



Certificate of Satisfactory Completion Installation Permit - Residential - New

463-25-000093-PRMT

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

Date Certificate Issued: 08/21/2025
Work Description: CAP N FILL CONSTRUCTION PERMIT

Applicant: Precision Pumping and Excavation LLC	Primary Contractor: Precision Pumping and Excavation LLC
Address: 3511 Demaray Dr Grants Pass OR 97527	Installer/Pumper License: 39119
Phone: 5416591442	Address: 3511 Demaray Dr Grants Pass OR 97527
Email: gp.precisionexc@gmail.com	Phone: 5416591442
	Email: gp.precisionexc@gmail.com

Owner: RIGGS, DAVID & RIGGS, ANN MARIE	Property Address: 408 Castle Creek Rd, Grants Pass, OR 97526
Address: 1868 NW F ST GRANTS PASS OR 97526	

Parcel: 350625B000011100 - Primary **Township:** 35 **Range:** 06 **Section:** 25

Lot Size: 2.51	Water Supply: Well
Zoning: N/A	City/County/UGB: N/A
Land Use Approval: N/A	

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	3

System Specifications

Type: Capping Fill		
Max Peak Design Flow: 450 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume: 1000 gal.	Min Dosing Tank Volume:	N/A

Drain Field Specifications

Drain Field Type: Capping Fill	System Distribution Type:	Serial
Drainfield Sizing: N/A	Distribution Method:	Serial
Media Type: Rock/Pipe	Media Depth:	N/A
Trench Length: 300 linear ft.	Rock Above Pipe:	6 in.
Total Rock Depth: N/A	Rock Below Pipe:	6 in.
Max Depth: 12 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth: 12 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type: Temporary	Groundwater Depth:	7 in.
Groundwater Interceptor: Yes	Groundwater Interceptor Depth:	48 in.

Date Certificate Issued: 08/21/2025
Work Description: CAP N FILL CONSTRUCTION PERMIT

Conditions of Approval

Capping fill rules at OAR 340-071-0265. Construction must occur in dry soil conditions between June 1 and October 1 unless otherwise approved by the agent. The cap material must be pre-approved by the agent prior to placement. Minimum 10-ft between edge of fill and trench. Drainfield area must be scarified. Contact between native soil and fill must be mixed. Final cap to be seeded and or landscaped to prevent erosion. Protect from livestock and vehicular traffic. Serial distribution. The cap material must be evenly graded to a final depth of 16-inches over the drain media.

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. 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 minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield. Effluent filter required at tank outlet. 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.

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

1. In accordance with Oregon Revised Statute 454,665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

System Inspection: No Operation of Law - 7 Days Notice: No Pre-Cover Inspection Waived Per 340-071: Yes
Comments: photos submitted

Date Certificate Issued: 08/21/2025

Work Description: CAP N FILL CONSTRUCTION PERMIT

Issued By: Joshua Daley, Environmental Specialist

Effective Date: 08/21/2025

Joshua Daley

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

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

Final Inspection Request and Notice - Septic ID: 463-25-000093-PRMT RECEIVED

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.

AUG 20 2025
DEQ MEDFORD

SECTION 1: Owner/Permittee Information:

Twnshp: 35 Range: 06 Sect: 25
Lot: 18

Name: RIGGS, DAVID & RIGGS, ANN MARIE

Property Address: 408 CASTLE CREEK RD, GRANTS PASS, OR 97526

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: 1,000	Compartments: 1	Manufacturer: Riverside	Date: 8-15-25
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 <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 30-34	Length: 70'
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) Rock and pipe - cap and fill			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 27-29 Length: 300'
Comment				

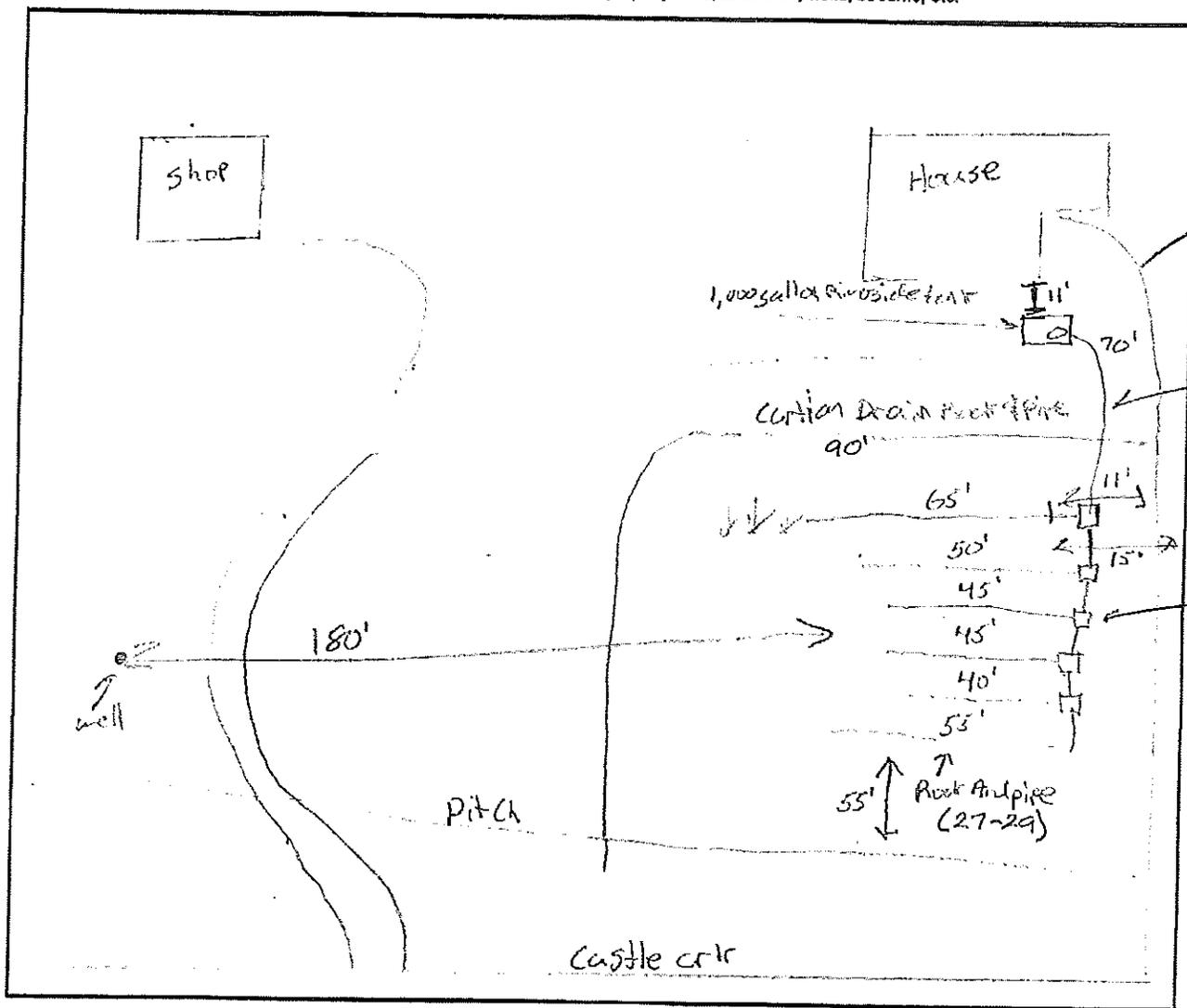
*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
**Attach sieve analysis for Underdrain Media and Filter Sand

