Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-23-000011-PRMT

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

Date Certificate Issued: 11/14/2023
Work Description: MAJOR REPAIR

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

Primary 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: EAR HOUSING SOLUTIONS LLC
Address: 284 1ST AVE BOX 555
GOLD HILL OR 97525
Parcel: 350621BC00430100 - Primary

Property Address: 221 Acorn St, Merlin, OR 97532

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

Category of Construction: Residential

	Existing	Proposed
Number of Bedrooms:	2	2

System Specifications

Type:	Alternative Treatment Technology (ATTs)	**ATT Description:**	Delta Ecopod N - 500 GPD Unit
Max Peak Design Flow:	300 gpd.	**Proposed Flow:**	N/A

Special Tank Requirements: Per ESER a 1500 gallon septic tank is existing. This tank will precede the ATT unit. A DEP 24.5115V pump station is proposed and approved downstream of the ATT unit.

Drain Field Specifications

Drain Field Type:	Gravelless	**System Distribution Type:**	Equal
Drainfield Sizing:	N/A	**Distribution Method:**	Pressurized
Media Type:	Quick4 Equalizer 24 LP	**Media Depth:**	N/A
Trench Length:	70 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	12 in.	**Undisturbed Soil BetweenTrenches:**	2 ft.
Min Depth:	12 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Septic Permit 463-23-000011-PRMT

Date Certificate Issued: 11/14/2023
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:** Yes **Pre-Cover Inspection Waived Per 340-071:** No

Comments: N/A

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: 463-23-000011-PRMT

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

SECTION 1: Owner/Permittee Information:

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

Name: EAR HOUSING SOLUTIONS LLC

Lot:

Property Address: 221 ACORN ST, MERLIN, OR 97532

SECTION 2: System Component Specifications:

A. Tanks/Pumps — **System Type:** — **Water tight verification***

Tanks(1)	Volume: 1060	Compartments: 1	Manufacturer: Infiltrator			Date: 7-20-23
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 X	No	Diameter: 4"	ASTM#/Other: 40	Length: 80	
Pressure Transport Pipe	Yes X	No	Diameter: 1 1/4"	ASTM#/Other: 40	Length: 100	

C. Secondary Treatment Unit:

Sand Filter**	Yes	No X	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 X	No	Model: Eco Pod 500		
Certified Maint.	Provider Name: Allied Septic Service LLC				
Operation and Maint.	Contract Received?	Yes X	No		

D. Drainfield Media

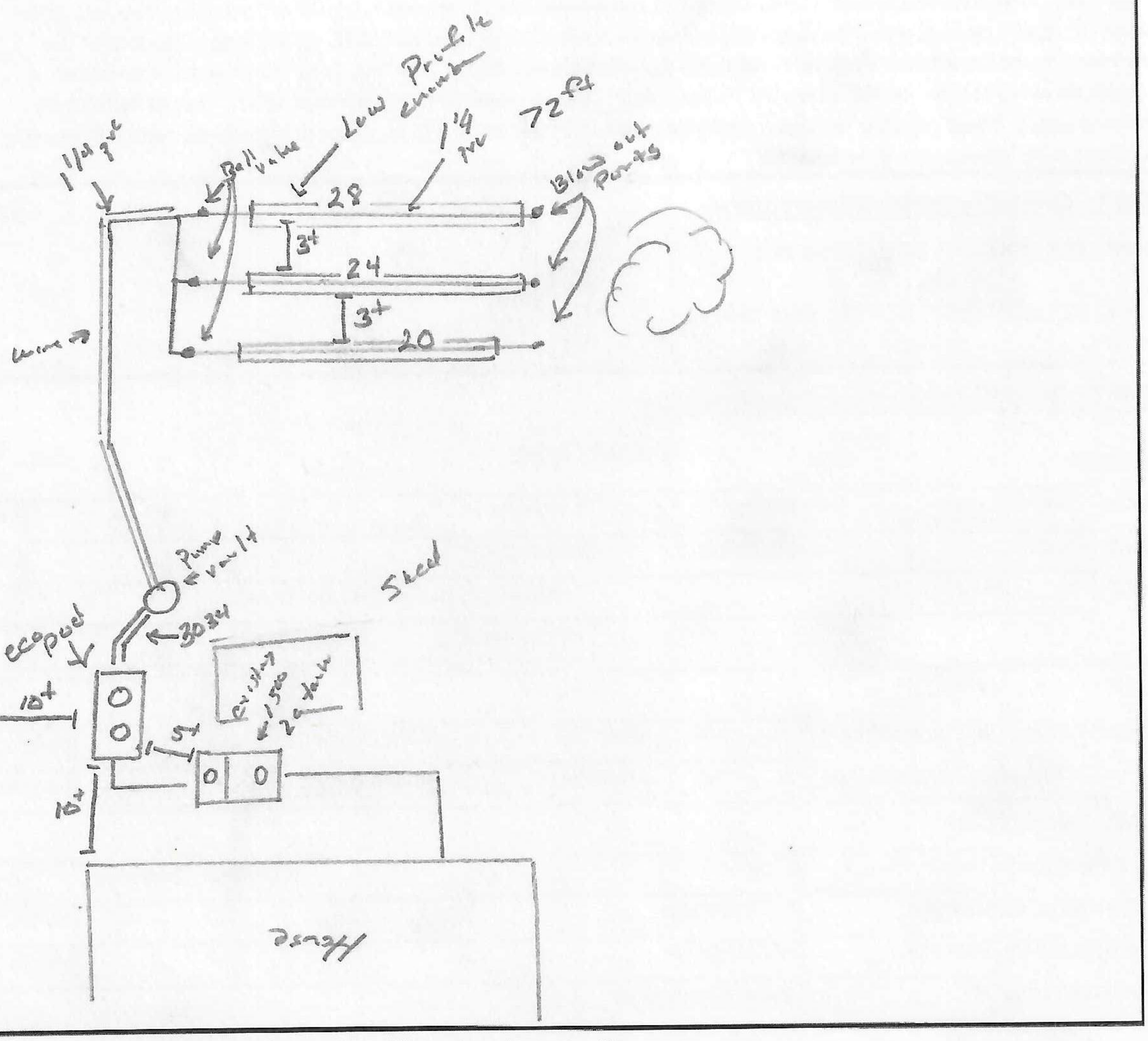
Type	(Gravel, Pipe or alternative?) Low Pro chamber				
Distribution Box	Yes	No X			
Drop Box	Yes	No X			
Distribution Pipe	Yes X	No	Diameter: 1 1/4	ASTM#/Other: 40	Length: 80

