



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-21-000184-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: 08/26/2021

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: 1279 Kinney Way, Grants Pass, OR
97526

Parcel: 350616B000203 - Primary **Township:** 35 **Range:** 06 **Section:** 16

Lot Size: 2.31 **Water Supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Land Use Approval: N/A

Directions to Property: Merlin to Pleasant Valley Road, to Russell Road, to Combs Drive, Green farm gate on right

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	3 BDRM SFR + 2BDRM ADU
Number of Bedrooms:	N/A	5

System Specifications

Type: Standard
Max Peak Design Flow: 750 gpd. **Proposed Flow:** 675 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: 340 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

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: No **Operation of Law - 7 Days Notice:** Yes **Pre-Cover Inspection Waived Per 340-071:** No
Comments: N/A

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: 463-21-000184-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. Facsimile 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:
 Township: 35 Range: 06 Sect: 16
 Lot:

Name: AXXIS DEVELOPMENT

 Property Address: 1277 KINNEY WAY, GRANTS PASS, OR 97526
 Address:
SECTION 2: System Component Specifications:**A. Tanks/Pumps**System Type: Standard

Water tight verification*

Tanks(1)	Volume: <u>1500 galls</u>	Compartments: <u>2</u>	Manufacturer: <u>Riviera Ready Mix</u>	Date: <u>7-15-21</u>
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: <u>4"</u>	ASTM/Other: <u>3034</u>	Length: <u>12'</u>
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 ☐	

D. Drainfield Media

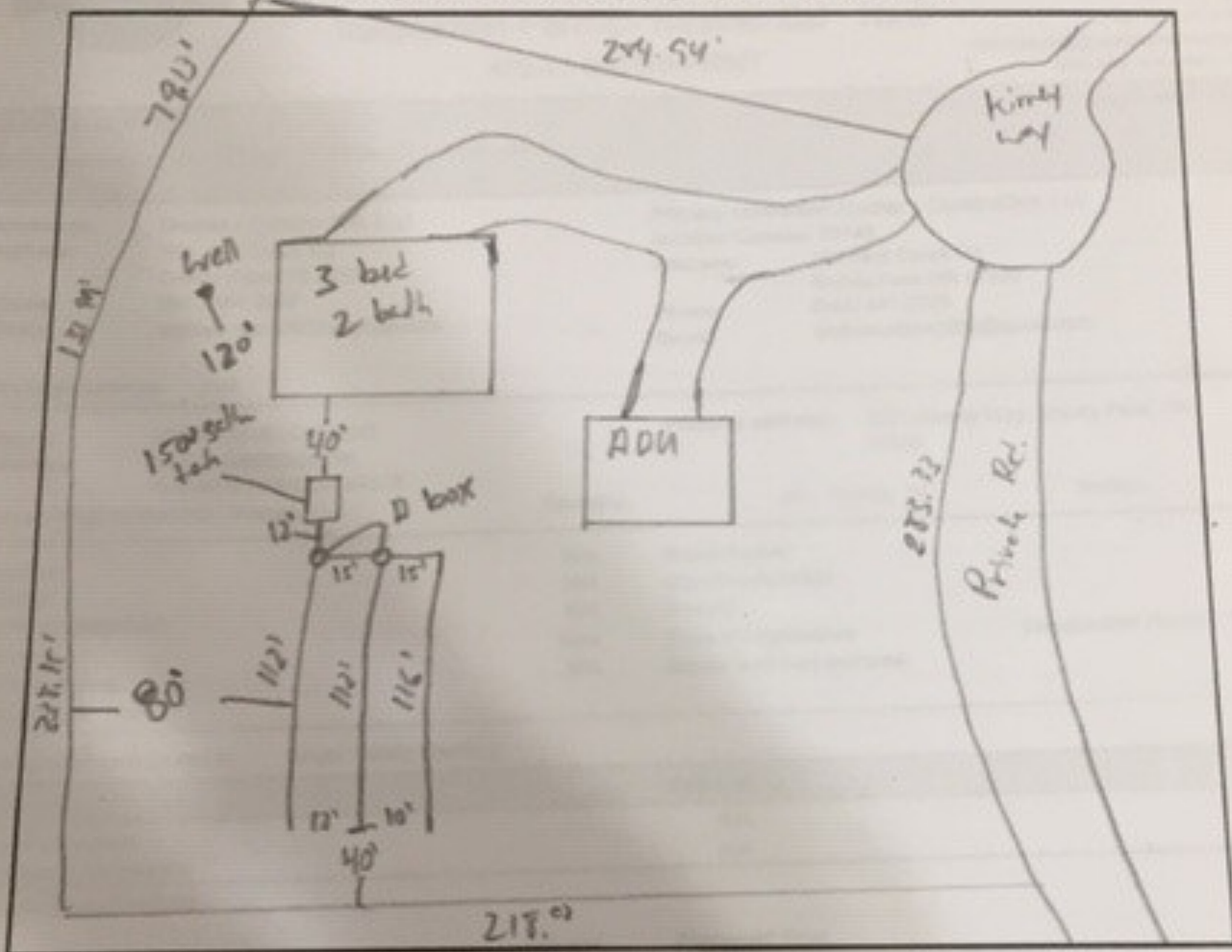
Type	(Gravel, Pipe or <u>alternative?</u>) <u>Infiltrator EQ 24 chambers 85 total</u>		
Distribution Box	Yes ☒ No ☐		
Drop Box	Yes ☐ No ☐		
Distribution Pipe	Yes ☒ No ☐	Diameter: <u>4"</u> ASTM/Other: <u>3034</u>	Length: <u>4'</u>
Comment			

