



Certificate of Satisfactory Completion  
**Repair (Major) - Residential - New**  
463-21-000009-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:** 05/07/2021

**Work Description:** Major repair of septic system  
homeowner owns both tax lots of 0501 and 0502

Tank is on 0501

Leach field is on 0502

**Applicant:** Doo Doo Bus Septic  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
**Phone:** 5418463071  
**Email:** thedoodoobus@gmail.com

**Contractor:** Doo Doo Bus Septic  
**Installer/Pumper License:** 38974  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
**Phone:** (541) 846-3071  
**Email:** thedoodoobus@gmail.com

**Owner:** DINO, JEWEL A &  
**Address:** TOWNE, CHRISTINA A & WATTS,  
CAMERON JUSTINE  
TOWNE, CHRISTINA A &  
WATTS, CAMERON JUSTINE ET AL  
GRANTS PASS GRANTS PASS, OR  
97526 97526

**Property Address:** 2788 Midway Ave, Grants Pass, OR  
97527

**Parcel:** 3606330000050100 - Primary

|                           |            |                         |        |
|---------------------------|------------|-------------------------|--------|
| <b>Lot Size:</b>          | 2.18 ACRES | <b>Water Supply:</b>    | Well   |
| <b>Zoning:</b>            | N/A        | <b>City/County/UGB:</b> | County |
| <b>Land Use Approval:</b> | N/A        |                         |        |

**Category of Construction:** Residential

|                            | Existing | Proposed |
|----------------------------|----------|----------|
| <b>Number of Bedrooms:</b> | 4        | N/A      |

**System Specifications**

|                                |           |                                |          |
|--------------------------------|-----------|--------------------------------|----------|
| <b>Type:</b>                   | Standard  |                                |          |
| <b>Max Peak Design Flow:</b>   | 450 gpd.  | <b>Proposed Flow:</b>          | 450 gpd. |
| <b>Min Septic Tank Volume:</b> | 1000 gal. | <b>Min Dosing Tank Volume:</b> | 500 gal. |

**Drain Field Specifications**

|                           |                |                                                  |        |
|---------------------------|----------------|--------------------------------------------------|--------|
| <b>Drain Field Type:</b>  | Standard       | <b>System Distribution Type:</b>                 | Serial |
| <b>Drainfield Sizing:</b> | N/A            | <b>Distribution Method:</b>                      | Serial |
| <b>Media Type:</b>        | EZ FLOW 1201P  | <b>Media Depth:</b>                              | N/A    |
| <b>Trench Length:</b>     | 225 linear ft. | <b>Rock Above Pipe:</b>                          | N/A    |
| <b>Max Depth:</b>         | 30 in.         | <b>Undisturbed Soil Between Trenches:</b>        | 8 ft.  |
| <b>Min Depth:</b>         | 24 in.         | <b>Capping Fills-Min Depth of Fill Material:</b> | N/A    |

**Special Requirements**

|                                                    |           |                                             |        |
|----------------------------------------------------|-----------|---------------------------------------------|--------|
| <b>Groundwater Type:</b>                           | Temporary | <b>Groundwater Depth:</b>                   | N/A    |
| <b>Groundwater Interceptor:</b>                    | Yes       | <b>Groundwater Interceptor Depth:</b>       | 48 in. |
| <b>Groundwater Interceptor Amt of Drain Media:</b> | 36 in.    |                                             |        |
| <b>Pump to Drainfield Required:</b>                | Yes       | <b>Filter Fabric on Top of Drain Media:</b> | Yes    |
| <b>Rake Trench Sidewalls:</b>                      | Yes       |                                             |        |

**Date Certificate Issued:** 05/07/2021

**Work Description:** Major repair of septic system  
homeowner owns both tax lots of 0501 and 0502  
Tank is on 0501  
Leach field is on 0502

### Conditions of Approval

- 1.This repair permit is for 4BDR 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.The system must be installed by the property owner or a licensed sewage disposal business (installer).
  - 9.Vehicular traffic and livestock must be restricted from the system area.
  - 10.All roof drains must be directed away from the system
  - 11.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.
  - 12.Meet all required setbacks
  - 13.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.
  - 14.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.
  - 15.For product approval information and manufacturer installation requirements see DEQ website at:  
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
  - 16.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.
  - 17.Install the pump and system components in accordance with the approved pump curve and specifications.
  - 18.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.
  - 19.Effluent filter required at tank outlet.
  - 20.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.
  - 21.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
  - 22.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
  - 23.Maximum length of an individual trench is 150-feet.
  - 24.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
  - 25.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 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.
  - 26.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
  - 27.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.
  - 28.Photos of the septic system components must be submitted along with the FIRN.

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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**

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## Final Inspection Request and Notice - Septic ID: 463-21-000009-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:

Name: DINO, JEWEL A &amp;

Township:

Range:

Sect:

Lot:

Property 2788 MIDWAY AVE, GRANTS PASS, OR 97527  
Address:

### SECTION 2: System Component Specifications:

#### A. Tanks/Pumps

#### System Type:

Water tight verification\*

|          |             |                      |                           |                     |
|----------|-------------|----------------------|---------------------------|---------------------|
| Tanks(1) | Volume:     | Compartments:        | Manufacturer:             | Date:               |
| Tanks(2) | Volume: 530 | Compartments: 1      | Manufacturer: Infiltrator | Date: 4-21-21       |
| Pump(s)  | HP: 1/2     | Model/Manuf. PVA3005 | Float(s) Type(1): B       | Model/Manuf. Orenco |
|          |             |                      | Float(s) Type(2): A       | Model/Manuf. Orenco |

#### B. Piping

|                                     |                                         |    |                 |                     |                |
|-------------------------------------|-----------------------------------------|----|-----------------|---------------------|----------------|
| Effluent Sewer (tank to drainfield) | Yes                                     | No | Diameter:       | ASTM#/Other:        | Length:        |
| Pressure Transport Pipe             | Yes <input checked="" type="checkbox"/> | No | Diameter: 1 1/4 | ASTM#/Other: 40 sch | Length: 120 ft |

#### C. Secondary Treatment Unit:

|                      |                    |                                        |                    |                       |
|----------------------|--------------------|----------------------------------------|--------------------|-----------------------|
| Sand Filter**        | Yes                | No <input checked="" type="checkbox"/> | 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 <input checked="" type="checkbox"/> | Model:             |                       |
| Certified Maint.     | Provider Name:     |                                        |                    |                       |
| Operation and Maint. | Contract Received? | Yes                                    | No                 |                       |

#### D. Drainfield Media

|                   |                                                         |                                        |           |                      |
|-------------------|---------------------------------------------------------|----------------------------------------|-----------|----------------------|
| Type              | (Gravel, Pipe or alternative?) EZ flow w Hydro splitter |                                        |           |                      |
| Distribution Box  | Yes                                                     | No <input checked="" type="checkbox"/> |           |                      |
| Drop Box          | Yes                                                     | No                                     |           |                      |
| Distribution Pipe | Yes                                                     | No                                     | Diameter: | ASTM#/Other: Length: |
| Comment           |                                                         |                                        |           |                      |

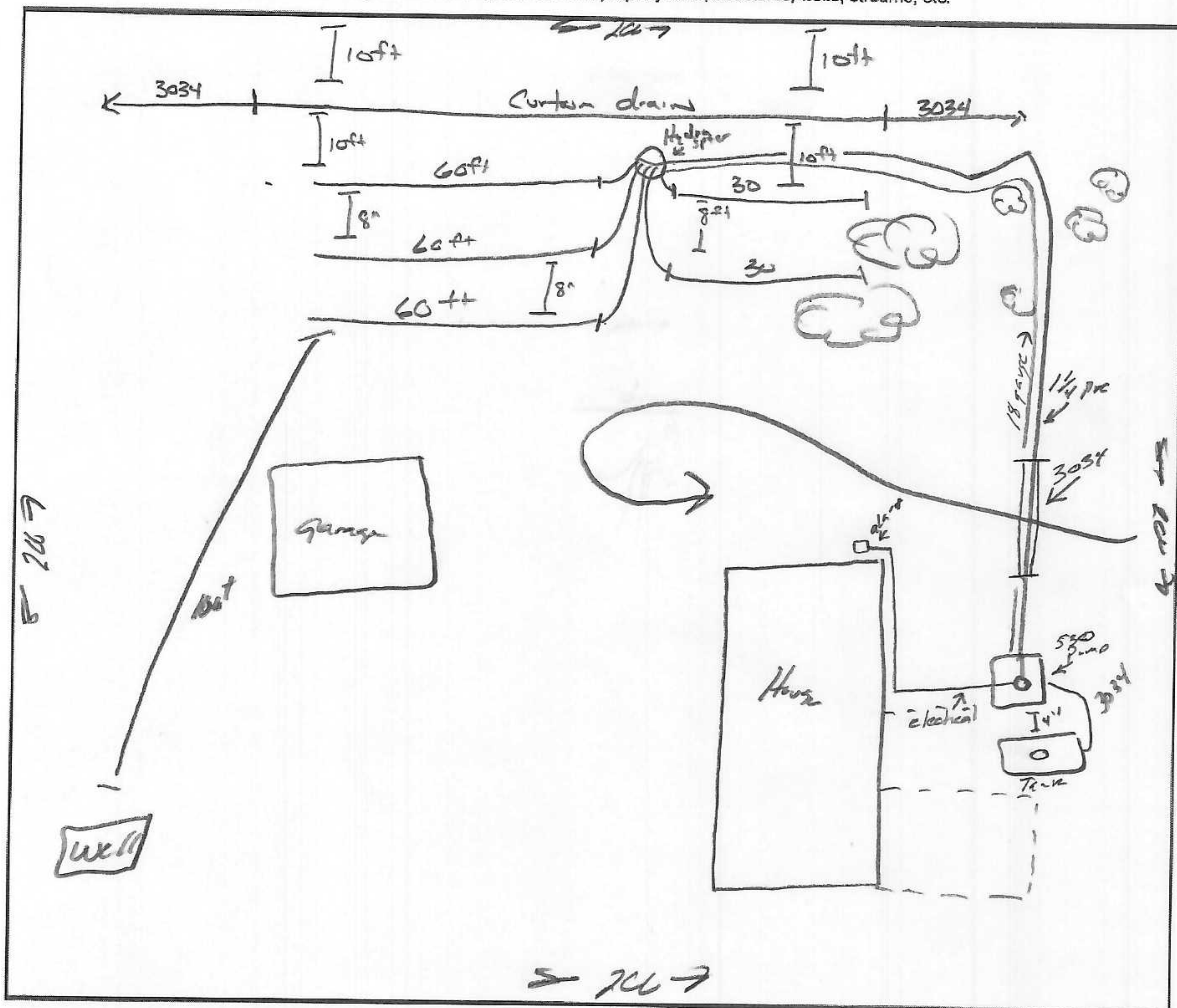
\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