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: Allied Septic Service LLC				
Licensed Installer:	Yes X	No	License#: 38974	Certification#:	
Owner/ Certified Installer:	Signature:		Date: 7-23-23	Phone#: 541-846-3071	

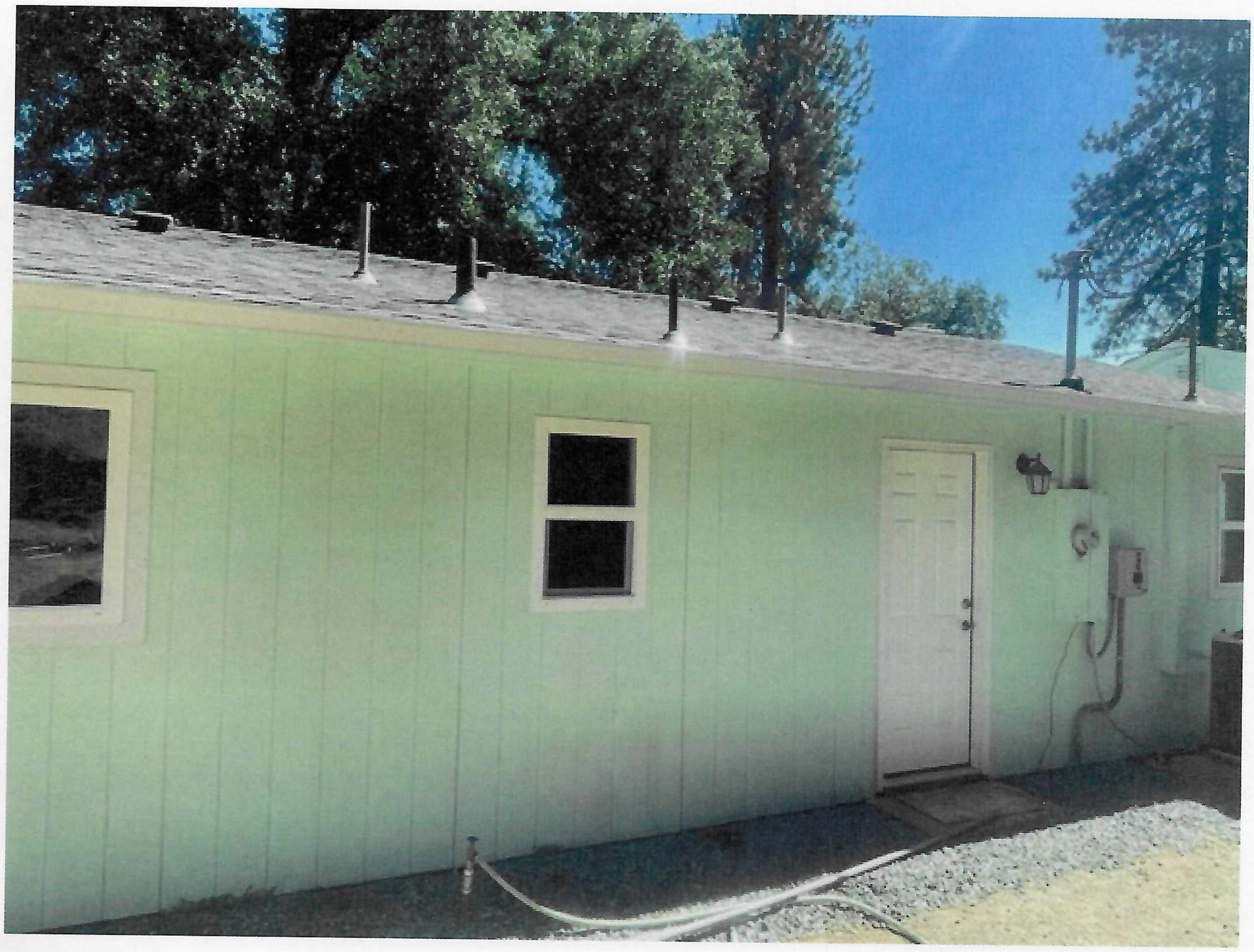
SECTION 5 - Office Use Only:

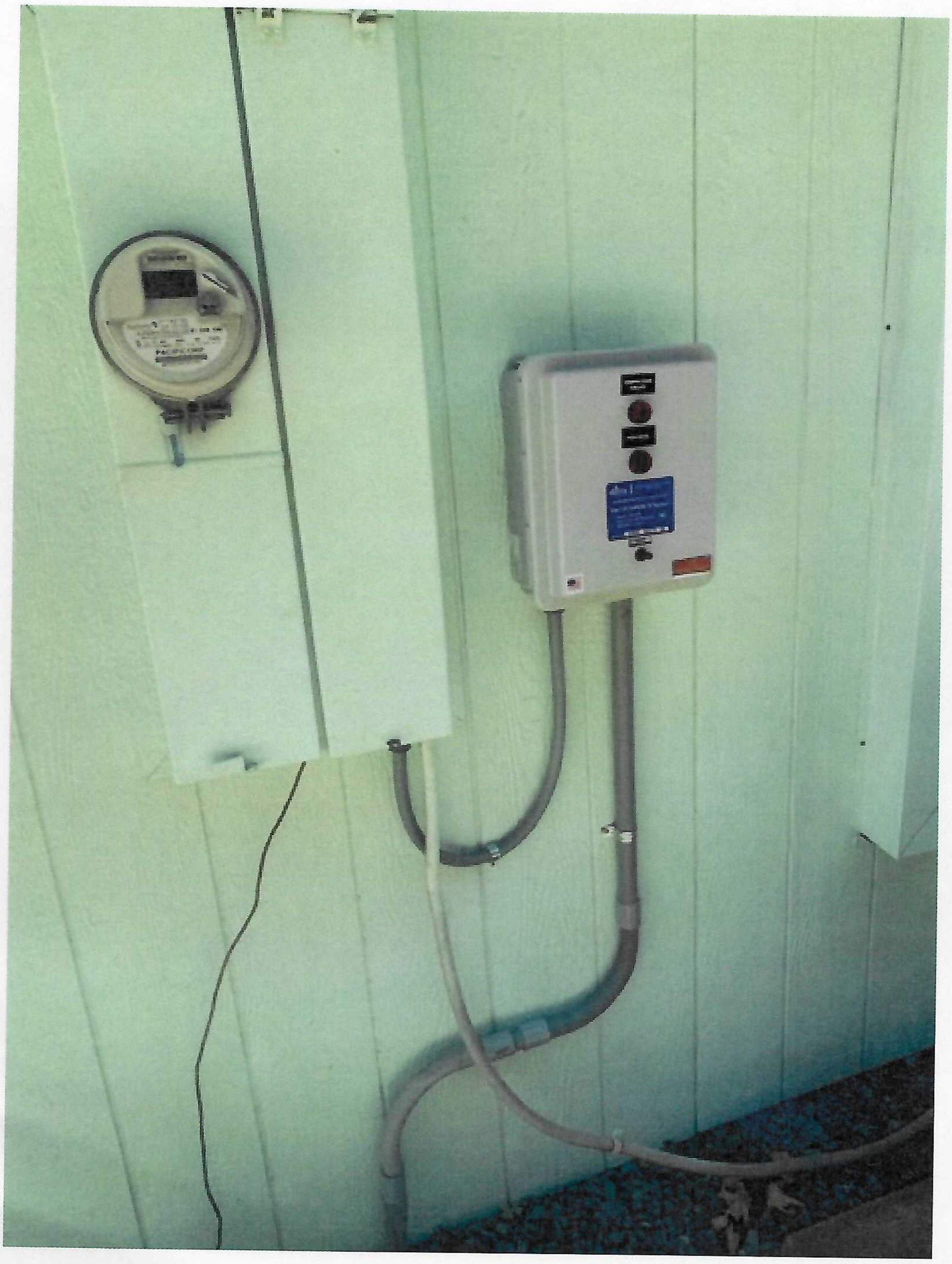
Notice Accepted	Yes	No	Date:	**Installer/Owner (Permittee) Notified:**	Yes	No	Date:

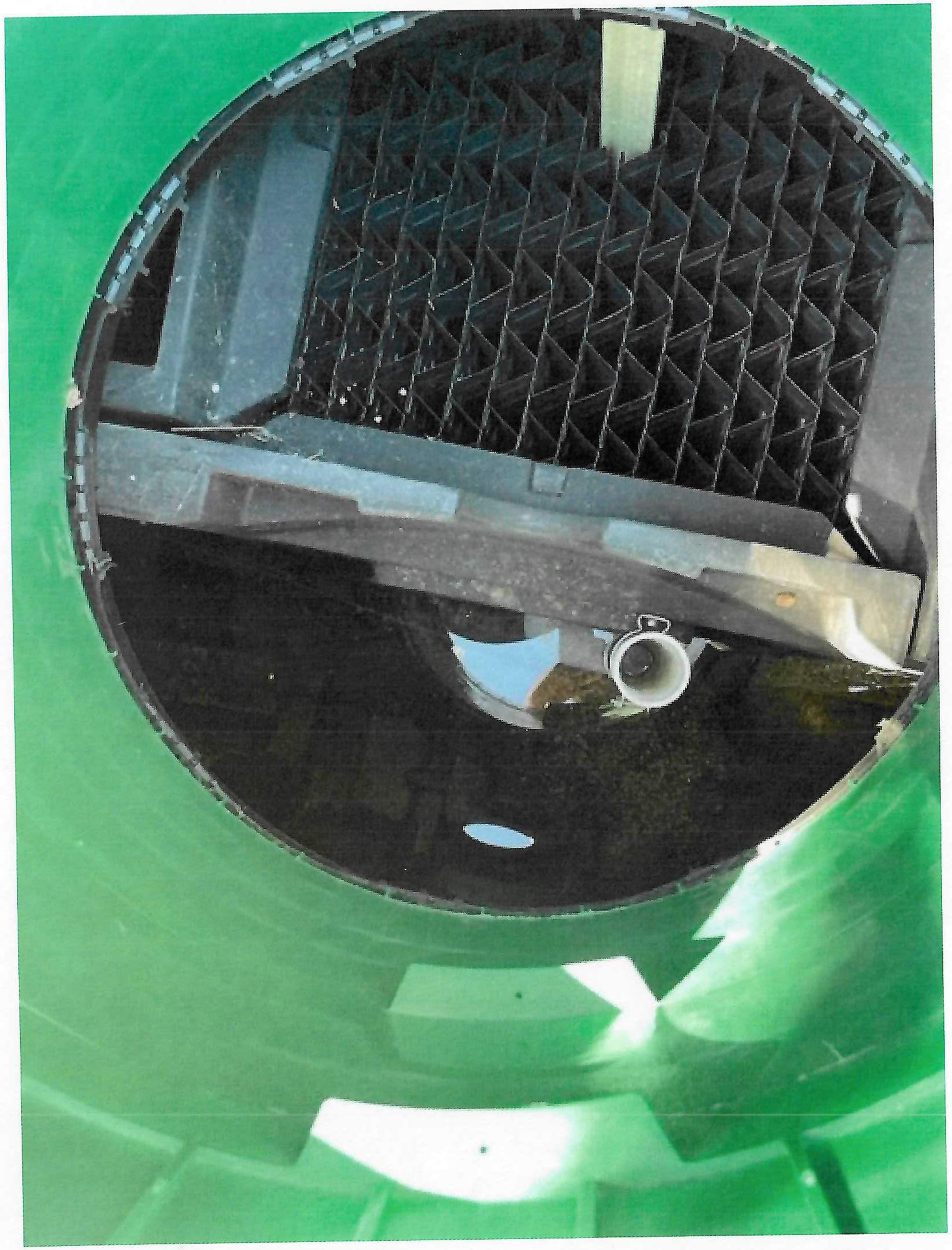
If No, Reason for Non Acceptance: _____

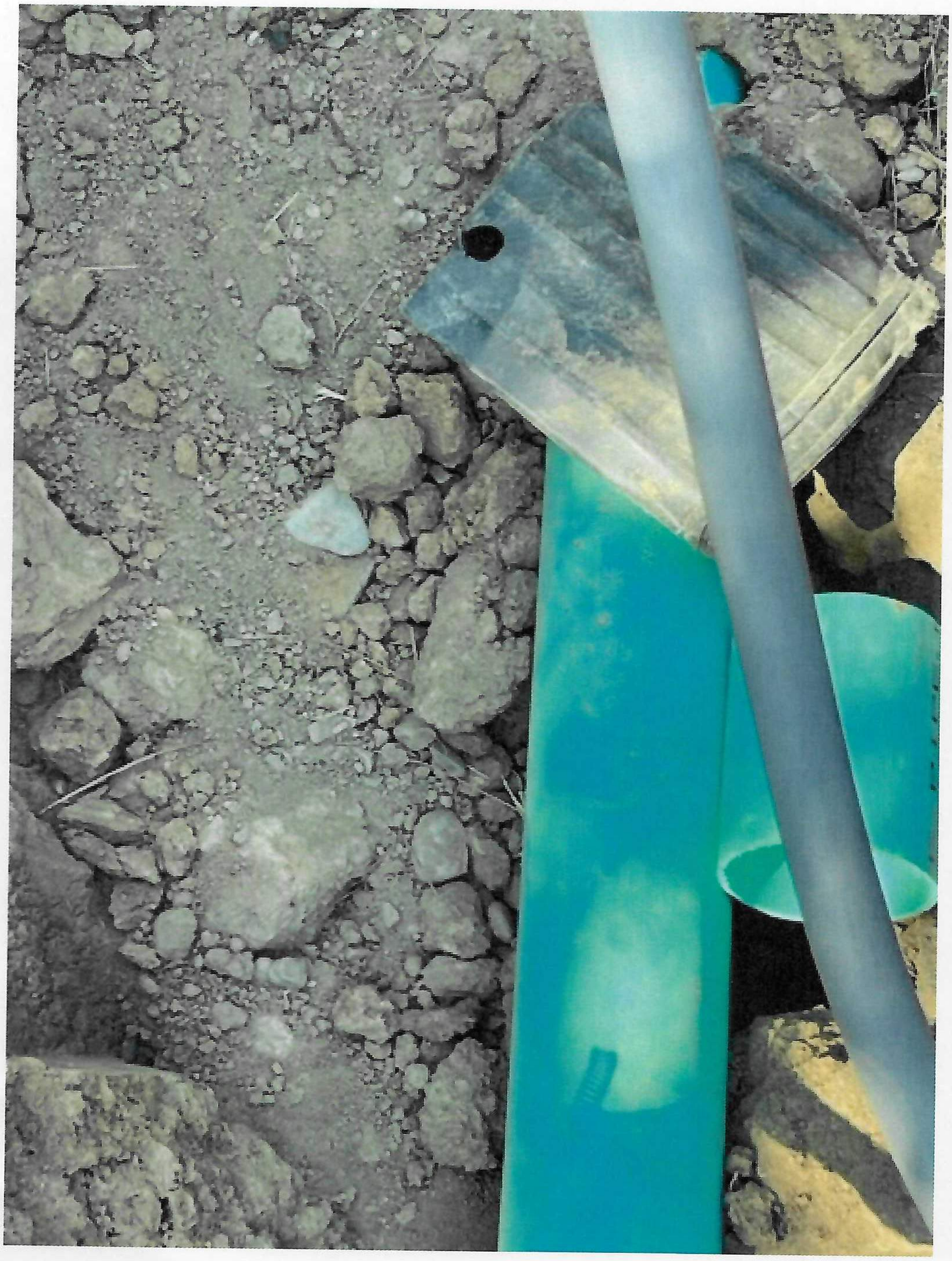
Comment: _____