*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

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>Andrew Olson</u>	
Licensed Installer:	☒ Yes ☐ No	License#: <u>39140</u>	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>7-18-21</u>	Phone#: <u>541-441-2024</u>

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____









Septic Permit
Installation Permit - Residential - New
463-21-000184-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: 6/14/21

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: 1277 Kinney Way, Grants Pass, OR
97526

Parcel: 350616B000203 - Primary **Township:** 35 **Range:** 06 **Section:** 16

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

Directions to property: Merlin to Pleasant Valley Road, to Russell Road, to Combs Drive, Green farm gate on right

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	3 BDRM SFR + 2BDRM ADU
Number of bedrooms:	N/A	5

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	750 gpd.	Proposed flow:	675 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:	340 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.)

Date issued: 6/14/21**Expiration date:** 6/14/22**Work description:** STANDARD CONSTRUCTION PERMIT**Conditions of approval**

- 1.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2.Vehicular traffic and livestock must be restricted from the system area.
- 3.All roof drains must be directed away from the system
- 4.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.
- 5.Meet all required setbacks
- 6.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.
- 7.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.
- 8.For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 9.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.
- 10.Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- 11.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 12.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 13.Maximum length of an individual trench is 150-feet.
- 14.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- 15.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 16.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.
- 17.Photos of the septic system components must be submitted along with the FIRN.

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

6/14/21



SITE PLAN FOR CONSTRUCTION / INSTALLATION

Property Owner: And Development



Site Address: 1277 Avenue C

Chf. Gen. & P.

