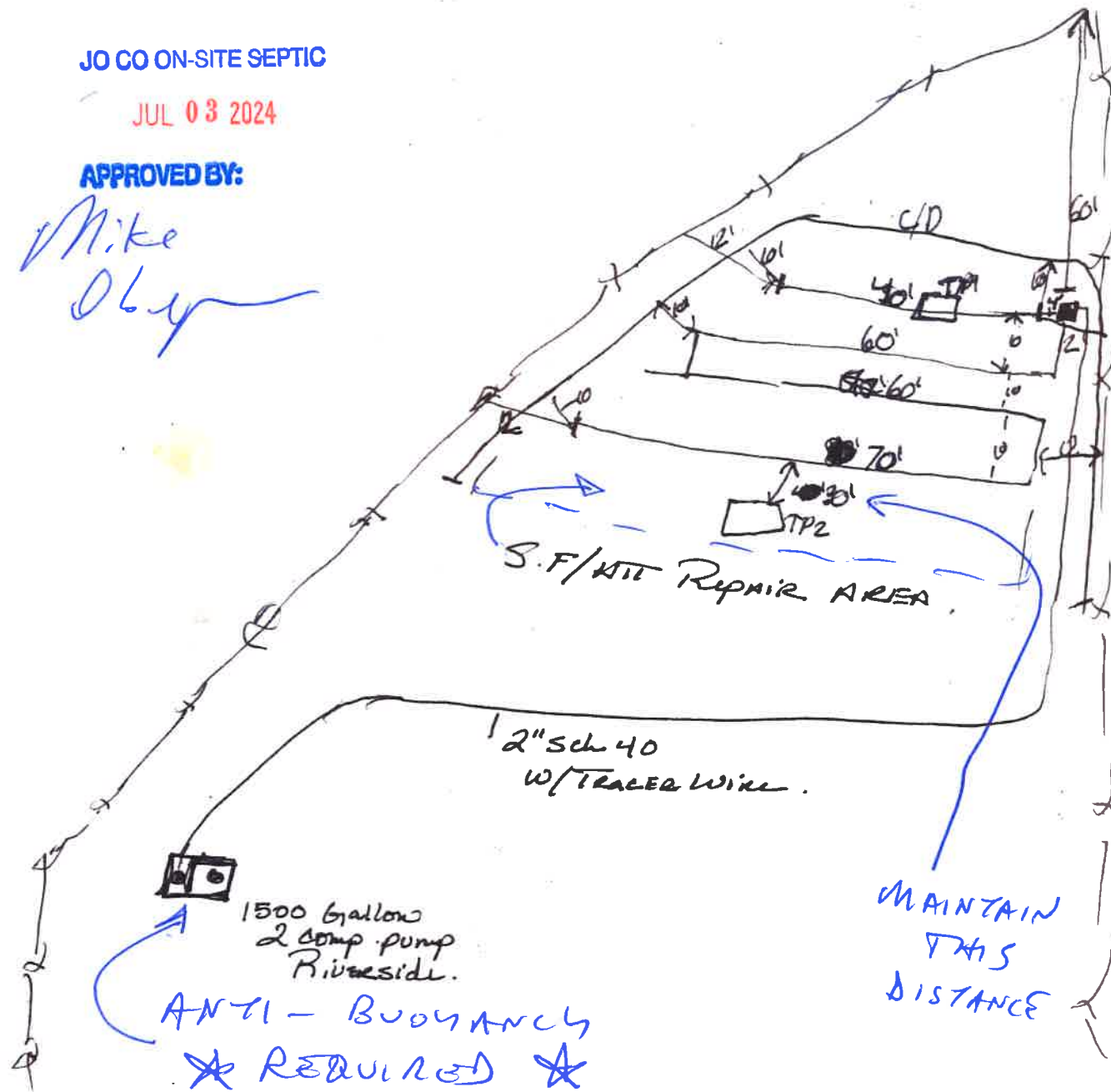
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JO CO ON-SITE SEPTIC