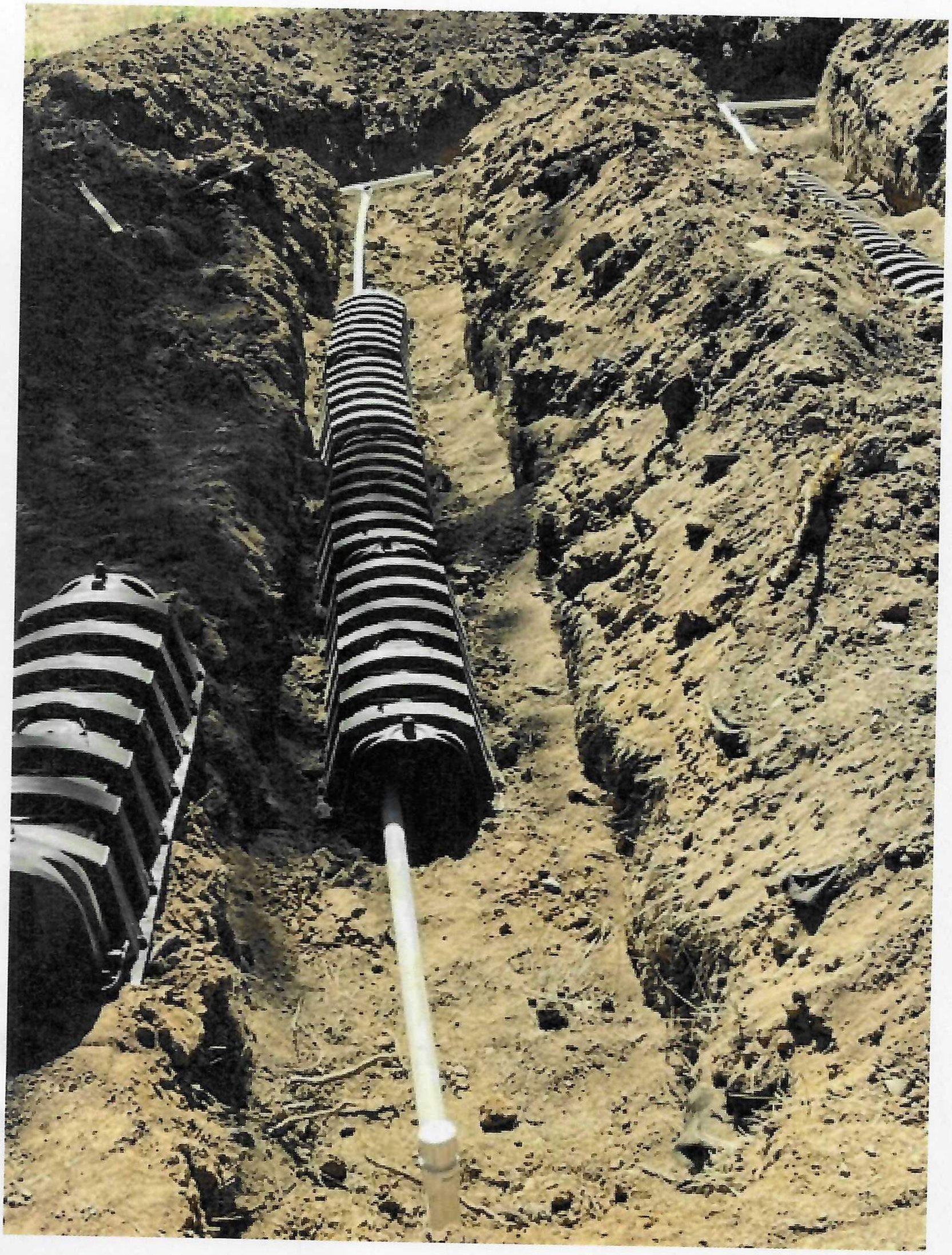
From: thedoodoobus@gmail.com
Subject: 221 Acorn Photos
Date: Jul 23, 2023 at 8:38:43 PM
To: DDB thedoodoobus@gmail.com

