



Certificate of Satisfactory Completion
Repair (Major) - Residential - New
463-21-000434-PRMT

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

Date Certificate Issued: 07/20/2022
Work Description: MAJOR REPAIR

Applicant: FARR, NICOLE
Address: 455 PICKETT CREEK RD
455 PICKETT CREEK RD
GRANTS PASS OR 97527
Phone: 541-441-4097
Email: COWGRLUP@GMAIL.COM
Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Primary Contractor: Beeler Excavation, LLC
Installer License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com

Owner: BENTLEY, CONSTANCE
Address: 455 PICKETT CREEK RD
455 PICKETT CREEK RD
GRANTS PASS OR 97527

Property Address: 455 Pickett Creek Rd, Grants Pass,
OR 97527

Parcel: 3507260000100000 - Primary

Lot Size:	7 ACRES	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	County
Land Use Approval:	N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	SFR	SFR
Number of Bedrooms:	2	2

System Specifications

Type:	Alternative Treatment Technology (ATTs)	ATT Description:	AS600+4NR with UV disinfection
Max Peak Design Flow:	450 gpd.	Proposed Flow:	300 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	500 gal.

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	50 linear ft.	Distribution Method:	Serial
Media Type:	EZ FLOW 1201P	Media Depth:	12 in.
Trench Length:	150 linear ft.	Rock Above Pipe:	N/A
Max Depth:	24 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

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

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Conditions of Approval

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- 1.This repair permit is for 2 BDR SFR.
- 2.Properly decommission the old septic tank and submit appropriate documentation.
- 3.A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent and provide the reasons for delay, and propose a different completion date. Delays may be cause for formal enforcement action, which may result in civil penalty assessments.
- 4.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
- 5.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
- 6.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
- 7.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- 8.This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345.
- 9.ATT treatment standard 2 required.
- 10.The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions.
- 11.The septic tank must be approved for use with the ATT system to be installed.
- 12.In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.
- 13.The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.
- 14.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
- 15.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 16.Vehicular traffic and livestock must be restricted from the system area.
- 17.All roof drains must be directed away from the system
- 18.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.
- 19.Meet all required setbacks
- 20.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.
- 21.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.
- 22.For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 23.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.
- 24.Install the pump and system components in accordance with the approved pump curve and specifications.
- 25.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- 26.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.
- 27.Effluent filter required at tank outlet.
- 28.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 29.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 30.Maximum length of an individual trench is 150-feet.
- 31.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- 32.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

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Work Description: MAJOR REPAIR

the site.
 33.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
 34.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.

35.Photos of the septic system components must be submitted along with the FIRN.
 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:** No
Comments: N/A

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.)

Final Inspection Request and Notice - Septic ID: 463-21-000434-PRMT

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

SECTION 1: Owner/Permittee Information:
Twnshp: **Range:** **Sect:**
Lot:**Name:** BENTLEY, CONSTANCE**Property Address:** 455 PICKETT CREEK RD, GRANTS PASS, OR 97527**SECTION 2: System Component Specifications:**

A. Tanks/Pumps		System Type:		Water tight verification*	
Tanks(1)	Volume: 1060 Gal	Compartments: 1	Manufacturer: Riverside Ready Mix	Date: 7/15/22	
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	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter: 1&1/4"	ASTM#/Other: Schedule 40	Length: 212'

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: 1/2 hp	Model/Manufacturer	STA-RITE 20GPM	
Floats(1)	Type: A	Model/Manufacturer	Orenco A Float	
Floats(2)	Type: B	Model/Manufacturer	Orenco B Float	
ATT	Yes	No	Model:	Aerobic Septic Systems NR500 Type 2
Certified Maint.	Provider Name:	Mike Arts Septic Service		
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) EZ Flow 1201			
Distribution Box	Yes	No		
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter: 4"	ASTM#/Other: 3034
				Length: 150'

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.

see attached

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: Dominic Florez of Beeler Excavation	
Licensed Installer:	☒ Yes ☐ No	License#: DEQ 37834	Certification#: I 2698
Owner/ Certified Installer:	Signature: <i>Dominic Florez</i>		Date: 7/18/2022 Phone#: 541 660-2953