\*\*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: <u>Dou Dou Bus</u>                                      |                        |                             |
| Licensed Installer:                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | License#: <u>38974</u> | Certification#:             |
| Owner/ Certified Installer:                              | Signature: <u>[Signature]</u>                                       | Date: <u>4-26-21</u>   | Phone#: <u>541-846-3071</u> |

### SECTION 5 - Office Use Only:

|                 |                                                          |       |
|-----------------|----------------------------------------------------------|-------|
| Notice Accepted | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|-----------------|----------------------------------------------------------|-------|

|                                       |                                                          |       |
|---------------------------------------|----------------------------------------------------------|-------|
| Installer/Owner (Permittee) Notified: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|---------------------------------------|----------------------------------------------------------|-------|

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_



# Pump Selection for a Pressurized System - Single Family Residence Project

## Parameters

|                             |      |        |
|-----------------------------|------|--------|
| Discharge Assembly Size     | 1.25 | inches |
| Transport Length            | 120  | feet   |
| Transport Pipe Class        | 40   |        |
| Transport Line Size         | 1.25 | inches |
| Distributing Valve Model    | None |        |
| Max Elevation Lift          | 5    | feet   |
| Manifold Length             | 20   | feet   |
| Manifold Pipe Class         | 40   |        |
| Manifold Pipe Size          | 1.25 | inches |
| Number of Laterals per Cell | 24   |        |
| Lateral Length              | 100  | feet   |
| Lateral Pipe Class          | 40   |        |
| Lateral Pipe Size           | 1.25 | inches |
| Orifice Size                | 1/8  | inches |
| Orifice Spacing             | 4    | feet   |
| Residual Head               | 5    | feet   |
| Flow Meter                  | None | inches |
| 'Add-on' Friction Losses    | 0    | feet   |

## Calculations

|                                      |       |     |
|--------------------------------------|-------|-----|
| Minimum Flow Rate per Orifice        | 0.43  | gpm |
| Number of Orifices per Zone          | 624   |     |
| Total Flow Rate per Zone             | 274.5 | gpm |
| Number of Laterals per Zone          | 24    |     |
| % Flow Differential 1st/Last Orifice | 6.1   | %   |
| Transport Velocity                   | 59.1  | fps |

## Frictional Head Losses

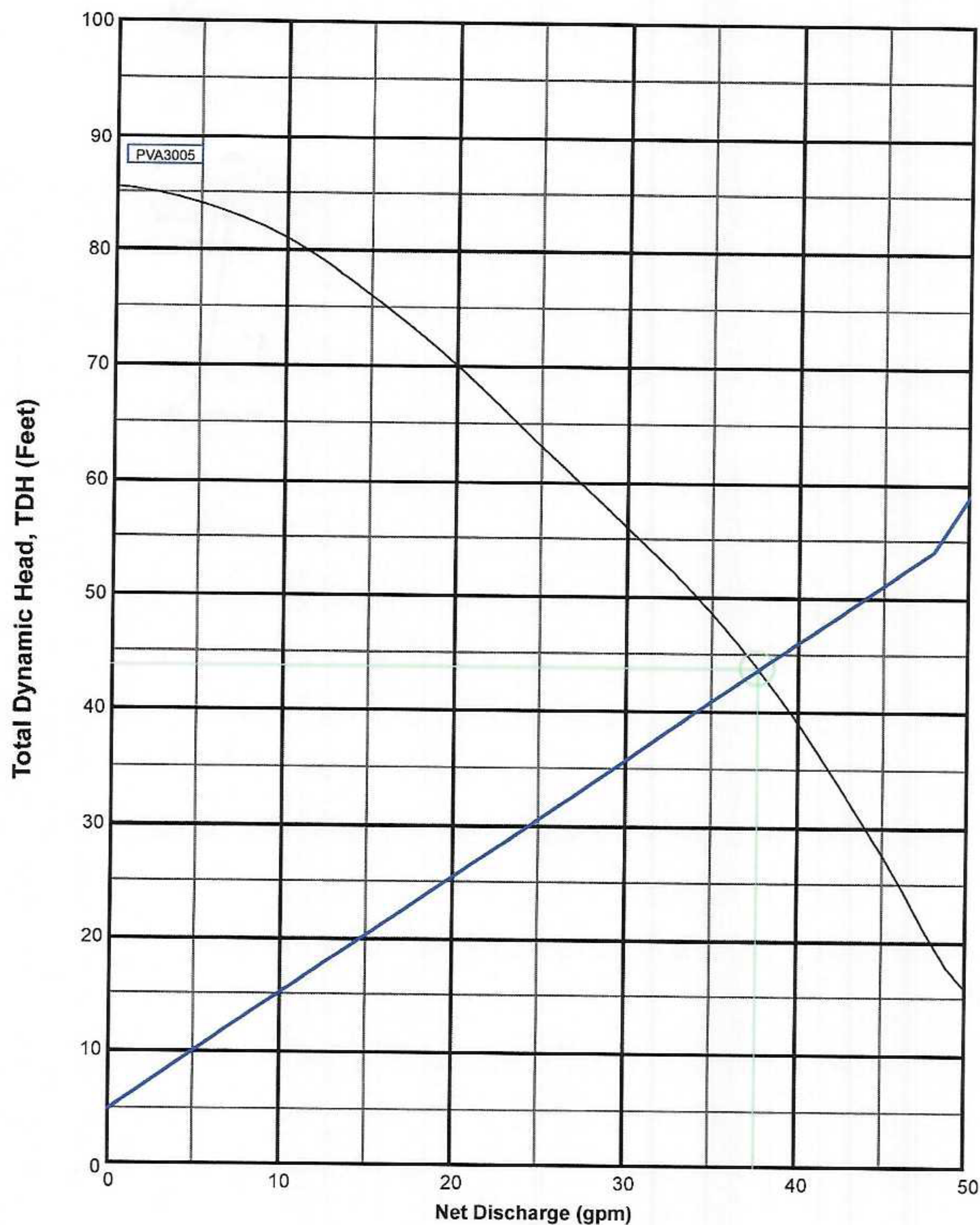
|                          |       |      |
|--------------------------|-------|------|
| Loss through Discharge   | 527.3 | feet |
| Loss in Transport        | 798.9 | feet |
| Loss through Valve       | 0.0   | feet |
| Loss in Manifold         | 36.9  | feet |
| Loss in Laterals         | 0.7   | feet |
| Loss through Flowmeter   | 0.0   | feet |
| 'Add-on' Friction Losses | 0.0   | feet |

## Pipe Volumes

|                          |       |      |
|--------------------------|-------|------|
| Vol of Transport Line    | 9.3   | gals |
| Vol of Manifold          | 1.6   | gals |
| Vol of Laterals per Zone | 186.5 | gals |
| Total Volume             | 197.4 | gals |

