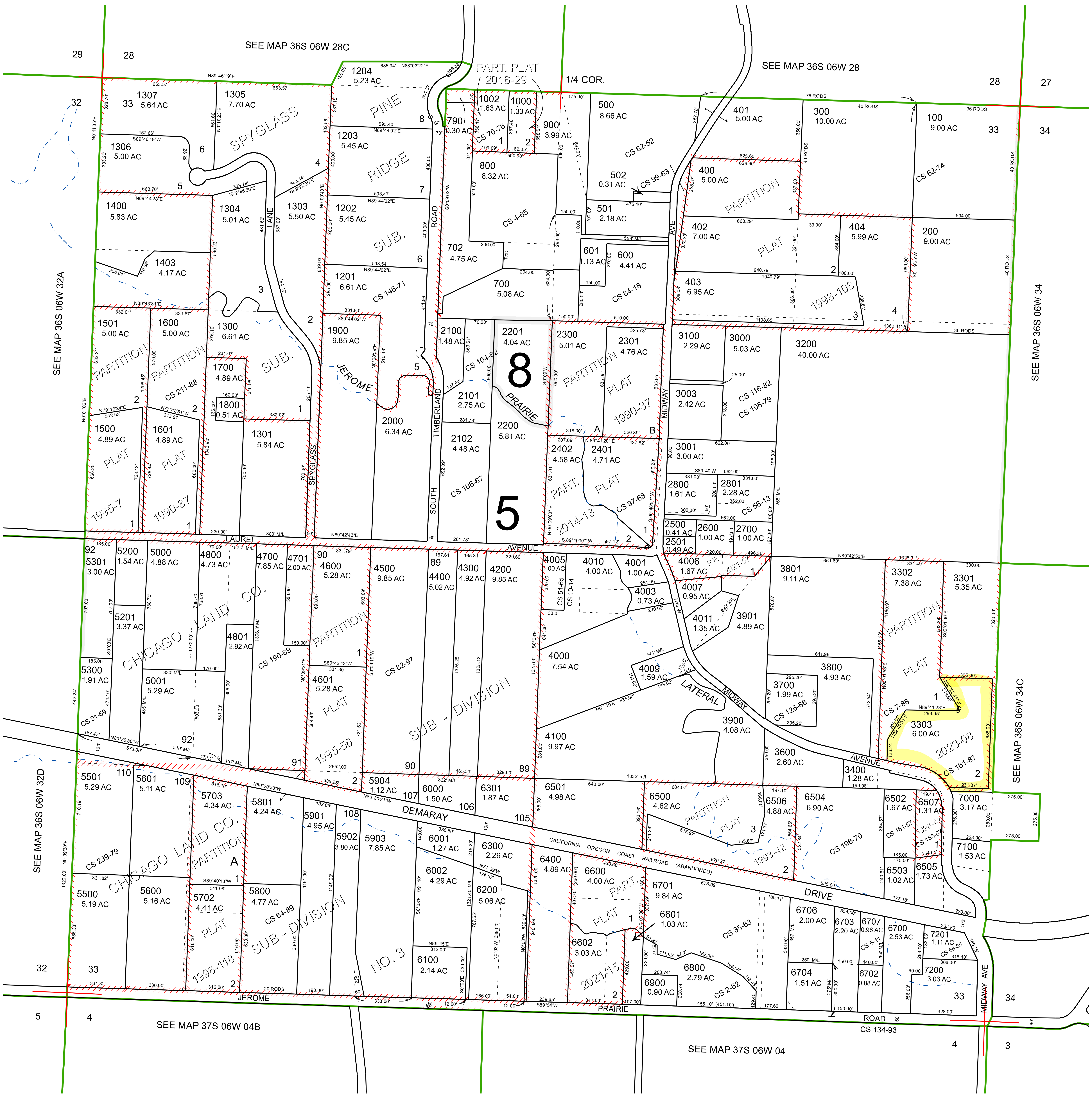
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

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



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
1290
6790
901
4900
1200
5701
5900
490
491
492
1302
1401
1402
2400
4008
3300

Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-22-000113-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: 05/12/2022
Work Description: MAJOR REPAIR

Applicant: Clint Eells Excavating
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Primary Contractor: Clint Eells Excavating
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

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
Zoning:	N/A	**City/County/UGB:**	County
Land Use Approval:	N/A		

Category of Construction: Residential

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

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	375 gpd.
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	500 gal.

