Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-23-000201-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: 07/10/2023
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: Clint Wayne Eells
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Primary Contractor: Clint Wayne Eells
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Owner: STELLING, JOHN
Address: 140 E MAIN ST PO BOX F
ALSEA OR 97324

Property Address: 405 Bonnie Ln, Grants Pass, OR 97527

Parcel: 3607260000012700 - Primary Township: 36 Range: 07 Section: 26

Lot Size:	2.84	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	4

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	450 gpd.
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	N/A

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	N/A	**Distribution Method:**	Serial
Media Type:	Rock/Pipe	**Media Depth:**	12 in.
Trench Length:	225 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	N/A
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Not Applicable	**Groundwater Depth:**	N/A
Pump to Drainfield Required:	No	**Filter Fabric on Top of Drain Media:**	Yes

Date Certificate Issued: 07/10/2023
Work Description: STANDARD CONSTRUCTION PERMIT

Conditions of Approval

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
- 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.
- Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).

Date Certificate Issued: 07/10/2023
Work Description: STANDARD CONSTRUCTION PERMIT

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: SUBMITTED PHOTOS

Joshua Daley Environmental Specialist

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

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

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-23-000201-PRMT

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

SECTION 1: Owner/Permittee Information:

Twnshp: 36 **Range:** 07 **Sect:** 26

Name: STELLING, JOHN **Lot:**

Property Address: 405 BONNIE LN, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

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

Tanks(1)	Volume: 1,000	Compartments: 1	Manufacturer: Riverside			Date: 6-27-23	
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes X	No	Diameter: 4"	ASTM#/Other: 3034	Length: 5'
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

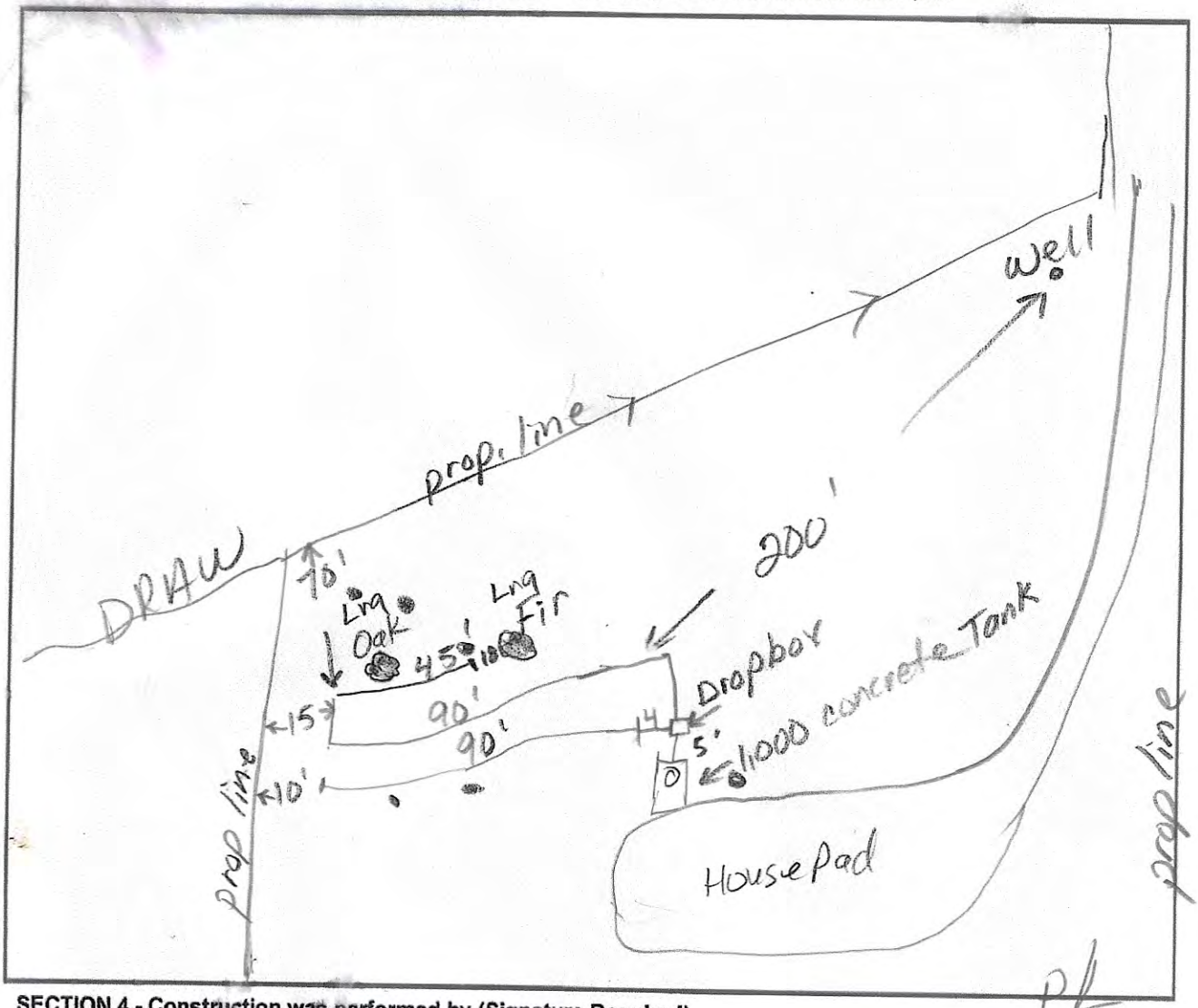
Type	(Gravel, Pipe or alternative?) pipe and rock				
Distribution Box	Yes	No			
Drop Box	Yes X	No			
Distribution Pipe	Yes X	No	Diameter: 4	ASTM#/Other: ASTM F810	Length: 225'

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).

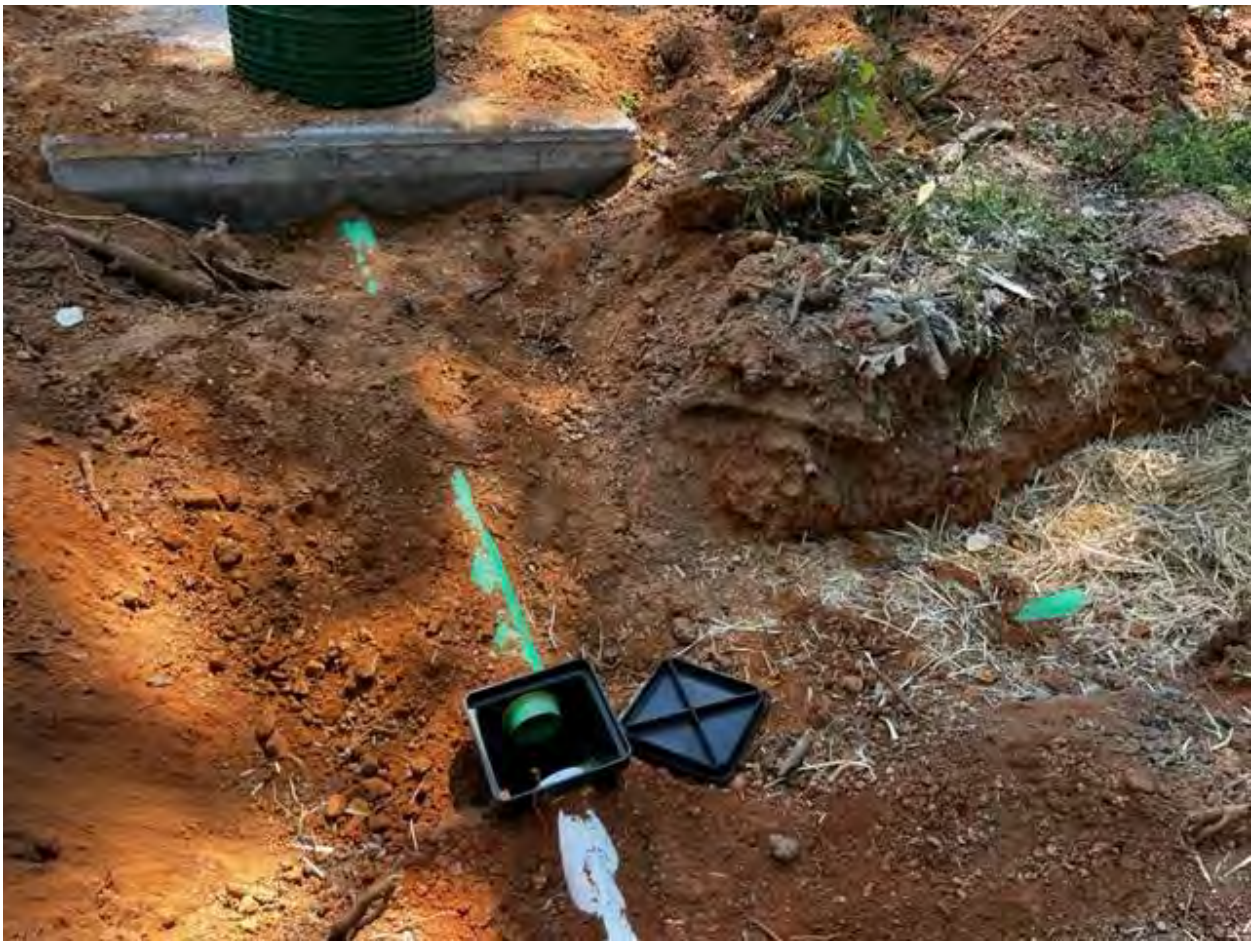
Owner/Permittee or Certified Installer w/Certification#:	Print Name: Clint Eells				
Licensed Installer:	Yes X	No	License#: 36268	Certification#:	
Owner/ Certified Installer:	Signature: Clint Eells		Date: 12-26-23	Phone#: 541-659-7325	

