THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 33 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

36 06 33

CANCELLED:
7202
5700
4002
4004
3500
5400
4190
2900
7190
7191
6705
1100
7101
2001
3102
3101
3002
1291
3990
4090
5100
1001
1003
602
701
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1200
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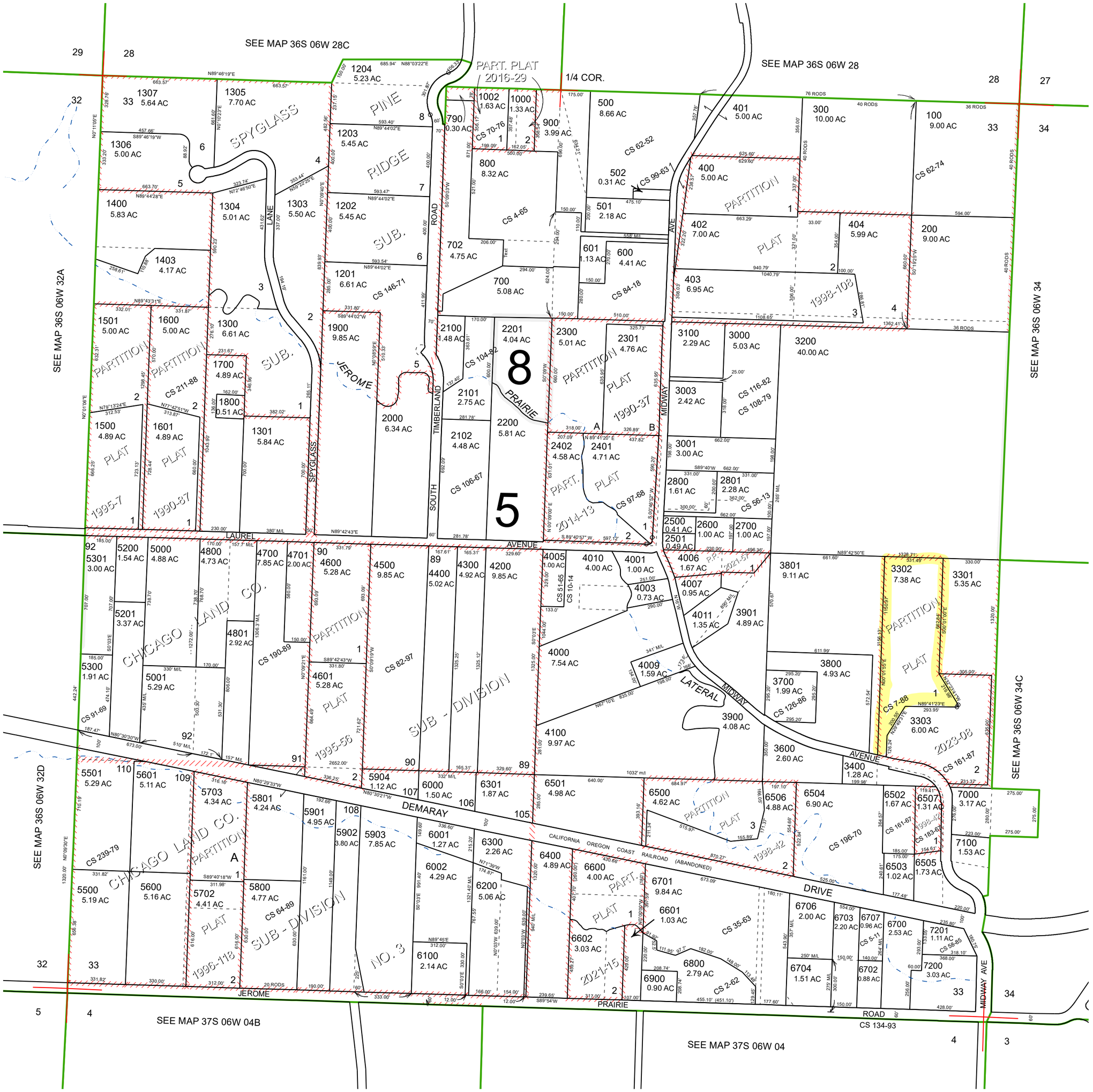
5900
490
491
492
1302
1401
1402
2400
4008
3300



36 06 33

Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-21-000360-PRMT

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

Date Certificate Issued: 11/19/2021
Work Description: Replace Baffes, run tight line up to 100' to dbox to new drainfield for 3 bed home. See Site Plan

Applicant: Paul F Chierichetti
Address: 2062 NW Vine St
Grants Pass OR 97526
Phone: 541-476-8216
Email: mrrooter1@qwestoffice.net

Contractor: CHIERICHETTI PLUMBING LLC
(LMS) Electrical Contractor, Limited Maintenance
Specialty: 987LMS
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: MR.ROOTER@TERRAGON.COM

Contractor: CHIERICHETTI PLUMBING LLC
(PB) Plumbing Contractor: 17-109PB
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: mrrooter1@qwestoffice.net

Contractor: Mr. Rooter Plumbing
Installer/Pumper License: 38290
Address: 2062 NW Vine Street
Grants Pass OR 97526
Phone: (541) 476-8216
Email: mrrooter1@qwestoffice.net

Owner: SUBLETTE FAMILY LLC
Address: 3141 WINDERMERE HILL
3141 WINDERMERE HILL
COVINGTON KY 41015
Parcel: 3606330000330000 - Primary

Property Address: 3495 Midway Ave, Grants Pass, OR 97526

Lot Size:	13.39 ACRES	**Water Supply:**	Well - n/a
Zoning:	N/A	**City/County/UGB:**	County
Land Use Approval:	N/A		

Septic Permit 463-21-000360-PRMT

Date Certificate Issued: 11/19/2021
Work Description: Replace Baffes, run tight line up to 100' to dbox to new drainfield for 3 bed home. See Site Plan

Directions to Property:

Use the right lane to continue on SW 6th St
0.2 mi

Turn right onto US-199 S
2.3 mi

Take Demaray Dr to Midway Ave
4 min (2.7 mi)

Turn left onto Willow Ln
436 ft

Willow Ln turns slightly right and becomes Demaray Dr
2.2 mi

Slight right to stay on Demaray Dr
0.2 mi

Turn right at the 1st cross street onto Midway Ave
0.2 mi
3495 Midway Ave
Grants Pass, OR 97527

Category of Construction: Single Family Dwelling - n/a

	Existing	Proposed
Number of Bedrooms:	3	3
Number of Employees:	0	0
Number of Seating:	0	0

System Specifications

Type:	Standard		
Max Peak Design Flow:	375 gpd.	**Proposed Flow:**	375 gpd.
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	N/A
Special Tank Requirements:	USING EXISTING TANK		

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	N/A	**Distribution Method:**	Serial
Media Type:	EZ FLOW 1201P	**Media Depth:**	N/A
Trench Length:	312.5 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Temporary	**Groundwater Depth:**	N/A
Pump to Drainfield Required:	No	**Filter Fabric on Top of Drain Media:**	Yes

Septic Permit 463-21-000360-PRMT

Date Certificate Issued: 11/19/2021
Work Description: Replace Baffes, run tight line up to 100' to dbox to new drainfield for 3 bed home. See Site Plan

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

Gabriel Kasiah

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: 463-21-000360-PRMT

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

SECTION 1: Owner/Permittee Information:

