Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-21-000183-PRMT

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

Date Certificate Issued: 08/26/2021
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: Druther s Construction, LLC
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Primary Contractor: Druther s Construction, LLC
Installer License: 39140
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

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

Property Address: 1268 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000020100 - Primary Township: 35 Range: 06 Section: 16

Lot Size: 2.51
Zoning: N/A
Land Use Approval: N/A
Water Supply: Well
City/County/UGB: N/A
Directions to Property: 1-5 TO MERLIN EXIT, PLEASANT VALLEY RD LEFT OF RUSSELL RD TAKE LEFT ONTO ELLISON LOOP LOT 15

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	4 BDRM SFR + 2 BDRM ADU
Number of Bedrooms:	N/A	6

System Specifications

Type:	Standard		
Max Peak Design Flow:	750 gpd.	**Proposed Flow:**	750 gpd.
Min Septic Tank Volume:	1500 gal.	**Min Dosing Tank Volume:**	N/A

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	N/A	**Distribution Method:**	Serial
Media Type:	Infiltrator Chambers	**Media Depth:**	N/A
Trench Length:	380 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	18 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Septic Permit 463-21-000183-PRMT

Date Certificate Issued: 08/26/2021
Work Description: STANDARD CONSTRUCTION PERMIT

Conditions of Approval

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

1. In accordance with Oregon Revised Statute 454,665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.

2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.

4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.

5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

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

Comments: N/A

Issued By: Danielle Morvan, Natural Resource Specialist **Effective Date:** 08/26/2021

Danielle Morvan

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

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

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-21-000183-PRMT

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

SECTION 1: Owner/Permittee Information:

Twnshp: 35 Range: 06 Sect: 16

Name: AXXIS DEVELOPMENT Lot: 201

Property Address: 1268 ELLISON LP GRANTS PASS, OR 97526

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: Standard

						Water tight verification*
Tanks(1)	Volume: 1500 Gallon		Compartments: 2	Manufacturer: Rivers Ready Mix		Date: 8-9-21
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	Diameter: 4"	ASTM#/Other: 3034	Length: 40'
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

