



Certificate of Satisfactory Completion
Installation Permit - Commercial - New

463-22-000264-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: 08/17/2022

Work Description: HOLDING TANK PERMIT

Applicant: Jake s Superior Septic Service
Address: 1630 Williams Hwy PMB 144
Grants Pass OR 97527
Phone: (541) 415-9516
Email: jakessuperiorsepticsservice@hotmail.com

Primary Contractor: Jake s Superior Septic Service
Installer/Pumper License: 39243
Address: 1630 Williams Hwy PMB 144
Grants Pass OR 97527
Phone: (541) 415-9516
Email: jakessuperiorsepticsservice@hotmail.com

Owner: ELITE AVIATION LLC
Address: PO BOX 2714
PO BOX 2714
GRANTS PASS OR 97528
Owner: JOSEPHINE COUNTY
Address: C/O AIRPORTS 1441
BROOKSIDE BLVD
C/O AIRPORTS
1441 BROOKSIDE BLVD
GRANTS PASS OR 97526

Property Address: 828 Brookside Blvd, Grants Pass, OR
97526

Parcel: 350623C0001900A01 - Primary

Lot Size:	27.87	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
Land Use Approval:	N/A		

Category of Construction: Commercial

	Existing	Proposed
Use of Structure:	N/A	AIRPORT HANGER/ OFFICE

System Specifications

Type:	Holding Tank		
Max Peak Design Flow:	150 gpd.	Proposed Flow:	30 gpd.
Min Septic Tank Volume:	1500 gal.	Min Dosing Tank Volume:	N/A

Special Requirements

Other Special Requirements: INSPECTION OF EXCAVATED HOLE PRIOR TO TANK PLACEMENT

Date Certificate Issued: 08/17/2022**Work Description:** HOLDING TANK PERMIT**Conditions of Approval**

- Holding Tank rules at OAR 340-071-0340.
- Each tank must have a minimum liquid capacity of 1,500 gallons, comply with the tank standards in OAR 340-073-0025, have no overflow vent at an elevation lower than the overflow level of the lowest fixture served and be located and designed to facilitate removal of contents by pumping.
- The holding tank must be equipped with both an audible and visual alarm placed in locations acceptable to the agent to indicate when the tank is 75% full. Only the audible alarm may be user cancelable.
- At all times the holding tank is being used, the owner of the tank must maintain a service contract with a sewage disposal service licensed under OAR 340-071-0600 to provide for regular inspection and pumping of the holding tank.
- Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
- 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>
- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
- Photos of the septic system components must be submitted along with the FIRN.

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.

Date Certificate Issued: 08/17/2022**Work Description:** HOLDING TANK PERMIT**Certificate of Satisfactory Completion****System Inspection:** No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No**Comments:** N/A

Joshua Daley

Environmental Specialist

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

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

Final Inspection Request and Notice - Septic ID: 463-22-000264-PRMT

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

SECTION 1: Owner/Permittee Information:

Name: JOSEPHINE COUNTY ELITE AVIATION LLC

Twnshp: 35

Range: 06

Sect: 23

Lot: 1900 A01

Property 828 BROOKSIDE BLVD, GRANTS PASS, OR 97526

Address:

SECTION 2: System Component Specifications:**A. Tanks/Pumps****System Type:**Water tight
verification*

Tanks(1)	Volume: 1,500	Compartments: 2	Manufacturer: Riverside Ready mix	Date: 8/3/2022
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)

Yes

No X

Diameter:

ASTM#/Other:

Length:

Pressure Transport Pipe

Yes

No X

Diameter:

ASTM#/Other:

Length:

C. Secondary Treatment Unit:

Sand Filter**

Yes

No X

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 X

Model:

Certified Maint.

Provider Name:

Operation and Maint.

Contract Received?

Yes

No

D. Drainfield Media

Type

(Gravel, Pipe or alternative?)

Distribution Box

Yes

No X

Drop Box

Yes

No X

Distribution Pipe

Yes

No X

Diameter:

ASTM#/Other:

Length:

Comment

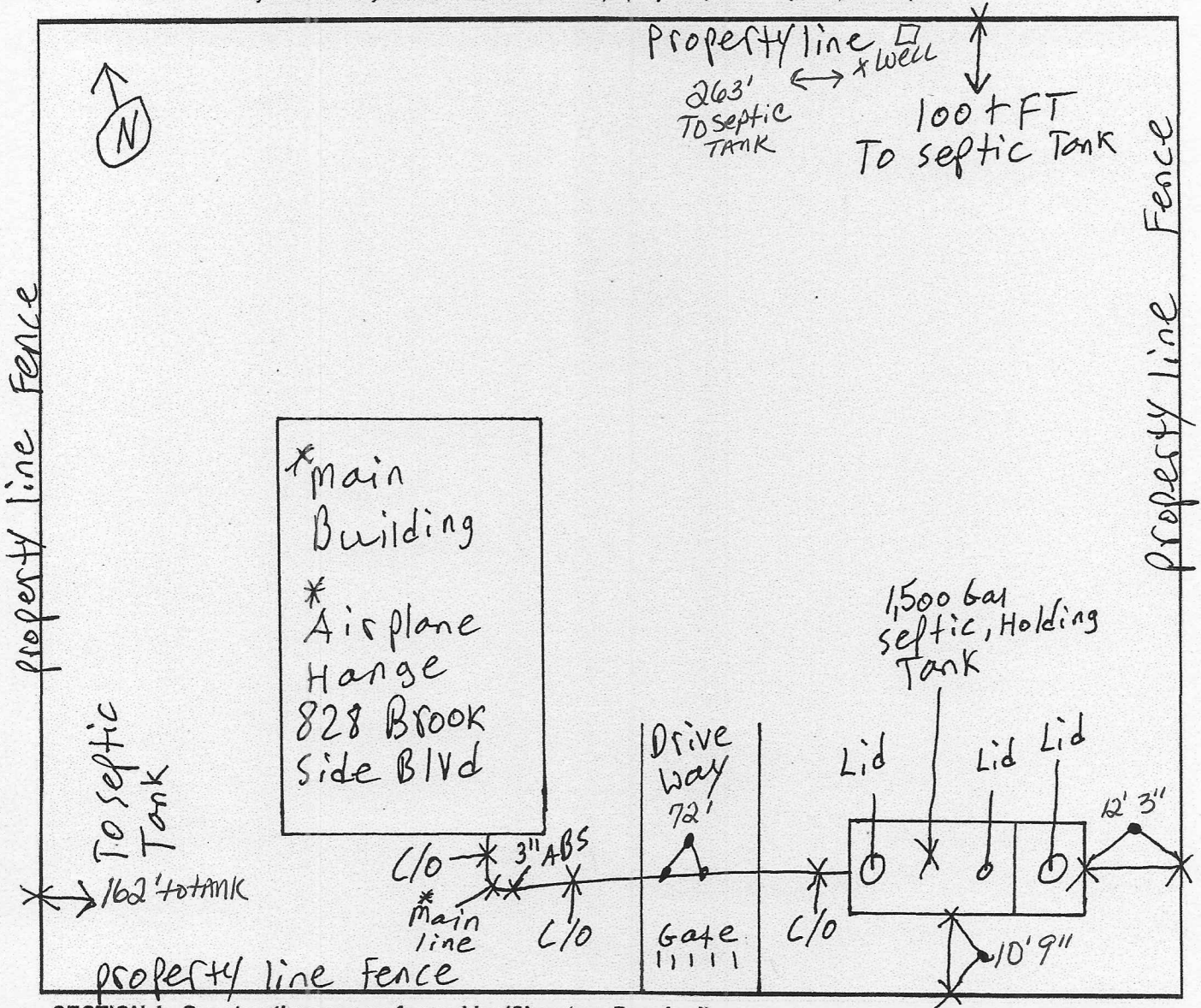
See material list

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

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



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <u>Jacob Kister / Jake's superior septic service</u>		
Licensed Installer:	Yes ☒ No ☐	License#: <u>39243</u>	Certification#: <u>RI633</u>
Owner/ Certified Installer:	Signature: <u>Jacob Kister</u>	Date: <u>08/3/2022</u>	Phone#: <u>541-415-9516</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes ☐ No ☐	Date:
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Installer/Owner (Permittee) Notified:	Yes ☐ No ☐	Date:
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If No, Reason for Non Acceptance: _____

Comment: _____

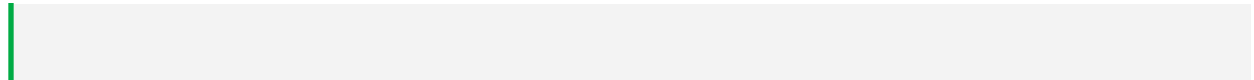
Jake's Superior Septic Service

Phone: (541) 415-9516

E-mail: jakesuperiorsepticsservice@hotmail.com

Address: 365 Sloan Mountain Ln Grants Pass OR 97527

We did a water tight test on the 1000 gallon, 1 compartment Riverside Ready Mix Septic Tank. We filled the water 2inch up in to the riser and let sit for 24 hrs. The water level never went below the 3/4 nich mark in the riser. And no water leaking out side of Septic walls. With that we determine the Septic to be in good working condition.