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____

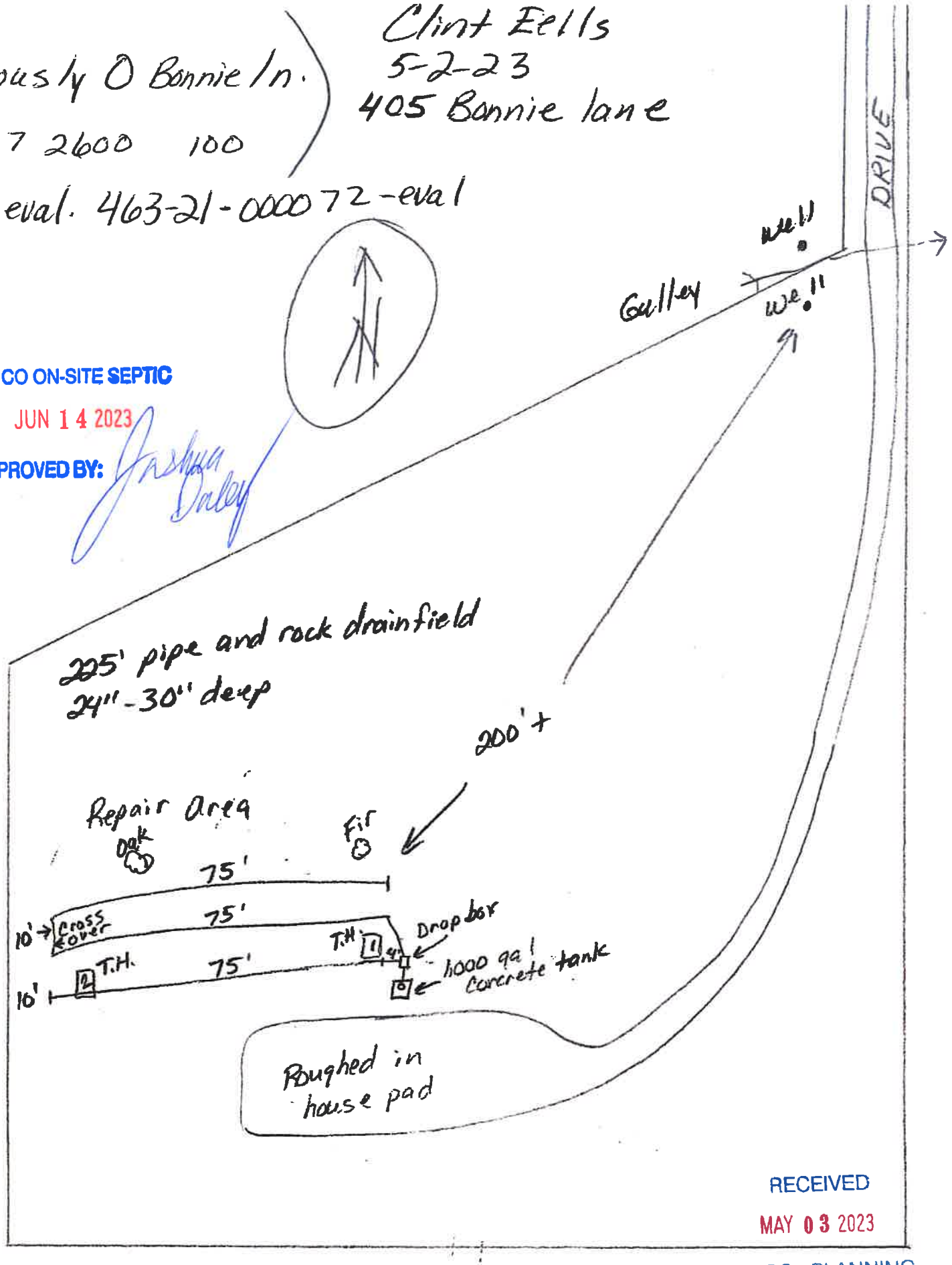


previously 0 Bonnie ln.

36 07 2600 100

site eval. 463-21-000072-eval

Clint Eells
5-2-23
405 Bonnie lane



JO CO ON-SITE SEPTIC
JUN 14 2023
APPROVED BY: Joshua Daley

RECEIVED
MAY 03 2023
JO CO - PLANNING

Septic Permit
Installation Permit - Residential - New
463-23-000201-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 issued: 6/14/23 **Expiration date:** 6/13/24

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: Clint Wayne Eells
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Wayne Eells
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Business License: N/A

Owner: STELLING, JOHN
Address: 140 E MAIN ST PO BOX F
ALSEA OR 97324

Property address: 405 Bonnie Ln, Grants Pass, OR 97527

Parcel: 3607260000012700 - Primary Township: 36 Range: 07 Section: 26

Lot size:	2.84	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Construction Permit - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: N/A

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	4

System Specifications

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

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	N/A	**Distribution method:**	Serial
Media type:	Rock/Pipe	**Media depth:**	12 in.
Trench length:	225 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	N/A
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

Special Requirements

Stake out required:	No		
Groundwater type:	Not Applicable	**Groundwater depth:**	N/A
Pump to drainfield reqd:	N/A	**Filter fabric on top of drain media:**	Yes

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

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

Onsite Permit 463-23-000201-PRMT

Date issued: 6/14/23 **Expiration date:** 6/13/24

Work description: STANDARD CONSTRUCTION PERMIT

Conditions of approval

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
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- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
- 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.
- Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).

Onsite Permit 463-23-000201-PRMT

Date issued: 6/14/23 **Expiration date:** 6/13/24

Work description: STANDARD CONSTRUCTION PERMIT

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.

Joshua Daley Environmental Specialist 6/14/23

Onsite Permit
Application Verification

463-23-000201-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

Application created: 6/13/23
Parcel Nbr: 3607260000012700
Site Address: 405 BONNIE LN, GRANTS PASS, OR 97527
Owner: STELLING, JOHN
150 DAILY LN
GRANTS PASS, OR 97527
Applicant: Clint Wayne Eells - Clint Wayne Eells
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Licensed Professional(s):

License Number: Installer License - 36268
Clint Wayne Eells
5545 Riverbanks Rd
Grants Pass, OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Category of Construction: Residential
Acreage or Lot Size: 2.84
County:
Water Supply: Well

	Existing	Proposed
Use of Structure:		SFR
Number of Bedrooms:		4

Attached Documents:

Name	Description
FIN_TransactionReceipt_pr_20230613_203459.pdf	

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	36072600000127	**PERMIT NUMBER:**	PL-2023-01185
SITUS:	405 BONNIE LN	**ZONE:**	RR2.5
ACRES:	2.84	**SCHOOL DISTRICT:**	Three Rivers

APPLICANT:	STELLING, JOHN	**APPLICANT PHONE #:**	541-514-7003
APPLICANT ADDRESS:	140 E MAIN ST PO BOX F ALSEA, OR 97324		
OWNER:	STELLING, JOHN		
OWNER ADDRESS:	140 E MAIN ST PO BOX F ALSEA, OR 97324		

SPECIAL REQUIREMENTS

- Fire Hazard - Plan in File ___ NA X Reason:
- Erosion Hazard - Plan in File ___ NA X Reason:

EXISTING STRUCTURES	PROPOSAL	SETBACKS	
Per Assessor Records: Vacant	SFD - 900 sq. ft.; 1 bedroom, 1 bath w/attached 900 sq. ft. garage	Front Setback	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

- Note: Septic System to be connected to authorized structures/uses only.
- Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Electrical service to be connected to authorized structures/uses only.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:	John Stelling	**DATE:**	9.20.2023
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:	Mark Smith	**DATE:**	9-19-23

NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.

Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

#380

PLANNING APPLICATION FORM

Property Address: 405 BONNIE LN

Assessor's Map & Tax Lot:
36-07-26-00 **Tax Lot(s)** 127
__-__-__-__ **Tax Lot(s)** ____

Zoning: RR2.5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
LIVING - 900 SF / GARAGE 900 SF ATTACHED

Application/Permit Type: (Please Check All Applicable)
- ☐ Address Assignment
  - ☐ New Address
  - ☐ Change of Address
  - ☐ Additional Address
- ☐ Annual Compliance Certificate
- ☐ Appeal (See Sec.19.33.040)
- ☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- ☐ Conditional Use Application (Chapter. 19.45)
- ☐ Determination of Nonconforming Use (See Sec.19.13.060)
  - ☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)
  - ☐ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- ☐ Final Plat (See Sec.19.56.030)
- ☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- ☐ Partition (See Sec.19.52.040)
- ☐ Planned Unit Development (See Sec.19.55.030)
- ☐ Pre-Application (See Chapter. 19.21)
- ☐ Property Line Adjustment or Vacation (See Sec.19.54.040)
- ☐ Replat (See Sec.19.53.040)
- ☐ Riparian Landscape Plan (Attach Plan or Use Form B)
- ☐ Site Plan Review (See Chapter 19.42)
- ☐ Subdivision (See Sec.19.51.040)
- ☐ Text Amendment (See Sec.19.46.030)
- ☐ Variance (See Chapter.19.44)

- ☐ Conditional Use Permit (Chapter. 19.92)
- ☐ Development Permit (See Sec.19.41.020)
- ☐ Temporary Dwelling (See Chapter. 19.43)
  - ☐ Detached Living Space
  - ☐ Medical Hardship
- ☐ Other. ____

Attachments:
- (2) Folded Maps/Site/Tentative Plan to Scale
- ☑ 8 1/2x 11" Site/Tentative/Plot Plan
- Written Narrative/Response to Criteria
- Power of Attorney
- Statement of Intended Water Use
- ☐ Statement of Understanding
- ☑ Floor Plan/Elevations
- ☑ Access Permit
- ☑ Proof of Fire Protection
- ☑ Erosion Control Plan/Fire Safety Plan * STEEP SLOPES
- Other: ____

Description of Request/Reason for Appeal
(Include name of project and proposed uses)

NEW SFD

Property Owner: JOHN STELLING
Address: 405 BONNIE LN GRANTS PASS, OR
Phone: 541-514-7003
Email: JSTELLING58@GMAIL.COM

Applicant: JOHN STELLING
Address: 405 BONNIE LN
Phone: 541-514-7003
Email: ____

Authorized Representative/ Surveyor or Engineer:
(If Different From Applicant) (If Applicable)

Address: ____
Phone: ____
Email: ____

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

John R Stelling 9-1-2023
(Signature of Owner or Attorney-in-Fact) Date

(Signature of Owner or Attorney-in-Fact) Date

RECEIVED

(For Office Use)
DATE STAMP
JO CO - PLANNING

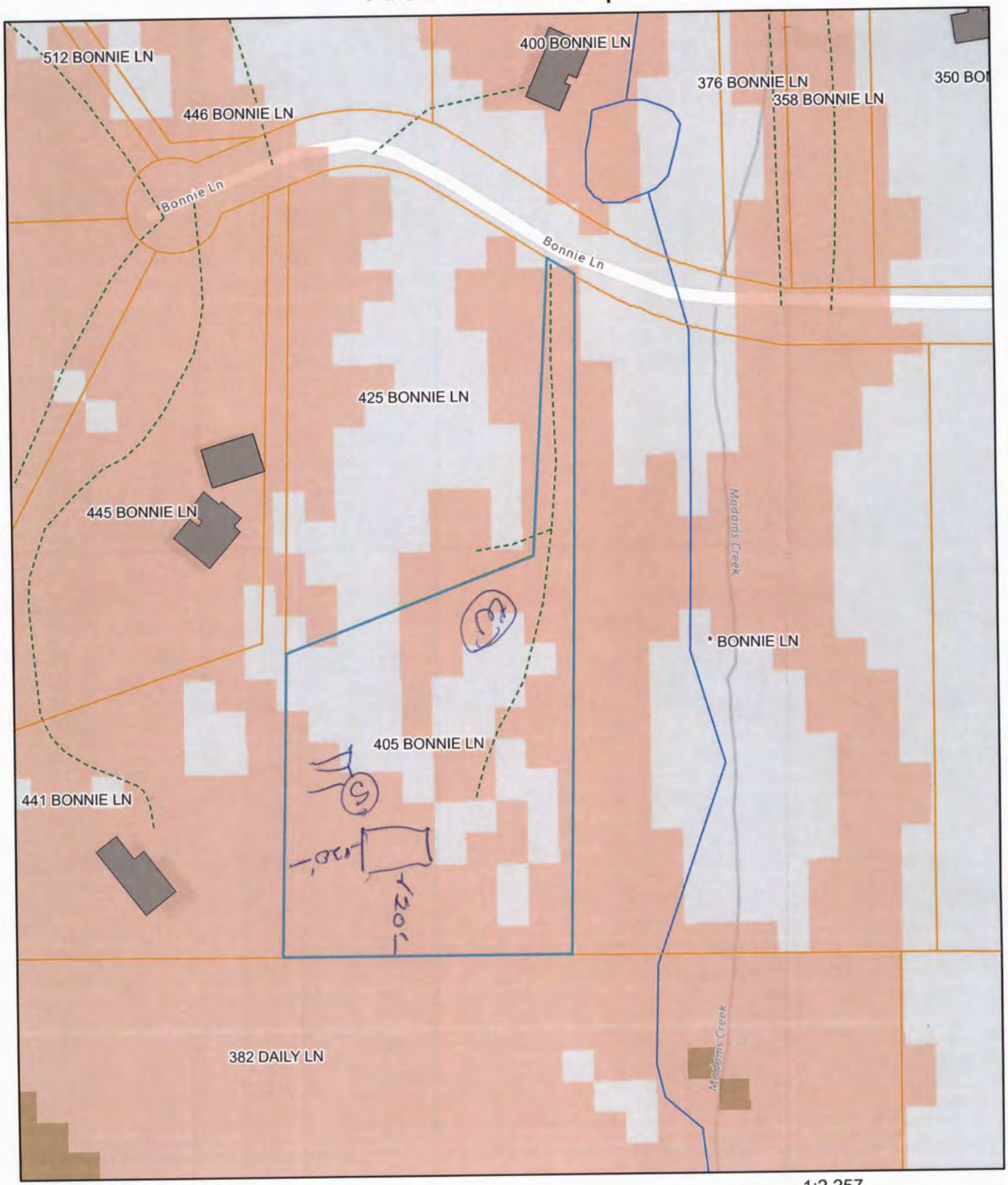
Fees Paid: 380 Initials: TJ

SITE PLAN

A-1 SHEET	**JOHN STELLING** 405 BONNIE LANE GRANTS PASS, ORE	**GARAGE / LIVING AREA**	CHARLES A DESIGNS 541-761-0126/541-582-8038

