



Certificate of Satisfactory Completion
Alteration (Major) - Residential - New
463-21-000007-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: 09/30/2021

Work Description: Major repair, tank is on tax lot #501 leach field is on tax lot 0500
family owns both lots

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: THOMPSON LIV TRUST, GLORIA J
Address: %THOMPSON, GLORIA J TRU3250
DE WOODY LN
%THOMPSON, GLORIA J TRUSTEE
3250 DE WOODY LN
GRANTS PASS GRANTS PASS, OR
97527 97527

Property Address: 3250 Dewoody Ln, Grants Pass, OR
97527

Parcel: 3606340000050100 - Primary

Lot Size:	2 ACRES	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	UGB
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Number of Bedrooms:	3	N/A

System Specifications

Type:	Standard		
Max Peak Design Flow:	375 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume:	1500 gal.	Min Dosing Tank Volume:	N/A

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Equal-Hydrosplitter
Media Type:	EZ FLOW 1201P	Media Depth:	N/A
Trench Length:	250 linear ft.	Rock Above Pipe:	N/A
Max Depth:	24 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 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:	36 in.
Groundwater Interceptor Amt of Drain Media:	24 in.		
Pump to Drainfield Required:	Yes	Filter Fabric on Top of Drain Media:	No

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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.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.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.
- 16.Install the pump and system components in accordance with the approved pump curve and specifications.
- 17.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.
- 18.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 19.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 20.Maximum length of an individual trench is 150-feet.
- 21.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.
- 22.The hydrosplitter must be located at least 6 inches higher than the piping in the highest disposal trench to ensure that effluent in the top line does not spill back into the hydrosplitter.
- 23.The discharge assembly from the hydrosplitter must be connected to larger diameter piping to provide for "open channel" flow. The system using a hydrosplitter is to be pressurized only to the hydrosplitter, and is to utilize gravity flow from the hydrosplitter to the disposal trenches.
- 24.The hydrosplitter must be enclosed in a secure enclosure with a solid, watertight bottom to eliminate the effect of rodents filling the enclosure with soil.
- 25.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 26.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.
- 27.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

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

Final Inspection Request and Notice - Septic ID: 463-21-000007-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: THOMPSON LIV TRUST, GLORIA J

Twtnshp:

Range:

Sect:

Lot:

Property 3250 DEWOODY LN, GRANTS PASS, OR 97527

Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight
verification*

Tanks(1)	Volume: 1560	Compartments: 2	Manufacturer: Infiltrator	Date: 6-17-21
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Zoller	Float(s) Type(1): up	Model/Manuf. Oranco
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes ☒	No	Diameter: 1 1/4"	ASTM#/Other: Sch 40	Length: 10+
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No ☒	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	
ATT	Yes	No ☒	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

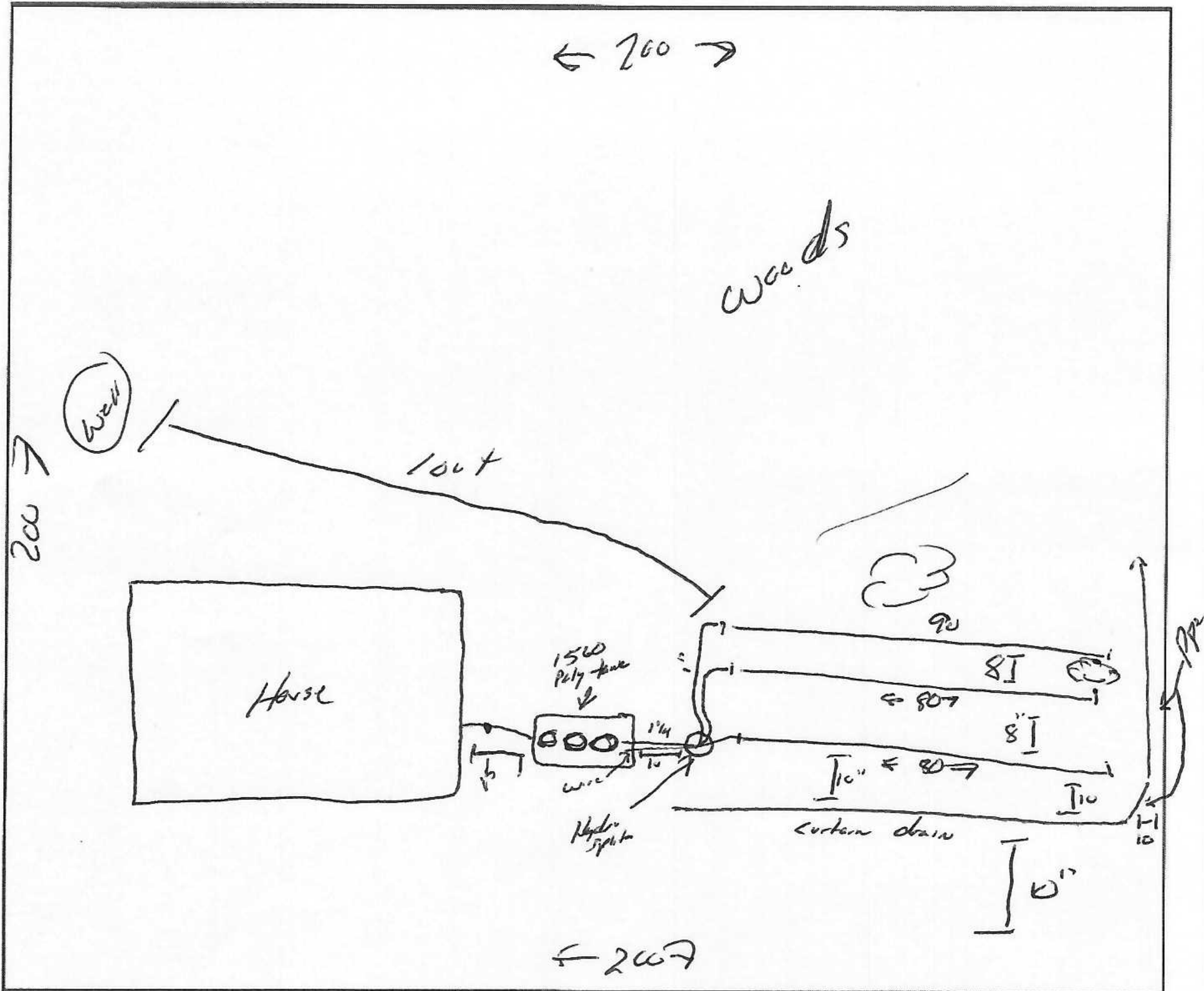
Type	(Gravel, Pipe or alternative?) Infiltrator via Hydro splitter			
Distribution Box	Yes	No ☒		
Drop Box	Yes	No ☒		
Distribution Pipe	Yes ☒	No	Diameter: 1"	ASTM#/Other: Sch 40
				Length: 45-ft
Comment				

*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>Doc Doc D's</u>		
Licensed Installer:	Yes ☒ No ☐	License#: <u>38974</u>	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>6-22-21</u>	Phone#: <u>541-660-8180</u>

SECTION 5 - Office Use Only:

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

Yes ☐ No ☐	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	15	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	5	feet
Manifold Length	15	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	24	
Lateral Length	56	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	360	
Total Flow Rate per Zone	156.3	gpm
Number of Laterals per Zone	24	
% Flow Differential 1st/Last Orifice	1.2	%
Transport Velocity	33.7	fps

Frictional Head Losses

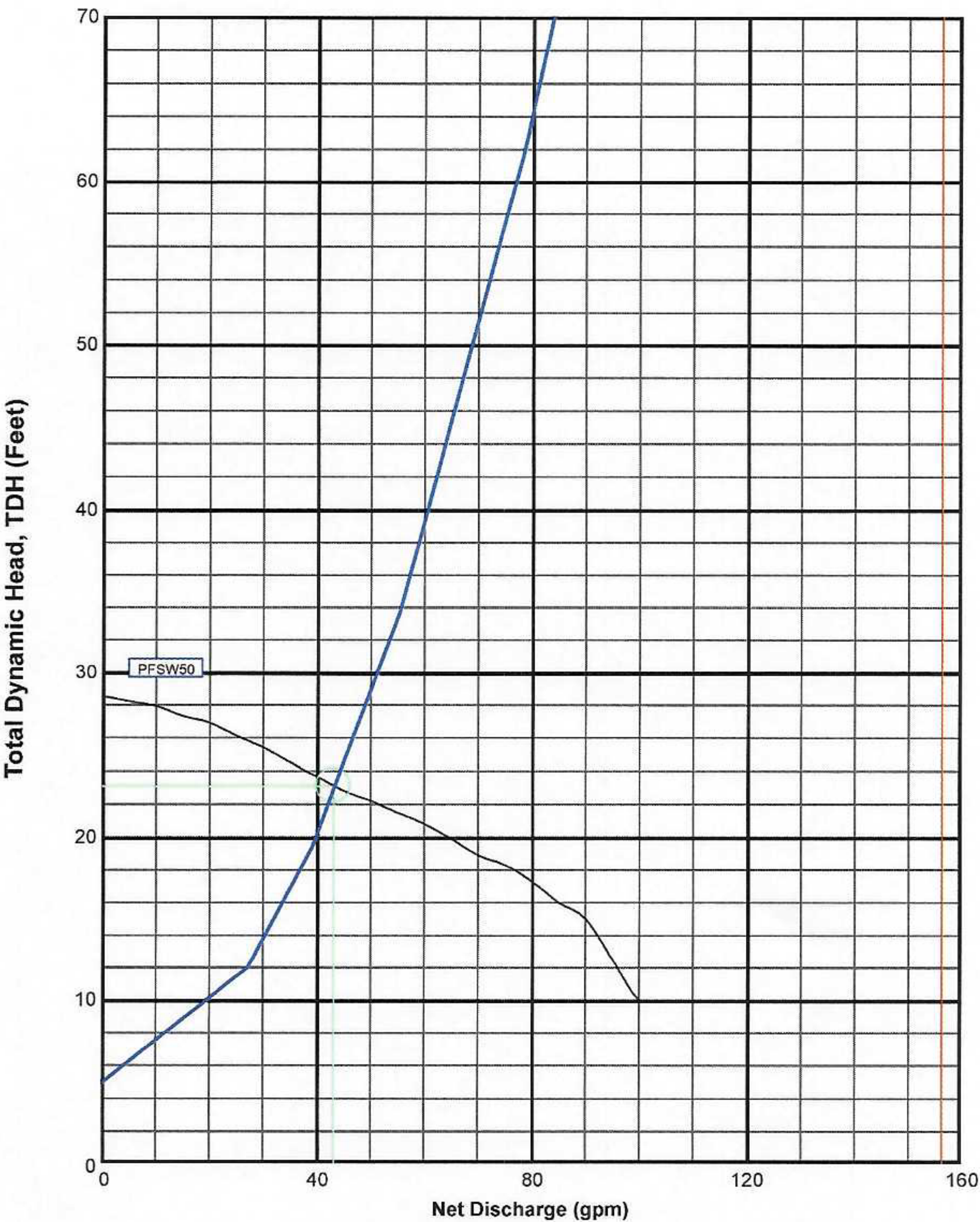
Loss through Discharge	170.9	feet
Loss in Transport	35.2	feet
Loss through Valve	0.0	feet
Loss in Manifold	9.8	feet
Loss in Laterals	0.2	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	1.2	gals
Vol of Manifold	1.2	gals
Vol of Laterals per Zone	104.4	gals
Total Volume	106.8	gals

