Septic Authorization Approval

463-25-000064-AUTH

Residential Authorization

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: 3/5/25 **Date Expiring:** 3/5/26
Work Description: AUTHORIZATION RECORD REVIEW

Applicant: LARSON FAMILY TRUST, RONALD E & TIFFINNY L
Address: 530 GENVERNA GLN
GRANTS PASS OR 97527
Phone: 9093761426
Email: NEWMFGHOMES@HOTMAIL.COM

Owner: LARSON FAMILY TRUST, RONALD E & TIFFINNY L
Address: 530 GENVERNA GLN
GRANTS PASS OR 97527

Property Address: 530 Genverna Glen Rd, Grants Pass, OR 97527

Parcel: 370611D000100500 - Primary Township: 37 Range: 06 Section: 11

Accessory Dwelling Unit: Yes
Authorization Notice for: Addition of One or More Bedrooms

Lot Size: 1.1 **Water Supply:** Well

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	SFR	SFR + DLS
Number of Bedrooms:	3	5

System Specifications:

Max Peak Design Flow: 450 gpd **Proposed Gallons per Day:** 525 gpd

Conditions of approval:

1.Type of System: STANDARD
2.Linear feet of drainfield: 150
3. Permit #: 160-PRMT-01
4.Original CSC Date: 12-10-2021
5. Tank Size: 1000
6. Original Design Flow: 450 GPD
7.Maintain all required setbacks.
8.All roof drains must be directed away from the system.

Date Issued: 3/5/25 **Date Expiring:** 3/5/26
Work Description: AUTHORIZATION RECORD REVIEW

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from County is required.

If you disagree with this report, you have the right to apply for an authorization notice denial review. The application for review must be submitted in writing within 45 days of the report issuance and be accompanied by the review fee in OAR 340-071-0140(3), Table 9C and any additional information DEQ needs to complete the review.

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.

Joshua Daley Environmental Specialist 3/5/25

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 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

Ronald E. Larson — Name
530 Genverna Gln Grants Pass OR 97527 — Mailing Address (Street or PO Box, City, State, Zip Code)
909-396-1426 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
37S	06W	11D	1005		1.01 Acre

Josephine — County
Subdivision Name
Lot
Block

Property Address: 530 Genverna Glen — Address; Grants Pass — City; OR — State; 97527 — Zip Code

Directions to Property:

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☐ Other

Proposed Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☒ Other DLS-1 bedroom

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.

Ronald E. Larson — Signature
2/26/2025 — Date

Ronald E. Larson — Applicant's Name – Please Print Legibly
909-376-1426 — Applicant's Phone Number
newmfghomes@hotmail.com — Applicant's E-mail Address

530 Genverna Gln Grants Pass OR 97527 — Applicant's Mailing Address

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

☐ Authorization Attached

Installer's Name

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	370611D0001005	**PERMIT NUMBER:**	PL-2025-00134
SITUS:	530 GENVERNA GLEN	**ZONE:**	RR5
ACRES:	1.01	**SCHOOL DISTRICT:**	3 RIVERS SCHOOL DISTRICT

APPLICANT:	LRB Construction	**APPLICANT PHONE #:**	541-659-2947
APPLICANT ADDRESS:	1201 Board Shanty Road GRANTS PASS, OR 97527		
OWNER:	LARSON FAMILY TRUST, RONALD E & TIFFINNY L		
OWNER ADDRESS:	530 GENVERNA GLN GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS

- Fire Hazard - Plan in File Y NA___ Reason: SEE BELOW
- Wetland - Division of State Lands Authorization in File Y NA___ Reason: SEE ATTACHED
- Erosion Hazard - Plan in File Y NA___ Reason: SEE ATTACHED

EXISTING STRUCTURES	**PROPOSAL**	**SETBACKS**	
Per Assessor Records: Residence, Manufactured Home, Covered Entry, Covered Patio, General Purpose Shed, Detached Garage	1,932 SQ FT Shop with 600 SQ FT Detached Living Space	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

- The existing manufactured dwelling must be removed from the property or converted to an accessory structure within 90 days of occupying the new dwelling.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Building Safety Note: Fire Safety checklist must be submitted prior to final approval.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.
- Section 19.43.030 (BCC Ord#2018-003) – The "Detached Living Space" shall not have dining table or dining room, may have an induction cooking surface, but not installation of a conventional oven. Must be served by a potable water source and by an existing or new private on-site sanitary waste disposal system or public sewer. Portable toilets are not permitted. Detached Living space shall meet Oregon Specialty codes; shall NOT be rented on a transient or short term basis; shall not exceed 900 square feet; shall be located within 150 feet of principal dwelling. When the Detached Living space is no longer utilized for its authorized purpose, it shall be removed from the property or converted into storage; a development permit shall be required for the change of use.

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:**	
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:	SEE 2ND PAGE	**DATE:**	—

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

- Note: Septic System to be connected to authorized structures/uses only.
- Electrical service to be connected to authorized structures/uses only.

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:**	2.26.2025
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:	Jon Woodell	**DATE:**	2.25.2025

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

Josephine County, Oregon

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

#392

PLANNING APPLICATION FORM

Property Address: 530 GENVERNA GLEN

Assessor's Map & Tax Lot:
37-06-11-00 **Tax Lot(s)** 1005
__-__-__-__ **Tax Lot(s)** _____
Zoning: RR5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
1932 sq ft

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
- ☐ Erosion Control Plan/Fire Safety Plan # GRANITIC SOILS
- Other: DEED RESTRICTION

Description of Request/Reason for Appeal
(Include name of project and proposed uses):
1932 sq ft Shop with 600 sq ft DLS

Property Owner: RONALD & TIFFANY LARSON
Address: 530 GENVERNA GLEN
Phone: 1-909-376-1426
Email: _____

Applicant: Ricky Brown
Address: 1201 Board Shanty rd.
Phone: 541-659-2947
Email: LRBCONSTRUCTION@ICLOUD.COM

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).

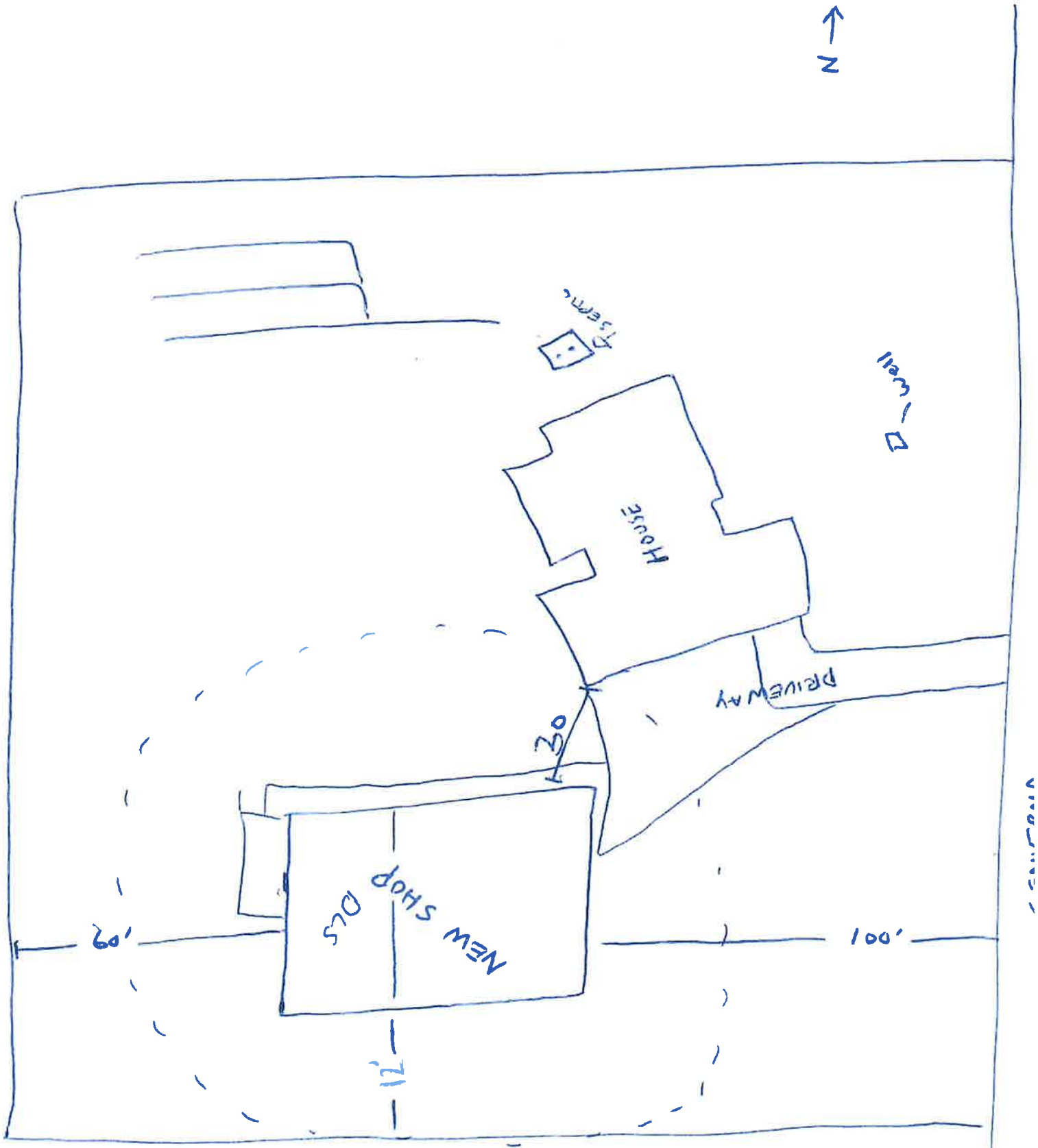
(Signature of Owner or Attorney-in-Fact) Date 2/17/2025

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

(For Office Use) RECEIVED

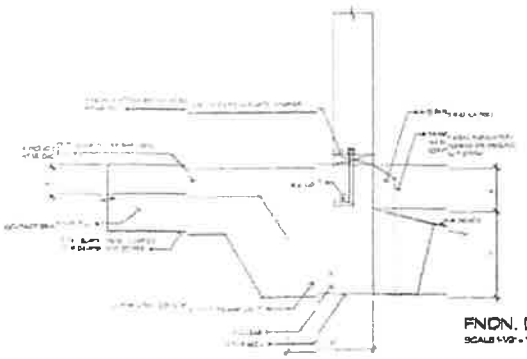
Fees Paid: 3919 CO - PLANNING Initials TJ