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	75 linear ft.	**Distribution Method:**	Serial
Media Type:	Rock/Pipe	**Media Depth:**	12 in.
Trench Length:	225 linear ft.	**Rock Above Pipe:**	2 in.
Total Rock Depth:	12 in.	**Rock Below Pipe:**	6 in.
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
Groundwater Interceptor:	Yes	**Groundwater Interceptor Depth:**	48 in.
Groundwater Interceptor Amt of Drain Media:	36 in.		
Pump to Drainfield Required:	Yes	**Filter Fabric on Top of Drain Media:**	Yes

Septic Permit 463-22-000113-PRMT

Date Certificate Issued: 05/12/2022
Work Description: MAJOR REPAIR

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:** No **Pre-Cover Inspection Waived Per 340-071:** Yes

Comments: 300 LINEAR FEET OF DRAINFIELD INSTALLED.

Gabriel Kasiah Natural Resource 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.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-22-000113-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: 36 Range: 06 Sect: 33

Name: SUBLETTE FAMILY LLC

Lot: 3300

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

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

						Water tight verification*
Tanks(1)	Volume: 1,500	Compartments: 2	Manufacturer: Riverside			Date:
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:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes X	No	Diameter: 1½"	ASTM#/Other: Sch. 40	Length: 335'

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	

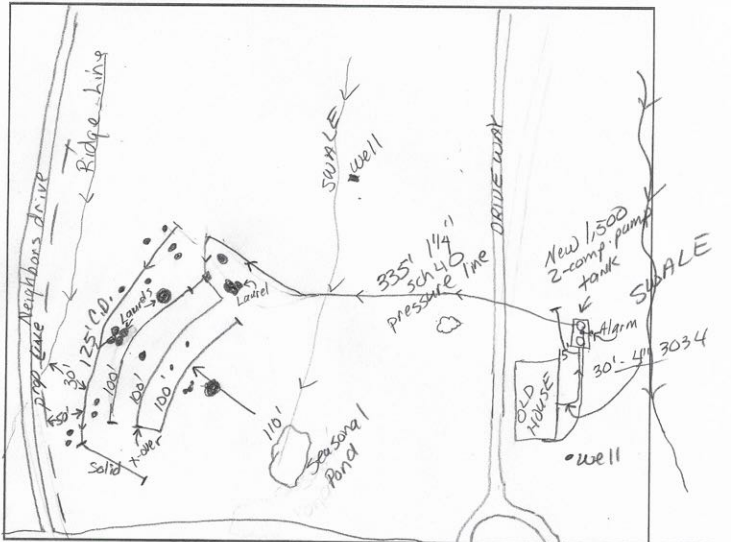
D. Drainfield Media

Type	(Gravel, Pipe or alternative?)	pipe and rock				
Distribution Box	Yes	No				
Drop Box	Yes X	No				
Distribution Pipe	Yes X	No	Diameter: 4"	ASTM#/Other: F810		Length: 300'
Comment	125' curtain drain					

**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: Clint Eells				
Licensed Installer:	Yes	No	License#: 36268	Certification#:	
Owner/ Certified Installer:	Signature: Clint Eells			Date: 5-4-2022	Phone#: 541-659-7325