Minimum Pump Requirements

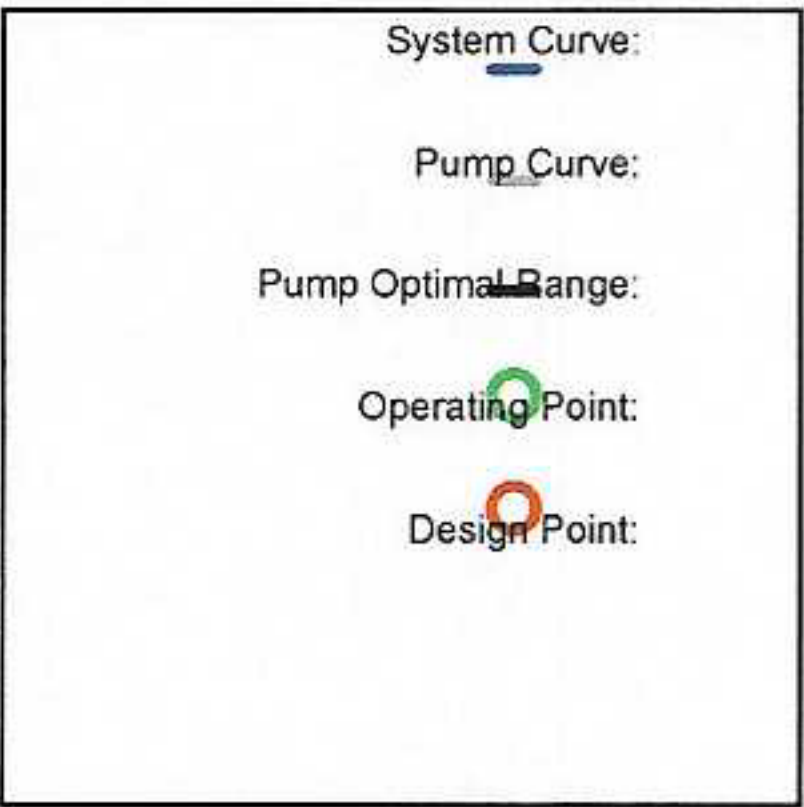
Design Flow Rate	156.3	gpm
Total Dynamic Head	226.1	feet