Revised 10/14/19



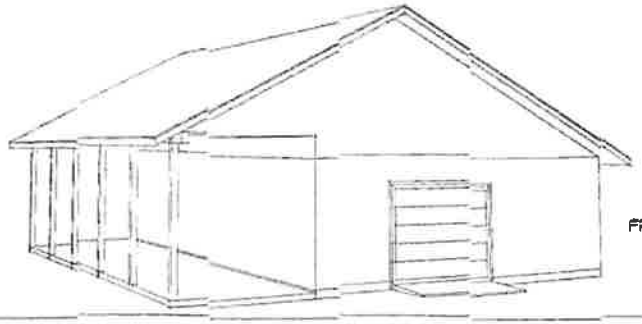
RECEIVED

JO CO - PLANNING

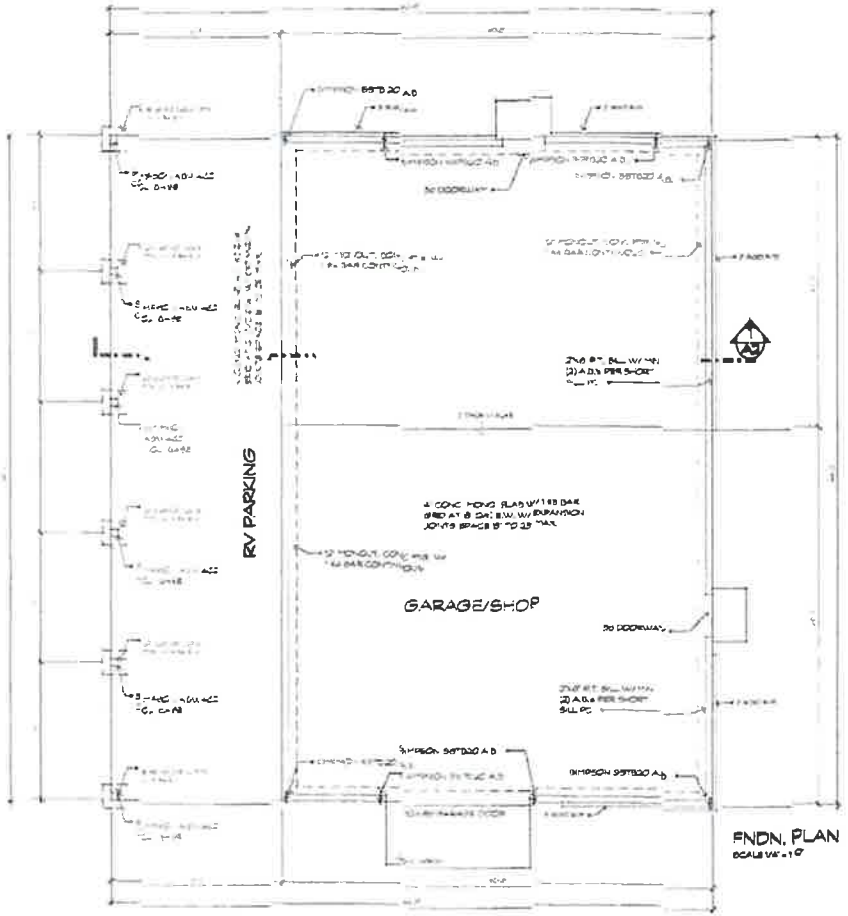


FNDN. DETAIL
SCALE 1/2" = 1'-0"

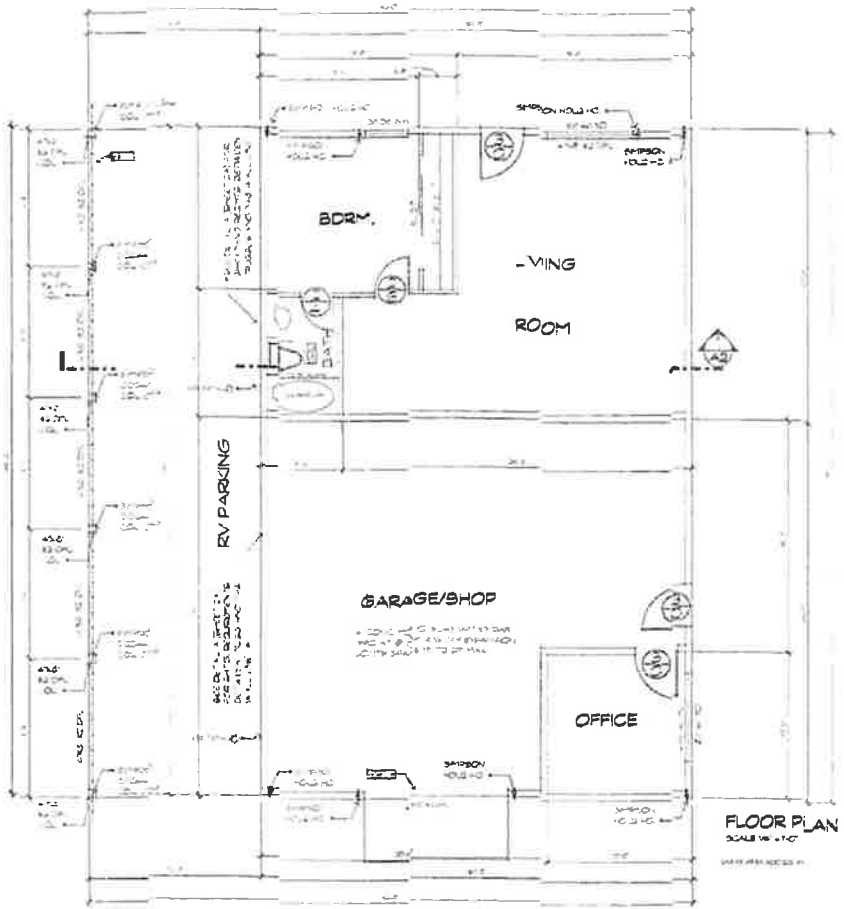
MINIMUM NUMBER OF FULL HEIGHT STUDS EACH END OF HEADERS IN EXTERIOR WALLS		
HDR. SPAN IN FEET	MIN. STUD SPACING 16" O/C	24" O/C
3'	1	1
4'	2	1
8'	3	2
12'	5	3
16'	6	4



FRONT VIEW



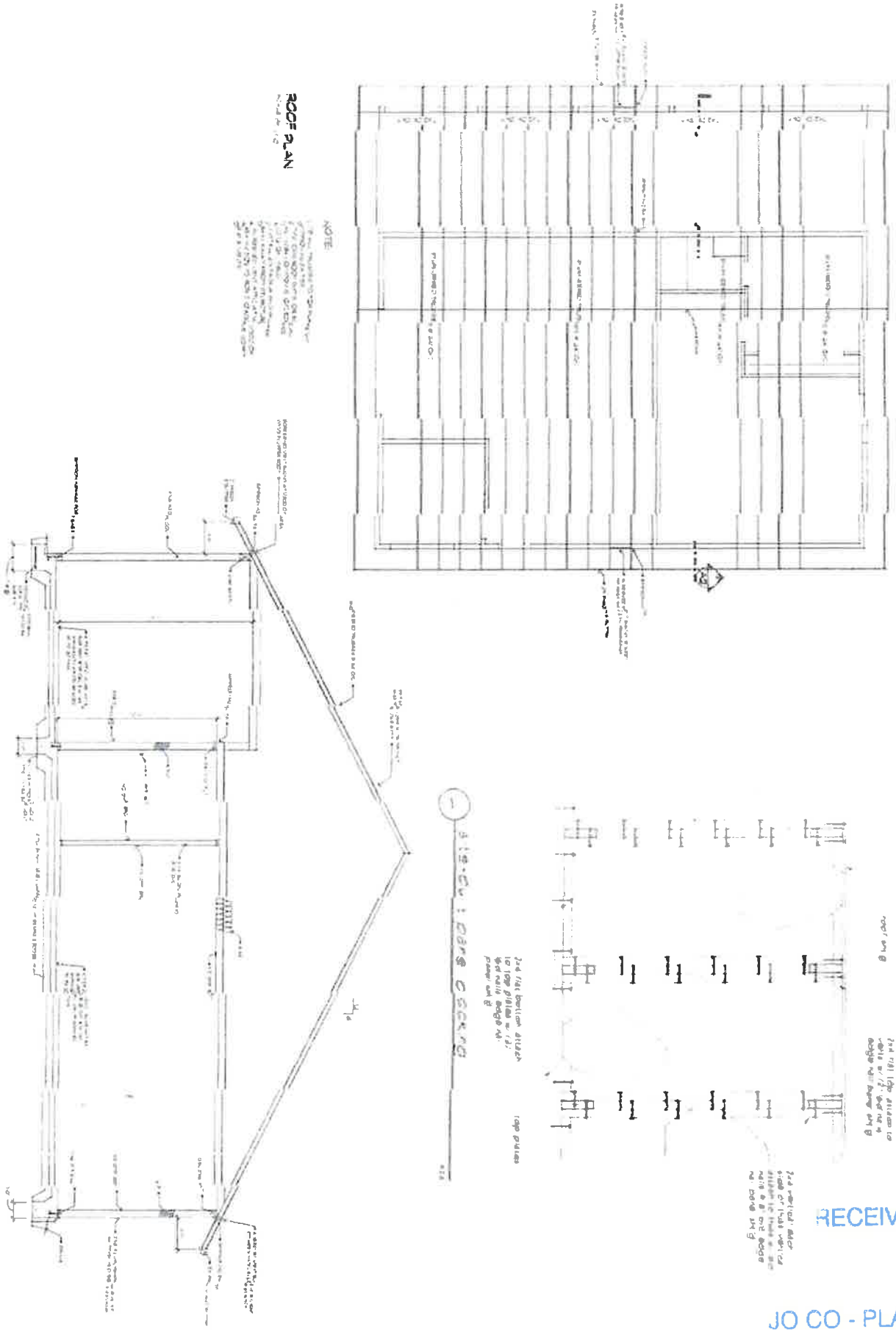
FNDN. PLAN
SCALE 1/4" = 1'-0"



FLOOR PLAN
SCALE 1/4" = 1'-0"

RECEIVED
JO CO - PLANNING

A
01



02

RECEIVED

JO CO - PLANNING

03	A	DRAWN BY:	PROJECT NO.:	ISSUE	CLIENT	COMPANY NAME
			PROJECT	RE-ISSUE		

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

Chapter 19.76 Certification of Fire Protection Service

Name: Ronald + Tiffiny Larson

Assessor Map Number: R324697 37-06-11-D0 - 001005

Address: 530 Geliverna Glen

City Grants Pass **State** OR **Zip code** 97527

Phone Number: 909. 376. 1426

Email: Tiffiny.Larsonic gmail.com

I certify that the above property is being provided fire protection services by:

Rural Metro Fire
Fire district or Fire service provider

starting: 3/4/2021 to present
Date

Fire Official Signature: [signature] **Date:** 02/18/25

Title: Customer Service Rep

RECEIVED

JO CO - PLANNING

GERLITZ ENGINEERING CONSULTANTS

February 16, 2021

Josephine County Planning Department
700 NW Dimmick Street, Suite "C"
Grants Pass, OR 97526

RE: 530 Genverna Glen – Erosion Control Evaluation

At the request of the property owner, who is building a new home located at 530 Genverna Glen, we inspected the subject property to evaluate the existing conditions as they relate to slope, soils, and erosion potential in the area of construction. The site has only mild slopes across the property per visual observation. The new home, which was marked in the field, will be placed within an area that was previously used for a mobile home. The soil type in the development area is Clawson Sandy Loam (2 to 7 percent slopes), which is listed as a granitic material. Based on this data, the owner was directed to obtain an Erosion & Sediment Control Plan or Evaluation for the construction activities.