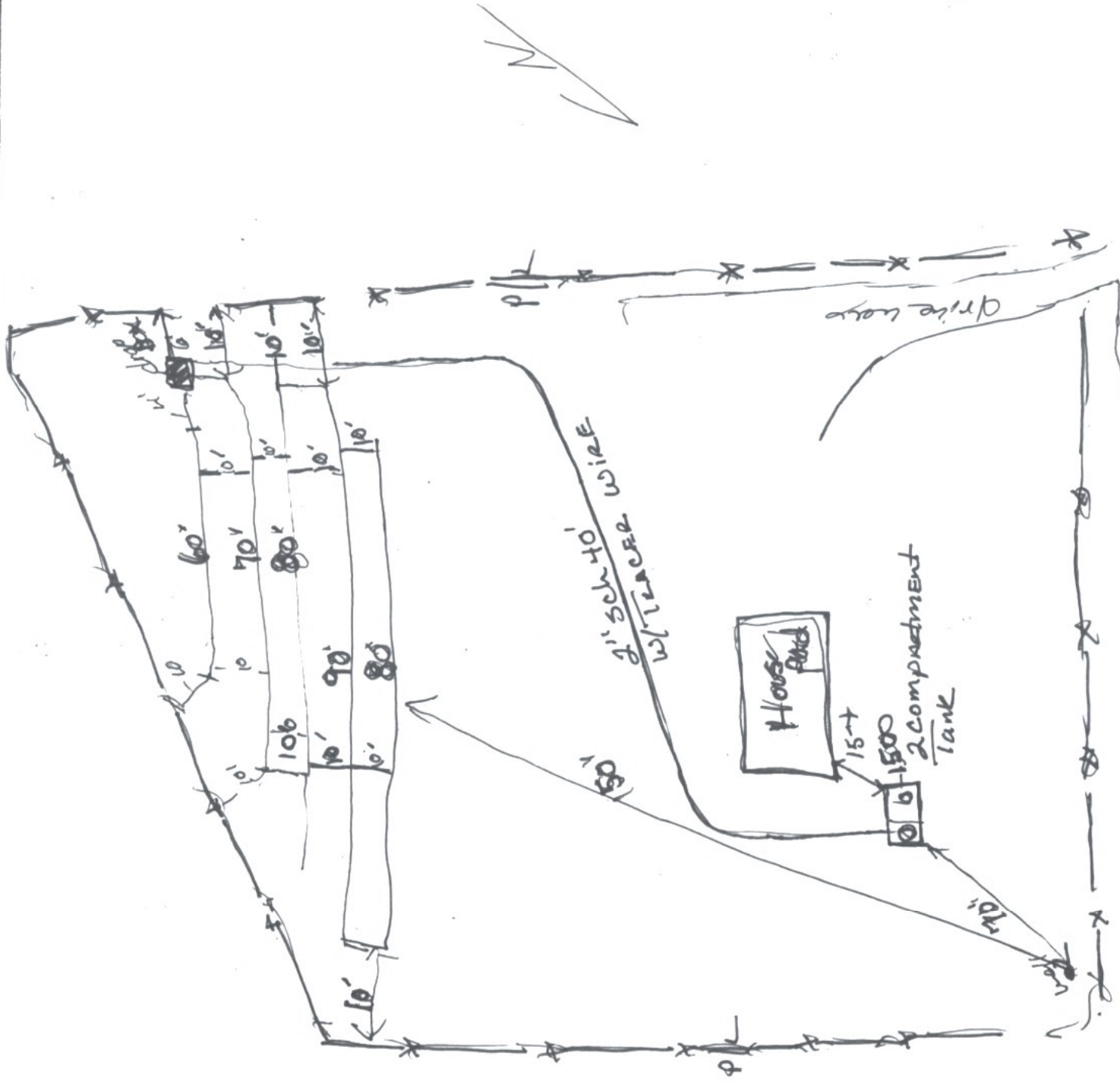
JUL 03 2024

APPROVED BY:

Mike
Oly



- | | |
|--|---|
| North Arrow | Any cuts (existing & proposed) in excess of 30 inches |
| Property boundaries and dimensions | If disposal lines are up slope from a foundation, is there at least a 30-foot setback? |
| Right-of-ways | Location of septic tank, sandfilter, curtain drain, drain field and replacement area. |
| Easements notorized and recorded | Elevation of proposed drop boxes of distribution boxes initial and replacement drain field. |
| Existing of proposed roads, driveways, parking | Transport pipe location. |
| Well locations, on the property & all Wells | |
| Within 200ft. Of the septic | |
| Test hole locations | |
| Proposed dwelling location | |



- ___ North Avenue
 ___ Property boundaries and dimensions
 ___ Right-of-ways
 ___ Easements, dedicated and recorded
 ___ Existing or proposed roads, driveways, parking
 ___ Well locations, on the property & all wells
 ___ Within 200ft. Of the septic
 ___ Test hole locations
 ___ Proposed drilling location

TANK ALERT® XT indoor/outdoor alarm

Versatile, indoor or outdoor liquid level alarm system.

This alarm system monitors liquid levels in lift pump chambers, sump pump basins, holding tanks, sewage, agricultural, and other non-potable water applications.

The Tank Alert® XT indoor/outdoor alarm can serve as a high or low level alarm depending on the float switch model used.

The alarm horn sounds and the red beacon illuminates when a potentially threatening liquid level condition occurs.



FEATURES

- Enclosure meets Type 3R water-tight standards.
- Automatic alarm re-set, horn silence switch, and alarm test switch.
- Alarm horn sounds at 82 decibels at 10 feet (3 meters).
- Alarm system (when installed on separate circuit) operates even if pump circuit fails.
- Complete package includes standard Sensor Float® control switch with 15 feet (4.57 meters) of cable (other lengths available) and mounting clamp.
- UL Listed for indoor or outdoor use under UL standard 884.
- CSA Certified.
- Three-year limited warranty.



OPTIONS

This switch is available:

- alternate float switch models for high or low liquid level warning.
- auxiliary alarm contacts for easy attachment of remote devices.
- pre-mounted terminal block so enclosure can also be used as a junction box for splicing pump, pump switch, and power. Meets NEC standard for junction boxes.
- 6 foot (1.8 meter) power cord and liquid-tight connectors.

SPECIFICATIONS

VOLTAGE: 120 VAC, 50/60 Hz, 7 watts max. (alarm condition)

ALARM ENCLOSURE: 6.5 x 4.5 x 3.0 inch (16.51 x 11.43 x 7.62 cm), indoor-outdoor, weatherproof, thermoplastic meets 3R water-tight standards

ALARM HORN: 82 decibels at 10 feet (3 meters), meets Type 3R water-tight standards as installed by factory

ALARM BEACON: meets Type 3R water-tight standards as installed by factory

TEST/SILENCE SWITCH: certified to IP66 and IP68 standards

Auxiliary Alarm Contacts (optional): 120 VAC, 5 amps max., 50/60 Hz

Pre-mounted Terminal Block

Power Cord (optional): 20 amps, 120/230 VAC (optional): 6 foot (1.8 meter) cord with 120 VAC plug

FLOAT SWITCH: Sensor Float® control switch with mounting clamp
Cable: 15 feet (4.57 meters), flexible 18 gauge, 2 conductor (UL) SJOW, water-resistant (CPE)

Float: 3.38 inch diameter x 4.55 inch long (8.58 cm x 11.56 cm), high impact, corrosion resistant PVC housing for use in sewage and non-potable water up to 140°F (60°C)

Switch: hermetically sealed steel capsule features mercury-to-mercury contacts

CONTROL
Sjerhombus
SJ ELECTRO SYSTEMS, INC.