PumpData

PFSW50 Sewage Pump
1/2HP, 115/230V 1Ø

Legend

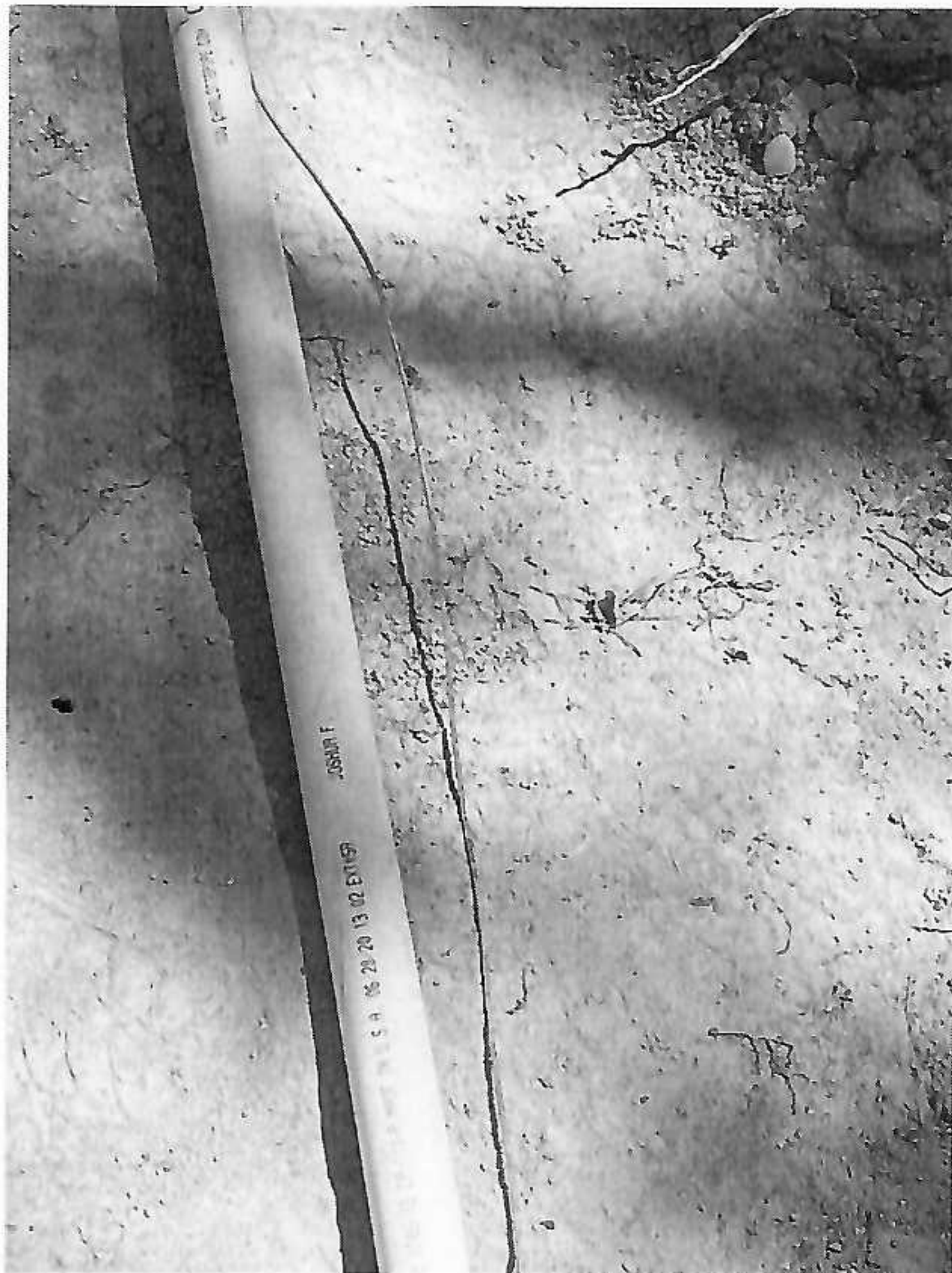




cut face
down



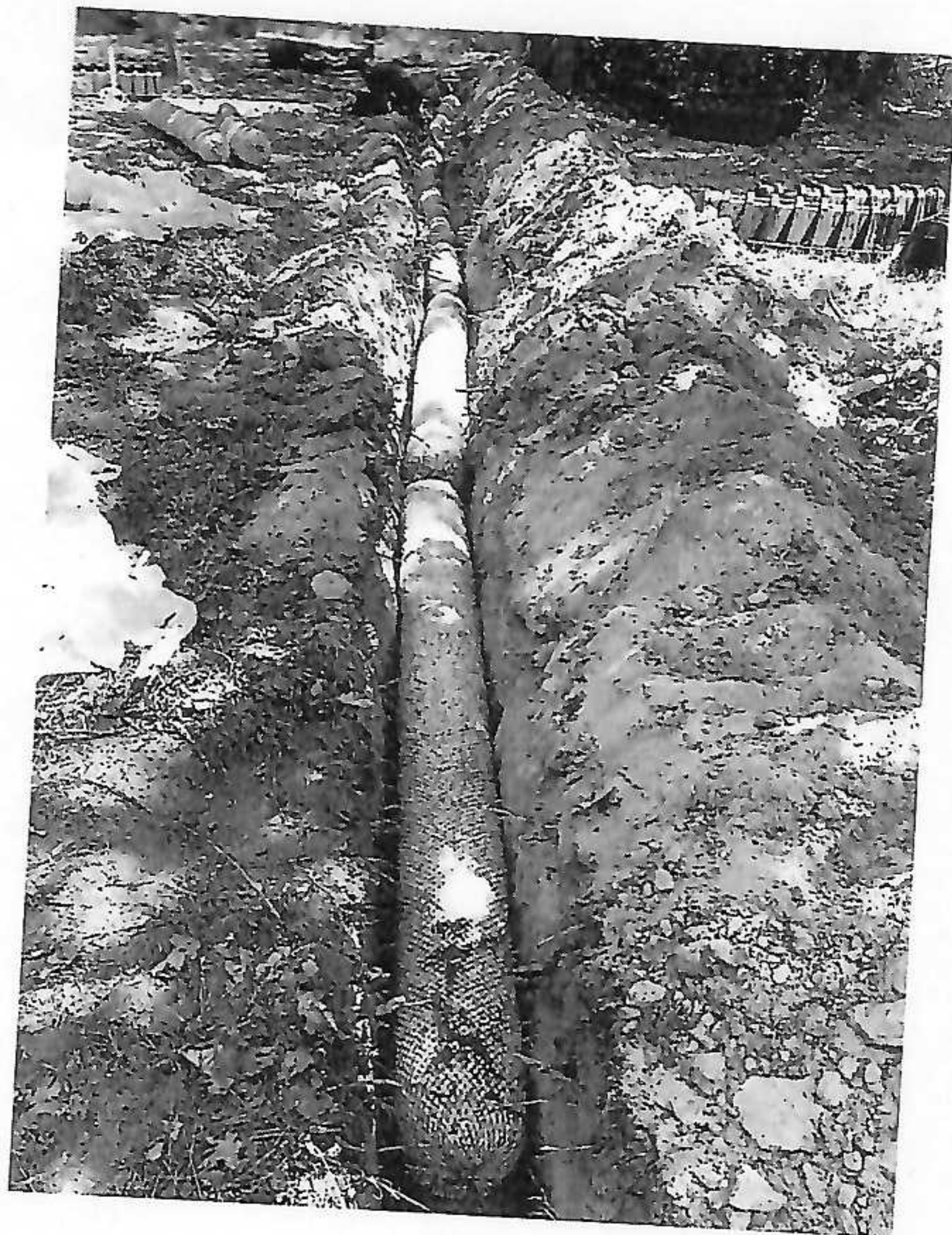
Leach field



wire 1 1/4 pk



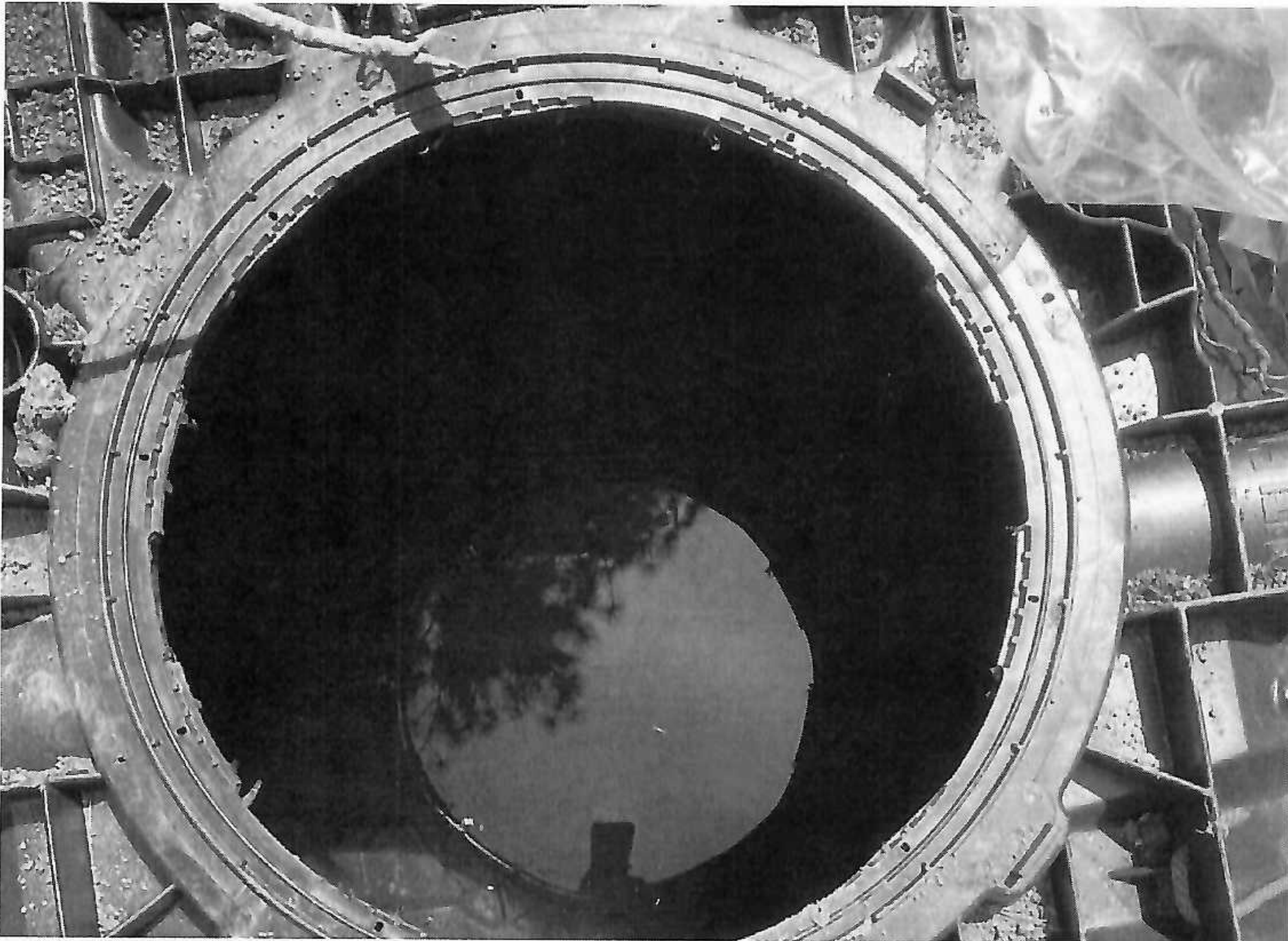
Leach Line



Culvert
draw



1560
turn



Soil
after
24 hr



State of Oregon
Department of
Environmental
Quality

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

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

- (2) Procedures for decommissioning
- Tanks, cesspools, and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
 - 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 Gloria Thompson

Septic tank location 3250 DeWoody

Legal Description: Twp 36 Range 06 Section 34

Taxlot # 00501 Tax Acct # _____

Date tank pumped 7-6-21

By

(signature of licensed pumper)

License#

38974

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

By

(signature of operator or owner)

Date

7-6-21



Septic Permit
Alteration (Major) - Residential - New
463-21-000007-PRMT

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Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
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Date issued: 6/8/21

Expiration date: 6/8/22

Work description: Major repair, tank is on tax lot #501 leach field is on tax lot 0500

Applicant: Doo Doo Bus Septic
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Phone: 5418463071
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Installer/Pumper License: 38974
Address: 4190 Williams Hwy
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Phone: (541) 846-3071
Email: thedoodoobus@gmail.com

Business License: N/A

Owner: THOMPSON LIV TRUST, GLORIA J
Address: %THOMPSON, GLORIA J TRU3250
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GRANTS PASS GRANTS PASS, OR
97527 97527

Property address: 3250 Dewoody Ln, Grants Pass, OR
97527

Parcel: 3606340000050100 - Primary

Lot size:	2 ACRES	Water supply:	Well
Zoning:	N/A	City/County/UGB:	UGB
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Alteration (Major) - Residential
System failing:	Yes	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Residential

	Existing	Proposed
Number of bedrooms:	3	N/A

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	375 gpd.	Proposed flow:	375 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Equal
Drainfield sizing:	N/A	Distribution method:	Equal-Hydrosplitter
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ FLOW 1201P		
Trench length:	250 linear ft.	Rock above pipe:	N/A
Max depth:	24 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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Groundwater type:	Temporary	Groundwater depth:	N/A
Groundwater interceptor:	Yes	Groundwater interceptor depth:	36 in.
Groundwater interceptor drain media amt:	24 in.		
Pump to drainfield reqd:	Yes	Filter fabric on top of drain media:	N/A

Date issued: 6/8/21

Expiration date: 6/8/22

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Conditions of approval

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 - 18.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
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 - 25.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

Date issued: 6/8/21**Expiration date:** 6/8/22**Work description:** Major repair, tank is on tax lot #501 leach field is on tax lot 0500**Conditions of approval**

26.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.

27.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.

Gabriel Kasiah

6/8/21

After Recording Return To:

Doo Doo Bns
4190 Wms Hwy
GP. Or 97527

JOSEPHINE COUNTY OFFICIAL RECORDS

RHIANNON HENKELS, COUNTY CLERK

2021-006416

DED-EAS

04/07/2021 12:04 PM

Cnt=1 Pgs=5 Stn=9 JCOX

\$25.00 \$11.00 \$60.00 \$10.00 \$5.00

Total: \$111.00



00482221202100064160050057

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

EASEMENT, COVENANT AND SERVITUDE

WHEREAS Gloria Thompson ("GRANTOR") is the owner of the following

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

Lot I: 36-06-34-00-00501
legal description attached
Doc # 2010-001465

Lot II: 36-06-34-00-00500
legal description attached
Doc # 2020-008207

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 non-exclusive, perpetual and appurtenant and shall be in a form acceptable to the State. The utility easement

Owner Name: Gloria Thompson

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 2nd day of April, 20 21.

STATE OF OREGON)
) ss.
County of Josephine)
)
April 2, 2021)
)

Gloria J. Thompson

(GRANTOR)

Personally appeared the above-named Gloria Thompson and acknowledged the foregoing instrument to be their voluntary act.

Before me:



AT
NOTARY PUBLIC FOR OREGON
My Commission Expires: 8-23-2024

State of Oregon Acceptance on this the 7TH day of APRIL, 20 21,

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

Department of Environmental Quality.

Gabriel Kasiah
Signature of DEQ Agent

04/07/2021
Date

Grantor's Name and Address
GLORIA J. THOMPSON
3250 DEWOODY LANE
GRANTS PASS, OREGON 97527
Grantee's Name and Address
GLORIA J. THOMPSON, TRUSTEE
GLORIA J. THOMPSON LIVING TRUST
DATED JANUARY 26, 2010
3250 DEWOODY LANE
GRANTS PASS, OREGON 97527
After recording, return to:
THE ESTATE PLANNING GROUP
711 BENNETT AVENUE
MEDFORD, OREGON 97504
Until requested otherwise, send all tax statements to:
GLORIA J. THOMPSON
3250 DEWOODY LANE
GRANTS PASS, OREGON 97527

JOSEPHINE COUNTY OFFICIAL RECORDS
ART HARVEY, COUNTY CLERK 2010-001465
DED-WRD
Cnt=1 Pgs=1 Stn=1 JEDWARDS 02/02/2010 11:27 AM
\$5.00 \$11.00 \$15.00 \$8.00 \$5.00 Total:\$44.00



00244151201000014650010013

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

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that GLORIA J. THOMPSON, hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by GLORIA J. THOMPSON, TRUSTEE, OR HER SUCCESSORS IN TRUST, UNDER THE GLORIA J. THOMPSON LIVING TRUST DATED JANUARY 26, 2010, AND ANY AMENDMENTS THERETO, hereinafter called grantee, does hereby grant, bargain, sell and convey unto grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Josephine County, State of Oregon, described as follows, to-wit:

Commencing at the intersection of the Easterly right of way line of Jerome Prairie Road with the North right-of-way line of DeWoody Lane in Section 34, Township 36 South, Range 6 West of the Willamette Meridian, Josephine County, Oregon; thence East along the North right-of-way line of said DeWoody Lane, 470.00 feet to the true point of beginning; thence continue East, along said right-of-way line, 300.00 feet; thence North 290.40 feet; thence West 300.00 feet; thence South 290.40 feet to the true point of beginning. "

The liability and obligations of the Grantor to Grantee and Grantee's heirs and assigns under the warranties and covenants contained herein or provided by law shall be limited to the extent of coverage that would be available to Grantor under any policy of title insurance issued to the Grantor at the time Grantor acquired the property. The limitations contained herein expressly do not relieve Grantor of any liability or obligation under this instrument, but merely define the scope, nature and amount of such liability or obligations.

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

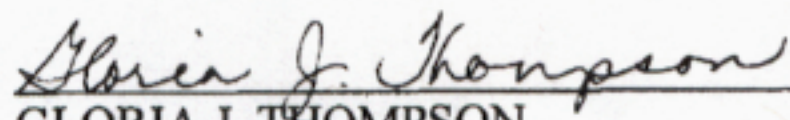
And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except: NONE, and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0.00. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration.

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

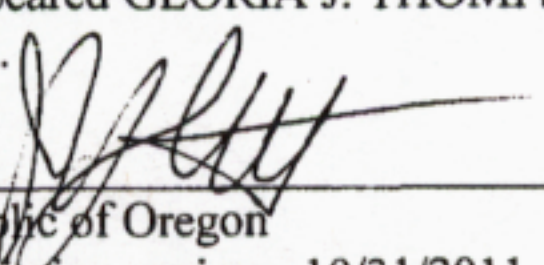
IN WITNESS WHEREOF, the grantor has executed this instrument this 26th day of January, 2010, if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

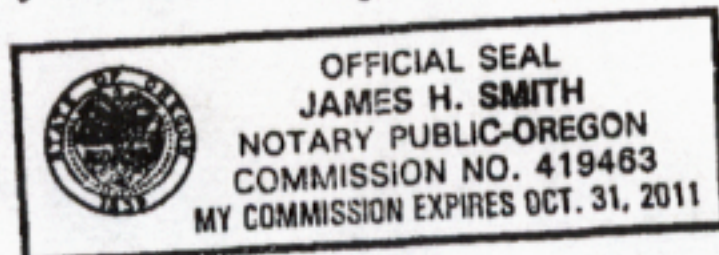
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS 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.