After carefully evaluating the property on February 4, 2021, in my professional opinion, I do not believe there is a need for a formal ESCP to be prepared. My reasons are as follows:

- The site has only mild slopes and existing vegetation along the property boundary which will act as a buffer.
- There is an existing gravel driveway approach at the roadway which will be extended to the construction area for equipment access.
- Other than tree stump removal, all clearing has been completed and no significant erosion is present.

Erosion control measures required by the owner/contractor:

- Ensure no erosion leaves the immediate work area and soil is not tracked onto the public roadway. Maintain a gravel construction entrance that is a minimum of 50' long.
- If additional clearing/grading is completed during the rainy season, sediment fencing or straw wattles may be required below/downstream of the work area. The owner/contractor shall regularly monitor this area after rain events to make sure no erosion is present and add additional measures as needed.

Attached are several site photographs that represent the statements above. Please let me know if you have any questions or require any additional information to support this request.

Sincerely,

Justin Gerlitz, P.E.

Encl.

REGISTERED PROFESSIONAL ENGINEER
70686PE
DIGITAL SIGNATURE
OREGON
JULY 11, 2006
JUSTIN T.R. GERLITZ
EXPIRES: 06-30-21

RECEIVED
JUL 06 - PLANNING

Existing Driveway Approach (looking west)

Rear Property Line (looking west)

House Pad (looking south)

RECORDER'S USE

Grantor's Name and Address
Ronald E. Larson, Trustee
530 Ginneria Ln. Grants Pass
Grantee's Name and Address OR 97527

DEE-DCR
Cnt=1 Pgs=3 Stn=4 LBOSS
$15.00 $11.00 $60.00 $10.00 $5.00

2025-001535
02/18/2025 11:11 AM
Total:$101.00

00553196202500015350030031

I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

RECEIVED
JO CO - PLANNING

GRANT OF DEED RESTRICTION - RESTRICTION OF USES
LIMITED LIVING SPACE – RESOURCE ZONED LAND

Grantor(s), Ronald E. Larson and Tiffinn L. Larson, Trustees of The Ronald E. & Tiffinny L. Larson Family Trust dated 9/14/2004, and Josephine County, a political subdivision of the State of Oregon, by and through its Community Development Director, on this 13th day of February, 2025, do hereby covenant and restrict for good and valuable consideration, including consideration other than money valued at $1.00, regarding the use of certain real property described in the Assessor's records as T 37, R 3246 W Sec. 11 -- DO, Tax Lot 1005, and as more particularly described in **Exhibit A**. The following declarations, restrictions and conditions are given and received in exchange for a permit to place a TEMPORARY second living area on the described property for the TEMPORARY need for additional living space as shown on the building floor plans herein identified as **Exhibit B**:

1. The second living area located on the real property is authorized pursuant to (Ordinance No.2018-005) & Chapter 19.43 of the Josephine County Code (JCC).
2. The secondary living area is TEMPORARY in duration.
3. The second living area is allowed, by permit, provided: besides the primary home, it is the only other area equipped for living quarter purposes on the property; no dining room, dining table, or conventional oven has been installed until such time as Oregon law has been revised to allow for Accessory Dwelling Units; the living area does not exceed the size or setback locations prescribed by the JCC; the living area cannot be leased on a short term basis, meaning it cannot be rented for a period of less than thirty (30) days; the living area is serviced by a legal, approved sanitary waste disposal system and potable water.
4. When no longer needed, the living area shall be converted to storage or other accessory use allowed by the JCC. Conversion to an accessory use requires the authorization of permits, and, shall be deemed the removal of all kitchen appliances and the removal of all beds or accommodations for sleeping purposes.
5. Pursuant to (Ordinance No.2018-005) & the JCC, Grantor(s) hereby grant the Community Development Director, or agents under the authority of the Community Development Director, permission to inspect the property and second living area to determine compliance with the covenants and restrictions contained in this agreement. Inspections shall only occur after the Planning Office provides advance telephone or written notice to the owner or tenant, whoever is in possession. Telephone notice shall be accomplished by personal telephone contact with the owner or tenant, whoever is in possession, at least 48 hours prior to the inspection. Written notice shall be accomplished by mailing to the owner or tenant, whoever is in possession, at least 7 days prior to the inspection. Written notices shall be mailed to the last known address in the Community Development Director's file, or if an address is not known, to the address shown in the Assessor's records.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE COUNTY PLANNING DIVISION TO VERIFY APPROVED USES.

Ronald E Larson Trustee
Grantor(s) Ronald E. Larson, Trustee

Tiffinny L Larson, Trustee

For Josephine County
Community Development Director - Date

STATE OF OREGON, County of Josephine) ss.
On this 13th day of February, 2025, Ronald E Larson and Tiffinny L Larson, personally came before me, a Notary Public for the State of Oregon and the County of Josephine, and executed the above *Grant of Deed Restriction – Restriction of Uses* and acknowledged to me that it was freely and voluntarily done.

NOTARY SEAL

OFFICIAL STAMP
RENEE JOY LYNN COCKRUM
NOTARY PUBLIC-OREGON
COMMISSION NO. 1012514
MY COMMISSION EXPIRES MAY 19, 2025

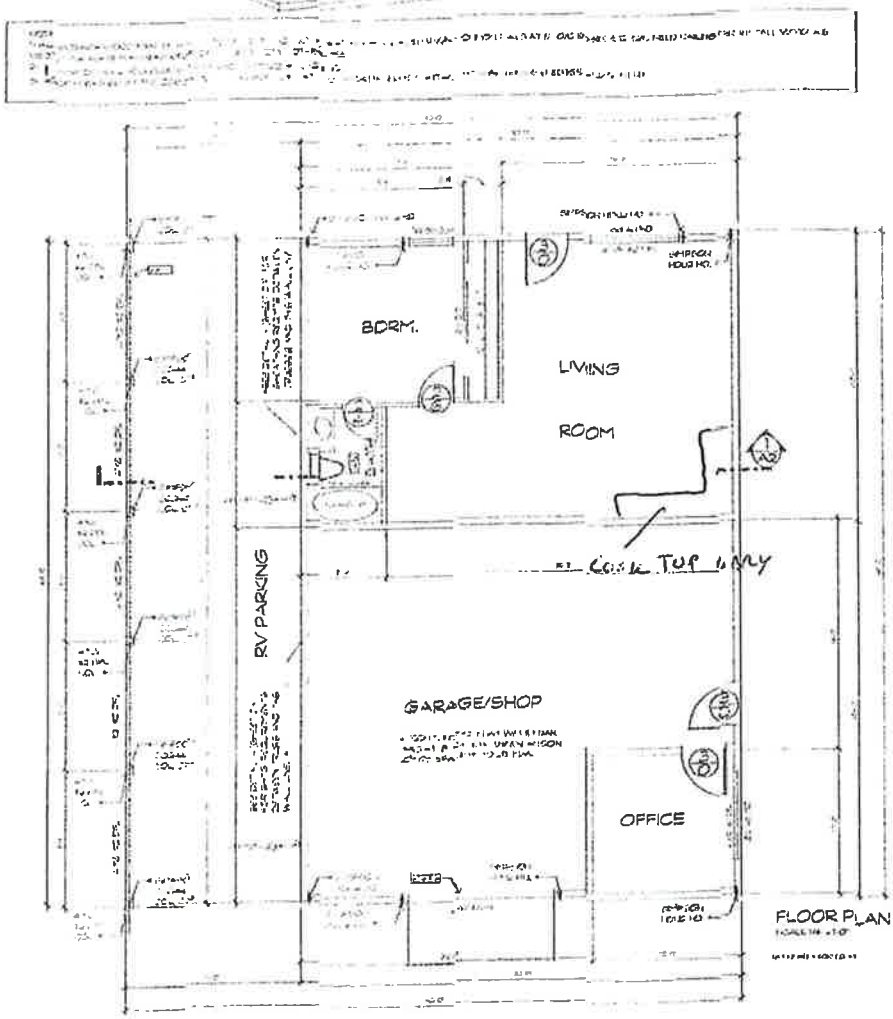
Notary Public of Oregon
My commission expires May 19, 2025

Exhibit "A"

APN: R324697

Commencing at the Northeast corner of the Northwest Quarter of the Southeast Quarter of section 11, Township 37 South, Range 6 West of the Willamette Meridian, Josephine County, Oregon; thence South 0 19' West 16.19 feet to South right of way line of Stringer Gap Road; thence South 89 41' West along South right of way line of said road 350 feet, thence South 0 19' West 210 feet to the true point of beginning of this description; thence South 89 41' West 210 feet; thence South 0 19' West 210 feet; thence North 89 41' East 210 feet; thence North 0 19' East 210 fee to the true point of beginning.

FRONT VIEW



FLOOR PLAN

A
01

Wetland Land Use Notification

OREGON DEPARTMENT OF STATE LANDS
775 Summer Street NE, Suite 100, Salem, OR 97301-1279
Phone: (503) 986-5200

This form is to be completed by planning department staff for mapped wetlands and waterways.