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

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

Drainfield Media

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

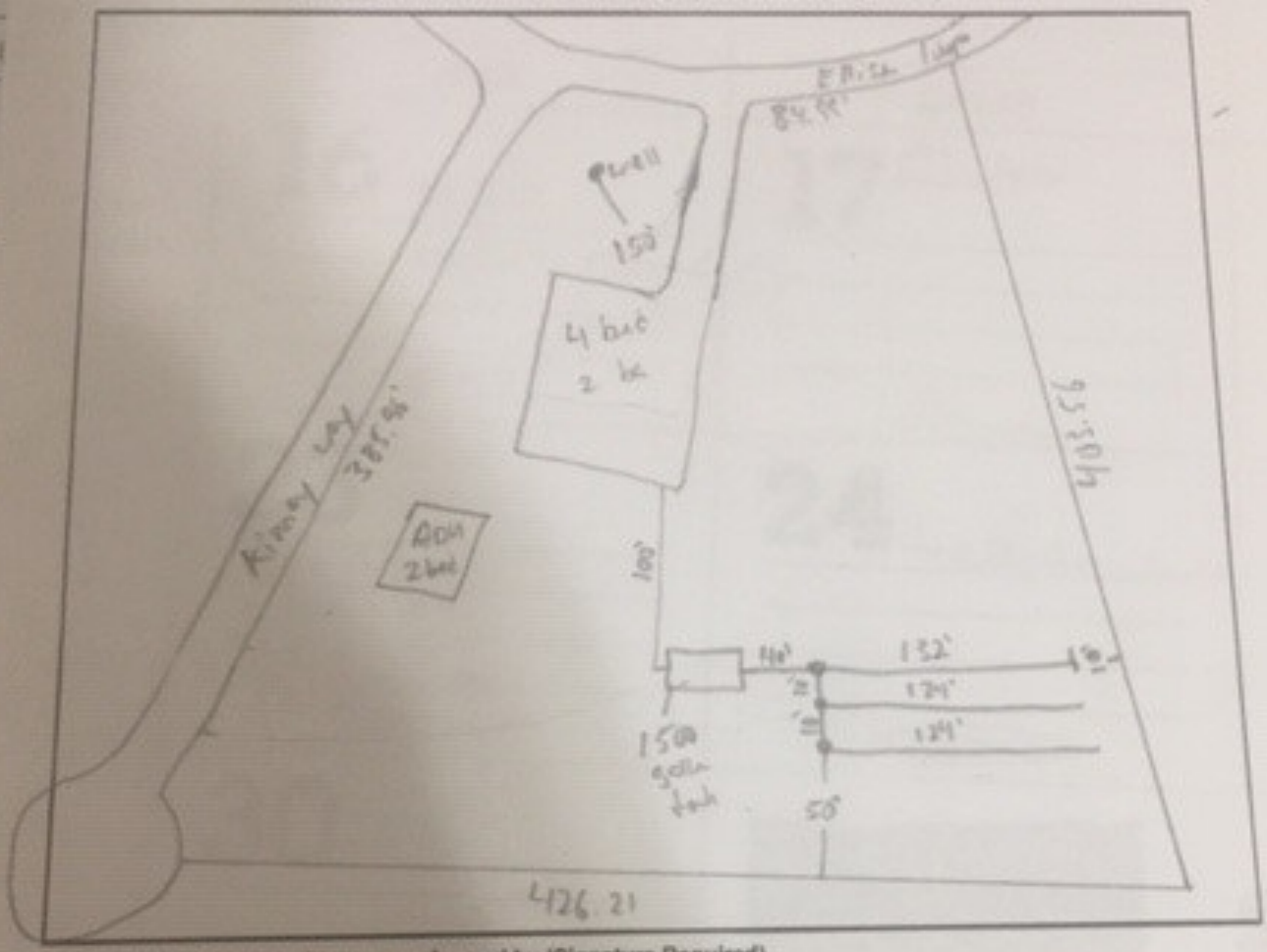
Comment

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: Andrew Olson			
Licensed Installer:	Yes	No	License#: 39140	Certification#:
Owner/ Certified Installer:	Signature:		Date: 8-11-21	Phone#: 541-441-2029

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____