Jake's Superior Septic Service

Phone: (541) 415-9516

E-mail: jakesuperiorsepticsservice@hotmail.com

Material List

Address: 828 Brookside Blvd Grants Pass OR 97526

Date: August 3rd 2022

- Orenco High Water Outdoor Alarm
- Orenco Float
- 8 Inch Round Electrical Splice Box
- 3 Inch And 4 Inch ABS
- 18 Gauge Green Tracer Wire



















Crenco www.crenco.com
AMAHW Quantity: 1



crenco
SYSTEMS

CAUTION!
RISK OF ELECTRIC SHOCK!
MORE THAN ONE DISCONNECT SWITCH
MAY BE REQUIRED TO DE-ENERGIZE THE
EQUIPMENT BEFORE SERVICING.

ATTENTION!
RISQUE DE DÉCHARGE ÉLECTRIQUE!
IL PEUT Y AVOIR PLUS D'UN INTERRUPTEUR
À ACTIONNER POUR COUPER
L'ALIMENTATION AVANT D'AJUSTER OU DE
MODIFIER LE PANNEAU.



**PUSH TO
SILENCE ALARM**

**FILL WITH CONCRETE
FOR ADDED SAFETY**

crenco
SYSTEMS

ORAHW

ALARM OUTDOOR 115V AMAHW OREN

W20802A P2690985



CAUTION!
RISK OF ELECTRIC SHOCK!

DISCONNECT SWITCH
TO DE-ENERGIZE THE
CIRCUIT BEFORE SERVICING.

ON!

ELECTRIQUE!
INTERRUPTEUR
AVANT TOUT TRAVAIL
OU DE

DO NOT CONCRETE
FOR RIGIDITY









4 OVERTUNE
INC THE SAN SDP 35 SEWER PIPE PVC 12454 057N 03024 0906 08211012AS 1139







Septic Permit
Installation Permit - Commercial - New
463-22-000264-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 issued: 6/21/22

Expiration date: 6/21/23

Work description: HOLDING TANK PERMIT

Applicant: Jake s Superior Septic Service
Address: 1630 Williams Hwy PMB 144
Grants Pass OR 97527
Phone: (541) 415-9516
Email: jakessuperiorsepticsservice@hotmail.com
Business License: N/A

Primary contractor: Jake s Superior Septic Service
Installer/Pumper License: 39243
Address: 1630 Williams Hwy PMB 144
Grants Pass OR 97527
Phone: (541) 415-9516
Email: jakessuperiorsepticsservice@hotmail.com

Owner: ELITE AVIATION LLC
Address: PO BOX 2714
PO BOX 2714
GRANTS PASS OR 97528
Owner: JOSEPHINE COUNTY
Address: C/O AIRPORTS 1441
BROOKSIDE BLVD
C/O AIRPORTS
1441 BROOKSIDE BLVD
GRANTS PASS OR 97526

Property address: 828 Brookside Blvd, Grants Pass, OR
97526

Parcel: 350623C0001900A01 - Primary

Lot size:	27.87	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 - Commercial
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Commercial

	Existing	Proposed
Use of structure:	N/A	AIRPORT HANGER/ OFFICE

System Specifications

Type:	Holding Tank	ATT description:	N/A
Max peak design flow:	150 gpd.	Proposed flow:	30 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A

Special Requirements

Other special rqmt: INSPECTION OF EXCAVATED HOLE PRIOR TO TANK PLACEMENT

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

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7/25/22: 9:35:55AM

ONS_OnsitePermit_pr

Date issued: 6/21/22**Expiration date:** 6/21/23**Work description:** HOLDING TANK PERMIT**Conditions of approval**

- Holding Tank rules at OAR 340-071-0340.
- Each tank must have a minimum liquid capacity of 1,500 gallons, comply with the tank standards in OAR 340-073-0025, have no overflow vent at an elevation lower than the overflow level of the lowest fixture served and be located and designed to facilitate removal of contents by pumping.
- The holding tank must be equipped with both an audible and visual alarm placed in locations acceptable to the agent to indicate when the tank is 75% full. Only the audible alarm may be user cancelable.
- At all times the holding tank is being used, the owner of the tank must maintain a service contract with a sewage disposal service licensed under OAR 340-071-0600 to provide for regular inspection and pumping of the holding tank.
- Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
- 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>
- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
- Photos of the septic system components must be submitted along with the FIRN.

Date issued: 6/21/22**Expiration date:** 6/21/23**Work description:** HOLDING TANK PERMIT

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

6/21/22



**Application for
Onsite Sewage
Treatment System**

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

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

A. Property Owner Information

Josephine County Airport
Name
1441 Brookside Blvd., Grants Pass, OR 97526
Mailing Address (Street or PO Box, City, State, Zip Code)
541-955-4535
Phone Number

B. Legal Property Description

35
Township
Josephine
6
Range
26
Section
000 300-A01
Tax Lot
Tax Account Number
Acreage or Lot Size
County
Subdivision Name
Lot
Block
Property Address: 828 Brookside Blvd
Address
Grants Pass
City
OR
State
97526
Zip Code

Directions to Property: Take I-5 N TO Merlin, Take EXit 61 Toward merlin Rd
Turn left on merlin Rd, Right on monument Dr, left on Brookside Blvd. on right

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms

☒ Other Commercial Hangar

Proposed Facility:

☐ Single Family Residence

Number of Bedrooms

☐ Other

Water Supply:

☐ Public

Name

☒ Private

SHARED

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.

Jacob Kister

Signature

06/08/2022

Date

Jacob Kister / Jake's Superior Septic Service

Applicant's Name - Please Print Legibly

541-415-9516

Applicant's Phone Number

Jakesuperiorseptic service

Applicant's E-mail Address

ad@hotmail.com

1630 Williams Hwy PMB 144 Grants Pass OR 97527

Applicant's Mailing Address

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☒ Authorization
Attached

Jacob Kister / Jacob Kister
Installer's Name
Jake's Superior Septic Service

HOLDING TANK PUMPING CONTRACT

O.A.R. Chapter 340, 71-340 (5)

I, Jacob Kister, legally authorized representative
for sewage disposal licensee Jake's Superior Septic Service
License No. 39243, Year 2022, bonded by RLI Insurance
(surety company name) Company
do herewith contract with SEAN McBillivray, through legally authorized
representative Jake's Superior Septic Service, to pump the 1,500
holding tank, located on Tax Lot 000.300^{AO}, of Section 26, Township 35,
Range 6, of Josephine County, Oregon periodically, at regular intervals
or as needed to allow proper operation and will dispose of its contents at
the Clear water CO/OP, in a manner approved of by the Department
of Environmental Quality.

Signature: Jacob Kister

My signature above obligates the licensee to notify the Department
of Environmental Quality in the event of the termination of this contract.

Date: 5/18/2022

NOTE: O.R.S. 454.705(2) (a) requires that any licensed sewage disposal service licensee "comply with the provisions of ORS 454.605 to 454.745 and with the rules of the Environmental Quality Commission regarding sewage disposal services"; and 454.705(2)(b) that "any person injured by failure of the 'licensee' to comply with ORS 454.605 to 454.745 and with the rules of the Commission regarding sewage disposal services shall have a right of action on the bond in his own name, provided that written claim of such right of action shall be made to the principal or the surety company within two years after the services have been 'performed'; and 454.705 (2)(c) provides that "the maximum aggregate liability of the surety on the bond shall be \$2,500.00"



NOTICE AUTHORIZING REPRESENTATIVE

I, Jason Davis as POA, current Airport Director, have authorized Jacob Kister 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. Sean McGillivray is solely responsible for any and all costs associated with the onsite wastewater treatment program services.

PROPERTY IDENTIFICATION:

Sean McGillivray
(Property Situs or Road Address)

6/2/22
Date

And described in the records of 828 Brookside Blvd County as: Josephine
Township 35 Range 6 Section 26 Map ID _____ Tax Lot #(s) 000 300 A01

PROPERTY OWNER:

Printed Name: Jason Davis as POA, current Airport Director

Address: 1441 Brookside Blvd.