* Required Field (?) Tool Tips

Activity Location

Township * (?)
37S

Range * (?)
06W

Section * (?)
11

Quarter-quarter Section (?)
D0

Tax Lot(s) *
1005
You can enter multiple tax lot numbers within this field, i.e. 100, 200, 300, etc.

To add additional tax map and lot information, please click the "add" button below.

Address

Street Address
530 Genverna Glen
Address Line 2

City
Grants Pass

State
OR

Postal / Zip Code
97527

Country
US

County *
Josephine

Adjacent Waterbody

Geolocation *
42.368088, -123.373622

Proposed Activity

Prior to submitting, please ensure proposed activity will involve physical alterations to the land and/or new construction or expansion of footprint of existing structures.

Local Case File #* (?)

PL-25-00143

Zoning

RR5

Describe any Earthwork/Ground Disturbance*

Proposed 1,932 SQ FT Shop with 600 SQ FT Detached Living Space within

Proposed

- [x] Building Permit (new structures)
- [ ] Grading Permit
- [ ] Site Plan Approval
- [ ] Other (please describe)
- [ ] Conditional use Permit
- [ ] Planned Unit Development
- [ ] Subdivision

Applicant's Project Description and Planner's Comments:*

Proposed 1,932 SQ FT Shop with 600 SQ FT Detached Living Space within

Required attachments with site marked: Tax map and legible, scaled site plan map. (?)

20250225112034.pdf 798.22KB

Additional Attachments

Applicant

First Name*

Ricky

Last Name*

Brown

Applicant Organization Name

(if applicable)

LRB Construction

Mailing Address *

Street Address

1201 Board Shanty Rd

Address Line 2

City

Grants Pass

State

OR

Postal / Zip Code

97527

Country

US

Phone (?)

541-659-2947

Email (?)

LRBConstruction@icloud.com

Is the Property Owner name and address the same as the Applicant? *

No Yes

Property Owner

First Name *

Ronald

Last Name *

Larson

Property Owner Organization Name

(if applicable)

Larson Family Trust

Mailing Address (If different than Applicant Address)

Street Address

530 Genverna Glen

Address Line 2

City

Grants Pass

State

OR

Postal / Zip Code

97527

Country

US

Phone (?)

909-376-1426

Email (?)

Responsible Jurisdiction

*

City of County of

Municipality *

Josephine

Date *

2/25/2025

Staff Contact

First Name *

Terri

Last Name *

Woodruff

Phone * (?)

541-474-5421

Email *

twoodruff@josephinecounty.gov

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

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL25-00143

Payer/Payee: LARSON FAMILY TRUST, RONALD E & TIFFINNY L
530 GENVERNA GLN
GRANTS PASS OR 97527

Cashier: Tami Smith

Date: 02/18/2025

Primary Parcel: 370611D0001005 **Project Description:** DLS - 600 sq, ft; 1 bedroom, 1 bath with attached 1932 sq. ft. shop

PL-2025-00134 DEVELOPMENT PERMIT **530 GENVERNA GLEN**

Fee Description	Fee Amount	Amount Paid	Fee Balance
PL-Development Permit (SFD, to include remodels & addition)	$392.00	$392.00	$0.00
	$392.00	**$392.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CHECK	3107	$392.00
Total Paid:		**$392.00**

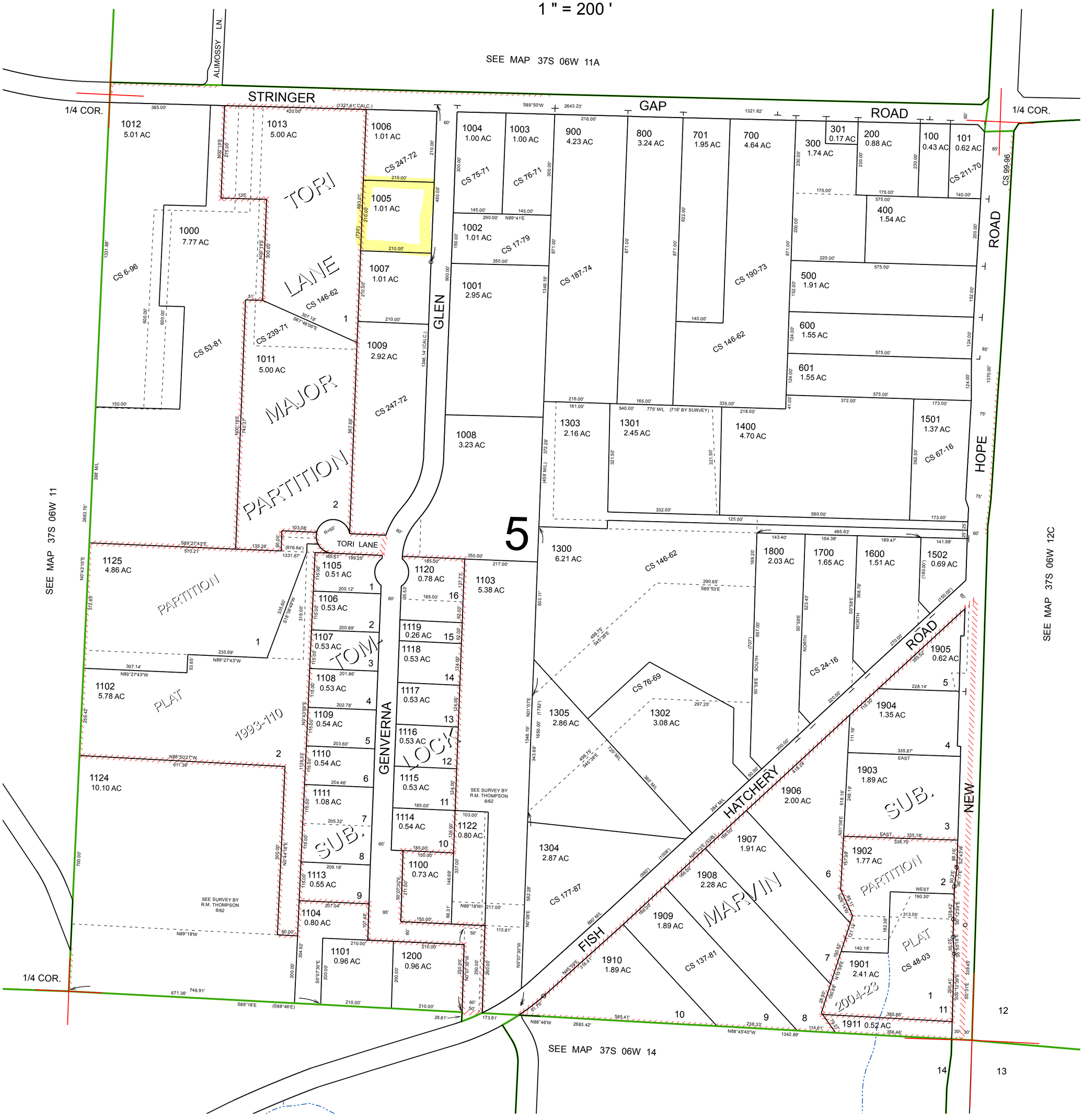
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.E.1/4 SEC.11 T.37S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

37 06 11D

CANCELLED:
1500
1121
1090
1010
1990
1991
1112
1091
1092
1093
1094
1095
1390
1391
1392
1190
1191
401
1123



37 06 11D

Septic Authorization Approval

463-21-000160-AUTH

Residential Authorization

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: 12/10/21 **Date Expiring:** 12/10/22
Work Description: AUTHORIZATION NOTICE

Applicant: LISA, GRAGG
Address: 488 HIDDEN VALLEY RD.
GRANTS PASS OR 97527
Phone: 5416608389
Email: BIKERBOYSMOM@MSN.COM

Owner: RON LARSON
Address: 490 GENVERNA GLEN
GRANTS PASS OR 97527

Property Address: 530 Genverna Glen, Grants Pass, OR 97527

Parcel: 370611D001005 - Primary Township: 37 Range: 06 Section: 11

Authorization Notice for: Replacing One Dwelling with Another
Comments: Home being connected to brand new septic system

Lot Size: N/A
Zoning: N/A
Water Supply: Well
City/County/UGB: County
Directions to Property: HWY 238 TO NEW HOPE, TO STRINGER GAP TO GENVERNA GLEN

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	3 BDRM SFR	3 BDRM SFR
Number of Bedrooms:	3	3

System Specifications:

Max Peak Design Flow: 450 gpd **Proposed Gallons per Day:** 375 gpd

Conditions of Approval:

1.This notice establishes that the onsite wastewater treatment system located on the property identified above appears adequate by field inspection/record review to serve a 3 BDRM with a peak sewage flow of 375 gallons per day.
2.Type of System: Standard
3.Linear feet of drainfield: 150
4.Permit #: 463-21-000160-AUTH
5.Original CSC Date: 12/10/21
6.Tank Size: 1000
7.Original Design Flow: 450 GPD
8.Maintain all required setbacks.
9.Vehicular traffic and livestock must be restricted from the system area.
10.All roof drains must be directed away from the system.
11.A full system replacement area must be maintained and meet all required setbacks.

Date Issued: 12/10/21 **Date Expiring:** 12/10/22
Work Description: AUTHORIZATION NOTICE

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from County is required.

If you disagree with this report, you have the right to apply for an authorization notice denial review. The application for review must be submitted in writing within 45 days of the report issuance and be accompanied by the review fee in OAR 340-071-0140(3), Table 9C and any additional information DEQ needs to complete the review.

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.

