Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-21-000173-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: 07/21/2021
Work Description: Major Septic repair

Applicant: Andrew Olson
Address: 105 Jack Creek road
Grants Pass OR 97526
Phone: 5414412029
Email: andrew.olson2002@gmail.com

Primary Contractor: Druther s Construction, LLC
Installer License: 39140
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Owner: DERENSKI, DEBBIE
Address: 205 NW E ST
GRANTS PASS OR 97526
Parcel: 370506B000060000 - Primary

Property Address: 225 Espey Rd, Grants Pass, OR 97527

Lot Size: 0.94 ACRES
Zoning: N/A
Land Use Approval: N/A
Water Supply: Well
City/County/UGB: County
Directions to Property: Go OUt Williams hwy. past New hope church. Espey is on the left. turn left . Property address is marked and is on the right hand side, .

Category of Construction: Single Family Dwelling

	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:	1000 gal.	**Min Dosing Tank Volume:**	500 gal.
Special Tank Requirements:	USING EXISTING TANK		

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Equal
Drainfield Sizing:	N/A	**Distribution Method:**	Equal
Media Type:	NFILTRATOR CHAMBERS QUICK4 EQUALIZER 24	**Media Depth:**	N/A
Trench Length:	187.5 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	18 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Permanent	**Groundwater Depth:**	N/A
Groundwater Interceptor:	Yes	**Groundwater Interceptor Depth:**	78 in.
Groundwater Interceptor Amt of Drain Media:	66 in.		
Pump to Drainfield Required:	Yes	**Filter Fabric on Top of Drain Media:**	No

Date Certificate Issued: 07/21/2021
Work Description: Major Septic repair

Conditions of Approval

1.This repair permit is for a 3 BDR SFR.
2.A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent and provide the reasons for delay, and propose a different completion date. Delays may be cause for formal enforcement action, which may result in civil penalty assessments.
3.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
4.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
5.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
6.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
7.The system must be installed by the property owner or a licensed sewage disposal business (installer).
8.Vehicular traffic and livestock must be restricted from the system area.
9.All roof drains must be directed away from the system
10.Meet all required setbacks
11.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.
12.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.
13.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
14.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.
15.Install the pump and system components in accordance with the approved pump curve and specifications.
16.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.
17.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
18.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
19.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
20.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.
21.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
22.A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
23.Photos of the septic system components must be submitted along with the FIRN.

Septic Permit 463-21-000173-PRMT

Date Certificate Issued: 07/21/2021
Work Description: Major Septic repair

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

1. In accordance with Oregon Revised Statute 454,665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.

2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.

4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.

5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** Yes

Comments: N/A

Gabriel Kasiah

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

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

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-21-000173-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: DERENSKI, DEBBIE

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

Lot:

Property Address: 225 ESPEY RD, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Tanks(1)	Volume: 1000 gallon	Compartments: 1	Manufacturer: Existing tank			Date:	Water tight verification*
Tanks(2)	Volume: 500 gallon	Compartments: 1	Manufacturer: Riverside Ready Mix			Date: 7-6-21	
Pump(s)	HP: 1/2	Model/Manuf. Liberty Pump 280	Float(s)Type(1):	Model/Manuf. Liberty pump			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter: 1 1/2"	ASTM#/Other: Sch 40	Length: 75'
Pressure Transport Pipe	Yes	No	Diameter: 1 1/2"	ASTM#/Other: Sch 40	Length: 75'