SCALE: 1/32"=1'-0"
DATE DRAWN: AUG 31, 23
DRAWN BY: CAG
PAGE: SITE

ArcGIS Web Map



9/1/2023, 11:58:52 AM

1:2,257

0 0.01 0.03 0.05 mi

0 0.02 0.04 0.09 km

Building Footprints

Taxlots

Driveway

Slope - percent grade

0 - 14.9%

15 - 39.9%

RECEIVED
SEP 1 8 2023
JO CO - PLANNING

Esri Community Maps Contributors, Josephine County, Oregon State Parks

SITE PLAN

JOHN STELLING 405 BONNIE LANE GRANTS PASS, ORE.	**GARAGE / LIVING AREA**	CHARLES A DESIGNS 541 761-0126/541-582-8038	SHEET A-1 PAGE SITE BY CAG DATE/REVISIONS AUG 31, 21 SCALE 1/32"=1'-0"

GENERAL NOTES

1) BEDROOM EXIT: PROVIDE ONE EXTERIOR DOOR OR WINDOW (OPENABLE) W/FINISHED SILL HEIGHT NOT MORE THAN 44" ABOVE THE FINISHED FLOOR & MINIMUM NET CLEAR OPENING OF 20" WIDTH 24" HEIGHT & NOT LESS THAN 5.7 SQ. FT.

2) TUB/SHOWER ENCLOSURE: PROVIDE SAFETY GLAZING (CPSC-16, CPR PART1201) FOR ALL GLAZING WITHIN 5' VERTICAL OF TUB/SHOWER FLOOR.

3) PROVIDE SMOKE DETECTOR @ ACCESS TO EA BEDROOM. ALL DETECTORS SHALL BE INTERCONNECTED HARD WIRED & W/BATTERY BACK UP.

4) PROVIDE MINIMUM 22"x30" ATTIC ACCESS.

5) PROVIDE WATER HEATER ANCHOR STRAP (TWO REQUIRED) TO RESIST HORIZONTAL DISPLACEMENT DUE TO EARTHQUAKE.

6) PROVIDE A LISTED, NON-REMOVABLE HOSE BIB TYPE BACK FLOW PREVENTER @ POTABLE WATER OUTLETS WITH HOSE ATTACHMENTS OTHER THAN HOT WATER HEATER DRAINS & CLOTHES WASHER CONNECTIONS. HOSE BIBS SHALL BE SELF-DRAINING WITH INTEGRAL BACK FLOW PREVENTER.

7) PROVIDE COMBUSTION AIR (OUTSIDE INLET OPENABLE FROM BUILDING INTERIOR) MIN 6.5 SQ. INCHES FOR EACH WOOD STOVE/ FIREPLACE.

8)EXTERIOR SEISMIC BRACE WALL PANELS SHALL BE MIN 1/2" CDX PLYWOOD OR OSB (ALL EDGES BLOCKED) EDGE NAILED W/ 8d COMMON @ 6" o/c &FIELD NAILED W/ 8d COMMON @12" o/c. REFER TO ALTERNATE BRACE PANEL FOR ADDITIONAL INFORMATION REGARDING SEISMIC PANEL CONSTRUCTION.

9) ALL CONSTRUCTION THIS PROJECT SHALL CONFORM TO THE LATEST EDITION OF THE IBC & ALL STATE & LOCAL CODES & AGENCIES HAVING JURISDICTION.

10)CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF ALL NOTES & DIMENSIONS THIS PROJECT.

11) USE PATH 1 FOR COMPLIANCE W/ OREGON ENERGY CODES.

FOUNDATION NOTES

1) PROVIDE FOUNDATION ANCHOR BOLTS ⌀ 5/8 x 10" @ 72" c/c MAX SPACING, NOT LESS THAN TWO BOLTS PER SILL PIECE & NOT MORE THAN 12" FROM THE ENDS OF ANY SILL PIECE.

2) ALL FOOTINGS SHALL BEAR ON UNDISTURBED SOIL.

3) PROVIDE 2x6 PRESSURE TREATED MUDSILL ON SILL SEALER.

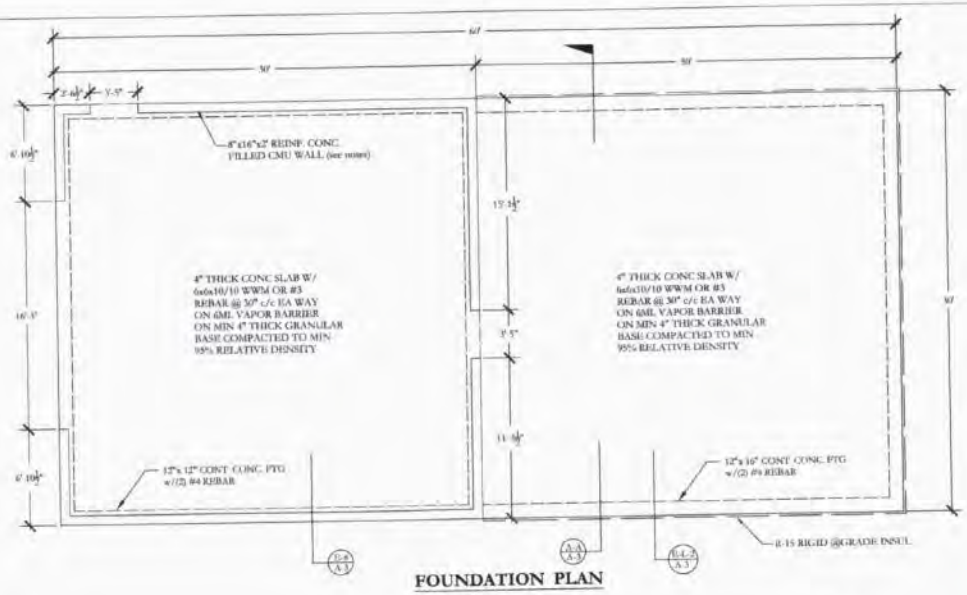
4) CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF ALL NOTES & DIMENSIONS THIS PROJECT. ALL CONSTRUCTION SHALL CONFORM TO LATEST EDITION OF THE IBC & ALL STATE & LOCAL CODES & AGENCIES HAVING JURISDICTION.

RESIDENTIAL ENERGY CODE REQUIREMENTS

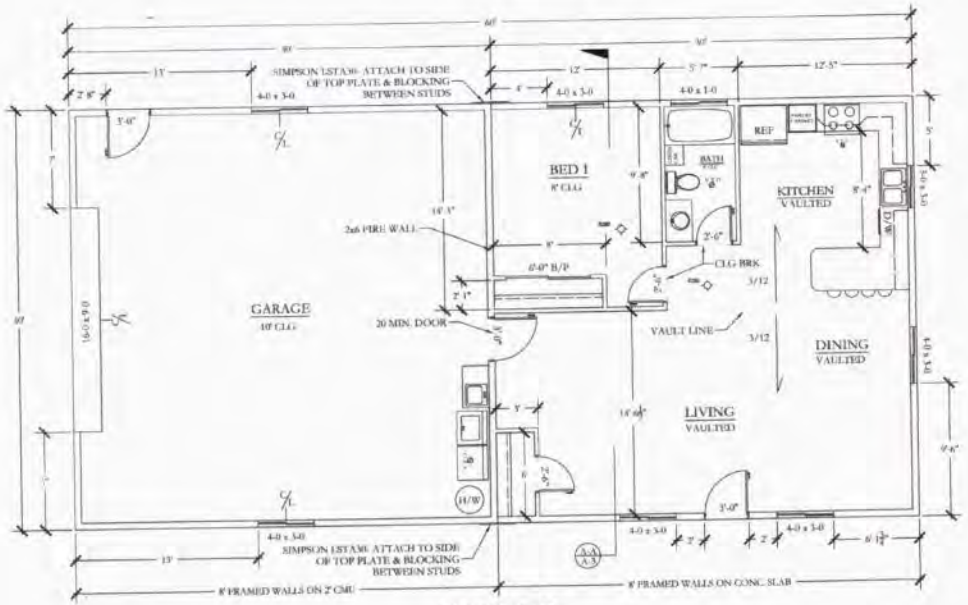
PRESCRIPTIVE STANDARDS

UNDERFLOOR INSULATION	R-30
SLAB-ON GRADE INSULATION	R-15
HEATED SLAB, i.e., HYDRONIC HEAT UNDER/BATH ENTIRE SLAB	R-10
WINDOWS & SLIDING GLASS DOORS	U-0.35
SKYLIGHTS ≤ 2%HEATED FLOOR SPACE [a]	U-0.75 [a]
SKYLIGHTS > 2%HEATED FLOOR SPACE [a]	U-0.60 [a]
EXTERIOR DOOR ≤ 24 ft²	U-0.54
EXTERIOR DOOR > 24 ft²	U-0.20
EXTERIOR DOOR > 2 ft² GLAZING [c]	U-0.40 [c]
ABOVE GRADE WALL INSULATION	R-21
BELOW GRADE WALL INSULATION	R-15
FLAT CEILING INSULATION	R-49
VAULTED CEILINGS - LIMITED TO 50% HEATED FLOOR SPACE AREA	R-38 [e]
VAULTED CEILINGS - 50% HEATED FLOOR SPACE AREA	R-38 [e]
HIGH EFFICIENCY LIGHTING [f]	90% FIXTURES [f]
FORCED AIR DUCT INSULATION	R-8
HEAT PUMP (HSPF)	7.7
AIR CONDITIONING (SEER)	13.0

[a] The prescriptive measure requirements are typically an overall U-factor, but code specifies R-values for standard wood-framed assemblies.
[b] Skylights w/vinyl, wood, or thermally broken aluminum frames and low-emissivity coatings shall be deemed to satisfy 13-0.75 requirement if total skylight area installed is 2% or less of total heated floor space area.
[c] Per 04/01/08 skylight U-factor was based on NFRC testing in the vertical plane. Effective 04/01/08 skylight U-factors will be based on NFRC testing in the 20% overhead plane per NFRC standards.
[d] Hinged doors only: does not include sliding glass doors. Sliding glass doors are categorized w/ windows. Glazing that is either double pane with low e coating on one surface, or triple pane shall be deemed to comply with this U-0.40 requirement.
[e] R-38 is representative of insulation installed to a standard wood framed assembly (U-0.032).
[f] R-38 is representative of insulation installed in either a wood rafter or wood mined-bolt cruiser truss (U-0.026).
[g] A minimum 80% of permanently installed lighting fixtures (luminaires and cadenzas) shall be lamped with compact or linear fluorescent lamps, or a lighting source that has a minimum efficacy of 40 lumens per watt. Screw-in compact fluorescent lamps will comply with this requirement.