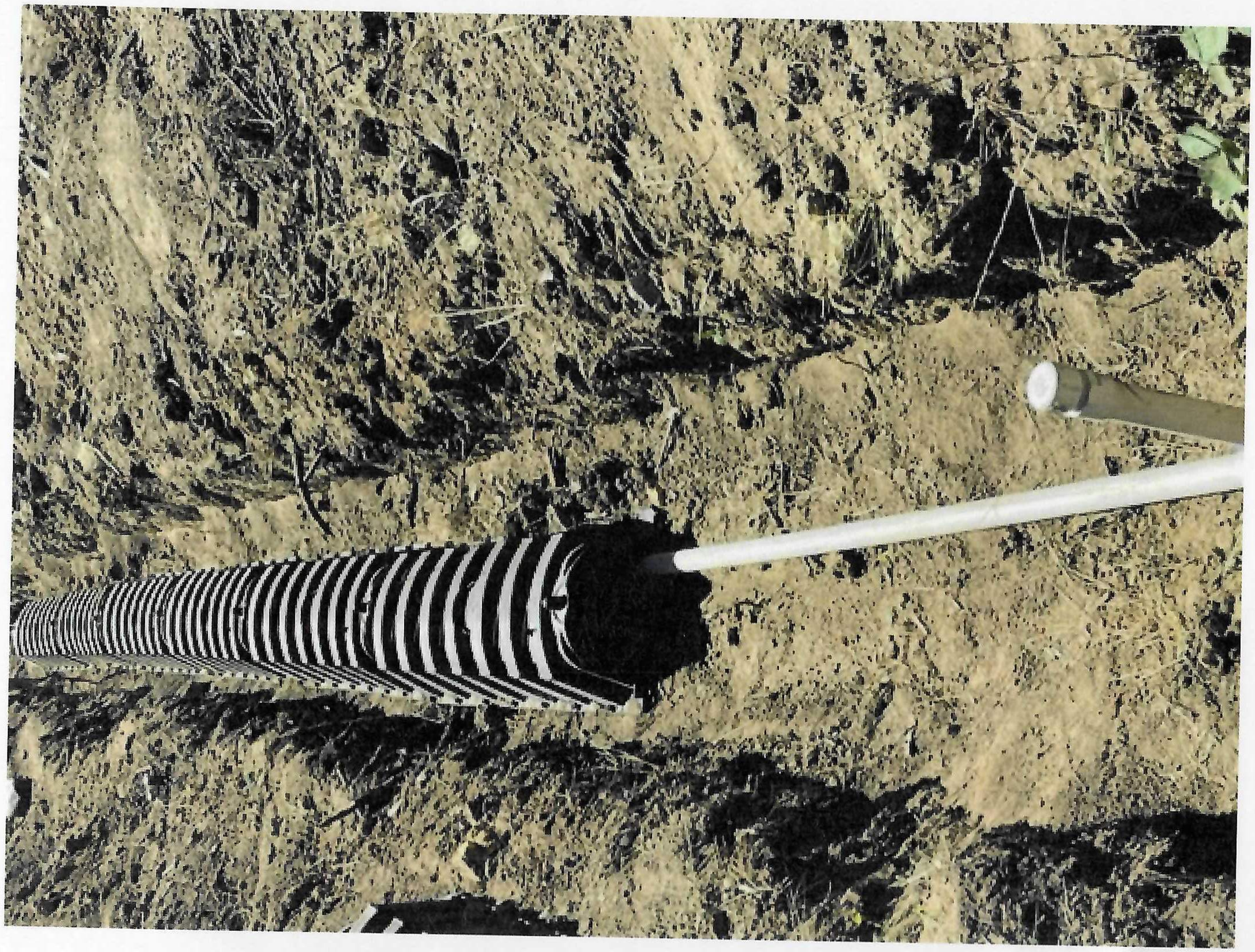


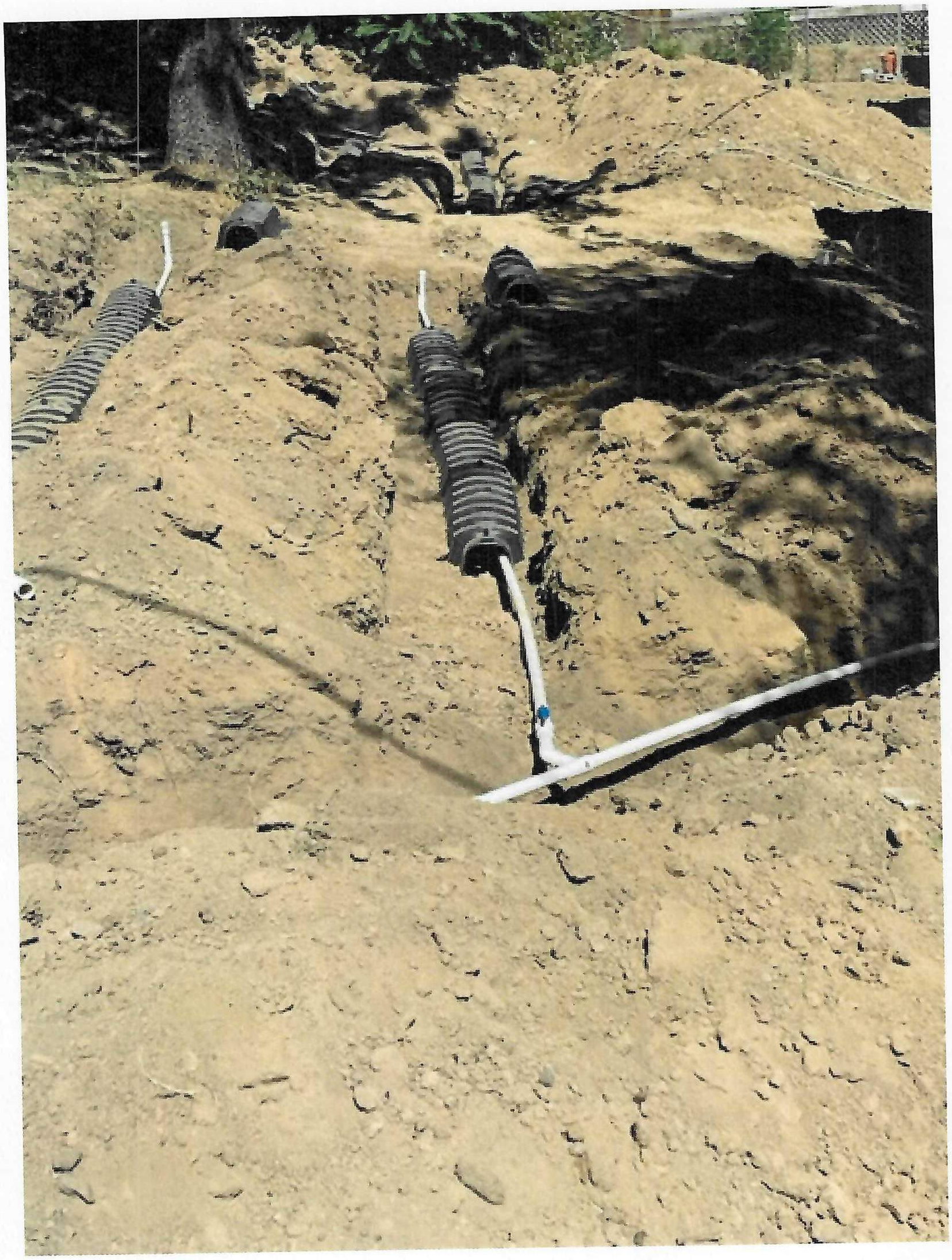


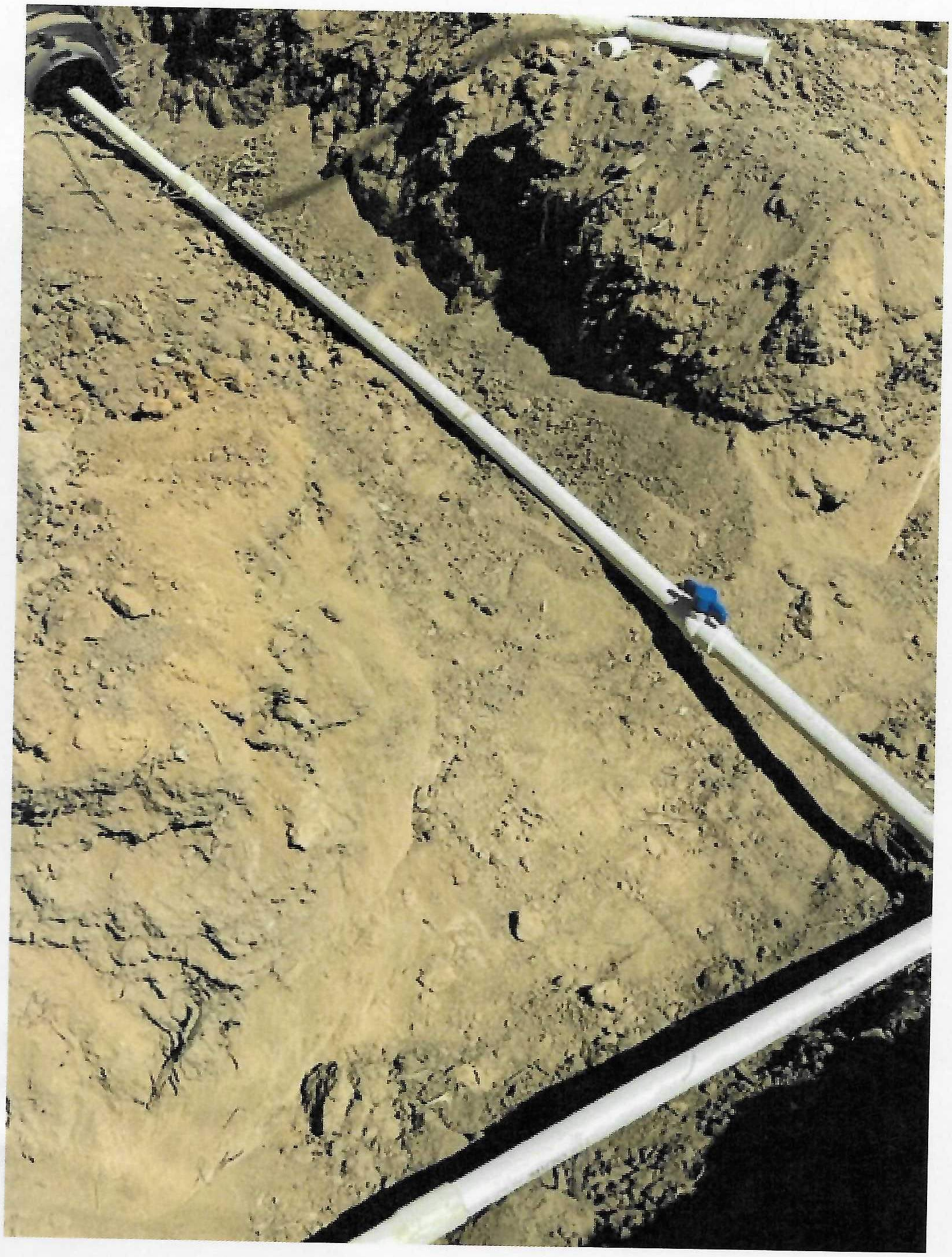












Sent from my iPhone

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
463-23-000011-PRMT

Date issued: 1/19/23 **Expiration date:** 1/19/24

Work description: MAJOR REPAIR

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

Primary 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

Business License: N/A

Owner: EAR HOUSING SOLUTIONS LLC
Address: 284 1ST AVE BOX 555
GOLD HILL OR 97525

Property address: 221 Acorn St, Merlin, OR 97532

Parcel: 350621BC00430100 - Primary

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

Comments: This system is sized for two bedroom maximum. Gravelless drainfield is to be located on tax lot 4400 (easement has been filed). A 500 gpd Ecopod ATT unit has been proposed and approved for this repair. A DEP 24.5115V pump station has been proposed and is approved downstream of the ATT this repair. A MINIMUM OF TWO FEET UNDISTURBED EARTH IS REQUIRED BETWEEN LEACHLINES. Pressure distribution piping shall be 2" in diameter with holes of 1/8" and hole spacing at 24". Provide pump curve and Operation and Maintenance agreement. Contact this office if ANY deviation from approved plans is needed.