SITE PLAN FOR CONSTRUCTION / INSTALLATION

State of Oregon
Department of Environmental Quality
DEQ

Site Plan Must Be Current Property Owner: Aegis Development Site ID: ________

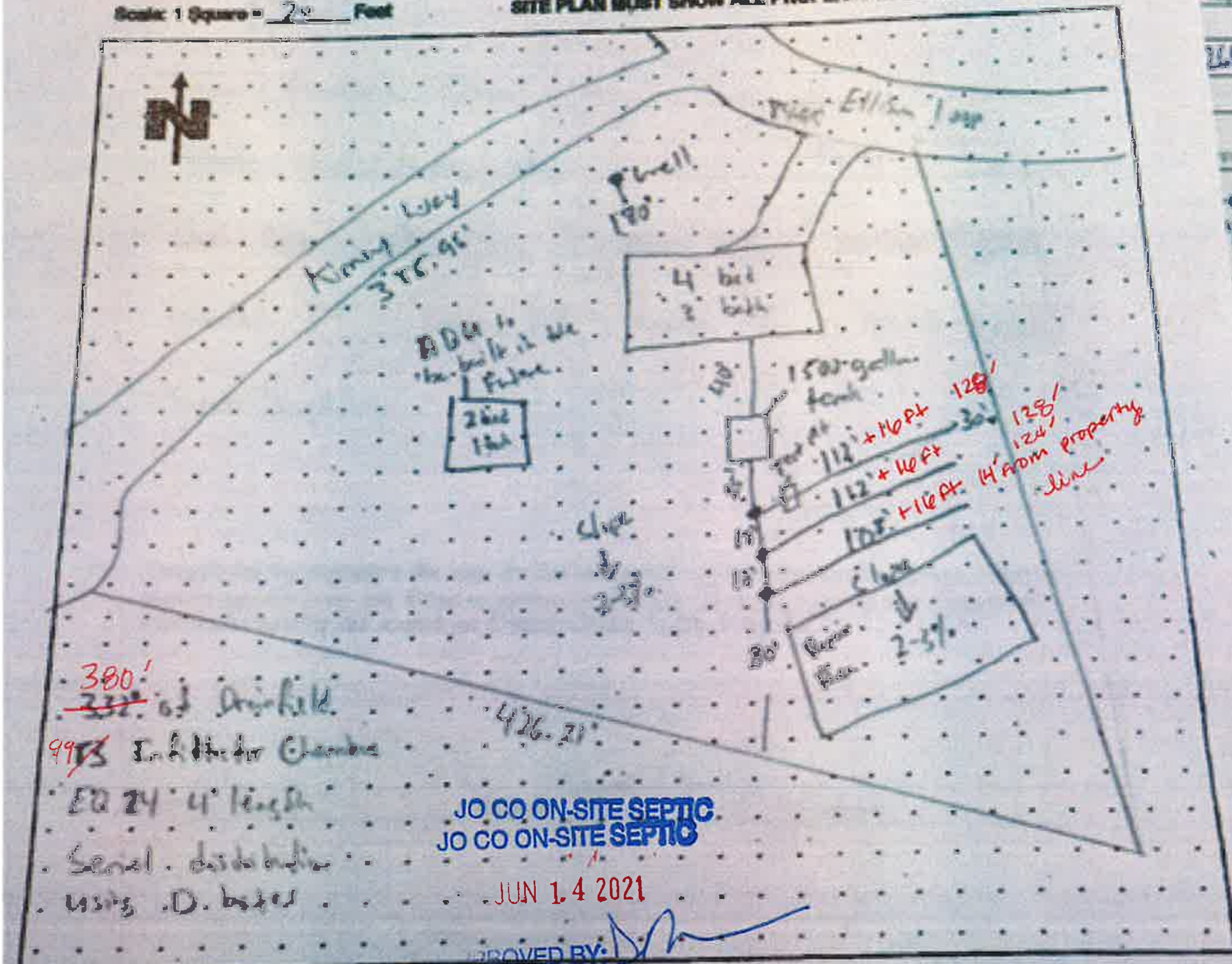
Site Address: ~~1270 Kimmy Way~~ 1268 ELLISON LP. City: Grants Pass County: Josephine

Township: 35 Range: 06 Section: 16 Tax Lot: 0121

Acres: 2.51 Subdivision: Russell Estates Lot: 15 Block: —

Scale: 1 Square = 20 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.