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____

SEPTIC TANK ABANDONMENT FORM

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

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

(2) Procedures for decommissioning

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

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

Property Owner: Sublette Family LLC

Site address: 3495 Midway Ave

Legal Description: Twp: 36 Range: 06 Section: 33 Tax lot: 3300

Date tank pumped: 4-2-2022

Pumped by: Jason Anderson License #: 39234
(Signature of licensed pumper)

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

BY: [signature] Date: 4-2-2022
(Original Signature of operator/owner)





















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
463-22-000113-PRMT

Date issued: 4/11/22 **Expiration date:** 4/11/23

Work description: MAJOR REPAIR

Applicant: Clint Eells Excavating
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Eells Excavating
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

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

Comments: N/A

Category of construction: Residential

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

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	450 gpd.	**Proposed flow:**	375 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	500 gal.

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	75 linear ft.	**Distribution method:**	Serial
Media type:	Rock/Pipe	**Media depth:**	12 in.
Trench length:	225 linear ft.	**Rock above pipe:**	2 in.
Total rock depth:	12 in.	**Rock below pipe:**	6 in.
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

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 463-22-000113-PRMT

Date issued: 4/11/22 **Expiration date:** 4/11/23

Work description: MAJOR REPAIR

Groundwater interceptor:	Yes	**Groundwater interceptor depth:**	48 in.
Groundwater interceptor drain media amt:	36 in.		
Pump to drainfield reqd:	Yes	**Filter fabric on top of drain media:**	Yes

Onsite Permit 463-22-000113-PRMT

Date issued: 4/11/22 **Expiration date:** 4/11/23

Work description: MAJOR REPAIR

Conditions of approval

Onsite Permit 463-22-000113-PRMT

Date issued: 4/11/22 **Expiration date:** 4/11/23

Work description: MAJOR REPAIR

Conditions of approval

1.This repair permit is for 3 BDR SFR.

2.Properly decommission the old septic tank and submit appropriate documentation.

3.A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent and provide the reasons for delay, and propose a different completion date. Delays may be cause for formal enforcement action, which may result in civil penalty assessments.

4.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:

5.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.

6.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.

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

8.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).

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

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

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

12.All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.

13.Meet all required setbacks

14.The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.

15.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.

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

17.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.

18.Install the pump and system components in accordance with the approved pump curve and specifications.

19.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.

20.Effluent filter required at tank outlet.

21.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.

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

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

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

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

26.Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches

Onsite Permit 463-22-000113-PRMT

Date issued: 4/11/22 **Expiration date:** 4/11/23

Work description: MAJOR REPAIR

Conditions of approval

above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

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

28.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.

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

Onsite Permit 463-22-000113-PRMT

Date issued: 4/11/22 **Expiration date:** 4/11/23

Work description: MAJOR REPAIR

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.

