



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-21-000440-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: 11/16/2022

Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: R. T. Littlefield Excavating & Backhoe Service

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Email: FORDAXL5551@GMAIL.COM

Primary Contractor: R. T. Littlefield Excavating & Backhoe Service

Installer License: 34435

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Owner: JOHNSON, LAURA MICHELLE

Address: 1630 WILLIAMS HWY PMB 7
GRANTS PASS OR 97527

Property Address: 320 Highland Ranch Rd, Grants Pass,
OR 97526

Parcel: 3506200000242200 - Primary

Lot Size: 5.01

Zoning: N/A

Land Use Approval: Y

Water Supply: Well

City/County/UGB: County

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	SFR	SFR + DLS
Number of Bedrooms:	N/A	5

System Specifications

Type: Standard

Max Peak Design Flow: 750 gpd.

Min Septic Tank Volume: 1500 gal.

Proposed Flow: 750 gpd.

Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type: Standard

Drainfield Sizing: N/A

Media Type: EZ flow

Trench Length: 300 linear ft.

Max Depth: 30 in.

Min Depth: 24 in.

System Distribution Type: Serial

Distribution Method: Serial

Media Depth: N/A

Rock Above Pipe: N/A

Undisturbed Soil Between Trenches: 8 ft.

Capping Fills-Min Depth of Fill Material: N/A

Date Certificate Issued: 11/16/2022

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.

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.

Date Certificate Issued: 11/16/2022**Work Description:** STANDARD CONSTRUCTION PERMIT**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

Joshua Daley

Environmental Specialist

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

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

Final Inspection Request and Notice - Septic ID: 463-21-000440-PRMT

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

SECTION 1: Owner/Permittee Information:

Township:

Range:

Sect:

Name: JOHNSON, LAURA MICHELLE

Lot:

Property 320 HIGHLAND RANCH RD, GRANTS PASS, OR
Address: 97526

SECTION 2: System Component Specifications:**A. Tanks/Pumps****System Type:**Water tight
verification*

Tanks(1)	Volume: 1500	Compartments: 1	Manufacturer: Riverside Ready mix	Date: 7-7-2022
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes ☒	No	Diameter: 4"	ASTM#/Other:	Length: 7'
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 alternative?) EZ Flow			
Distribution Box	Yes ☒	No		
Drop Box	Yes	No ☒		
Distribution Pipe	Yes ☒	No	Diameter: 2"	ASTM#/Other: EZ Flow Length: 300'
Comment				

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand



320

Highland Ranch

9-27-2022



























Septic Permit
Installation Permit - Residential - New
463-21-000440-PRMT

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
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Date issued: 12/7/21

Expiration date: 12/7/22

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: R. T. Littlefield Excavating & Backhoe Service

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Email: FORDAXL5551@GMAIL.COM

Business License: N/A

Primary contractor: R. T. Littlefield Excavating & Backhoe Service

Installer License: 34435

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Owner: JOHNSON, LAURA MICHELLE
Address: 1630 WILLIAMS HWY PMB 7
GRANTS PASS OR 97527

Property address: 320 Highland Ranch Rd, Grants Pass,
OR 97526

Parcel: 3506200000242200 - Primary

Lot size: 5.01

Zoning: N/A

Land use approval: Y

Action: New

System failing: N/A

Comments: System sized to accomodate pre-existing home and attached DLS.

Water supply: Well

City/County/UGB: County

County: N/A

Type of application: Construction Permit - Residential

Septic tank last pumped: N/A

Repair system may require treatment due to limited sizing as a result of the larger initial drainfield.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	SFR	SFR + DLS
Number of bedrooms:	N/A	5

System Specifications

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

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ flow		
Trench length:	300 linear ft.	Rock above pipe:	N/A
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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: 12/7/21

Expiration date: 12/7/22

Work description: STANDARD CONSTRUCTION PERMIT

Stake out required:

No

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: 12/7/21**Expiration date:** 12/7/22**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