I am the ☐ Owner or ☒ Authorized Agent. Name (please print): Andrew Olsen

Signature: [signature] Date: 5-6-21

June 14, 200

OSS:\wheward\CI_Site_Plan.doc

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

Septic Permit
Installation Permit - Residential - New
463-21-000183-PRMT

Date issued: 6/14/21 **Expiration date:** 6/14/22

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: Druther s Construction, LLC
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Primary contractor: Druther s Construction, LLC
Installer License: 39140
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Business License: N/A

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

Property address: 1268 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000020100 - Primary Township: 35 Range: 06 Section: 16

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 failing:	N/A	**Septic tank last pumped:**	N/A

Comments: System designed to support 4 bedroom Single Family Dwelling unit and a 2 Bedroom Detached Living Space

Directions to property: 1-5 TO MERLIN EXIT, PLEASANT VALLEY RD LEFT OF RUSSELL RD TAKE LEFT ONTO ELLISON LOOP LOT 15

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	4 BDRM SFR + 2 BDRM ADU
Number of bedrooms:	N/A	6

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	750 gpd.	**Proposed flow:**	750 gpd.
Min septic tank volume:	1500 gal.	**Min dosing tank volume:**	N/A

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	N/A	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	Infiltrator Chambers		
Trench length:	380 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	8 ft.
Min depth:	18 in.	**Capping fills-min depth of fill material:**	N/A

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

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

Onsite Permit 463-21-000183-PRMT

Date issued: 6/14/21 **Expiration date:** 6/14/22

Work description: STANDARD 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.

Danielle Morvan Natural Resource Specialist 6/14/21

JOSEPHINE COUNTY

Application for Onsite Sewage Treatment System

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

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

A. Property Owner Information

Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number
Apex Development	116 Cambridge Dr Grants Pass, OR 97526	541-660-9541

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
35	06	16	00201	R347701	2.51

County	Subdivision Name	Lot	Block
Josephine	Russell Estates	15	—

Property Address: 1268 ELLISON LP — Grants Pass — OR — 97526
(Address / City / State / Zip Code)

Directions to Property: I-5 to Merlin Exit take a left turn to merlin take a right on Pleasant Valley Rd. take a left onto Russell Rd. Take 1st left onto Ellison Loop Take 1st lot R

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
☐ Single Family Residence	☒ Single Family Residence	☐ Public _____ (Name)
_____ Number of Bedrooms	6 Number of Bedrooms	☒ Private Well (Well, Spring, Shared)
☐ Other _____	☐ Other _____	

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 5-6-21

Applicant's Name – Please Print Legibly	Applicant's Phone Number	Applicant's E-mail Address
Andrew Olsen	541-941-7029	andrew.olsen2002@gmail.com

Applicant's Mailing Address: P.O. Box 1586 Grants Pass, OR 97528

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

☐ Authorization Attached

Installer's Name: Double C Construction Andrew Olsen 39140

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

1. Applicant Name/Property Owner: TXAS DEVELOPMENT INC
   Mailing Address: 116 Cambridge Dr.
   City, State, Zip: GRANTS PASS OR. 97526
   Telephone: 541-660-9541

2. Property Information:
   County: JOSEPHINE Tax Lot No.: TL 700
   Township: T35 T35 Range: R6W R6W Section: 5 32
   Physical Address:
   Block: RUSSELL Rd to RUSSELL Rd ESTATES Lot: 3-40
   Subdivision Name (if applicable): RUSSELL Rd. ESTATES

3. This proposed facility is for:
   ☒ An individual, single-family dwelling.
   ☐ Other. Describe the type of development, business, or facility and the provided services or products: 2 Lux
   FOR ALL SEPTIC PERMITS PER JAMES/MARK

4. Permit or approval being requested:
   ☒ Construction-Installation permit for: Septic ☒ New Construction ☐ Repair ☐ Alteration
   ☐ Non-water –carried facility requests (for example, pit privy/vault toilet for campgrounds).
   ☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom addition
   ☐ Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: rural residential Zoning Minimum Parcel Size: 2.5 acres

6. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB
   If inside UGB, the proposed facility is subject to:
   ☐ City jurisdiction ☐ County jurisdiction ☐ Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No
   If you answered "Yes" above, was this compliance based on:
   ☒ Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
   ☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
   ☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: Section 19.01.020.J
JCC: Permitted uses - Single family dwelling or manufactured dwelli
This LUCS covers all lots within the Russell Road subdivision. The
is identified on the Statewide Wetlands Inv. - Contact DSL before