Twnshp: **Range:** **Sect:**

Name: SUBLETTE FAMILY LLC **Lot:**

Property Address: 3495 MIDWAY AVE, GRANTS PASS, OR 97526

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: SERIAL DISTRIBUTION

Tanks(1)	Volume: 1000 G	Compartments: 1	Manufacturer: EXISTING CONCRETE			Water tight verification* Date: 11/1/21	
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes ✓	No	Diameter: 4"	ASTM#/Other: PVC 3034	Length: 70'
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: N/A		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

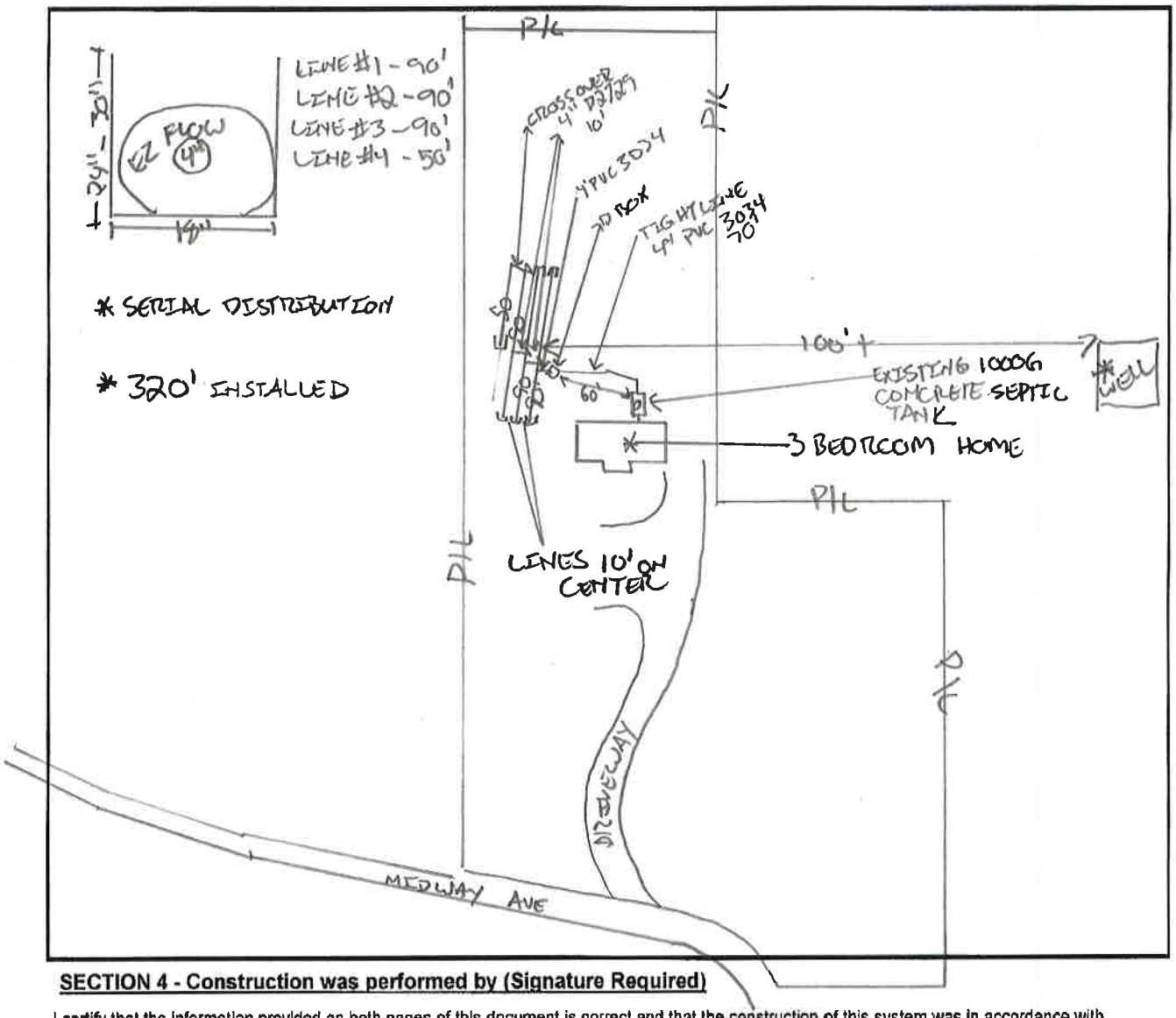
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No	LINES 10' ON CENTER AND 24"-30" IN DEPTH		
Drop Box	Yes ✓	No			
Distribution Pipe	Yes ✓	No	Diameter: 4"	ASTM#/Other: EZ FLOW	Length: 320'

Comment _____

**All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)*
***Attach sieve analysis for Underdrain Media and Filter Sand*

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: MR. ROOTER PLUMBING				
Licensed Installer:	Yes ✓	No	License#:	Certification#:	
Owner/ Certified Installer:	Signature:		Date: 11/8/21	Phone#: 541-476-8216	

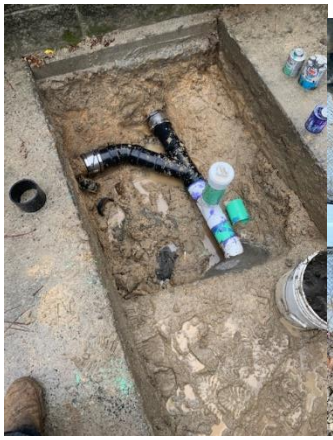
SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____













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
463-21-000360-PRMT

Date issued: 9/23/21 **Expiration date:** 9/23/22

Work description: Replace Baffes, run tight line up to 100' to dbox to new drainfield for 3 bed home. See Site Plan

Applicant: Paul F Chierichetti
Address: 2062 NW Vine St
Grants Pass OR 97526
Phone: 541-476-8216
Email: mrrooter1@qwestoffice.net

Contractor: CHIERICHETTI PLUMBING LLC
(LMS) Electrical Contractor, Limited Maintenance
Specialty: 987LMS
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: MR.ROOTER@TERRAGON.COM

Contractor: CHIERICHETTI PLUMBING LLC
(PB) Plumbing Contractor: 17-109PB
Address: 2062 NW VINE ST
GRANTS PASS OR 97526
Phone: 5414768216
Email: mrrooter1@qwestoffice.net

Contractor: Mr. Rooter Plumbing
Installer/Pumper License: 38290
Address: 2062 NW Vine Street
Grants Pass OR 97526
Phone: (541) 476-8216
Email: mrrooter1@qwestoffice.net

Business License: N/A

Owner: SUBLETTE FAMILY LLC
Address: 3141 WINDERMERE HILL
3141 WINDERMERE HILL
COVINGTON KY 41015

Property address: 3495 Midway Ave, Grants Pass, OR 97526

Parcel: 3606330000330000 - Primary

Lot size:	13.39 ACRES	**Water supply:**	Well - 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: CURRENT ADRESS LISTED AS 3477 MIDWAY AVE.