County: Delaware**Townships:**

Range: 06

Geothick: 11

Task List 00243

Active 2-31

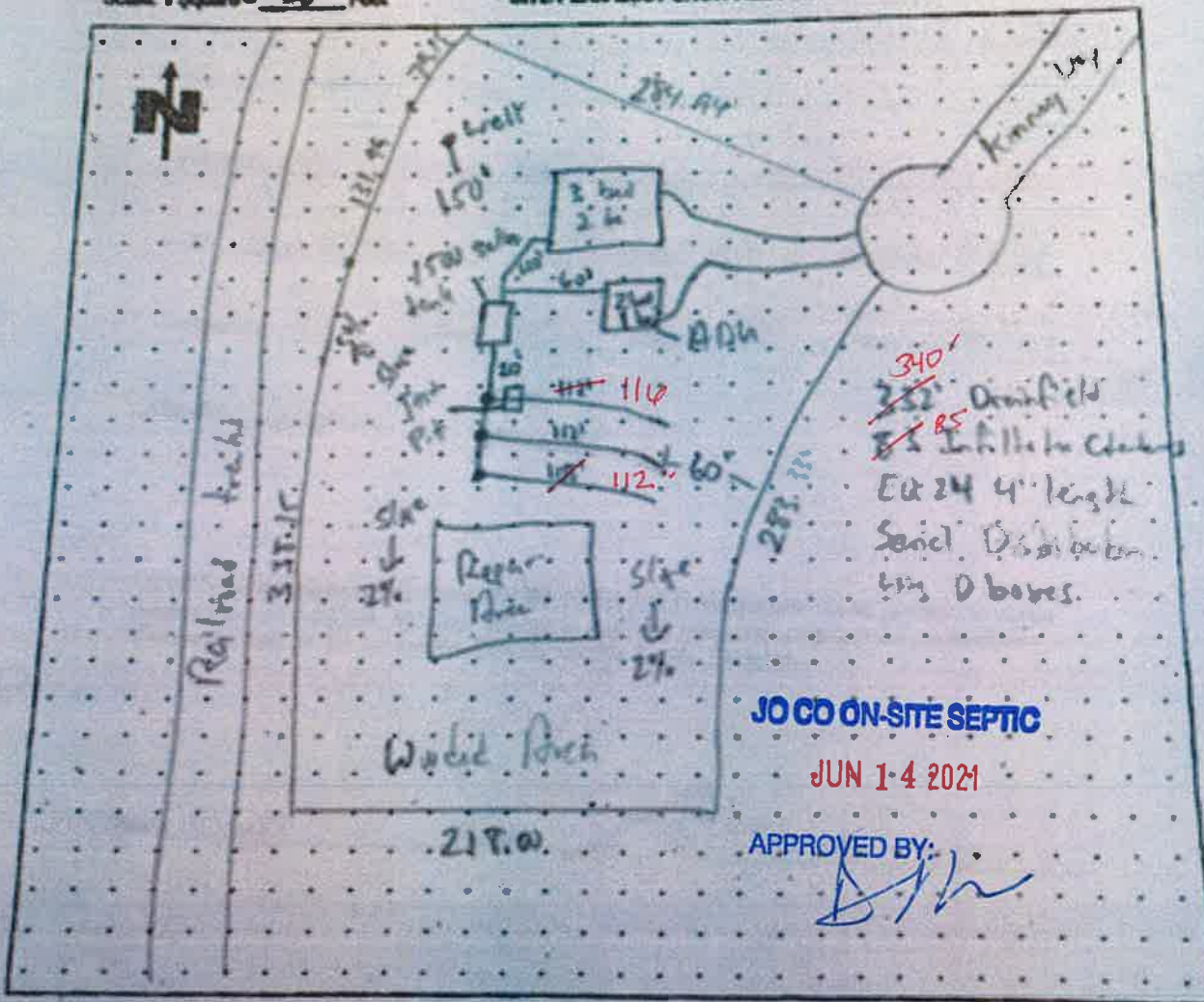
Subdivisions: Rural (36 lots)

Lot 17

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: _____

Date: 5-6-2



Application for
Onsite Sewage
Treatment System

700 NW Dimmick
Street, Suite B
Grants Pass, OR 97626
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

Date Entry

Date Stamp

A. Property Owner Information

Name Arise Development Mailing Address (Street or PO Box, City, State, Zip Code) 116 Cambridge Dr. Grants Pass, OR 97626 Phone Number 541-660-9591

B. Legal Property Description

Township 35 Range 06 Section 16 Tax Lot 00203 Tax Account Number R347703 Acreage or Lot Size 2.21
County Josephine Subdivision Name Russell Estate Lot 17 Block _____

Property Address: 1277 Kinnear Way Address Grants Pass City OR State 97626 Zip Code

Directions to Property: I-5 to Merlin Fork take a left hand road. Take a right on
Pleasant valley Rd. take a left on Russell Rd take a left onto Kinnear Way follow to lot 17

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

5 Number of Bedrooms

☐ Other _____

Water Supply:

☐ Public

Name _____

☒ Private

Well

Well, Spring, Shared

D. Type of Application

☐ Site Evaluation

☒ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System

Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use
☐ Replacing a Mobile Home or House with Another
Mobile Home or House
☐ The Addition of One or More Bedrooms
☐ Personal Hardship
☐ Temporary Housing

☐ Other-please specify _____

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

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

Signature

Date

Andrew Olson
Applicant's Name - Please Print Legibly

5-6-21
Date

541-441-2029
Applicant's Phone Number

andrew.olson2000@gmail.com
Applicant's E-mail Address

P.O. Box 1586 Grants Pass, OR 97626
Applicant's Mailing Address

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Dr. Kris Wiersma
Installer's Name

Andrew Olson
39140

NOTICE AUTHORIZING REPRESENTATIVE



State of Oregon
Department of
Environmental
Quality

I, John West, have authorized Andrew Olson to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)

agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

Ellison Loop Redwell Estate 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) 00/00

PROPERTY OWNER:

Printed Name: AXXIS DEVELOPEMENT 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]



Statement of Site Status

Name: Andrew Olson

Address: 1277 Kirmey Way

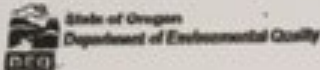
City: Grants Pass State: OR Zip Code: 97526

Township: 35 Range: 06 Section: 16 Tax Lot: 00203

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: [Signature]



SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: Atkins Development

Site ID: _____

Site Address: 1277 Kinney Way

City: Grants Pass

County: Josephine

Township: 35

Range: 06

Section: 16

Tax Lot: 00203

Acres: 2.31

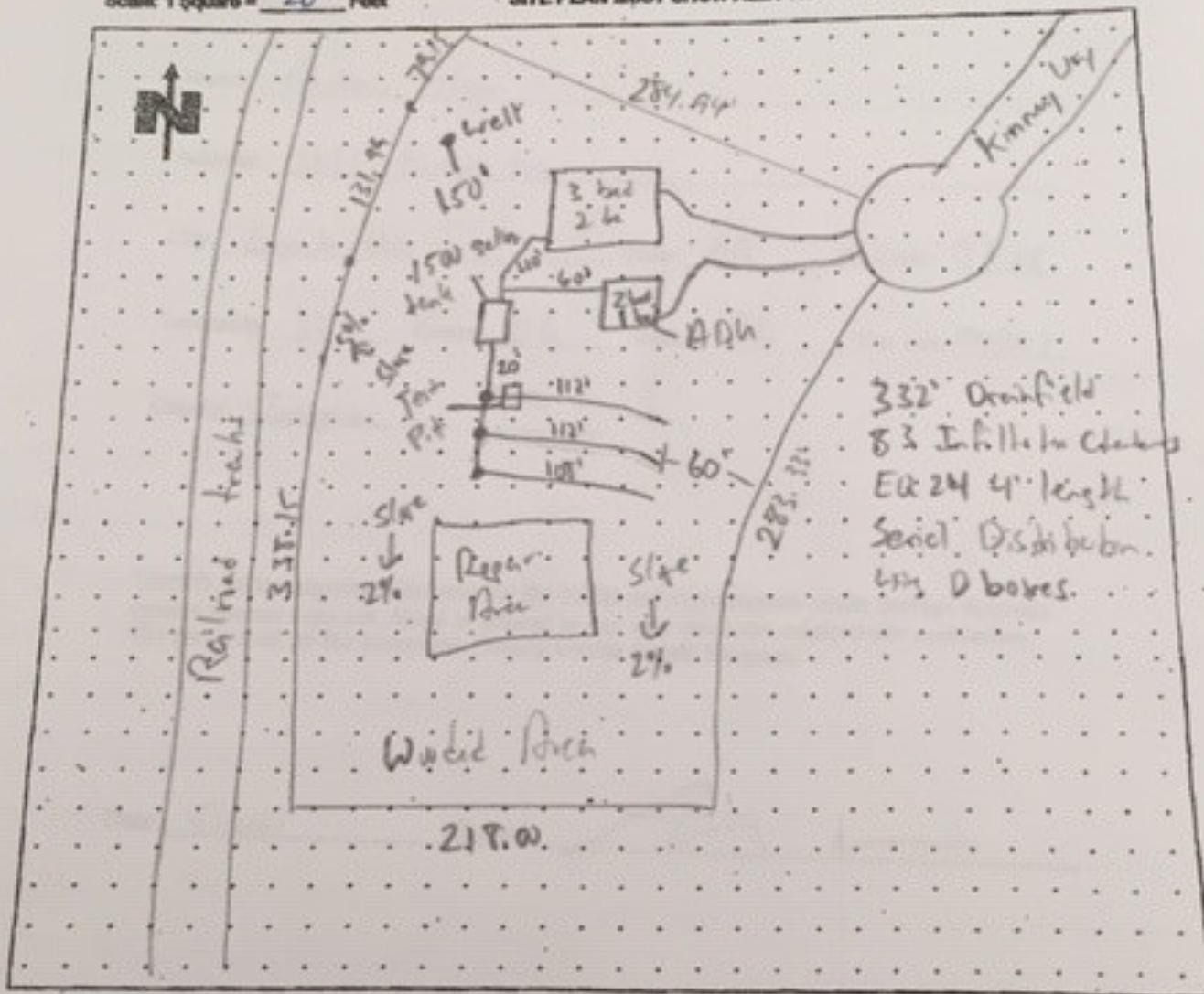
Subdivision: Russell Estates

Lot: 17

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 Olson

Signature: _____

Date: 5-6-21

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

- Applicant Name/Property Owner: AXXIS DEVELOPMENT INC
 Mailing Address: 116 Cambridge Dr.
 City, State, Zip: 6. MASS. 02. 97526
 Telephone: 541-660-9541
- Property Information:
 County: Josephine Tax Lot No.: TL 7EC
 Township: T35 Range: RLW Section: 32
 Physical Address: Russell Rd to Russell Rd Estates
 Block: 3-40
 Subdivision Name (if applicable): Russell Rd. Estates
- 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
- 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

- Property Zoning: rural residential Zoning Minimum Parcel Size: 2.5 acres
- 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
- 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 19.1d.020.J

JCC: Permitted uses - single family dwelling or manufactured dwelling
this JCC covers all lots within the Russell Road Subdivision. This
is identified on the statewide wetlands map. - contact DSE before.

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

Josephine County
 700 NW Division
 Suite C
 Grants Pass, OR

LOT

#17



Residential Septic Site Evaluation Approval 248-19-000701-EVAL

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

Date issued: 11/13/2019
Application status: Site Evaluation Approved
Work description: SITE EVALUATION (LOT #17)

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: 3506090000200 - 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.
Min septic tank volume: 1000 gal.
Proposed gallons per day: 450 gpd.
Min dosing tank volume: N/A

System Specifications

	<i>Initial System</i>	<i>Replacement Area</i>
System type:	Standard	Standard
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal

Trench Specifications

	<i>Initial System</i>	<i>Replacement Area</i>
Trench linear feet:	225 linear ft.	225 linear ft.
Max depth:	30 in.	30 in.
Min depth:	18 in.	18 in.

Special Requirements

	<i>Initial System</i>	<i>Replacement Area</i>
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 #17)

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

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.)



42.528120,-123.423651

Google

Dropped pin

Near Merlin, Oregon · 1 min

Directions

Share

Save

FIELD WORKSHEET

Name: West Application No.: 248-19-000701-EVAL Date: 11/5/19
RE: SITE EVALUATION REPORT for Parcel #: 35-06-0900-00200-Lot 17

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.30ac - 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: <u>225</u> total linear feet <u>75</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>225</u> total linear feet <u>75</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth

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.