## Minimum Pump Requirements

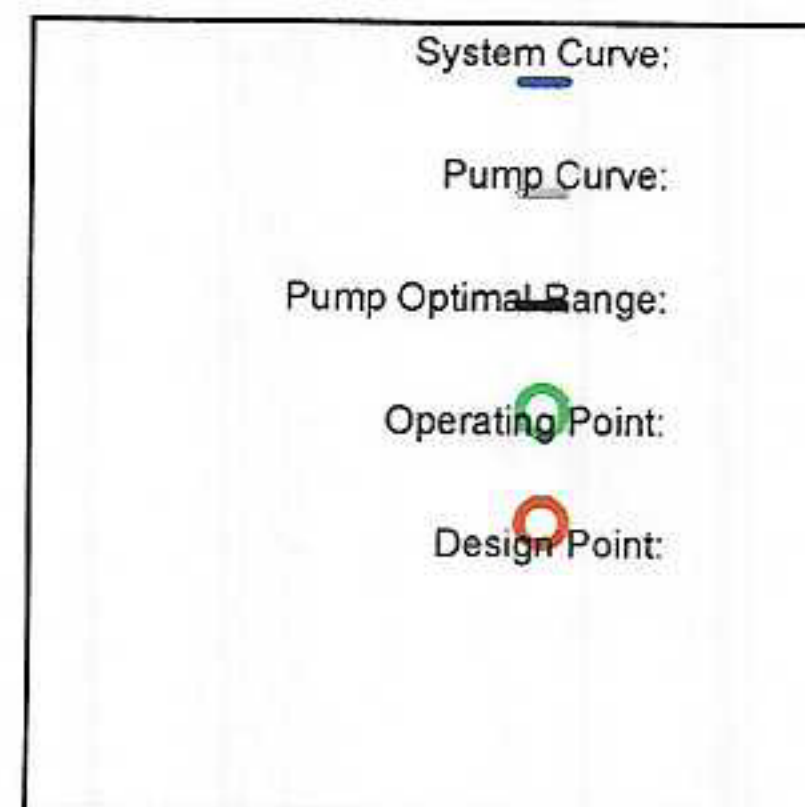
|                    |        |      |
|--------------------|--------|------|
| Design Flow Rate   | 274.5  | gpm  |
| Total Dynamic Head | 1373.9 | feet |