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____

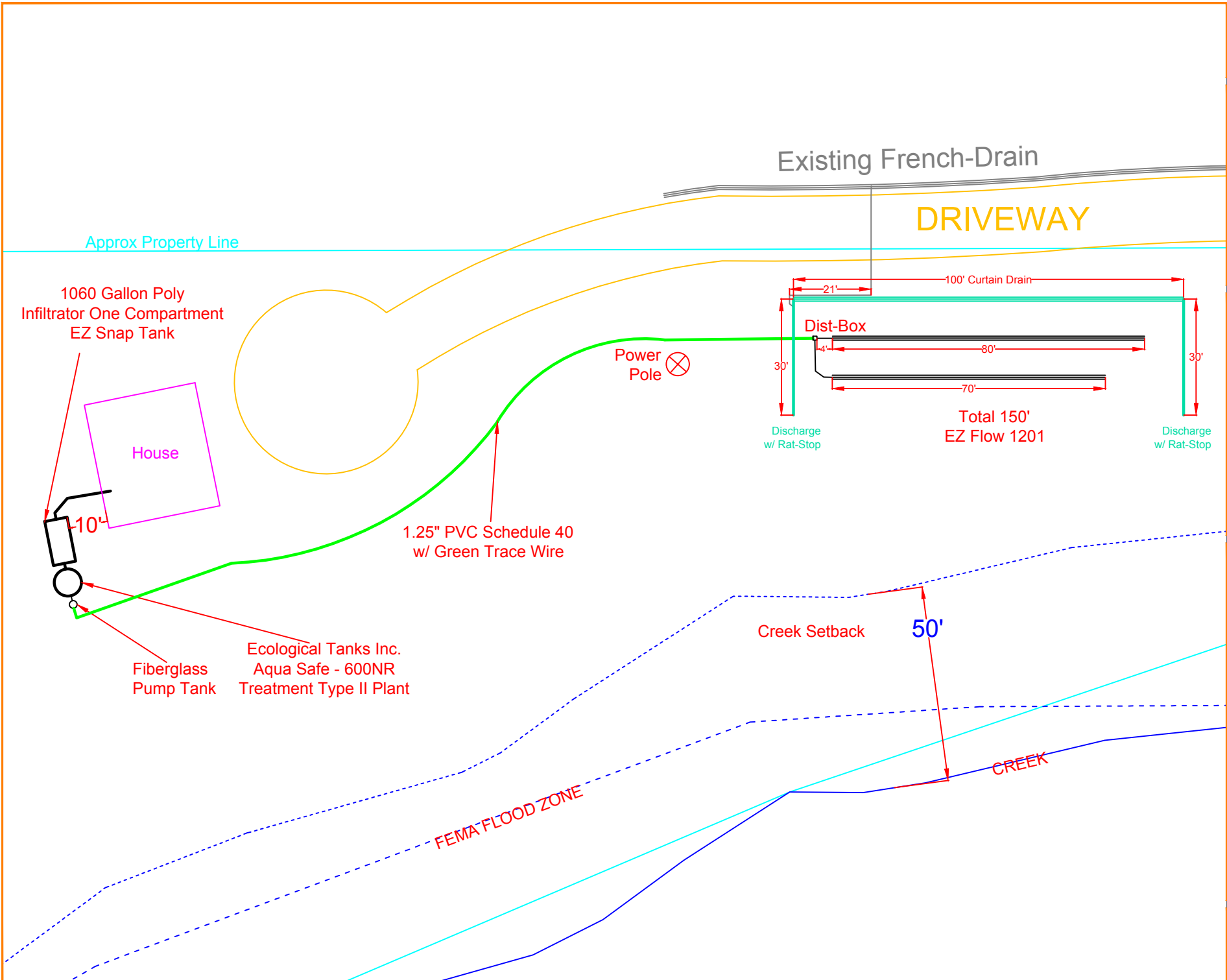


As Built

Issue Date: Jul 18, 2022

Worksite Information
455 Pickett Creek Rd
Grants Pass, Oregon

Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834





























Septic Permit
Repair (Major) - Residential - New
463-21-000434-PRMT

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Suite A
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Date issued: 6/10/22

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Applicant: FARR, NICOLE
Address: 455 PICKETT CREEK RD
455 PICKETT CREEK RD
GRANTS PASS OR 97527
Phone: 541-441-4097
Email: COWGRLUP@GMAIL.COM
Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com
Business License: N/A

Primary contractor: Beeler Excavation, LLC
Installer License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com

Owner: BENTLEY, CONSTANCE
Address: 455 PICKETT CREEK RD
455 PICKETT CREEK RD
GRANTS PASS OR 97527

Property address: 455 Pickett Creek Rd, Grants Pass, OR
97527

Parcel: 3507260000100000 - Primary

Lot size:	7 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		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	SFR	SFR
Number of bedrooms:	2	2

System Specifications

Type:	Alternative Treatment Technology (ATTs)	ATT description:	AS600+4NR with UV disinfection
Max peak design flow:	450 gpd.	Proposed flow:	300 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.