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 463-21-000360-PRMT

Date issued: 9/23/21 **Expiration date:** 9/23/22

Work description: Replace Baffes, run tight line up to 100' to dbox to new drainfield for 3 bed home. See Site Plan

Directions to property:

Use the right lane to continue on SW 6th St
0.2 mi

Turn right onto US-199 S
2.3 mi

Take Demaray Dr to Midway Ave
4 min (2.7 mi)

Turn left onto Willow Ln
436 ft

Willow Ln turns slightly right and becomes Demaray Dr
2.2 mi

Slight right to stay on Demaray Dr
0.2 mi

Turn right at the 1st cross street onto Midway Ave
0.2 mi
3495 Midway Ave
Grants Pass, OR 97527

Category of construction: Single Family Dwelling - n/a

	Existing	Proposed
Number of bedrooms:	3	3
Number of employees:	0	0
Number of seating:	0	0

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	375 gpd.	**Proposed flow:**	375 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A
Special tank rqmts:	USING EXISTING TANK		

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 1201P		
Trench length:	312.5 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

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

Onsite Permit 463-21-000360-PRMT

Date issued: 9/23/21 **Expiration date:** 9/23/22

Work description: Replace Baffes, run tight line up to 100' to dbox to new drainfield for 3 bed home. See Site Plan

Conditions of approval

1.This repair permit is for a 3 BDR SFR.

2.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.

3.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:

4.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.

5.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.

6.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.

7.The system must be installed by the property owner or a licensed sewage disposal business (installer).

8.Vehicular traffic and livestock must be restricted from the system area.

9.All roof drains must be directed away from the system

10.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.

11.Meet all required setbacks

12.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.

13.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.

14.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx

15.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.

16.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.

17.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.

18.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.

19.Maximum length of an individual trench is 150-feet.

20.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

21.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

22.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.

23.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-21-000360-PRMT

Date issued: 9/23/21 **Expiration date:** 9/23/22

Work description: Replace Baffes, run tight line up to 100' to dbox to new drainfield for 3 bed home. See Site Plan

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 9/23/21

State of Oregon
Department of Environmental Quality

SITE PLAN FOR CONSTRUCTION / INSTALLATION

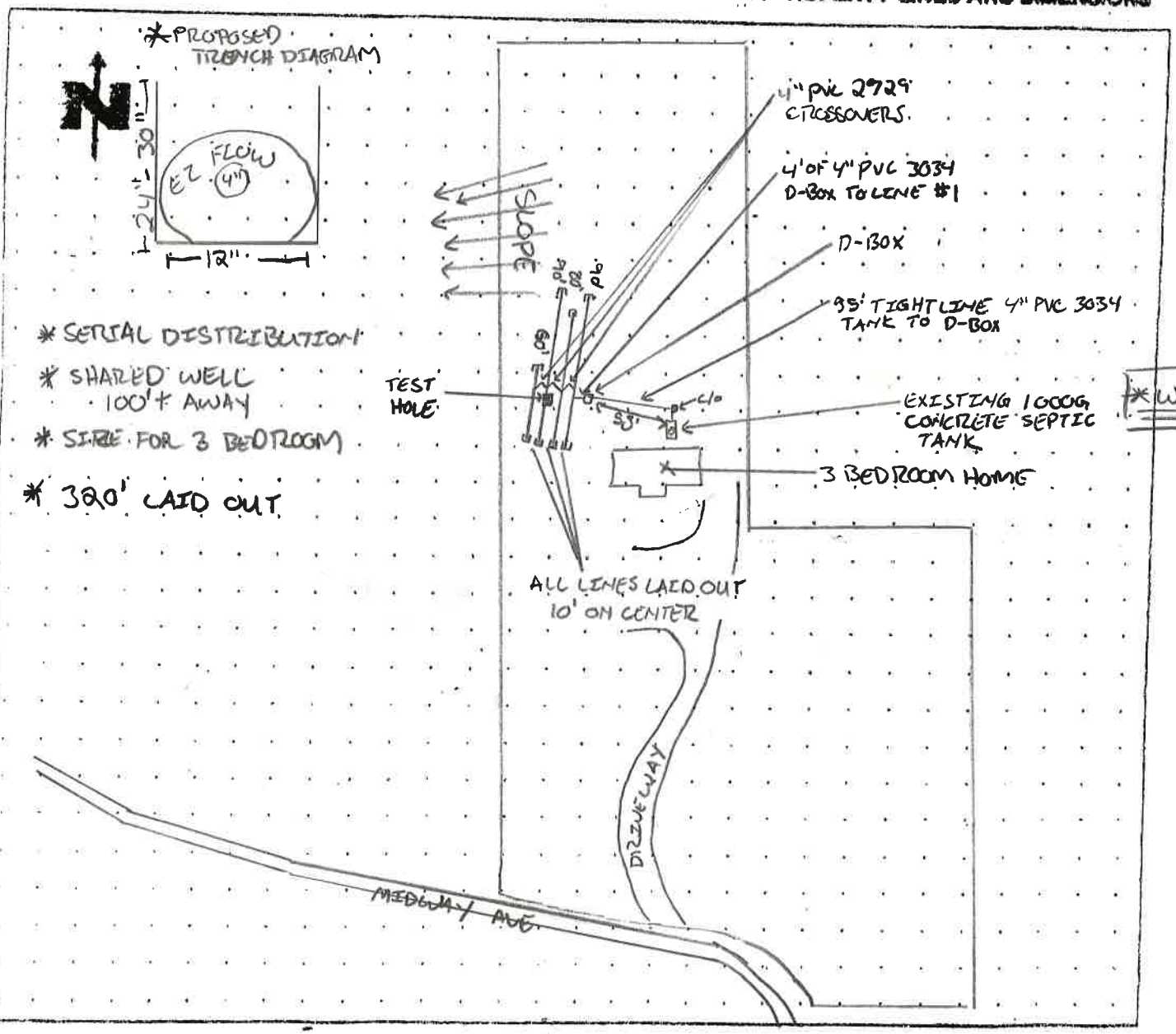
Site Plan Must Be Current 3477 Property Owner: Ryan Lawerence Site ID:

Site Address: ~~3495~~ Midway City: Grants Pass County: Josephine

Township: 36 Range: 06 Section: 33 Tax Lot: 003300

Acres: 5 Subdivision: Lot: Block:

Scale: 1 Square = _____ Feet **SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the ☐ Owner or ☒ Authorized Agent. Name (please print): MR. ROOTER PLUMBING

Signature: _____ Date: 8/11/21

FIELD WORKSHEET

Name: Ryan Lawerence **Application No.:** 463-21-000360-PRMT **Date:** 9/14/2021
RE: SITE EVALUATION REPORT for Parcel #: 360633000300

Commercial Facility: ☐ Yes ☒ No Parcel Size: 13.39 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 375 gpd Max Number of bedrooms: 3 Max Number of Employees: _____

~~Initial System~~	Replacement System
☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
Tank: ☐ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☐ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____" Max Depth _____" Min Depth	Absorption facility: 312.5 total linear feet 125 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

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

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

Inspector: YK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-12	SL	10YR 3/2, GR-wSBK, ROOTS 2VF,F,M,C,1VC
	12-36	SCL	7.5YR 5/4, sSBK, ROOTS 1VF,F, PORES 2VF,1F
	36-60	CoSCL	10YR 5/6, SABK-WEDGE, LIVE ROOTS TO 42", CAS DEP 10YR 5/1
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (OAK, FIR, MADRONE, PINE)

Slope: 15-20% Aspect: W / NW Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: EXISTING TANK UNDER CONCRETE PAD NORTH OF HOME

RECEIVED
AUG 1 9 2021
JOCO - PLANNING

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

1. **Applicant Name/Property Owner:** Mr. Rooter Plumbing, LLC
   Mailing Address: 2062 NW Vine Street
   City, State, Zip: Grants Pass, OR 97526
   Telephone: 541-476-8216

2. **Property Information:**
   County: JOSEPHINE **Tax Lot No.:**
   Township: 35 **Range:** 06 **Section:** 33
   Physical Address: 3495 Midway Ave
   Block: **Lot:** 003300
   Subdivision Name (if applicable):

3. **This proposed facility is for:**
   - [x] 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:** Septic Repairs
   - [ ] Construction-Installation permit for: [ ] New Construction [x] 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 [x] 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:
   - [x] 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 19.6l.020.J, JCC – Permitted Uses: Single Family Dwelling or Manufactured Dwelling Note: Septic System to be connected to Authorized Structure or Uses Only.