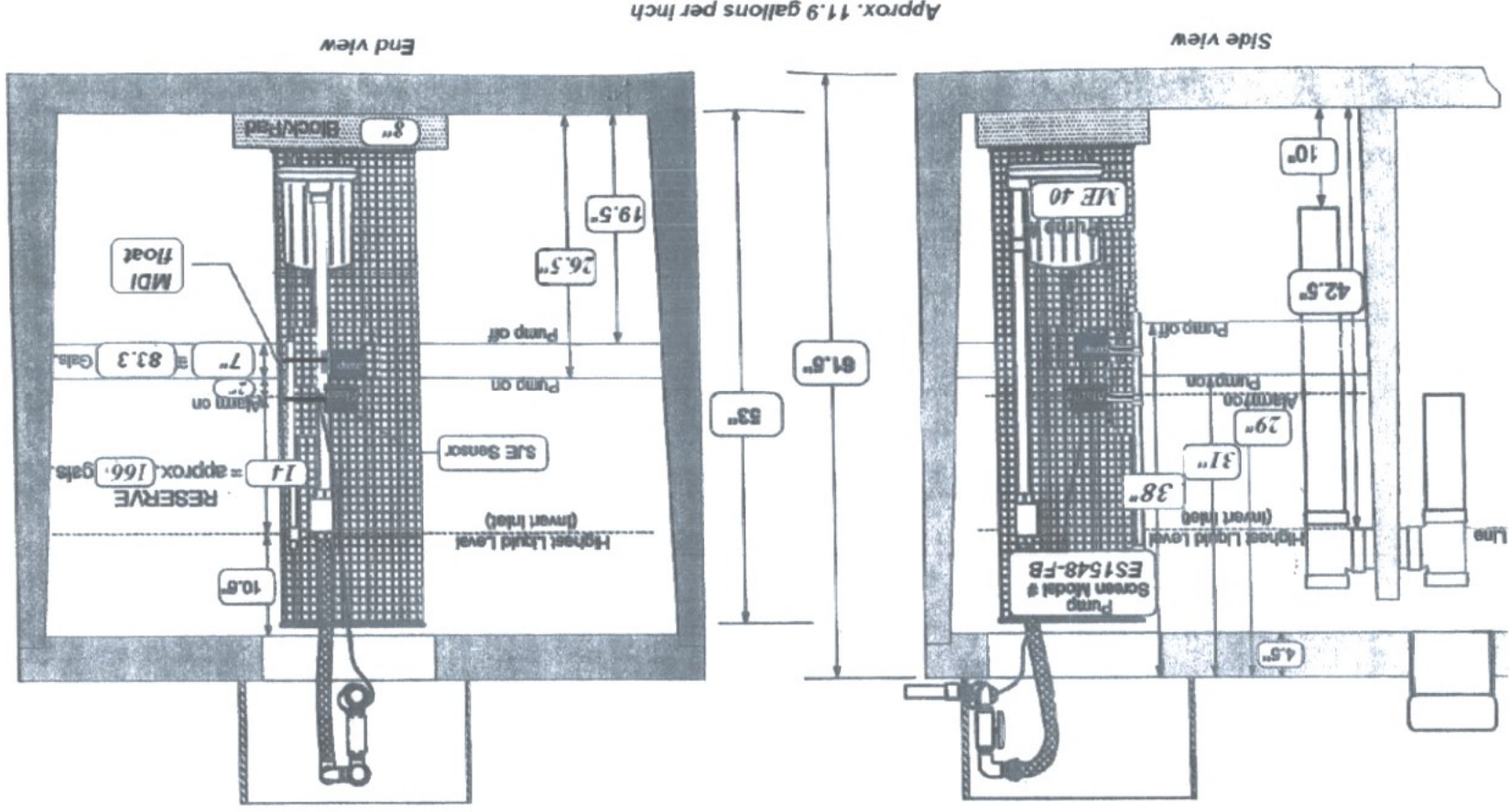
PO Box 1708, Detroit Lakes, MN 56502
1-888-DIAL-SJE • 1-218-847-1317