Drain Field Specifications

Drain field type:	Standard	System distribution Ttype:	Serial
Drainfield sizing:	50 linear ft.	Distribution method:	Serial
Media type:	Other - Indicate Product/Manufacturer	Media depth:	12 in.
Media type description:	EZ FLOW 1201P		
Trench length:	150 linear ft.	Rock above pipe:	N/A

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Expiration date: 6/10/23

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Max depth:	24 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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

Date issued: 6/10/22	Expiration date: 6/10/23
Work description: MAJOR REPAIR	

Conditions of approval

Date issued: 6/10/22**Expiration date:** 6/10/23**Work description:** MAJOR REPAIR**Conditions of approval**

- 1.This repair permit is for 2 BDR SFR.
- 2.Properly decommission the old septic tank and submit appropriate documentation.
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 - 5.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
 - 6.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
 - 7.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
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- 9.ATT treatment standard 2 required.
- 10.The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions.
- 11.The septic tank must be approved for use with the ATT system to be installed.
- 12.In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.
- 13.The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.
- 14.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
- 15.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 16.Vehicular traffic and livestock must be restricted from the system area.
- 17.All roof drains must be directed away from the system
- 18.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.
- 19.Meet all required setbacks
- 20.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.
- 21.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.
- 22.For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 23.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.
- 24.Install the pump and system components in accordance with the approved pump curve and specifications.
- 25.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- 26.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of

Date issued: 6/10/22**Expiration date:** 6/10/23**Work description:** MAJOR REPAIR**Conditions of approval**

the effluent sewer or pressure transport pipe from tank to drainfield.

27. Effluent filter required at tank outlet.

28. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.

29. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.

30. Maximum length of an individual trench is 150-feet.

31. Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

32. 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.

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

34. 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.

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

Date issued: 6/10/22**Expiration date:** 6/10/23**Work description:** MAJOR REPAIR

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

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

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

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

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

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

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

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

Gabriel Kasiah

Natural Resource Specialist

6/10/22



Issue Date: May 10, 2022

Site Plan

Worksite Information
455 Pickett Creek Rd
Grants Pass, Oregon

Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | COB #229243 | DEQ #37634



JO CO ON-SITE SEPTIC

JUN 10 2022

APPROVED BY:

Existing French-Drain

DRIVEWAY

Curtain-Drain

Curtain-Drain
daylight end
with Rat-Stop

Distribution-Box

Drop

Total 140'

EZ Flow 1201

to be installed

(site plan shows available space)

Creek Setback 50'

CREEK

FEEM T-EGG-ZONE

48" DEEP
36" DRAIN MEDIA

Property Line

HOUSE

1-10"