GLORIA J. THOMPSON

State of Oregon)
: ss.
County of Josephine)

Before me this 26th day of January, 2010, personally appeared GLORIA J. THOMPSON, and acknowledged the foregoing instrument to be her voluntary act and deed.


Notary Public of Oregon
My Commission expires: 10/31/2011



RECORDING REQUESTED BY:

PETER VALDEZ
3000 DeWoody Lane
Grants Pass, OR 97527

Send Tax statements to:

Peter Valdez
3000 DeWoody Lane
Grants Pass, OR 97527

JOSEPHINE COUNTY OFFICIAL RECORDS
RHIANNON HENKELS, COUNTY CLERK

2020-008207

DED-QTD

Cnt=1 Pgs=2 Stn=4 LBOSS

06/11/2020 11:49 AM

\$10.00 \$11.00 \$60.00 \$10.00 \$5.00

Total:\$96.00



00461355202000082070020021

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

SPACE ABOVE FOR RECORDER'S USE

QUITCLAIM DEED

The undersigned Quitclaimor(s) declare/s : Documetary transfer tax is NONE: No monetary consideration is given: this conveyance transfers the Quitclaimor'(s) interest into the Quitclaimor'(s) Revocable Living Trust; Quitclaimor is the Trustee of the Quitclaimor's Revocable Living Trust and is the same person(s) as the Trustee(s) of Quitclaimor(s)' Revocable Living Trust. This transfer is not pursuant to a sale of the property conveyed.

FOR VALUE RECEIVED, receipt of which is hereby acknowledged, but without monetary consideration

PETER BERNARDINO VALDEZ, a single person and grantor, conveys to Peter Valdez, Trustee, of THE PETER VALDEZ REVOCABLE LIVING TRUST, Dated June 6, 2020, Grantee,

Does, hereby REMISE, RELEASE AND FOREVER QUITCLAIM his share as Tenants in Common of the following described real property in the County of **Josephine**, State of Oregon:

Beginning at a point 254.7 feet South of the Northeast Corner of Tract 76 in CHICAGO LAND COMPANY SUBDIVISION AS THE SAME APPEARS ON THE PLAT of said subdivision on file of record at the office of the County Clerk of Josephine County, and run thence South 89 degrees 43' West 1778.7 feet thence Southwesterly along the right of way line of the California-Oregon Coast Railroad 462.3 feet, thence North 89 degrees 43' East 1997 feet to the Southeast Corner of said tract 76; thence North 405.7 feet to the true point of beginning.

Less and except The South 25 feet thereof as conveyed to Josephine County, Oregon by deed recorded in Vol. 198, Page 102, JCDR.

Less and except that property commencing at the intersection of the Easterly Right of way Line of Jerome Prairie Road with the North right of way line of DeWoody Lane in Section 34, Township 36 South, Range 6 West of the Willamette Meridian, Josephine County, Oregon; thence East, along the North right of way line Of said DeWoody Lane, 470.00 feet to the true point of beginning; thence continue East, along said right of way line, 300.00 feet; thence North 290.40 feet; thence West 300.00 feet; thence South 290.40 feet to the true point of beginning. Tax Parcel number R321102.

(5)

Less and except that property beginning at a point 254.7 feet South of the Northeast corner of Tract 76, in CHICAGO LAND COMPANY SUBDIVISION, Josephine County, Oregon; thence South 89° 43' West 540.0 feet; thence South 405.7 feet to the South line of said Tract 76; thence North 89° 43' East along said Line, 540.0 feet to the Southeast corner of said Tract 76; thence North 405.7 feet To the point of beginning. LESS AND EXCEPT, the South 25 feet thereof and Conveyed to Josephine County, Oregon by deed recorded in Volume 198 Page 102, Josephine County, Deed Records.

The true and actual consideration for this conveyance is \$0.

THIS INSTRUMENT WILL 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 APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

QUITCLAIMOR SIGNATURE

Dated

June 9, 2020

Peter Bernardino Valdez
Peter Bernardino Valdez

Situs: 2925 Jerome Prairier Rd
Grants Pass, OR, 97527

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Oregon)

) ss

County of Josephine)

On June 9, 2020, before me, VICKI L. MOFFATT, a Notary Public, personally appeared **Peter Bernardino Valdez**, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



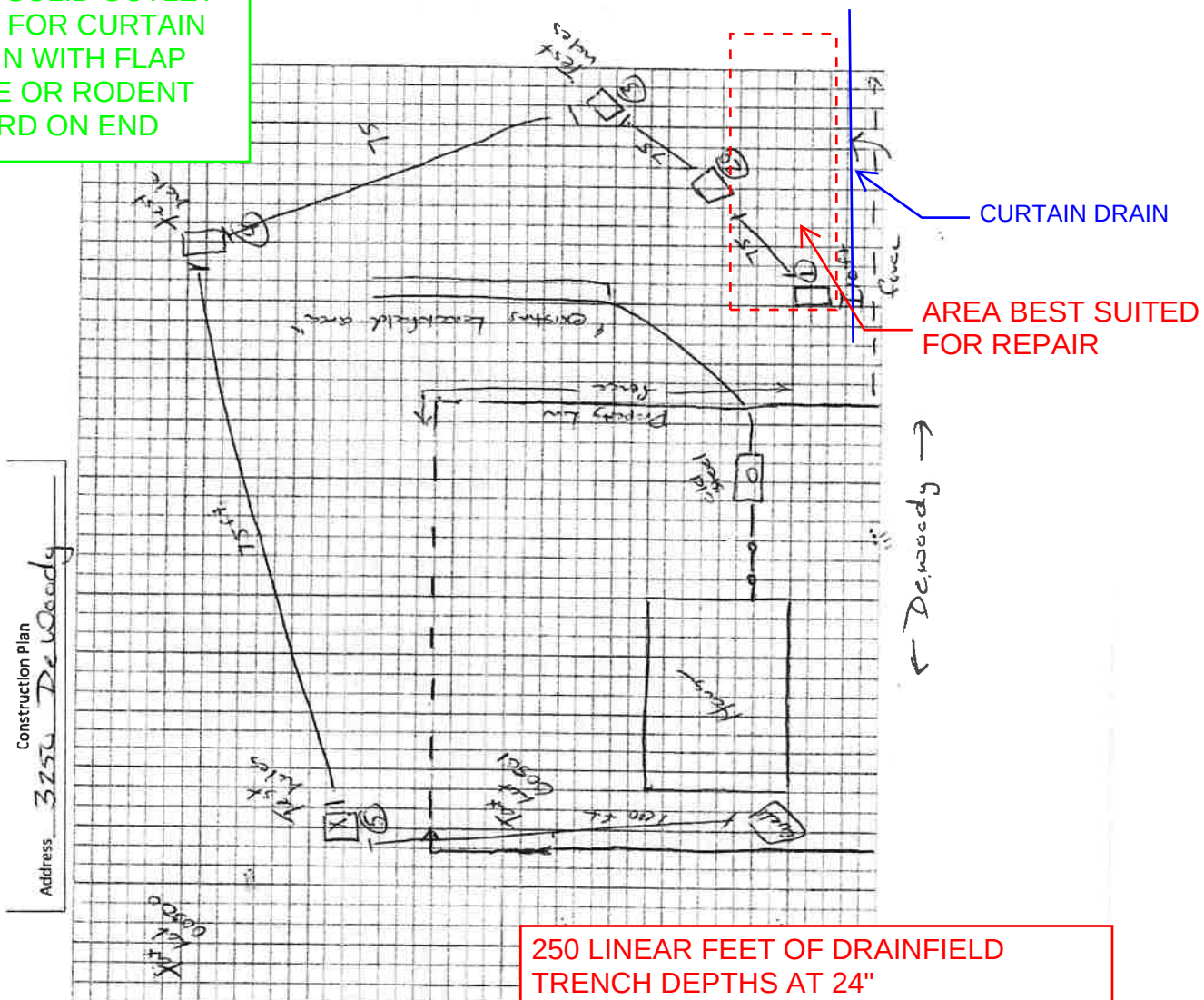
[SEAL]

Witness my hand and official seal.

Vicki L. Moffatt
Signature of Notary Public

Quitclaim Deed Valdez June 8, 2020 Page 2 of 2

3034 SOLID OUTLET
PIPE FOR CURTAIN
DRAIN WITH FLAP
GATE OR RODENT
GUARD ON END



FIELD WORKSHEET

Name: GLORIA THOMPSON Application No.: 463-21-00007-PRMT Date: _____
RE: SITE EVALUATION REPORT for Parcel #: 3606340000500

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2 ACRES

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
Tank: ☐ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☐ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>250</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>24</u> " Min Depth

Additional Conditions of Approval

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

- ☒ A curtain drain is required, a minimum of 10 feet above the highest disposal trench.
- ☒ The curtain drain must be a minimum of 36 inches deep, and installed in accordance with OAR 340-071-0220 (12).
- ☐ Rake trench sidewalls.
- ☐ The system must be installed during dry soil conditions only.
- ☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

* 18-24" IF HYDROSPISTER USED

* EASEMENT TO LOT 501 REQUIRED

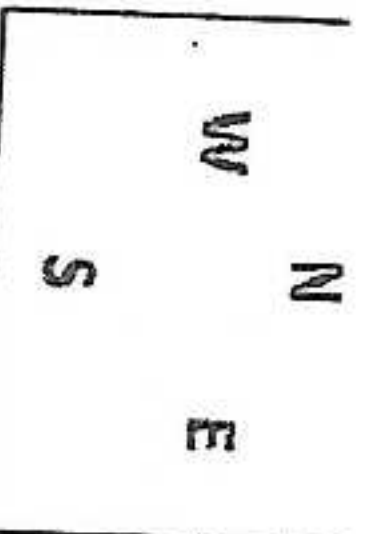
Inspector: RLK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-2	ORGANICS	10YR ³ /2, GRAN, ROOTS 3F,M, 2VF,C,VL O.CAS
	2-24	CoSL	10YR ⁵ /3, WSBK, ROOTS 1VF,F,M,C FAINT MOTTLES
	24-30	CoSCL	MOTTLED THROUGHOUT DEP 10YR ⁶ /1 CONC 5YR ⁵ /8, WSBK, ROOTS 1VF,F,M,C
			WATER @ 30" . ABLE TO DIG TO 44"
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED / GRASS (OAK, PINE, BLACKBERRIES)