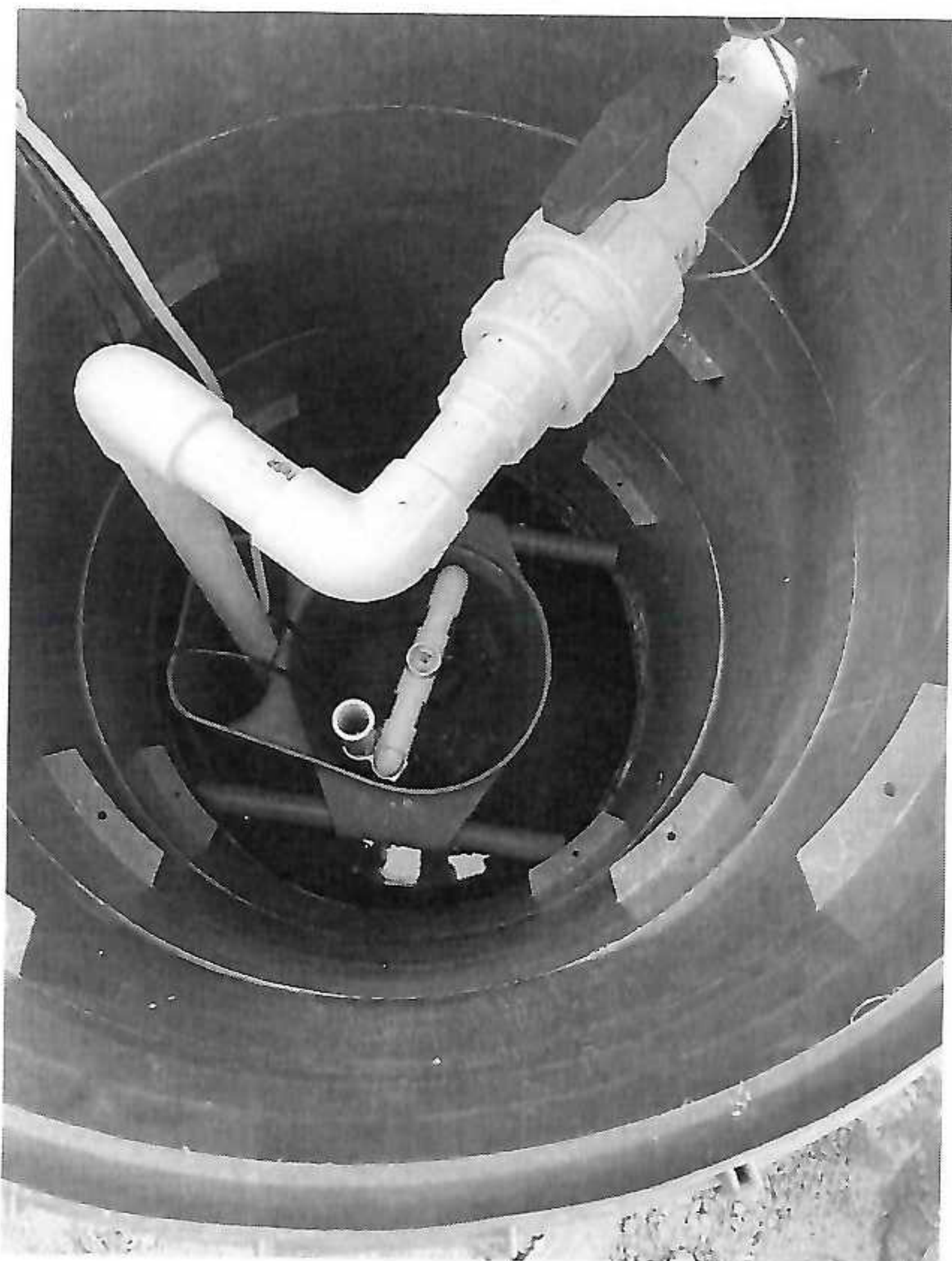
## PumpData

PVA3005 High Head Effluent Pump  
30 GPM, 1/2HP  
115V 1Ø

## Legend







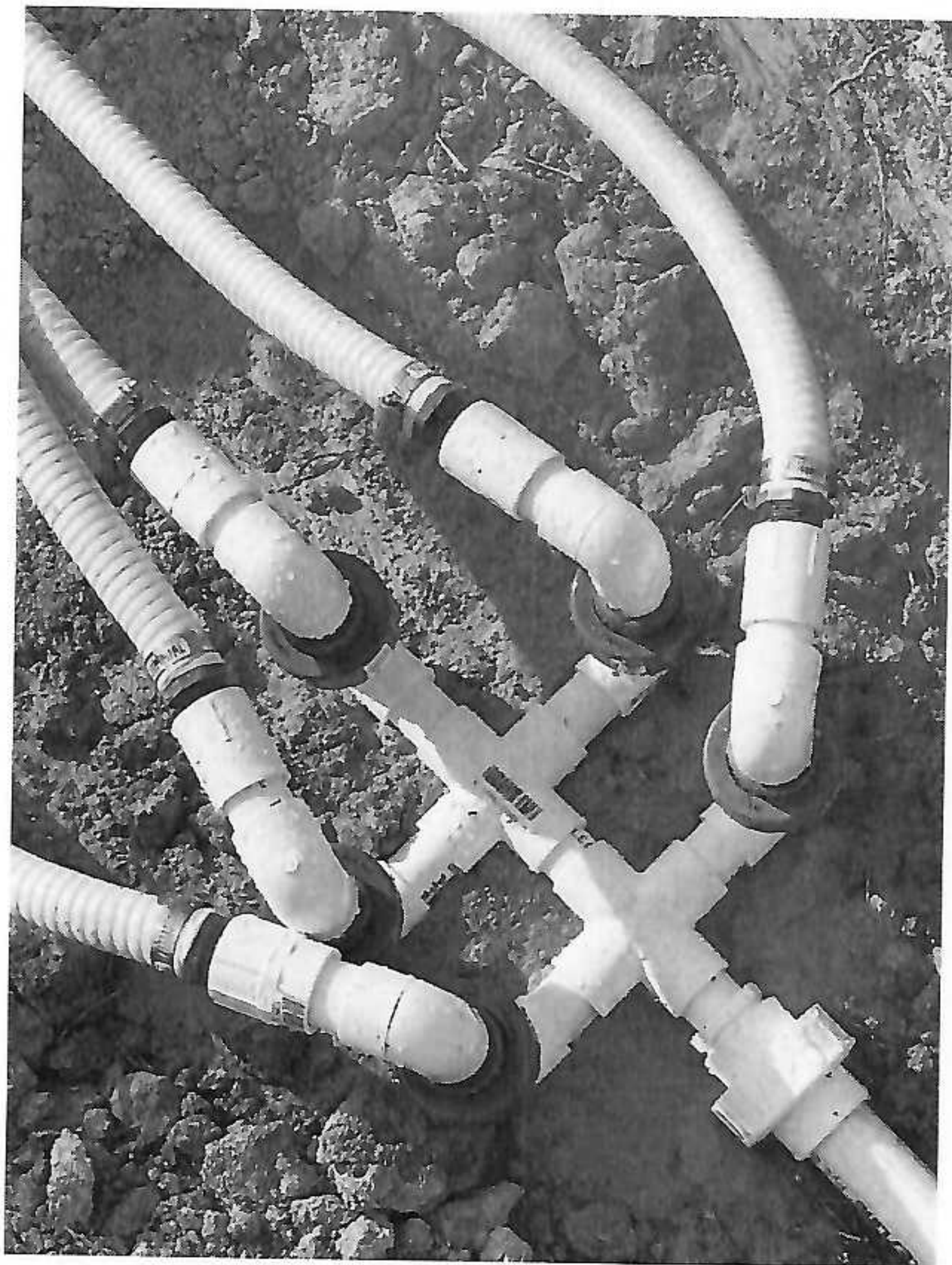




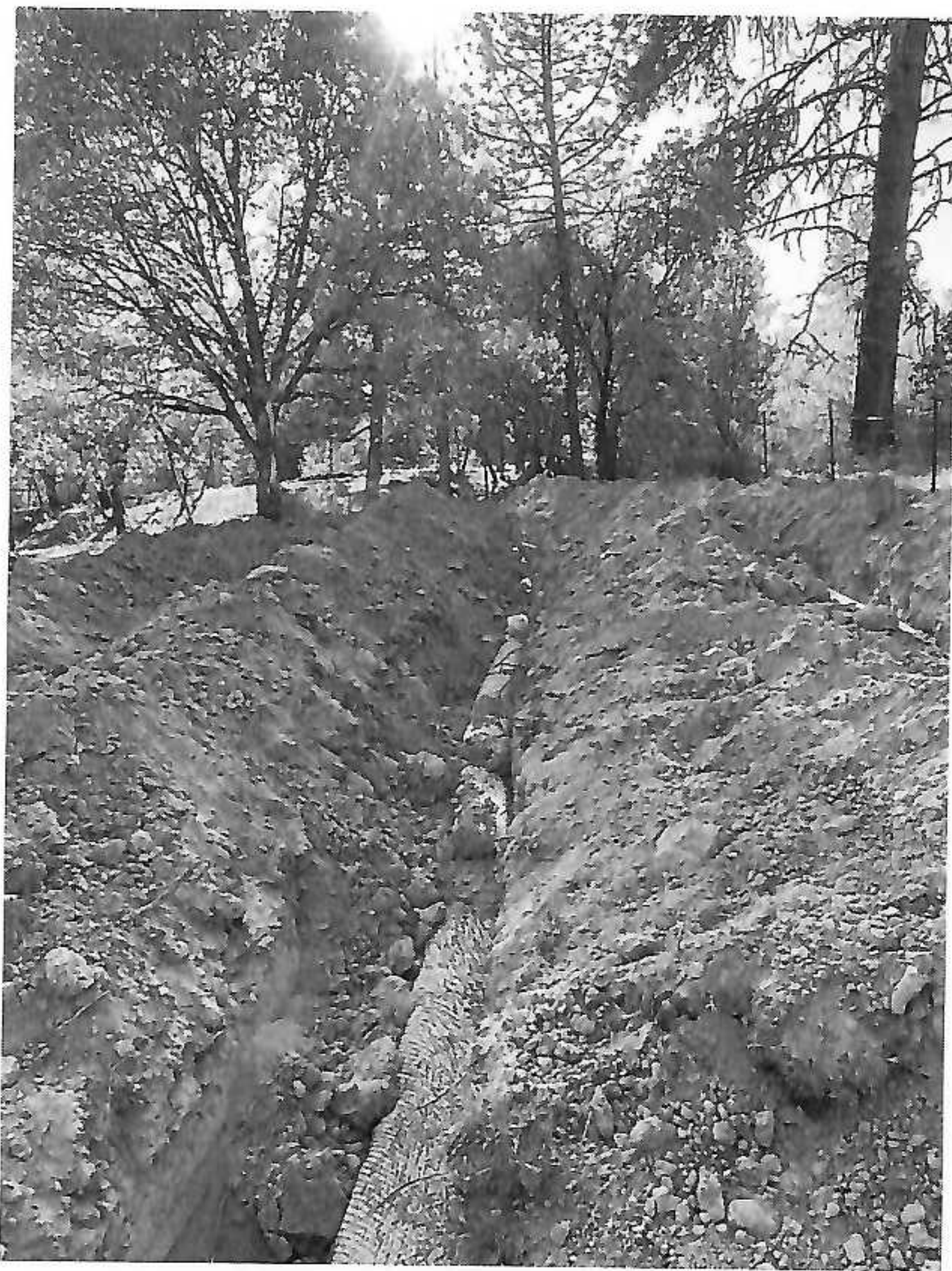
































Septic Permit  
Repair (Major) - Residential - New  
463-21-000009-PRMT

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700 NW Dimmick Street  
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Grants Pass, OR 97526  
541-474-5444  
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Date issued: 3/30/21

Expiration date: 3/30/22

Work description: Major repair of septic system

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**Email:** thedoodoobus@gmail.com

**Business License:** N/A

**Owner:** DINO, JEWEL A &  
**Address:** TOWNE, CHRISTINA A & WATTS,  
CAMERON JUSTINE  
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**Property address:** 2788 Midway Ave, Grants Pass, OR  
97527

**Parcel:** 3606330000050100 - Primary

|                           |            |                                 |                              |
|---------------------------|------------|---------------------------------|------------------------------|
| <b>Lot size:</b>          | 2.18 ACRES | <b>Water supply:</b>            | Well                         |
| <b>Zoning:</b>            | N/A        | <b>City/County/UGB:</b>         | County                       |
| <b>Land use approval:</b> | N/A        | <b>County:</b>                  | N/A                          |
| <b>Action:</b>            | New        | <b>Type of application:</b>     | Repair (Major) - Residential |
| <b>System failing:</b>    | Yes        | <b>Septic tank last pumped:</b> | 12/21/2020                   |
| <b>Comments:</b>          | N/A        |                                 |                              |

**Category of construction:** Residential

|                            | Existing | Proposed |
|----------------------------|----------|----------|
| <b>Number of bedrooms:</b> | 4        | N/A      |

**System Specifications**

|                                |           |                                |          |
|--------------------------------|-----------|--------------------------------|----------|
| <b>Type:</b>                   | Standard  | <b>ATT description:</b>        | N/A      |
| <b>Max peak design flow:</b>   | 450 gpd.  | <b>Proposed flow:</b>          | 450 gpd. |
| <b>Min septic tank volume:</b> | 1000 gal. | <b>Min dosing tank volume:</b> | 500 gal. |

**Drain Field Specifications**

|                                |                                       |                                                  |        |
|--------------------------------|---------------------------------------|--------------------------------------------------|--------|
| <b>Drain field type:</b>       | Standard                              | <b>System distribution Ttpe:</b>                 | Serial |
| <b>Drainfield sizing:</b>      | N/A                                   | <b>Distribution method:</b>                      | Serial |
| <b>Media type:</b>             | Other - Indicate Product/Manufacturer | <b>Media depth:</b>                              | N/A    |
| <b>Media type description:</b> | EZ FLOW 1201P                         |                                                  |        |
| <b>Trench length:</b>          | 225 linear ft.                        | <b>Rock above pipe:</b>                          | N/A    |
| <b>Max depth:</b>              | 30 in.                                | <b>Undisturbed soil between trenches:</b>        | 8 ft.  |
| <b>Min depth:</b>              | 24 in.                                | <b>Capping fills-min depth of fill material:</b> | N/A    |

**Special Requirements**

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Expiration date: 3/30/22

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|                                          |           |                                      |        |
|------------------------------------------|-----------|--------------------------------------|--------|
| Groundwater type:                        | Temporary | Groundwater depth:                   | N/A    |
| Groundwater interceptor:                 | Yes       | Groundwater interceptor depth:       | 48 in. |
| Groundwater interceptor drain media amt: | 36 in.    | Filter fabric on top of drain media: | Yes    |
| Pump to drainfield reqd:                 | Yes       |                                      |        |
| Rake trench sidewalls:                   | Yes       |                                      |        |



|                                                 |                          |
|-------------------------------------------------|--------------------------|
| Date issued: 3/30/21                            | Expiration date: 3/30/22 |
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Conditions of approval



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- 1.This repair permit is for 4BDR SFR.
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  - 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.
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  - 15.For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
  - 16.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.
  - 17.Install the pump and system components in accordance with the approved pump curve and specifications.
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  - 21.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
  - 22.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
  - 23.Maximum length of an individual trench is 150-feet.
  - 24.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
  - 25.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 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.



**Date issued:** 3/30/21**Expiration date:** 3/30/22**Work description:** Major repair of septic system**Conditions of approval**

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.

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

27.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.