Inspector: M. Easter

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-12	L	7.5 YR 3/3, WSBky, ^{Roots} 2 VF, F, IM, Ø CAS
	12-39	CL	2.5 4/6, WSBky, ^{Roots} 1 VF, F, M, Ø CAS
	39-50	CL	2.5 3/6, WSBky, ^{Roots} 1 VF, Ø CAS - Coarse Frag 20% ESD-50"
Test Pit 2			Similar to Test Pit 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: _____

Slope: 1-2 Aspect: _____ Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: Lot 17

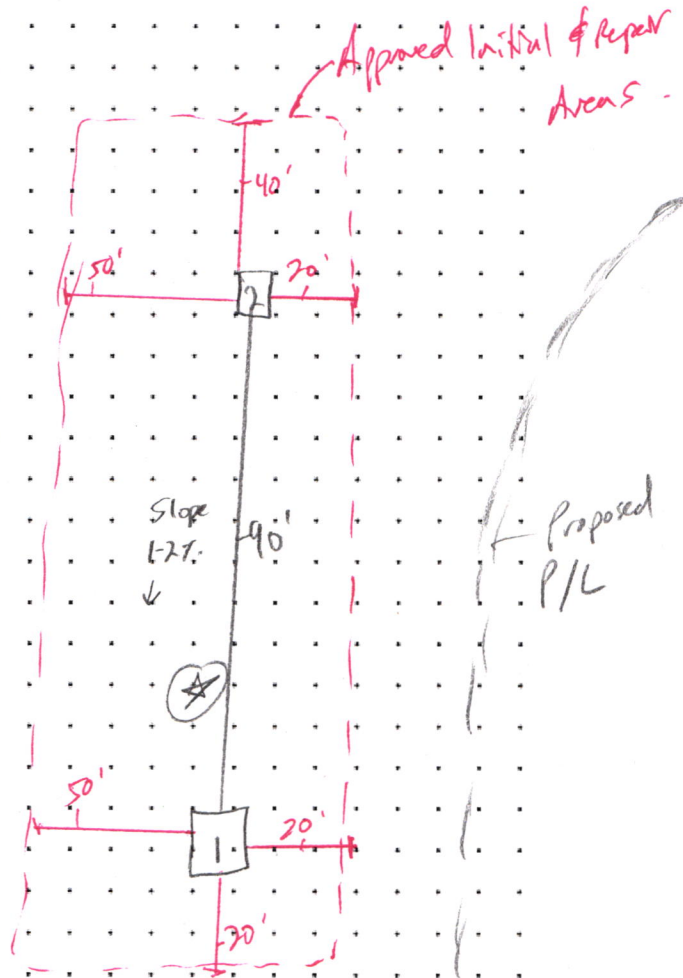
SITE PLAN

Lot 17

N ↑

PLAN APPROVED
BY D.E.Q.

Date: 11/13/19 Signed: MB



Maintain 100' setback to all wells

★ 6PS-42.528120, -123.423651

+ No well observed

+ Not to scale.

Application # _____

(See Sub-Division Map)



**Onsite Site Evaluation
Application Verification
248-19-000701-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: 3506090000200

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

Use of Structure:

Number of Bedrooms:

Use of Structure:

Number of Bedrooms:

Proposed

4 BEDROOM SFR

4

Attached Documents:

No Documents have been attached.



State of Oregon
Department of
Environmental
Quality

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

Date Stamp:

For DEQ Use Only:

Date Received 9-25-19

Fee Paid \$800.00

Receipt Number _____

Application Number 000701-E VAL

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

700 1400 1401
Tax Lot

113 Acre or -
Tax Account Number

113 Acre or -
Acreage or Lot Size

JOSEPHINE
County

RUSSELL RD. ESTATES
Subdivision Name

17
Lot

17
Block

1760 RUSSELL Rd.
Property Address: 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 RIGHT

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 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 its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature