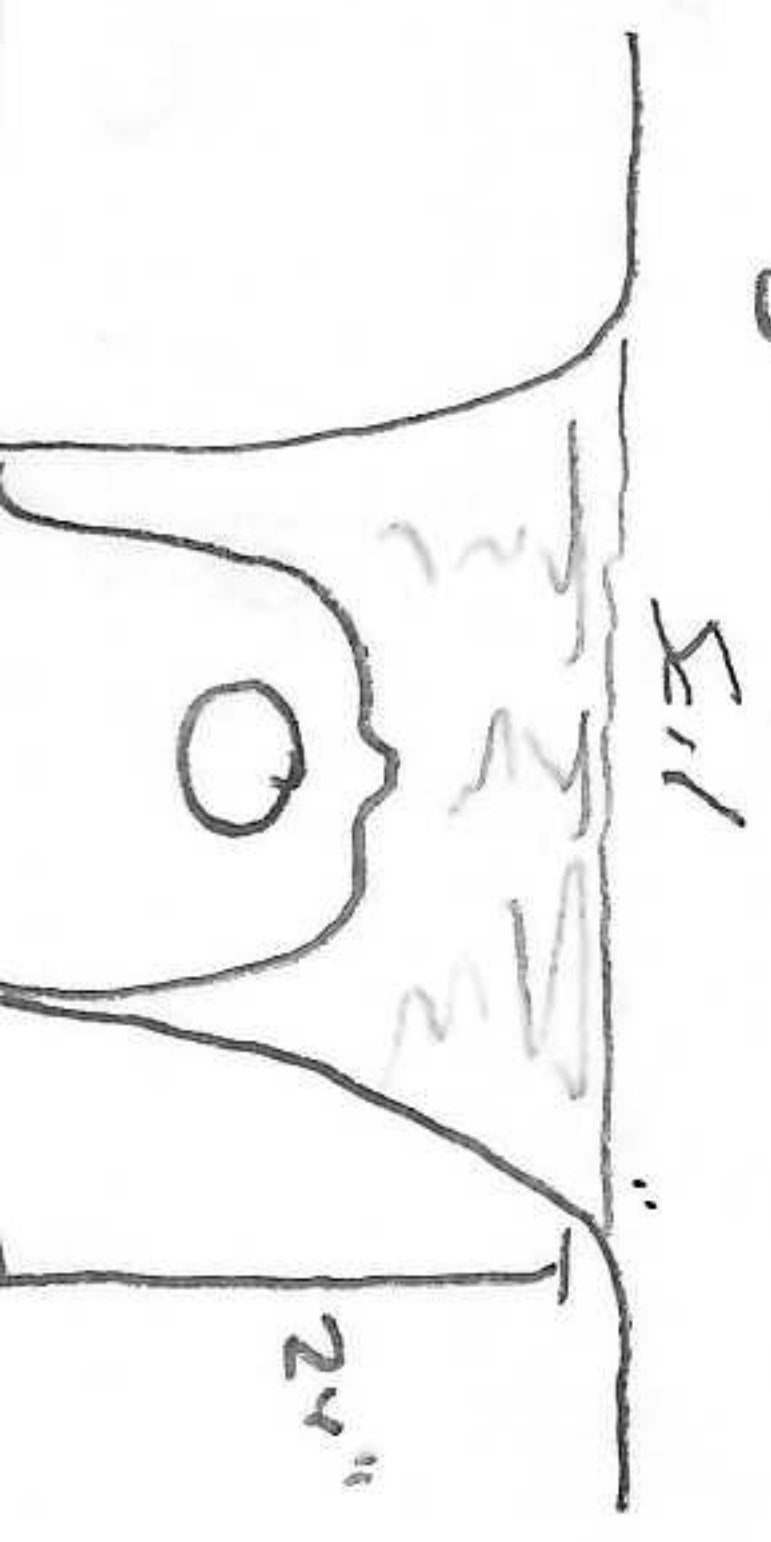
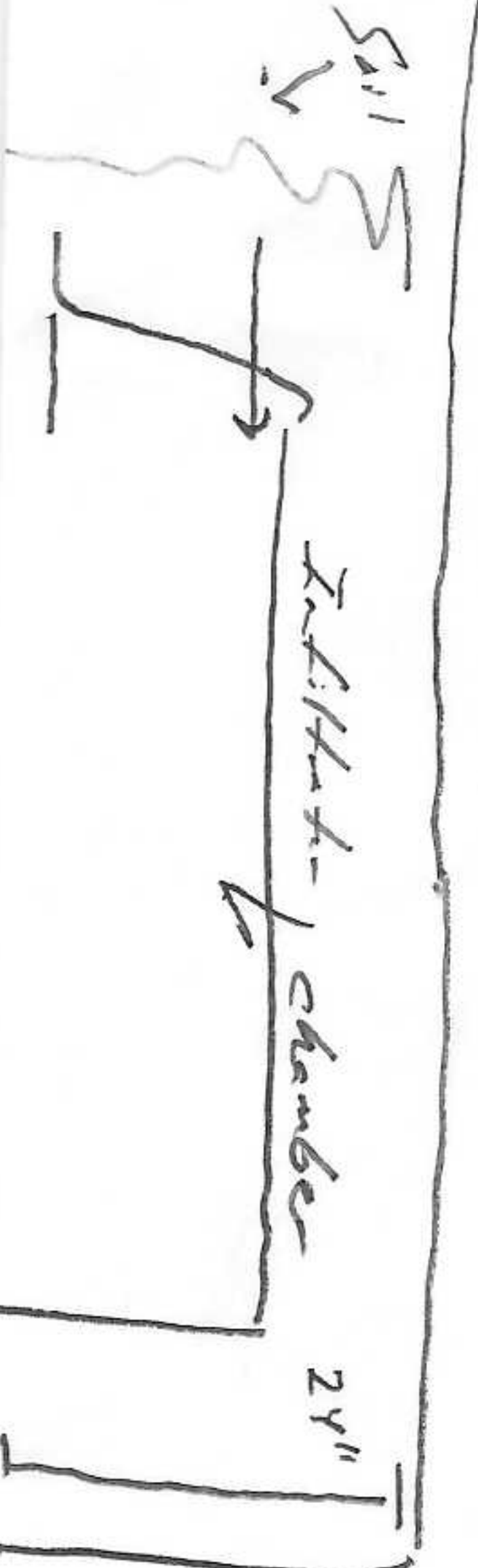
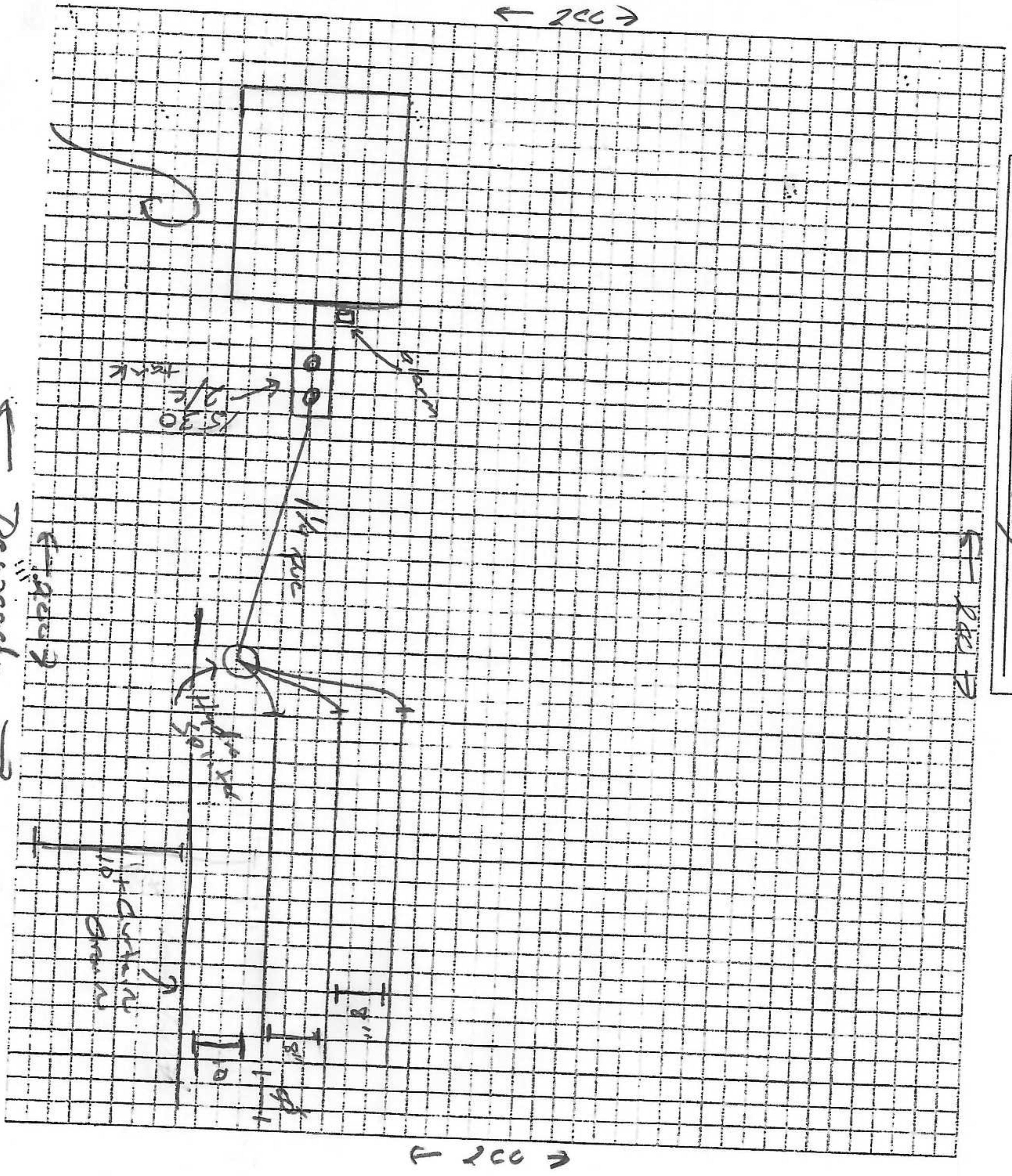
Slope: 3-5% Aspect: N Groundwater Type: ☐ Permanent ☒ Temporary