1.25" PVC Schedule 40
w/ Green Trace Wire

Fiberglass
Pump Tank

Ecological Tanks Inc.
Aqua Safe - 600NR
Treatment Type II Plant

1060 Gallon Poly
Infiltrator One Compartment
EZ Snap Tank

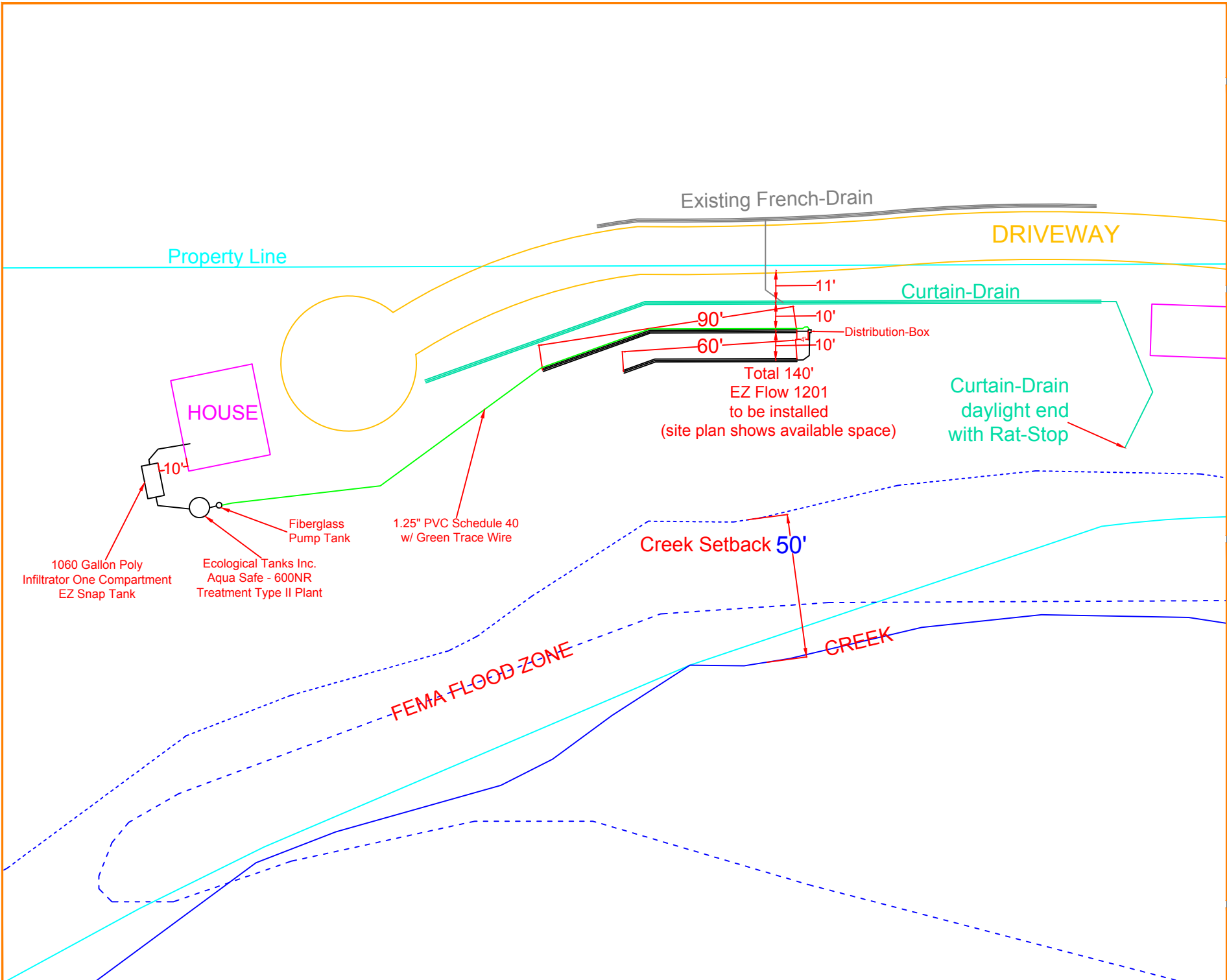


Site Plan

Issue Date: May 10, 2022

Worksite Information
455 Pickett Creek Rd
Grants Pass, Oregon

Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834



Mike Arts Septic Service
337 Driver Valley Rd
Oakland OR 97462

2-year Ecological Tanks Inc. Service Contract

For the State of Oregon

Parties: (Authorized Service Provider)

Name : Mike Arts Septic Service
Address: 337 Driver Valley Rd
City, State, Zip Code : Oakland OR 97462
Telephone : 541-580-4102
Fax: 866-283-2928
Email : Mikeartssepticsevice@gmail.com

And: (Customer)

Name : Nicole A Farr
Address: 455 Pickett Creek Rd, Grants Pass, OR
Telephone : 541.441.4097
Email : cowgrlup08@gmail.com

System Location: Same
Address:
City, State, Zip Code :
Legal Description :
GPS Coordinates : N° W°

Installed by: Beeler Excavation

Serial #:

Permit #:

Agency Contact Information -

Agency : Josephine Onsite Septic Program
Address: 700 NW Dimmick Street, Suite A
City, State, Zip Code : Grants Pass, OR 97526
Telephone : 541-474-5444
Email : onsitesepctic@josephinecounty.gov

NOW, THEREFORE, in consideration of the terms, provision, covenants and conditions herein, the Parties here to agree as follows:

1.0 Performance of Basic Services

1.1 Initial Service Policy

The Authorized Service Provider shall perform the System Inspection/Service Visits during the 24-month period after installation, as marked:

Inspection/Service Visits ¹	6 th month	<u>1</u>
	12 th month	<u>1</u>
	18 th month	<u>1</u>
	24 th month	<u>1</u>

¹As required by NSF, these services will be included as part of the initial purchase of the system.

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on twice annual basis and as the Authorized Service Provider deems necessary or advisable.

At each service visit the System shall be inspected and serviced in accordance with the instructions in the Systems O & M Manual. Additionally, as effluent quality inspection consisting of a visual assessment of color, and scum overflow and an olfactory assessment for odor shall be performed.

The Service Provider will affix a “For Service, Call” label near the control panel’s alarm signal and fill in his or her phone number.

Performance of the 2-year Inspection/Service visits shall include notification of needed repair, replacement or addition of parts used in the system.

The Service Provider shall be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency as required in OAR-071-0345.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing. The written notification shall include an estimated date of correction.

1.2 Extended Service Policy

The Service Provider shall make available for purchase by owner an extended service policy with terms comparable to those in the initial service policy.

1.3 Stand By Parts

In the event that a mechanical or electrical component must undergo off site repairs the local authorized representative should maintain a stock of mechanical and electrical components that may be temporally installed until repairs are completed.