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

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.



|                                                        |                                 |
|--------------------------------------------------------|---------------------------------|
| <b>Date issued:</b> 3/30/21                            | <b>Expiration date:</b> 3/30/22 |
| <b>Work description:</b> Major repair of septic system |                                 |

Gabriel Kasiah

3/30/21



After Recording Return To:

Doo Doo Bus Septic  
4190 Williams Hwy  
Grants Pass, OR  
97527

JOSEPHINE COUNTY OFFICIAL RECORDS  
RHIANNO HANDELS COUNTY CLERK

DED-REAS

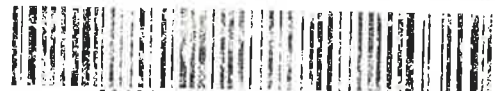
2021-005070

CHRG1 Pg001 C01=5 SSCHREIBER

03/18/2021 10:10 AM

\$25.00 \$11.00 \$90.00 \$10.00 \$5.00

Total: \$111.00



00480300202100050700000052

Rhianno Handels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

## EASEMENT, COVENANT AND SERVITUDE

WHEREAS Jewel A Dine, Christin A Towne ("GRANTOR") is the owner of the following  
Crystal J Towne, Cameron J Watts

two lots (or parcels) of real property located in Josephine County, Oregon:

Lot I: R 320977

\* SEE EXHIBIT A  
ATTACHED

Lot II: R 320976

WHEREAS GRANTOR has applied to the State of Oregon through the Department of Environmental Quality ("State" or "GRANTEE") for a permit to construct an individual onsite wastewater treatment system ("permit") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules (OAR) 340-71-130 requires for each lot or parcel different from but under the same ownership as the lot or parcel served, the owner of the property must execute and record in the county land title records, on a form approved by the department, an easement and a covenant in favor of the State of Oregon as a condition precedent to issuance of a permit authorizing the construction of a system on one lot intended to serve another lot;

### EASEMENT

NOW THEREFORE, in consideration of the issuance of the permit to GRANTOR by the State, GRANTOR hereby conveys to the State, its successors and assigns, a perpetual non-exclusive easement in, upon, and running with Lots I and II allowing the state's officers, agents, employees and representatives to enter and inspect, including by excavation, the onsite wastewater treatment system on Lots I and II. This easement shall be terminated at such time as use of the individual onsite wastewater treatment system has ceased because the structures on Lot II are fully served by an adequate public sanitary sewer system or by another onsite wastewater treatment system located elsewhere. Upon request and a determination that adequate alternative service is available and in use, the State shall execute a recordable document terminating the easement.

### COVENANTS

GRANTOR covenants and agrees not to convey any interest in either Lot I or Lot II that results in the severance of the common ownership of these Lots unless and until GRANTOR has granted or reserved a utility easement on Lot I benefiting Lot II, in accordance with OAR 340-071-0130. Said easement shall be nonexclusive, perpetual and appurtenant and shall be in a form acceptable to the State. The utility easement shall include the following terms:

1. Owners of Lot II may use Lot I for purposes of installing, operating and maintaining a drainfield and related facilities for an individual onsite wastewater treatment system.



Owner Name: Jewel A Dino, Christina A Towne, Crystal S Towne, Cameron S watts

2. Lot I shall not be put to any conflicting use which would be detrimental to the permitted system or contrary to any law (including an Oregon Administrative Rule) applicable to the permitted system.

FURTHER, GRANTOR covenants that it shall include these covenants in any conveyance of either lot.

The GRANTOR and the State intend that these covenants shall run with the land and be binding on the GRANTOR'S heirs, successors and assigns.

IN WITNESS WHEREOF, the GRANTOR executed this easement on this the 41 day of

March, 2021.

Christina A Towne  
Christina A Towne

STATE OF OREGON )

County of Josephine ) ss.

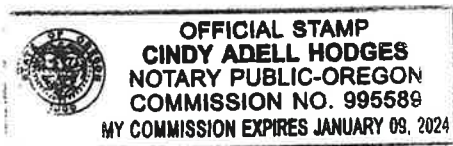
March 4, 2021 )

(GRANTOR)

Jewel A Dino as Christina Towne as  
Attorney in fact.

Personally appeared the above-named Cameron Watts  
Christina Towne, Jewel A Dino and  
acknowledged the foregoing instrument to be their voluntary act.

Before me:



Cindy Adell Hodges  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: 1-9-24

State of Oregon Acceptance on this the 18 day of MARCH, 2021,

by GABRIEL KASIAH, as an Agent for the State of Oregon,

Department of Environmental Quality.

Gabriel Kasiah  
Signature of DEQ Agent

03/18/2021  
Date



Owner Name: Jewel A Dine, Christine A Towne, Crystal J Towne, Cameron J Watts

2. Lot I shall not be put to any conflicting use which would be detrimental to the permitted system or contrary to any law (including an Oregon Administrative Rule) applicable to the permitted system.

FURTHER, GRANTOR covenants that it shall include these covenants in any conveyance of either lot.

The GRANTOR and the State intend that these covenants shall run with the land and be binding on the GRANTOR'S heirs, successors and assigns.

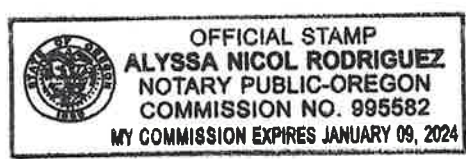
IN WITNESS WHEREOF, the GRANTOR executed this easement on this the 17 day of March, 20 21.

STATE OF OREGON )  
 ) ss.  
County of Josephine )  
March 17, 20 21 )  
 )

[Signature]  
(GRANTOR)

Personally appeared the above-named Crystal Julette Towne and acknowledged the foregoing instrument to be their voluntary act.

Before me:



Alyssa Nicol Rodriguez  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: 1-09-24

State of Oregon Acceptance on this the 18 day of MARCH, 20 21,

by GABRIEL KASIAH, as an Agent for the State of Oregon,

Department of Environmental Quality.

Gabriel Kasiah  
Signature of DEQ Agent

03/18/2021  
Date







EXHIBIT 'A'

File No. 286607AM

Parcel 1:

Beginning at a point 175 feet East and 705 feet North of the Southwest corner of the Northwest Quarter of the Northeast Quarter of Section 33, Township 36 South, Range 6 West of the Willamette Meridian, Josephine County, Oregon; thence South 200 feet to a point also being the Southeast corner of a parcel of land described in Volume 213, Page 5, Josephine County Deed Records; thence East along the North line of a parcel of land described in Volume 188, Page 235, Josephine County Deed Records, 558 feet, more or less, to the West right of way line of Midway Avenue; thence Northeasterly along the West right of way line of Midway Avenue to a point East of the point of beginning; thence West to the point of beginning.

Parcel 2:

Beginning at a point 175 feet East and 705 feet North of the Southwest corner of the Northwest Quarter of the Northeast Quarter of Section 33, Township 36 South, Range 6 West of the Willamette Meridian, Josephine County, Oregon; thence East 270 feet to the true point of beginning; thence North 60 feet; thence East to the Westerly line of Midway Avenue; thence Southeasterly along Midway Avenue to a point which is East from the true point of beginning; thence West to the true point of beginning.



BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 9<sup>th</sup> day of April, 2019

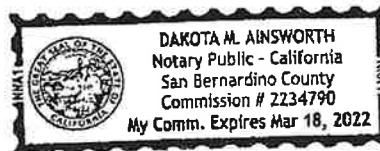
Matthew C. Denney  
Matthew C. Denney also known as Matthew Denney

Kristen Denney  
Kristen Ann Denney also known as Kristen Denney

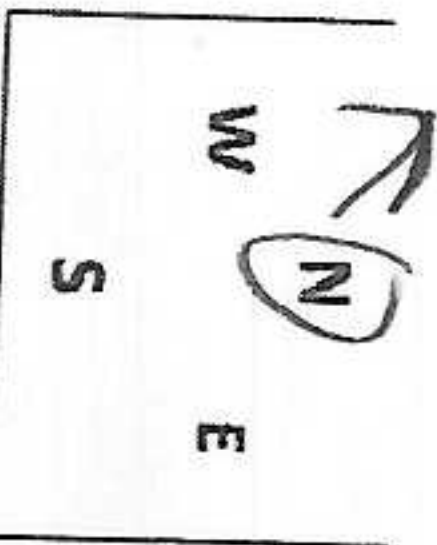
State of California  
County of San Bernardino

On this 9<sup>th</sup> day of April 2019, before me, Dakota M. Ainsworth a Notary Public in and for said state, personally appeared Matthew C. Denney and Kristen Ann Denney, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.  
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Dakota M. Ainsworth  
Notary Public for the State of California  
Residing at: California  
Commission Expires: 03/18/22