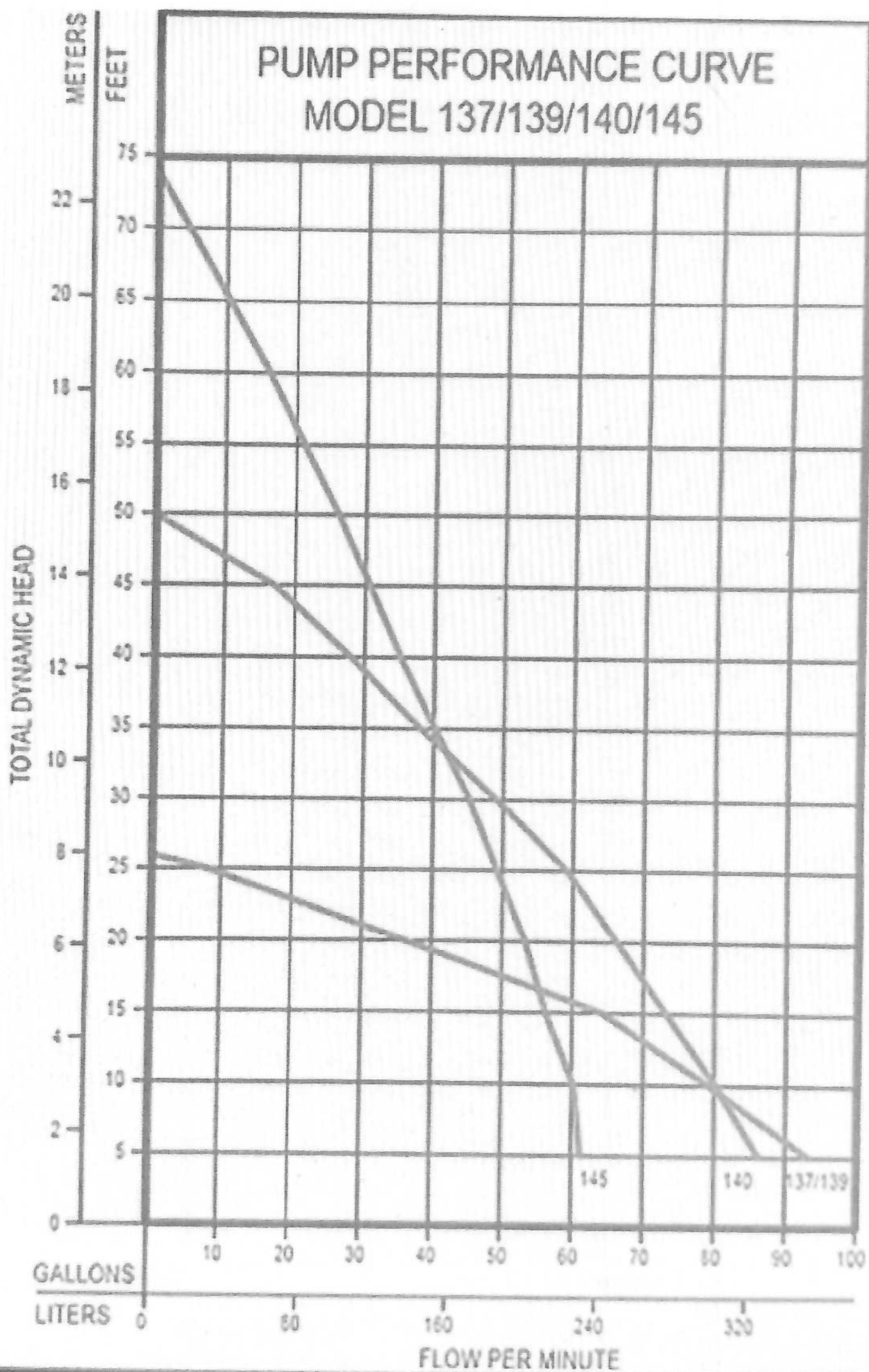
Other Site Notes: HOLE PUMPED PRIOR TO ARRIVAL

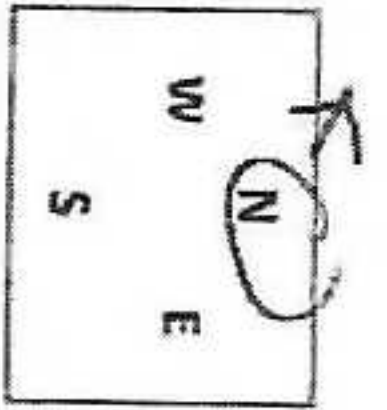


Construction Plan
Address 3250 Duwachs

Tanks 1530 Pump
w/ Hydric
Other Certain drain
Control Demand
Leach Field 250 ft
Trench Depth 24"
Other _____
Well 100 ft
Sign 211
Date 5-3-21



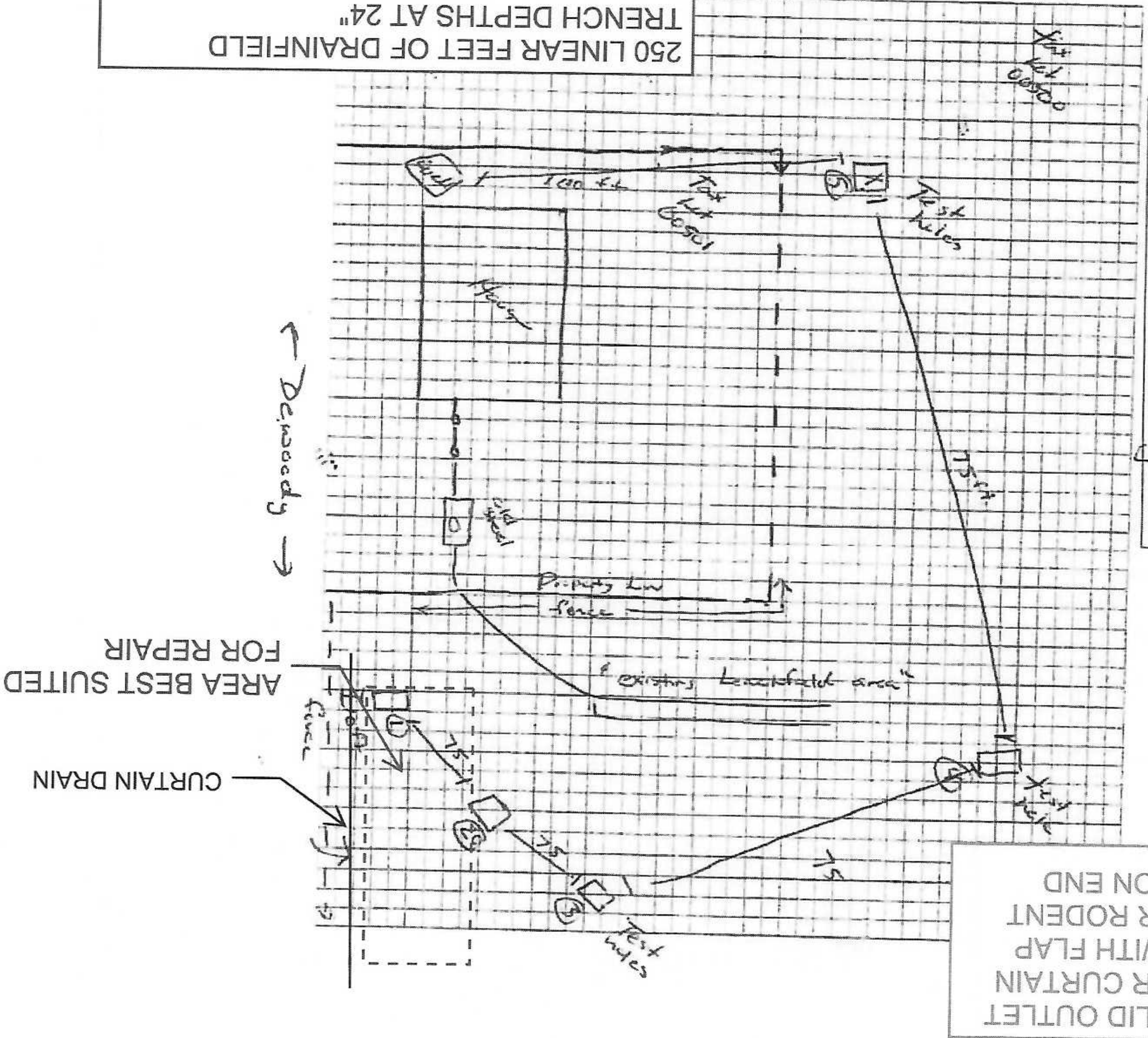




Construction Plan
Address 3250 DeLoach

...
Tanks _____
Other _____
Control _____
Leach Field _____
Trench Depth _____

250 LINEAR FEET OF DRAINFIELD
TRENCH DEPTHS AT 24"
36" DEEP CURTAIN DRAIN 10' ABOVE
MINIMUM ABOVE DRAINFIELD (24" OF
DRAIN MEDIA)
1000 GALLON TANK MIN.
PUMP MAY BE REQUIRED





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 st response	
Date of 2 nd response	
Date of final response	
Date of completion	
Reviewed	Date Entry

Name X Gloria Thompson

Mailing Address (Street or P.O. Box, City, State, Zip Code) X 3250 DeWoody Ln, GP, OR

Phone Number X 541-956-1228

Township 36 Range 06
County Josephine

Section 34 Tax Lot 00501/0500
Subdivision Name n/a

Tax Account Number 06
Acreage or Lot Size 00501/0500
Block

Property Address: X 3250 DeWoody Ln
Address

X Grants Pass X OR X 97527
City State Zip Code

Directions to Property:

Existing Facility:

☒ Single Family Residence

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 its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature X [Signature]

Date X 12-26-20

Applicant's Name (Please Print Legibly) Official Septic Service LLC

Applicant's Phone Number 541-346-3071

Applicant's E-mail Address OfficialSepticService@gmail.com

Applicant's Mailing Address 419C Williams Hwy GP OR 97527

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Authorization
Attached

☒ Licensed Septic Installer

Installer's Name [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? 1970 n/a / no record
(Permit Number)
3. Tank material: Concrete ☒ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons) 750
5. When was the septic tank last pumped? 2020 Attach receipt if available.
6. Number of disposal trenches 3
7. Total length of disposal trenches (in feet) n/a
8. Do you propose to use the existing septic system? Yes ☐ No ☒ Complete repair to be done
9. Is your septic system currently in use? Yes ☒ No ☐ If no, date of last use falling
10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? 2 How many people occupy the dwelling? 1
11. How many bedrooms will be in the proposed dwelling? 2 How many occupants? 1
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 _____
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.