FOUNDATION PLAN



FLOOR PLAN

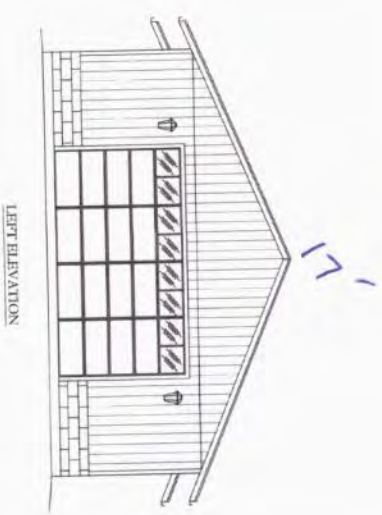
GARAGE——900 sq. ft.
LIVING——900 sq. ft.
TOTAL——1800 sq. ft.

CHARLES A DESIGNS
541-761-0126 / 541-582-8038

GARAGE / LIVING AREA

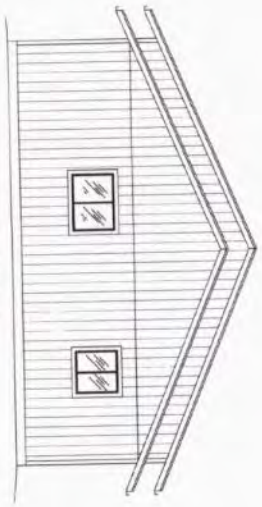
JOHN STELLING
405 BONNIE LANE
GRANTS PASS, ORE.

SCALE: 1/4"=1'-0"
DATE DRAWN: AUG. 31, '23
DRAWN BY: CAG
PAGE: FLOOR/FOUND.
SHEET: A-2

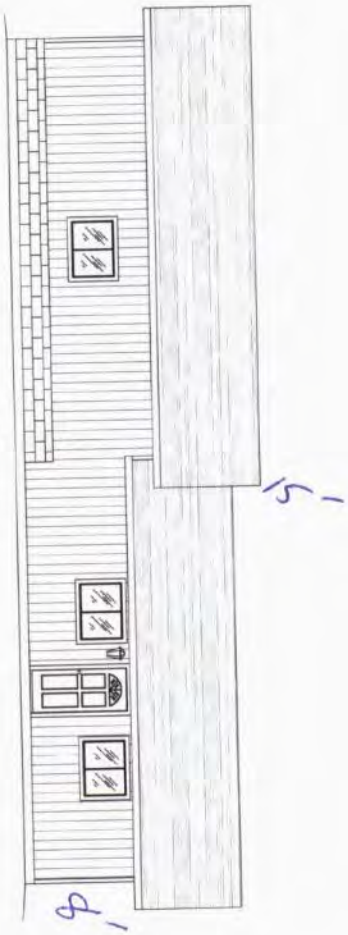


LEFT ELEVATION

17'-



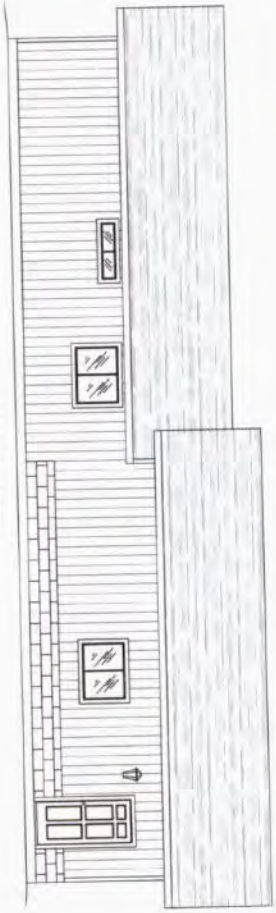
RIGHT ELEVATION



FRONT ELEVATION

15'-

8'-



REAR ELEVATION

A-5	**JOHN STELLING** 405 BONNIE LANE GRANTS PASS, ORE.	**GARAGE / LIVING AREA**	CHARLES A DESIGNS 541-761-0126 / 541-582-8038

SHEET: ELEVATIONS
DRAWN BY: CAG
DATE DRAWN: AUG 31, '23
SCALE: 1/4"=1'-0"

Josephine County, Oregon
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

Chapter 19.76 Certification of Fire Protection Service

Name: JOHN STELLING

Assessor Map Number: 36-07-26-00 TAX LOT 127

Address: 405 BONNIE LN

City GRANTS PASS **State** OR **Zip code** 9752

Phone Number: 541-514-7003

Email: JSTELLING58@GMAIL.COM

I certify that the above property is being provided fire protection services by:

Rural Metro Fire
Fire district or Fire service provider

starting: 09/01/2023.
Date

Fire Official Signature: [signature] **Date:** 09/01/2023

Title: Customer Service Rep

Merchant: RurlMtroOrgnFire_AuthNet

807 NE 6th Street
Grants Pass, OR 97526
US

541-474-1218

Order Information

Description: 405 Bonnie Ln
Order Number:
Customer ID: R400975

P.O. Number:
Invoice Number: NEW

Billing Information

John Stelling
7200 Williams Hwy #247
Murphy, OR 97533

Phone: 541-514-7003
jstelling58@gmail.com

Shipping Information

Shipping:	0.00
Tax:	0.00
Total:	**USD 158.00**

Payment Information

Date/Time:	01-Sep-2023 13:46:19 MDT
Transaction ID:	64578390313
Transaction Type:	Authorization w/ Auto Capture
Transaction Status:	Captured/Pending Settlement
Authorization Code:	08578D
Payment Method:	Visa XXXX6864

Applied
Geotechnical
Engineering
& Geologic Consulting

September 11, 2023

John Stelling
405 Bonnie Lane
Grants Pass, OR 97527

SUBJECT: **Erosion Control for New Shop**
405 Bonnie Lane
Josephine County, Oregon

At your request, Applied Geotechnical Engineering and Geologic Consulting LLC (AGEGC) has evaluated the above property for erosion control needs during construction of a new shop on the property.

A licensed geotechnical engineer from AGEGC completed a site visit to the property on September 10, 2023. The property is underlain by reddish-brown silt soils exposed in cut slopes in the area. The building area including the shop footprint was previously graded with cut and fill. We understand no significant additional grading will be required for development of the site. The access road to the site has been graded with imported crushed rock (aggregate base rock). The drainage path to the Rogue River (the nearest significant drainage) is over a mile long from the site. The area downslope of the property is covered with mature vegetation.

In our opinion, the need for additional erosion control measures is limited. All fill slopes should be covered with mulch and seeded as soon as possible. The seed and mulch should be periodically wetted to promote seed growth this summer/fall. After construction of the shop is completed, vegetation should be reestablished as soon as practical on areas that are not building or flatwork (areas of bare ground).

Please contact AGEGC if you have any questions or require additional information.

Sincerely,
Applied Geotechnical Engineering and Geologic Consulting LLC

Robin L. Warren, P.E., G.E., R.G.
Principal

Renewal: June 2024

1314B Center Drive, No. 452, Medford, Oregon 97501
(541) 226-6658

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

Prepared by:	SK	District No:	3
Zone:	RR2.5	Violations:	
Owner	*Contact*	*Pickup*	*Mail*
Fax:			
Email:	ROSS.MEADE@LIVE.COM		
Land Use Log:	Yes	No	Scanned

Application Date:	10/5/2021						Permit No:	9912	
Situs (St Address):	425 Bonnie Ln								
Location of Access:	Bonnie Ln								
T	36	R	07	S	26.00	TL	100	Parcel No:	2
Stated Purpose:	Partitioning/Approach 2								
NEW	EXISTING	SHARED	WAIVER						

Contractor Ted Eells Excavating
Street Address
City / St / Zip
Office No.
Cell No. 541-660-6859
Fax No.

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

APPROVED

Property Owner **Ross Meade** Phone **541-415-0909** Contact Phone
Mailing Address **3300 Redwood Ave** Mailing Address
City **Grants Pass** St **OR** Zip **97527** City St Zip

TYPE OF ROAD:

- [X] County-maintained
- [ ] Owner-maintained
- [ ] Local access road
- [ ] Circuit Court Decree

TYPE OF APPROACH:

- [X] Residential
- [ ] Home Occupation*
- [ ] Ag Use
- [ ] Commercial / Industrial*

**Requires Site Plan*

Approach: [ ] Existing [X] New Width:

Culvert: [ ] Existing [ ] Required [ ] Material: [ ] CMP / Concrete Diameter: Length: [ ] Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before 10/6/2022.

SUBMITTED BY:

Applicant 10/5/21 Date

I have received a copy of the General Provisions:
Applicant's Initials

"CONDITIONS FOR APPROVAL" ISSUED BY:

Public Works 10/6/2021 Date

INSTALLATION INSPECTION:

Approved By
Date 11/3/2021 Time 11:00AM

Denied By Date
Reason:

LOCATION OF APPROACH:

Address 425 Bonnie Ln.
Latitude (N) 42° 25' 02"
Longitude (W) 123° 24' 30"
LEFT RIGHT MILEPOST

WAIVER

FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative Date

RECEIVED

Sample Information

Sample ID:	**22103915**	**Collectors Name:**	**Sean Allison**
Address of Source:	**425 Bonnie Ln**	**Sample Point:**	**Dip Tube**
Project Name:	**None Provided**	**Source:**	**Well**
Received Date:	**11/17/2021**	**Treatment System:**	**None**

Microbiological (Bacteria) Results

Sample Notes: Collection Date: **11/17/21 11:45 AM**

Contaminate	Method	RESULTS	Units	Date Analyzed	Analyst	ID	Data Flags
Total Coliform	COLILERT	Present	100ml	11/17/2021 4:16:45 PM	KMB	AC	A
E. Coli	COLILERT	**Absent**	100ml	11/17/2021 4:16:45 PM	KMB		

This Sample DOES NOT Conform

For samples which do not conform the presence of total coliform bacteria may indicate surface contamination. Although total coliforms are generally harmless, such water is potentially unsafe. In such cases chlorinate the system and resample in 7 days.

See chlorination instructions on the web at: http://www.gpwaterlab.com/well-chlorination.asp.

The results of analyses on water samples can only be as good as the sample submitted to the lab. The laboratory examination determines the presence or absence of contamination in the submitted sample only; therefore, no definite conclusions should be drawn from a single test.

DEFINITIONS AND DATA FLAGS

A	Analysis is covered under ORELAP scope of Accreditation
AA	Analysis is covered under ISO scope of Accreditation
C	Sample did not meet acceptance criteria
H	Analysis performed outside method hold time
ID	Subsample identifier for each Sample number
M	Matrix Spike recovery is out of control limits due to matrix interference The LCS was in acceptance limits showing the analysis is in control and the data is acceptable
E	Estimated Value
LOQ	Reporting Limit
N/A	Not Applicable
ND	None Detected
S	Sample Outsourced

Results Color Key
White - No EPA Limit
Low Risk within EPA Limit
Medium Risk
High Risk Exceeds EPA Limit
Call the Lab to Discuss

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

JOSE 61290

11/5/2021

WELL I.D. LABEL# L 143326
START CARD # 1054601
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name ROSS Last Name MEADE
Company ROSS MEADE CONSTRUCTION
Address 3315 LEONARD RD
City GRANTS PASS State OR Zip 97527

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 150.00 ft.