8. **Planning Official Signature:**
   Print Name: Onnie Heater **Title:** Assistant Planner
   Telephone: 541-474-5109 x 2412 **Date:** 8-27-21

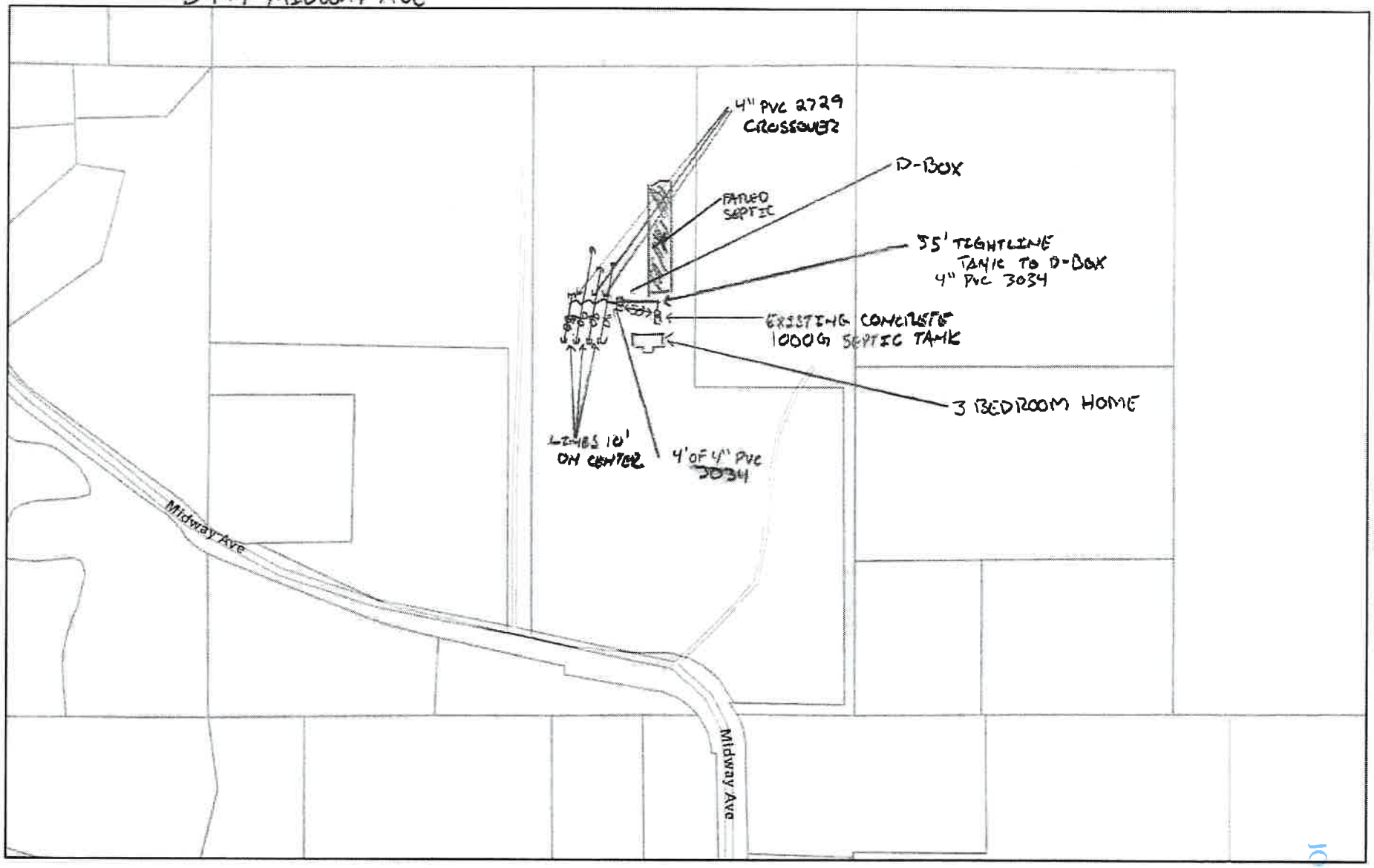
OnsiteLUCS 2/28/2008

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

DEQ-08-WQ-008

3495 Midway Ave
~~3477 MIDWAY AVE~~

ArcGIS Web Map



8/11/2021, 2:52:32 PM

County Boundary

Taxlots

1:4,514

0 155 310 620 ft

0 45 90 180 m

Esri Community Maps Contributors, Josephine County, State of Oregon

Web AppBuilder for ArcGIS

Compiled by the Bureau of Land Management (BLM), National Operations Center (NOC), OC-530. | Oregon Department of Human Services & Oregon Health Authority (Office of Forecasting, Research and Analysis) | Esri Community Maps Contributors, Josephine

DEQ
State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

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

PROPERTY IDENTIFICATION:

3477 Midway Avenue
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 33 Map ID 00 Tax Lot #(s) 003300

PROPERTY OWNER:

Printed Name: Ryan Lawrence

Address: 3141 Windermere Hill

City, State, Zip: Covington, KY 41015

Phone: Melinda 303.263.9362 or Ryan 303.618.5417 Email: melinda7178@yahoo.com

Signature: Ryan Lawrence

AUTHORIZED REPRESENTATIVE:

Printed Name: Mr. Rooter Plumbing, William Webb

Address: 2062 NW Vine Street

City, State, Zip: Grants Pass, OR 97526

Phone: 541.864.0334 Email: mrrooter1@qwestoffice.net

Signature:

DEQ
State of Oregon Department of Environmental Quality

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And described in the records of Josephine County as:

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Printed Name: Ryan Lawrence

Address: 3141 Windermere Hill

City, State, Zip: Covington, KY 41015

Phone: Melinda 303-263-9362 or Ryan 303-618-5417 Email: melinda7178@yahoo.com

Signature: Ryan Lawrence

AUTHORIZED REPRESENTATIVE:

Printed Name: Mr. Rooter Plumbing, William Webb

Address: 2062 NW Vine Street

City, State, Zip: Grants Pass, OR 97526

Phone: 541-864-0334 Email: mrrooter1@qwestoffice.net

Signature:

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 33 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