8. Planning Official Signature: Neumann
   Print Name: Onnie Neumann Title: Dept. Spec.
   Telephone: 541-474-5109 x2412 Date: 3-19-21

Josephine County
700 NW Dimmick
Suite C
Grants Pass, OR

OnsiteLUCS (11/13/20)

State of Oregon
Department of Environmental Quality
DEQ

SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

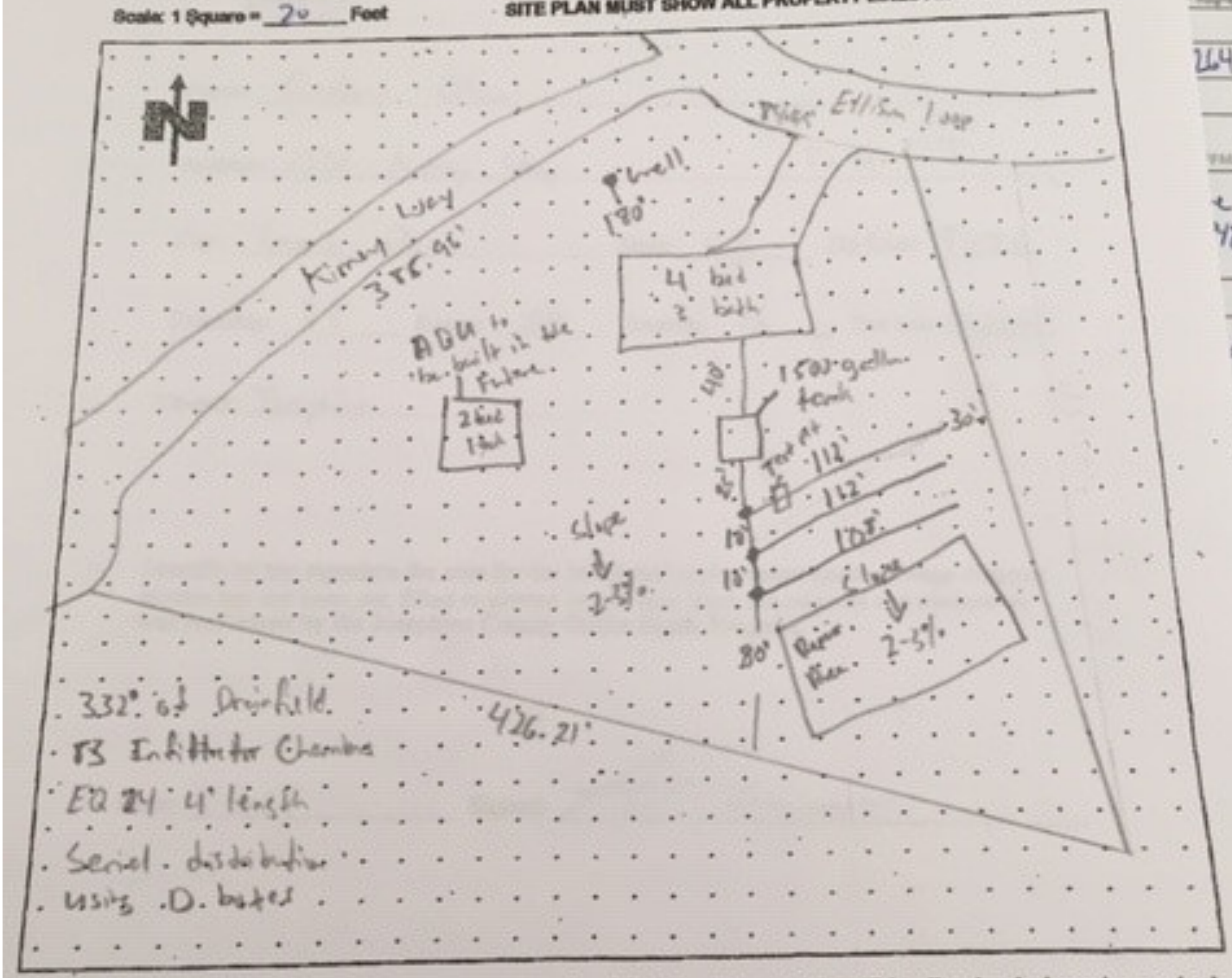
Property Owner: Andy Davenport Site ID:

Site Address: 1268 ELLISON LP City: Grants Pass County: Josephine

Township: 35 Range: 06 Section: 16 Tax Lot: 00201

Acres: 2.51 Subdivision: Russell Estates Lot: 15 Block:

Scale: 1 Square = 20 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.