City, State, Zip: Grants Pass, OR 97526

Phone: 541-955-4535

Email: JDavisL@JosephineCounty.gov

Signature: Jason Davis

6/8/2022

AUTHORIZED REPRESENTATIVE:

Printed Name: Jacob Kister / Jake's Superior Septic Service

Address: 1630 Williams Hwy PMB 144

City, State, Zip: Grants Pass OR 97527

Phone: 541-415-9516

Email: Jakesuperiorseptic@aol.com

Signature: Jacob Kister



SITE PLAN FOR PROPOSED SEPTIC ALTERATION

Site Plan Must Be Current

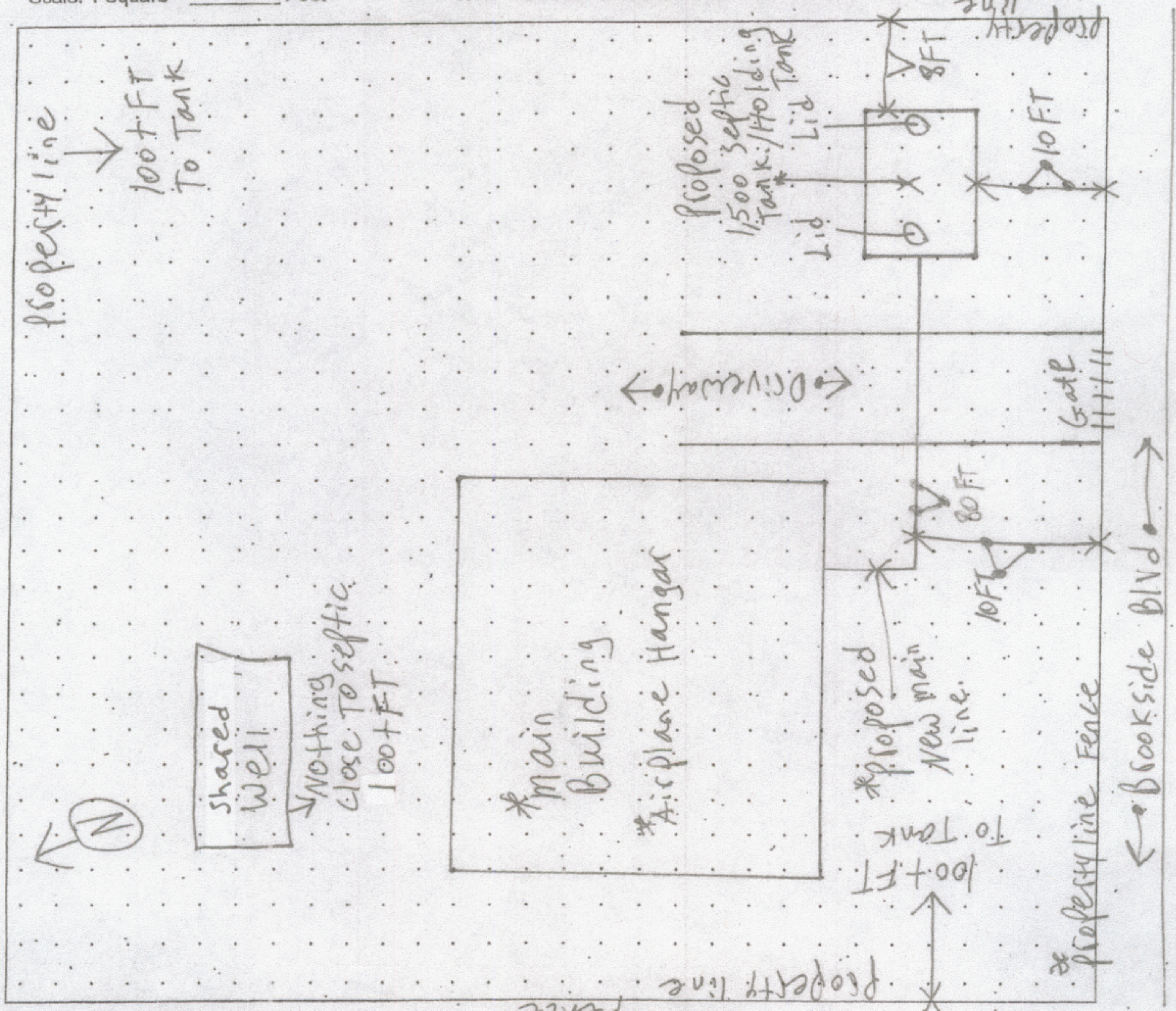
Site Address: 828 Brookside Blvd City: Grants Pass, OR

Tax Lot#: 000-300-A01 Acres: _____ Subdivision: _____

Lot: _____ Block: _____ Property Owner: Sean McGilivray

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350626B0000300

SITUS: 828 BROOKSIDE BLVD

ACRES: 27.87

PERMIT
NUMBER: PL-2021-02387

ZONE: CLI

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	JOSEPHINE COUNTY	APPLICANT PHONE #:	541-479-2230
APPLICANT ADDRESS:	1441 BROOKSIDE BLVD GRANTS PASS, OR 97526		
OWNER:	JOSEPHINE COUNTY		
OWNER ADDRESS:	1441 BROOKSIDE BLVD GRANTS PASS, OR 97526		

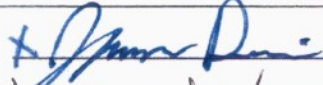
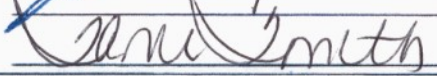
SPECIAL REQUIREMENTS• Airport Overlay - Declaration in File ☐ NA ☒ Reason: Airport Project

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Hangar, Hangar	1920 SQ FT Addition to existing Hangar	Front Setback: 20 ft. Side Setback: 10 ft. Rear Setback: 20 ft. Stream Setback: 0 ft. Height: 35 ft.

ADDITIONAL TERMS:

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:	10/13/2024
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	10-13-21

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



Josephine County, Oregon

Community Development – Planning Division
 700 NW Dimmick, Suite C / Grants Pass, OR 97526
 (541) 474-5421 / Fax (541) 474-5422
 E-mail: planning@co.josephine.or.us

PLANNING APPLICATION FORM

Property Address: 828 BROOKSIDE

Assessor's Map & Tax Lot:

35-06-26-60 Tax Lot(s) 300

- - - Tax Lot(s) - - -

Zoning: CLI

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
1920 SFT.

Application/Permit Type: (Please Check All Applicable)

- ☐ Address Assignment
 - ☐ New Address
 - ☐ Change of Address
 - ☐ Additional Address
- ☐ Annual Compliance Certificate
- ☐ Appeal (See Sec.19.33.040)
- ☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- ☐ Conditional Use Application (Chapter. 19.45)
- ☐ Determination of Nonconforming Use (See Sec.19.13.060)
 - ☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)
 - ☐ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- ☐ Final Plat (See Sec.19.56.030)
- ☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
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- ☐ Planned Unit Development (See Sec.19.55.030)
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- ☐ Property Line Adjustment or Vacation (See Sec.19.54.040)
- ☐ Replat (See Sec.19.53.040)
- ☐ Riparian Landscape Plan (Attach Plan or Use Form B)
- ☐ Site Plan Review (See Chapter 19.42)
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- ☐ Temporary Dwelling (See Chapter. 19.43)
 - ☐ Detached Living Space
 - ☐ Medical Hardship
- ☐ Other: _____

Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale
- ☐ (1) 8 1/2x 11" Site/Tentative/Plot Plan
- ☐ Written Narrative/Response to Criteria
- ☐ Power of Attorney
- ☐ Statement of Intended Water Use

- ☐ Statement of Understanding
- ☐ Floor Plan/Elevations
- ☐ Access Permit
- ☐ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan
- Other: _____

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

EXTENSION TO HANGER

Property Owner: JOSEPHINE COUNTY AIRPORTS

Address: 1441 BROOKSIDE BLVD
GRANTS PASS, OR 97526

Phone: 541 955 4535

Email: JAAVISL@JOSEPHINECOUNTY.BOV

Applicant: _____

Address: _____

Phone: _____

Email: _____

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Aaron Johnson - It Is Finished LLC

Address: 7041 Monument Dr.