AUG 20 2025

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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>Josh Lindquist</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>39119</u>	Certification#: <u>RI 964</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>8-20-25</u>	Phone#: <u>541-654-1442</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: _____

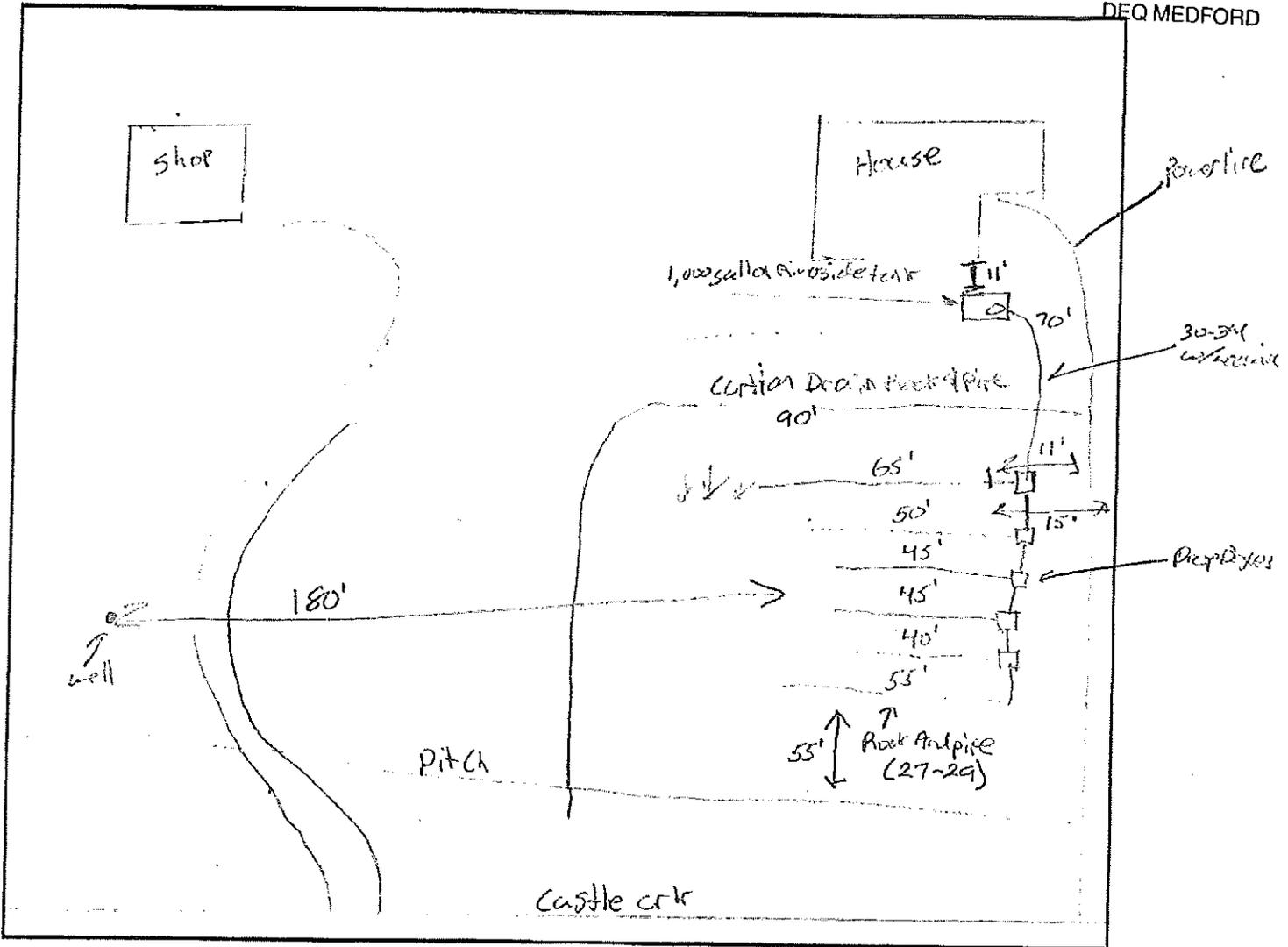
Comment: _____

AUG 20 2025

DEQ MEDFORD

SECTION 3 - As Built Plan

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



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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>Josh Lindquist</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>39119</u>	Certification#: <u>AI 964</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>8-20-25</u>	Phone#: <u>541-659-1442</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