12-26-20
(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: _____



State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

I, Peter Valdez / Gloria Thompson, have authorized Allied Septic Service / Doo Bus 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:

3250 De Woody Ln, GP, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 34 Map ID 00 Tax Lot #(s) 00501/00500

PROPERTY OWNER:

Printed Name: Gloria Thompson / Bryan Thompson / Peter Valdez

Address: 3250 DeWoody Lane

City, State, Zip: Grant Pass, OR 97527

Phone: 541-956-1228 Email: N/A

Signature: Gloria Thompson

AUTHORIZED REPRESENTATIVE:

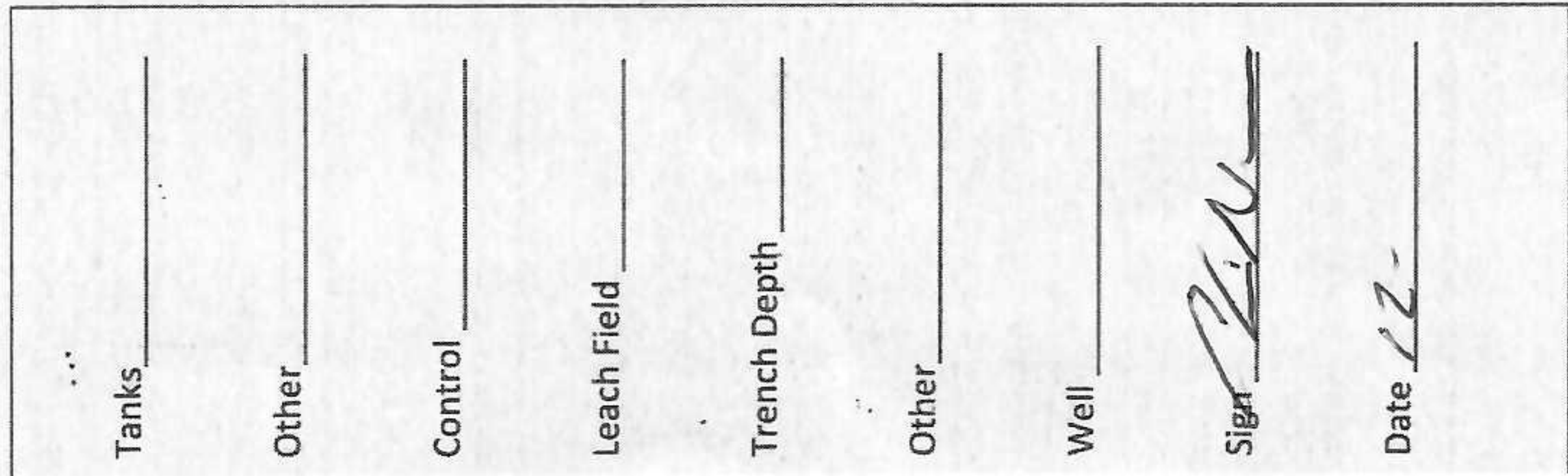
Printed Name: Allied Septic Service LLC

Address: 4190 Williams Hwy

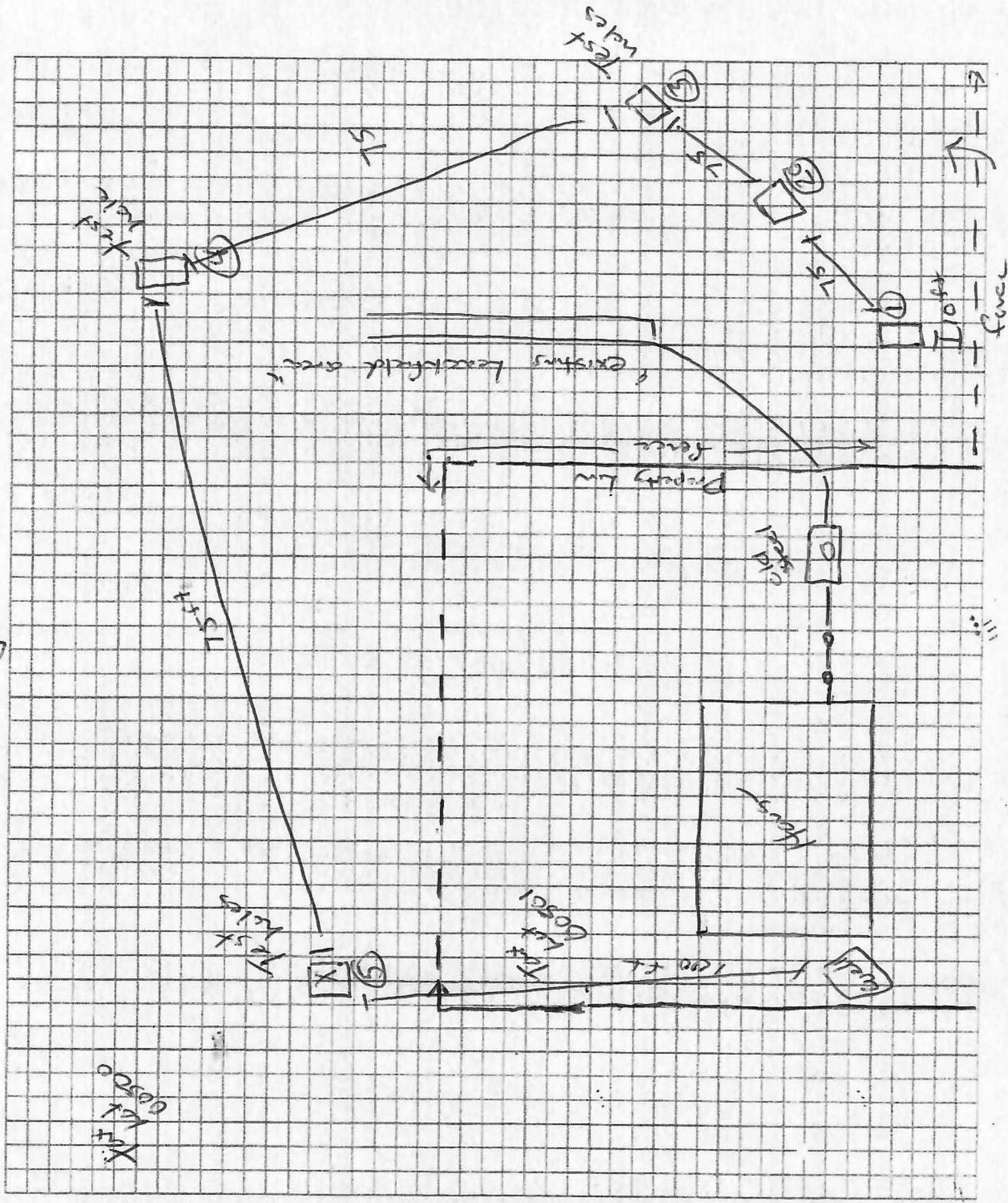
City, State, Zip: Grant Pass, Oregon 97527

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

Signature: [Signature]



Address 3256 DeWoody



← Demand →

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

1. Applicant Name/Property Owner: Glenn Thompson / Doo Doo Bus
Mailing Address: 3250 DeWoody / 4190 Williams Hwy
City, State, Zip: GP OR 97527
Telephone: 541-956-1228 / 541-846-3071

2. Property Information:

County: Josephine Tax Lot No.: 00501 / 00500
Township: 36 Range: 06 Section: 34
Physical Address: 3250 DeWoody Ln GP OR 97527
Block: 00 Lot: 00501 / 00500
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:
Property has grandfathered System tank on "00501"
& headsept on "00500"

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: _____

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

1. Applicant Name/Property Owner: Ekene Thompson / Doc Duc Bns
Mailing Address: 3250 DeWoody / 4190 Williams Hwy
City, State, Zip: GP OR 97527
Telephone: 541-956-1228 / 541-846-3071

2. Property Information:

County: Josephine Tax Lot No.: 00501 / 00500
Township: 36 Range: 06 Section: 34
Physical Address: 3250 DeWoody Ln GP OR 97527
Block: 00 Lot: 00501 / 00500
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:
Property has ground fastened System tank on "00501"
& leachfield on "00500"

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 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: A single family dwelling or manufactured dwelling is a permitted use in the Rural Residential zone per Section 19.6.1.020 J.C.C. Septic systems shall be connected to authorized structures/uses only.

8. Planning Official Signature: Kayla Wallace CFM Kayla Wallace
Print Name: Kayla Wallace Title: Associate Planner
Telephone: 541-474-5427 Date: January 7, 2021

NOTICE AUTHORIZING REPRESENTATIVE



State of Oregon
Department of
Environmental
Quality

I, Peter Valdez / Gloria Thompson, have authorized Allied Septic Service / Dec 18, 2020 to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

3250 De Woody Ln, GP, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 34 Map ID 00 Tax Lot #(s) 00501/00500

PROPERTY OWNER:

Printed Name: Gloria Thompson / Bryan Thompson / Peter Valdez

Address: 3250 DeWoody Lane

City, State, Zip: Grant Pass, OR 97527

Phone: 541-956-1228 Email: N/A

Signature: Gloria Thompson

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DEC 8 1 2020

JOCO - PLANNING

AUTHORIZED REPRESENTATIVE:

Printed Name: Allied Septic Service LLC

Address: 4190 Williams Hwy

City, State, Zip: Grant Pass, Oregon 97527

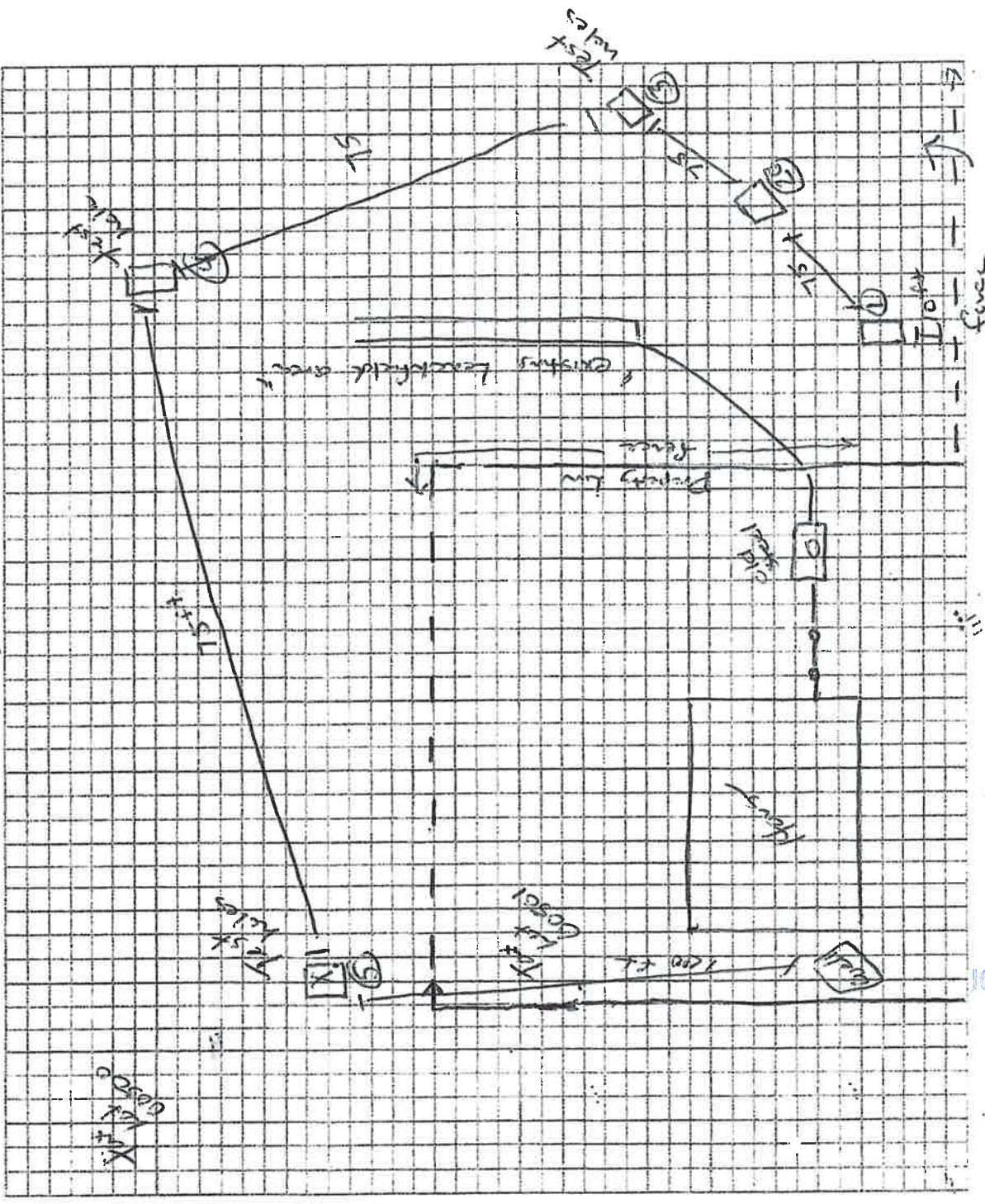
Phone: 541-846-3071 Email: thedeadendbus@gmail.com