Phone: 541-218-3429

Email: aaronjconstruction@gmail.com
CCB 202425

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

[Signature] Current Airport Director 10/1/21
(Signature of Owner or Attorney-in-Fact) Date

(Signature of Owner or Attorney-in-Fact)

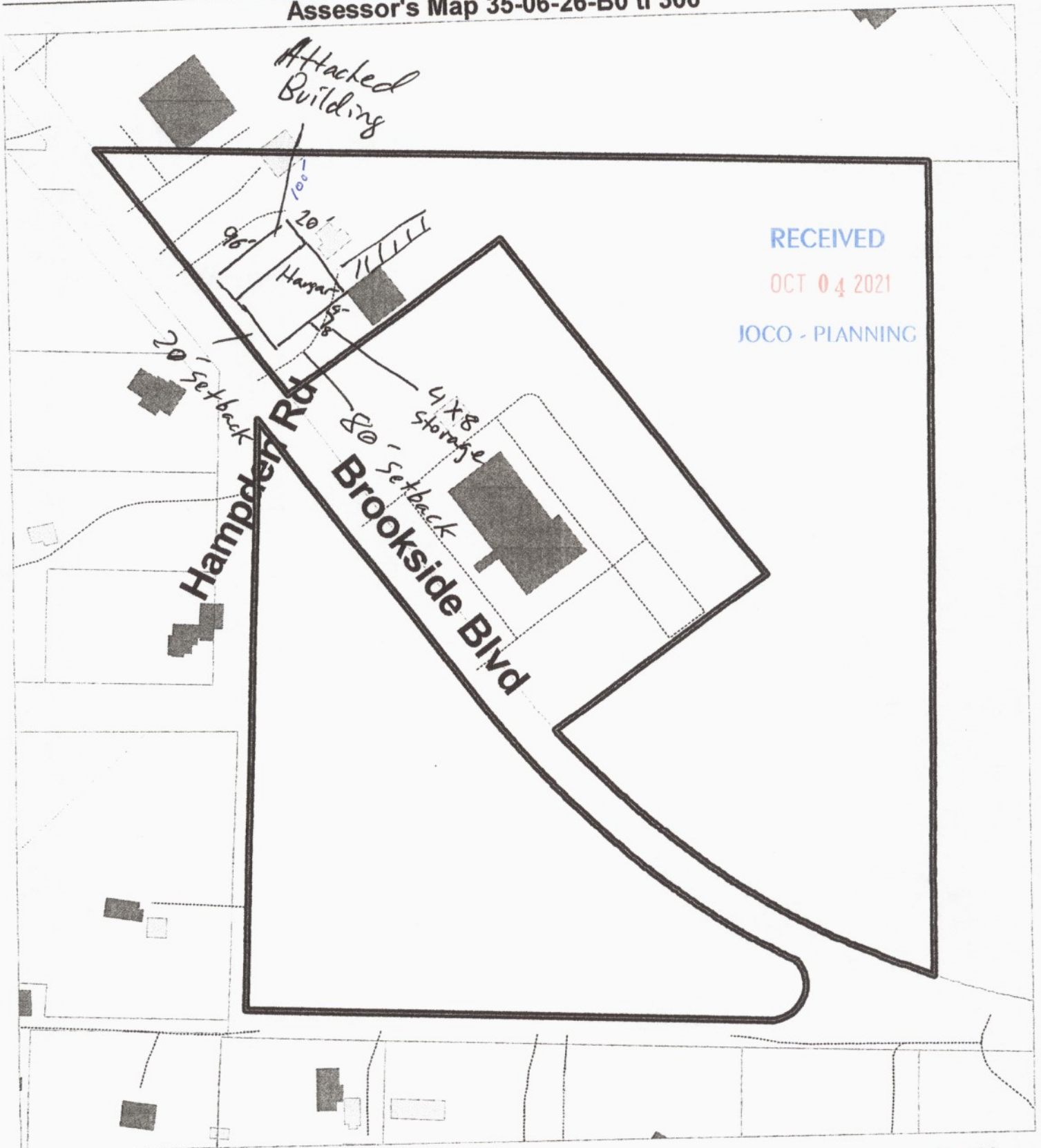
Date

(For Office Use)

RECEIVED
DATE STAMP

Fees Paid: \$300

Initials: TW



Legend

Buildings	Taxlots
PRIMARY	Water (line)
SECONDARY	Class 1
Driveways	Class 2
FEMA Flood Map	Water (polygon)
Floodway	Water Bodies
Floodway Fringe	Wetlands (Line)
Gravel Bats	Wetlands (polygon)
Slope > 15 %	

200 0 200 400 Feet

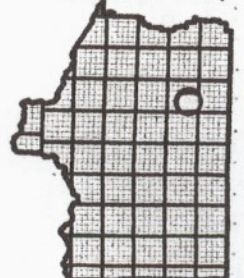
The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Neither Josephine County, Cave Junction, nor Grants Pass will accept responsibility for any errors or inaccuracies in the depicted information.