1.4 Availability of Service

The service provider shall provide emergency service within 48 hours of service request.

2.0 Term of Agreement

The agreement shall be for the period 24 months from the date of the system start up unless otherwise terminated or cancelled by either party as provided herein

3.0 Definitions

For proposes of theist agreement the following definitions shall apply:

- 3.1 System shall mean a ANS/NSF 40 certified wastewater treatment system.
- 3.2 “System Start-Up Date” shall mean the date the System begins operating for its intended purpose.

4.0 Charges

The basic services including service, inspection, effluent quality evaluation, and service, shall be included with the purchase of the System, Optional, additional services shall be provided at the agreed upon contract price and terms. The annual report and annual evaluation fee required by DEQ is not optional, and may or may not be included in the cost of basic services. Refer to Service Providers fee schedule for an outline of the cost of basic services and optional services to be provided under this contract.

5.0 Warranty

The Ecological Tanks provider warrants that all services shall be performed in a good and workman like manner and that service provider will correct any system errors, malfunctions, defects directly caused by service provider's failure to perform the services and additional services in such manner.

6.0 Limitation of Liability

The sole liability of the Service Provider under this agreement shall be to correct any errors, malfunctions, or defects in the system directly caused by the Ecological Tanks Providers failure to perform any services in good and workmanlike manner pursuant to section 4 above. In no event should the Service provider's liability to the customer hereunder exceed the total of the amounts paid to the service provider hereunder by the customer. In no event shall the Service Provider be liable to the customer or any other third party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence, or strict liability or other tort. Breach of any statutory duty, indemnity or contribution or otherwise, even if the service provider has been advised of the possibility of such damage.

7.0 Termination/Cancellation

This agreement may be terminated or cancelled only upon:

- Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual agreement of both Parties.
- Copy of such written notice shall be forwarded to the regulatory agency.

8.0 Miscellaneous Provisions

This agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party.

The laws of the State of Oregon shall govern the Agreement.

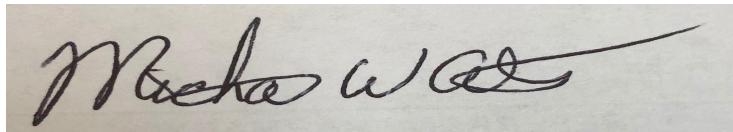
The homeowner shall be responsible for complying with the Ecological Tanks inc Installation, Operation & Maintenance Manual provided to them with the purchase of the system.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of the Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

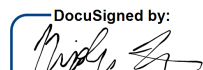
This two year maintenance contract only valid when system is purchased thru Aerobic Septic Systems- Mike Arts Septic Service.

Ecological Tanks Service Provider

Name: Mike Arts DEQ# M-304
Title: Oregon Certified Service Provider
Phone: 541-580-4102
Signature:



Customer

DocuSigned by:

Signature

5/12/2022

Date

FIELD WORKSHEET

Name: NICOLLE FARR Application No.: 463-21-000434-PRMT Date: _____
RE: SITE EVALUATION REPORT for Parcel #: 3507260001000

Commercial Facility: ☐ Yes ☒ No Parcel Size: 7 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 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 <u>TSZ</u>
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 <u>500 ASSING</u>
Distribution Method: ☐ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>18</u> " Min Depth

Additional Conditions of Approval

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

- ☒ A curtain drain is required, a minimum of 10' feet above the highest disposal trench.
- ☒ The curtain drain must be a minimum of 48" 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.