12/7/21



Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

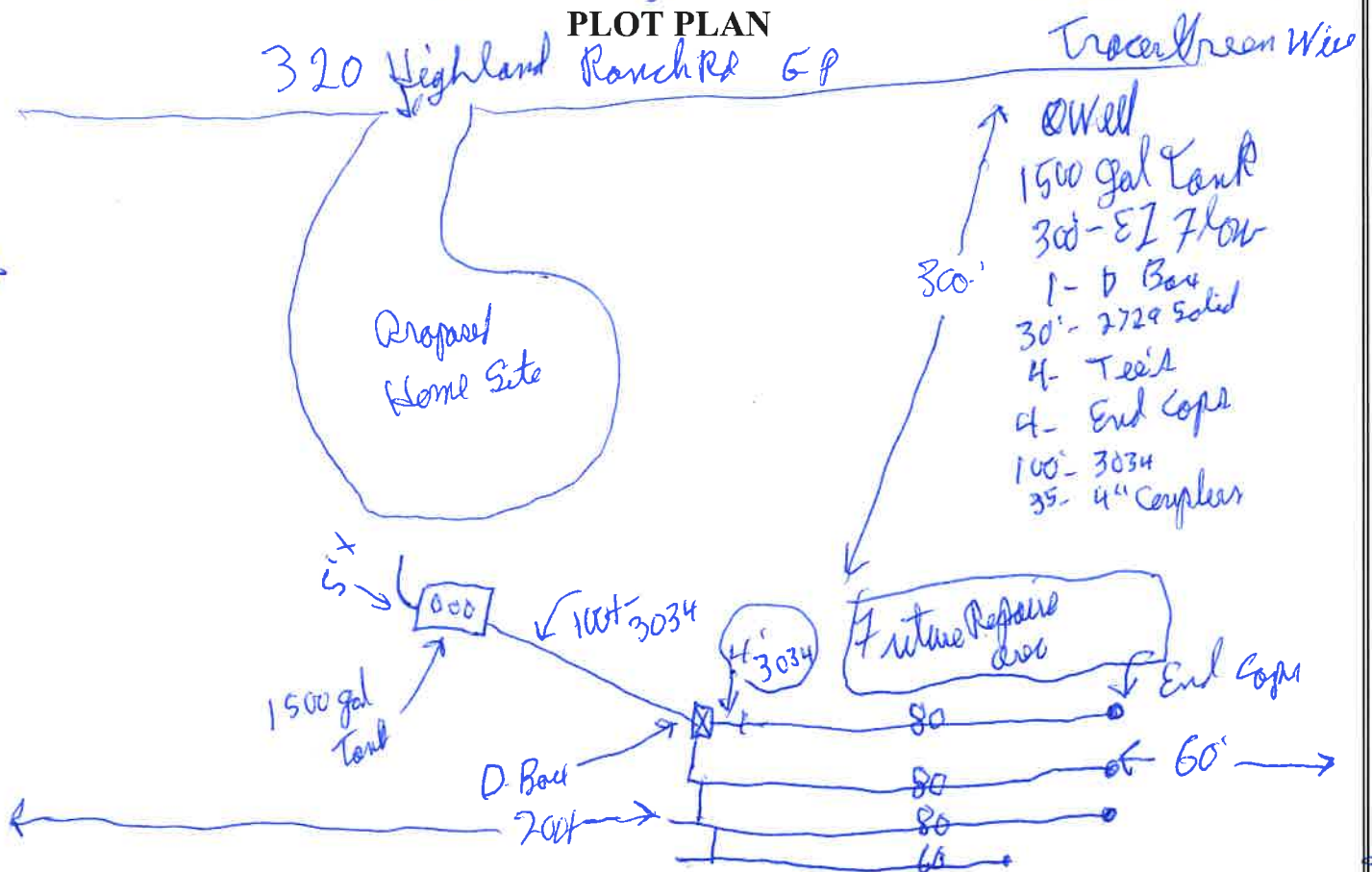
E-mail: planning@co.josephine.or.us

DATE: 12-6-2021 TWN 35 RNG 06 SEC 20 QQ TL 2422

OWNER'S NAME: Laura Michelle Johnson

ADDRESS: 1630 Williams Hwy P M B79 Grants Pass, OR 97526

PLOT PLAN



JO CO ON-SITE SEPTIC

DEC 07 2021

APPROVED BY:

SIGNATURE: Robert Littlefield DATE: 12-6-2021

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 35062000002422
SITUS: 320 HIGHLAND RANCH RD
ACRES: 5.01

PERMIT NUMBER: PL-2021-02274
ZONE: RR5
SCHOOL DISTRICT: Three Rivers

APPLICANT:	Jacoby Construction	APPLICANT PHONE #:	541-659-9950
APPLICANT ADDRESS:	1110 SE Millbank Road GRANTS PASS, OR 97526		
OWNER:	JOHNSON, LAURA MICHELLE		
OWNER ADDRESS:	1630 WILLIAMS HWY PMB 7 GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS
• Erosion Hazard - Plan in File ☒ NA ☐ Reason: attached within

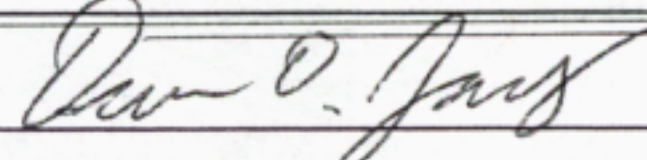
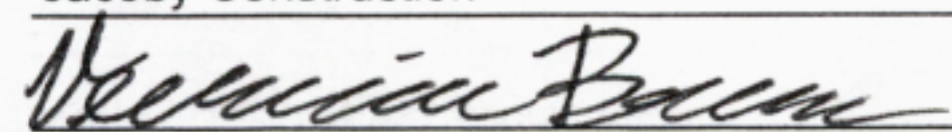
EXISTING STRUCTURES	PROPOSAL	SETBACKS	
Per Assessor Records: vacant land	New 2176 sq. ft. 3 bed, 2 bath SFD with 675 sq. ft. attached garage, 653 sq. ft. attached RV garage, 320 sq. ft. covered porch, 360 sq. ft. covered porch, and 96 sq. ft. porch	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Note: Septic System to be connected to authorized structures/uses only.
- 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.
- 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:	10-26-21
CONTRACTOR NAME:	Jacoby Construction	LICENSE#:	185647
APPROVED:		DATE:	09/23/2021

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

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 35062000002422

SITUS: 320 HIGHLAND RANCH RD

ACRES: 5.01

PERMIT
NUMBER: PL-2021-02275

ZONE: RR5

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	Jacoby Construction	APPLICANT PHONE #:	541-659-9950
APPLICANT ADDRESS:	1110 SE Millbank Road GRANTS PASS, OR 97526		
OWNER:	JOHNSON, LAURA MICHELLE		
OWNER ADDRESS:	1630 WILLIAMS HWY PMB 7 GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS

• Erosion Hazard - Plan in File ☒ NA ☐ Reason: attached within

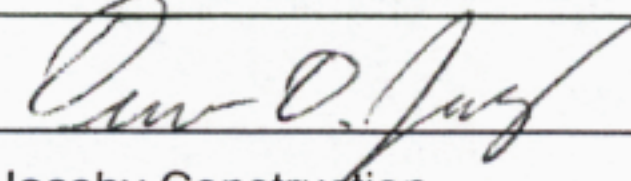
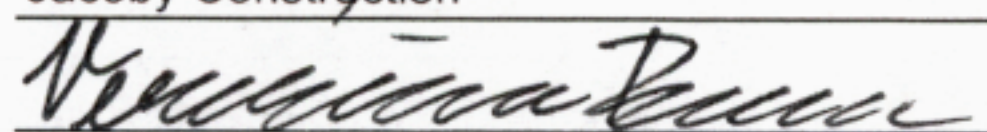
EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: vacant land	Attached DLS 620 sq. ft. 1 bed, 1 bath	Front Setback: 30 ft.
		Side Setback: 10 ft.
		Rear Setback: 25 ft.
		Stream Setback: 0 ft.
		Height: 35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- 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.