Scale
1:2400



Locator Map



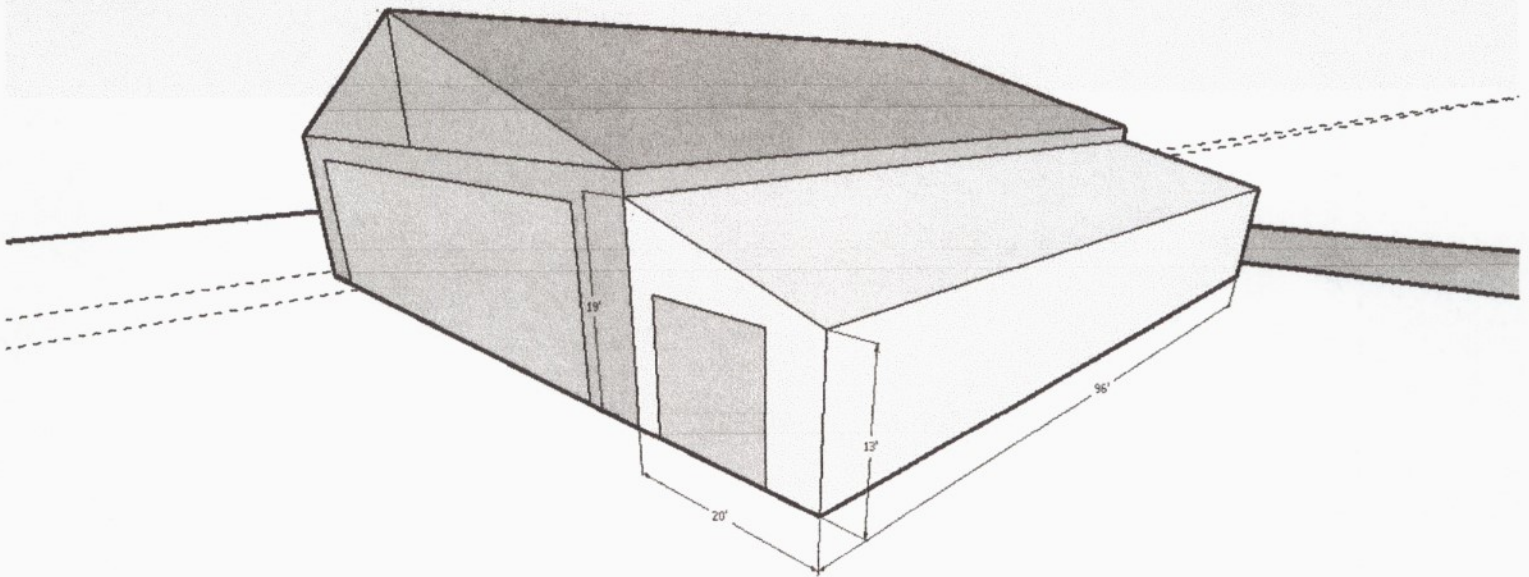
FLOOR PLAN

OPEN

RECEIVED

07/01/2014

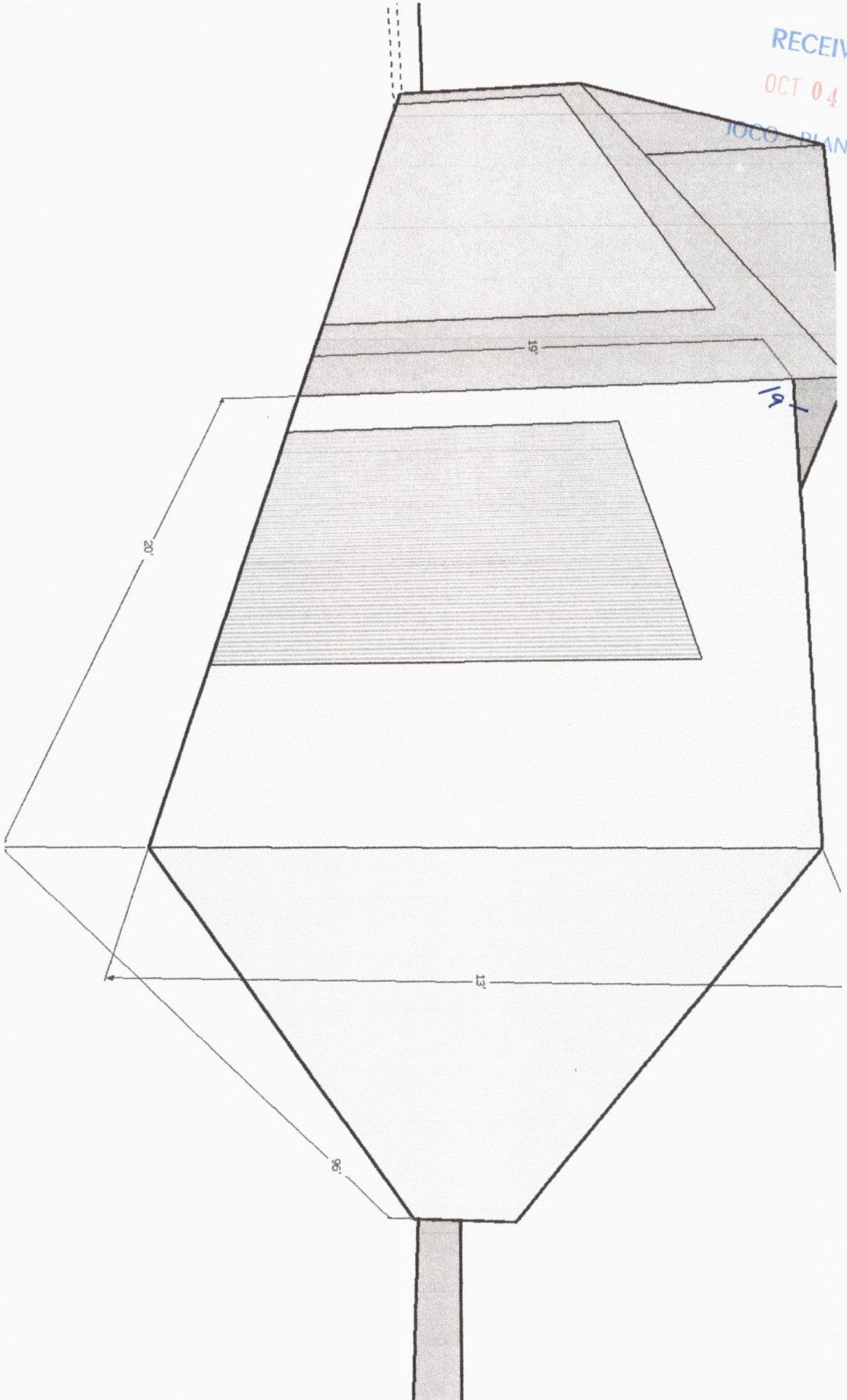
JOJO - PLANNING



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OCT 04 2021

JCCO PLANNING



EVENTATION

RECEIVED

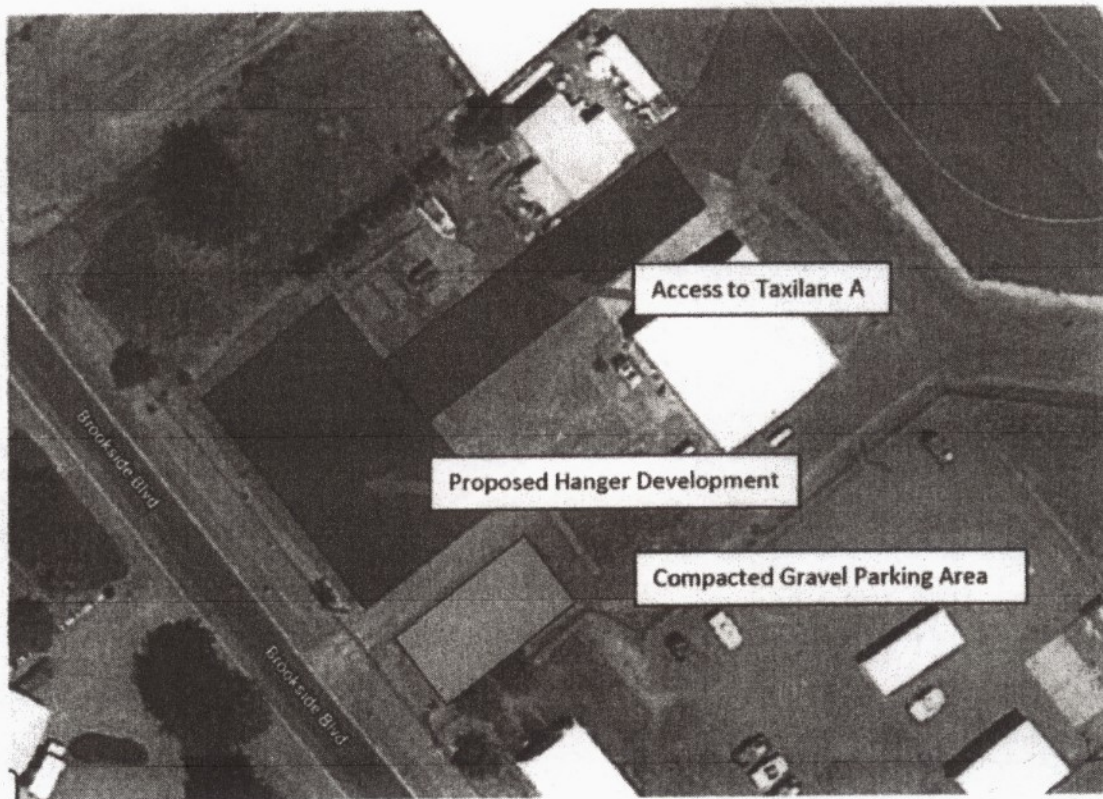
OCT 04 2021

JOCO - PLANNING

Exhibit A

828 Brookside Blvd. Grants Pass, OR

Assessor's Legal Description: 35-06-DO-080-116-00



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JUL 22 2020

JOCO - PLANNING

RECEIVED

**LIMITED POWER OF ATTORNEY
FOR LAND-USE AND DEVELOPMENT PERMITS
RELATING TO COUNTY-OWNED REAL PROPERTY**

JOCO - PLANNING

REAL PROPERTY INFORMATION:

Property Address: 828 Brookside Blvd., Grants Pass, OR 97526

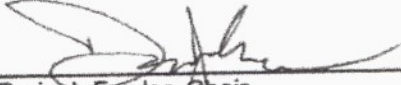
Assessor's Legal Description: 35-06-22-DO-080-116-00

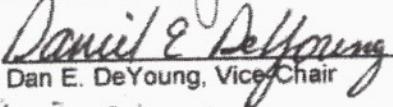
DEVELOPMENT PROPOSAL: Aircraft Hangar Build

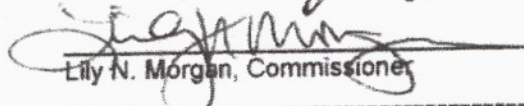
Josephine County, Oregon, is the owner of the real property described herein. This power of attorney authorizes Larry Graves, Airport Director to act as the agent of Josephine County regarding all land use and development actions relating to the property and development proposal described above. As the County's agent, this person is fully empowered to sign all required applications, permits and other documents required or requested, and to appear, negotiate and testify on the County's behalf in any hearing or administrative process, in connection with such actions. This authority is limited to those actions necessary to the development proposal described herein. Josephine County agrees to be bound by the acts of this agent within the limits of the authority conferred by this document. This power of attorney shall remain in effect until final action on all required permits for the development proposal described herein.

Dated this 2nd day of July, 2020.

JOSEPHINE COUNTY
BOARD OF COMMISSIONERS


Darin J. Fowler, Chair


Dan E. DeYoung, Vice Chair

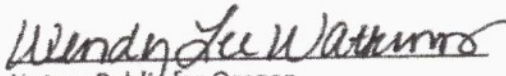

Lily N. Morgan, Commissioner

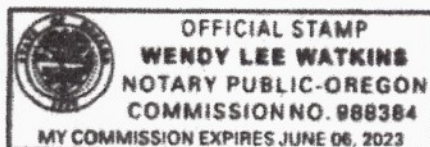
STATE OREGON)

) ss.

County of Josephine)

On this 2nd day of July, 2020, the above named Darin J. Fowler, Dan E. DeYoung & Lily N. Morgan as members of the Josephine County Board of Commissioners, personally appeared before me, a Notary Public for the State of Oregon, and executed the foregoing *Limited Power of Attorney* freely and voluntarily.


Notary Public for Oregon
My Commission Expires: 06/06/23



RECEIVED

JUL 22 2020

JOCO - PLANNING



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

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL21-01547

Payer/Payee: JOHNSON, AARON
7071 MONUMENT DRIVE
GRANTS PASS OR 97526

Cashier: Terri Woodruff

Date: 10/04/2021

Primary Parcel: 350626B0000300 **Project Description:** Extension to Hanger 1920 SQ FT
PL-2021-02387 DEVELOPMENT PERMIT 828 BROOKSIDE BLVD

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Development Permit	\$300.00	\$300.00	\$0.00
	\$300.00	\$300.00	\$0.00

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
CHECK	6629	\$300.00
Total Paid:		\$300.00



Commercial Septic Site Evaluation

463-22-000105-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 evaluation denied: 04/13/2022
Application status: Denied
Work description: SITE EVALUATION

Applicant: MCGILLIVRAY, SEAN
Address: 276 CASTLE CREEK RD.
GRANTS PASS OR 97526
Phone: 5412183185
Email: smcgillivray@kingsview.com

Owner: ELITE AVIATION LLC
Address: PO BOX 2714
PO BOX 2714
GRANTS PASS OR 97528

Property address: 828 Brookside Blvd, Grants Pass,
OR 97526

Parcel: 350623C0001900A01 - Primary

Lot size: N/A
Zoning: N/A

Water supply: Well
City/County/UGB: County

Proposed use of structure: AIRPLANE HANGER
Category of construction: Commercial

General Specifications

Comments: CONDITIONS OF DENIAL:
NO TEST HOLE AND LIMITED AVAILABLE SPACE.

