

## Residential Septic Site Evaluation Approval

463-21-000223-EVAL

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 issued: 07/23/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: FUTHIE, NOAH

Address: 1825 LAUREL RD.

**CAVE JUNCTION OR 97523** 

Phone: 5079939237

Email: EMERALDAQUATICS541@GMAIL.CO

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Owner: GOLDSTRIKE1888 LLC

Address: 1825 LAUREL RD

CAVE JUNCTION CAVE JUNCTION,

OR 97523 97523

Primary contractor: David Anderson Excavating

Installer License: 38382

Address: 3835 Lakeshore Dr

Selma OR 97538

**Phone:** (541) 592-4486

Email: sisdarlene@hotmail.com

Property address: 202 Rail Ln, Cave Junction, OR

97523

Parcel: 390822D000010600 - Primary

Lot size:5.54Water supply:WellZoning:N/ACity/County/UGB:N/ADirections to Property:199 South, left on Laurel road, left on rail lane, orange sign on the left

Proposed use of structure: 3 BDRM SFR

Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:450 gpd.Proposed gallons per day:375 gpd.Min septic tank volume:1000 gal.Min dosing tank volume:N/A

Comments: Capping fill required

System Specifications Initial System Replacement Area

System type:StandardStandardSystem distribution type:EqualEqualDistribution method:EqualEqual

Trench Specifications Initial System Replacement Area

 Trench linear feet:
 375 linear ft.
 375 linear ft.

 Max depth:
 12 in.
 12 in.

 Min depth:
 12 in.
 12 in.

 Capping fills-min depth of fill material:
 10 in.
 10 in.

Special Requirements Initial System Replacement Area

Groundwater type:TemporaryTemporaryDrainfield type:StandardStandard

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.)

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

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

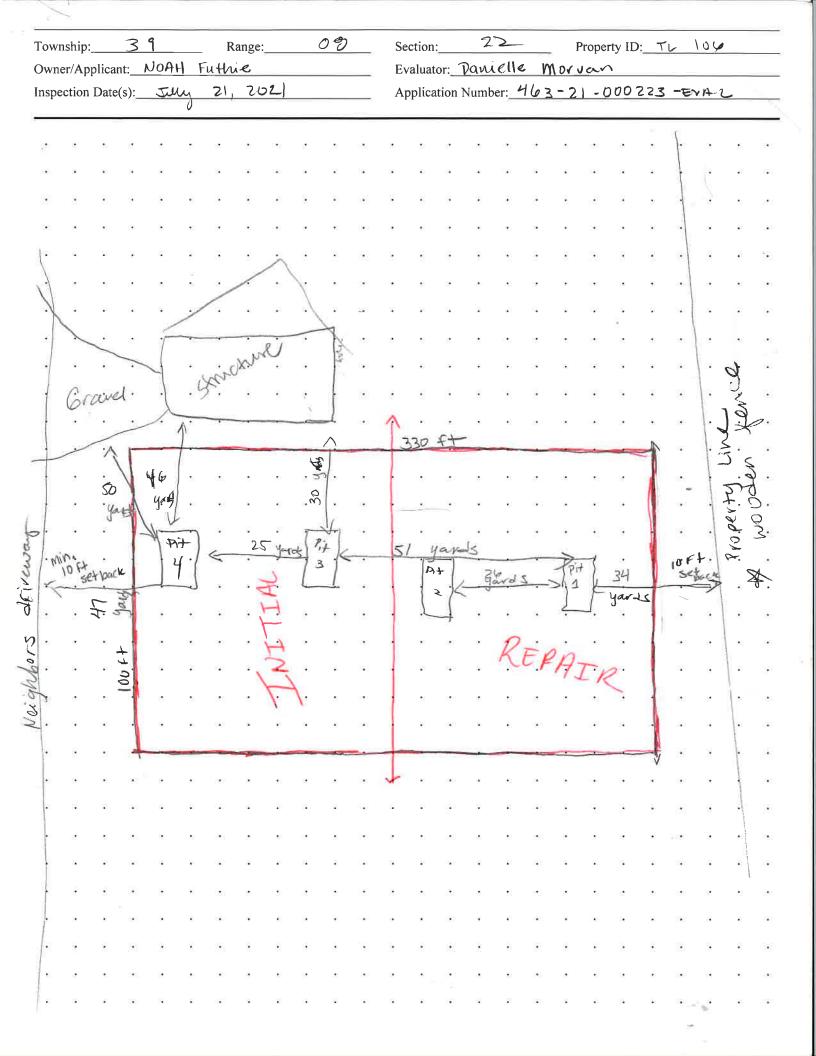
If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR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