I am the ☐ Owner or ☒ Authorized Agent. Name (please print): Andrew Olsen

Signature: [signature] Date: 5-6-21

OSS:\winword\IC_Site_Plan.doc June 14, 200

JOSEPHINE COUNTY

Statement of Site Status

Name: Andrew Olson

Address: 1268 ELLISON LP

City: Grants Pass State: OR Zip Code: 97526

Township: 35 Range: 06 Section: 16 Tax Lot: 00201

County: Josephine

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

Date: 5-6-21 Signed:

Updated 10-30-02 by BJK

Print Form

NOTICE AUTHORIZING REPRESENTATIVE

DEQ
State of Oregon Department of Environmental Quality

I, John West (Property Owner/Print Name), have authorized Andrew Olson (Authorized Representative/Print Name) to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

Ellison Lane Rossell Estates Subdivision
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 16 Map ID _____ Tax Lot #(s) 00100

PROPERTY OWNER:

Printed Name: AXXIS DEVELOPMENT INC.

Address: 116 Cambridge Dr.

City, State, Zip: G.P. OR. 97526

Phone: 541-660-9541 Email: JWEST1249@GMAIL.COM

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Andrew Olson

Address: P.O. Box 1586

City, State, Zip: Grants Pass, OR 97528

Phone: 541-441-2029 Email: andrew.olson2002@gmail.com

Signature: [signature]

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

N.W.1/4 SEC.16 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

35 06 16B

CANCELLED:
600
300
400
500
800
100
200

LOT

#15

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

Residential Septic Site Evaluation Approval

248-19-000703-EVAL

Date issued: 11/13/2019
Application status: Site Evaluation Approved
Work description: SITE EVALUATION (LOT #15)

Applicant: WEST, JOHN
Address: 116 CAMBRIDGE DR.
GRANTS PASS OR 97526
Phone: 541660-9541
Email: JWEST1249@GMAIL.COM

Owner: JOHN WEST
Address: 116 CAMBRIDGE DR.
GRANTS PASS OR 97526
Property address: 1760 Russell Rd, Merlin, OR 97532
Parcel: 3506090000100 - Primary **Township:** 35 **Range:** 06 **Section:** 9

Lot size: N/A
Zoning: N/A
Water supply: Well
City/County/UGB: N/A
County: Josephine
Directions to Property: MERLIN TO PLEASANT VALLEY RD. TO RUSSELL RD. TO COMBS DR., GREEN FARM GATE ON RIGHT

Proposed use of structure: 4 BEDROOM SFR
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

System Specifications	*Initial System*	*Replacement Area*
System type:	Standard	Standard
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal
Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	225 linear ft.	225 linear ft.
Max depth:	30 in.	30 in.
Min depth:	18 in.	18 in.
Special Requirements	***Initial System***	***Replacement Area***
Drainfield type:	Standard	Standard

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

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

Date issued: 11/13/2019

Application status: Site Evaluation Approved

Work description: SITE EVALUATION (LOT #15)

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

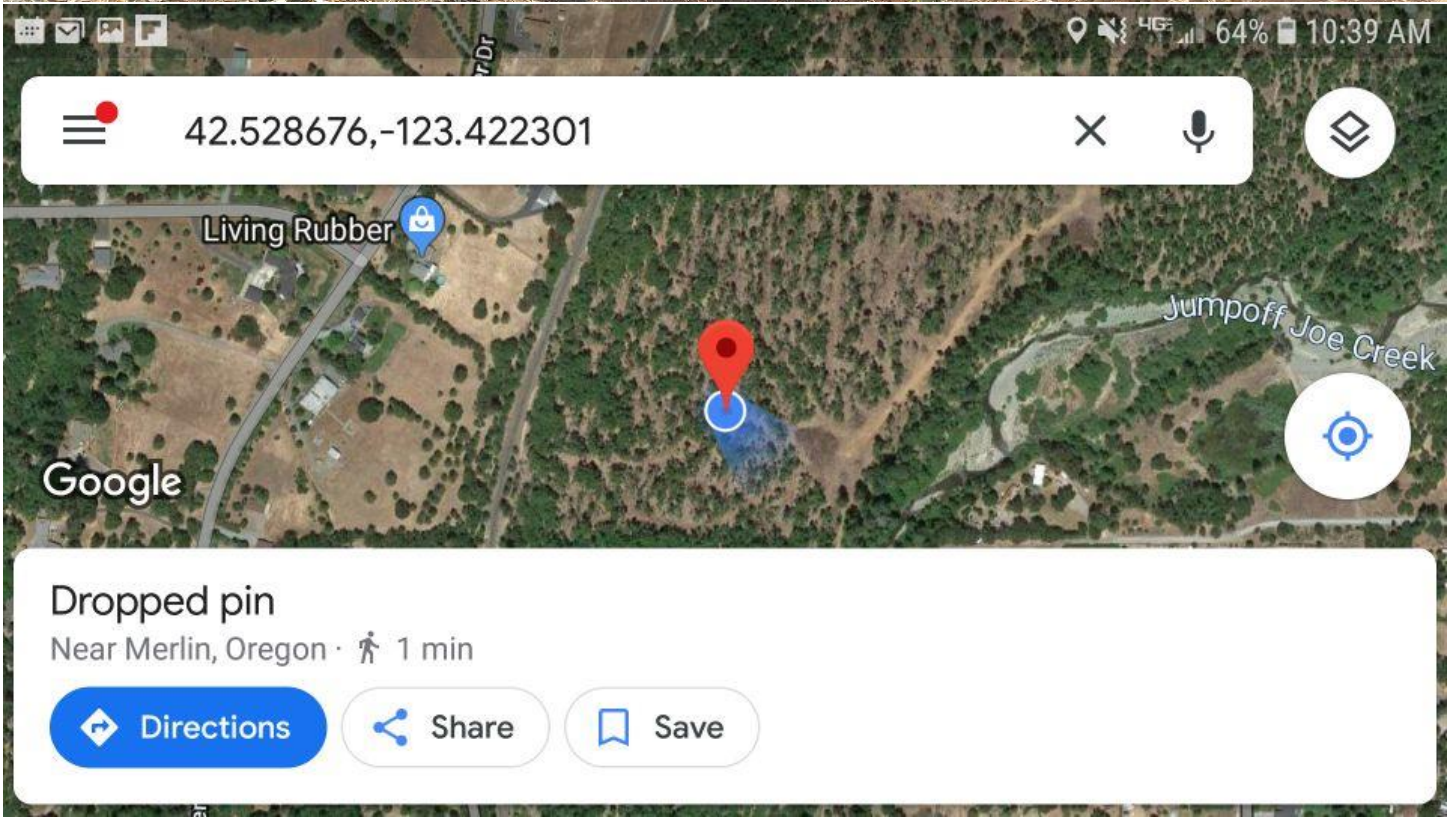
This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