12/10/21

Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-21-000160-PRMT-01

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: 12/10/2021
Work Description: MAJOR REPAIR FROM AUTHORIZATION NOTICE

Applicant: LISA, GRAGG
Address: 488 HIDDEN VALLEY RD.
GRANTS PASS OR 97527
Phone: 5416608389
Email: BIKERBOYSMOM@MSN.COM

Owner: RON LARSON
Address: 490 GENVERNA GLEN
GRANTS PASS OR 97527

Property Address: 530 Genverna Glen, Grants Pass, OR 97527

Parcel: 370611D001005 - Primary Township: 37 Range: 06 Section: 11

Lot Size:	1.01 ACRES	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land Use Approval:	N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	SFR	SFR
Number of Bedrooms:	3	3

System Specifications

Type:	Standard		
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:	Standard	**System Distribution Type:**	Equal
Drainfield Sizing:	N/A	**Distribution Method:**	Equal
Media Type:	EZ FLOW 1201P	**Media Depth:**	N/A
Trench Length:	150 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

Special Requirements

Pump to Drainfield Required:	No	**Filter Fabric on Top of Drain Media:**	Yes

Septic Permit 463-21-000160-PRMT-01

Date Certificate Issued: 12/10/2021
Work Description: MAJOR REPAIR FROM AUTHORIZATION NOTICE

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: 463-21-000160-PRMT-01

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: 37 **Range:** 06 **Sect:** 11

Lot:

Name: RON LARSON

Property Address: 530 GENVERNA GLEN, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

System Type:

A. Tanks/Pumps

							Water tight verification*
Tanks(1)	Volume: 1000 gal	Compartments: 1	Manufacturer: Riverside			Date: 12-3-21	ok
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP: 4/10	Model/Manuf.: Zoller	Float(s)Type(1): E	Model/Manuf. Ferguson			
			Float(s)Type(2): M	Model/Manuf. "			

B. Piping

Effluent Sewer (tank to drainfield)	Yes X	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes X	No	Diameter: 1¼	ASTM#/Other: PVC. 40	Length: 35'

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 alternative?)				
Distribution Box	Yes X	No			
Drop Box	Yes	No X			
Distribution Pipe	Yes X	No	Diameter: 12"	ASTM#/Other: I Flow - Perf	Length: 150'

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*

AS BUILT

Josephine County, Oregon

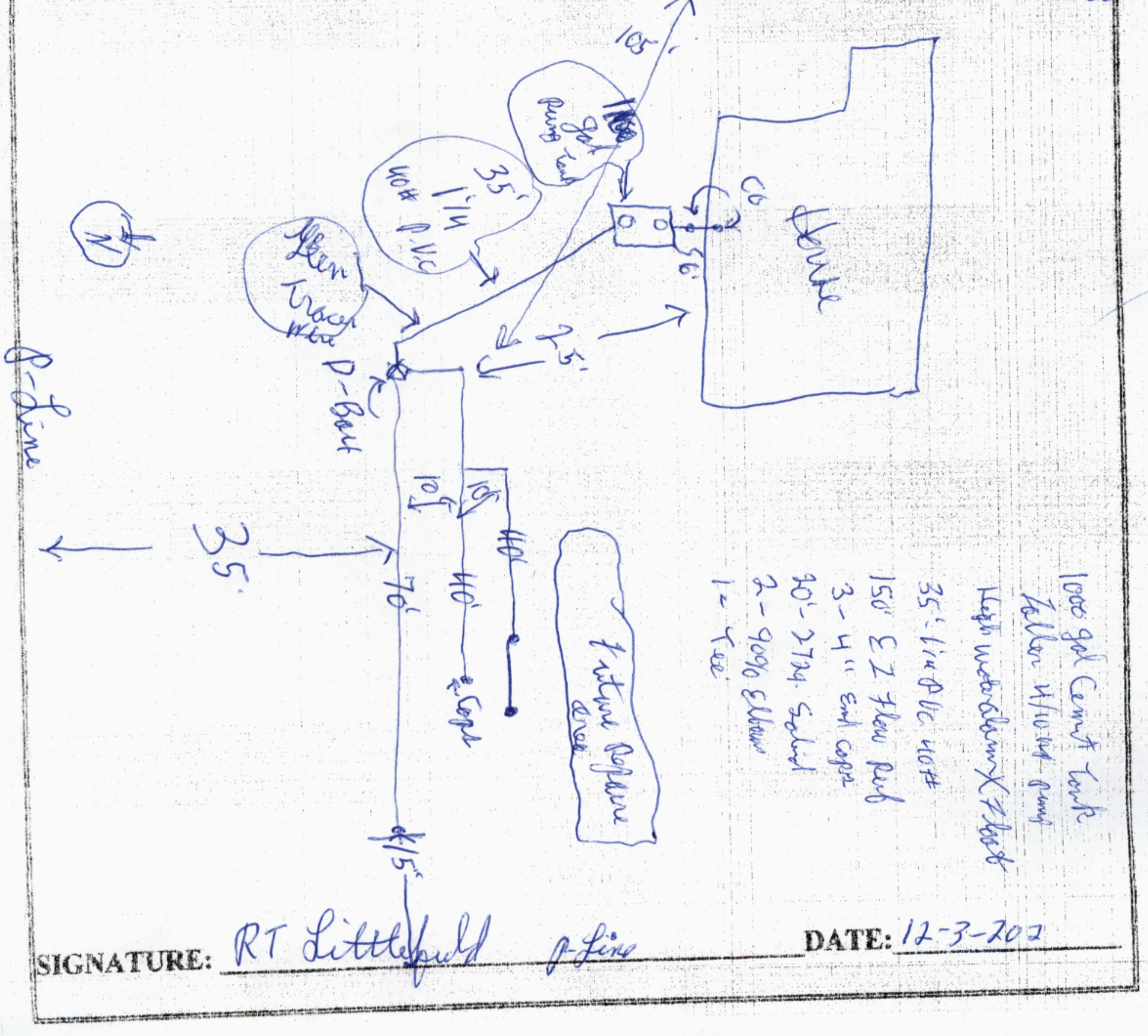
Community Development Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@josephinecounty.gov

DATE: 12-3-2021 TWN 37 RNG 06 SEC 11 QQ ____ TL 0001005

OWNER'S NAME: Ron Larson

ADDRESS: 530 Geneva Glen GP 97527-

PLOT PLAN



SIGNATURE: RT Littlefield P-Line DATE: 12-3-202

SEPTIC TANK ABANDONMENT FORM

State of Oregon
Department of Environmental Quality

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to our office at 221 Stewart Avenue, Suite 201, Medford, OR 97501. If you have any questions, please call 541-776-6010.

Oregon Administrative Rule 340-071-0185 **Decommissioning of Systems**

(2) Procedures for decommissioning

a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.

b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner Ron Larson

Septic tank location 530 Gemena Glen GP

Legal Description: Twp: 37 Range 06 Section 11 TL # 0001005

Date tank pumped: 10-6-2021

By: X [signature] License # 39234
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved Cement Slurry **material after been pumped.**

By: RT Littlefield Date: 10-6-21
(signature of operator/owner)

H-70

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
Repair (Major) - Residential - New
463-21-000160-PRMT-01

Date issued: 9/8/21 **Expiration date:** 9/8/22

Work description: MAJOR REPAIR FROM AUTHORIZATION NOTICE

Applicant: LISA, GRAGG
Address: 488 HIDDEN VALLEY RD.
GRANTS PASS OR 97527
Phone: 5416608389
Email: BIKERBOYSMOM@MSN.COM
Business License: N/A

Owner: RON LARSON
Address: 490 GENVERNA GLEN
GRANTS PASS OR 97527

Property address: 530 Genverna Glen, Grants Pass, OR 97527

Parcel: 370611D001005 - Primary Township: 37 Range: 06 Section: 11

Lot size:	1.01 ACRES	**Water supply:**	N/A
Zoning:	N/A	**City/County/UGB:**	County
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Repair (Major) - Residential
System failing:	Yes	**Septic tank last pumped:**	N/A

Comments: N/A

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	SFR	SFR
Number of bedrooms:	3	3

System Specifications

Type:	Standard	**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:	Standard	**System distribution Ttpe:**	Equal
Drainfield sizing:	N/A	**Distribution method:**	Equal
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	EZ FLOW 1201P		
Trench length:	150 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

Special Requirements

Pump to drainfield reqd:	N/A	**Filter fabric on top of drain media:**	Yes

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 463-21-000160-PRMT-01

Date issued: 9/8/21 **Expiration date:** 9/8/22

Work description: MAJOR REPAIR FROM AUTHORIZATION NOTICE

Conditions of approval

1.This repair permit is for 3 BDR SFR.
2.Properly decommission the old septic tank and submit appropriate documentation.
3.A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent and provide the reasons for delay, and propose a different completion date. Delays may be cause for formal enforcement action, which may result in civil penalty assessments.
4.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
5.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
6.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
7.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
8.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
9.The system must be installed by the property owner or a licensed sewage disposal business (installer).
10.Vehicular traffic and livestock must be restricted from the system area.
11.All roof drains must be directed away from the system
12.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.
13.Meet all required setbacks
14.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.
15.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.
16.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
17.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.
18.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.
19.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
20.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
21.Maximum length of an individual trench is 150-feet.
22.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
23.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
24.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-21-000160-PRMT-01

Date issued: 9/8/21 **Expiration date:** 9/8/22

Work description: MAJOR REPAIR FROM AUTHORIZATION NOTICE

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.

Gabriel Kasiah 9/8/21

SITE EVALUATION FIELD WORKSHEET

Township: 37 Range: 04 Section: 7 Property ID: TL 1005

Owner/Applicant: Ron Larson Evaluator: Danielle Morvan

Inspection Date(s): September 15th Application Number: 463-21-060160-AUTH

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 3	0-3	SL	Roots: 3-VF, Fine ; Color: 10YR 4/3 ; granular
	4-18	SL	Roots: 1-large, 1-med/coarse 2-VF ; Color: 10YR 4/4 ; granular/wsab
	19-38	SL	Roots: 1-fine ; Color: 10YR 4/6 ; granular
56"	39-56	SL	Roots: None ; Color: 10YR 4/3 ; coarse/granular/wsab very gravelly
Pit 2			Similar to test pit 3
Pit 3			Similar to test pit 3.
Pit 4			

Landscape Notes: Narrow lot, homes on both sides.