1-218-847-4617 Fax

email: sja@sjerhombus.com

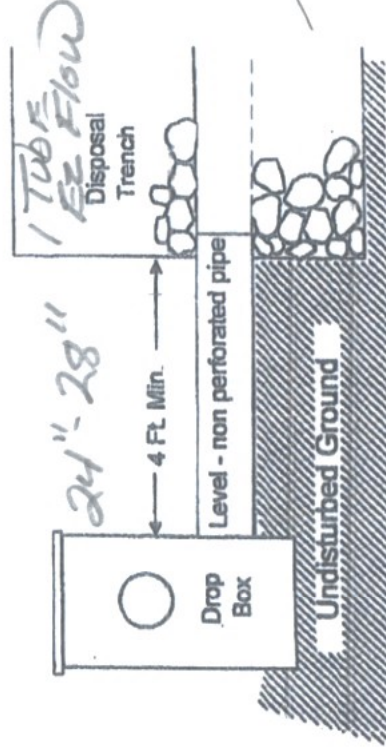
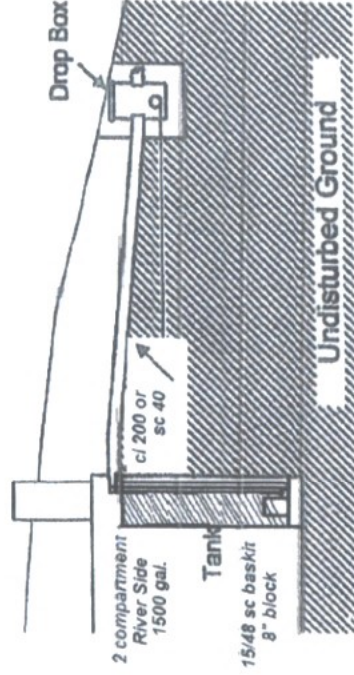
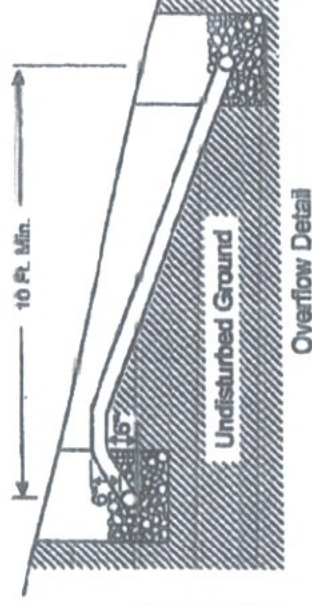
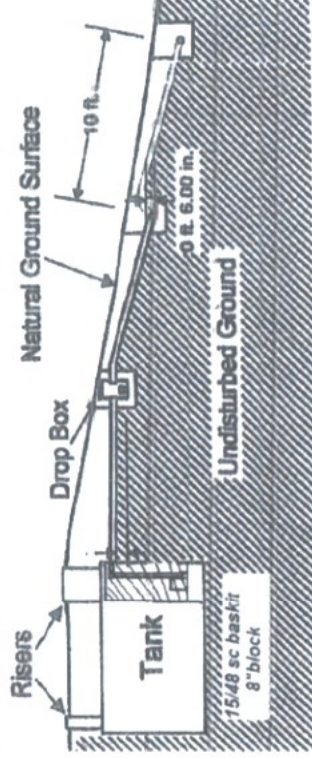
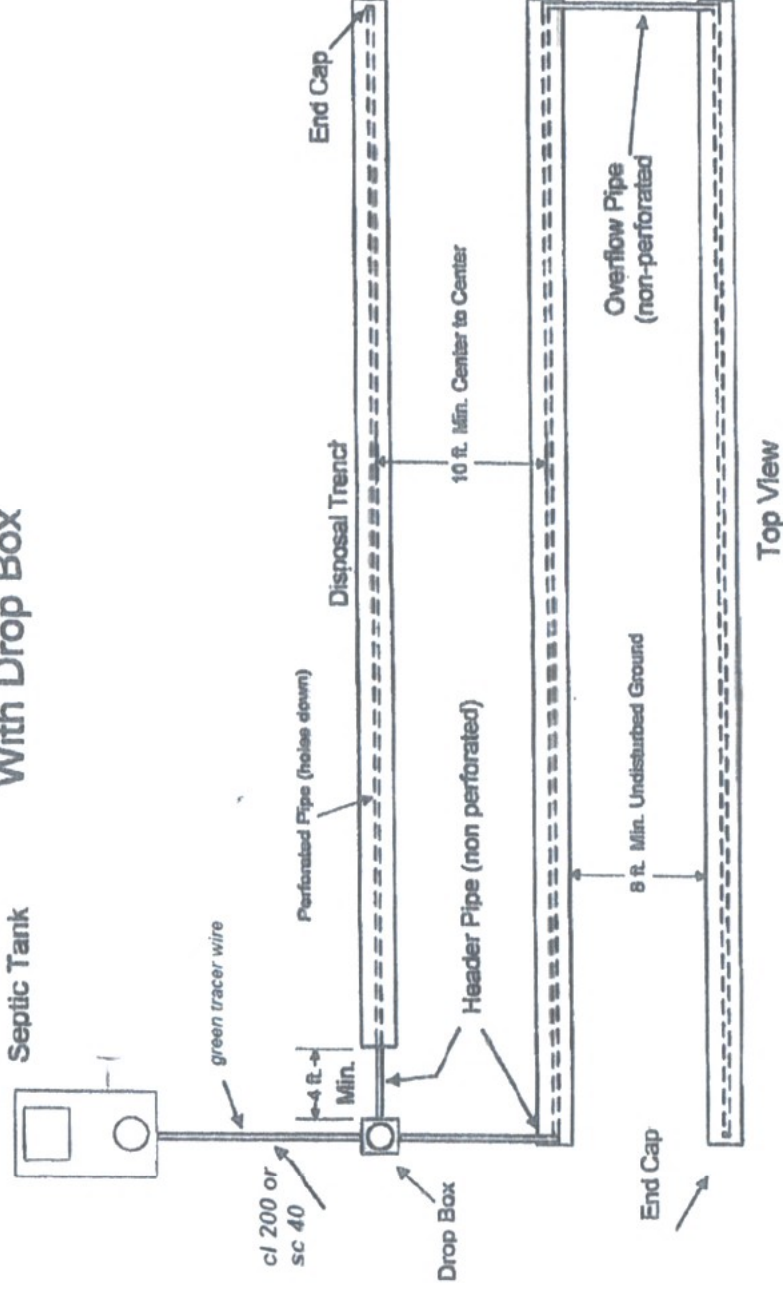
www.sjerhombus.com