BORE HOLE

Dia	From	To
10	0	40
6	40	150

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	40	21	S
		Calculated	18.26	
		Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED BENTONITE
Backfill placed from ____ ft. to ____ ft. Material ____
Filter pack from ____ ft. to ____ ft. Material ____ Size ____
Explosives used: [ ] Yes Type ____ Amount ____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		6	X	2	128	.250	●		X	
	●	4		0	150	sch40		●		

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 128
Temp casing [ ] Yes Dia ____ From + ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method saw
Screens Type ____ Material ____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	130	150	.125	6	12	4

(8) WELL TESTS: Minimum testing time is 1 hour

( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		149	1

Temperature 52 °F Lab analysis [ ] Yes By ____
Water quality concerns? [ ] Yes (describe below) TDS amount 129 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 36.00 S N/S Range 7.00 W E/W WM
Sec 26 NW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number ____ Lot ____
Lat ____ ° ____ ' ____ " or 42.41681006 DMS or DD
Long ____ ° ____ ' ____ " or -123.48980554 DMS or DD
( ) Street address of well (●) Nearest address
N/A NEAREST ADDRESS 425 BONNIE LN. GRANTS PASS, R 97527

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	11/5/2021		[ ]	80

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 135.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11/5/2021	135	145	20		[ ]	80
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation ____

Material	From	To
brown clay and gravel	0	120
gray sand and gravel	120	150

Date Started 11/4/2021 Completed 11/5/2021

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well *construction standards. Materials used and information reported above are true to* the best of my knowledge and belief.

License Number ____ Date ____
Signed ____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief

License Number 1648 Date 11/5/2021
Signed BARRY PELKEY (E-filed)
Contact Info (optional) Barry Pelkey

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

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

Receipt Number: PL23-01150

Payer/Payee: STELLING, JOHN
140 E MAIN ST PO BOX F
ALSEA OR 97324

Cashier: Tami Smith

Date: 09/12/2023

Primary Parcel: 36072600000127 **Project Description:** SFD - 900 sq. ft.; 1 bedroom, 1 bath w/attached 900 sq. ft. garage

PL-2023-01185 DEVELOPMENT PERMIT **405 BONNIE LN**

Fee Description	Fee Amount	Amount Paid	Fee Balance
PL-Development Permit (SFD, to include remodels & addition)	$380.00	$380.00	$0.00
	$380.00	**$380.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CHECK	541	$380.00
Total Paid:		**$380.00**

Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-23-000201-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: 07/10/2023
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: Clint Wayne Eells
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Primary Contractor: Clint Wayne Eells
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Owner: STELLING, JOHN
Address: 140 E MAIN ST PO BOX F
ALSEA OR 97324

Property Address: 405 Bonnie Ln, Grants Pass, OR 97527

Parcel: 3607260000012700 - Primary Township: 36 Range: 07 Section: 26

Lot Size:	2.84	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	4

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	450 gpd.
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	N/A

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	N/A	**Distribution Method:**	Serial
Media Type:	Rock/Pipe	**Media Depth:**	12 in.
Trench Length:	225 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	N/A
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Not Applicable	**Groundwater Depth:**	N/A
Pump to Drainfield Required:	No	**Filter Fabric on Top of Drain Media:**	Yes

Date Certificate Issued: 07/10/2023
Work Description: STANDARD CONSTRUCTION PERMIT

Conditions of Approval

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
- 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.
- Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).

Date Certificate Issued: 07/10/2023
Work Description: STANDARD CONSTRUCTION PERMIT

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: SUBMITTED PHOTOS

Joshua Daley Environmental Specialist

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

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

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-23-000201-PRMT

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

SECTION 1: Owner/Permittee Information:

Twnshp: 36 **Range:** 07 **Sect:** 26

Name: STELLING, JOHN **Lot:**

Property Address: 405 BONNIE LN, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

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

Tanks(1)	Volume: 1,000	Compartments: 1	Manufacturer: Riverside			Date: 6-27-23	
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes X	No	Diameter: 4"	ASTM#/Other: 3034	Length: 5'
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

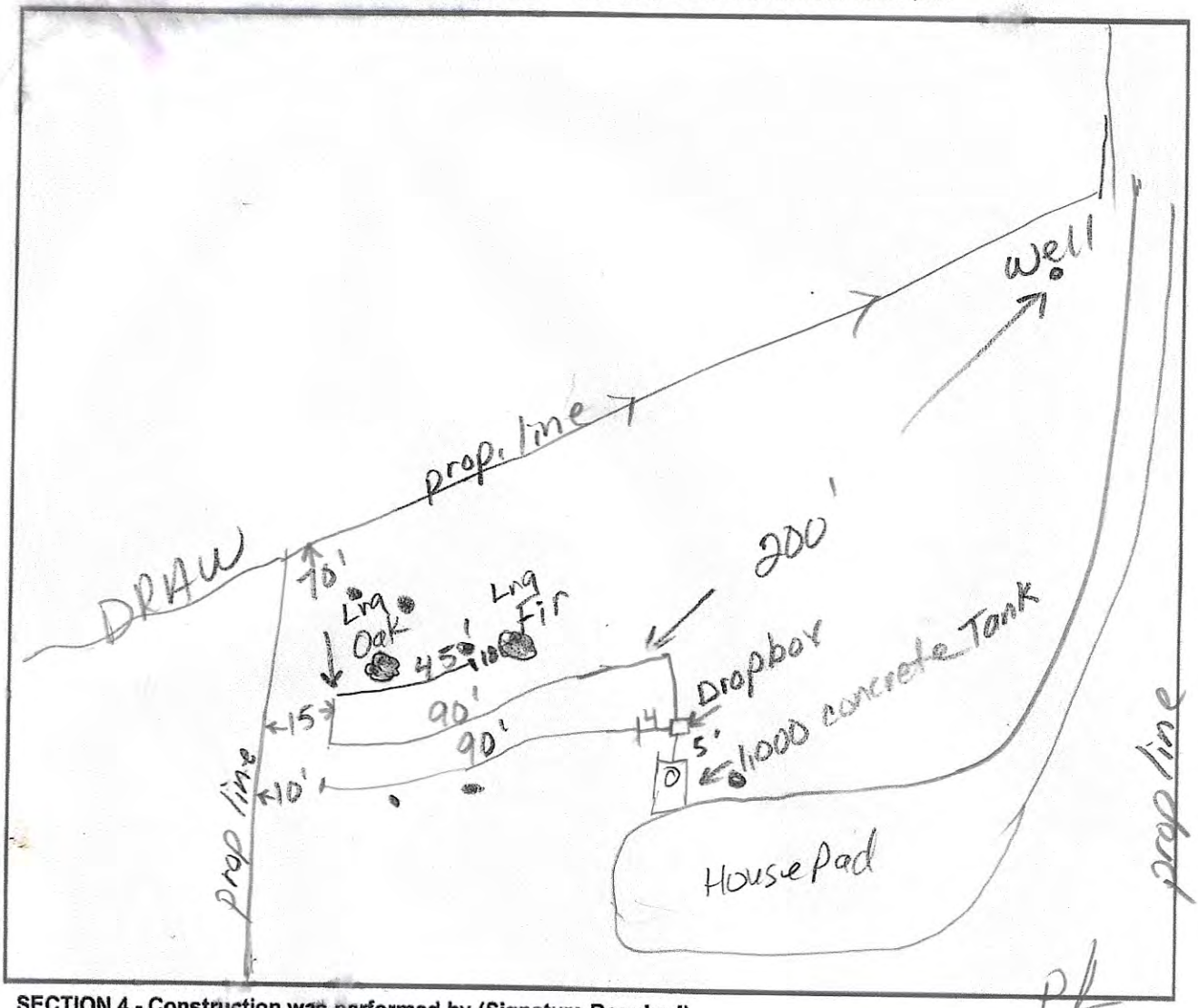
Type	(Gravel, Pipe or alternative?) pipe and rock				
Distribution Box	Yes	No			
Drop Box	Yes X	No			
Distribution Pipe	Yes X	No	Diameter: 4	ASTM#/Other: ASTM F810	Length: 225'

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).

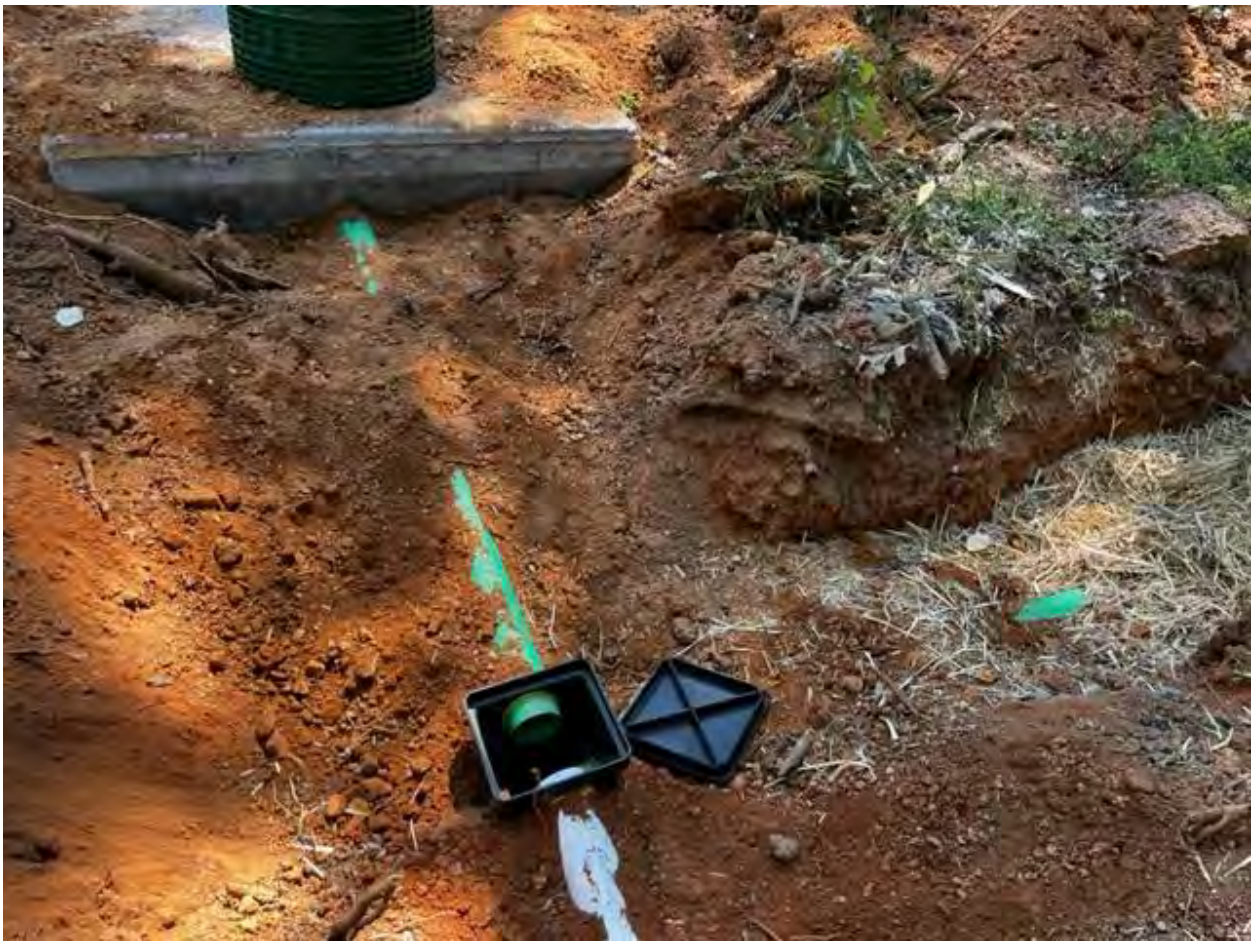
Owner/Permittee or Certified Installer w/Certification#:	Print Name: Clint Eells				
Licensed Installer:	Yes X	No	License#: 36268	Certification#:	
Owner/ Certified Installer:	Signature: Clint Eells		Date: 12-26-23	Phone#: 541-659-7325	