Slope: 0-15% Aspect: Groundwater Type: —

Other Site Notes:

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd

~~**Initial System:**~~

~~Disposal Facility: linear feet/square feet Maximum Depth: inches Minimum Depth: inches~~

Replacement System:

Disposal Facility: 150 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches

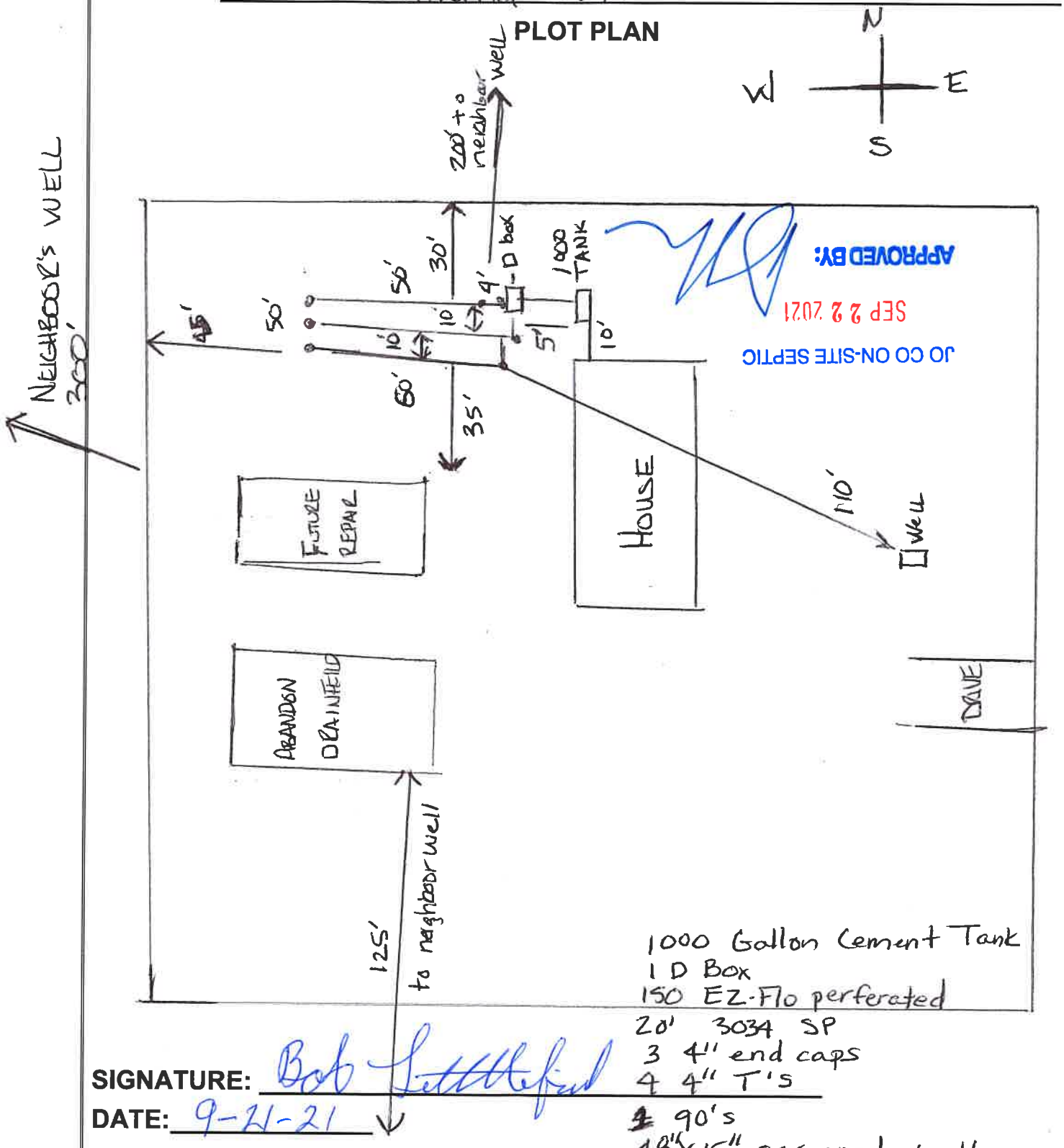
Special Conditions: Could possibly upsize trainfield. Location of pe. existing drainfield not shown on map. Stake out will be required

DATE: 8-8-21 TWN ____, RNG ____, SEC ____ QQ ____, TL ____

OWNER'S NAME: Ron & Tiffinny Larson

ADDRESS: 530 Genverna Glen

PLOT PLAN



APPROVED BY:
SEP 22 2021
JO CO ON-SITE SEPTIC

1000 Gallon Cement Tank
1 D Box
150 EZ-Flo perforated
20' 3034 SP
3 4" end caps
4 4" T's
4 90's
48"x15" screened vault
4/10 HP Pump
High Alarm Float
Low Alarm Float
Alarm Panel

SIGNATURE: Bob Stubblefield

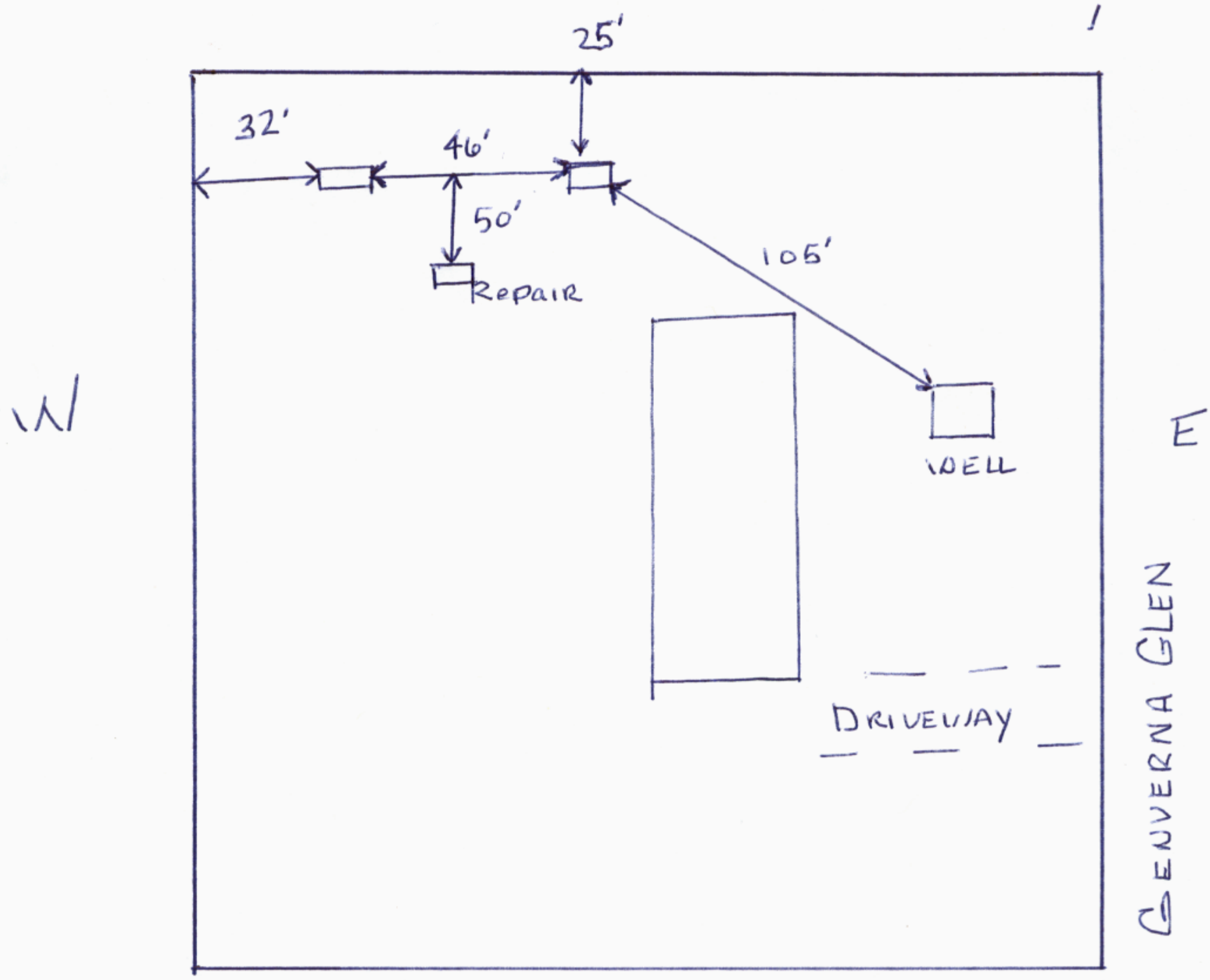
DATE: 9-21-21

DATE: 8/23/21 TWN ___ , RNG ___ , SEC ___ QQ ___ , TL ___

OWNER'S NAME: Ron & Tiffinny Larson

ADDRESS: 530 Genverna Glen, Grants Pass, OR 97527

PLOT PLAN



SIGNATURE: _____

DATE: _____

NOTICE AUTHORIZING REPRESENTATIVE

I, Tiffinny L. Larson (Property Owner/Print Name), have authorized Lisa Gragg (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 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:

530 Genverna Glen, Grants Pass, OR 97527
(Property Situs or Road Address)

And described in the records of _____ County as:

37061 1D00 1005

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) 1005

PROPERTY OWNER:

Printed Name: Larson Family Trust Ronald E & Tiffinny L

Address: 490 Genverna Glen, Grants Pass, OR 97527

City, State, Zip: Grants Pass

Phone: _____ Email: _____

Signature: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: Lisa Gragg

Address: 488 Hidden Valley Road

City, State, Zip: Grants Pass, OR 97527

Phone: 541-660-8389 Email: bikerboysmom@msn.com

Signature: Tiffinny L Larson

AUTHORISED REPRESENTATIVE:

Signature:

Phone: Email:

City, State, Zip:

Address:

Printed Name:

PROPERTY OWNER:

Printed Name:

Address:

City, State, Zip:

Phone: Email:

Signature:

PROPERTY IDENTIFICATION:

Township Range Section Web ID Tax Lot No.