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

Danielle Morvan 7/23/21

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	21,		SITE EVALU	JATION FIELD	WORKSHEET
Townsh	ip:39	Range:_	09	Section:	
Owner/2	Applicant: No	ah Futhi	e		Evaluator: Danielle Morvan
Inspecti	on Date(s):	ly 21			Application Number: 463 - 21 - 000023 - EV AL
	DEPTH	TEXTURE			CONDITIONS ASSOCIATED WITH SATURATION, CTURE, EFFECTIVE SOIL DEPTH, ETC
	0-15	CL	Pouts 1-VF, Fing	7.5 YR 3/4	Sbl., warse tragments
	110-24	21	Roots 1-VF	ENO 3/11	V.
Pit 1	25-43	ilen	20013	COLOR 19	66K, carse granents, i clay weathered
	~ 12	0000	more 1.	DYR, 614, 10	IR &, WYR %, hard, massive, comples + pet
43	76			8	
			in.	Ti-	
Pit 2		.4	Similar	to t	est pit 3
rit 2					
	7				
			Simela	r to	test pit 3
Pit 3					
					*
			Cinal	au to	Jed nit ?
Pit 4		6	347.501.6	200	par pri
	( e				5 S
		t, open 10			E
Slope:_	0-18	Ası	oect:	G	roundwater Type: Temporary - Perched
Other S	ite Notes: 🜙 n	sufficient	slope in	n test p	roundwater Type: Temporary - Perched it area for ground water
			SYS	TEM SPECIFICA	ATIONS
	Flow: 450				
		prine full			
•	l Facility:				epth: 12 inches Minimum Depth: 12 inches
					1 12 11 12 11
		O I S lin			epth: 12 inches Minimum Depth: 12 inches
Special	Conditions;				
	r)			7/	



## Application for Onsite Sewage Treatment System

700 NW Dimmick

Attached

For ONSITE SEPTIC Use Only: Date received	Date Stamp
Fee paid	
Receipt number	
Application number	
Date of 1st response	
Date of 2 <sup>nd</sup> response	
Date of final response	
Date of completion	

COUNTY	Street, Suite B rants Pass, OR 97526	Date of final response Date of completion		
	541-474-5444	Scanned Data Entry		
	A Property Ov	vner Information		
			17/13/5-7-00	
Name Name	Mailing Address (Street or PO Box, C	ity, State, Zip Code)	Phone Number	
Gold 5th (e 1868	B. Legal Prope	erty Description		
39 05 Township Range	22.00 106 Section Tax Lot	R33058 Tax Account Number	Acreage or Lot Size	
Tosephine	Subdivision Name	Lot	Block	
Property Address: 202	- Rail LN	Cave Turotion	OR 97523 State Zip Code	
Directions to Property: 199	,	Laurel Road, Loft	-Rail LN,	
Orange sign	n on the left			
	. Existing Facility / Propose	ed Facility / Water Information		
Existing Facility:	Proposed Facility:	Water Supply:		
□Single Family Residence	Single Family	Nam		
Number of Bedrooms	Number of Bedroom	Private Wel	1, Spring, Shared	
Dother Gurage	□Other	<u> </u>		
0	D. Type of	f Application		
Site Evaluation	□Renewal Permit	□ Authorization Notice for	r: Existing System Not in Use	
□Construction	□Existing System	Replacing a Mobi	le Home or House with Another	
□Permit Repair	Evaluation	Mobile Home or House		
□Major □Minor	□Permit Transfer	☐ The Addition of One or More Bedrooms ☐ Personal Hardship		
□Alteration Permit	□Permit Reinstatement	☐ Temporary Housi		
□Major □Minor		☐ Other-please specify	17	
If the required fee and attachmen with your name and address at the	ts are not included with this appli e entrance to the property. Flag a	cation, it will be returned to you as incomend number the test holes.	mplete. Post a flag or sign	
By my signature, I certify that the	e information I have furnished is	correct, and hereby grant the Josephine C	County Onsite Septic and	
it's authorized agents permission	to enter onto the above described	property for the sole purpose of this app	olication.	
Signature		Date	11 /	
Applicant's Name - Please Print Legibly	ie	So7-993-97-37 Applicant's Phone Number App	olicant's E-mail Address	
Applicant's Mailing Address	Roud			
Applicant is the Qwner	□Authorized Representative	□Licensed Septic Installer		
	□Authorization	DAVE Andrew		
		Installer's Name		



(Property Owner/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:  202 Rail Ln, Cave Junction, 0R975  (Property Situs or Road Address)
And described in the records of <u>Joesphine</u> County as:
Township 39 Range 08 Section 22, 00 Map ID Tax Lot #(s) 106
PROPERTY OWNER:
Printed Name: 60/dstrike 1888 LLC [ Nowh Fathie)
Address: 1825 Laurel Road
City, State, Zip: Cove Turetion OR 97523
Phone: 507-993-9237 Email: eMerald agrantics 5410 quail. Signature: Month Godd
AUTHORIZED REPRESENTATIVE:
Printed Name: David Anderson
Address: 3835 Lakeshore Dr.
City, State, Zip: Selma OR 97538
Phone: 541-597-4486 Email: Sisdarlene @ hormail. Com
Signature: Dula a

## Site Plan 202 Rail LN