OAR 340-071-0130; 340-071-0290; 340-071-0295
340-071-0345

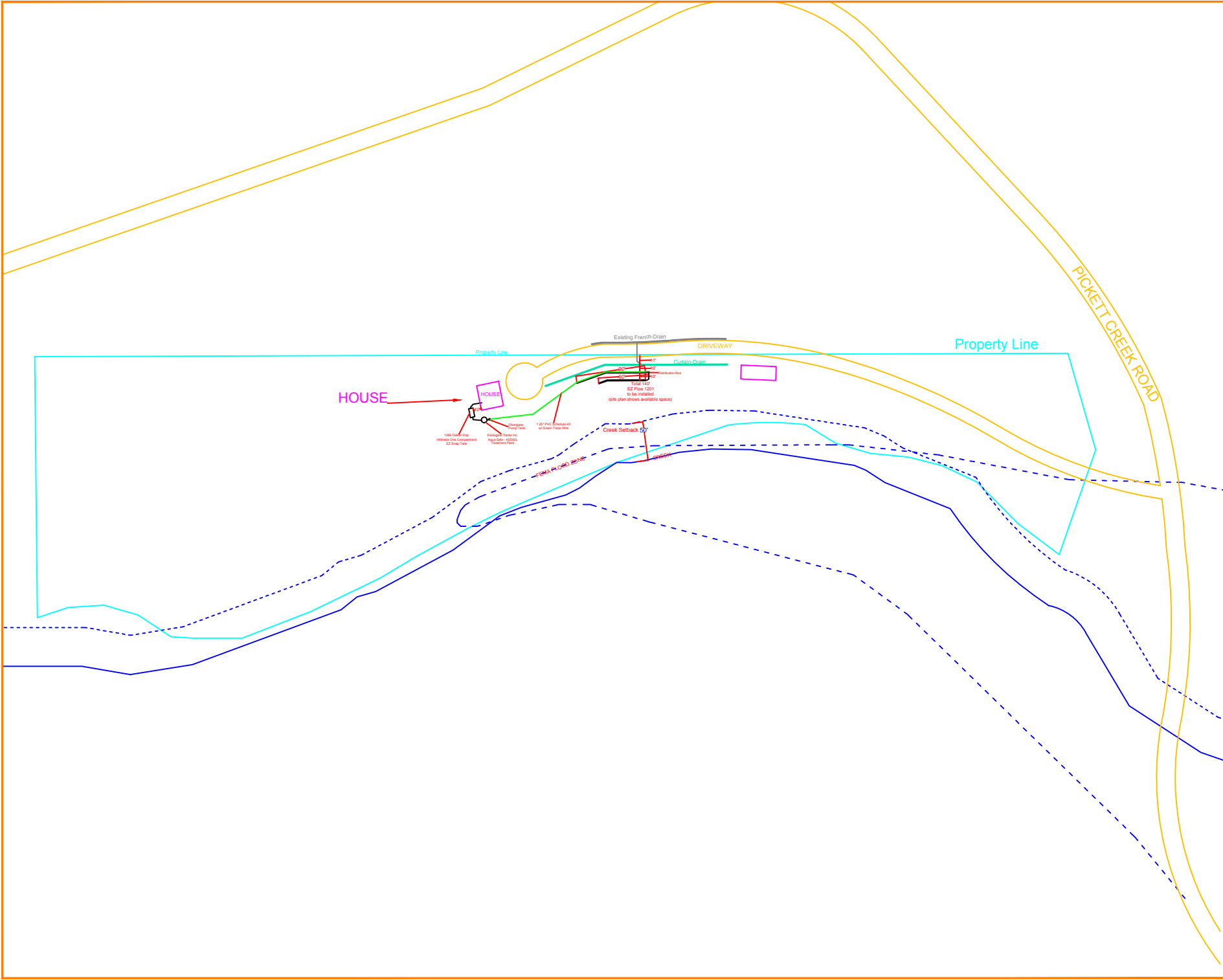
Inspector: GR

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	SIC L	10yr $2/1$, GR, ROOTS 2m, LVF, F
	8-20	SIC L	10yr $2/1$, WSBK, ROOTS LVF, F, M, APPEARS TO HAVE DEP.
	20-40	SIC	10yr $5/1$, WSBK, ROOTS LVF to 30", CONC. 7.5yr $5/8$, 35% CF
			CAS @ 20"
Test Pit 2			SIMILAR TO TH1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: BLADED / FORMER BLACK-BERRIES