And described in the records of County as:

(Property Street or Road Address)

NOTICE AUTHORIZING REPRESENTATIVE

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

Ron Larson — Name
490 Genverna Glen, GP — Mailing Address (Street or PO Box, City, State, Zip Code)
541-376-1426 — Phone Number

B. Legal Property Description

37 — Township
06 — Range
11 D — Section
1005 — Tax Lot
_____ — Tax Account Number
1 acre — Acreage or Lot Size
Josephine — County
_____ — Subdivision Name
_____ — Lot
_____ — Block

Property Address: 530 Genverna Glen — Address; Grants Pass — City; OR — State; 97527 — Zip Code

Directions to Property: Hwy 238 to New Hope Rd, to Stringer Gap, to Genverna Glen

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☐ Other _____

Proposed Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☐ Other _____

Water Supply:

☐ Public _____ Name
☒ Private _____ Well, Spring, Shared

D. Type of Application

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

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

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

Lisa K Gragg — Signature
7/22/2 — Date
Lisa K Gragg — Applicant's Name – Please Print Legibly
541-660-8389 — Applicant's Phone Number
bikerboysmom@msn.com — Applicant's E-mail Address
488 Hidden Valley Road, G.P. 97527 — Applicant's Mailing Address

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

☐ Authorization Attached

_____ Installer's Name

State of Oregon
Department of
Environmental
Quality

EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
   ☒ Septic Tank ☐ Disposal Trenches ☐ Capping Fill ☐ Sandfilter
   ☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
   ☐ Other (Describe) _____

2. When was your septic system installed? ? _____ (Date) _____ (Permit Number)

3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown

4. Septic tank volume (in gallons) _____

5. When was the septic tank last pumped? Oct 2020 Attach receipt if available.

6. Number of disposal trenches _____

7. Total length of disposal trenches (in feet) _____

8. Do you propose to use the existing septic system? Yes ☒ No ☐

9. Is your septic system currently in use? Yes ☐ No ☐ If no, date of last use Not since pumped

10. If the septic system currently serves a dwelling:
    How many bedrooms are in the dwelling? _____ How many people occupy the dwelling? _____

11. How many bedrooms will be in the proposed dwelling? 3 How many occupants ? _____

12. If the septic system serves a business:
    How many total employees are there? N/A
    Type of business _____

13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☐
    If yes, please explain _____

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

7/22/21 (Date) Lisa K Gaza Signature of Property Owner or Legally Authorized Representative

---

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials _____
Other file information: _____

Last Updated 10-30-02 by BJK

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 370611D0001005

SITUS: 530 GENVERNA GLEN

ACRES:

PERMIT NUMBER: PL-2021-00797

ZONE: RR5

SCHOOL DISTRICT: Three Rivers

APPLICANT:	Gragg Homes & Construction	**APPLICANT PHONE #:** 541-660-8389
APPLICANT ADDRESS:	488 Hidden Valley Road GRANTS PASS, OR 97527	
OWNER:	LARSON FAM TRUST, RONALD E & TIFFINNY L	
OWNER ADDRESS:	490 GENVERNA GLN GRANTS PASS, OR 97527	

SPECIAL REQUIREMENTS

- Fire Hazard - Plan in File ✓ NA____ Reason: See attached
- Wetland - Division of State Lands Authorization in File ✓ NA___ Reason: notification attached.
- Erosion Hazard - Plan in File ✓ NA____ Reason: attached.

EXISTING STRUCTURES	PROPOSAL	SETBACKS	
Per Assessor's Records: MFD Ramada, Deck Detached Garage, Shed.	Replacement Dwelling – 2529 Sq ft SFD, 3 Bedroom, 3 Bath, Office, Covered porch, and 639 SQFt attached Garage.	Front Setback:	30ft
		Side Setback:	10ft
		Rear Setback:	25ft
		Stream Setback:	0 ft
		Height:	35ft

ADDITIONAL TERMS:

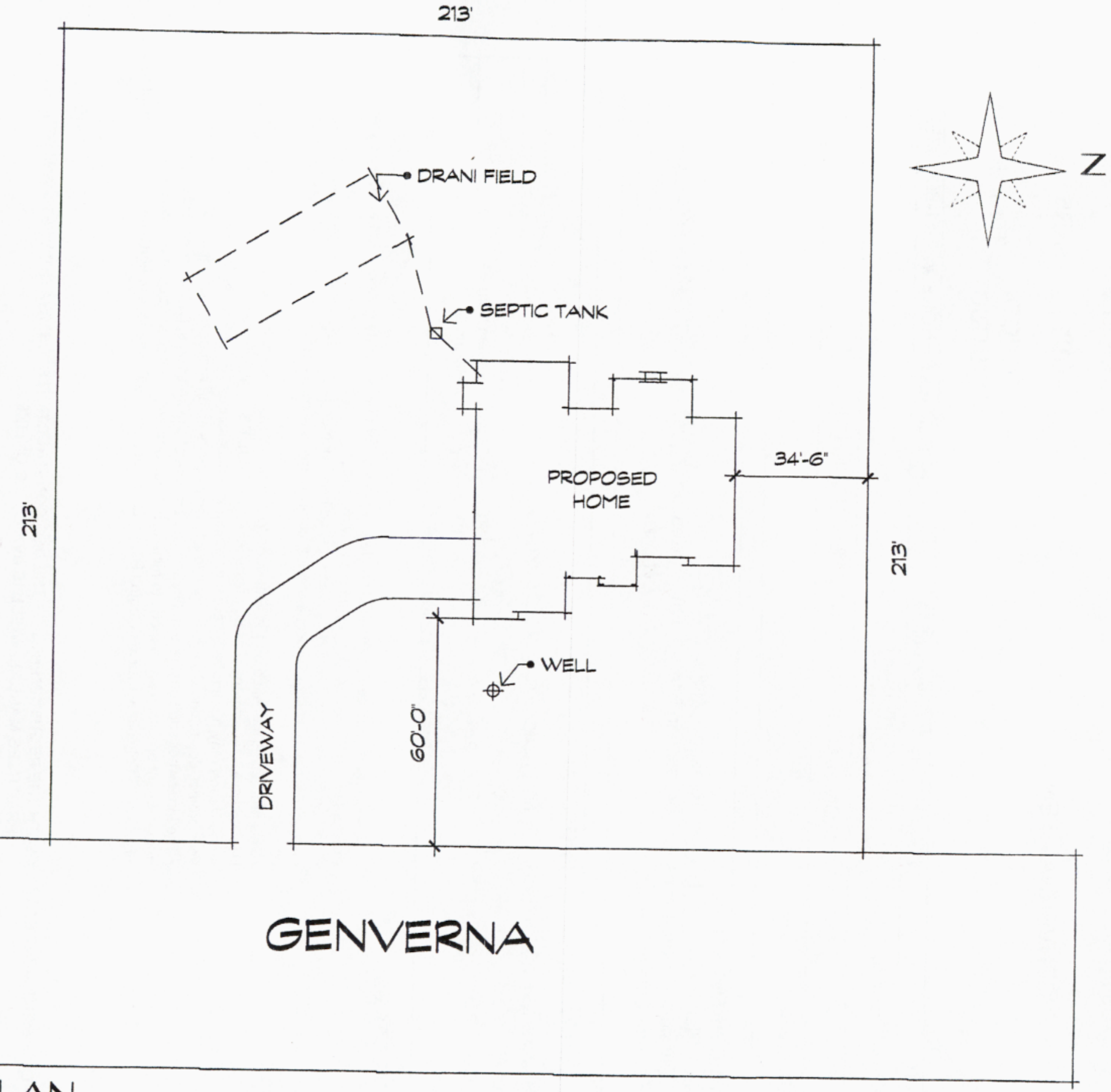
- The existing manufactured dwelling must be removed from the property or converted to an accessory structure within 90 days of occupying the new dwelling.
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- No connection of utilities or occupancy of mobile home is allowed without obtaining Onsite and Building permits.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.
- Building Safety Note: Erosion Control Plan must be implemented prior to issuing Certificate of Occupancy.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE.

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:	Lisa K Gragg	**DATE:**	4/22/21
CONTRACTOR NAME:	Lisa K Gragg	**LICENSE#:**	
APPROVED:	Greenmann	**DATE:**	4/22/21

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



FOR: MR. & MRS. LARSON
530 GENVERNA
GRANTS PASS OR

SITE PLAN

SCALE 1" = 30.0'

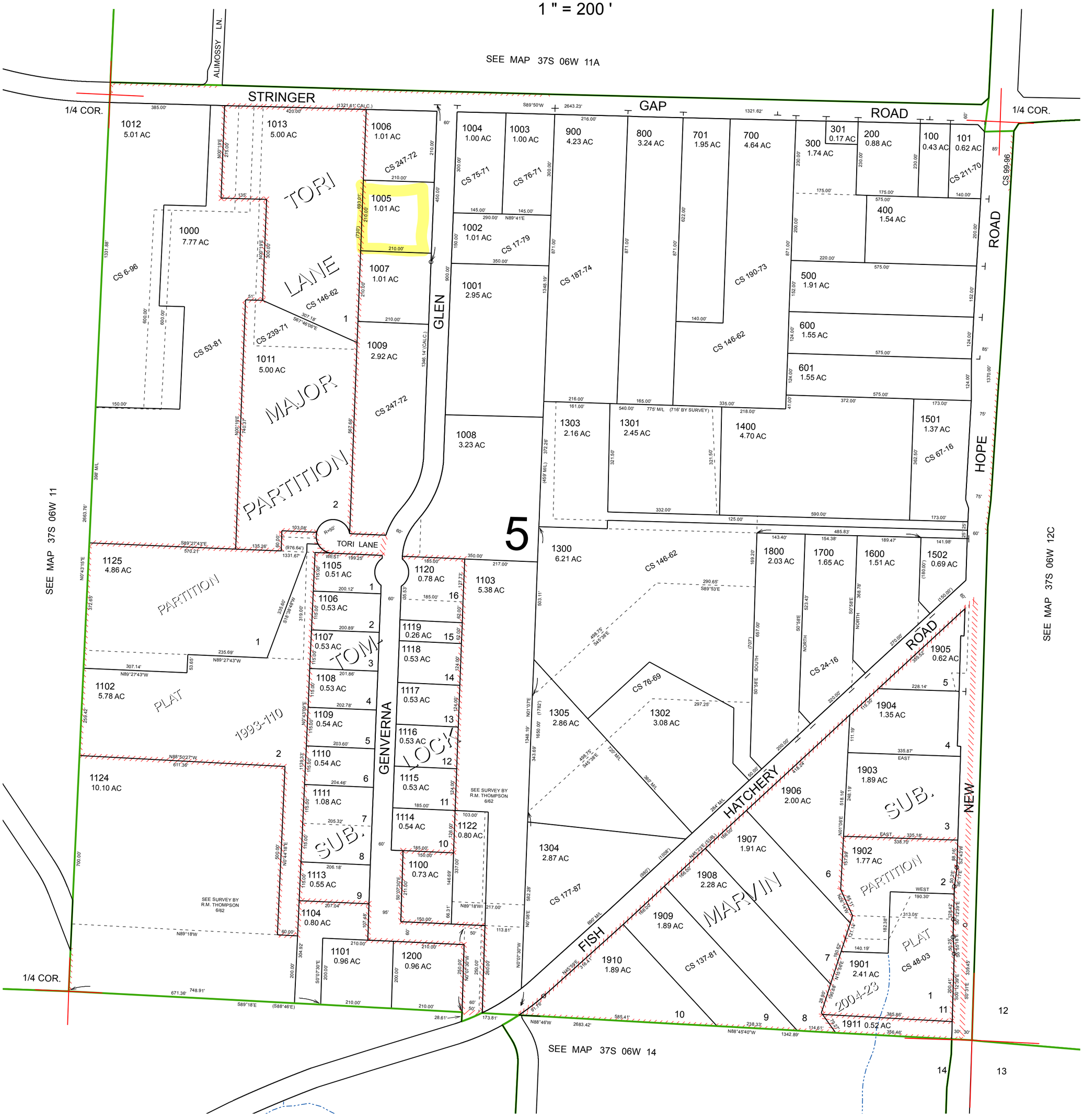
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.E.1/4 SEC.11 T.37S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

37 06 11D

CANCELLED:
1500
1121
1090
1010
1990
1991
1112
1091
1092
1093
1094
1095
1390
1391
1392
1190
1191
401
1123



37 06 11D

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

Josephine County Health Dept.