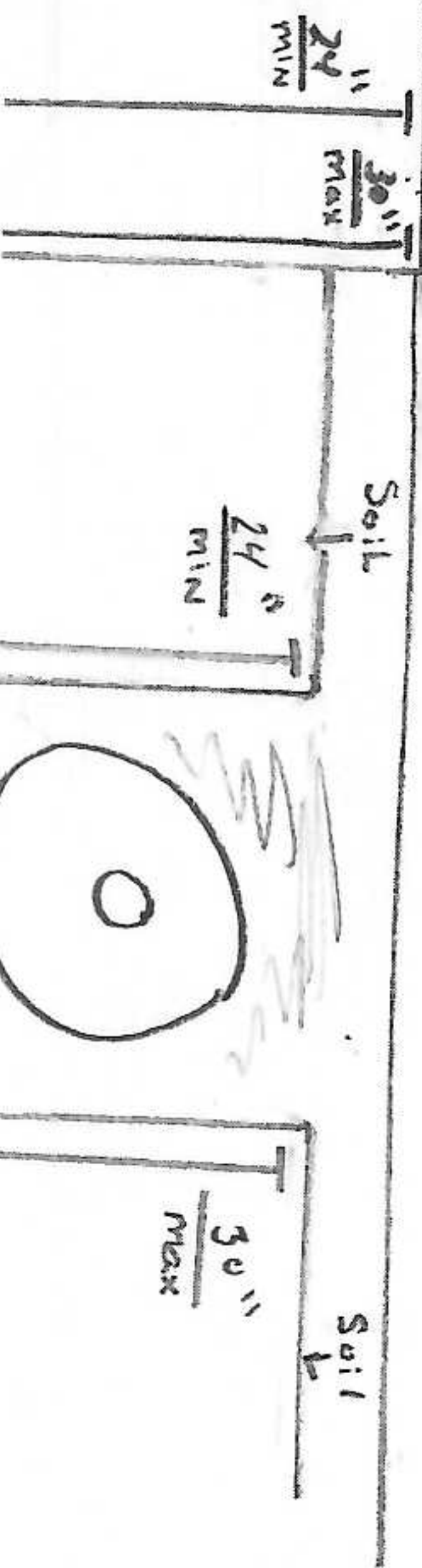
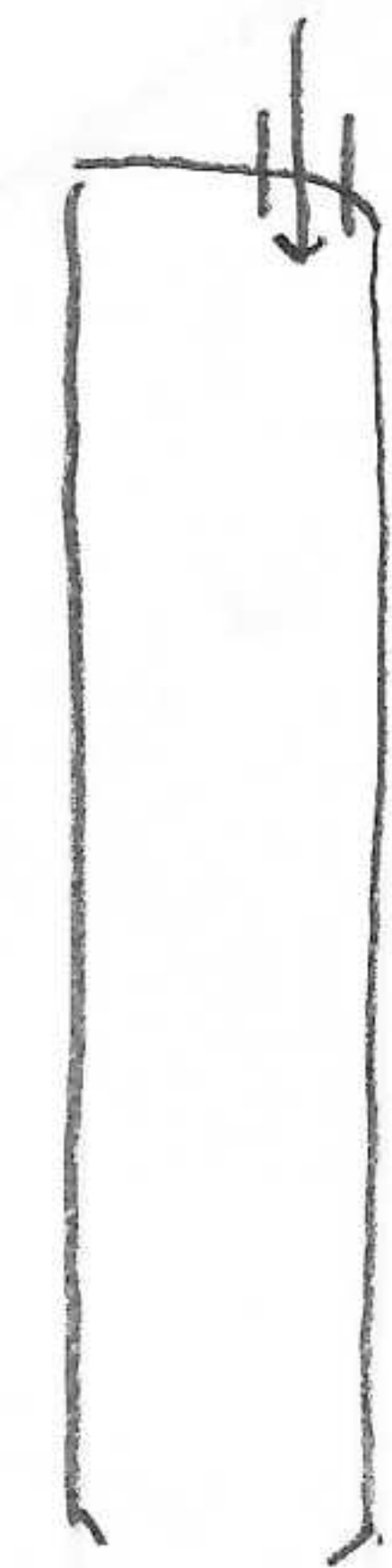
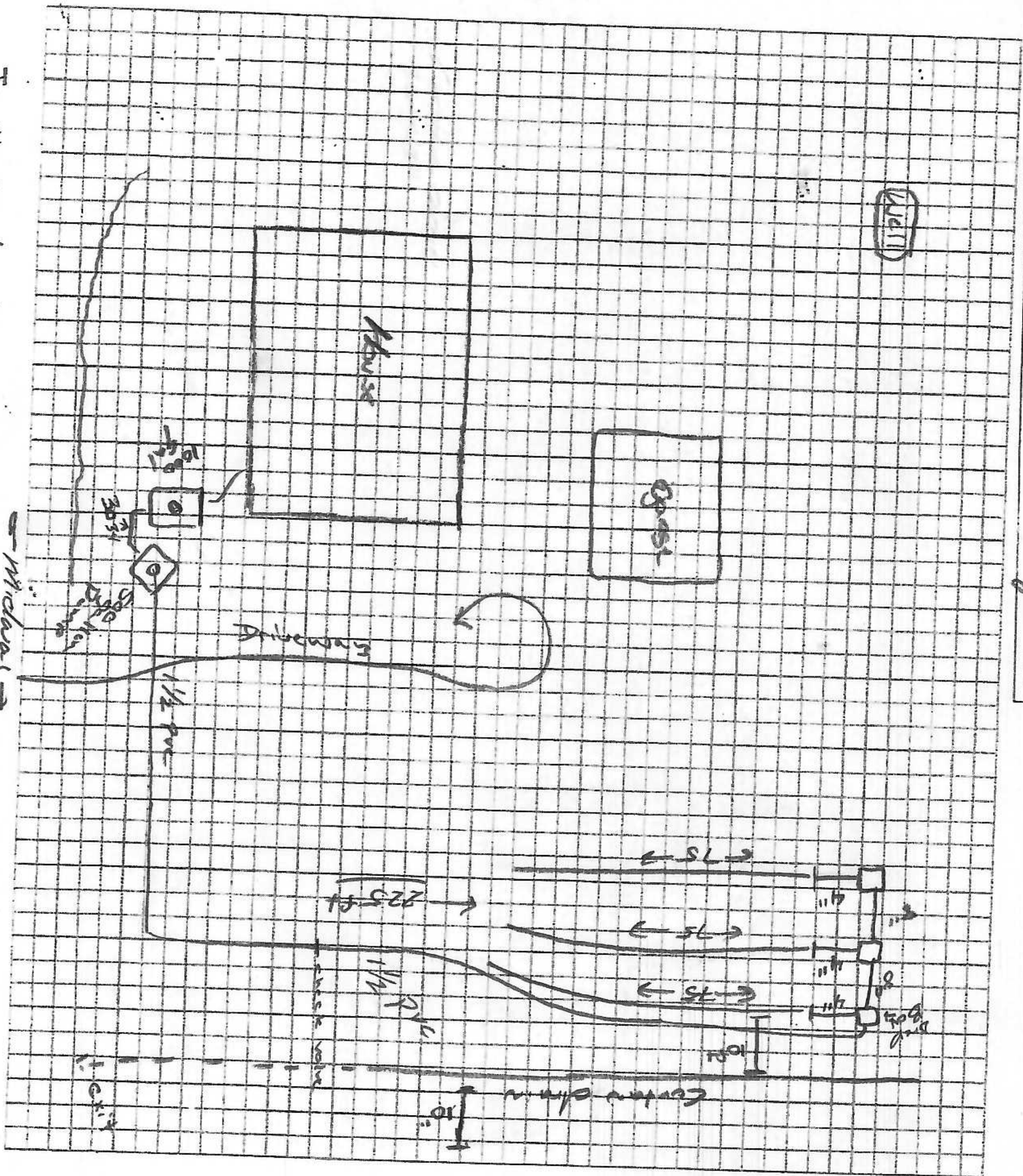






Construction Plan  
Address 2788 Midway

Tanks 500 pure  
Other \_\_\_\_\_  
Control Demand  
Leach Field Serial  
Trench Depth 24-30  
Other Curtain drain  
36-48"  
Well 100  
Sign EM  
Date 2-26-21



Wire 18' min  
Slope \_\_\_\_\_  
Alarm YES  
Pipe # 3024/225  
Pipe # 1 1/2  
Transfer # \_\_\_\_\_  
Offset 10ft  
Offset 10ft  
Slope \_\_\_\_\_





State of Oregon  
Department of  
Environmental  
Quality

# Application for Onsite Sewage Treatment System

Send this application  
to the appropriate  
DEQ office

| For DEQ Use Only                 |            | Date Stamp |
|----------------------------------|------------|------------|
| Date received                    |            |            |
| Fee paid                         |            |            |
| Receipt number                   |            |            |
| Application number               |            |            |
| Date of 1 <sup>st</sup> response |            |            |
| Date of 2 <sup>nd</sup> response |            |            |
| Date of final response           |            |            |
| Date of completion               |            |            |
| Submitted                        | Date Entry |            |

Name: X Jewel A Dino  
Mailing Address: X 2788 Midway, GP, OR Phone Number: X 541-441-2953  
Township: 36 Range: 06 Section: 33 Tax Lot: 00501/502 Tax Account Number: 00 Acreage or Lot Size: \_\_\_\_\_  
County: Josephine Subdivision Name: n/a Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
Property Address: X 2788 Midway ave City: GP State: X OR Zip Code: X 97527  
Directions to Property: 199 - RT @ Midway - Rt - at driveway

## Existing Facility:

☒ Single Family Residence

3-4  
Number of Bedrooms

☐ Other \_\_\_\_\_

## Proposed Facility:

☐ Single Family Residence

Number of Bedrooms \_\_\_\_\_

☐ Other \_\_\_\_\_

## Water Supply:

☐ Public

Name \_\_\_\_\_

☒ Private

Well, Spring, Shared

☐ 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 Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature: \_\_\_\_\_

Date: X 11-27-20

Applicant's Name: Alfred Septic Service LLC

Applicant's Phone Number: 541-346-3071

Applicant's e-mail Address: AlfredSepticService@gmail.com

Applicant's Mailing Address: 4190 Williams Hwy GP OR 97527

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Authorization  
Attached

☒ Licensed Septic Installer

Installer's Name: \_\_\_\_\_





## NOTICE AUTHORIZING REPRESENTATIVE

I, Jewel A Dino, have authorized Allied Septic Service LLC 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 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:

2788 Midway Ave, GP, OR, 97527  
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 33 Map ID 00-06 Tax Lot #(s) 10501  
0502