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

Drainfield Media

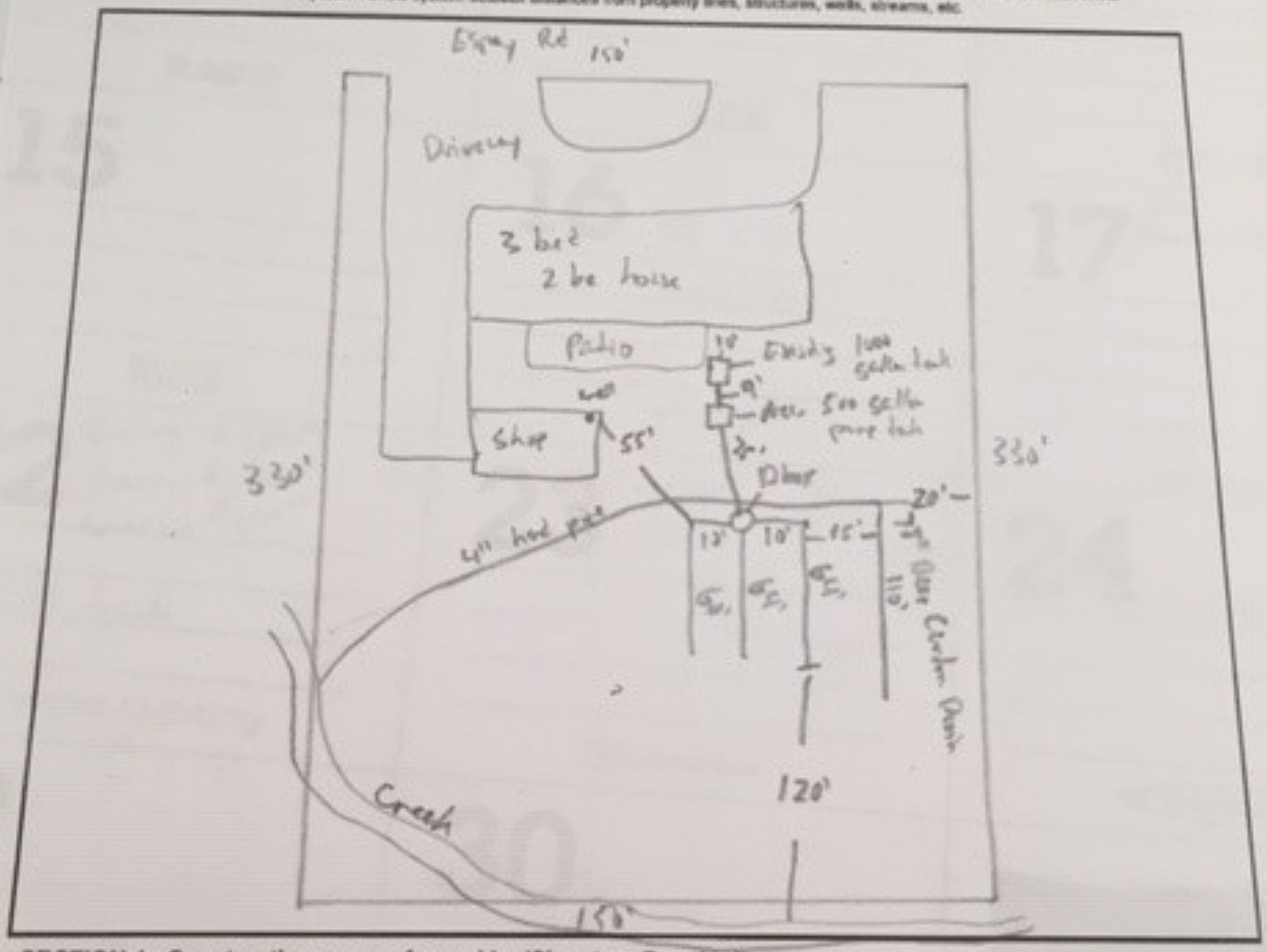
Type	(Gravel, Pipe or alternative?) Infiltrator EQ24 Chambers 47 total				
Distribution Box	Yes	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter: 4"	ASTM#/Other: 3034	Length: 41'

Comment _____

Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
ach 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: Andrea Olson			
Licensed Installer:	Yes (circled)	No	License#: 39140	Certification#:
Owner/ Certified Installer:	Signature: [signature]		Date: 7-12-21	Phone#: 541-441-2029

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____

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Website: josephine.or.us

Septic Permit
Repair (Major) - Residential - New
463-21-000173-PRMT

Date issued: 6/15/21 **Expiration date:** 6/15/22

Work description: Major Septic repair

Applicant: Andrew Olson
Address: 105 Jack Creek road
Grants Pass OR 97526
Phone: 5414412029
Email: andrew.olson2002@gmail.com

Primary contractor: Druther s Construction, LLC
Installer License: 39140
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Business License: N/A

Owner: DERENSKI, DEBBIE
Address: 205 NW E ST
GRANTS PASS OR 97526
Parcel: 370506B000060000 - Primary

Property address: 225 Espey Rd, Grants Pass, OR 97527

Lot size:	0.94 ACRES	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Repair (Major) - Residential
System failing:	Yes	**Septic tank last pumped:**	N/A

Comments: N/A

Directions to property: Go OUt Williams hwy. past New hope church. Espey is on the left. turn left . Property address is marked and is on the right hand side, .

Category of construction: Single Family Dwelling

	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:	1000 gal.	**Min dosing tank volume:**	500 gal.