**RIVERSIDE READY MIX
1500 GALLON TWO COMPARTMENT
On-Demand dosing
WORKSHEET**



serial system with pump

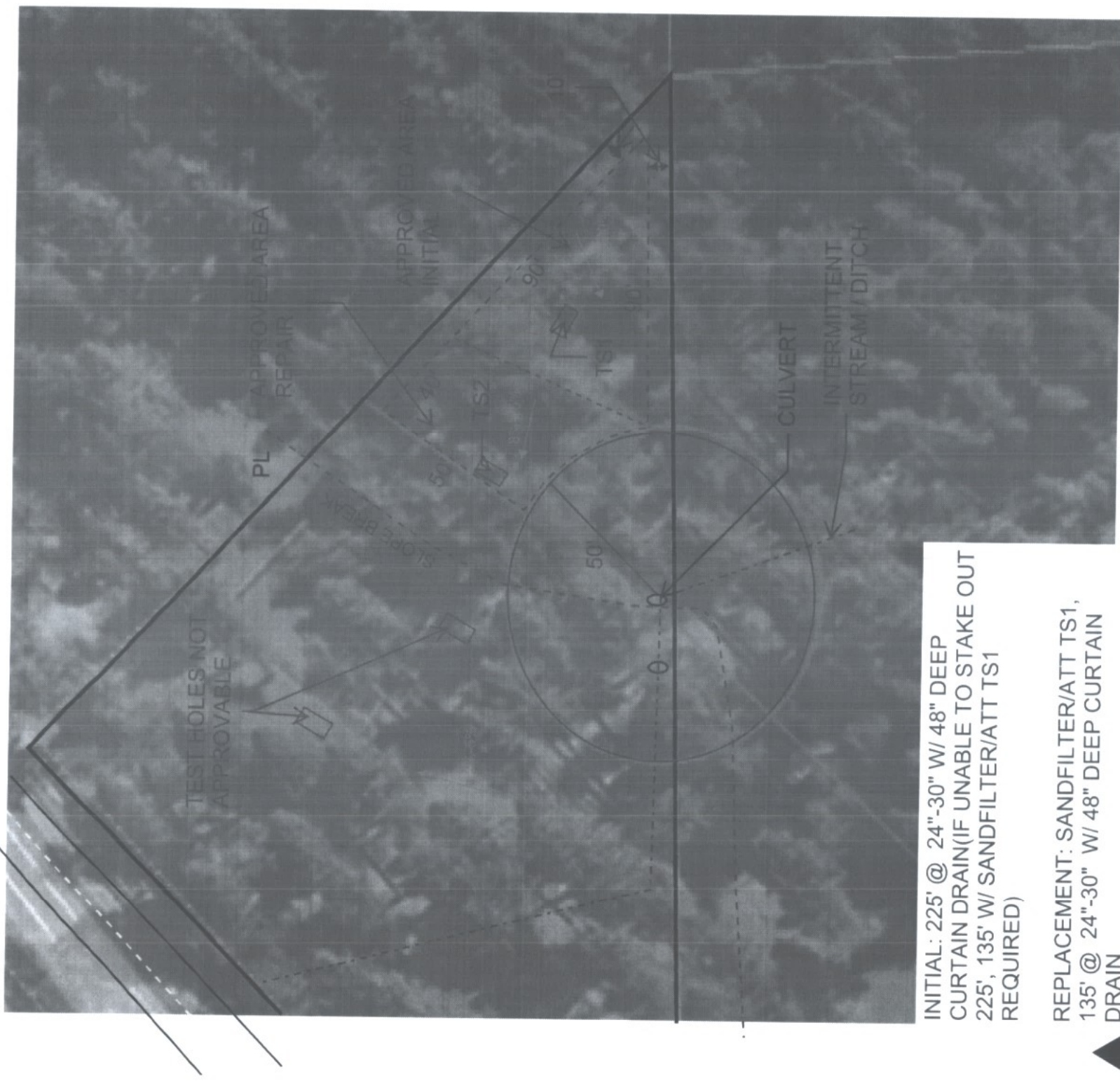
With Drop Box



SITE PLAN

ADDRESS 605 EWE CREEK RD

PARCEL 3506310000803



INITIAL: 225' @ 24"-30" W/ 48" DEEP CURTAIN DRAIN (IF UNABLE TO STAKE OUT 225', 135' W/ SANDFILTER/ATT TS1 REQUIRED)

REPLACEMENT: SANDFILTER/ATT TS1, 135' @ 24"-30" W/ 48" DEEP CURTAIN DRAIN



*NOT TO SCALE

APPLICATION # 463-23-000387-EVAL



MEDFORD DEQ
221 STEWART AVE SUITE 201
MEDFORD OR 97531



State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

Dezerae Jobe, Jim Jobe

have authorized

Property Owner Print Name:

JED Dunlap & Penny Dunlap

(Authorized Representative Print Name)

to act as my agent in performing

the activities necessary to obtain site evaluations, permits and other onsite wastewater management 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.

PROPERTY IDENTIFICATION:

605 EWE Ck

Property Situs or Road Address

And described in the records of Josephine County as:

Township 35 Range 06 Section 31 Map ID _____ Tax Lot #(s) 803

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

X Printed Name Dezerae & Jim Jobe

DocuSigned by:

Dezerae Jobe

6983C52CC62448

X Signature _____ Date 4/24/2024 | 11:32 AM PDT

X Address _____ Phone: _____

City, State Zip _____ Fax _____

E-mail Address _____

AUTHORIZED REPRESENTATIVE:

Printed Name Penny Dunlap & JED Dunlap

Signature Penny Dunlap

Date 1-24-1-24

Address: P.O. Box 532

Phone 541-660-9543

City, State, Zip Raye River, OR 97537

Fax 541-890-7674

E-mail Address dunlap Septic 1984@gmail.com

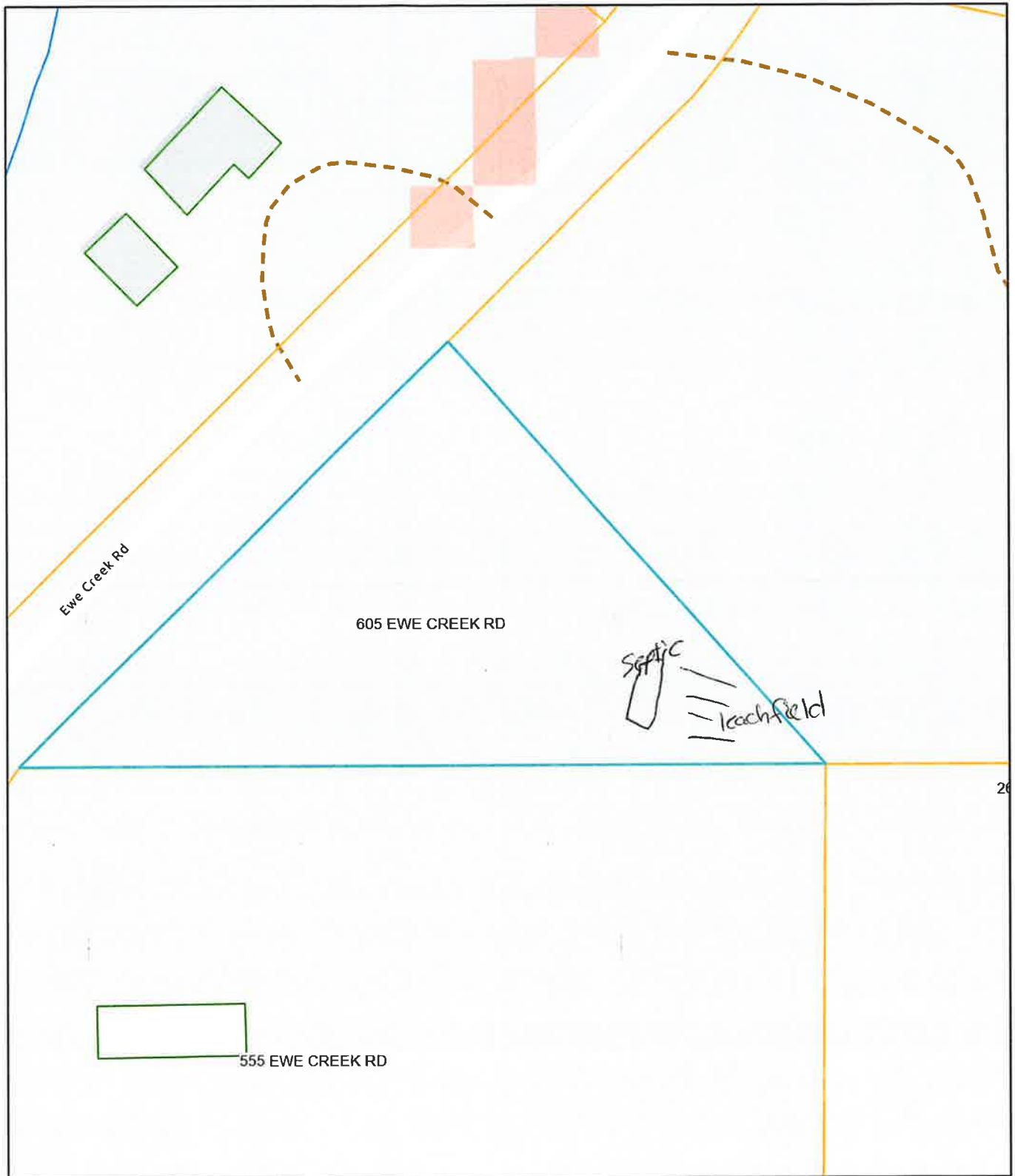
SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