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____



Septic Permit
Installation Permit - Residential - New
463-23-000201-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 issued: 6/14/23 **Expiration date:** 6/13/24

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: Clint Wayne Eells
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Wayne Eells
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Business License: N/A

Owner: STELLING, JOHN
Address: 140 E MAIN ST PO BOX F
ALSEA OR 97324

Property address: 405 Bonnie Ln, Grants Pass, OR 97527

Parcel: 3607260000012700 - Primary Township: 36 Range: 07 Section: 26

Lot size:	2.84	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Construction Permit - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: N/A

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	4

System Specifications

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

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	N/A	**Distribution method:**	Serial
Media type:	Rock/Pipe	**Media depth:**	12 in.
Trench length:	225 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	N/A
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

Special Requirements

Stake out required:	No		
Groundwater type:	Not Applicable	**Groundwater depth:**	N/A
Pump to drainfield reqd:	N/A	**Filter fabric on top of drain media:**	Yes

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

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

Onsite Permit 463-23-000201-PRMT

Date issued: 6/14/23 **Expiration date:** 6/13/24

Work description: STANDARD CONSTRUCTION PERMIT

Conditions of approval

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
- 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.
- Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).

Onsite Permit 463-23-000201-PRMT

Date issued: 6/14/23 **Expiration date:** 6/13/24

Work description: STANDARD CONSTRUCTION PERMIT

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.

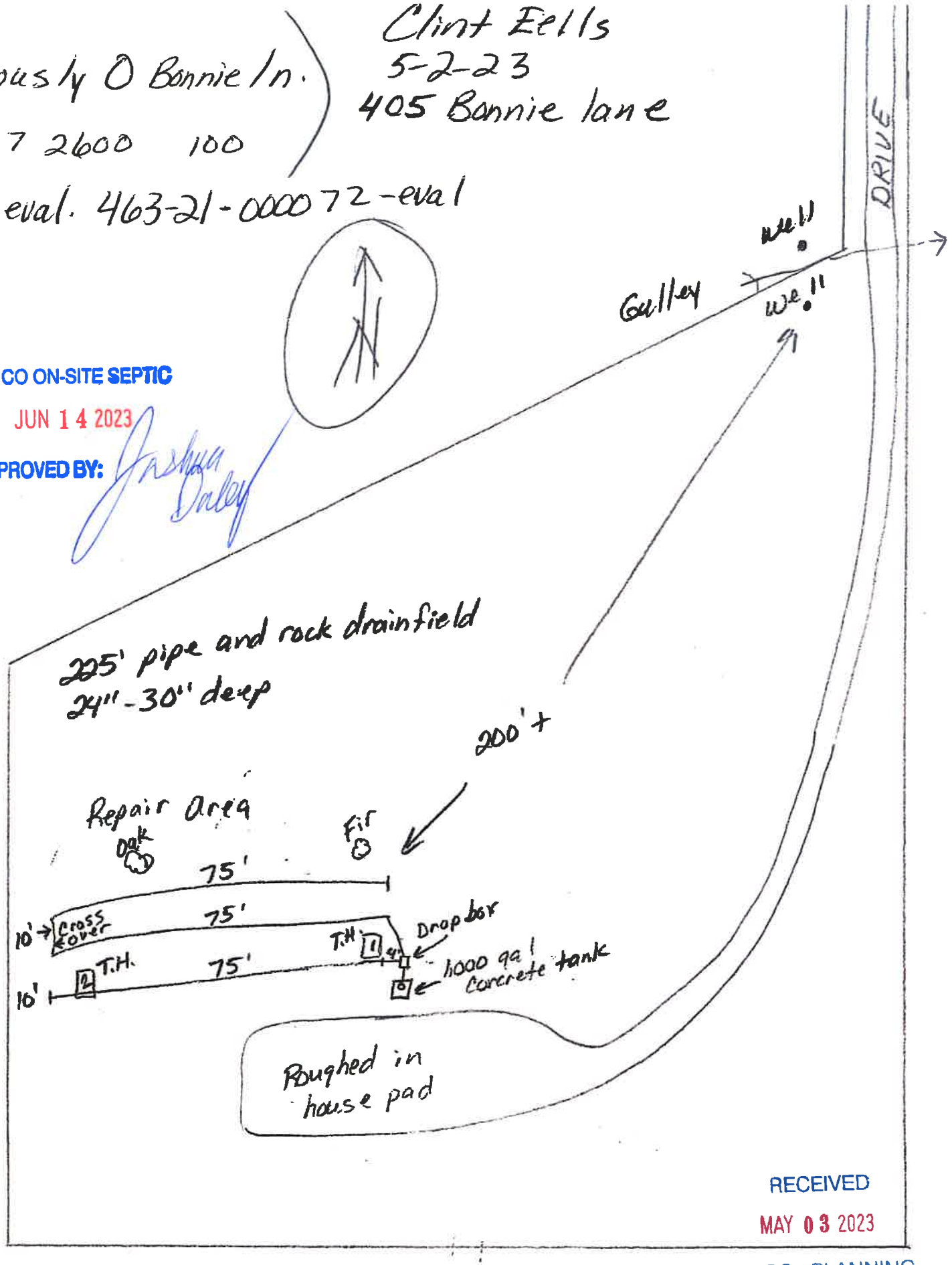
Joshua Daley Environmental Specialist 6/14/23

previously 0 Bonnie ln.

36 07 2600 100

site eval. 463-21-000072-eval

Clint Eells
5-2-23
405 Bonnie lane



JO CO ON-SITE SEPTIC
JUN 14 2023
APPROVED BY: Joshua Daley

RECEIVED
MAY 03 2023
JO CO - PLANNING

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

John Stelling — Name
jstelling58@gmail.com — Mailing Address (Street or PO Box, City, State, Zip Code)
541-514-7003 — Phone Number

B. Legal Property Description

36 — Township
07 — Range
26 — Section
127 (was 100) — Tax Lot
Tax Account Number
Acreage or Lot Size
Jos. — County
Subdivision Name
Lot
Block

Property Address: 405 Bonnie lane — Address; Grants Pass — City; OR — State; 97527 — Zip Code

Directions to Property: (was 0 Bonnie ln. @ site eval)

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

- ☒ Single Family Residence
  - Number of Bedrooms
- ☐ Other

Proposed Facility:

- ☒ Single Family Residence
  - 4 — Number of Bedrooms
- ☐ Other

Water Supply:

- ☐ Public — Name
- ☒ Private — Well, Spring, Shared

D. Type of Application

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

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

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

Clint Fells — Signature
6-7-23 — Date

Clint Fells — Applicant's Name – Please Print Legibly
541-659-7325 — Applicant's Phone Number
Clint.fcdc@gmail.com — Applicant's E-mail Address
5545 Riverbanks Rd Gp. OR. 97527 — Applicant's Mailing Address

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

☐ Authorization Attached

Clint Fells — Installer's Name

(previously 0 Bonnie ln.
36 07 2600 100)

Clint Eells
5-2-23
405 Bonnie lane

site eval. 463-21-000072-eval

DRIVE

well

Gulley

well

225' pipe and rock drainfield
24"-30" deep

200'+

Repair area

Oak

Fir

75'

10' Cross over

75'

T.H. 1

Drop box

T.H. 2

75'

1000 gal concrete tank

16'

Roughed in house pad

RECEIVED
MAY 03 2023
JO CO - PLANNING

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

1. **Applicant Name/Property Owner:** John R Stelling
   Mailing Address: P.O. Box F
   City, State, Zip: Alsea OR. CJstelling58@gmail.com
   Telephone: 541-514-7003

2. **Property Information:**
   County: Josephine **Tax Lot No.:** 127
   Township: 36 **Range:** 07 **Section:** 26
   Physical Address: 4005 Bonnie lane Grants Pass, OR 97527
   Block: **Lot:**
   Subdivision Name (if applicable):

3. **This proposed facility is for:**
   ☒ An individual, single-family dwelling.
   ☐ Other. Describe the type of development, business, or facility and the provided services or products:

4. **Permit or approval being requested:**
   ☒ Construction-Installation permit for: ☒ New Construction ☐ Repair ☐ Alteration
   ☐ Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds).
   ☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom addition
   ☐ Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. **Property Zoning:** RR2.5 **Zoning Minimum Parcel Size:** 2.5 acres

6. **The facility is located:** ☐ inside city limits ☐ inside UGB ☒ outside UGB
   If inside UGB, the proposed facility is subject to:
   ☐ City jurisdiction ☒ County jurisdiction ☐ Shared City/County jurisdiction

7. **Does the proposed facility comply with all applicable local land use requirements:** ☒ Yes ☐ No
   If you answered "Yes" above, was this compliance based on:
   ☒ Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
   ☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
   ☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

   Either provide reasons for affirmative compliance decision or attach findings of fact: Section 9.10.020.J outright permited use - single-family dwelling or manufactured dwelling

8. **Planning Official Signature:** Jami Smith
   Print Name: Jami Smith **Title:** Associate Planner
   Telephone: 541-474-5424 **Date:** 6-7-23