Special tank rqmts: USING EXISTING TANK

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Equal
Drainfield sizing:	N/A	**Distribution method:**	Equal
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	INFILTRATOR CHAMBERS QUICK4 EQUALIZER 24		
Trench length:	187.5 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 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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Onsite Permit 463-21-000173-PRMT

Date issued: 6/15/21 **Expiration date:** 6/15/22

Work description: Major Septic repair

Groundwater type:	Permanent	**Groundwater depth:**	N/A
Groundwater interceptor:	Yes	**Groundwater interceptor depth:**	78 in.
Groundwater interceptor drain media amt:	66 in.		
Pump to drainfield reqd:	Yes	**Filter fabric on top of drain media:**	N/A

Onsite Permit 463-21-000173-PRMT

Date issued: 6/15/21 **Expiration date:** 6/15/22

Work description: Major Septic repair

Conditions of approval

1.This repair permit is for a 3 BDR SFR.
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3.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
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5.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
6.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
7.The system must be installed by the property owner or a licensed sewage disposal business (installer).
8.Vehicular traffic and livestock must be restricted from the system area.
9.All roof drains must be directed away from the system
10.Meet all required setbacks
11.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.
12.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.
13.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
14.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.
15.Install the pump and system components in accordance with the approved pump curve and specifications.
16.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.
17.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
18.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
19.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
20.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.
21.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
22.A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
23.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-21-000173-PRMT

Date issued: 6/15/21 **Expiration date:** 6/15/22

Work description: Major Septic repair

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at: http://www.deq.state.or.us/wq/onsite/onsite.htm

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement Is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah 6/15/21

State of Oregon
Department of Environmental Quality
DEQ

SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

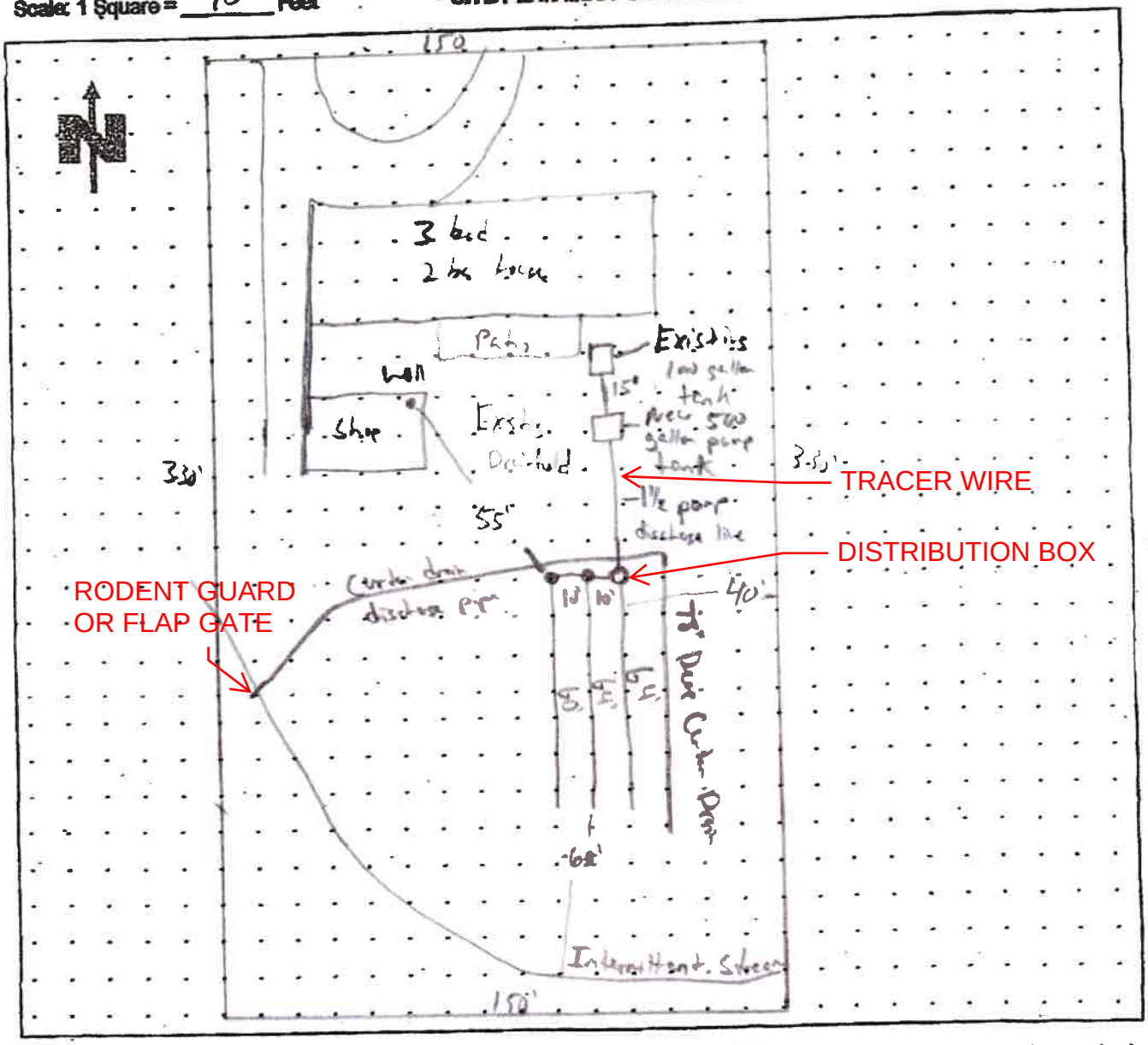
Property Owner: Debbie Demeshi Site ID: _____