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Septic Permit
Installation Permit - Residential - New
 463-25-000093-PRMT

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

Date issued: 3/27/25

Expiration date: 3/27/26

Work description: CAP N FILL CONSTRUCTION PERMIT

Applicant: Precision Pumping and Excavation
 LLC
Address: 3511 Demaray Dr
 Grants Pass OR 97527
Phone: 5416591442
Email: gp.precisionexc@gmail.com

Primary contractor: Precision Pumping and Excavation
 LLC
Installer/Pumper License: 39119
Address: 3511 Demaray Dr
 Grants Pass OR 97527
Phone: 5416591442
Email: gp.precisionexc@gmail.com

Business License: N/A

Owner: RIGGS, DAVID & RIGGS, ANN
 MARIE
Address: 1868 NW F ST
 GRANTS PASS OR 97526

Property address: 408 Castle Creek Rd, Grants Pass, OR
 97526

Parcel: 350625B000011100 - Primary **Township:** 35 **Range:** 06 **Section:** 25

Lot size:	2.51	Water supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
Land use approval:	N/A	County:	N/A
Accessory Dwelling Unit:	No		
Action:	New	Type of application:	Construction Permit - Residential
System falling:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	3

System Specifications

Type:	Capping Fill	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	375 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Capping Fill	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	N/A
Trench length:	300 linear ft.	Rock above pipe:	6 in.
Total rock depth:	N/A	Rock below pipe:	6 in.
Max depth:	12 in.	Undisturbed soil between trenches:	N/A
Min depth:	12 in.	Capping fills-min depth of fill material:	N/A

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

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Date issued: 3/27/25	Expiration date: 3/27/26
Work description: CAP N FILL CONSTRUCTION PERMIT	

Special Requirements

Stake out required:	No	Groundwater depth:	7 in.
Groundwater type:	Temporary	Groundwater interceptor depth:	48 in.
Groundwater interceptor:	Yes		

Conditions of approval:

Capping fill rules at OAR 340-071-0265. Construction must occur in dry soil conditions between June 1 and October 1 unless otherwise approved by the agent. The cap material must be pre-approved by the agent prior to placement. Minimum 10-ft between edge of fill and trench. Drainfield area must be scarified. Contact between native soil and fill must be mixed. Final cap to be seeded and or landscaped to prevent erosion. Protect from livestock and vehicular traffic. Serial distribution. The cap material must be evenly graded to a final depth of 16-inches over the drain media.

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. 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 minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield. Effluent filter required at tank outlet. Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

Onsite Permit 463-25-00093-PRMT

Date issued: 3/27/25	Expiration date: 3/27/26
Work description: CAP N FILL CONSTRUCTION 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

3/27/25



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

DATE: 3-25-25 TWN 35 RNG 6 SEC 25 QQ _____ TL 111

OWNER'S NAME: David Adge

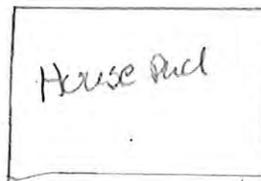
ADDRESS: 408 castle creek Rd Grants Pass or 97526

PLOT PLAN

JOCO ON-SITE SEPTIC

MAR 27 2025

APPROVED BY: *Josephine*



House Pad

large concrete tank

30-34 inch line
Curtain Drain 120'

100'

100'

100'

Prop Box

Rock pipe
27-24 inch pipe w/ 1/2 clean back

Test Hole #1

50'

seasonal creek: run off

PL

Test Hole #2

Pruned

well 150'

castle crk

SIGNATURE: *Adge*

DATE: 3-25-25



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

Name: David Riggs, Mailing Address: 1865 NW F St, Grants Pass, OR 97526, Phone Number: 541-761-9396

B. Legal Property Description

Township: 35, Range: 6, Section: 25 B, Tax Lot: 111, Tax Account Number: 251, Acreage or Lot Size: 2.51, County: Josephine, Subdivision Name: Castle Creek Rd, City: Grants Pass, State: OR, Zip Code: 97526

Directions to Property:

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence, Proposed Facility: Single Family Residence, Water Supply: Private well

D. Type of Application

Site Evaluation, Construction, Permit Repair, Alteration Permit, 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: Josh Kinkaid, Date: 3-25-25, Applicant's Name: Josh Kinkaid, Applicant's Phone Number: 541-654-1442, Applicant's E-mail Address: gp.precisionex@gmail.com, Applicant's Mailing Address: 3011 Democracy Dr Grants Pass OR 97527

Applicant is the: Owner, Authorized Representative, Licensed Septic Installer, Precision Pumping And Excavation LLC



NOTICE AUTHORIZING REPRESENTATIVE

I, DAVID RIBBS, have authorized Josh Lindquist 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.