PROPOSED FLOW IS APPLICABLE FOR HOLDING TANK.

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

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.)

FIELD WORKSHEET

Name: SEAN MCGILLIVRAY Application No.: 463-22-000105-EVAL Date: 3/29/2022
RE: SITE EVALUATION REPORT for Parcel #: 35062300190041

Commercial Facility: ☒ Yes ☐ No Parcel Size: —

APPROVED SYSTEM SPECIFICATIONS

Design flow: 150 gpd Max Number of bedrooms: 2 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 _____
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: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth

Additional Conditions of Approval

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

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

* SYSTEM FOR AIRPLANE HANGER

* DENIED BASED ON SPACE—NO AVAILABLE SPACE FOR DRAINFIELD

* BASED ON PROJECTED FLOW, CAN APPLY FOR CONST. PERMIT

TO INSTALL HOLDING TANK.

* HOLDING TANK MIN. SIZE 1500 GALLONS

* OAR 340-071-0130; 340-071-0220; 340-071-0340

Inspector: AK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1			NO TEST HOLE PROVIDED
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS; BARE; GRAVEL

Slope: 0-1%

Aspect: W

Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: VERY LIMITED AREA THAT HAS NOT BEEN DISTURBED OR BUILT ON.

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350626B0000300

SITUS: 828 BROOKSIDE BLVD

ACRES: 27.87

PERMIT
NUMBER: PL-2021-02387

ZONE: CLI

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	JOSEPHINE COUNTY	APPLICANT PHONE #:	541-479-2230
APPLICANT ADDRESS:	1441 BROOKSIDE BLVD GRANTS PASS, OR 97526		
OWNER:	JOSEPHINE COUNTY		
OWNER ADDRESS:	1441 BROOKSIDE BLVD GRANTS PASS, OR 97526		

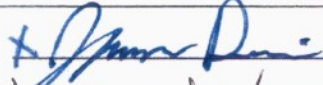
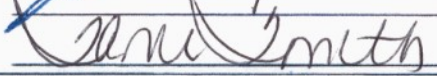
SPECIAL REQUIREMENTS• Airport Overlay - Declaration in File ☐ NA ☒ Reason: Airport Project

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Hangar, Hangar	1920 SQ FT Addition to existing Hanger	Front Setback: 20 ft. Side Setback: 10 ft. Rear Setback: 20 ft. Stream Setback: 0 ft. Height: 35 ft.

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SIGNATURE:		DATE:	10/13/2024
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	10-13-24

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



Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

PLANNING APPLICATION FORM

Property Address: 828 BROOKSIDE

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35-06-26-60 Tax Lot(s) 300

- - - Tax Lot(s) - - -

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Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
1920 SFT.

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 - ☐ New Address
 - ☐ Change of Address
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(Include name of project and proposed uses):

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Address: 1441 BROOKSIDE BLVD
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Phone: 541 955 4535

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Authorized Representative/ Surveyor or Engineer:

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Address: 7041 Monument Dr.

Phone: 541-218-3429

Email: aaronjconstruction@gmail.com
CCB 202425

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

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(Signature of Owner or Attorney-in-Fact) Date

(Signature of Owner or Attorney-in-Fact)

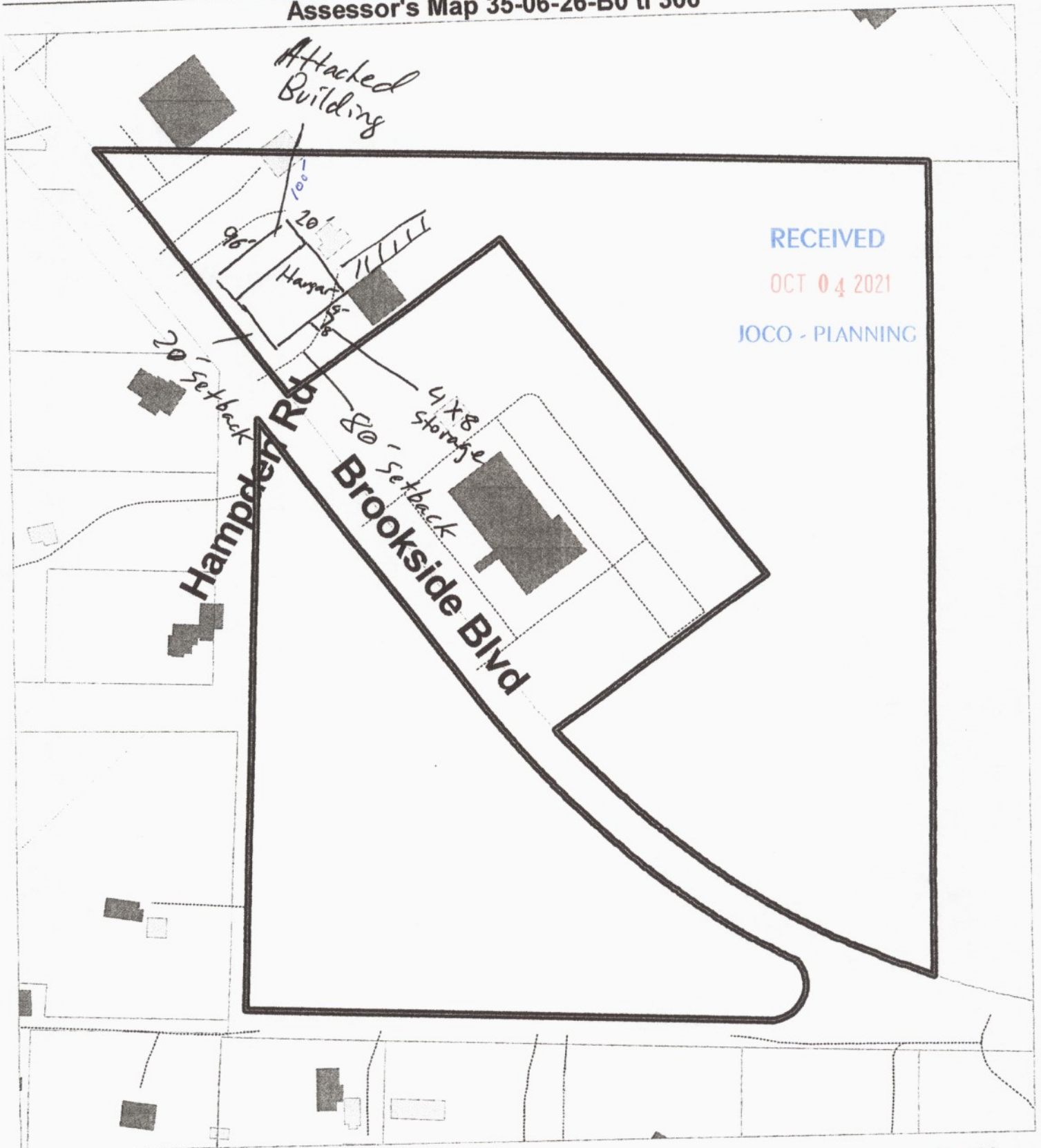
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Fees Paid: \$300

Initials: TW



Legend

Buildings	Taxlots
PRIMARY	Water (line)
SECONDARY	Class 1
Driveways	Class 2
FEMA Flood Map	Water (polygon)
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200 0 200 400 Feet

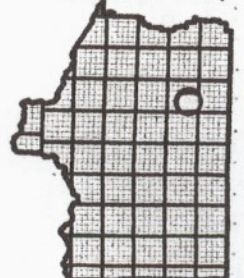
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Scale
1:2400