Site Address: 225 Espy Rd. City: Grants Pass County: Josephine

Township: 37 Range: 05 Section: 06 Tax Lot: 00600

Acres: 0.94 Subdivision: — Lot: — Block: —

Scale: 1 Square = 10 Feet **SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**



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

I am the ☐ Owner or ☒ Authorized Agent. Name (please print): Andrew Olsen

Signature: _____ Date: 6-8-21

OSS:\winword\CI_Site_Plan.doc

June 14, 2004

FIELD WORKSHEET

Name: DEBBIE DERENSKI **Application No.:** 463-21-000173-PRMT **Date:** _____
RE: SITE EVALUATION REPORT for Parcel #: 3705068000600

Commercial Facility: ☐ Yes ☒ No Parcel Size: 0.94 ACRE

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: 187.5 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 18 " Min Depth

Additional Conditions of Approval

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

☒ A curtain drain is required, a minimum of 10 feet above the highest disposal trench.
☒ The curtain drain must be a minimum of 78 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.

* REMOVE SPRINKLERS FROM DRAINFIELD AREA

* 50' MIN SEPERATION FROM INTERMITTENT STREAMS

* 50' MIN FROM WELL (WITH OWNERS APPROVAL) AND NO CLOSER THAN EXISTING DRAINFIELD

Inspector: YK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-6	SL	10YR 2/2, GR, ROOTS 3VF, 1F, M
	6-24	SL	10YR 3/2, M-SSBK, ROOTS 1VF, F, M, C FAINT Fe STAINS 7.5YR 5/8
	24-36	SL	10YR 4/1, W-MSBK, ROOTS 1VF, F, M, C PORES 3VF, 1M, 2F, Mn NODULES
	36-48	CoSL	10YR 4/1, WSBK, ROOTS 1VF, F, M, PORES 1VF, F, M, FAINT Fe CONC., SOIL MOIST
Test Pit 2	48-57	CoSCL	MOTTLED, WSBK, ROOTS 1VF, F, Fe CONC. 7.5YR 4/6, 3/4 DEP 10YR 4/1, SOIL MOIST
			DUG DOWN IN TEST HOLE / WATER @ 64"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS WITH TREES SURROUNDING (LARGE FIR, PINE, OAK, MADRONE)
APPLE TREE NEXT TO TEST HOLE

Slope: 2-3% Aspect: W / NW Groundwater Type: ☒ Permanent ☐ Temporary

Other Site Notes: SWALE TO SOUTH 70' FROM TEST HOLE (55" DEEP)(DRY),
INTERMITTENT STREAM W/SW/NW 100' FROM TEST HOLE (8' TO PRESUMED HIGHWATER MARK)

SITE EVALUATION FIELD WORKSHEET

Township: 37 Range: 05 Section: 06 Property ID: _____

Owner/Applicant: Dunlap Septic (installer) Evaluator: Danielle Morvan

Inspection Date(s): May 11, 2021 Application Number: _____

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
	0-8"	SL	roots: 3-VF,F color: 10YR 5/2 granular,
56"	9-33"	SL	Roots: 1-medium color: 10YR 4/2 grainy, coarse-sandy, Wsab (CAS)
Pit 1	33-56"	coarse SL	Roots: none color: 10YR 5/2 (CAS)
Bottom of pit wet (slow draining)			
Pit 2			
Pit 3			
Pit 4			

Landscape Notes: Allen Creek ends just below drainfield area

Slope: 0-12% Aspect: _____ Groundwater Type: _____

Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd

Initial System: ~~_____~~

Disposal Facility: ~~_____~~ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches

Replacement System: will require a pump

Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches

Special Conditions: _____

May 3, 2021

Debbie Derenski
225 Espey Road
Grants Pass, OR 97526

Re: Approval for Septic Exemption Request
Legal: 37-05-06-B0, TL 600

To Whom it may Concern,

The site located at 225 Espey Road meets the Grants Pass Development Code standards to allow for the continued use of a septic system, and is approved for an exemption to connect to City sewer service, in accordance with the code section below:

28.071 Sewer System Design and Extension

(1) Sanitary sewers shall be installed to serve all land divisions, use and development. Design, to be approved by the City Engineer, shall take into account the capacity and grade to allow for desirable extension beyond the proposed use or development. Exceptions to the above are allowed if all of the following are met:

(a) The use and development is a Minor Site Plan as defined in section 19.032.