PROPERTY IDENTIFICATION:

408 Castle Crk Road, Grants Pass or 97526
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 6 Section 25 B Map ID _____ Tax Lot #(s) 111

PROPERTY OWNER:

Printed Name: DAVID RIBBS

Address: 1868 NW F ST

City, State, Zip: GRANTS PASS, OR 97526

Phone: 541-761-9396 Email: RIBBS232@MSN.COM

Signature: [Handwritten Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Josh Lindquist

Address: 3511 Demarcy Dr

City, State, Zip: Grants Pass, or 97527

Phone: 541-659-1442 Email: gpprecisionex@gmail.com

Signature: [Handwritten Signature]



\$ 392

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@josephinecounty.gov

PLANNING APPLICATION FORM

Property Address: 408 CASTLE CREEK RD,

Assessor's Map & Tax Lot:
35-6-25-B0 Tax Lot(s) 111

Tax Lot(s) _____
Zoning: RR 2.5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
3500 SQF

Application/Permit Type: (Please Check All Applicable)

- Address Assignment
 - New Address
 - Change of Address
 - Additional Address
- Annual Compliance Certificate (See Form A)
- 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)
- Partition (See Sec.19.52.040)
- Planned Unit Development (See Sec.19.55.030)
- Pre-Application (See Chapter. 19.21)
- 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)
- Subdivision (See Sec.19.51.040)
- Text Amendment (See Sec.19.46.030)
- Variance (See Chapter.19.44)

- Conditional Use Permit (Chapter. 19.92)
- Development Permit (See Sec.19.41.020)
- 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 Rural Metro
- Erosion Control Plan/Fire Safety Plan
- Other: pool of water

Description of Request/Reason for Appeal
(Include name of project and proposed uses):

Property Owner: DAVID & ANN MARIE RIGGS
Address: 1868 NW 1st
GRANTS PASS, OR 97526
Phone: 541-761-9396
Email: RIGGS232@MSN.COM

Applicant: _____
Address: _____
Phone: _____
Email: _____

Authorized Representative/ Surveyor or Engineer:
(If Different From Applicant) (If Applicable)
Address: _____
Phone: _____
Email: _____

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] 2/13/2025
(Signature of Owner or Attorney-in-Fact) Date
[Signature] 2/13/2025
(Signature of Owner or Attorney-in-Fact) Date

(For Office Use) RECEIVED
Fees Paid: \$392 JO CO - PLANNING [Signature]

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350625B0000111
SITUS: 408 CASTLE CREEK RD
ACRES: 2.51

PERMIT NUMBER: PL-2025-00137
ZONE: RR2.5
SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT

APPLICANT:	RIGGS, DAVID & RIGGS, ANN MARIE	APPLICANT PHONE #:	541-761-9396
APPLICANT ADDRESS:	1868 NW F ST GRANTS PASS, OR 97526		
OWNER:	RIGGS, DAVID & RIGGS, ANN MARIE		
OWNER ADDRESS:	1868 NW F ST GRANTS PASS, OR 97526		

SPECIAL REQUIREMENTS

- Erosion Hazard - Plan in File NA Reason:
- Stream Name _____ Class 2 Stream 25 ft setback required. *unknown*
- Airport Overlay - Declaration in File _____ NA Reason: *outside*

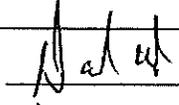
EXISTING STRUCTURES	PROPOSAL	SETBACKS										
Per Assessor Records: Vacant	SFD - 2771 Sq Ft; 3 bedroom, 2 bath and 465 sq. ft. 1 bedroom, 1 bath upstairs and 1050 sq. ft. Garage attached	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Front Setback:</td><td style="border-bottom: 1px solid black;">30 ft.</td></tr> <tr><td>Side Setback:</td><td style="border-bottom: 1px solid black;">10 ft.</td></tr> <tr><td>Rear Setback:</td><td style="border-bottom: 1px solid black;">25 ft.</td></tr> <tr><td>Stream Setback:</td><td style="border-bottom: 1px solid black;">0 ft.</td></tr> <tr><td>Height:</td><td style="border-bottom: 1px solid black;">35 ft.</td></tr> </table>	Front Setback:	30 ft.	Side Setback:	10 ft.	Rear Setback:	25 ft.	Stream Setback:	0 ft.	Height:	35 ft.
Front Setback:	30 ft.											
Side Setback:	10 ft.											
Rear Setback:	25 ft.											
Stream Setback:	0 ft.											
Height:	35 ft.											

ADDITIONAL TERMS:

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

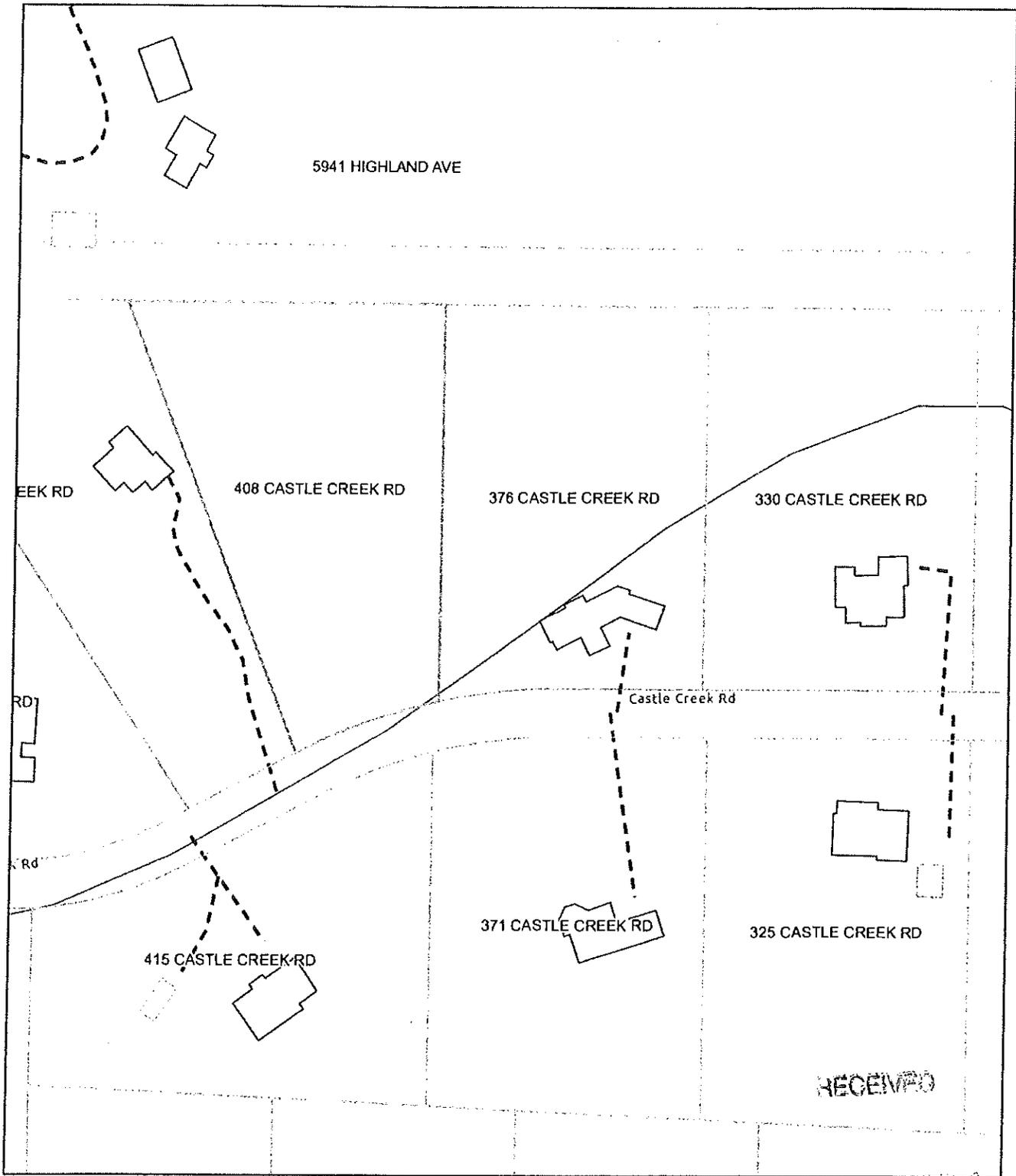
ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS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

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

SIGNATURE:		DATE:	3/19/2025
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	3-18-25

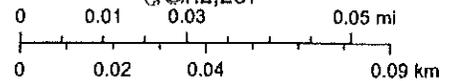
NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.