### PROPERTY OWNER:

Printed Name: Jewel A Dino

Address: 2788 Midway Ave

City, State, Zip: Grant Pass OR 97527

Phone: 541-441-2953

Email: Criketex2@gmail.com

Signature: Jewel A Dino

### AUTHORIZED REPRESENTATIVE:

Printed Name: Allied Septic Service LLC

Address: 4190 Williams Hwy

City, State, Zip: Grant Pass, Oregon 97527

Phone: 541-846-3071

Email: thedoodoobus@gmail.com

Signature: \_\_\_\_\_





## 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? n/a (Date) \_\_\_\_\_ (Permit Number) \_\_\_\_\_
3. Tank material: ☒ Concrete      ☐ Steel      ☐ Plastic or Fiberglass      ☐ Unknown
4. Septic tank volume (in gallons) 1000
5. When was the septic tank last pumped? 2020 Attach receipt if available.
6. Number of disposal trenches 2
7. Total length of disposal trenches (in feet) n/a
8. Do you propose to use the existing septic system? ☒ Yes      ☐ No (tank only)
9. Is your septic system currently in use? ☒ Yes      ☐ No      If no, date of last use (failing)
10. If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? 3-4 How many people occupy the dwelling? 4
11. How many bedrooms will be in the proposed dwelling? 4 How many occupants? 4-5
12. If the septic system serves a business:  
How many total employees are there? NO  
Type of business \_\_\_\_\_
13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☒  
If yes, please explain not at this time
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.

12-27-20  
(Date)

[Signature]  
Signature of Property Owner or Legally Authorized Representative

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



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

1. Applicant Name/Property Owner: Jewel A Dine / Dee Dee Bus Sephe  
Mailing Address: 4190 Williams Hwy GP OR 97527  
City, State, Zip: GP OR 97527  
Telephone: 541-846-3071

2. Property Information:

County: Josephine Tax Lot No.: #00501 / #00502  
Township: 36 Range: 06 Section: 33  
Physical Address: 2788 Midway Ave GP OR 97527  
Block: 00 Lot: #00501 / #00502  
Subdivision Name (if applicable): 71

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: Property owner owns both tax lots

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: \_\_\_\_\_ Zoning Minimum Parcel Size: \_\_\_\_\_

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)

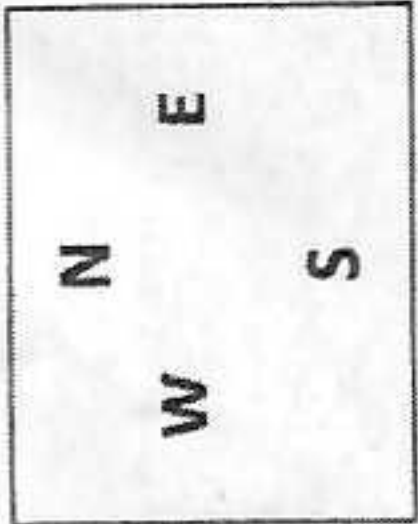
Either provide reasons for affirmative compliance decision or attach findings of fact: \_\_\_\_\_

8. Planning Official Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

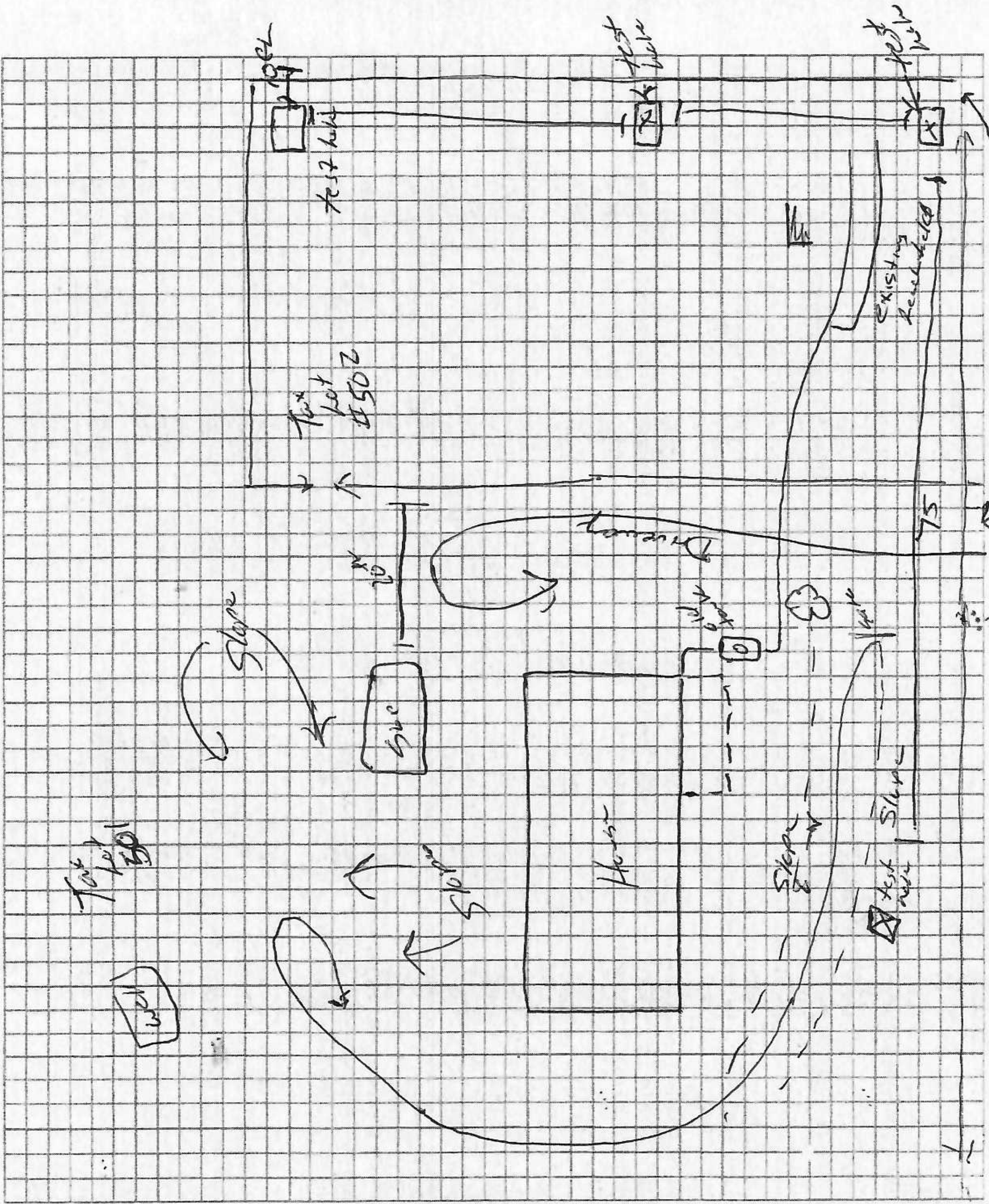
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_





Address 2788 Midway Ave

Construction Plan



Home owner owns both Tax Lots

|              |                    |
|--------------|--------------------|
| Tanks        | _____              |
| Other        | _____              |
| Control      | _____              |
| Leach Field  | _____              |
| Trench Depth | _____              |
| Other        | _____              |
| Well         | _____              |
| Signature    | <u>[Signature]</u> |
| Date         | <u>12-27-20</u>    |





## NOTICE AUTHORIZING REPRESENTATIVE

I, ADAM MEYER, have authorized Allied Septic Service LLC 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:

1011 CROW RD, MERLIN OR 97532  
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range so Section 6w Map ID 18AC Tax Lot #(s) 700

### PROPERTY OWNER:

Printed Name: ADAM MEYER

Address: 1011 CROW RD,

City, State, Zip: MERLIN OR 97532

Phone: 916-275-3059 Email: ibAdam@gmail.com

Signature: [Signature]

### AUTHORIZED REPRESENTATIVE:

Printed Name: Allied Septic Service LLC

Address: 4190 willams hwy

City, State, Zip: Grants pass oregon 97527

Phone: +15416608184 Email: TheDoodoobus@gmail.com

Signature: [Signature]



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

1. Applicant Name/Property Owner: Janel A Dine / Doo Doo Bus Septic  
Mailing Address: 4190 Williams Hwy GP OR 97527  
City, State, Zip: GP OR 97527  
Telephone: 541-846-3071

2. Property Information:

County: Josephine Tax Lot No.: #00501 / #00502  
Township: 36 Range: 06 Section: 33  
Physical Address: 2788 Midway Ave GP OR 97527  
Block: 00 Lot: #00501 / #00502  
Subdivision Name (if applicable): 71

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: Property owner owns both tax lots

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: RR-5 Zoning Minimum Parcel Size: 5.0

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: A single-family dwelling or manufactured dwelling is a permitted use in the Rural Residential zone per Section 19.61.020.3 JCC. Septic systems shall be connected to authorized structures uses only.