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SIGNATURE:		DATE:	<u>10-26-21</u>
CONTRACTOR NAME:	Jacoby Construction	LICENSE#:	185647
APPROVED:		DATE:	<u>09/23/2021</u>

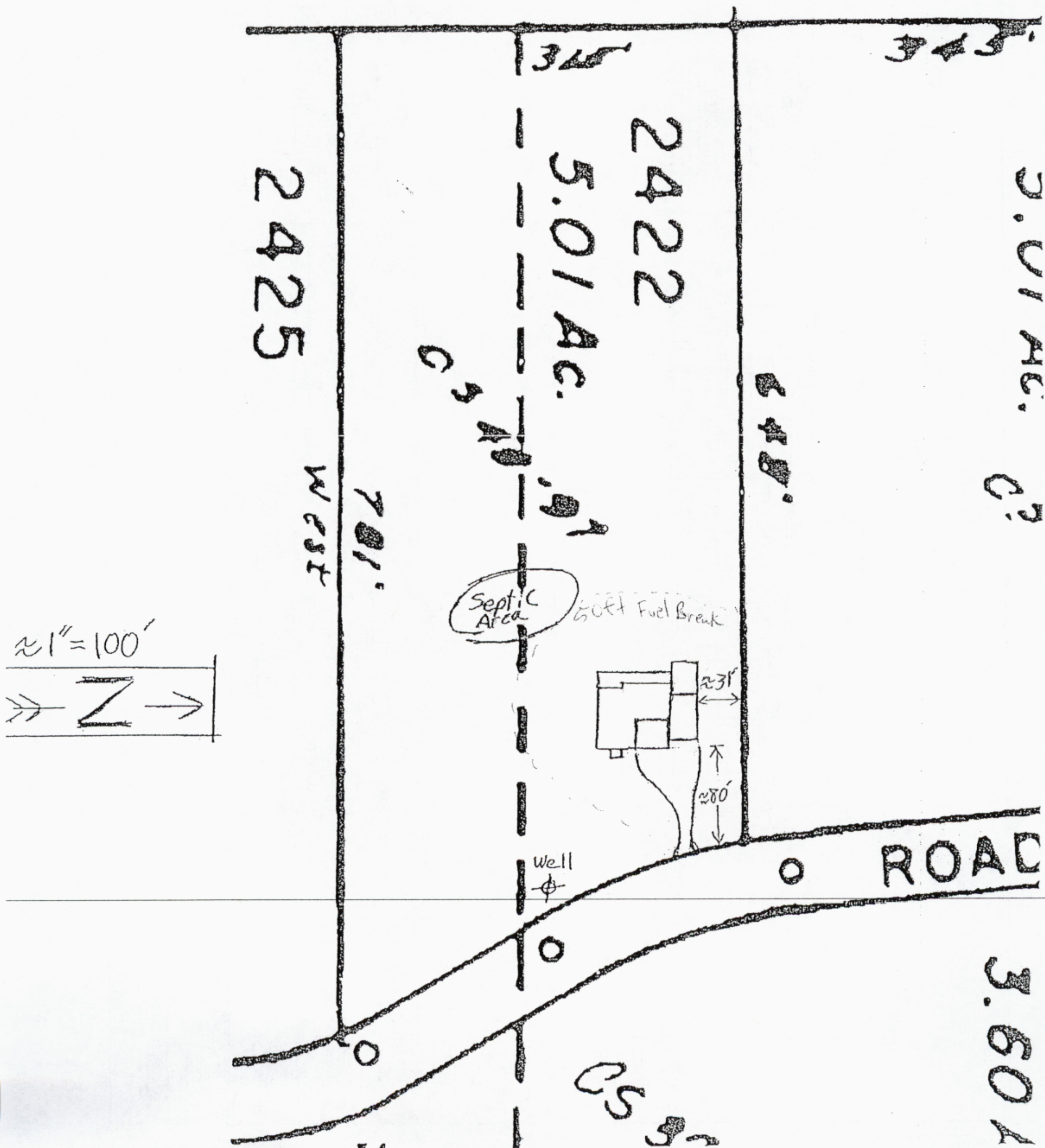
NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.

Plot Plan

35-06-20 TL 2422 Highland Ranch Rd. RECEIVED

11/14/2021

1000 - PLANNING





**Application for
Onsite Sewage
Treatment System**

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

\$ 1150.00 fee

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

A. Property Owner Information

Name Laura Johnson Mailing Address (Street or PO Box, City, State, Zip Code) 1630 William Hwy PMB 79 Phone Number Jacob's 541-659-9850

B. Legal Property Description

Township 35 Range 06 Section 20 Tax Lot 2422 Tax Account Number _____ Acreage or Lot Size _____
County Josephine Subdivision Name _____ Lot _____ Block _____
Property Address: 320 Highland Ranch Rd Grants Pass OR 97526
Address City State Zip Code

Directions to Property: Depue Dr - Robertson Bridge Rd - Left on Highland Ranch Rd
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 5

SFR + DLS

☐ 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 RT Littlefield Backhoe Service Date 7-22-21

Applicant's Name - Please Print Legibly Robert T Littlefield Applicant's Phone Number 541-479-2802

Applicant's E-mail Address FORD AXL5551@gmail.com

Applicant's Mailing Address 698 Ewe Creek Rd Grants Pass, OR 97526

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☒ Authorization
Attached

Installer's Name RT Littlefield Backhoe Service



Statement of Site Status

Name: RT Littlefield Backhoe Service

Address: 698 Elm Creek Rd Grants Pass, OR 97526

City: Grants Pass State: OR Zip Code: 97526

Township: 35 Range: 06 Section: 20 Tax Lot: 2421

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: 7-22-21 Signed: Robert Littlefield



NOTICE AUTHORIZING REPRESENTATIVE

☒ I, Laura Michelle Johnson, have authorized ☒ Robert Littlefield to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Josephine County on the property described below in accordance with
OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative
are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required
business activities on said property.

PROPERTY IDENTIFICATION:

~~11110~~ Robertson Bridge to 320 Highland Ranch Rd
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 20 Map ID _____ Tax Lot #(s) 2422

PROPERTY OWNER:

☒ Printed Name: Laura Michelle Johnson
Address: 1630 Williams Hwy PMB 79
City, State, Zip: Grants Pass, OR 97527
Phone: 541-226-8274 Email: michelle@allencreekdental.com
☒ Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