Signature: [Signature]



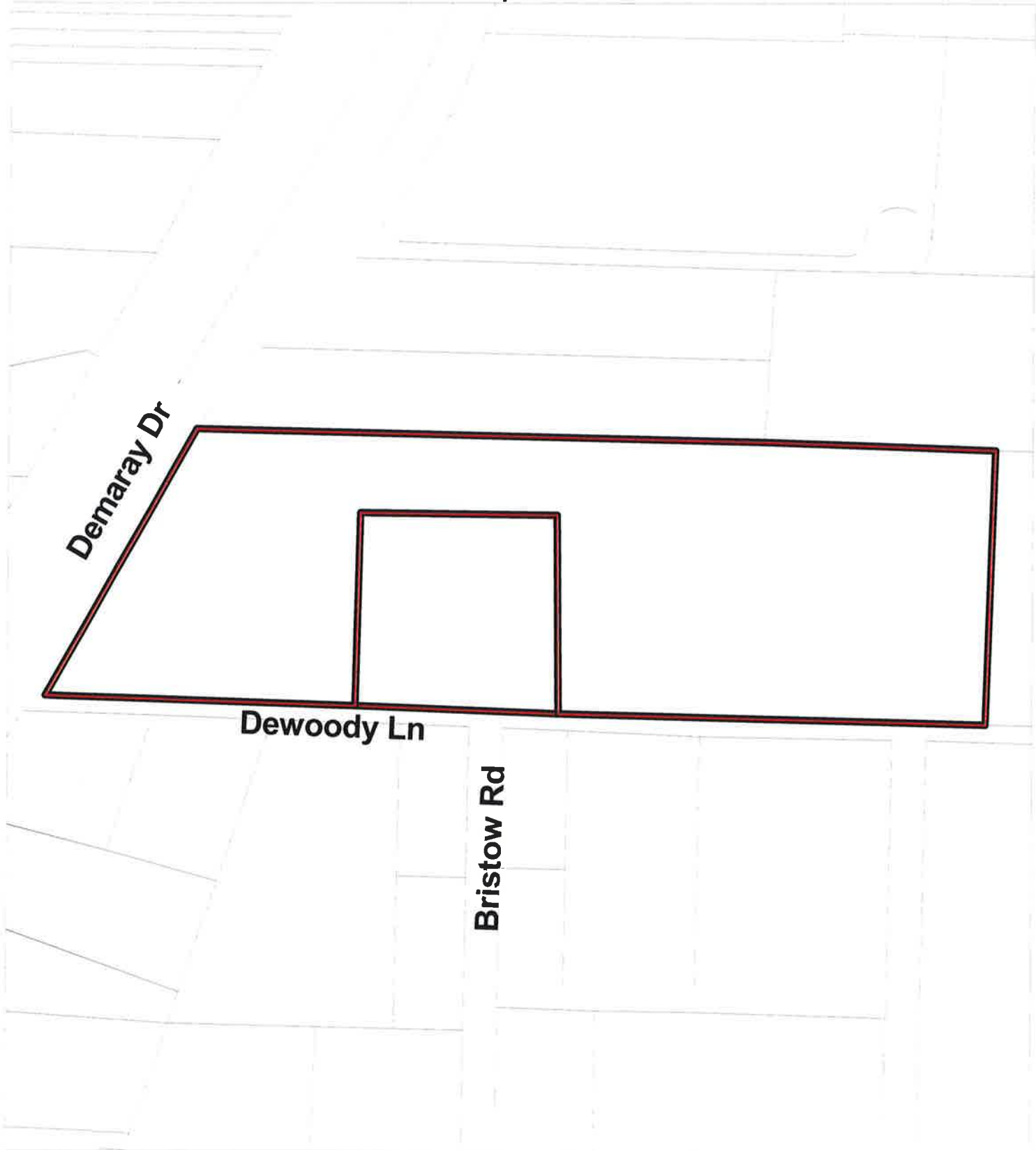
Tanks	_____
Other	_____
Control	_____
Leach Field	_____
Trench Depth	_____
Other	_____
Well	_____
Signature	<u>P. N.</u>
Date	<u>12-</u>

Construction Plan
Address 3252 DeWoody



← DeWoody →

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DEC 31 2020
JOCO-PLANNING



Legend



Taxlots

200 0 200 400 Feet



Scale
1:2400

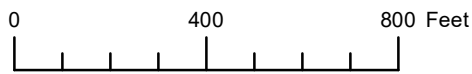


Locator Map



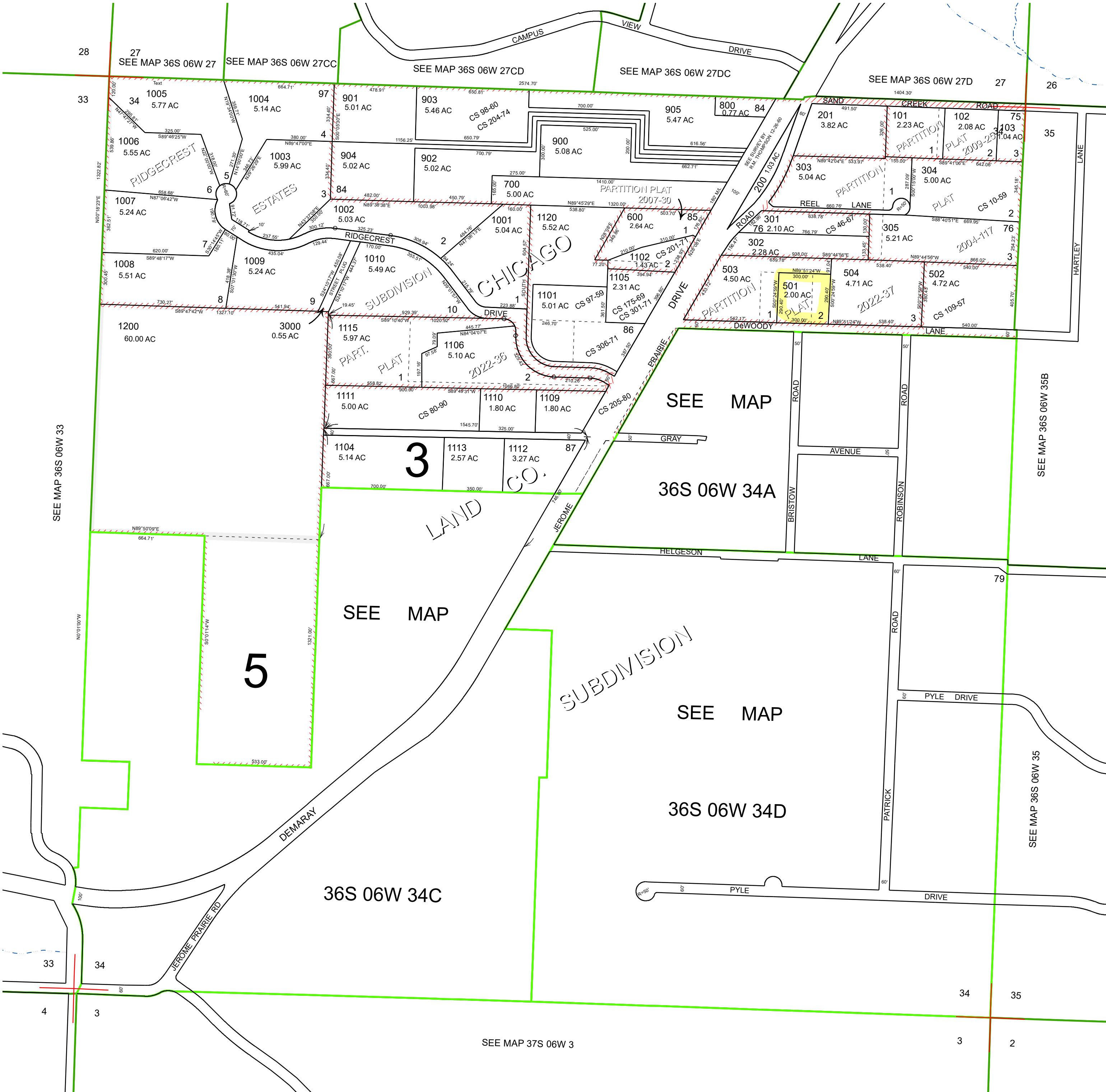
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THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY



SECTION 34 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

36 06 34



- CANCELLED:
- 2500
 - 1701
 - 2303
 - 1502
 - 1503
 - 1601
 - 1700
 - 1702
 - 1800
 - 1801
 - 1900
 - 2000
 - 2100
 - 2200
 - 2300
 - 2301
 - 2302
 - 2304
 - 2401
 - 2402
 - 2403
 - 2404
 - 2405
 - 2406
 - 3000
 - 1107
 - 1108
 - 890
 - 1600
 - 1117
 - 1118
 - 1119
 - 1190
 - 1191
 - 1116
 - 1103
 - 1000
 - 1192
 - 1193
 - 2800
 - 1590
 - 1501
 - 2790
 - 1300
 - 300
 - 400
 - 100
 - 2400
 - 1114
 - 1100
 - 1121
 - 1122
 - 1301
 - 1302
 - 1303
 - 1304
 - 1400
 - 1500
 - 1504
 - 2407
 - 2408
 - 2409
 - 2410
 - 2411
 - 2600
 - 2601
 - 2700
 - 2701
 - 2900
 - 2901
 - 500

36 06 34