36 06 33

CANCELLED:
7202
5700
4002
4004
3500
5400
4190
2900
7190
7191
6705
1100
7101
2001
3102
3101
3002
1291
3990
4090
5100
1001
1003
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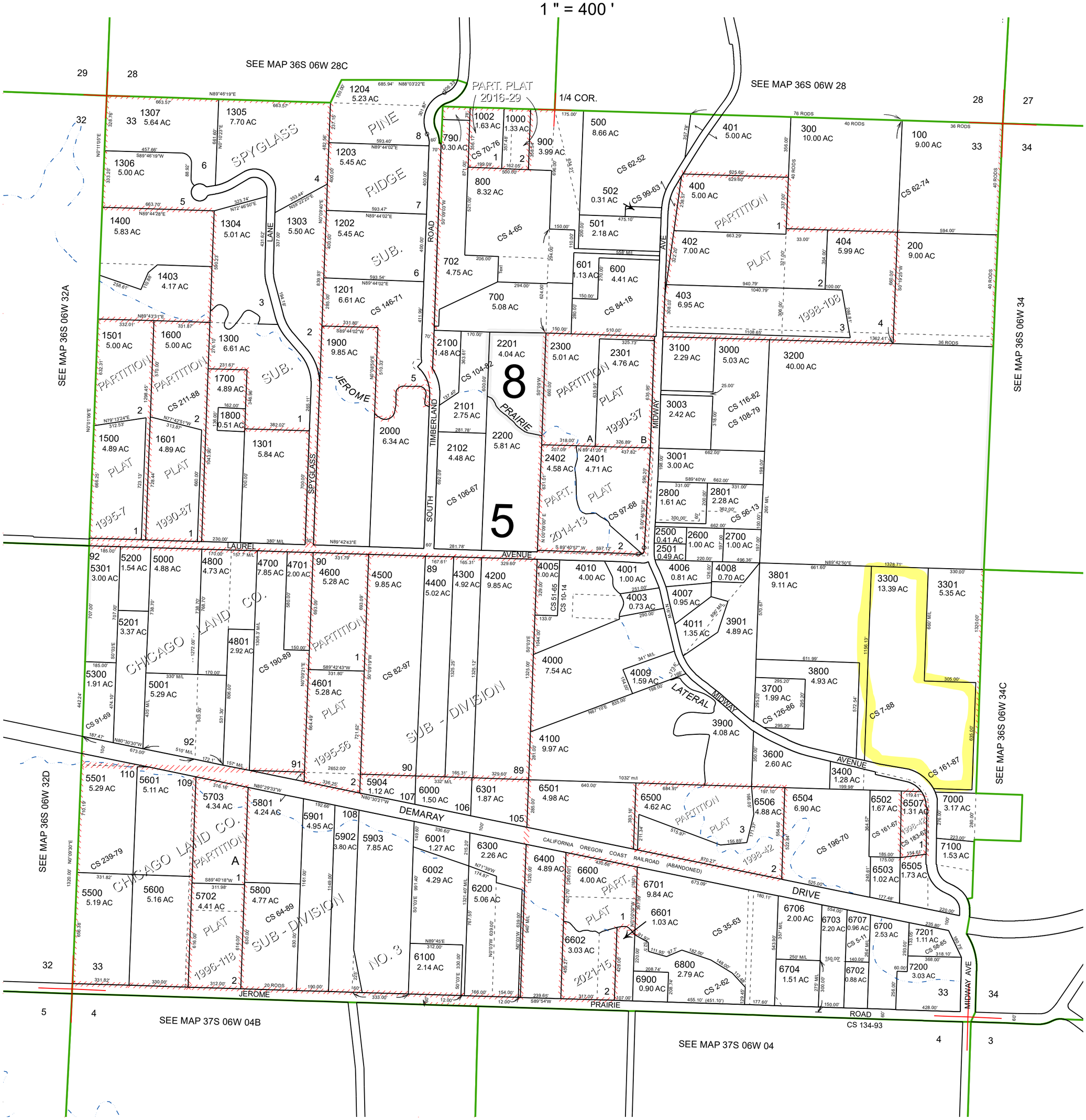
5900
490
491
492
1302
1401
1402
2400



36 06 33

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

Josephine County Health Dept. ✓

Permit No. № 1706
Expiration Date 10-13-72

Street address of installation (If no street address, describe specific location) 3477 Midway

Property Owner: Jack A. Florence H. Sublette Telephone: 6-6930

Mailing Address: 3495 (street) Midway Ave (city) (state)

DESCRIPTION OF PROPERTY: Township 36 Range 6 Section 33 Subsection ____ Code 5
(attach copy of assessor's map)
Building site area in acres: ~~.25~~ 1ac 18.80 total Name of Subdivision: ____

Tax Lot Number: 3300 Dimensions of building site: Width ____ Depth ____

PROPOSED WATER SUPPLY: Individual – Well (drilled ✓ 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 No Law

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

BUILDING INFORMATION: Home ___ Mobile home ✓ Number of bedrooms 3
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.

attached

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

Permit Fee Paid
$5.00 ck # 4-7-72

x Florence M. Sublette
Signature of property owner

Checked by:
DC 4-7-72
Clerk

Date Issued: 4-13-72

DO NOT WRITE BELOW THIS LINE

Domestic Sewage Disposal Permit: Approved ✓ Disapproved ___ John Sayles 4-12-72
sanitarian date

Minimum septic tank capacity in gallons: 900
Trench X square feet 570 width 36" length 190' depth 18-36"
Seepage bed ___ square feet ___ width ___ length ___ depth ___
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 John Sayles 5-5-72
sanitarian date

Mobile Home Plumbing Approved ____ ____
sanitarian date

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

Josephine County Health Dept.

Permit No. № 673
Expiration Date _____

Street address of installation (If no street address, describe specific location) 3477 Midway Ave. Grants Pass, Ore. 97526

Property Owner: Jack A. & Florence M. Sublette Telephone: 476-6930

Mailing Address: 3495 Midway Ave (street) Grants Pass (city) Oregon (state) 97526

DESCRIPTION OF PROPERTY: Township 36 Range 06 Section 33 Subsection ____ Code 5
(attach copy of assessor's map)
Building site area in acres: Approx 1/4 Acre Name of Subdivision: ____

Tax Lot Number: 3300 Dimensions of building site: Width 24' Depth 64'

PROPOSED WATER SUPPLY: Individual – Well (drilled X driven ___ dug ___) Surface ___ Spring ___
Public: City ___ Community System(name) ___

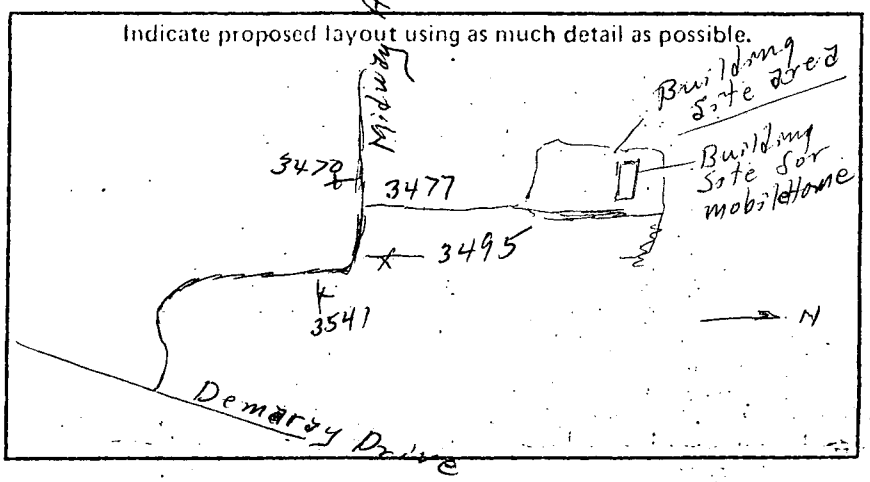
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM: new X repair ___ privy ___
Installed by owner – yes (no) If no, give name of person installing system Harold Law

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

BUILDING INFORMATION: Home ___ Mobile home X Number of bedrooms 3
FHA or VA insured loan – yes ___ no X Commercial(type): ___
Garbage disposal unit – yes ___ no X 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
$ ___

X Jack A. Sublette
Signature of property owner

Checked by: ___
Clerk

Date Issued: ___

John Hughes

Josephine County Health Dept.