(b) All of the subject property is more than 300 feet from the nearest City sewer main.

(c) The use and development receives approval from the Department of Environmental Quality (DEQ) for the increase in impact to existing septic systems, for the expansion of existing septic systems, or for the installation of new septic systems to serve the use and development.

(d) The property owner secures or pays for the installation of the planned main along all public street frontages of the property in accordance with City standards. The City shall determine the required form of security, which at the City's sole discretion, may be a Fee in Lieu agreement, assignment of deposit, letter of credit, bond, or cash. Any form of security required by the City shall include, or be accompanied by, a waiver of remonstrance for participation in a local improvement district.

Sincerely,

Jason Maki

Jason Maki
Associate Planner, City of Grants Pass
541-450-6072
jmaki@grantspassoregon.gov

cc: Tax lot file

Department of Environmental Quality
Grants Pass Office
302 SE "H" Street
(541) 471-2850

State of Oregon Department of Environmental Quality

NOTICE AUTHORIZING REPRESENTATIVE

X. Debbie DERENSKI, have authorized
(Property Owner/Print Name)
Penny Dunlap @ Dunlap Septic to act as my agent in performing
(Authorized Representative/ Print Name)
the activities necessary to obtain site evaluations, permits, and other onsite wastewater management 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. + Dig test holes

PROPERTY IDENTIFICATION:

225 Espey Rd.
Property Situs or Road Address

And described in the records of Josephine County as:

Township____ Range____ Section____ Map ID____ Tax Lot #(s)____

Township____ Range____ Section____ Map ID____ Tax Lot #(s)____

PROPERTY OWNER:

X Printed Name: Debbie DERENSKI
X Signature: [signature] Date: 4/13/2021
X Address: 205 NW E St Phone: 541-659-6637
City, State, Zip GRANTS PASS, OR 97526 Fax:
E-mail Address debdeedee@yahoo.com

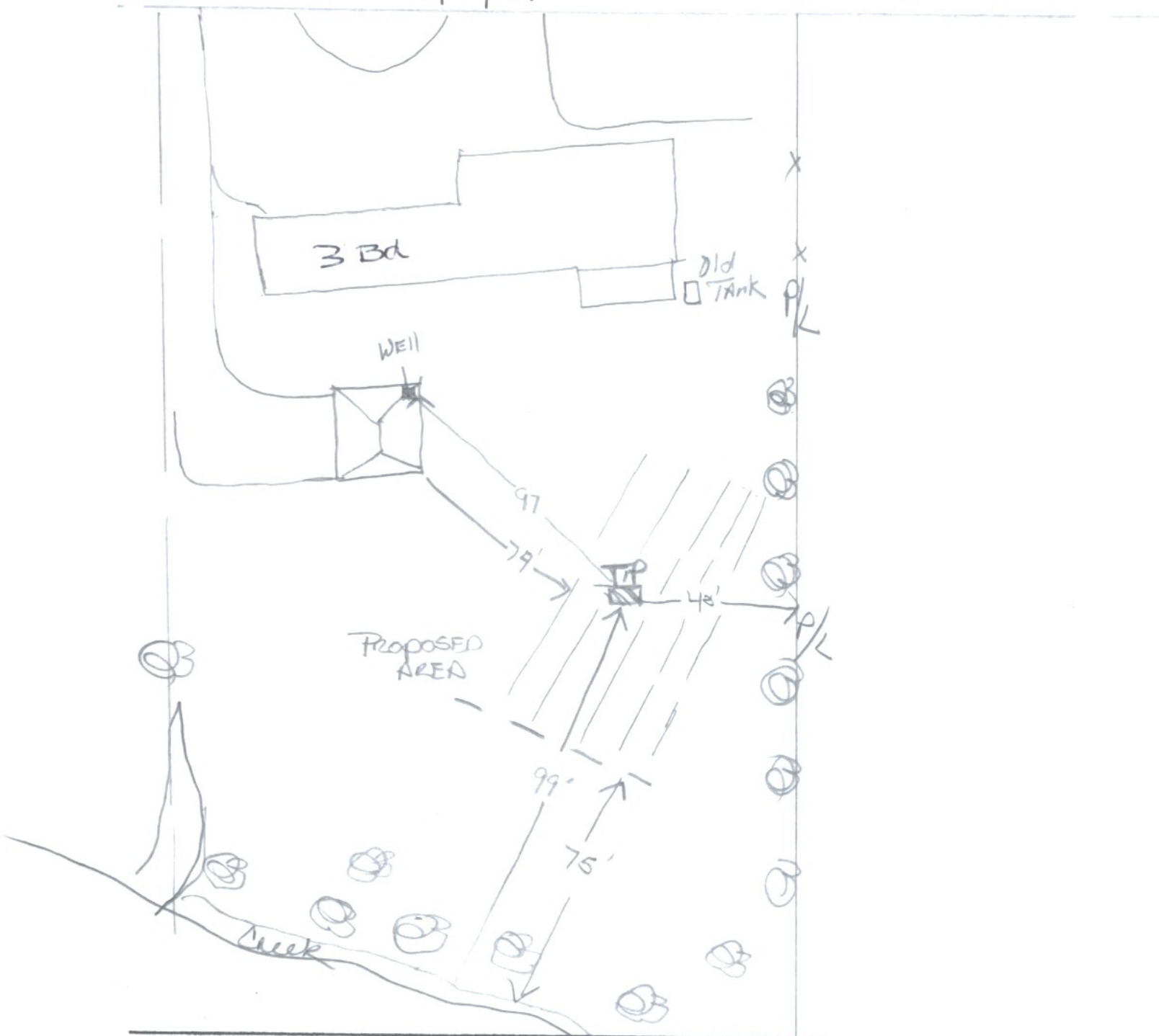
AUTHORIZED REPRESENTATIVE:

Printed Name: Penny Dunlap @ Dunlap Septic
Signature: [signature] Date: Dec 2020-Dec 2021
Address: PO Box 532 Phone: 541-660-4543
City, State, Zip Rogue River Fax:
E-mail Address dunlapSeptic1984@gmail.com

Dunlap Septic Excavation

225 ESPEY Rd GP.

PLOT MAP **LEGAL**



__North Arrow
__Property boundaries and dimensions
__Right-of-ways
__Easements-notarized and recorded
__Existing of proposed roads, driveways, parking
__Well locations, on the property & all Wells Within 200ft. Of the septic
__ Test hole locations
__ Proposed dwelling location
____ Any cuts (existing & proposed) in excess of 30 inches
____If disposal lines are up slope from a foundation, is there at least a 50-foot setback?
____Location of septic tank, sandfilter, curtain drain, drain field and replacement area.
____Elevation of proposed drop boxes of distribution boxes Initial and replacement drain field .
____Transport pipe location.

Application for Onsite Sewage Treatment System

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

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

A. Property Owner Information

Debbie Desenski — Name
225 Espey Rd Grants Pass, OR 97527 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-941-4266 — Phone Number

B. Legal Property Description

37 — Township
05 — Range
06 — Section
00600 — Tax Lot
R322597 — Tax Account Number
0.94 — Acreage or Lot Size
Josephine — County
— Subdivision Name
— Lot
— Block

Property Address: 225 Espey Rd — Address; Grants Pass — City; OR — State; 97527 — Zip Code

Directions to Property: Williams Highway South toward Murphy take a left on Espey Rd
property is 3 down on your right.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
3 — Number of Bedrooms

☐ Other ____

Proposed Facility:

☐ Single Family Residence
____ Number of Bedrooms

☐ Other ____

Water Supply:

☐ Public ____ Name

☒ Private well — Well, Spring, Shared

D. Type of Application

☐ Site Evaluation

☐ Construction
☒ Permit Repair
☒ Major ☐ Minor
☐ Alteration Permit
☐ Major ☐ Minor

☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement

☐ Authorization Notice for:
- ☐ Connecting to an Existing System Not in Use
- ☐ Replacing a Mobile Home or House with Another Mobile Home or House
- ☐ The Addition of One or More Bedrooms
- ☐ Personal Hardship
- ☐ Temporary Housing
- ☐ Other-please specify ____

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

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

Signature — 6-8-21 Date

Andrew Olson — Applicant's Name – Please Print Legibly
541-441-2029 — Applicant's Phone Number
andrew.olson2002@gmail.com — Applicant's E-mail Address
P.O. Box 1586 Grants Pass, OR 97528 — Applicant's Mailing Address