8. Planning Official Signature: Kayla Wallace

Print Name: Kayla Wallace, CFM

Telephone: 541-474-5427

Title: Associate Planner

Date: January 7, 2021





State of Oregon  
Department of  
Environmental  
Quality

## NOTICE AUTHORIZING REPRESENTATIVE

541  
916-2971  
Vicki

I, Jewel A Dino, have authorized Allied Septic Service LLC 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 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:

2788 Midway Ave, GP, OR, 97527  
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 33 Map ID 00-06 Tax Lot #(s) 10501  
0502

### PROPERTY OWNER:

Printed Name: Jewel A Dino

Address: 2788 Midway Ave

City, State, Zip: Grant Pass OR 97527

Phone: 541-441-2953 Email: Criketx2@gmail.com

Signature: Jewel A Dino

### AUTHORIZED REPRESENTATIVE:

Printed Name: Allied Septic Service LLC

Address: 4190 Williams Hwy

City, State, Zip: Grant Pass, Oregon 97527

Phone: 541-846-3071 Email: thecloakbus@gmail.com

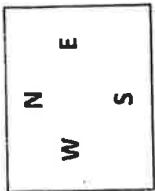
Signature: \_\_\_\_\_

RECEIVED

DEC 31 2020

1000 - PLANNING

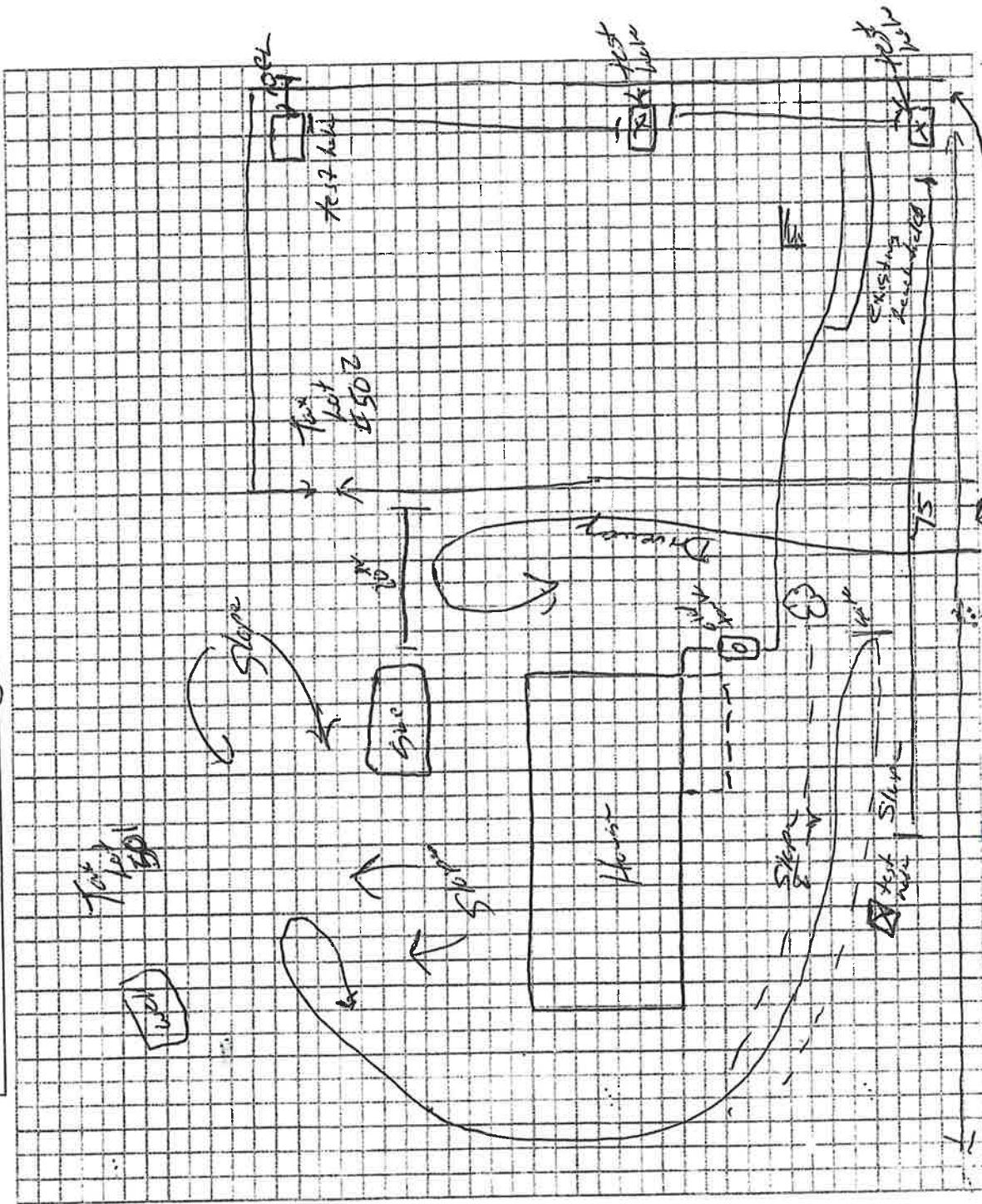




Construction Plan

Address 2788 Mickeyway Ave

|              |                    |
|--------------|--------------------|
| Tanks        | _____              |
| Other        | _____              |
| Control      | _____              |
| Leach Field  | _____              |
| Trench Depth | _____              |
| Other        | _____              |
| Well         | _____              |
| Sign         | <u>[Signature]</u> |
| Date         | <u>12-27-20</u>    |

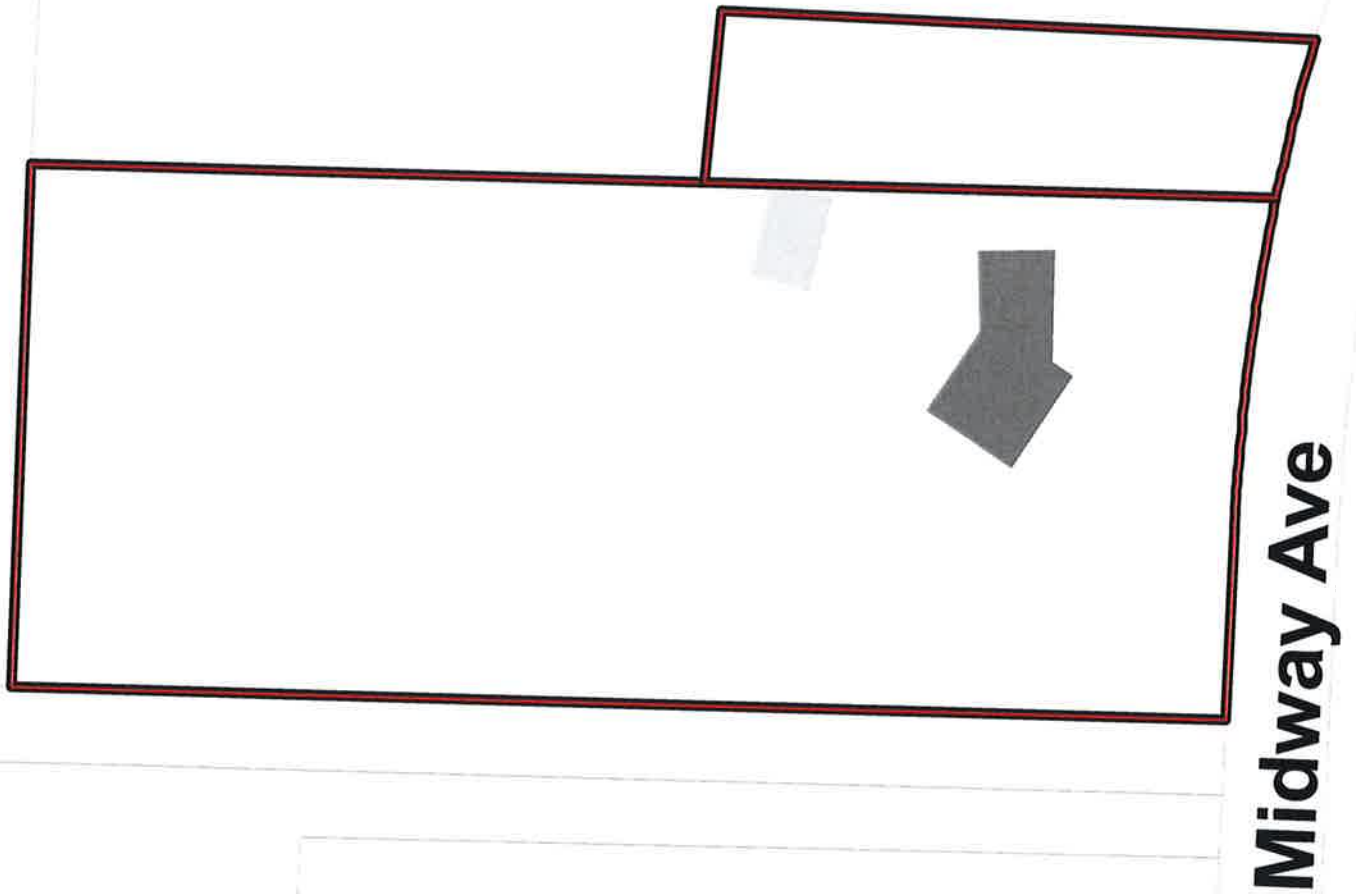


Home owner owns both  
tax lots

RECEIVED  
DEC 31 2020

100-0-PLANNING





Legend

Buildings



PRIMARY



SECONDARY



Taxlots

80 0 80 160 Feet



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  
1:900



Locator Map