Marty Easter Onsite Wastewater Specialist 11/13/19

3506090000100 Lot 15



3506090000100 Lot 15

FIELD WORKSHEET

Name: West **Application No.:** 248-19-000703-EVAL **Date:** 11/5/19

RE: SITE EVALUATION REPORT for Parcel #: 350090000100 - Lot 15 -

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.50ac - Proposed Pre-Split

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other
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: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24/18 " Min Depth	Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24/18 " Min Depth

Additional Conditions of Approval

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

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

- Equal vs. Serial depends on the slope when the system is laid out for construction permit.

Inspector: M. Easter

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-17	L	7.5YR 3/2, WSBK Y, Roots 3VF, 1F, M, ØCAS
	17-40	CL	2.5 YR 3/6, WSBK Y, Roots 1VF, F, ØCAS
	40-57	CL	2.5 YR 4/6, WSBK Y, Roots 1VF, ØCAS, Coarse Frag - 30%. ESD-57
Test Pit 2			Similar to Test Pit 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

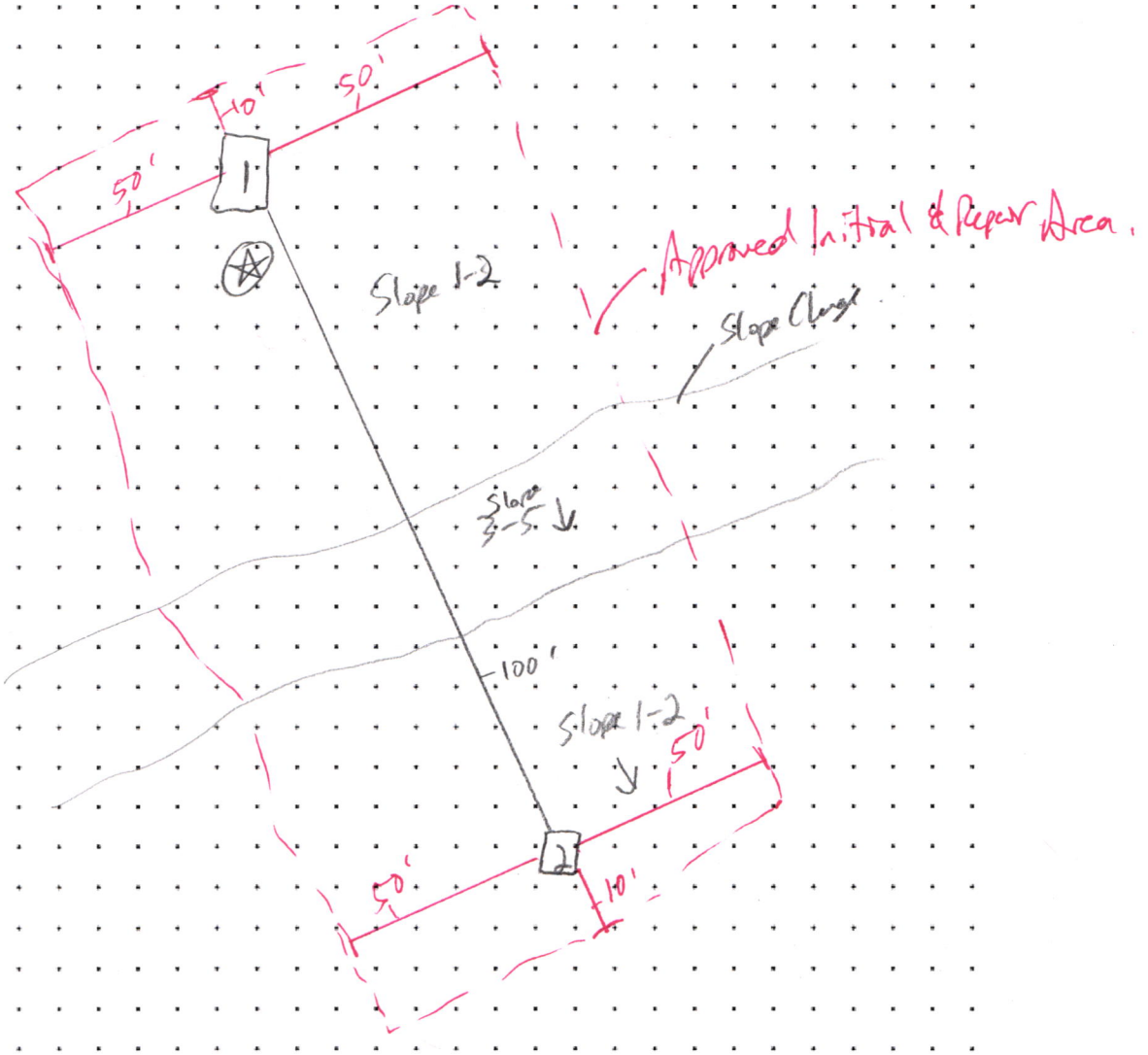
Landscape Notes:_____

Slope: 1-3 Aspect:_____ Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes:_____

N↑

SITE PLAN



PLAN APPROVED
BY D.E.Q.
Date: 11/13/19 Signed MB

GPS: 42.52876, -123.42230
+ No well observed

Application #_____

DEQ
State of Oregon Department of Environmental Quality

Onsite Site Evaluation
Application Verification
248-19-000703-EVAL

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

Application created: 9/25/19
Parcel Nbr: 3506090000100
Site Address: 1760 RUSSELL RD, MERLIN, OR 97532
Owner: JOHN WEST
(541) 660-9541
Applicant: WEST, JOHN
116 CAMBRIDGE DR.
GRANTS PASS, OR 97526
Phone: (541) 660-9541
Email: JWEST1249@GMAIL.COM

Licensed Professional(s):

No Licensed Professionals Designated

Category of Construction: Single Family Dwelling **County:** Josephine
Directions: MERLIN TO PLEASANT VALLEY RD. TO RUSSELL RD. TO COMBS DR., GREEN FARM GATE ON RIGHT
Acreage or Lot Size: **Water Supply:** Well
Site Ready for Inspection: Yes

Existing		Proposed	
Use of Structure:		**Use of Structure:**	4 BEDROOM SFR
Number of Bedrooms:		**Number of Bedrooms:**	4

Attached Documents:
No Documents have been attached.

Application for Onsite Sewage Treatment System

Department of Environmental Quality
221 Stewart Ave., Ste. 201
Medford, OR 97501

Phone/TTY: (541) 776-6010
Fax: (541) 776-6262

State of Oregon Department of Environmental Quality

Date Stamp:	For DEQ Use Only:
	Date Received 9-25-19
	Fee Paid 480.00
	Receipt Number
	Application Number 000703-EVAL
	Date of 1st Response
	Date of 2nd Response
	Date of Final Response
	Date of Completion
	Scanned Data Entry

A. Property Owner Information

John WEST — Name
116 Cambridge Dr. G.P. OR 97526 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-660-9541 — Phone Number

B. Legal Property Description

35 — Township
6 — Range
9 — Section
~~100 1400 1401~~ 100 1200 — Tax Lot
— Tax Account Number
1.13 Acres OR — Acreage or Lot Size
JOSEPHINE — County
Russell Rd. ESTATES — Subdivision Name
15 — Lot
— Block

Property Address: 1760 Russell Rd. — Address
MERLIN — City
OR — State
97532 — Zip Code

Directions to Property: MERLIN to PLEASANT Valley Rd. to Russell Rd. to Combs Dr. GREEN FARM GATE ON ~~LEFT~~ RIGHT

C. Existing Facility / Proposed Facility / Water Information

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

Proposed Facility:
- ☒ Single Family Residence
  - 4 — Number of Bedrooms
- ☐ Other