John WEST

Applicant's Name - Please Print Legibly

Date

9/24/19

Applicant's Phone Number

541-660-9541

Applicant's E-mail Address

JWEST1249@6mail.co

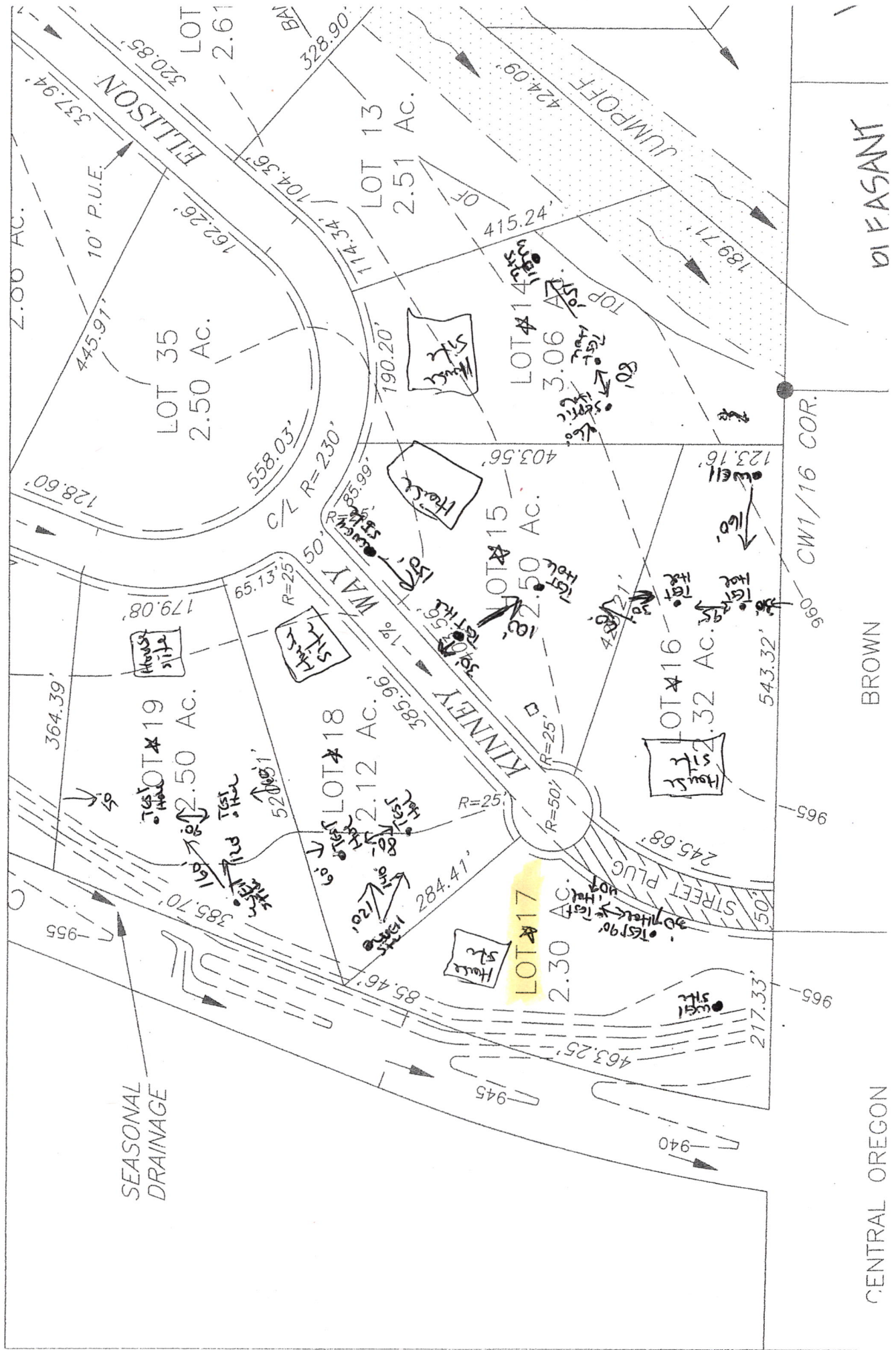
116 Cambridge Dr. G.P. 97526
Applicant's Mailing Address

Applicant is the ☒ Owner ☐ Authorized Representative

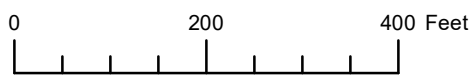
☐ Licensed Septic Installer

☐ Authorization Attached

Installer's Name _____



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