Locator Map



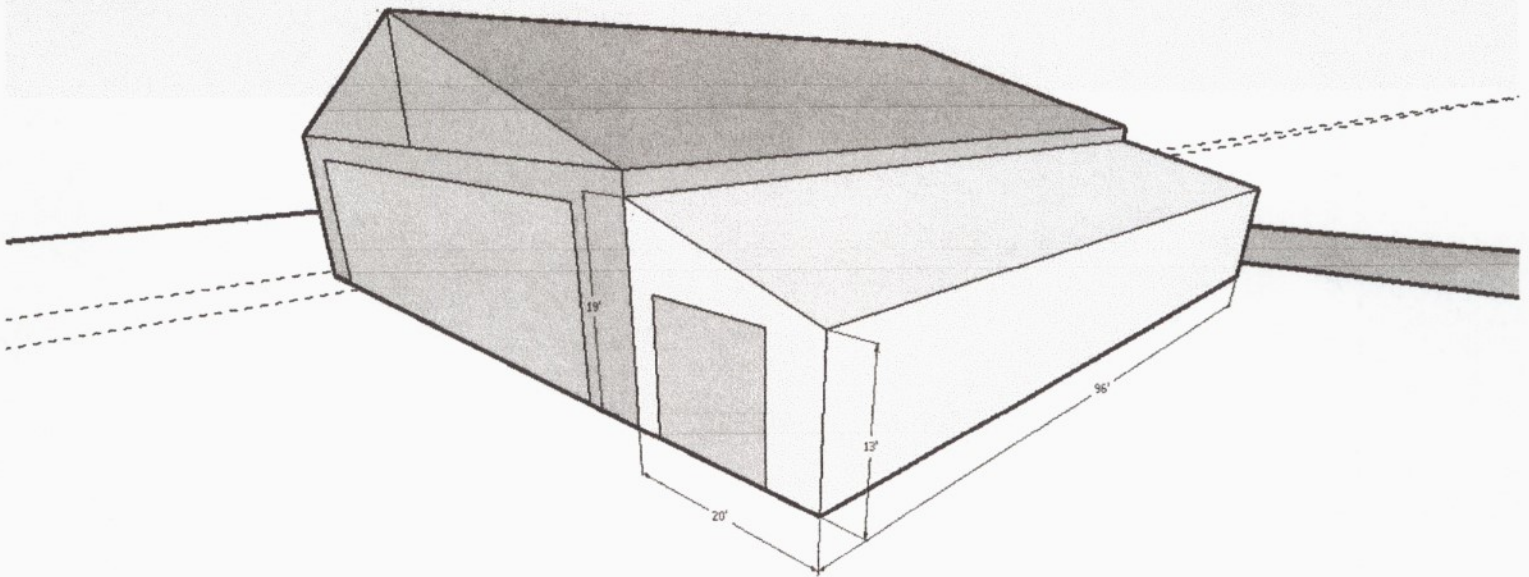
FLOOR PLAN

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07/01/2014

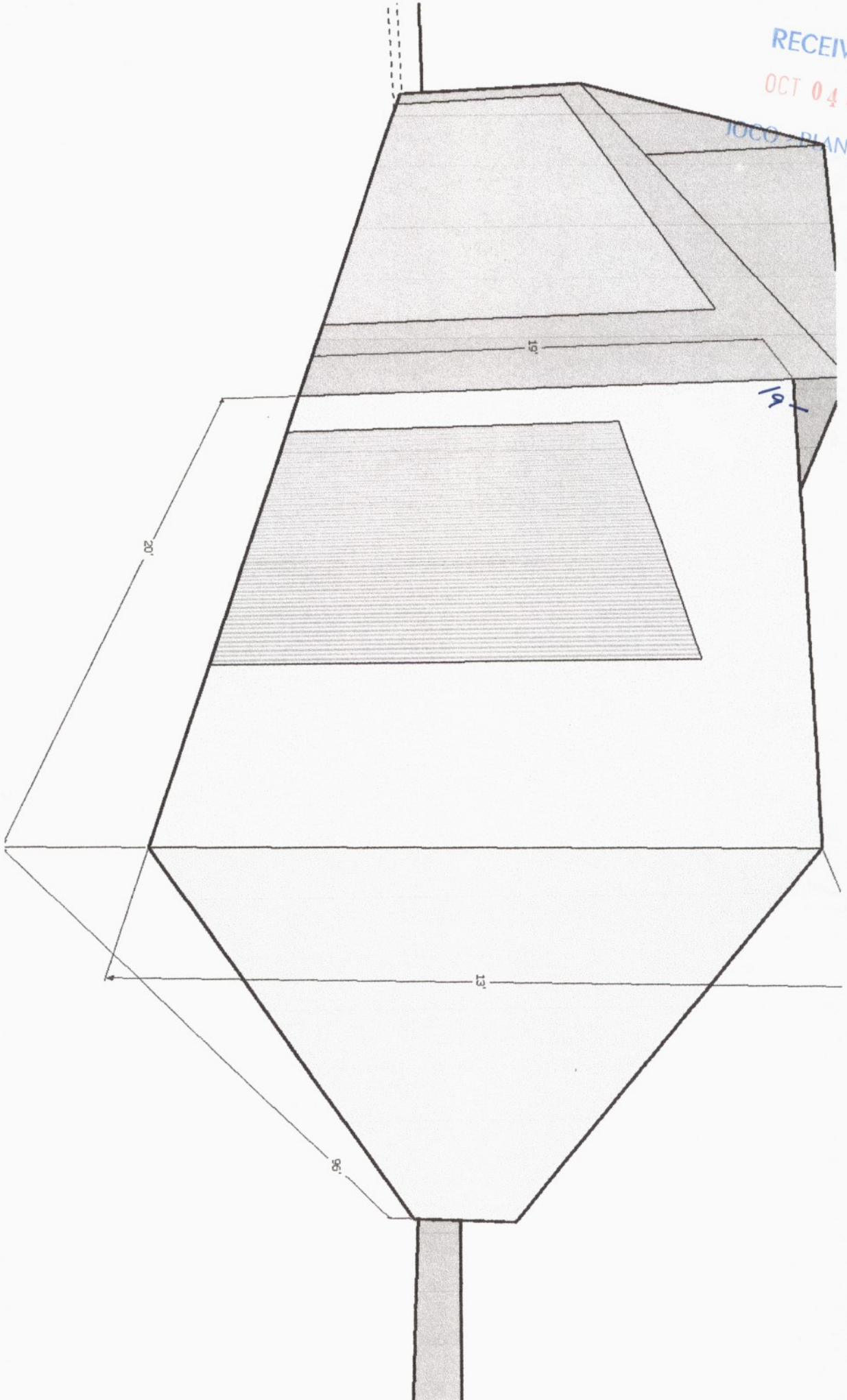
JOJO - PLANNING



RECEIVED

OCT 04 2021

JOCO PLANNING



EVENTATION

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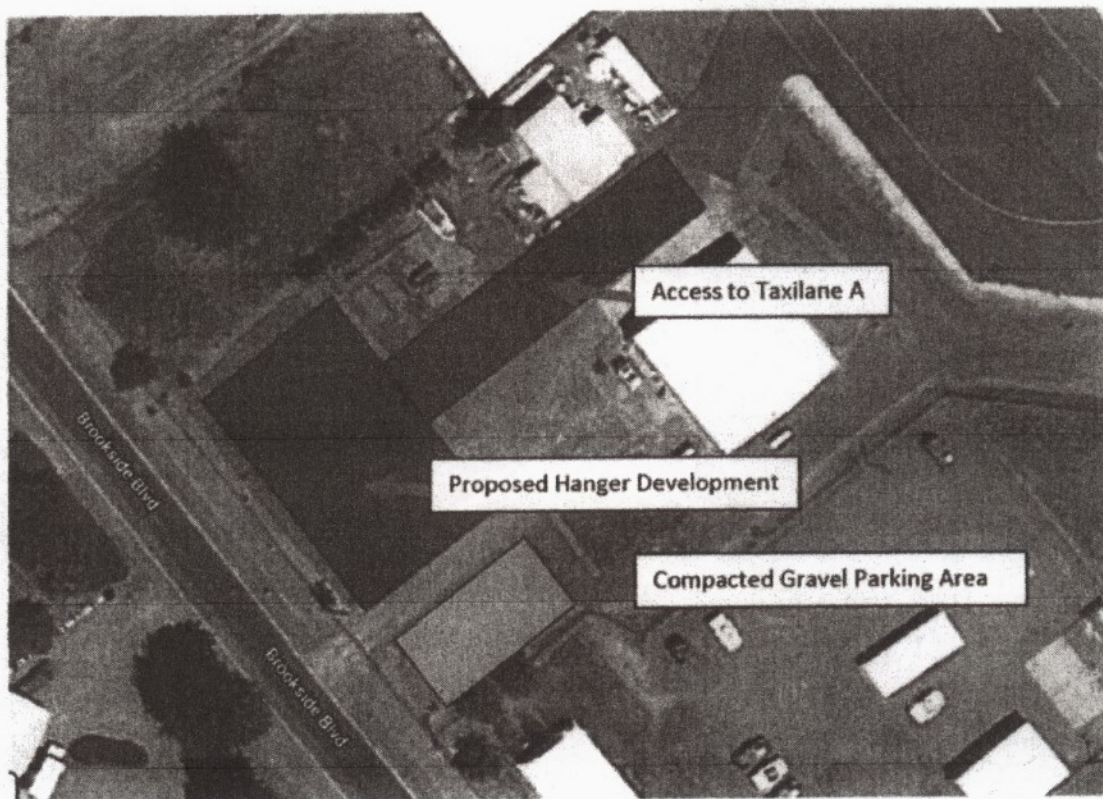
OCT 04 2021

JOCO - PLANNING

Exhibit A

828 Brookside Blvd. Grants Pass, OR

Assessor's Legal Description: 35-06-DO-080-116-00



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JUL 22 2020

JOCO - PLANNING

RECEIVED

**LIMITED POWER OF ATTORNEY
FOR LAND-USE AND DEVELOPMENT PERMITS
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JOCO - PLANNING

REAL PROPERTY INFORMATION:

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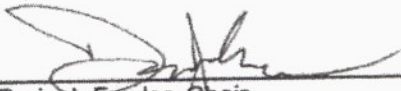
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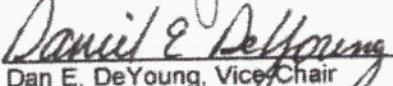
DEVELOPMENT PROPOSAL: Aircraft Hangar Build

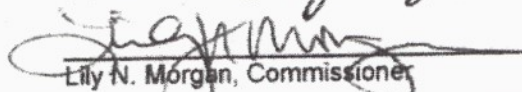
Josephine County, Oregon, is the owner of the real property described herein. This power of attorney authorizes Larry Graves, Airport Director to act as the agent of Josephine County regarding all land use and development actions relating to the property and development proposal described above. As the County's agent, this person is fully empowered to sign all required applications, permits and other documents required or requested, and to appear, negotiate and testify on the County's behalf in any hearing or administrative process, in connection with such actions. This authority is limited to those actions necessary to the development proposal described herein. Josephine County agrees to be bound by the acts of this agent within the limits of the authority conferred by this document. This power of attorney shall remain in effect until final action on all required permits for the development proposal described herein.