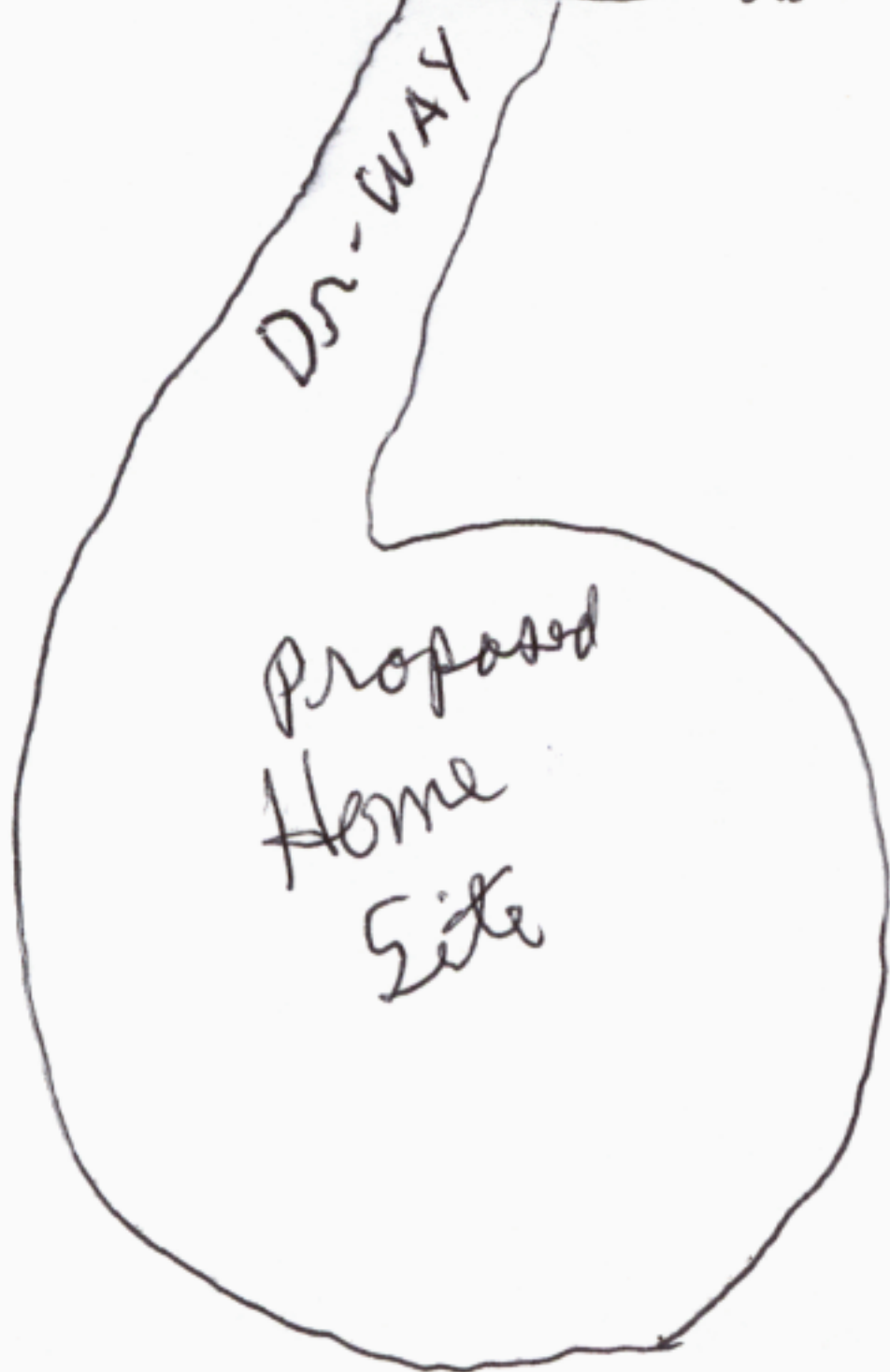
☒ Printed Name: Robert Littlefield
Address: 698 Owl Creek Rd
City, State, Zip: Grants Pass, OR 97526
Phone: 541-479-2802 Email: Ford A x15551@gmail.com
Signature: Robert Littlefield

DATE: 7-22-21 TWN 35, RNG 06, SEC 20 QQ , TL 2422

OWNER'S NAME: Laura Michelle Johnson

ADDRESS: 1630 Willow Hwy PM B79 Mont Pass, OR 97512

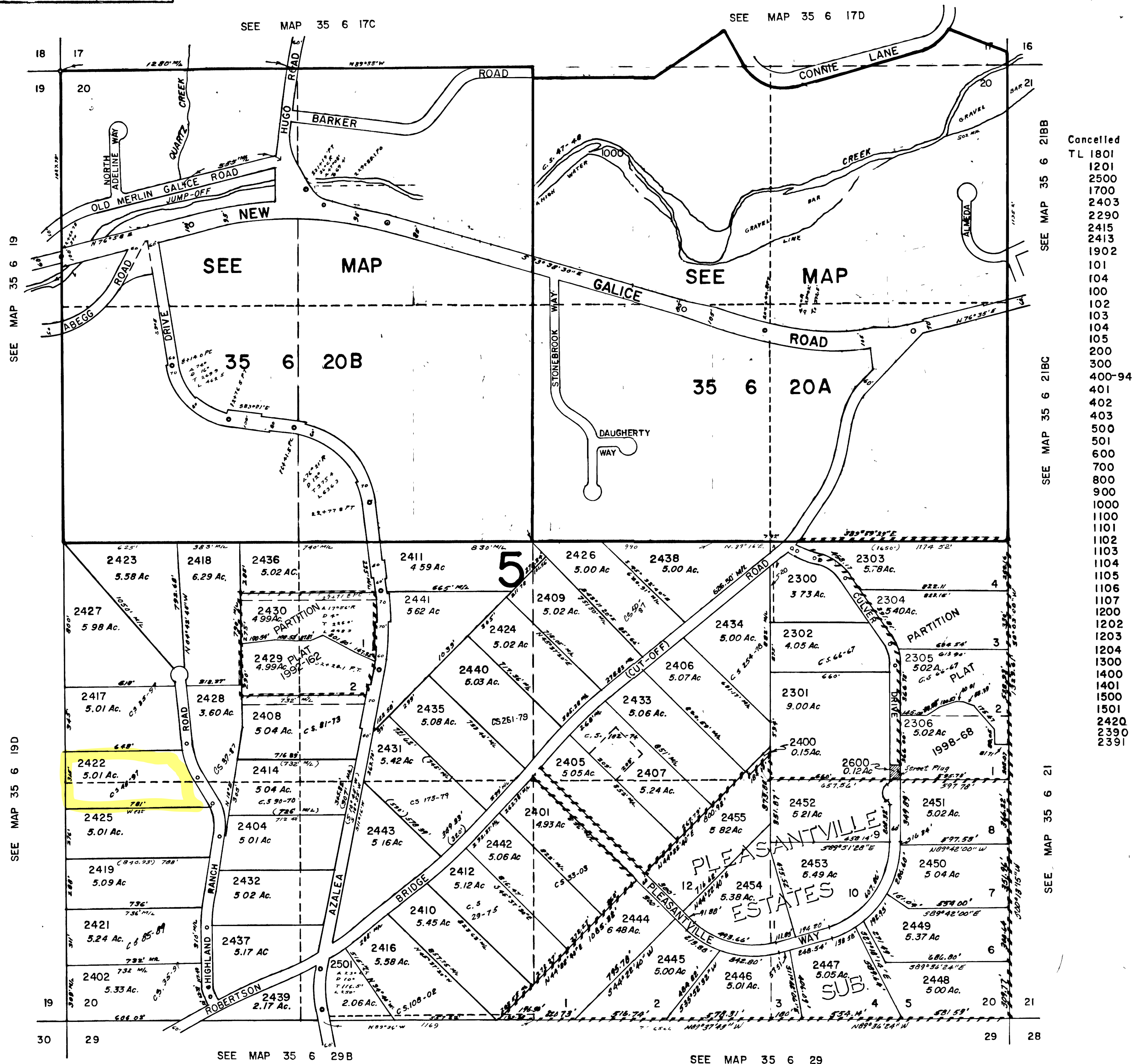
320 ~~Rob~~ Highland Ranch Rd **PLOT PLAN**