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

☐ Authorization Attached

Drifters Construction Andrew Olson — Installer's Name
39140

SITE PLAN FOR CONSTRUCTION / INSTALLATION

State of Oregon
Department of Environmental Quality
DEQ

Site Plan Must Be Current

Property Owner: Debbie Denenshi Site ID: _____

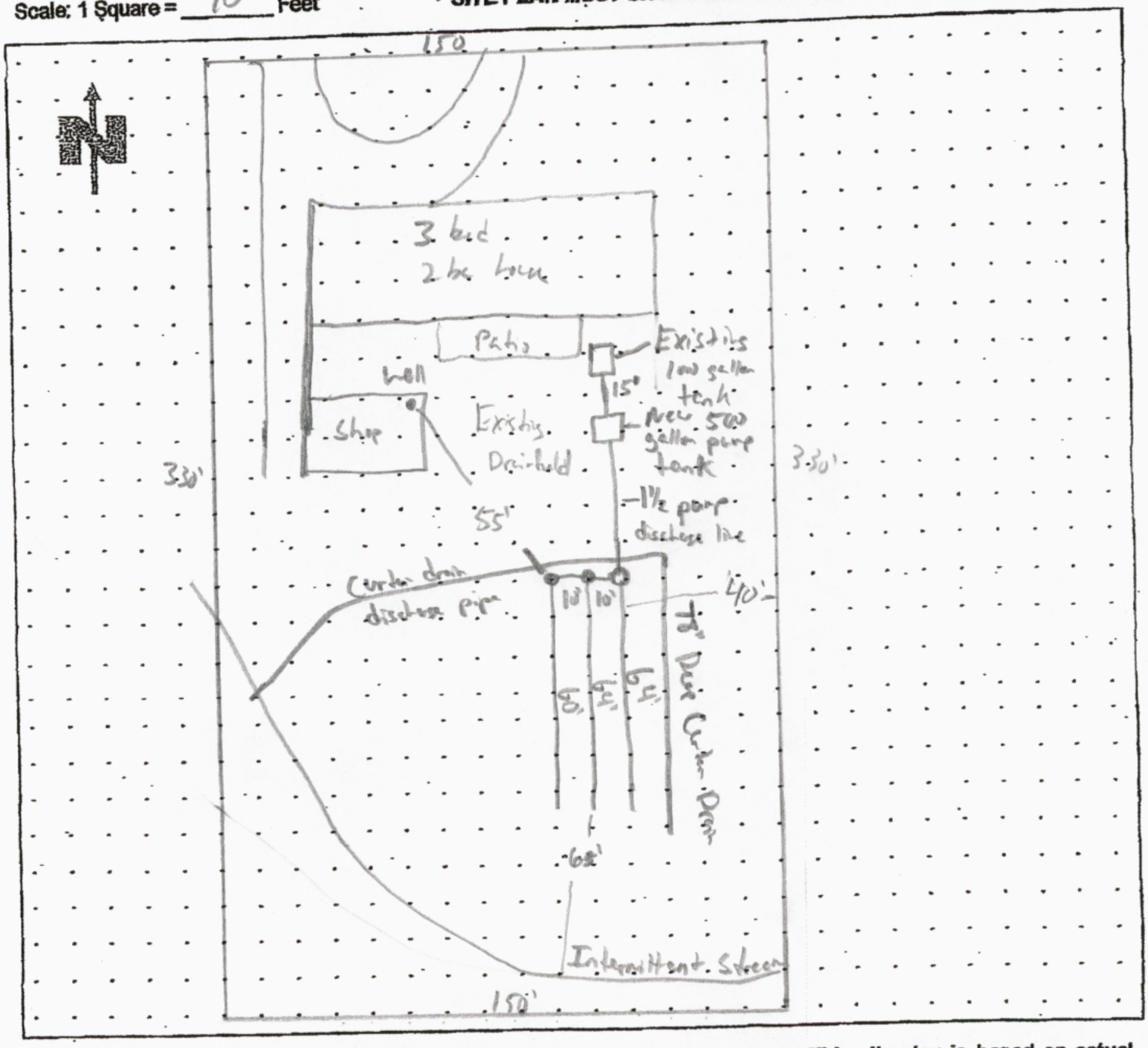
Site Address: 225 Espey Rd. City: Grants Pass County: Josephine

Township: 37 Range: 05 Section: 06 Tax Lot: 00600

Acres: 0.94 Subdivision: — Lot: — Block: —

Scale: 1 Square = 10 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



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

I am the ☐ Owner or ☒ Authorized Agent. Name (please print): Andrew Olson

Signature: _____ Date: 6-8-21

June 14, 2004

OSS:\winword\CI_Site_Plan.doc

Statement of Site Status

Name: Andrea Olson

Address: 225 Espey Rd.