1. Applicant Name/Property Owner: Dezerae Jobe
Mailing Address: 555 ewe creek Rd
City, State, Zip: G.P. OR 97526
Telephone: 541 761 1722
2. Property Information:
County: Josephine Tax Lot No.: 803
Township: 35 Range: 06 Section: 31
Physical Address: 605 ewe creek Rd, G.P. OR 97526
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: AB 5 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 19.61.0205 of the JCC - single-family dwelling or manufactured dwelling - outright permitted use
8. Planning Official Signature: [Signature]
Print Name: Jami Smith Title: Associate Planner
Telephone: 541-474-5424 Date: 6-7-24

ArcGIS Web Map



6/4/2024, 10:35:52 AM

Buildings

Primary

Taxlots

Driveways

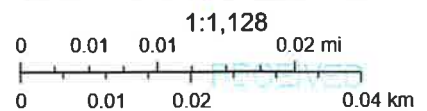
Waterline: Rivers & Streams

Class 2

Slope - percent grade

0 - 14.9%

15 - 39.9%



JUN 04 2024

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Web AppBuilder for ArcGIS

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Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97526

Receipt Number: PL24-00637

(541) 474-5421
planning@josephinecounty.gov

Payer/Payee: JOBE, DEZERA E & JOBE, JIM &
FIRESTONE, COLEEN L
555 EWE CREEK RD
GRANTS PASS OR 97526

Cashier: Tami Smith

Date: 06/04/2024

Primary Parcel: 35063100000803 **Project Description:** On-Site Septic

PL-2024-00754 LAND USE INFORMATION RESPONSE 605 EWE CREEK RD

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Land Use Information Response	\$125.00	\$125.00	\$0.00
	\$125.00	\$125.00	\$0.00

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
CHECK	1006	\$125.00
Total Paid:		\$125.00



Statement of Site Status

Name: DEZERNIE JOBE

Address: ~~555~~ 605 EWE CREEK RD

City: Grants Pass State: OR Zip Code: 97526

Township: 35 Range: 04 Section: 31 Tax Lot: 803

County: Josephine

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: 6-26-24 Signed: [Signature]



- ☐ North Arrow
☐ Property boundaries and dimensions
☐ Right-of-ways
☐ Easements notarized and recorded
☐ Existing or proposed roads, driveways, parking
☐ Well locations, on the property & all wells
 Within 200ft. Of the septic
☐ Test hole locations
☐ Proposed dwelling location
- ☐ Any cuts (existing & proposed) in excess of 30 inches
☐ If disposal lines are up slope from a foundation, is there at least a 50-foot setback?
☐ Location of septic tank, sandfilter, curtain drain, drain field and replacement area.
☐ Elevation of proposed drop boxes of distribution boxes initial and replacement drain field.
☐ Transport pipe location.





NOTICE AUTHORIZING REPRESENTATIVE

I, DEZERAEE JOBE (Property Owner/Print Name) have authorized Penny + TED Dunlapp Dun-Right Septic (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:

1005 EWE CREEK Rd Grants Pass

(Property Situs or Road Address)

And described in the records of JOSEPHINE County as:

Township 35 Range 06 Section 31 Map ID _____ Tax Lot #(s) 803

PROPERTY OWNER:

✗ Printed Name: Dezerae Jobe

✗ Address: 555 ewe creek Rd.

City, State, Zip: Grants pass, OR 97526

✗ Phone: 541 761 1722 Email: dezfirestone@gmail.com

✗ Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: TED Dunlapp + Penny Dunlapp

Address: P.O Box 532

City, State, Zip: ROGUE RIVER OR 97537

Phone: 541-890-7674 Email: dunrightseptic@gmail.com

Signature: [Signature]

[Quoted text hidden]



Septic Site Evaluation Approval

463-23-000387-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: 01/23/2024

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: JOBE, DEZERAЕ & JOBE, JIM &
FIRESTONE, COLEEN L
Address: 555 EWE CREEK RD
GRANTS PASS OR 97526
Phone: 5417611722
Email: DEZFIRESTONE@GMAIL.COM

Owner: JOBE, DEZERAЕ & JOBE, JIM &
FIRESTONE, COLEEN L

Property address: 605 Ewe Creek Rd, Grants Pass, OR
97526

Address: 555 EWE CREEK RD
GRANTS PASS OR 97526

Parcel: 3506310000080300 - Primary **Township:** 35 **Range:** 06 **Section:** 31

Lot size: 1.07

Zoning: N/A

Accessory Dwelling Unit: No

Water supply: Well

City/County/UGB: County

Proposed use of structure: SFR

Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd.

Min septic tank volume: 1000 gal.

Special tank reqmts: ANTIBUOYANCY REQUIRED

Comments: IF UABLE TO STAKEOUT REQUIRED DRAINFIELD LINEAR FOOTAGE IN APPROVED AREA FOR INITIAL SYSTEM, SANDFILTER/ATT TREATMENT STANDARD 1 WILL BE REQUIRED. ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SANDFILTER FOR REPLACEMENT SYSTEM.

Proposed gallons per day: 450 gpd.
Min dosing tank volume: 500 gal.

System Specifications

System type:

System distribution type:

Distribution method:

Trench Specifications

Trench linear feet:

Max depth:

Min depth:

Initial System

Standard

Serial

Serial

Initial System

225 linear ft.

30 in.

24 in.

Replacement Area

Sand Filter

Serial

Serial

Replacement Area

135 linear ft.

30 in.