SIGNATURE: Robert Littlefield 34435#

DATE: 7-22-21

This map was prepared for
assessment purpose only.





Residential Septic Site Evaluation Approval

463-21-000218-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: 07/21/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: R. T. Littlefield Excavating & Backhoe Service

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Primary contractor: R. T. Littlefield Excavating & Backhoe Service

Installer License: 34435

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Owner: LAURA MICHELLE JOHNSON

Address: 1630 WILLIAMS HWY PMB 79
GRANTS PASS OR 97527

Property address: 0 Highland Ranch Rd, Grants Pass,
OR 97526

Parcel: 3506200002422 - Primary

Township:

35

Range: 06

Section:

20

Lot size: 5.01

Zoning: N/A

Directions to Property: Azalea drive, to Robertson Bridge Rd, left on Highland Ranch Rd.

Water supply: Well

City/County/UGB: N/A

Proposed use of structure: 4 BDRM 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

System type:

System distribution type:

Distribution method:

Trench Specifications

Trench linear feet:

Max depth:

Min depth:

Special Requirements

Drainfield type:

Initial System

Standard

Serial

Serial

Initial System

225 linear ft.

24 in.

18 in.

Initial System

Standard

Replacement Area

Standard

Serial

Serial

Replacement Area

225 linear ft.

24 in.

18 in.

Replacement Area

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: 07/21/2021**Application status:** Site Evaluation Approved**Work description:** SITE EVALUATION

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.

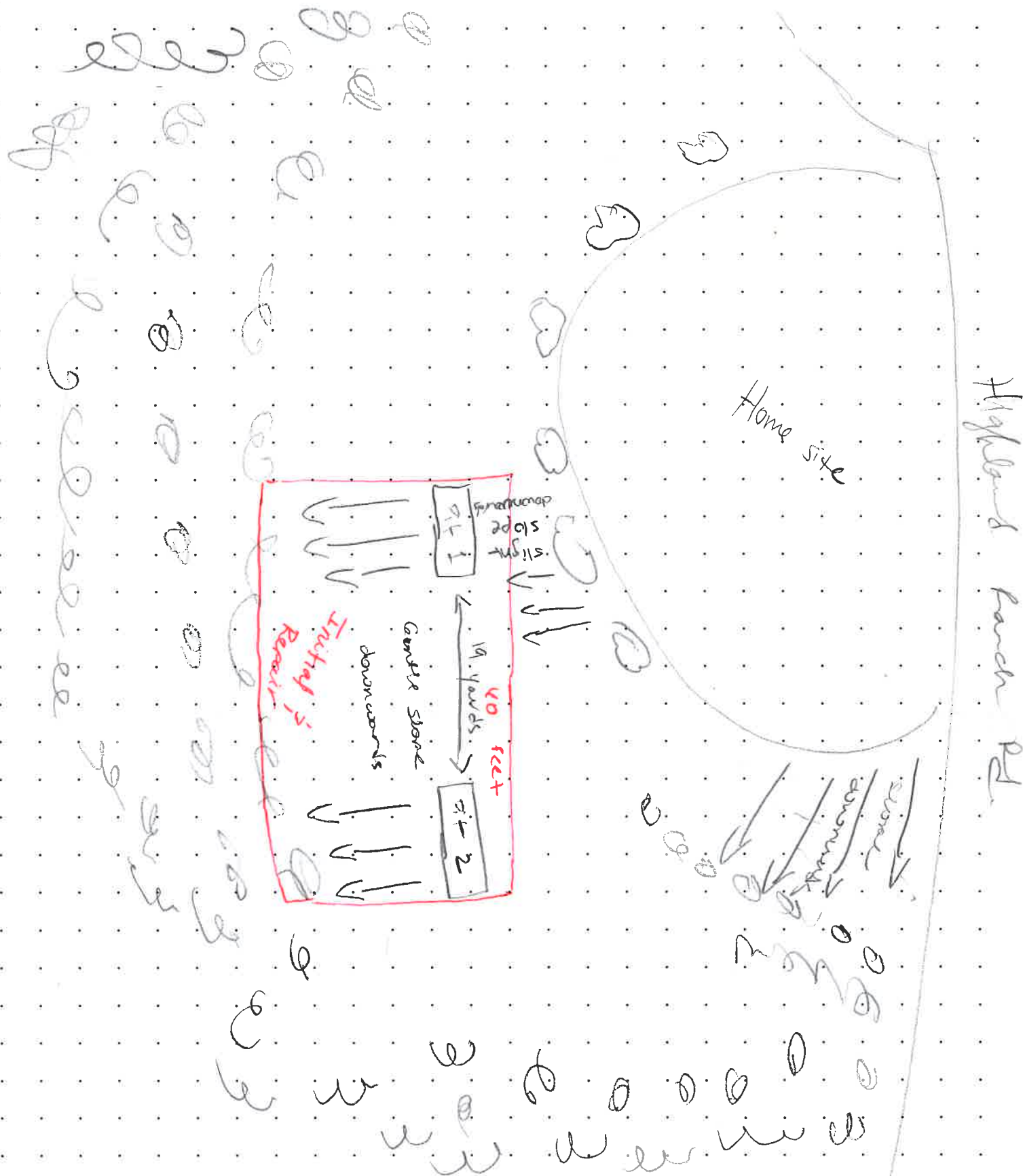
Danielle Morvan

7/21/21

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.)