ArcGIS Web Map



2/11/2025, 3:20:43 PM

JOE PLANNING

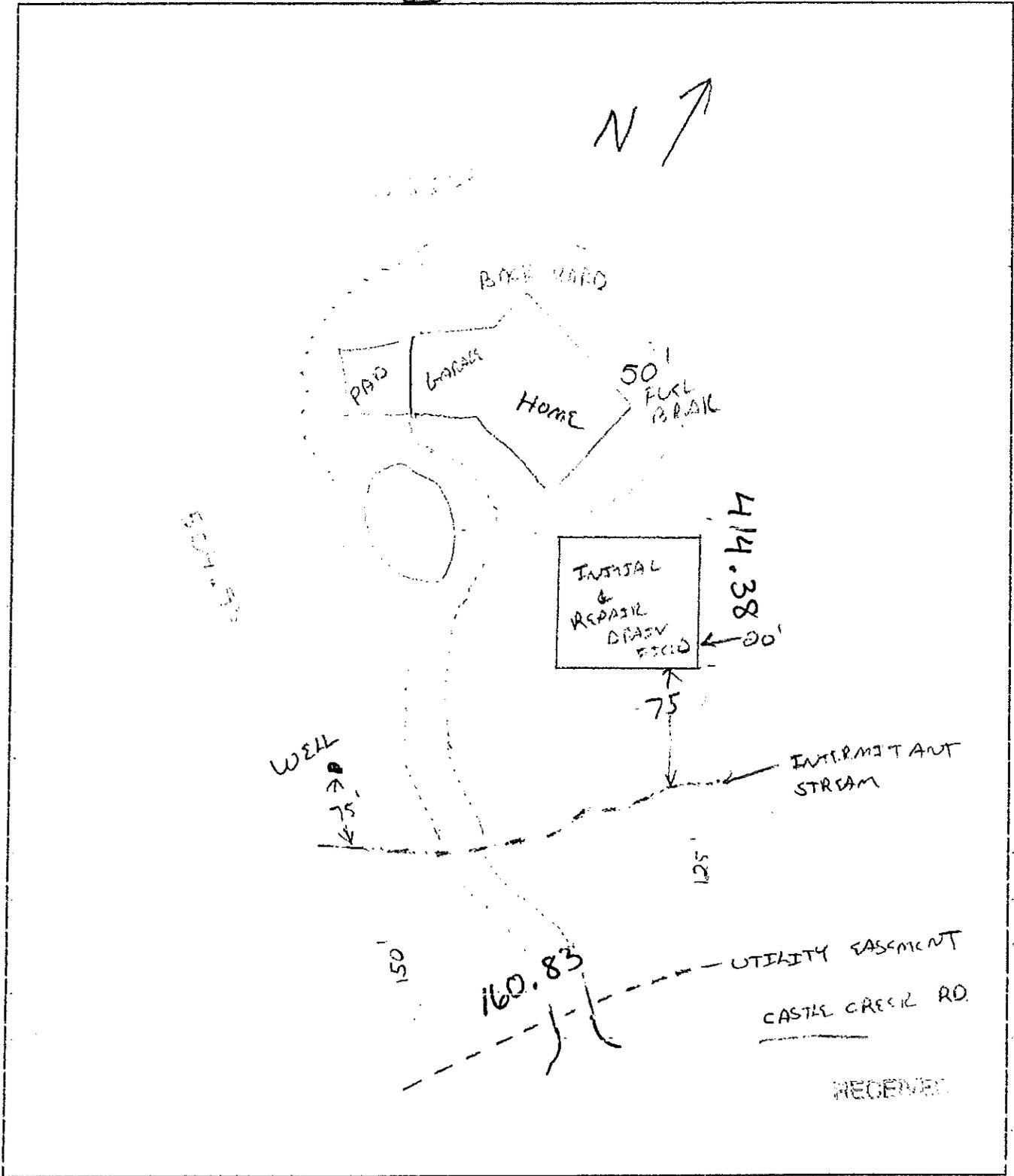


- | | |
|------------------|--|
| Buildings | Waterline: Rivers & Streams |
| Primary | Class 2 |
| Secondary | Slope - percent grade |
| Taxlots | 0 - 14.9% |
| Driveways | 15 - 39.9% |
| | 40 - 1000% |

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Web AppBuilder for ArcGIS

408 CASTLE CREEK RD ArcGIS Web Map

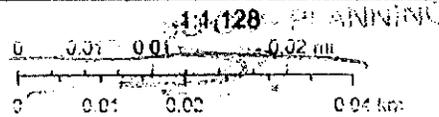


5/23/2023, 8:05:59 PM

Taxlots

LOT 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

408



SCALE 1" = 75'

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January 23, 1996

Ron Maurer
1315 N.E. Evans St.
Grants Pass, OR 97526

RE: **SITE EVALUATION # 9517-217**
Castle Creek Subdivision - Lot #18
Lloyd Drive & Castle Creek Rd.
35-6-25-20 pt. of TL 100

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

WESTERN REGION

Grants Pass Branch Office
510 NW 4th St., Rm #76
Grants Pass, OR 97526-2019
(541) 471-2850

Dear Mr. Maurer:

In response to your Site Evaluation application, the undersigned representative of this Department conducted an inspection of test pits on the above described property on 1/4/96.

Based on that inspection, a "Standard Subsurface System" as defined in Oregon Administrative Rules for On-Site Sewage Disposal, Chapter 340, Division 71", is **not approvable** for installation on your site.

However, your site was found suitable for the installation of an **Alternative System**. Refer to the attached exhibit for details of the Site Evaluation.

This site is approved to accept a sewage flow of 450 gallons per day, which is the equivalent of one (1) dwelling with no more than four (4) bedrooms.

CONDITIONS OF APPROVAL:

INITIAL SYSTEM: CAPPING FILL, disposal field to be sized at 300 linear feet.

REPLACEMENT SYSTEM: CAPPING FILL, replacement field to be sized at 300 linear feet.

- Note: 1. A 42" curtain drain is required.
2. Maintain 50' setback from seasonal/intermittent stream.

The land surface in the vicinity of the approved drainfield area shall not be altered. Any alteration of the approved site or the placement of a well within 100 feet of the approved area may invalidate this approval.



**Onsite Permit
Application Verification**
463-25-000093-PRMT

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

Application created: 3/25/25

Parcel Nbr: 350625B000011100
Site Address: 408 CASTLE CREEK RD, GRANTS PASS, OR 97526
Owner: RIGGS, DAVID & RIGGS,
ANN MARIE
408 CASTLE CREEK RD
GRANTS PASS, OR 97526

Applicant: Precision Pumping and Excavation LLC - Precision Pumping and Excavation LLC
3511 Demaray Dr
Grants Pass, OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

Licensed Professional(s):

License Number: Installer/Pumper License - 39119
Precision Pumping and Excavation LLC
3511 Demaray Dr
Grants Pass, OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

Category of Construction: Residential
Acreage or Lot Size: 2.51

County:
Water Supply: Well

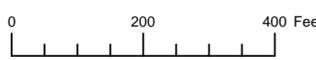
Use of Structure: Existing
Number of Bedrooms:

Use of Structure: Proposed
Number of Bedrooms: SFR
3

Attached Documents:

No Documents have been attached.

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY



N.W. 1/4 SEC. 25 T. 35S. R. 6W. W.M. JOSEPHINE COUNTY 1" = 200'

35 06 25B

CANCELLED: 690-90 100



SEE MAP 35S 06W 24

1/4 COR.

SEE MAP 35S 06W 25AB

SEE MAP 35S 06W 25AC

SEE MAP 35S 06W 25C

CEN SEC.

35 06 25B

January 23, 1996

Ron Maurer
1315 N.E. Evans St.
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 2. Maintain 50' setback from seasonal/intermittent stream.

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SITE EVALUATION #217

January 23, 1996

Page Two

This document is a technical report for On-Site Sewage Disposal only. It may be converted to a permit if, at the time of application, the parcel has been found to be compatible with applicable LCDDC acknowledged local comprehensive land use plans and implementing measures or statewide planning goals.

When you are ready to begin system installation, a construction permit will be issued upon submission of:

1. An accurately drawn plan, in accordance with the favorable Site Evaluation report, showing the system to be installed.
2. Written approval from the Josephine County Planning Dept. for construction or mobile home placement.
3. The required fee.

The scale drawn plan must show proposed building(s) and placement of the sewage system in relationship to property lines, driveways, water system location and lines, and test pits.

You may appeal the denial of a standard system on this site. The appeal must be made in writing within thirty (30) days of the date of this letter.