Permit No. № 1/1006 E
Expiration Date 2-17-72

Street address of installation (If no street address, describe specific location) 530 Genuenna Glen

Property Owner: Donald L. Nelm Telephone: 479-4293

Mailing Address: Same (street) as above (city) Grants Pass (state) Oregon

DESCRIPTION OF PROPERTY: Township 37 Range 6 Section 11 Subsection SE1/4 Code 5
(attach copy of assessor's map)
Building site area in acres: 1 1005 SE section Name of Subdivision:

Tax Lot Number: ~~part of 1600~~ Dimensions of building site: Width Depth

PROPOSED WATER SUPPLY: Individual – Well (drilled NO driven dug) Surface Spring
Public: City Community System(name)

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM: new ✓ repair privy
Installed by owner – yes (no) If no, give name of person installing system

Have you any objection to having your application for a permit being made public? yes no ✓

BUILDING INFORMATION: Home Mobile home ✓ Number of bedrooms 2
FHA or VA insured loan – yes no ✓ Commercial(type):
Garbage disposal unit – yes no ✓ Industrial(type):

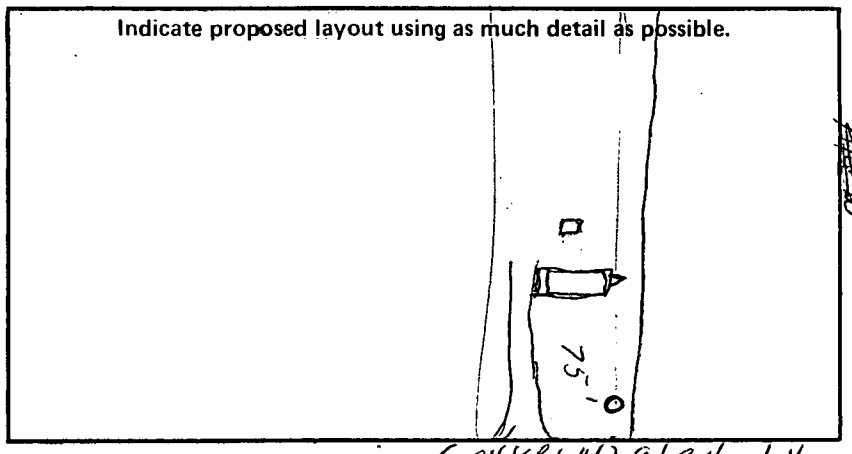
SEPTIC TANK SYSTEM REPAIR INFORMATION:

Septic tank material:
Steel Concrete
Date installed:
Distribution box: Yes No

Linear feet Square Feet

Miscellaneous:
Depth to ground water
Topography(slope %)
Distance from water source
Date last pumped
Probable reason for failure

Indicate proposed layout using as much detail as possible.



Fee Schedule: new system $5.00 ✓ repair $2.00 hook up to existing system $1.00 privy $1.00

Permit Fee Paid
$5.00 cash J.B.
8-9-71

X Donald L Nelm
Signature of property owner

Checked by: DP 8-9-71
Clerk

Date Issued: 8-17-71

DO NOT WRITE BELOW THIS LINE

Domestic Sewage Disposal Permit: Approved ✓ Disapproved John Sayles 8-17-71
sanitarian date

Minimum septic tank capacity in gallons: 750
Trench ✓ or square feet 400 width 36" length 135' depth 24-36"
Seepage bed ✓ square feet 600 width length depth 24-36"
Seepage pit square feet width length depth
Dry Well square feet width length depth
Privy

SPECIAL INSTRUCTIONS:

MOBILE HOME EXTERIOR PLUMBING SHALL COMPLY WITH ORS 446.125 and OAR 44.490

Individual Sewage Disposal System Approved COC 12/29/71
sanitarian date

Mobile Home Plumbing Approved
sanitarian date

JOSEPHINE COUNTY HEALTH DEPARTMENT

714 N.W. A Street, Grants Pass, Oregon 11-37-61

ROUTE SLIP

TIME Helga, Date Donald E.

TO 490 Benvenue Way

FROM Dept. of Vet Affairs

CHECK 1307 W. Main Med. Ftd.

.... Approval

.... Necessary Action

.... Prepare Reply

.... Your Signature

.... Initial & Return

.... Investigate

Per Telephone
.... Conversation

For Your
.... Information

.... Telephoned

.... Please Call Back

.... Called to See You

.... Call Hospital

.... Desires Appointment

.... Take Water Sample

.... Inspection Request

.... Conference

.... As Requested

.... Note and File

COMMENTS:

Certificate [illegible]

1-800-452-7276

Not
stated
corrective
CDC
1-3-72

CORRECTION NOTICE

THIS SUBSURFACE SEWAGE DISPOSAL SYSTEM AND/OR PLUMBING DOES NOT MEET STATE OR COUNTY MINIMUM STANDARDS AND SHALL BE CORRECTED AS FOLLOWS:

Adjust grade from septic tank to distribution box to at least ¼" per foot fall. As is there is no fall from septic tank to D-box

RE-INSPECTION
NECESSARY FOR APPROVAL

9/8/71
Date

C D. Watkins
Sanitarian

Josephine County Health Dept.

RECORD OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

Permit Issued to: Name Donald L Helm Installer's Name Davison
Mailing Address _____ Permit Number 1006
_____ Property Address 530 Sonoma Ave

Total Number: Living units 3 bedrooms 2 baths 1 basement: yes ____ no ____

Water Supply: public system ____ individual ✓ community ____

Septic Tank: distance from well 100+ feet Material _____
total liquid capacity 900 gal. Inside length ____ ft.
inside width ____ ft. Inside depth ____ ft.
liquid depth ____ ft.

Tile Disposal Field (trench ✓ or bed ____) Distribution Box? yes ____ no ____ other ____

45
35
55
195

Length of trench or bed 45' - 35' - 55' ft.
Total linear feet 135' ft.
Width of trench or bed 3' ft.
Total square footage 400 ft.
Distance between tile lines 7' ft.
Type of rock filler material 1½ Rd.
Depth rock over tile 2" ft.
Depth rock beneath tile 6 ft.
Grade boards used: yes ____ no ✓

Seepage Pit: depth ____ width ____ length ____
square feet ____ lined(dry well) ____ or gravel filled(pit) ____

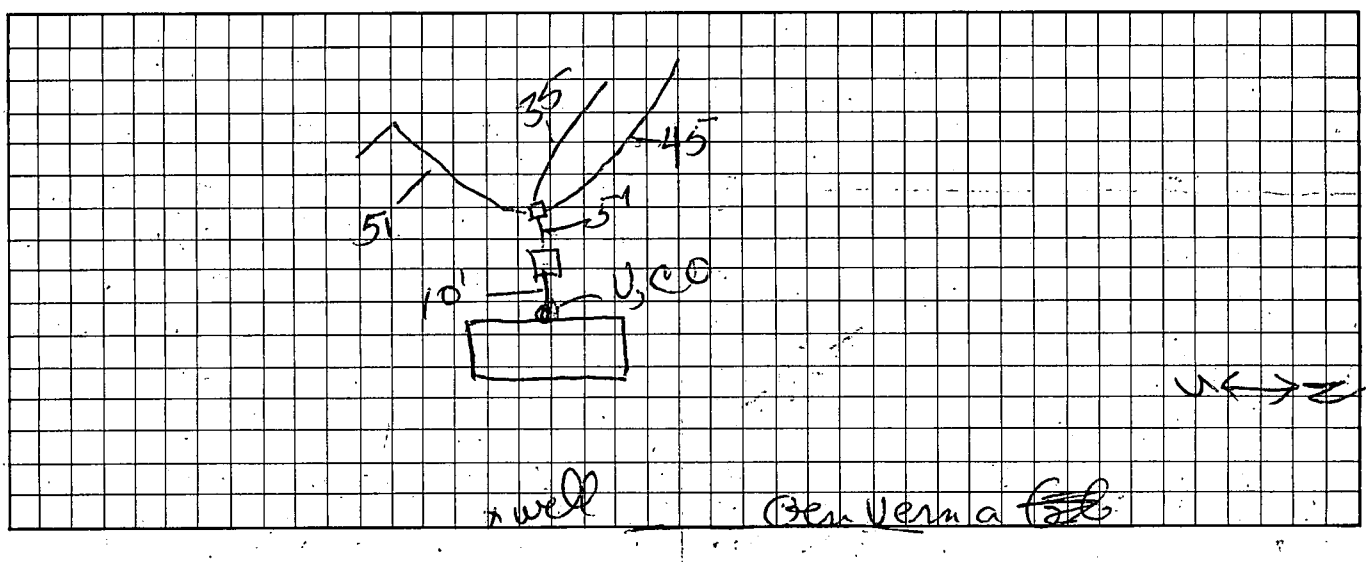
Privy: ground excavation: depth ____ width ____ length ____
cubic feet ____

Distance of well from subsurface disposal unit ____ ft.

Woody 8-24-71
SIGNATURE OF INSTALLER DATE

DO NOT WRITE BELOW THIS LINE

SKETCH OF ACTUAL SYSTEM (Show cross section of dry well or seepage pit)



System meets all codes and apparently **WILL** ____ **WILL NOT** ____ function satisfactorily and is therefore **APPROVED** ____ for occupancy. **DISAPPROVED** ____

Remarks _____

12-29-71
Date

JOSEPHINE COUNTY HEALTH DEPARTMENT

Sanitarian