Dated this 2nd day of July, 2020.

JOSEPHINE COUNTY
BOARD OF COMMISSIONERS

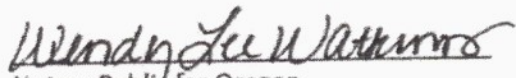

Darin J. Fowler, Chair

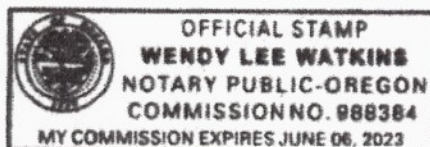

Dan E. DeYoung, Vice Chair


Lily N. Morgan, Commissioner

STATE OREGON)
) ss.
County of Josephine)

On this 2nd day of July, 2020, the above named Darin J. Fowler, Dan E. DeYoung & Lily N. Morgan as members of the Josephine County Board of Commissioners, personally appeared before me, a Notary Public for the State of Oregon, and executed the foregoing *Limited Power of Attorney* freely and voluntarily.


Notary Public for Oregon
My Commission Expires: 06/06/23



RECEIVED

JUL 22 2020

JOCO - PLANNING



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

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL21-01547

Payer/Payee: JOHNSON, AARON
7071 MONUMENT DRIVE
GRANTS PASS OR 97526

Cashier: Terri Woodruff

Date: 10/04/2021

Primary Parcel: 350626B0000300 **Project Description:** Extension to Hanger 1920 SQ FT
PL-2021-02387 DEVELOPMENT PERMIT 828 BROOKSIDE BLVD

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Development Permit	\$300.00	\$300.00	\$0.00
	\$300.00	\$300.00	\$0.00

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
CHECK	6629	\$300.00
Total Paid:		\$300.00



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

JOSEPHINE COUNTY REPORT 1441 BROOKSIDE BLVD 541/955-4535
Name Mailing Address (Street or PO Box, City, State, Zip Code) 6. R OR 97526 Phone Number

B. Legal Property Description

35 6 26 000300-AD1 27.87
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
JOSEPHINE
County Subdivision Name Lot Block
Property Address: 828 BROOKSIDE BLVD GRANTS PASS OR 97526
Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☒ Other _____

Proposed Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Water Supply:

☐ Public _____
Name

☐ Private _____
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

Applicant's Name - Please Print Legibly

Applicant's Phone Number

Applicant's E-mail Address

Applicant's Mailing Address

Applicant is the

☐ Owner

☒ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name



NOTICE AUTHORIZING REPRESENTATIVE

I, Jason Davis as POA, current Airport Director, have authorized Sean McGillivray to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Josephine County on the property described below in accordance with
OAR chapter 340, division 071. ~~I agree that any costs not satisfied by the Authorized Representative~~
~~are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required~~
business activities on said property. **Authorized Representative is solely responsible for any and all**
costs associated with the onsite wastewater treatment program services. Sm J.D.

PROPERTY IDENTIFICATION:

(Property Situs or Road Address)

And described in the records of 828 BROOKSIDE BLVD County as: JOSEPHINE
Township 35 Range 4 Section 26 Map ID _____ Tax Lot #(s) 010300 ADV

PROPERTY OWNER:

Printed Name: JASON DAVIS
Address: 1441 BROOKSIDE BLVD
City, State, Zip: GRANTS PASS OR 97526
Phone: 541 955 4535 Email: JDAVIS@JOSEPHINECOUNTY.GOV
Signature: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: SEAN MCGILLIVRAY
Address: 376 CASTLE CREEK RD
City, State, Zip: GRANTS PASS, OR 97526
Phone: 541-218-3185 Email: SMCGILLIVRAY@KINGSVIEW.COM
Signature: Sm Sean

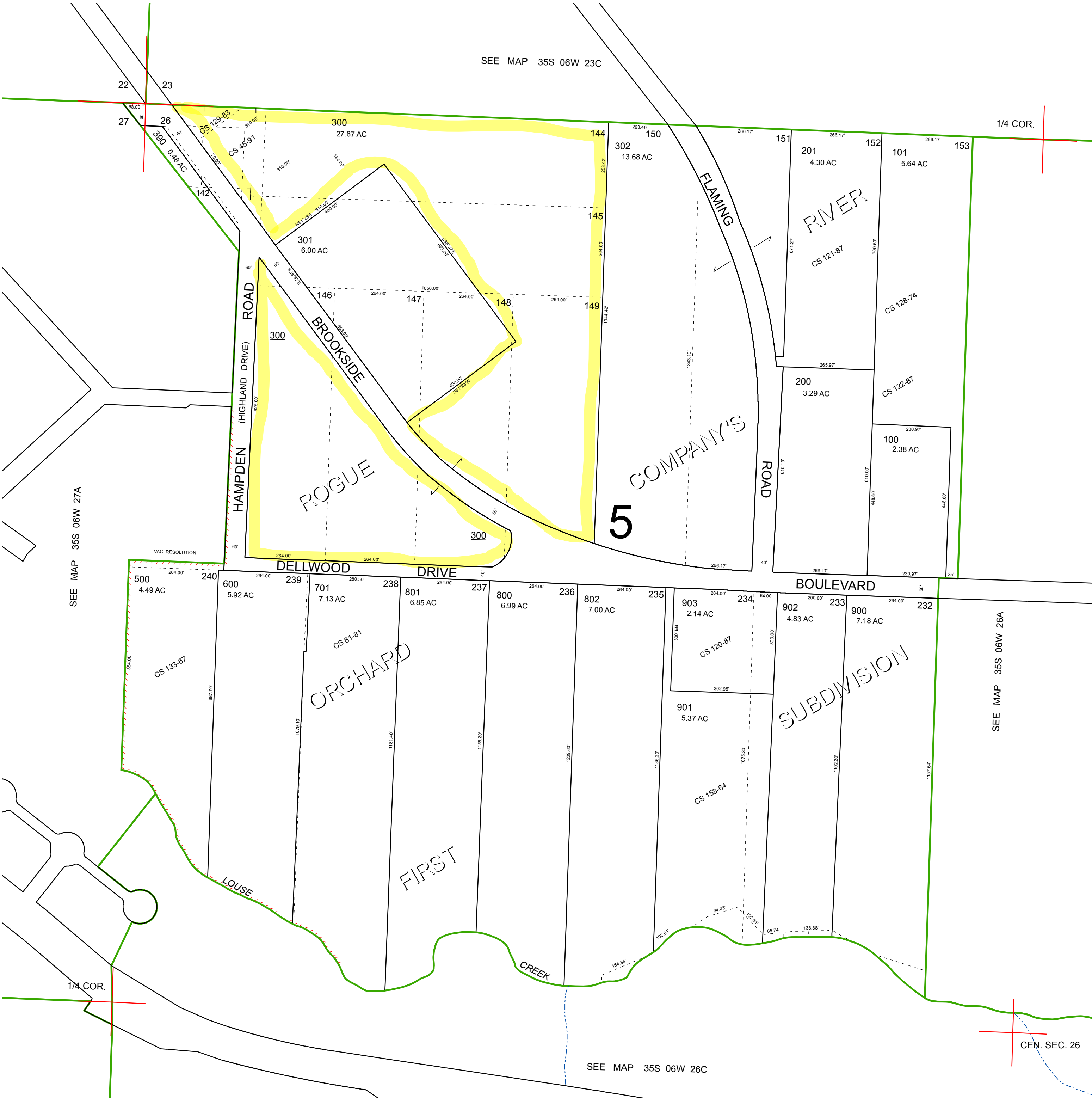
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

0 200 400 Feet

N.W.1/4 SEC.26 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1" = 200'

35 06 26B

CANCELLED:
400
690
700
990
391-90
300-40
300-41



35 06 26B