24 in.

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: 01/23/2024

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Special Requirements	Initial System	Replacement Area
Stakeout required:	Yes	Yes
Groundwater type:	Temporary	Temporary
Groundwater interceptor:	Yes	Yes
Groundwater interceptor-amount of drain media:	36 in.	36 in.
Groundwater interceptor depth:	48 in.	48 in.
Drainfield type:	Standard	Standard
Drainfield sizing:	75 linear ft/150 gal.	45 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

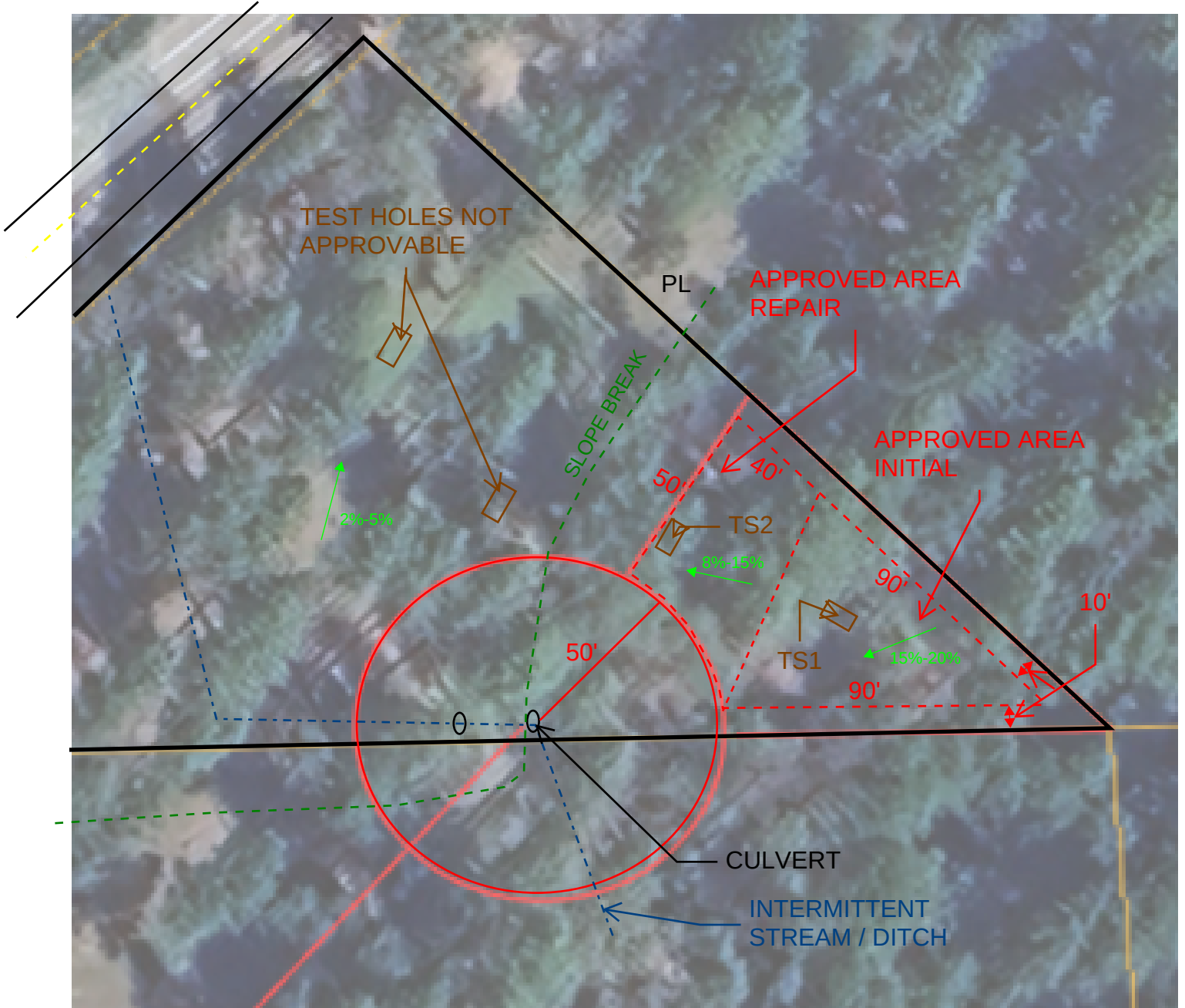
Natural Resource Specialist

1/23/24

SITE PLAN

ADDRESS 605 EWE CREEK RD

PARCEL 3506310000803



INITIAL: 225' @ 24"-30" W/ 48" DEEP CURTAIN DRAIN(IF UNABLE TO STAKE OUT 225', 135' W/ SANDFILTER/ATT TS1 REQUIRED)

REPLACEMENT: SANDFILTER/ATT TS1, 135' @ 24"-30" W/ 48" DEEP CURTAIN DRAIN



*NOT TO SCALE

APPLICATION # 463-23-000387-EVAL

605 EWE CREEK

FIELD WORKSHEET

Name: JOBE

Application No.: 463-23-000387

Date: 1

RE: SITE EVALUATION REPORT for Parcel #: 3506310000803

Commercial Facility: ☐ Yes ☐ No Parcel Size: 1

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: _____ 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 <u>51</u>
Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☒ 2 compartment ☐ Other ☒ effluent pump required ☒ effluent filter required	Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☒ 2 compartment ☐ Other ☒ effluent pump required ☒ effluent filter required
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: <u>225</u> total linear feet <u>75</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>135</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <u>28</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 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

340-071-0220

340-071-0290

340-071-0295

340-071-0345

Inspector: OK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	6-12	SCL	10yr ^{3/3} , GR-WSBK, Roots 3m, 2F, C, 1VF, VC
	12-30	SCL	7.5yr ^{5/4} , WSBK, Roots 1VF, F, m
	30-48	CoSLL	7.5yr ^{5/8} , WABK-PLATY, Roots 1F, CLAY SKEWS 5yr ^{4/6} , 5/6
			BOARDERING SAP, DEP 10yr ^{5/1} IN Root CHANNELS, WATER @ 48
Test Pit 2	0-8		SIM TO THA
	8-28		
	28-60		LINC 7.5yr ^{5/8} , DEP 10yr ^{5/1}
			WATER @ 60"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOOD CD