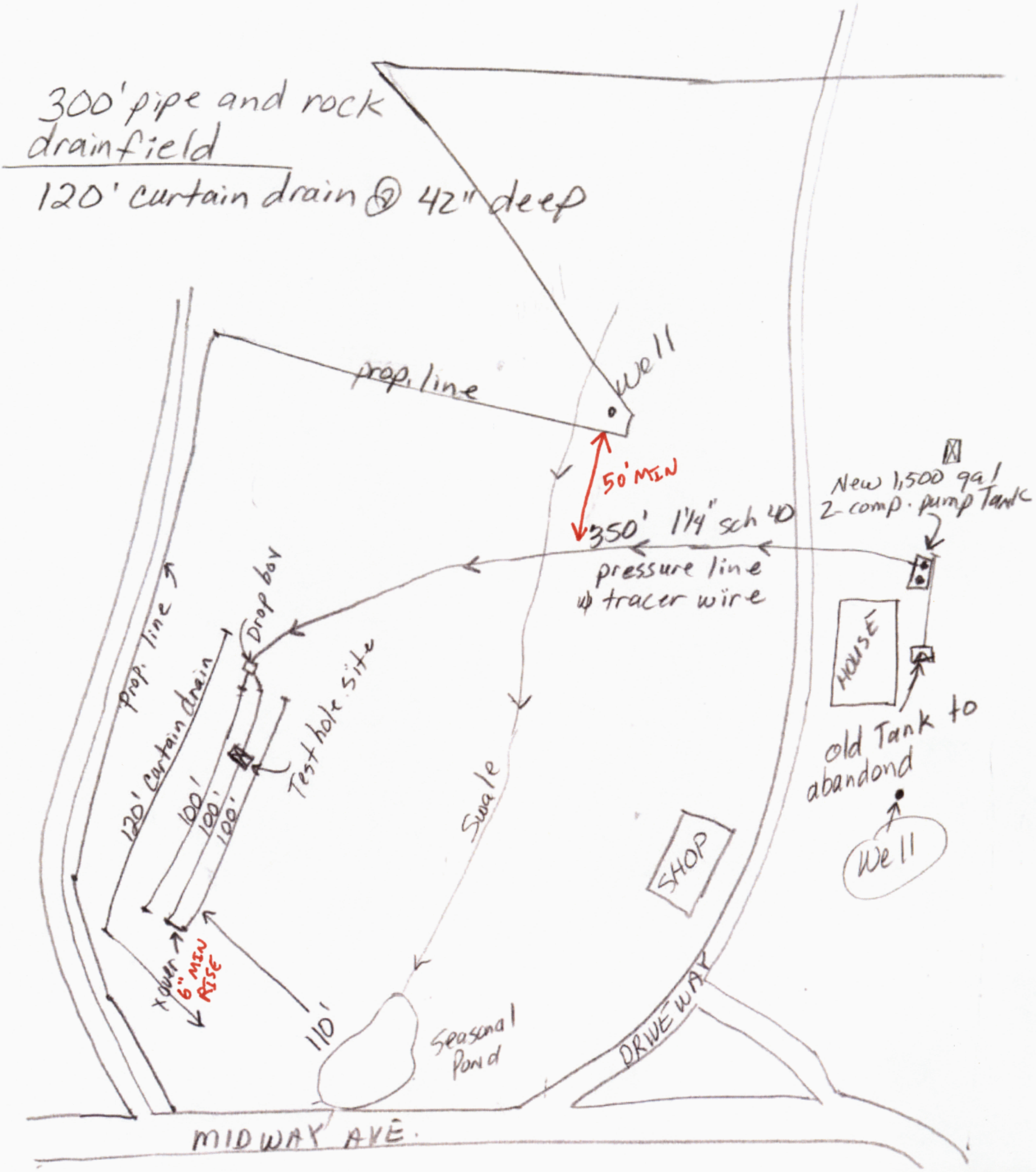
Gabriel Kasiah Natural Resource Specialist 4/11/22

JO CO ON-SITE SEPTIC

MAR 29 2022

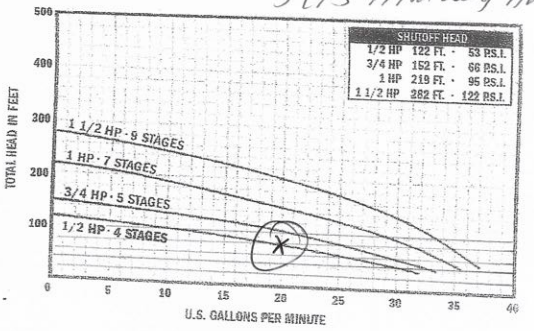
APPROVED BY:

Clint Eells
3495 Midway Ave
3-17-2022



Clint Eells
3-28-2022
3495 Midway Ave

E Series - 30 GPM



RELATED PRODUCTS

Well Safe Sanitizer Kit (/Well-Safe-Sanitizer-Kit-p1647.html)