RECORD OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

Permit Issued to: Name Jack Sublett — Installer's Name 3477 Medway
Mailing Address 3495 Medway Ave G. P. — Permit Number 1706
Property Address

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

Water Supply: public system ____ individual ✓ community ____

Septic Tank: distance from well none feet — Material Cement
total liquid capacity 1000 gal. — Inside length ____ ft.
inside width ____ ft. — Inside depth ____ ft.
liquid depth ____ ft.

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

Length of trench or bed ____ ft.
Total linear feet ____ ft.
Width of trench or bed ____ ft.
Total square footage ____ ft.
Distance between tile lines ____ ft.
Type of rock filler material ____
Depth rock over tile ____ ft.
Depth rock beneath tile ____ ft.
Grade boards used: yes ____ no ____

~~Seepage Pit~~ Drywell: depth 10' width 10' length 10'
square feet ____ lined(dry well) ____ or gravel filled(pit) ____

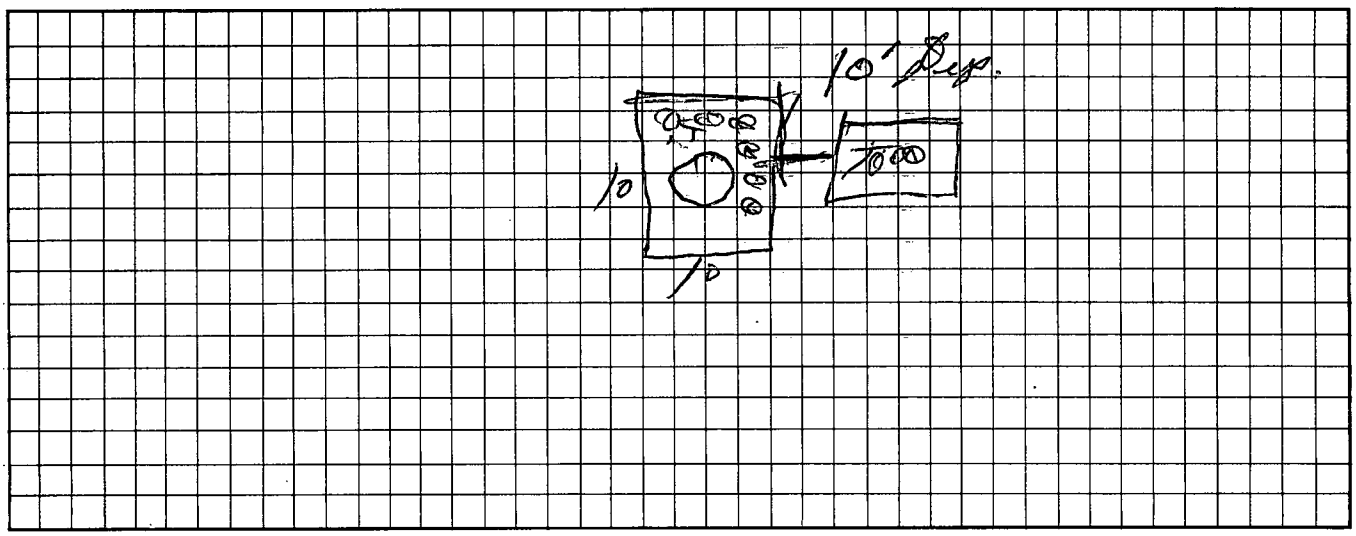
Privy: ground excavation: depth ____ width ____ length ____
cubic feet ____

Distance of well from subsurface disposal unit none ft.

Harold A Law 5-5-72
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 ____

5-5-72
Date

JOSEPHINE COUNTY HEALTH DEPARTMENT
John Lee
Sanitarian

JOSEPHINE COUNTY DEVELOPMENT PERMIT

NON-REFUNDABLE FEE: $275 CHECK: _____ CASH: #275.00

PERMIT NUMBER: 2009-294

TWN: 36 **RNG:** 06 **SEC:** 33 **QQ:** 00 **TAXLOT** 3300

SITUS: 3495 MIDWAY AVE **ACRES:** 13.39 **ZONE:** RR5

Applicant: SUBLETTE FAMILY TRUST SUBLETTE, FLORENC **Applicant Phone:** 476-6930

Applicant Address: 3477 MIDWAY AVE GRANTS PASS, OR 97527

Owner: SUBLETTE FAMILY TRUST SUBLETTE, FLORENC

Owner Address: 3477 MIDWAY AVE GRANTS PASS, OR 97527

SPECIAL REQUIREMENTS

YES	NO	
☐	☐	Assigned Situs/Space Number_____ Address Card___
☐	☒	County Road*___ State Highway*___ Other/NA___ Access Permit in File___
☐	☒	Violation - Development Permit to resolve violation(s)_____Comment:
☐	☒	Approximate Flood Hazard Area - Professional Certificate in File___ NA___ Reason:
☐	☒	Floodway Fringe - Base Flood Elevation_____ft. NA___ Reason:
☐	☒	Floodway - Approved Engineer's "No-Rise" Study in File___ NA___ Reason:
☐	☒	LOMA (Letter of Map Amendment) on file
☐	☒	Scenic Waterway - BLM Authorization in File___
☐	☒	Stream - Name_____ Class 1 Stream ___ Class 2 Stream___
☐	☒	Wetland - Division of State Lands Authorization in File___ NA___ Reason:
☐	☒	Nesting Site - ODF&W Authorization in File____NA____Reason:
☐	☒	Erosion Hazard - Plan in File_____NA_____Reason:
☐	☒	Fire Hazard - Plan in File_____NA_____Reason:
☐	☒	Aggregate - Restrictive Covenant/Aggregate Impact Area Agreement in File___
☐	☒	Airport Overlay - Declaration in File ___ NA ___ Reason:
☐	☒	Enterprise Zone
☐	☒	Historical - Historical Committee Review___
☐	☒	Part of Total - map no. :
☐	☐	Site Review Conditions - Comment:

Schools :Three Rivers

Acres:

EXISTING STRUCTURES

MOBILE DOUBLE WIDE (3 BEDROOMS)
DECK FIR
MH DBL WIDE SKIRTING
ROOF COVER ROLL ROOFING
MAIN.AREA (2 BEDROOMS)

PROPOSAL

Barn - 24'x48'

SETBACKS
Front Setback: 30
Side Setback: 10
Rear Setback: 25
Stream Setback: NA
Height: 35 ft.

Additional Terms:

For personal use only; no commercial activities allowed.