Slope: 10%-25% Aspect: SE/E Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: DITCH/INT stream, SE of TH's, RAINING HARD LAST 2 DAYS

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	SL	2.5 y ³ / ₁ , GR-WSBK, Roots 2m, C, VC, 1VF, F, PORES 1VF
	8-34	Co SCL	2.5 y ⁵ / ₁ WSBK-WEDGE, Roots 1VF, F, PORES 2VF, 1F, CONC. 7.5 y ³ / ₄
	34-45	SCL	5 y ⁴ / ₁ , ⁵ / ₁ , WABK, Roots 2VF, F, PORES 1VF, CONC. 7.5 y ³ / ₄ , 5 y ³ / ₄
			WATER @ 45"
Test Pit 2	0-10		SIMILAR TO TH1
	10-38		
	38-60		
			WATER @ 60"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (PINE, OAK, MADRONE)

Slope: _____ Aspect: N/NW Groundwater Type: ☒ Permanent ☒ Temporary

Other Site Notes: DITCH THROUGH PROPERTY (WEST/S CORNER), ROADSIDE
DITCH (NORTH PROPERTY LINE).



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 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

Date Stamp

A. Property Owner Information

Dezerae Jobe
Name

605 ewe creek Rd
Mailing Address (Street or PO Box, City, State, Zip Code)

541 761 1722
Phone Number

B. Legal Property Description

350831
Township Range
Josephine
County

803
Section Tax Lot
Subdivision Name

1.067
Tax Account Number Acreage or Lot Size
Lot Block

Property Address: 605 ewe creek Rd Grants Pass OR 97526
Address City State Zip Code

Directions to Property: ~~Dezerae Jobe~~ on ewe creek

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms

☒ Other NONE

Proposed Facility:

☒ Single Family Residence

3 bdrm or 4 bdrm
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.

Dezerae Jobe
Signature

Nov 7th, 23
Date

Dezerae Jobe
Applicant's Name - Please Print Legibly

541 761 1722
Applicant's Phone Number

dezfirestone@gmail.com
Applicant's E-mail Address

555 ewe creek Rd., G.P. OR 97526
Applicant's Mailing Address

Applicant is the

☒ Owner

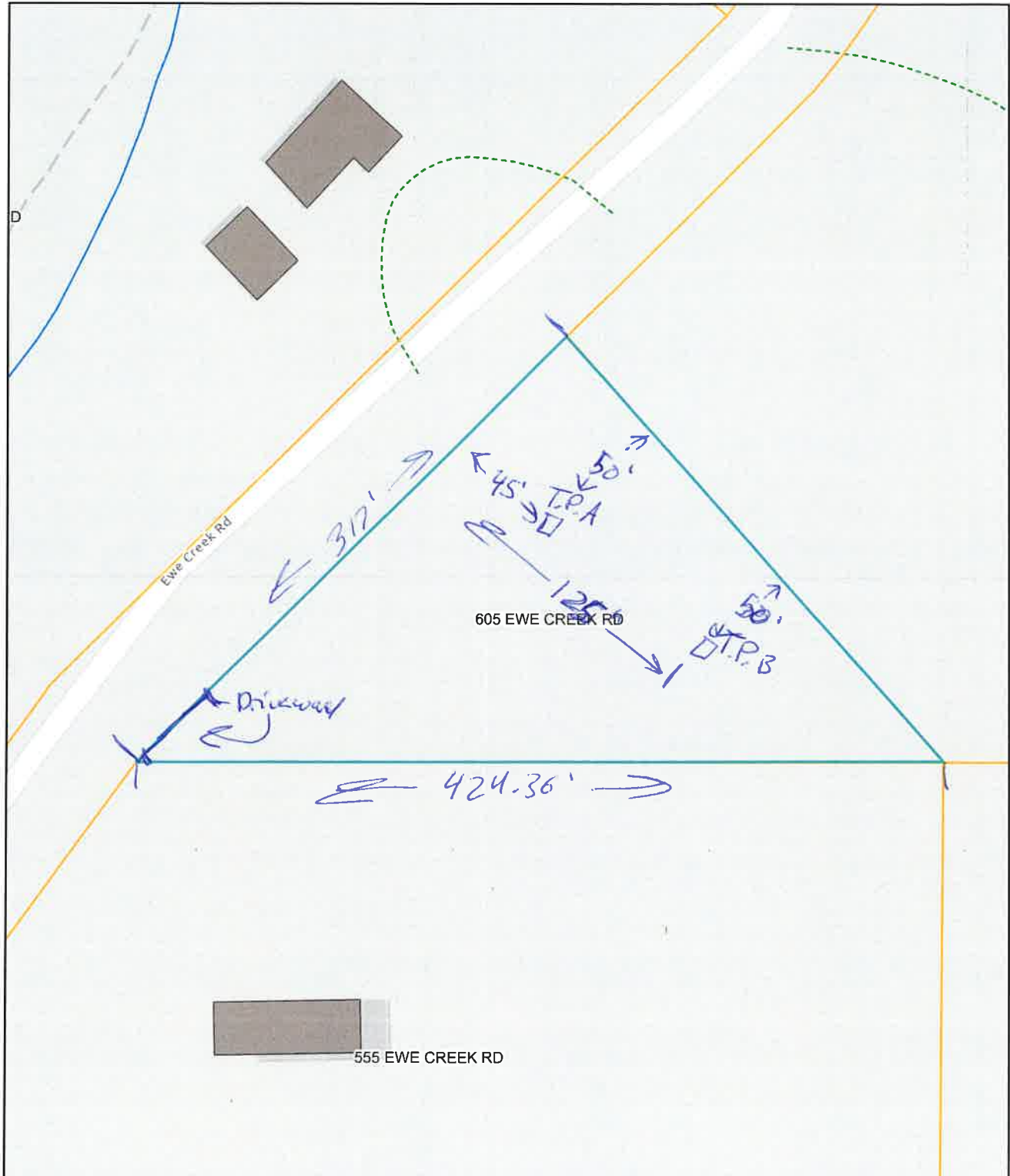
☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name

ArcGIS Web Map



11/9/2023, 10:42:07 AM

 Building Footprints

 Taxlots

 Driveway

Waterline: Rivers & Streams

 Class 2

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