Slope: 5-10% Aspect: SE Groundwater Type: ☒ Permanent ☐ Temporary

Other Site Notes: UNKNOWN LOCATION OF EXISTING SYSTEM, PUMP FROM CREEK
75' W/SW, RAINING



Plot Map

Issue Date: Apr 26, 2022

Worksite Information
455 Pickett Creek Rd
Grants Pass, Oregon

Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834



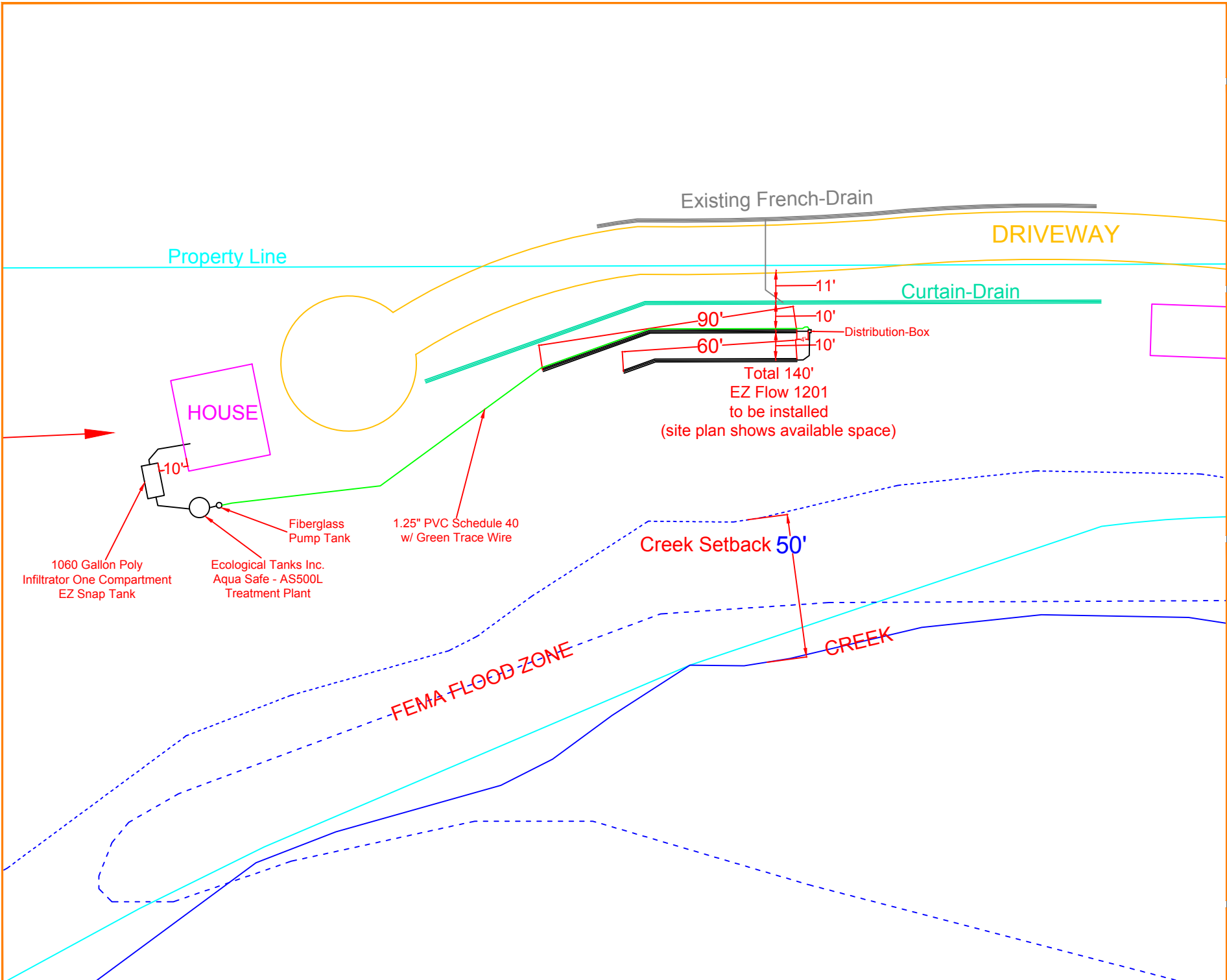


Site Plan

Issue Date: Apr 26, 2022

Worksite Information
455 Pickett Creek Rd
Grants Pass, Oregon

Beeler Excavation
www.BEELEREXCAVATION.com
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834





NOTICE AUTHORIZING REPRESENTATIVE

I, Nicole A Farr, have authorized Dominic Florez of Beeler Excavation to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

455 Pickett Creek Rd, Grants Pass, Oregon

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 07 Section 26 Map ID _____ Tax Lot #(s) 1000

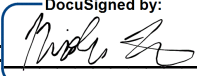
PROPERTY OWNER:

Printed Name: Nicole A Farr

Address: 455 Pickett Creek Rd

City, State, Zip: Grants Pass, OR 97527

Phone: 541.441.4097 Email: cowgrlup08@gmail.com

Signature: 
DocuSigned by:
5B82AD395E804BD...

AUTHORIZED REPRESENTATIVE:

Printed Name: Dominic Florez of Beeler Excavation

Address: 109 Cumberland Drive

City, State, Zip: Grants Pass, OR 97527

Phone: 541-660-2953 Email: dominic@beelerexcavation.com

Signature: D o m i n i c F l o r e z



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 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

Date Stamp

A. Property Owner Information

Nicole A Farr
Name

455 Pickett Creek Rd Grants Pass OR 97527 541-441-4097
Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

35 07 26 1000 7 Acres
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine 455 Pickett Creek Rd Grants Pass OR 97527
County Subdivision Name Lot Block Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
2 bedroom
Number of Bedrooms

☐ Other _____

Proposed Facility:

☐ Single Family Residence

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.