You may also apply for a variance. The application must be made in writing on Department forms and accompanied by the required exhibits.

Contact this office for the fees, application forms and further information regarding appeals or variances.

If you have any questions with regard to this approval, please contact the undersigned at 471-2850.

Sincerely,



Wayne V. Kauzlarich
Environmental Specialist

WVK:sb
Encl.

cc: Mel Atkins

365
 $235 \times 13 = 3055$

\$ 3420
 $30 \times 14 = 420 - \text{surcharge}$
 $3000 - \text{total}$

SITE EVALUATION FIELD WORKSHEET

Tax Reference 35-6-25-20 TL 100 Lot 18

Evaluator Kauzlarich

Applicant MAURER

Date 1-4-96

S.E.# 9517-217

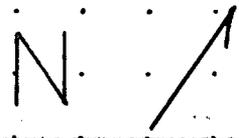
Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0-11	SL very dark grayish brown (10 YR 3/2); weak med. SBK; common med. roots; com med pores
	11-46	SL brown (7.5 YR 4/3); weak med. SBK; friable; few med. roots; common med. pores
	46-58	SL strong brown (7.5 YR 4/4); mod. med. SBK; friable; few med. roots; many med. tubular pores
		Pit Depth = 58" Effective Soil Depth = 58"
Pit 2	0-26	SL strong brown (7.5 YR 4/6); weak med. SBK; friable; common med. roots; many med. tube pores
	26-39	SCL reddish brown (5 YR 4/4); mod. med. SBK; friable; few med. roots; com. med. pores
	38-60	SCL dark red (2.5 YR 4/6); mod. med. SBK; friable; few med. roots; com. med. pores; 2% DG
		Pit Depth = 60" ESD = 60" dark red (2.5 YR 3/6) friable
Pit 3		
Pit 4		

Landscape Notes large pine, small fir, oak & scrub, grasses & shrubs
 Slope 9% Aspect S Groundwater Type temporary
 Other Site Notes linear-linear; seasonal stream 100' South of holes
Augered 1-19-96; seasonal groundwater @ 7" from surface

SYSTEM SPECIFICATIONS

Type System: Design Flow 450 gpd Disposal Field Size 300/300 Linear Feet
 Initial capping fill System Sizing 100 /150 g. Max. Depth Absorption Facility (in) 12"
 Replacement capping fill System Sizing " /150 g. Max. Depth Absorption Facility (in) 12"
 Special Conditions ① Maintain 50' setback from seasonal/intermittent stream
② 42" curtain drain required

scale: 1" = 60'



N. property line

PLAN APPROVED BY DEQ.
Date: 1-23-96 Sign: WVK

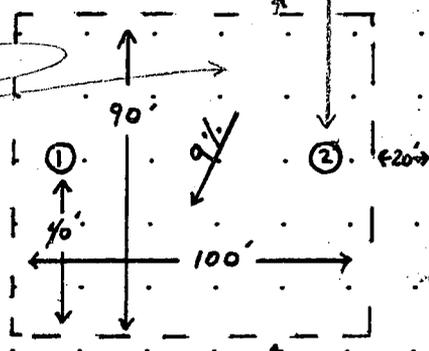
HIGHER GROUND

210'

east property line

3' diameter pine

approvable area for both initial and replacement system(s)



50' minimum

main intermittent stream

Approval is specific only for area designated on plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

WR Grants Pass Office
510 N.W. 4th St. Rm. 76
Grants Pass, Oregon 97526

FOR OFFICE USE ONLY

Date Received: 12-5-95
Date Completed: 12-5-95
Required Fee: 235-
Receipt No.: 90576
Control No.: 9517-217

APPLICATION FOR: [] SITE EVALUATION [] CONSTRUCTION PERMIT
[] REPAIR PERMIT [] AUTHORIZATION NOTICE
[] ALTERATION PERMIT [] PERMIT RENEWAL
[] OTHER - (please specify)

REQUIREMENTS:

Plot Plan [] yes [] no Attached - [] yes [] no
Vicinity and Tax Lot Map [] yes [] no Attached - [] yes [] no
Test Pits-5 feet deep [] yes [] no Attached - [] yes [] no
Development Permit [] yes [] no Attached - [] yes [] no

FLAG OR SIGN AT ENTRANCE TO PROPERTY AND LEADING TO HOLES [] yes [] no

For Applicant - Please Print

Property Owner's Name: RON MAUREP
Property Address: Lloyd Dr. and Castle Creek Rd
Township: 35 Range: 6 Section: 25-20 Tax Lot #: 100 County: Josephine
Subdivision Name: Castle Creek Sub Lot #: 18 Block #: Acreage:

Public Water Supply Private Water Supply (Specify Type)

Single Family Residence - Number of Bedrooms Other - Specify

Directions to Property:

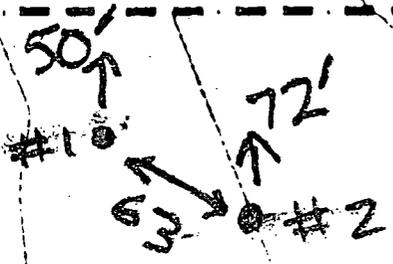
By my signature, I certify that the information I have furnished is correct and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

Signature: Ronald J. Maurer Date: 12-7-95 [] Owner [] Authorized Representative [] S.D.S. License No.