Water Supply:
- ☐ Public — Name
- ☒ Private — Well, Spring, Shared

D. Type of Application

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

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

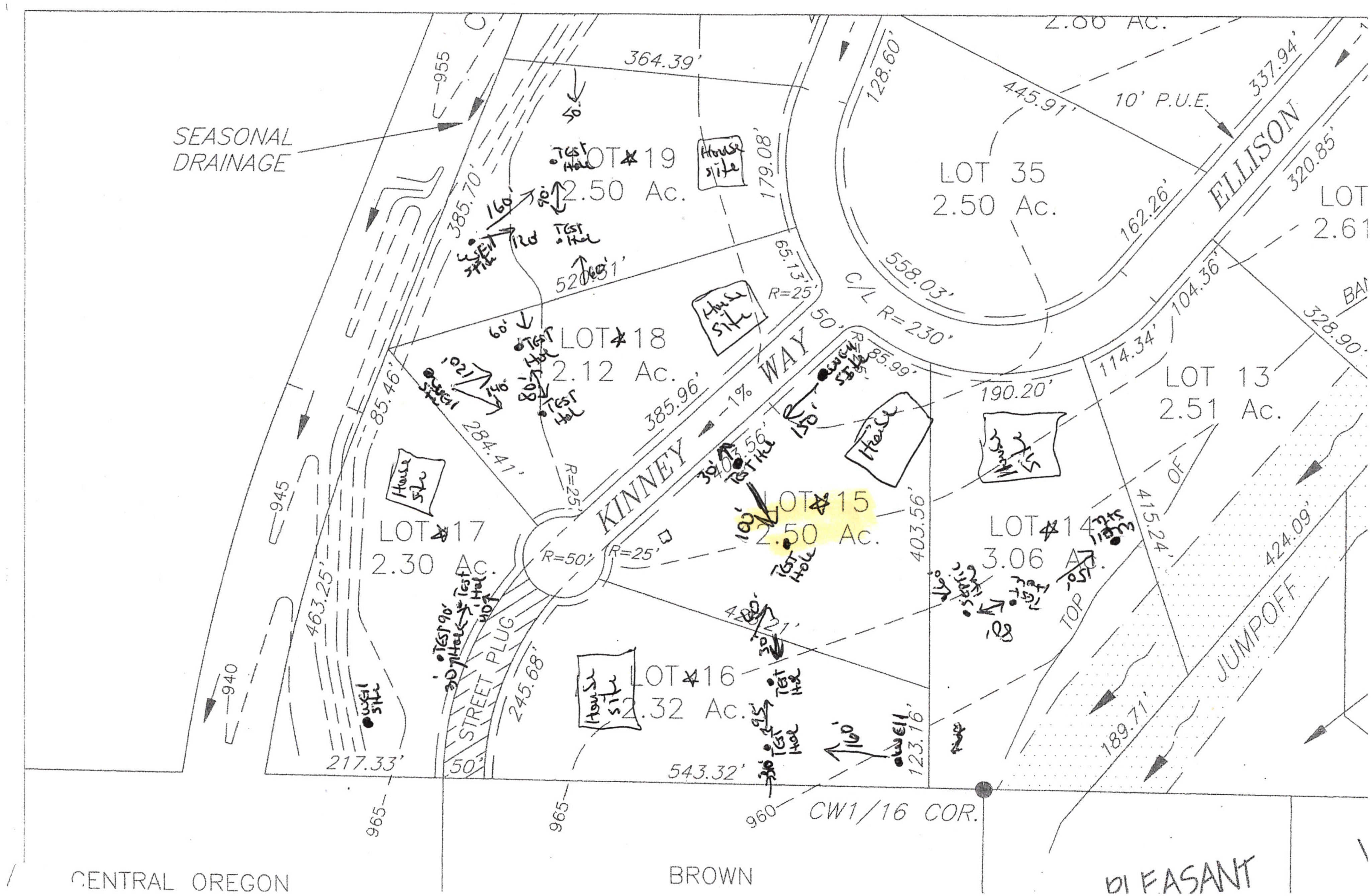
By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

[signature] — Signature
9/24/19 — Date
PLEASE CALL LOCKED GATE

John WEST — Applicant's Name – Please Print Legibly
541-660-9541 — Applicant's Phone Number
JWEST1249@gmail.Co — Applicant's E-mail Address
116 Cambridge Dr. G.P. 97526 — Applicant's Mailing Address

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

Rev 08-18-11


SEASONAL DRAINAGE
LOT 19
2.50 Ac.
LOT 18
2.12 Ac.
LOT 17
2.30 Ac.
LOT 16
2.32 Ac.
LOT 15
2.50 Ac.
LOT 14
3.06 Ac.
LOT 13
2.51 Ac.
LOT 35
2.50 Ac.
KINNEY WAY
ELLISON
STREET PLUG
TOP OF JUMPOFF
10' P.U.E.
C/L R=230'
CW1/16 COR.
CENTRAL OREGON
BROWN
PLEASANT
364.39'
179.08'
385.70'
520.31'
65.13'
385.96'
284.41'
85.46'
463.25'
217.33'
245.68'
543.32'
403.56'
123.16'
190.20'
85.99'
114.34'
104.36'
162.26'
558.03'
445.91'
128.60'
337.94'
320.85'
328.90'
415.24'
424.09'
189.71'
R=25
R=50'
-1%
940
945
955
960
965
House site
Test Hole
Well site

BOOK 4

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

35 6 9

This map was prepared for assessment purpose only