Township: 35 Range: 06 Section: 20 Property ID: TL 2422
Owner/Applicant: Laura Michelle Johnson Evaluator: Danielle Morvan
Inspection Date(s): July 20th Application Number: 463-21-060218-EVAL



SITE EVALUATION FIELD WORKSHEET

Township: 35 Range: 06 Section: 20 Property ID: TL 2422
 Owner/Applicant: Laura Michelle Johnson Evaluator: Danielle Morvan
 Inspection Date(s): July 20th, 2021 Application Number: 463-21-000218-EVAL

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1 60	0-6	SL	Roots ^{color} 3-YR, 3-Fine, 2-coarse; 7.5 YR ⁴ / ₂ , 7.5 YR ⁴ / ₃ ; granular, w/o
	7-18	SL	Roots 2-Fine, 2-coarse; 10YR ⁵ / ₄ , 2.5 YR ⁵ / ₈ ; coarse fragments,
	19-34	^{Fine} SL	Roots 1-Fine, 1-coarse; 5YR ⁵ / ₈ , 5YR ^{2.5} / ₁ , 10YR ⁴ / ₃ ; coarse fragments
	35-60	^{Fine} SL	Roots 1-coarse; 10YR ⁴ / ₈ , 10YR ⁵ / ₃ ,
Pit 2			
Pit 3			
Pit 4			

Landscape Notes: _____
 Slope: 1-4° (slight, gentle) aspect: _____ Groundwater Type: _____
 Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: Standard - Serial
 Disposal Facility: 225 linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 18 inches
 Replacement System: Standard - serial
 Disposal Facility: 225 linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 18 inches
 Special Conditions: _____



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 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Name Laura Michelle Johnson Mailing Address (Street or PO Box, City, State, Zip Code) 1630 William Hwy Phone Number 541-226-8274

B. Legal Property Description

Township 39 Range 06 Section 20 Tax Lot 2422 Tax Account Number _____ Acreage or Lot Size _____
County Josephine Subdivision Name _____ Lot _____ Block _____
Property Address: "O" HIGHLAND RANCH City Grants Pass State OR Zip Code 97526

Directions to Property: Offices Dr - Robertson Bridge & Left on Highland Ranch Rd

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence
Number of Bedrooms _____
☐ Other _____

Proposed Facility:

☒ Single Family Residence
4
Number of Bedrooms _____
☐ Other _____

Water Supply:

☐ Public _____ Name _____
☒ Private Well
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

Robert Littlefield

Date

5-19-2021

Applicant's Name - Please Print Legibly

RT Littlefield

Applicant's Phone Number

541-479-2802

Applicant's E-mail Address

Applicant's Mailing Address

698 Eve Creek Rd

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Authorization
Attached

☒ Licensed Septic Installer

Installer's Name

RT Littlefield

541-479-2802

34435.Lin



NOTICE AUTHORIZING REPRESENTATIVE

~~#150~~

X I, Laura Michelle Johnson, have authorized Robert Littlefield Backhaus to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Josephine County on the property described below in accordance with
OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative
are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required
business activities on said property.

PROPERTY IDENTIFICATION:

Highland Ranch Rd.
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 20 Map ID _____ Tax Lot #(s) 2422

X PROPERTY OWNER:

Printed Name: Laura Michelle Johnson

Address: 1630 Williams Hwy PMB 79

City, State, Zip: Grants Pass, OR 97527

Phone: 541-226-8274 Email: Laura.Michelle@allencreekdental.com

Signature: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: Robert Littlefield

Address: 698 Emil Creek

City, State, Zip: Grants Pass, OR 97526

Phone: 541-479-2807

Email: _____

Signature: Bob Littlefield

125-

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

PLANNING APPLICATION FORM

Property Address: 0 Highland Ranch

Assessor's Map & Tax Lot:

35-06-20-00 Tax Lot(s) 2422

- Tax Lot(s) -

Zoning: RR-5

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

Application/Permit Type: (Please Check All Applicable)

- ☒ Address Assignment
 - ☒ New Address
 - ☐ Change of Address
 - ☐ Additional Address
- ☐ Annual Compliance Certificate
- ☐ 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 waiver
- ☐ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan
- Other: _____

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

Property Owner: Laura Michelle Johnson
Address: 1630 Williams Hwy PMB 79
Grants Pass, OR 97527
Phone: 541-226-8274
Email: michelle@allencreekdental.com

Applicant: Jacoby Construction & Design Greg
Address: 1110 SE Milbank Rd G.P. 97527
Phone: 541-659-9850
Email: s.o.r.greg@gmail.com

Authorized Representative/ Surveyor or Engineer:

Robert Littlefield (If Different From Applicant) (If Applicable)
Address: 698 Eule Creek Rd G.P. 97520
Phone: 541-479-2802
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).

Laura M Johnson 5-14-21
(Signature of Owner or Attorney-in-Fact) Date

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

(For Office Use)

Fees Paid: _____ Initials: _____

RT Littlefull
Backhoe Service
541-479-2802

#12508
Josephine Planning
RECEIVED

MAY 19 2021

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

1. Applicant Name/Property Owner: Laura Michelle Johnson
Mailing Address: 1630 Williams Hwy PMB 79
City, State, Zip: Grants Pass, OR 97527
Telephone: 541-226-8274

2. Property Information:

County: Josephine Tax Lot No.: 2422
Township: 35 Range: 06 Section: 20
Physical Address: Highland Ranch Rd.
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

3. This proposed facility is for:

- ☒ An individual, single-family dwelling.
☐ Other. Describe the type of development, business, or facility and the provided services or products: _____

4. Permit or approval being requested:

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

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

5. Property Zoning: Rural Residential 5 Zoning Minimum Parcel Size: 5.0 acres

6. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB

If inside UGB, the proposed facility is subject to:

☐ City jurisdiction ☐ County jurisdiction ☐ Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No

If you answered "Yes" above, was this compliance based on:

- ☒ Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact.

Section 19.61.020.J,
JCC - Permitted Uses: Single family dwelling or manufactured
dwellings. Note: Septic system to be connected to authorized
structures/uses only.

8. Planning Official Signature: [Signature]
Print Name: O. Neumann Title: Assistant Planner
Telephone: 541 474 5109 x2412 Date: 5-21-21

Department of Environmental Quality
LAND USE COMPATIBILITY STATEMENT (LUCS)
for Onsite Wastewater Treatment System Permits



WHAT IS A LUCS? The Land Use Compatibility Statement is the process used by the DEQ to determine whether DEQ permits and other approvals affecting land use are consistent with local government comprehensive plans. The LUCS form is included in the onsite permit application approval packet.