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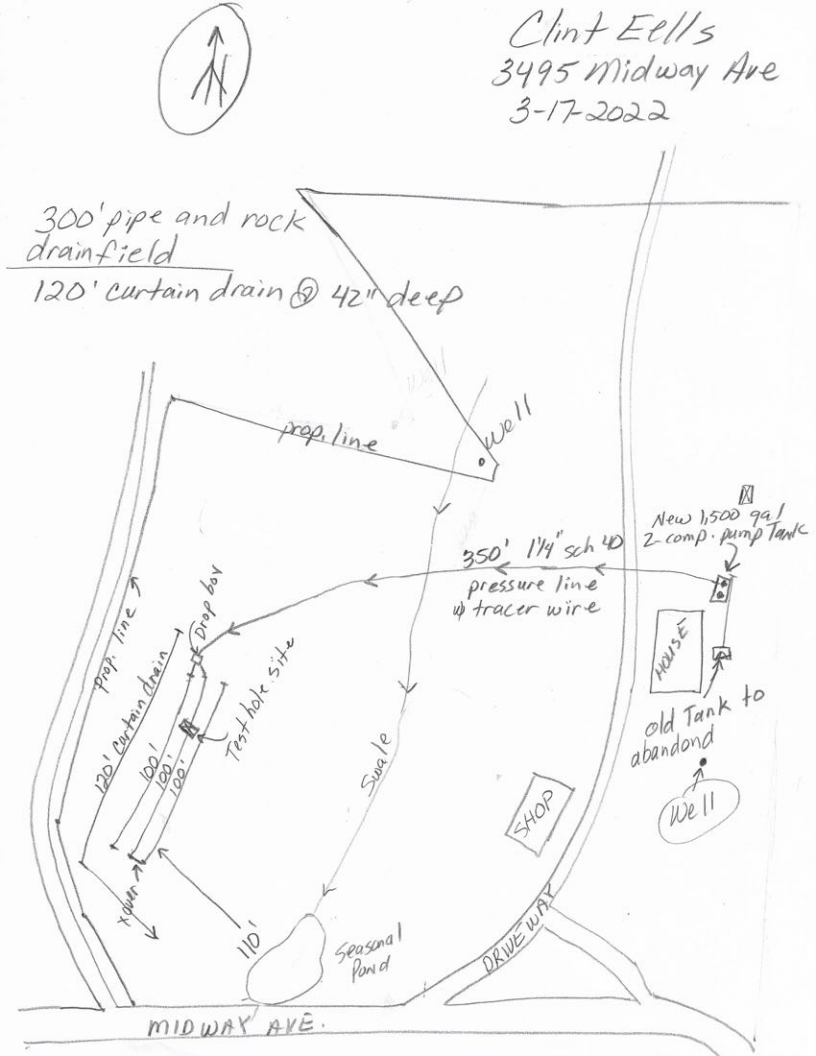

Clint Eells
3495 Midway Ave
3-17-2022
300' pipe and rock drainfield
120' curtain drain @ 42" deep
prop. line
well
New 1,500 gal 2-comp. pump Tank
350' 1¼" sch 40 pressure line w tracer wire
prop. line
drop box
120' curtain drain
100'
100'
100'
Test hole site
Swale
HOUSE
old Tank to abandond
well
SHOP
x-over
110'
Seasonal Pond
DRIVE WAY
MIDWAY AVE.

RECEIVED
JUL 29 2021
JOCO-PLANNING

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: 7/21/2021 **TWN** 36 **RNG** 06 **SEC** 33 **QQ** 00 **TL** 00330

OWNER'S NAME: Ryan and Melinda Lawrence

ADDRESS: 3477 and 3495 Midway Avenue, Grants Pass, OR 97527

PLOT PLAN

SIGNATURE: Melinda Lawrence **DATE:** 7/21/2021

Revised 10/14/19

JOSEPHINE COUNTY

Application for Onsite Sewage Treatment System

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

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

A. Property Owner Information

Melinda Lawrence — Name
3141 Windermere Hill Covington KY. 41015 — Mailing Address (Street or PO Box, City, State, Zip Code)
303-263-9362 — Phone Number