Owner's Mailing Address: 1315 NE Evans St. Grants Pass 97526
Applicant's Mailing Address (if different)
Phone: 476-5379

333.07'

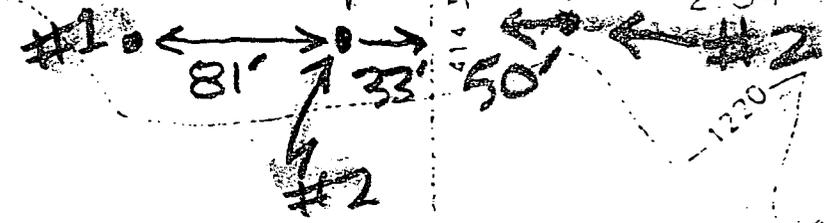
275.00'



18 ^{Q_{ref} set} 210

2.50 Ac.

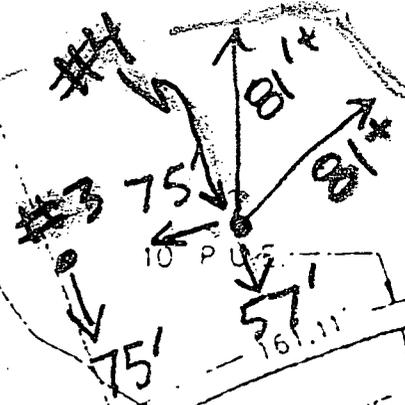
2.54 Ac.



50' 15"

335.50'

SEASONAL CREEK
WELL



10' PUE

276.05'

CREEK

0 = 10'

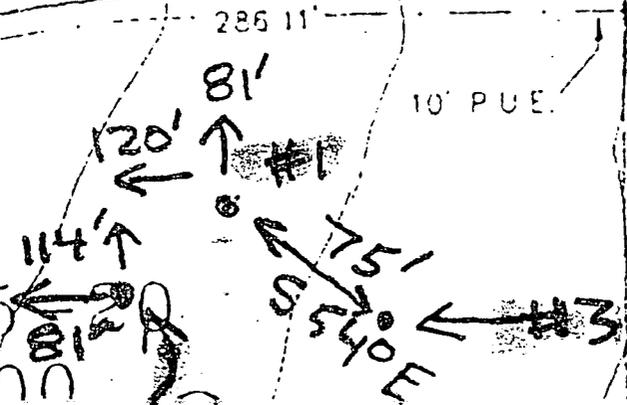
286.11'

#2

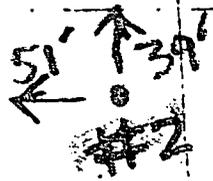
CASTLE

MAP 35-6-25

TAX LOT 100



10' PUE



STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

**EVALUATION REPORT FOR METHODS
OF ON-SITE SEWAGE DISPOSAL
FOR A SUBDIVISION**
(Technical Report — Not a Permit)

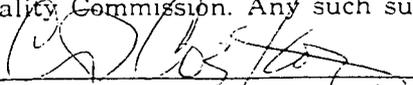
SUBDIVISION NAME: CASTLE CREEK SUBDIVISION 14 LOTS

DESCRIPTION OF PARCEL:	<u>25</u> <small>Section</small>	<u>35</u> <small>Township</small>	<u>6</u> <small>Range</small>	<u>600</u> <small>Tax Lots</small>	<u>Josephine</u> <small>County</small>
	<u>25-2</u> <small>Section</small>	<u>35</u> <small>Township</small>	<u>6</u> <small>Range</small>	<u>100</u> <small>Tax Lots</small>	

(Lot by lot summary)

- | | | |
|--------|-------------|---|
| Lot 6 | SE#9517-206 | Standard Initial - Standard Replacement |
| Lot 8 | 9517-207 | Capping Fill Initial - Sand Filter Replacement |
| Lot 9 | 9517-208 | Capping Fill Initial - Capping Fill Replacement |
| lot 10 | 9517-209 | Capping Fill Initial - Sand Filter Replacement |
| Lot 11 | 9517-210 | Capping Fill Initial - Sand Filter Capping Fill Replacement |
| Lot 12 | 9517-211 | Capping Fill Initial - Capping Fill Replacement |
| Lot 13 | 9517-212 | Sand Filter Initial - Sand Filter Replacement |
| Lot 14 | 9517-213 | Capping Fill Initial - Capping Fill Replacement |
| Lot 15 | 9517-214 | Standard Initial - Standard Replacement |
| Lot 16 | 9517-215 | Capping Fill Initial - Capping Fill Replacement |
| Lot 17 | 9517-216 | Standard Initial - Standard Replacement |
| Lot 18 | 9517-217 | Capping Fill Initial - Capping Fill Replacement |
| Lot 19 | 9517-218 | Standard Initial - Sand Filter Replacement |
| Lot 20 | 9517-219 | Standard Initial - Standard Replacement |

This report is valid for each approved lot until an on-site sewage system is installed on that lot, pursuant to a construction permit issued by DEQ - Grants Pass, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the county tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners. Any alteration of the natural conditions in the areas approved for on-site systems or replacement areas may void the approval. Further, each approval is given on the basis that each lot described above will not be further partitioned or subdivided, and that conditions on each lot or adjacent properties have not been altered in any manner that would prohibit issuance of a construction permit in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission. Any such subdivision, partitioning, or alteration may void this report.

	<u>Environmental Specialist</u>	<u>1-24-96</u>	<u>Grants Pass</u>
<small>Signature</small>	<small>Title</small>	<small>Date</small>	<small>Office</small>
Charles D. Costanzo, RS			

WARNING:

1. Authorized local agent approval is required before each construction permit can be issued.
2. This document is a technical report for on-site sewage disposal only. It may be used to obtain construction permits only if the individual lots are compatible with applicable LCDC-Acknowledged local comprehensive LAND USE plans and implementing measures or the Statewide Planning Goals. The Statements of Compatibility may be made on the attached form or an equivalent form.