WHY IS A LUCS REQUIRED? Oregon law requires state agency activities that impact land use be consistent with local comprehensive plans and land use regulations. Oregon Administrative Rules (OAR) Chapter 340, Division 18 identifies agency activities or programs that significantly affect land use and the process for ensuring consistency.

WHEN IS A LUCS REQUIRED? A LUCS is required for nearly all DEQ permits, registrations under general permits, and certain other approvals and certifications that affect land use. **This form only applies to onsite wastewater treatment system permits and activities. WPCF applicants must complete DEQ's General LUCS form.**

HOW TO COMPLETE A LUCS:

Step	Who Does It	What Happens
1	Applicant	Completes Section 1 of the LUCS and submits it to the appropriate city or county planning office.
2	City or County Planning Office	Completes Section 2 of the LUCS by determining if the activity or use meets all local planning requirements, and returns to the applicant the signed and dated LUCS form <u>with findings of fact for any local reviews or necessary planning approvals.</u>
3	Applicant	Includes the completed LUCS with <u>findings of fact</u> with the DEQ permit or approval submittal application to the DEQ.

A permit cannot be issued if the proposed facility does not comply with all applicable local land use requirements. The applicant is responsible for working with the local planning office to comply with land use requirements.

WHERE TO GET HELP: Questions about the LUCS process can be directed to the region staff responsible for processing the onsite permits. Headquarters and regional offices may also be reached using DEQ's toll-free telephone number 1-800-452-4011.

CULTURAL RESOURCES PROTECTION LAWS: Applicants involved in ground-disturbing activities should be aware of federal and state cultural resources protection laws. ORS 358.920 prohibits the excavation, injury, destruction, or alteration of an archeological site or object, or removal of archeological objects from public and private lands without an archeological permit issued by the State Historic Preservation Office. 16 USC 470, Section 106, National Historic Preservation Act of 1966 requires a federal agency, prior to any undertaking, to take into account the effect of the undertaking that is included on or eligible for inclusion in the National Register. For further information, contact the State Historic Preservation Office at 503-378-4168, extension 232.

RECEIVED

MAY 19 2021

JOCO - PLANNING

Highland Ranch Rd

LITTLEFIELD BACKHOE SERVICE
698 Ewe Creek Rd.
Grants Pass, OR 97526
541-479-2802
CCB-81585 DEQ-34435

Dr Way

Proposed
Home
Site

Proposed
1000 gal Tank

Future
Recreation

200'

50'

60'