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

RECEIVED
MAY 03 2023
JO CO - PLANNING

OnsiteLUCS 2/28/2008

DEQ-08-WQ-008

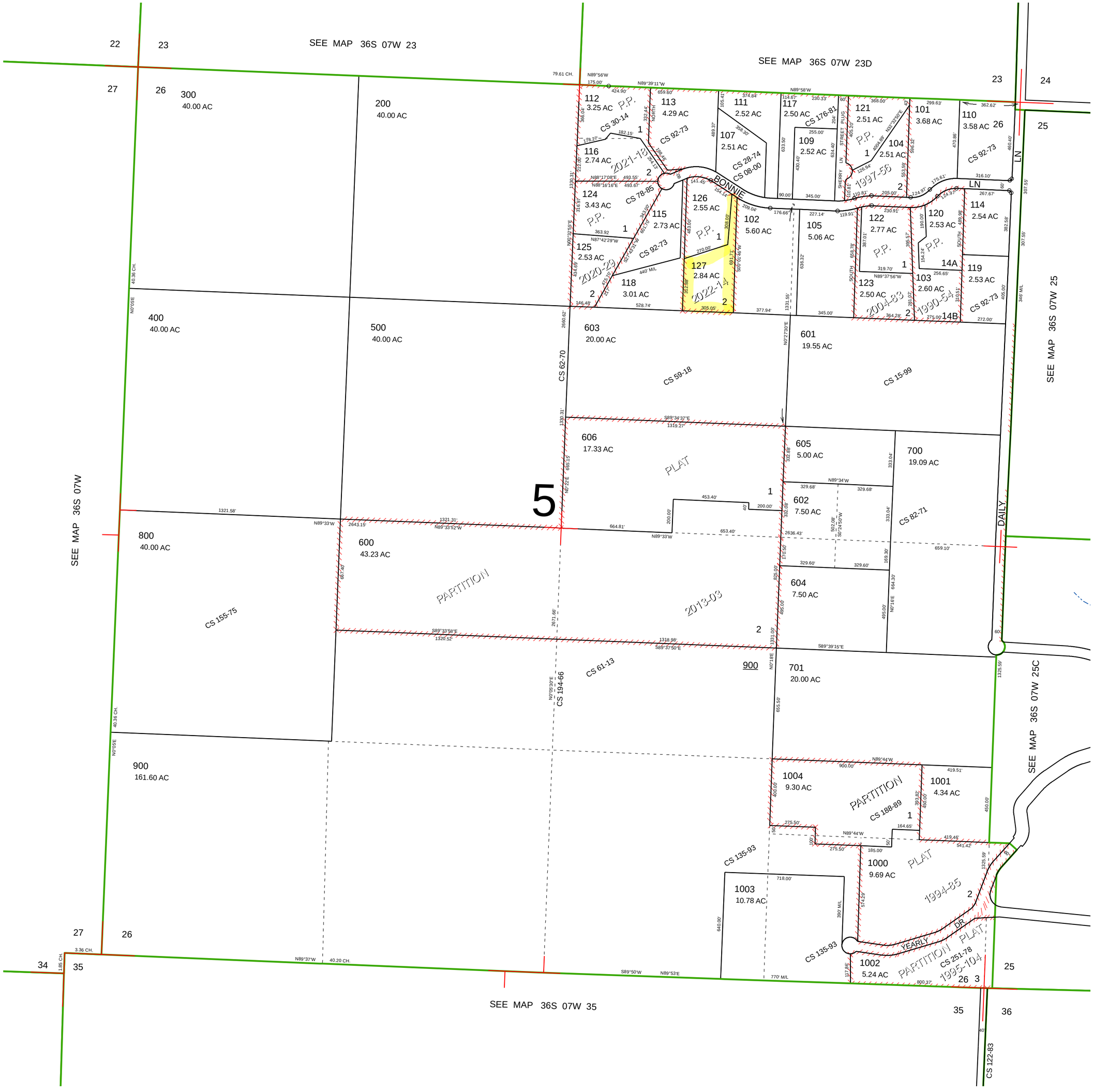
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 26 T.36S. R.7W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

36 07 26

CANCELLED:
1090
1091
1092
990
690
1093
1094
108
106
100



36 07 26

TENTATIVE PARTITION PLAT

LOCATED IN THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 26, T 36S, R 7W, W M
JOSEPHINE COUNTY, OREGON

FOR

JOHN & TINA MEADE
3315 LEONARD ROAD, GRANTS PASS, OR 97527
AND
ROSS MEADE CONSTRUCTION, INC.
3500 REDWOOD AVENUE, GRANTS PASS, OR 97527

TENTATIVE PLAT NOTES

BASIS OF ELEVATION: ASSUMED

BASIS OF BEARING:
THE EAST LINE OF THE SUBJECT PROPERTY, HAVING A BEARING OF SOUTH PER SURVEY NO. 92-73 AS FILED WITH THE JOSEPHINE COUNTY SURVEYOR, OREGON

ZONING: RURAL RESIDENTIAL (RR-2.5)

WATER SOURCE: PRIVATE WELL

SEWAGE DISPOSAL: SUBSURFACE - BOTH PARCELS APPROVED FOR STANDARD SEPTIC SYSTEM

THERE ARE CURRENTLY NO STRUCTURES ON THE SUBJECT PROPERTY

PER EXISTING UTILITY LOCATE MARKS, EXISTING UNDERGROUND POWER & COMMUNICATIONS LINES APPEAR TO RUN NEAR TO THE SOUTHERLY EDGE OF PAVEMENT OF BONNIE LANE; NO OTHER EVIDENCE OF UTILITIES WERE NOTED, OTHER THAN THOSE UTILITY STRUCTURES SHOWN HEREON;

PROPERTY IS NOT IN AN AIRPORT OVERLAY OR FLOOD HAZARD ZONE

EXISTING DRAINAGE THROUGH SUBJECT PROPERTY SHOWS NO EVIDENCE OF A HIGH WATER MARK, AND HAS NO VISIBLE FLOW

LEGEND

- FOUND 5/8" REBAR PER S/N 92-73
- CALCULATED POSITION; NOTHING FOUND OR SET
- ( ) RECORD SURVEY DATA PER S/N 92-73 (M HULL)
- [ ] RECORD DEED DATA PER O R 2020-19160
- BOUNDARY LINE OF SUBJECT PROPERTY
- PROPOSED PARTITION LINE
- EASEMENT LINE (PROPOSED)
- APPROXIMATE TAXLOT LINE
- EDGE OF ASPHALT OF BONNIE LANE
- EDGE OF EXISTING GRAVEL DRIVEWAY (12' WIDE MINIMUM W/ 15% MAX SLOPE)
- TOB TOP OF CUT BANK FOR EXISTING GRAVEL DRIVEWAY
- EXISTING CULVERT OF SIZE, TYPE & FLOW AS NOTED
- CENTER OF EXISTING DRAINAGE
- MINOR CONTOUR LINE (10' INTERVAL)
- MAJOR CONTOUR LINE (50' INTERVAL)
- EXISTING TELEPHONE PEDESTAL
- ET EXISTING ELECTRICAL TRANSFORMER
- WELL, EXISTING OR PROPOSED AS NOTED
- O.R. OFFICIAL RECORDS OF THE JOSEPHINE COUNTY CLERK, OREGON
- S/N SURVEY NUMBER ON FILE WITH THE JOSEPHINE COUNTY SURVEYOR, OREGON

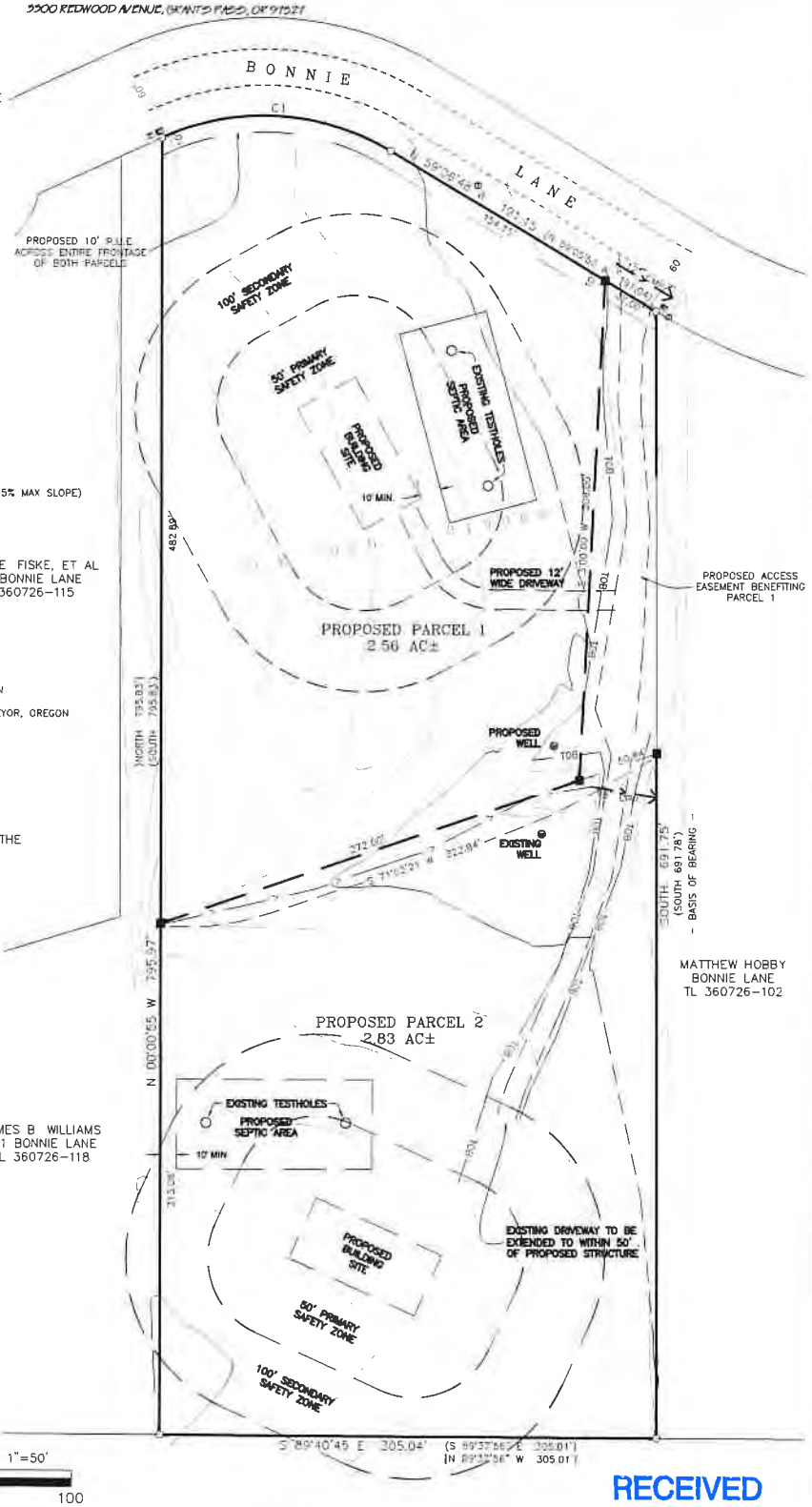
EASEMENTS & RESTRICTIVE COVENANTS

THE FOLLOWING ITEMS ARE LISTED ON ORDER NO. 7151-3623352 OF THE FIRST AMERICAN TITLE COMPANY, DATED DECEMBER 8, 2020, BEING NUMBERED BELOW AS SHOWN ON SAID DOCUMENT

8 V147/P214, BEING AN EASEMENT IN FAVOR OF THE CALIFORNIA OREGON POWER COMPANY
9 V293/P461, BEING A 10' WIDE EASEMENT IN FAVOR OF PACIFIC POWER AND LIGHT COMPANY (NO SPECIFIC LOCATION)
10 V292/P433, BEING A DECLARATION OF RESTRICTIVE COVENANTS

NONE OF THE ABOVE ITEMS ARE SHOWN TO DIRECTLY IMPACT THE SUBJECT PROPERTY IN A SPECIFIC LOCATION, AND DO NOT CAUSE CONFLICTS WITH ANY ELEMENTS OF THE PROPOSED PARTITION

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	151.99' (152.00')	147.09'	141.41' (141.28') [141.28']	(N 86°50'1" W) (N 86°47'27" W) [S 86°47'27" E]



REGISTERED PROFESSIONAL LAND SURVEYOR
OREGON
JULY 10, 2018
DANE MEADE
90707 LS
RENEWS: 12-31-20

GRAPHIC SCALE 1"=50'
50 0 50 100

SURVEYED BY:
DANE MEADE, PLS (APPLICANT)
MEADE SURVEYING, LLC
3008 ELK LANE
GRANTS PASS, OR 97527
(541) 441-1465

DATE: APRIL 30, 2021

ASSESSOR'S MAP 36 7 26, TAXLOT 100

Residential Septic Site Evaluation Approval

463-21-000072-EVAL

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 issued: 04/05/2021
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: JOHN MEADE
Address: 3315 LEONARD RD
GRANTS PASS OR 97527
Phone: 5416599103
Email: JMEADEX@LIVE.COM

Primary contractor: John Meade
Installer License: 38814
Address: 3315 Leonard Rd
Grants Pass OR 97527
Phone: (541) 474-0869
Email: jmeadex@live.com

Owner: JOHN MEADE
Address: 3315 LEONARD RD
GRANTS PASS OR 97527

Property address: 0 Bonnie Ln, Grants Pass, OR 97527

Parcel: 3607260000100 - Primary Township: 36 Range: 07 Section: 26

Lot size: N/A
Zoning: N/A
Water supply: Well
City/County/UGB: N/A
Directions to Property: REDWOOD HWY TO RIVERBANKS TO MARCY LOOP TO DAILY LN TO BONNIE LN, 1/4 MI ON LEFT

Proposed use of structure: 4 BDRM SFR
Category of construction: Single Family Dwelling

	Existing	Proposed
Number of bedrooms:	0	4

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

System Specifications	***Initial System***	***Replacement Area***
System type:	Standard	Standard
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	225 linear ft.	225 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements	***Initial System***	***Replacement Area***
Groundwater type:	Not Applicable	N/A
Drainfield type:	Standard	Standard

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.)