Category of construction: Residential

	Existing	Proposed
Number of bedrooms:	2	2

System Specifications

Type:	Alternative Treatment Technology (ATTs)	**ATT description:**	Delta Ecopod N - 500 GPD Unit
Max peak design flow:	300 gpd.	**Proposed flow:**	N/A

Special tank rqmts: Per ESER a 1500 gallon septic tank is existing. This tank will precede the ATT unit. A DEP 24.5115V pump station is proposed and approved downstream of the ATT unit.

Drain Field Specifications

Drain field type:	Gravelless	**System distribution Ttpe:**	Equal
Drainfield sizing:	N/A	**Distribution method:**	Pressurized
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	Quick4 Equalizer 24 LP		
Trench length:	70 linear ft.	**Rock above pipe:**	N/A
Max depth:	12 in.	**Undisturbed soil between trenches:**	2 ft.

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

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Onsite Permit 463-23-000011-PRMT

Date issued: 1/19/23 **Expiration date:** 1/19/24

Work description: MAJOR REPAIR

Min depth: 12 in. **Capping fills-min depth of fill material:** N/A

Special Requirements

Stake out required: Yes

Conditions of approval

1.This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345.

2.ATT treatment standard 1 required.

3.The septic tank must be approved for use with the ATT system to be installed.

4.In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.

5.The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.

6.Gravelless absorption method rules at OAR 340-071-0290 (6). Pressurized distribution required w/ distribution piping perforated with 1/8 inch diameter orifices on maximum 2-foot centers at the 12 o'clock position and at least a 2-foot residual head at the distal orifice.

Onsite Permit 463-23-000011-PRMT

Date issued: 1/19/23 **Expiration date:** 1/19/24

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.

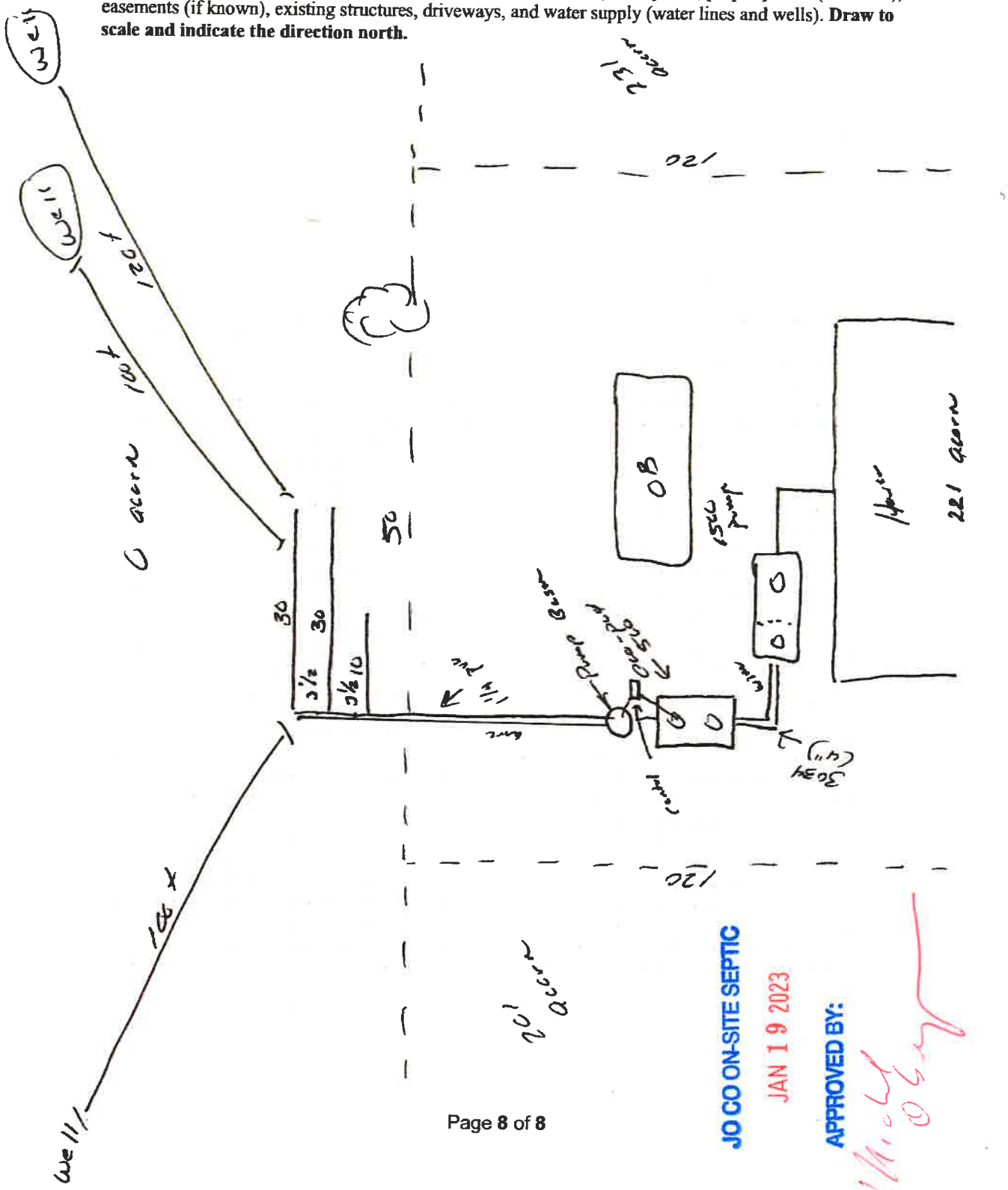
System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection 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.