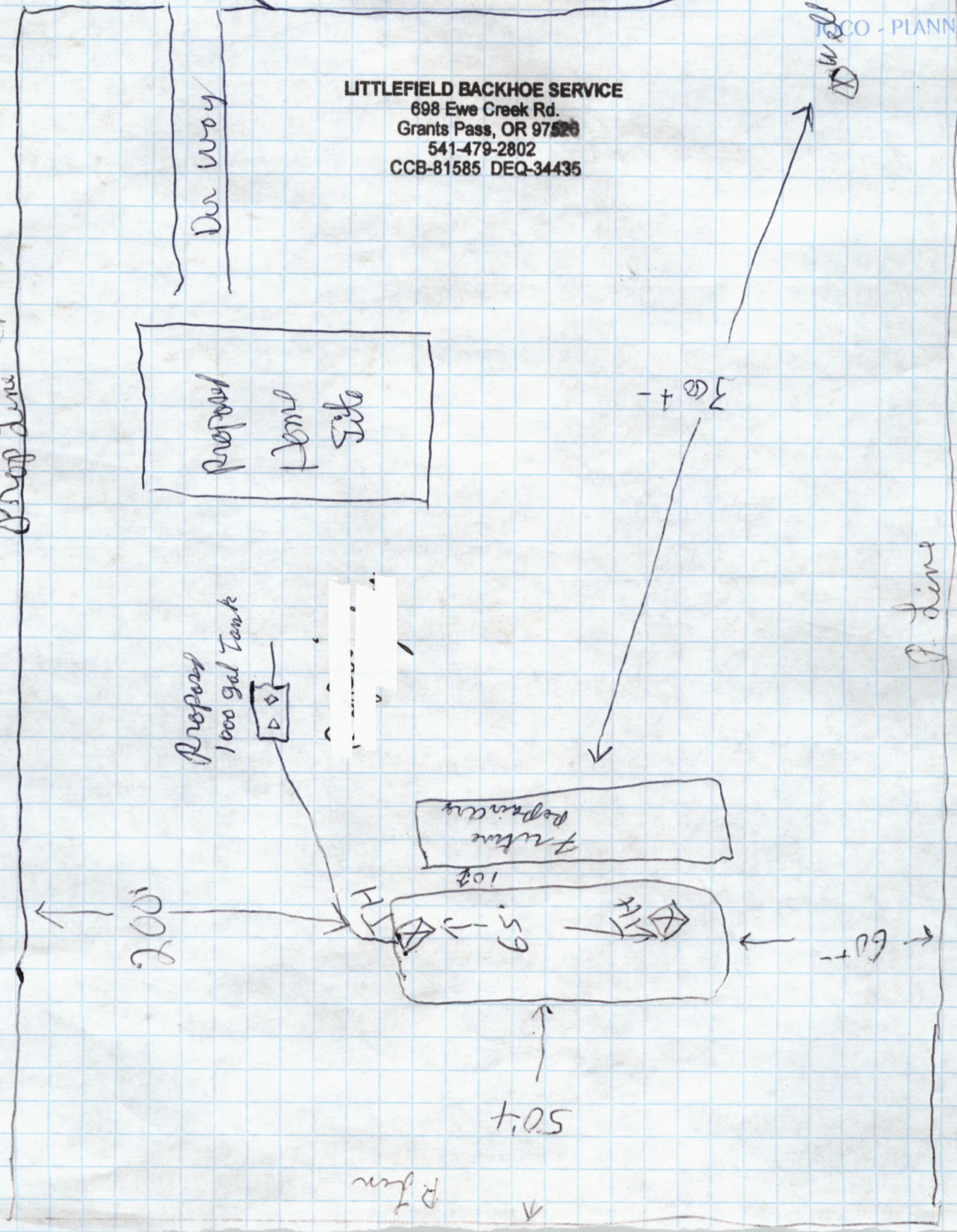
P. line

P. line

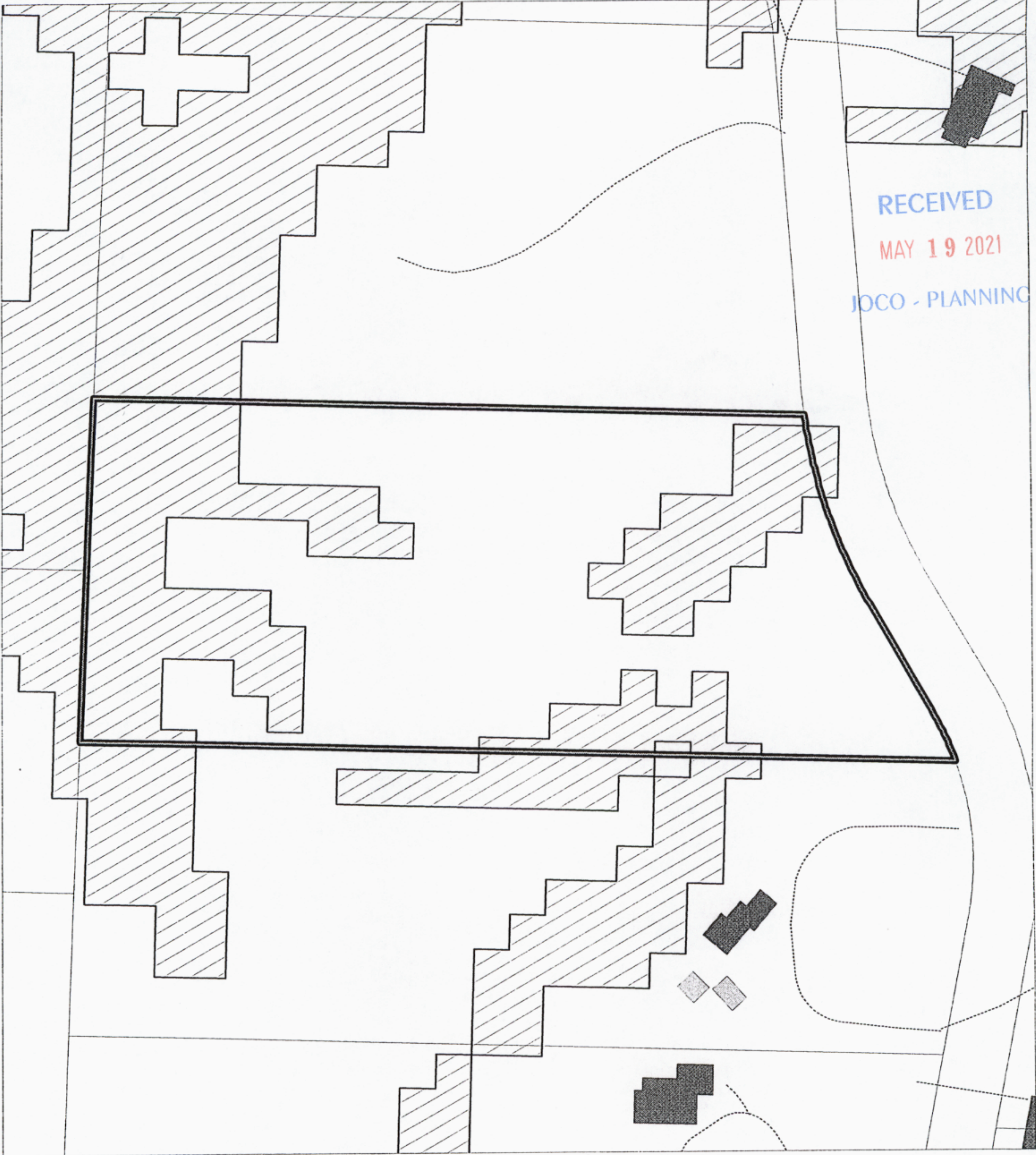
30'



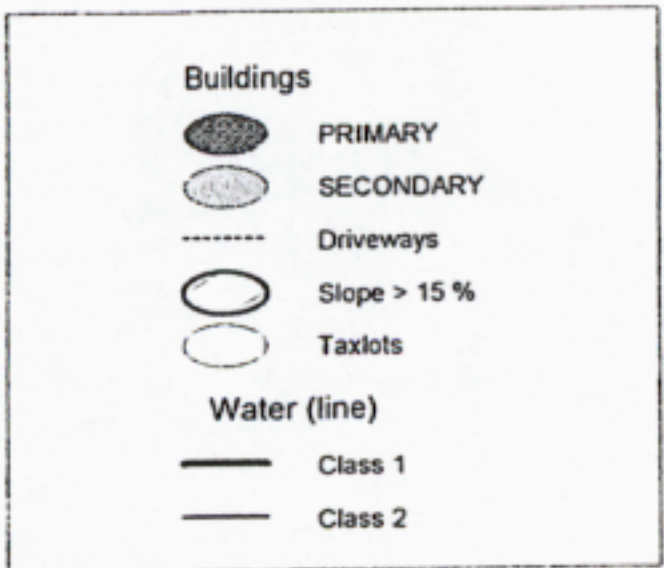
Prop line



Assessor's Map 35-06-20 tl 2422



Legend



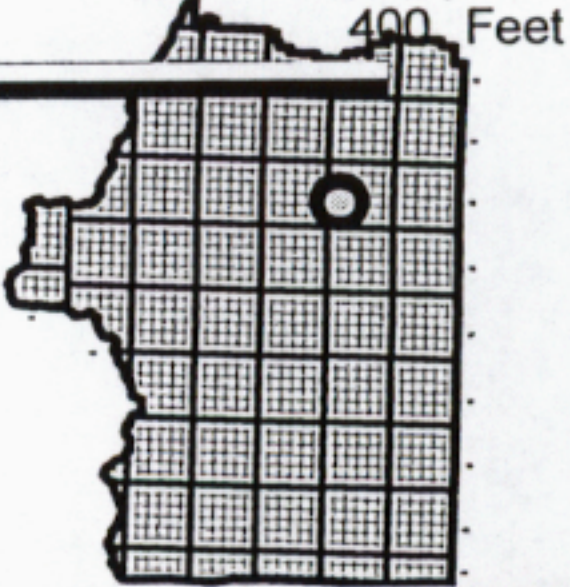
The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Neither Josephine County, Cave Junction, nor Grants Pass will accept responsibility for any errors or inaccuracies in the depicted information.



Scale
1:1500



Locator Map



This map was prepared for assessment purpose only.