B. Legal Property Description

36 — Township
06 — Range
33 — Section
3300 — Tax Lot
Tax Account Number
Acreage or Lot Size
JOS — County
Subdivision Name
Lot
Block

Property Address: 3495 Midway Ave. — Address
Grants Pass — City
OR — State
97527 — Zip Code

Directions to Property:

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
Number of Bedrooms
☐ Other

Proposed Facility:

☒ Single Family Residence
3
Number of Bedrooms
☐ Other

Water Supply:

☐ Public
Name
☒ Private
Well, Spring, Shared

D. Type of Application

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

☐ Other-please specify

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

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

Clint Ellis — Signature
2-10-2022 — Date

Clint Ellis — Applicant's Name – Please Print Legibly
541-659-7325 — Applicant's Phone Number
Clint.tedc@gmail — Applicant's E-mail Address

5545 Riverbanks Rd — Applicant's Mailing Address

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

☐ Authorization Attached

Clint Ellis — Installer's Name

EXISTING SEPTIC SYSTEM DESCRIPTION

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

1. Your existing septic system consists of (check all that apply):
   ☒ Septic Tank ☐ Disposal Trenches ☐ Capping Fill ☐ Sandfilter
   ☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
   ☐ Other (Describe) _____
2. When was your septic system installed? ? (Date) _____ (Permit Number)
3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown wood lid
4. Septic tank volume (in gallons) ?
5. When was the septic tank last pumped? ? Attach receipt if available.
6. Number of disposal trenches 1 ?
7. Total length of disposal trenches (in feet) 35' I followed the line out of tank and it terminated at 35'
8. Do you propose to use the existing septic system? Yes ☐ No ☒
9. Is your septic system currently in use? Yes ☒ No ☐ If no, date of last use _____
10. If the septic system currently serves a dwelling:
    How many bedrooms are in the dwelling? 2 How many people occupy the dwelling? 3
11. How many bedrooms will be in the proposed dwelling? 3 ? How many occupants ? _____
12. If the septic system serves a business:
    How many total employees are there? _____
    Type of business _____
13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☒
    If yes, please explain _____
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

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

2-10-2022 (Date) _____ Signature of Property Owner or Legally Authorized Representative

Print Form

NOTICE AUTHORIZING REPRESENTATIVE

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

PROPERTY IDENTIFICATION:

3495 Midway Avenue Grants Pass OR
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 33 Map ID _____ Tax Lot #(s) 3300

PROPERTY OWNER:

Printed Name: Melinda Lawrence

Address: 3141 Windermere Hill

City, State, Zip: Covington KY 41015

Phone: 303-263-9362 Email: Melinda7178@yahoo.com

Signature: Melinda Lawrence

AUTHORIZED REPRESENTATIVE:

Printed Name: Clint Eells

Address: 5545 Riverbanks rd

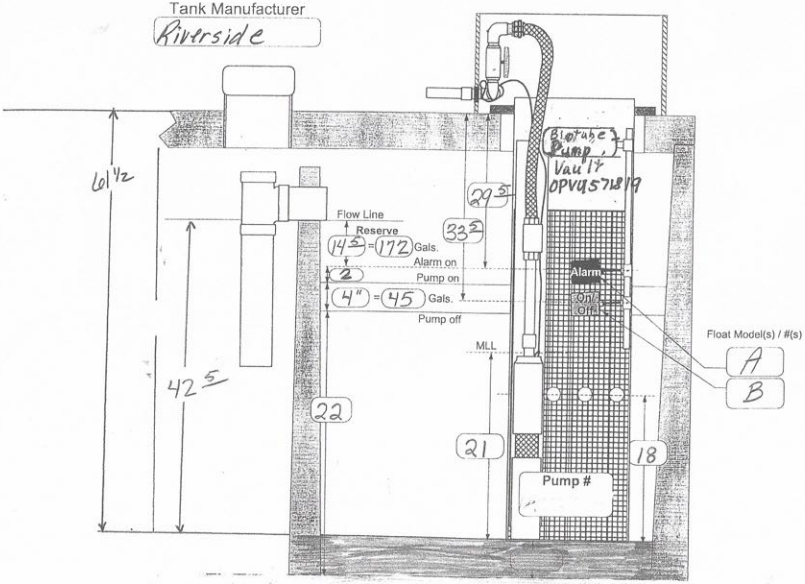
City, State, Zip: Grants Pass, OR. 97527