Michael Obereigner Natural Resources Specialist 1/19/23

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**

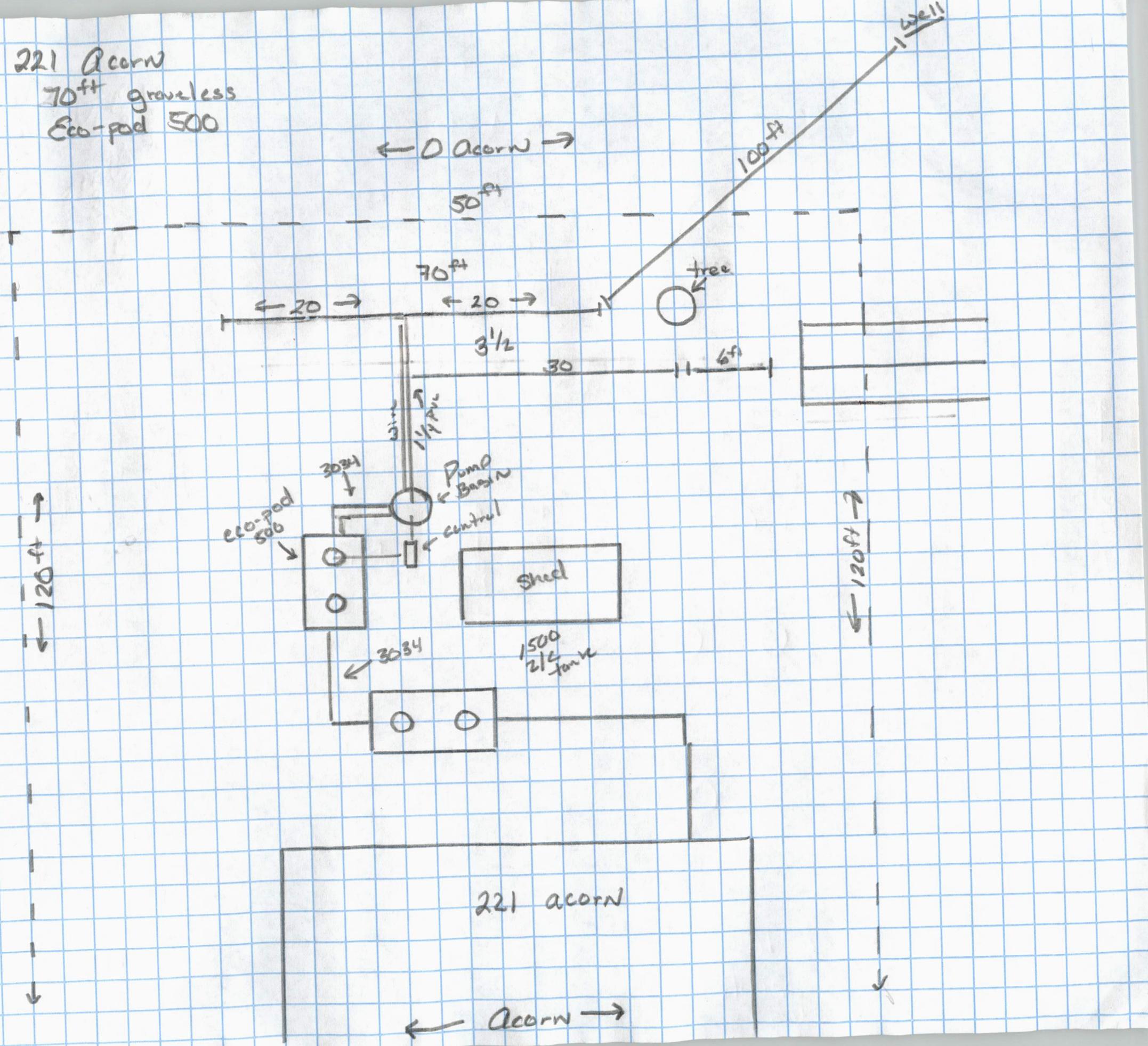


JO CO ON-SITE SEPTIC

JAN 19 2023

APPROVED BY:

221 Acorn
70ft graveless
Eco-pod 500



Low Profile Infiltrator Chamber
Low Profile Infiltrator End Cap
1 1/4 PVC sch 40
3034 (4")
14-18 wire
Pump Basin
Eco-Pod 500
Delta Control

After Recording Return To:

Elizabeth A. Rigney
P.O. Box 555
Gold Hill, OR., 97525

JOSEPHINE COUNTY OFFICIAL RECORDS
RHIANNON HENKELS, COUNTY CLERK
2022-015278
DED-EAS
Cnt=1 Pgs=3 Stn=5 OSCHREIBER 12/22/2022 01:56 PM
$15.00 $11.00 $60.00 $10.00 $5.00 Total:$101.00

00519344202200152780030037

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

(1)

EASEMENT AGREEMENT

As Required in OAR 340-071-0130

THIS AGREEMENT, made this 22 day of December, 2022, by and between Mariah Struthers, grantors and Elizabeth Rigney EAR Housing Solutions LLC, grantees;

WHEREAS, grantees are the owners of the following described real property in Josephine County, Oregon, to-wit:

350621BC-04301

Partain - plat: TL 4301 Block 35, Center addition to merlin Lot 5

The grantors do hereby grant and convey to the grantees, their heirs, successors and assigns, a nonexclusive easement described as follows, to-wit:

350621BC-04400

Partain - plat: TL 4400 Block 35, Center addition to merlin Lots 7, 8, 9

(NOTE: Recommend attaching a survey map of the specific easement area.)

subject to liens and encumbrances of record, in and upon the following described real property of grantors in Josephine County, Oregon, to-wit:

for the construction, maintenance, use and repair of an individual onsite wastewater treatment system (hereinafter called "system") appurtenant to the above described property of grantees.

Grantors, for themselves and their heirs, successors and assigns, covenant and agree to and with the grantees, their heirs, successors and assigns, that the above-described property of the grantors shall not be used for any conflicting use or purpose detrimental to said system or contrary to laws and rules of governmental agencies applicable or related to said system.

Owners Names Mariah Struthers and Elizabeth A. Rigney

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the date first hereinabove written.

(Grantors)

(Grantees)

STATE OF OREGON)
County of Josephine) ss.
December 22nd, 2022)
)

Personally appeared the above-named Mariah Struthers and Elizabeth Rigney, grantors, and acknowledged the foregoing instrument to be their voluntary act.

Before me:

OFFICIAL STAMP
CRAIG MARSHALL CARPENTER
NOTARY PUBLIC - OREGON
COMMISSION NO. 1024939
MY COMMISSION EXPIRES JUNE 12, 2026

NOTARY PUBLIC FOR OREGON
My Commission Expires: June 12, 2026

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 100 200 Feet

S.W.1/4 N.W.1/4 SEC.21 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 100 '

35 06 21BC

CANCELLED:
200
590
1290
2200
2501
4401
4900
3590
2500
3500
3890
4000
3000
3190
1001
4700

35 06 21BC

...ERE AUTHORIZED REPRESENTATIVE

Liz Rigney ... Allied Septic to act as my
(Account Name)
... treatment program ...
... in accordance with
... Authorized Representative
... to conduct required

221 Acorn St Merlin OR

Josephine

35 06 21 BC Tax Lot #(s) 00430

Liz Rigney
231 Acorn St
Merlin OR 97527

Elizabeth C. Rigney

Allied Septic Service, LLC
4150 N. Illinois Hwy
GP OR 97527
541-846-3071 Theodore@alliedseptic.com