City: Grants Pass State: OR Zip Code: 97527

Township: 37 Range: 05 Section: 06 Tax Lot: 00600

County: Josephine

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: 6-8-21 Signed: [signature]

Updated 10-30-02 by BJK

Print Form

NOTICE AUTHORIZING REPRESENTATIVE

DEQ
State of Oregon
Department of
Environmental
Quality

I, Debbie Derenski, have authorized Andrew Olsa 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:

225 Espey Rd Grants Pass, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 37 Range 05 Section 06 Map ID — Tax Lot #(s) 0600

PROPERTY OWNER:

Printed Name: Debbie Derenski

Address: 205 NW E St

City, State, Zip: Grants Pass, OR 97526

Phone: 541-659-6637 Email: debdeedee@yahoo.com

Signature:

AUTHORIZED REPRESENTATIVE:

Printed Name: Andrew Olsen

Address: P.O. Box 1586

City, State, Zip: Grants Pass, OR 97528

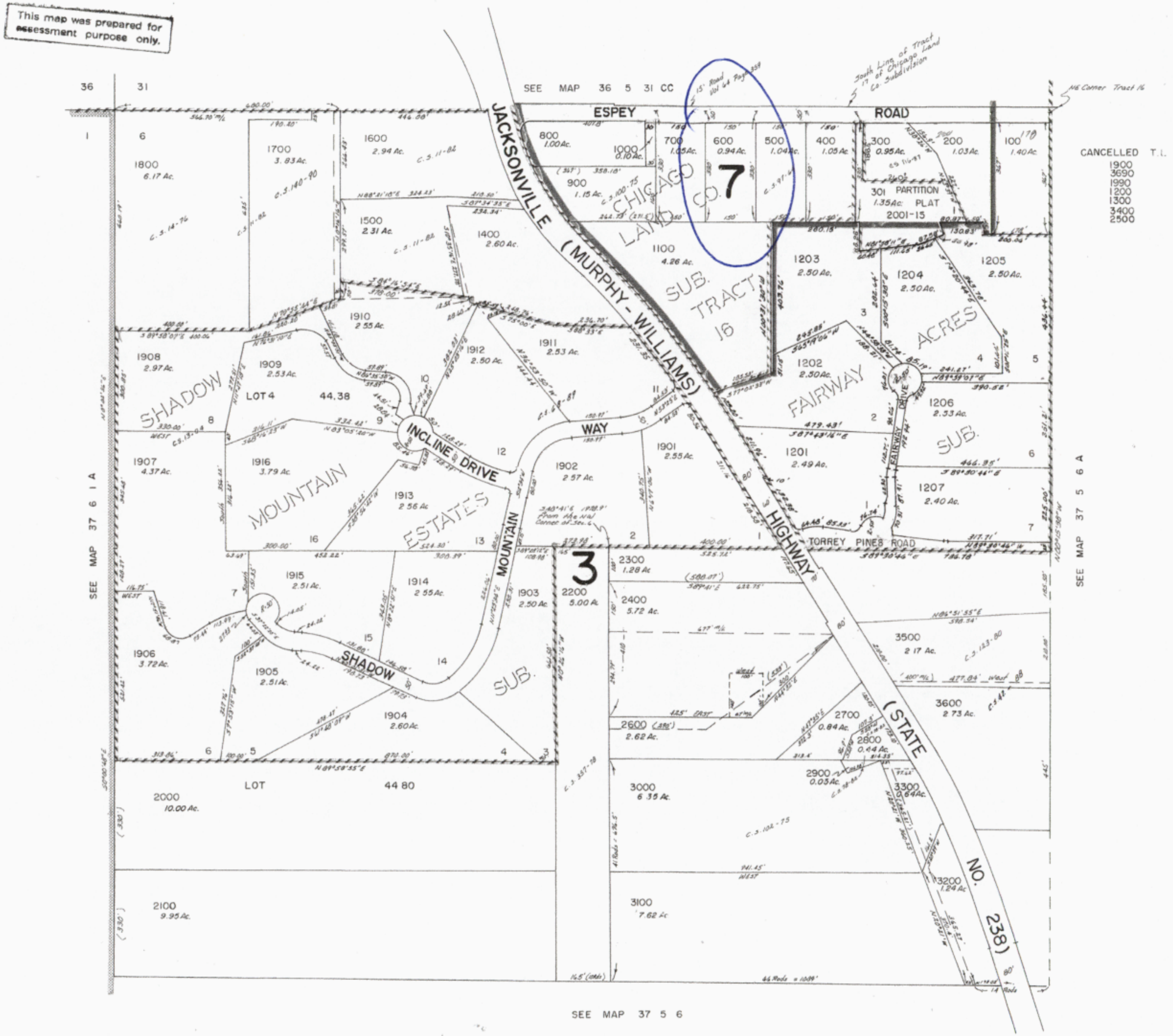
Phone: 541-441-2029 Email: andrew.olsen2002@gmail.com

Signature:

NW 1/4 SEC. 6 T37S R5W W.M.
JOSEPHINE COUNTY

1" = 200'

This map was prepared for assessment purpose only.



NW 1/4 SEC. 6 T37S R5W W.M.

JOSEPHINE COUNTY

1" = 200'

This map was prepared for assessment purpose only.