Phone: 541-659-7325 Email: Clint.fcdc@gmail.com

Signature: Clint Eells

1500 GALLON TWO COMPARTMENT
(side view)
with On-Demand dosing

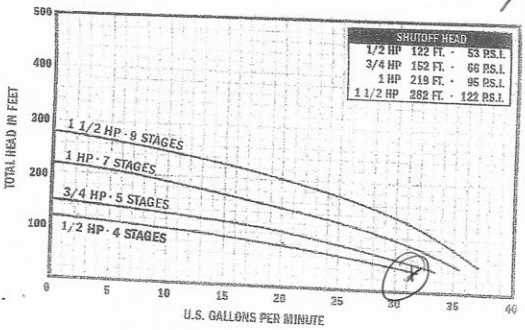
Clint Eells
3-10-2022
3495 Midway Ave.



FILENAME: Tank2-compfloats2sv.vsd

Chris Ellis
3-10-2022
3495 Mulberry Ave.

E Series - 30 GPM



RELATED PRODUCTS

Well Safe Sanitizer Kit (/Well-Safe-Sanitizer-Kit-p1647.html)

=16&28=QUANTITY=1)

3-5-2022

Clint Eells
3495 Midway Ave.

old house with no septic records. proposed new septic & pump to 275' of pipe and rock drainfield 24"-28" deep.

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

Receipt Number: PL22-00342

Payer/Payee: EELS, CLINT
5545 RIVERBANKS RD
GRANTS PASS OR 97527

Cashier: Terri Woodruff

Date: 03/07/2022

Primary Parcel: 36063300003300 **Project Description:** SEPTIC REPAIR

PL-2022-00386 LAND USE INFORMATION RESPONSE 3495 MIDWAY AVE

Fee Description	Fee Amount	Amount Paid	Fee Balance
Land Use Information Response	$125.00	$125.00	$0.00
	$125.00	**$125.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CHECK	1275	$125.00
Total Paid:		**$125.00**

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

1. **Applicant Name/Property Owner:** Clint Eells FOR Melinda Lawrence
   Mailing Address: 5545 Riverbanks Rd
   City, State, Zip: Grants Pass, OR 97527
   Telephone: 541-659-7325 e-mail = Clintfedc@gmail

2. **Property Information:**
   County: Josephine **Tax Lot No.:** 3300
   Township: 36 **Range:** 06 **Section:** 33
   Physical Address: 3495 Midway Ave.
   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:** RR5 **Zoning Minimum Parcel Size:** 5 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: Per Section 19.61.020, J of the JCC, a single family or manufactured dwelling is a permitted use. Per Section 19.13.080A, a lawful nonconforming structure may be altered or maintained.