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: Florence M. Sublette **Date:** 7-6-2009

Contractor Name: **License#:**

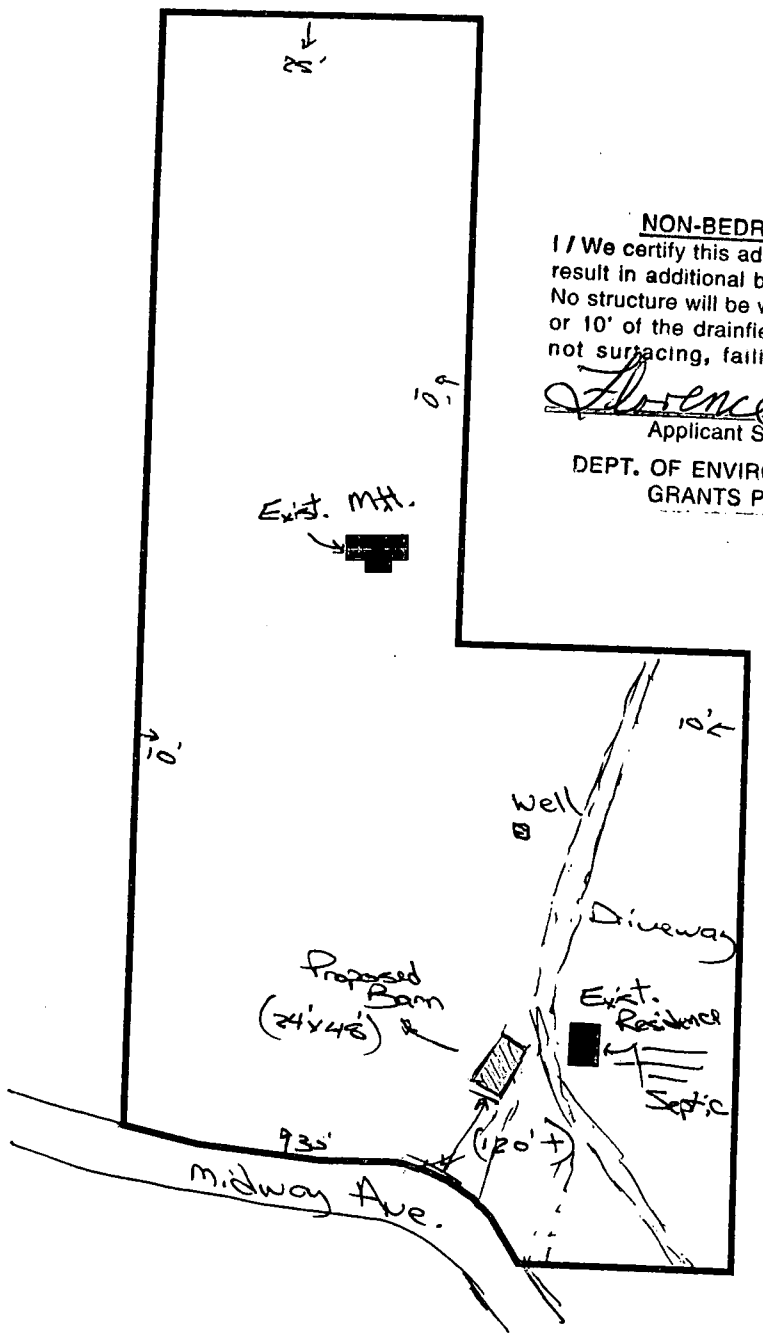
Approved: **Date:** 7-6-2009

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

Date: Monday, July 6, 2009 **T** 36 , **R** 06 , **SEC** 33 - 00 , **TL#** 003300

Name: SUBLETTE FAMILY TRUST SUBLETTE, FLORENCE M TRUSTEE **Address:** 3495 MIDWAY AVE

Plot Plan



NON-BEDROOM ADDITION

I / We certify this addition or alteration will not result in additional bedrooms or sewage flow. No structure will be within 5' of the septic tank or 10' of the drainfield. The septic system is not surfacing, failing, or malfunctioning.

Florence M. Sublette

Applicant Signature / Date

DEPT. OF ENVIRONMENTAL QUALITY
GRANTS PASS BRANCH

200 0 200 400 Feet

Structure Location:
Zone: RR5 **Minimum Setbacks:**
Front: 30' **Side:** 10'
Rear: 25' **Centerline:** 60'
Stream:

N

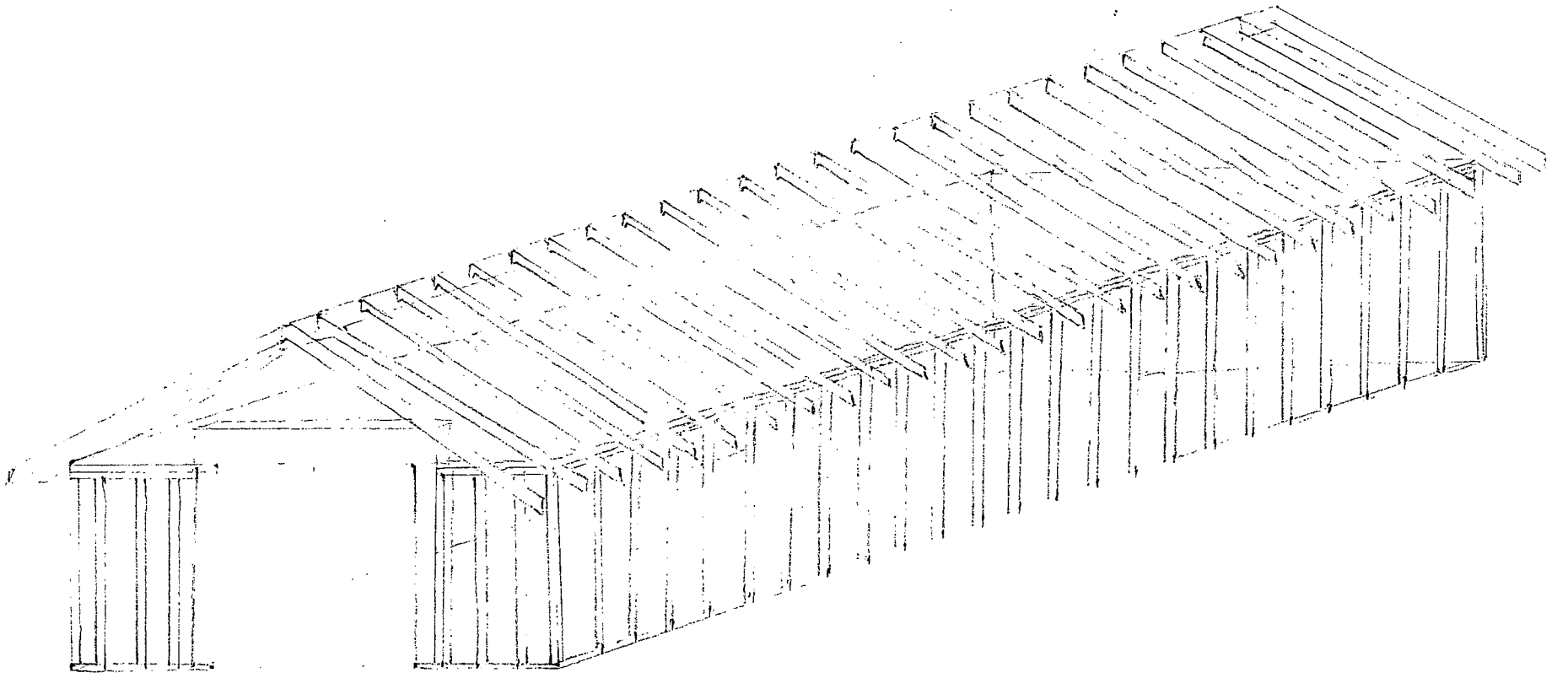
Scale 1:2400

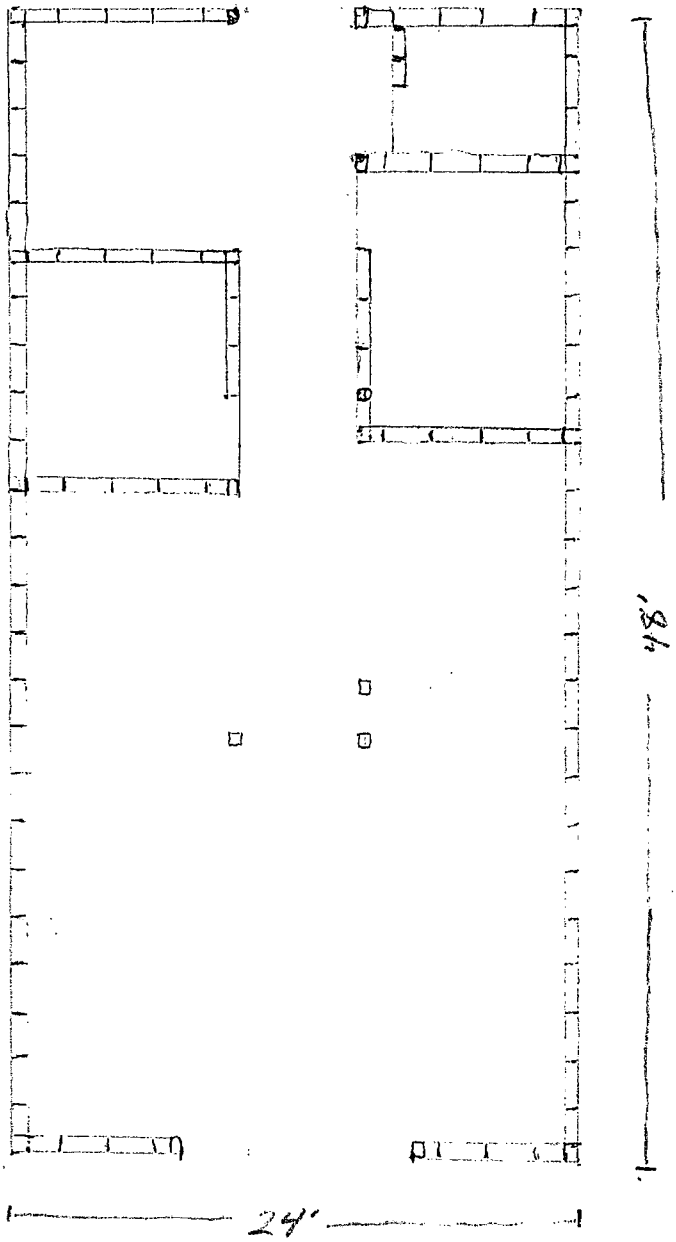
Legend

Buildings: PRIMARY, SECONDARY, Cave Junction City, Cave Junction U.G.B., Cell Towers
FEMA Flood Map: Grants Pass City, CITY, Grants Pass U.G.B., Jackson Co. lots, Merlin/MV U.C. (MHV), Rail Road, Scenic Waterway (State), Tracts
Water (line): Class 1, Class 2, Wetlands (Line), Wetlands (polygon), Wild and Scenic (BLM)
Important Locations: Hospital, Park, School, Fire Station, Police Station, Sheriff Station, Airport

Planner:

Applicant Signature: Florence M. Sublette




18'
24'

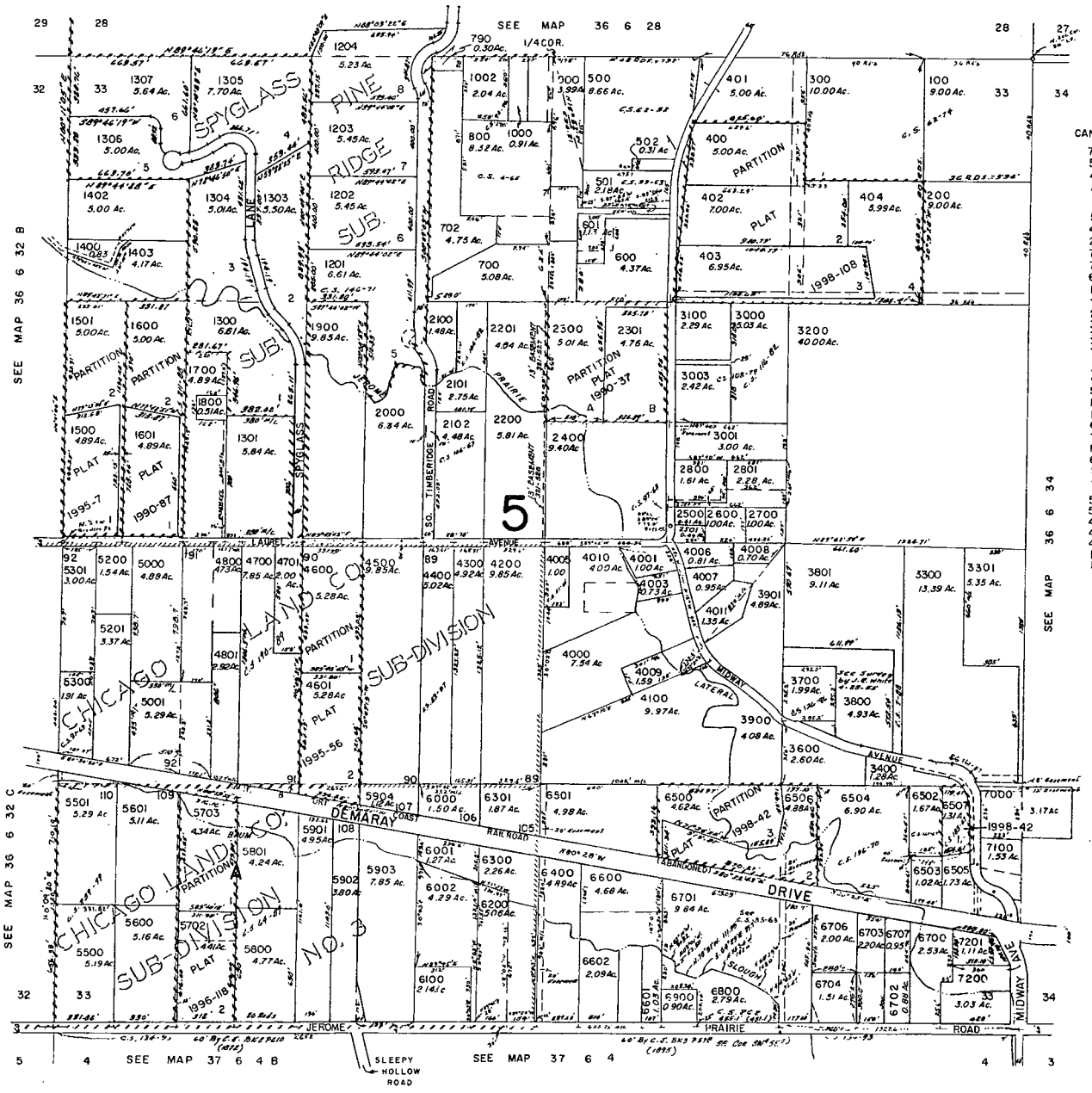
BOOK 12

SECTION 33 T 36S R6W W.M.

JOSEPHINE COUNTY

1" = 400'

36 6 33



36 6 33