Date issued: 04/05/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Conditions of approval:

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

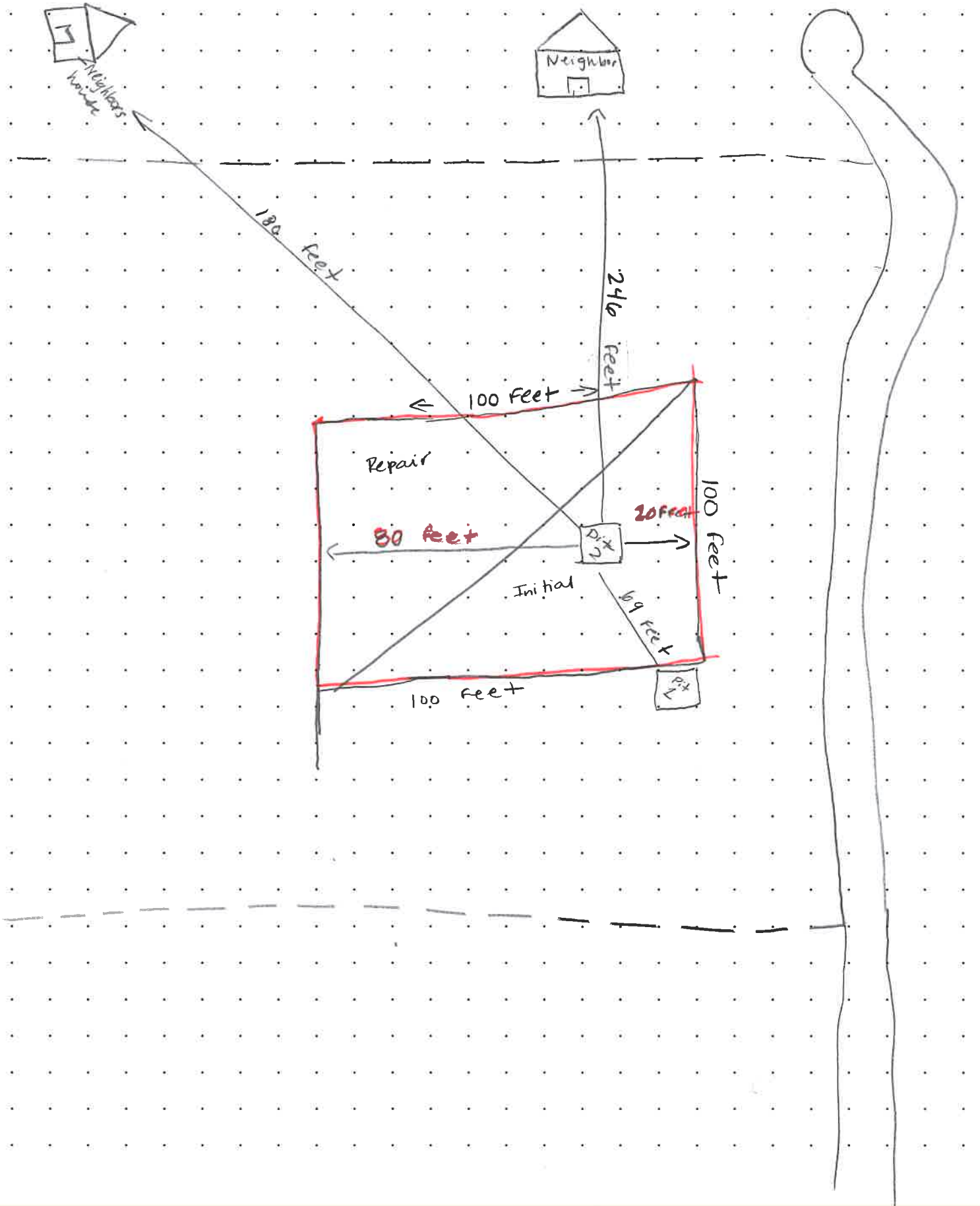
Danielle Morvan 4/5/21

'0' Bonnie Road

Township: 36 Range: 07 Section: 24 Tax lot Property ID: 0100

Owner/Applicant: John Meade Evaluator: Danielle

Inspection Date(s): Application Number:



SITE EVALUATION FIELD WORKSHEET

Township: 36 Range: 07 Section: 24 Tax lot Property ID: 0100

Owner/Applicant: John Meade Evaluator: Danielle Morvan

Inspection Date(s): Application Number:

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-5	SCL	Roots 2vf, 2fine, 2medium ; color 5yr 3/2, wsab, OM
	6-20"	Fine SCL	Roots 1-med, 1fine, 1vf ; color 5yr 4/4, wsab
	20"-66"	CL	Roots 1vf, wsab, color 5yr 4/4, few small cobbles
			*some smearing in lowest pit horizon
Pit 2			Similar to test pit 2
			*Standing water 5-6" in bottom of pit
Pit 3			
Pit 4			

Landscape Notes: large trees near pits, black berries down slope, rolling hills

Slope: 2 - 10% Aspect: Groundwater Type:

Other Site Notes:

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd

Initial System:

Disposal Facility: 225 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches

Replacement System:

Disposal Facility: 225 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches

Special Conditions: Try to position initial system in close proximity to test pit 2 (most upslope pit)

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

John Meade — 3315 Leonard Rd. G.P. Or. 97527 — 541-659-9103
Name — Mailing Address (Street or PO Box, City, State, Zip Code) — Phone Number

B. Legal Property Description

36 — 07 — 26-00 — 100 — Lot 2 — 5.39 acres
Township — Range — Section — Tax Lot — Tax Account Number — Acreage or Lot Size

Josephine — _____ — _____ — _____
County — Subdivision Name — Lot — Block

Property Address: Bonnie Ln - — Grants Pass — OR. — 97527
Address — City — State — Zip Code

Directions to Property: Redwood Hwy. to Riverbanks Rd. to Marcy Loop to Daily Ln to Bonnie Ln. 1/4 mi on left.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence

_____
Number of Bedrooms

☐Other _____

Proposed Facility:

☑Single Family Residence

4
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.

John Meade — 3-8-21
Signature — Date

John Meade — 541-659-9103 — jmeadex@live.com
Applicant's Name – Please Print Legibly — Applicant's Phone Number — Applicant's E-mail Address

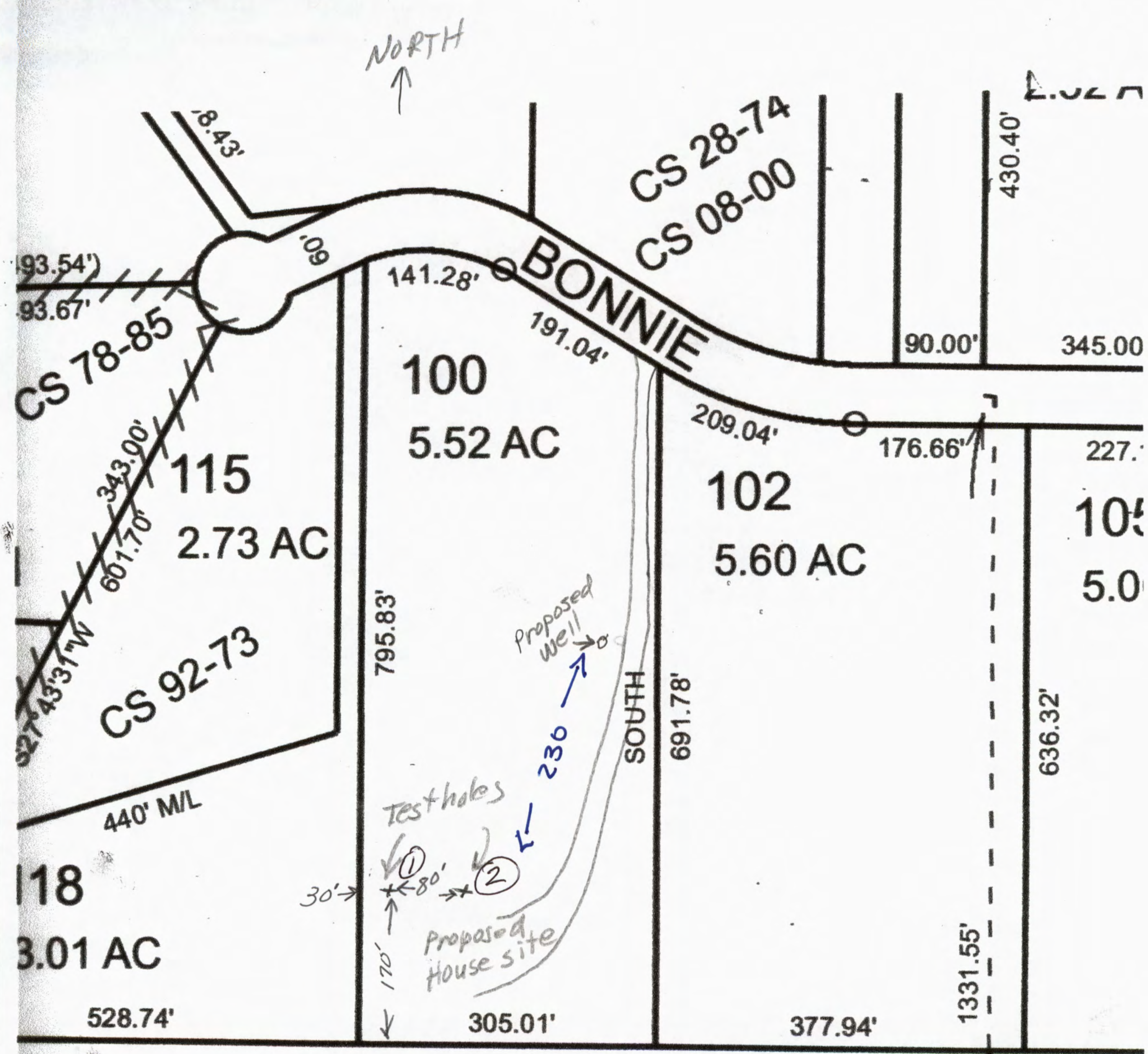
3315 Leonard Rd. G.P., Or 97527
Applicant's Mailing Address

Applicant is the ☑Owner ☐Authorized Representative ☑Licensed Septic Installer 38814

☐Authorization Attached

John Meade
Installer's Name

Bonnie Lane 36-7-26 +-L.100



John Meade
3-8-21

SECTION 26 T.36S. R.7 W. W.M
JOSEPHINE COUNTY

1"=400'

This map was prepared for assessment purpose only.