8. **Planning Official Signature:** Veronica Brown
   Print Name: Veronica Brown **Title:** Associate Planner
   Telephone: 541-474-5109 ext 2423 **Date:** 03/09/22

RECEIVED
MAR 07 2022
JCCD - PLANNING

OnsiteLUCS 2/28/2008

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

DEQ-08-WQ-008

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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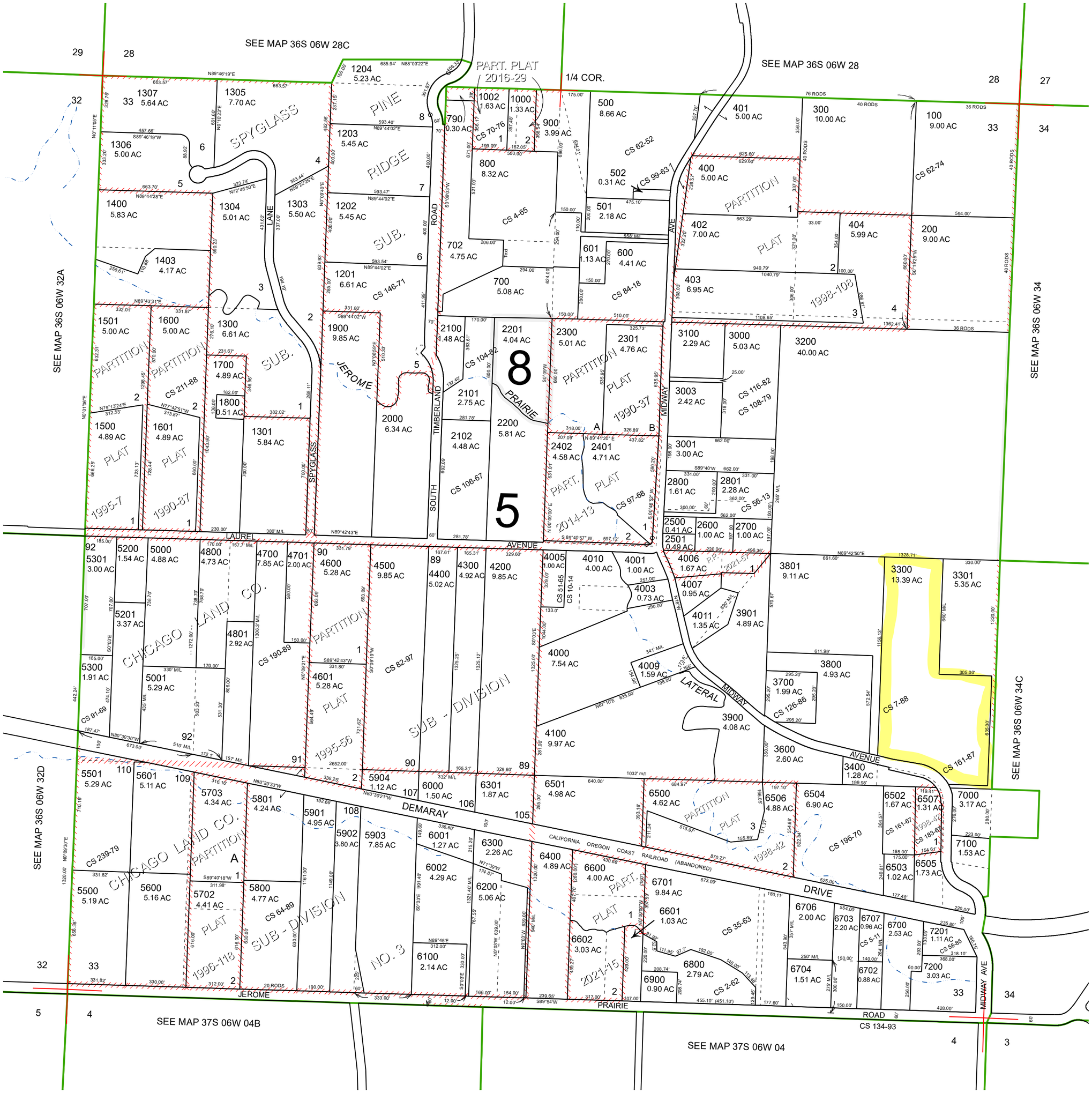
1302
1401
1402
2400
4008



36 06 33