Signature

Date

Nicole Farr
Applicant's Name - Please Print Legibly

10-14-21
Date

541-441-4097
Applicant's Phone Number

cowgr1up08@gmail.com
Applicant's E-mail Address

455 Pickett Creek Rd Grants Pass OR 97527
Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name

Assessor's Map 35-07-26 tl 1000

RECEIVED

OCT 14 2021

JOCO - PLANNING

Proposed Septic System

-test holes

Legend

- | | |
|-------------------------|-----------------------|
| Buildings | Taxlots |
| PRIMARY | Water (line) |
| SECONDARY | Class 1 |
| Driveways | Class 2 |
| FEMA Flood Map | Wetlands (Line) |
| Undefined Floodway | Wetlands (polygon) |
| Scenic Waterway (State) | Wild and Scenic (BLM) |
| Slope > 15% | |

200 0 200 400 Feet

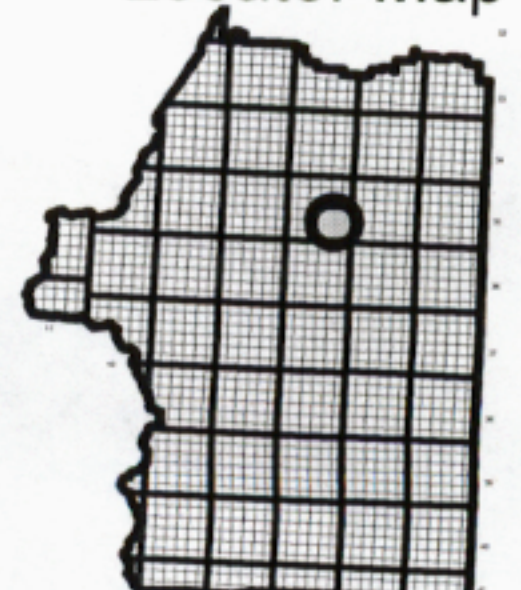
The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Neither Josephine County, Cave Junction, nor Grants Pass will accept responsibility for any errors or inaccuracies in the depicted information.



Scale
1:2400



Locator Map



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

1. Applicant Name/Property Owner: Nicole A. Farry
Mailing Address: 455 Pickett Creek Rd
City, State, Zip: Grants Pass OR 97527
Telephone: 541-441-4097

RECEIVED

OCT 14 2021

2. Property Information:
County: Josephine Tax Lot No.: 1000
Township: 35 Range: 07 Section: 26
Physical Address: 455 Pickett Creek Rd Grants Pass OR, 97527
Block: _____ Lot: 1000
Subdivision Name (if applicable): _____

JOJO - PLANNING

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: WR Zoning Minimum Parcel Size: 80 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 19.13.030.A JCC
allows for nonconforming structures to be altered OR maintained. No
work allowed in Approximate Flood zone area.

8. Planning Official Signature: Veronica Brown
Print Name: Veronica Brown Title: Assistant Planner
Telephone: 541-474-5109 ext 2423 Date: 10/18/21



After recording return to:
Nicole A. Farr
455 Pickett Creek Road
Grants Pass, OR 97527

Until a change is requested all tax
statements shall be sent to the
following address:
Nicole A. Farr
455 Pickett Creek Road
Grants Pass, OR 97527

File No.: 7151-3787268 (td)
Date: July 20, 2021

THIS SPACE RESERVED FOR RECORDER'S USE

JOSEPHINE COUNTY OFFICIAL RECORDS

RHIANNON HENKELS, COUNTY CLERK

2021-014755

DED-WRD

08/20/2021 01:29 PM

Cnt=1 Pgs=2 Stn=9 JCOX

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

\$96.00

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

STATUTORY WARRANTY DEED

Constance E. Bentley, Grantor, conveys and warrants to **Nicole A. Farr**, Grantee, the following
described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Josephine, State of Oregon, described as follows:

**All that portion of the Southeast Quarter of the Northwest Quarter of Section 26, Township
35 South, Range 7 West of the Willamette Meridian, Josephine County, Oregon, lying North
of Pickett Creek.**

NOTE: This Legal Description was created prior to January 01, 2008.

Subject to:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.
2. The **2021-2022** Taxes, a lien not yet payable.

The true consideration for this conveyance is **\$199,000.00**. (Here comply with requirements of ORS 93.030)

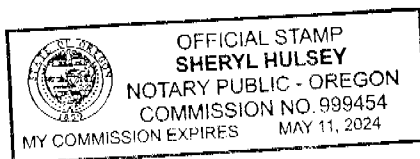
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2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

Dated this 18th day of August, 2021.

Constance E. Bentley
Constance E. Bentley

STATE OF Oregon)
County of Lane) ss.

This instrument was acknowledged before me on this 18th day of August, 2021
by **Constance E. Bentley**.

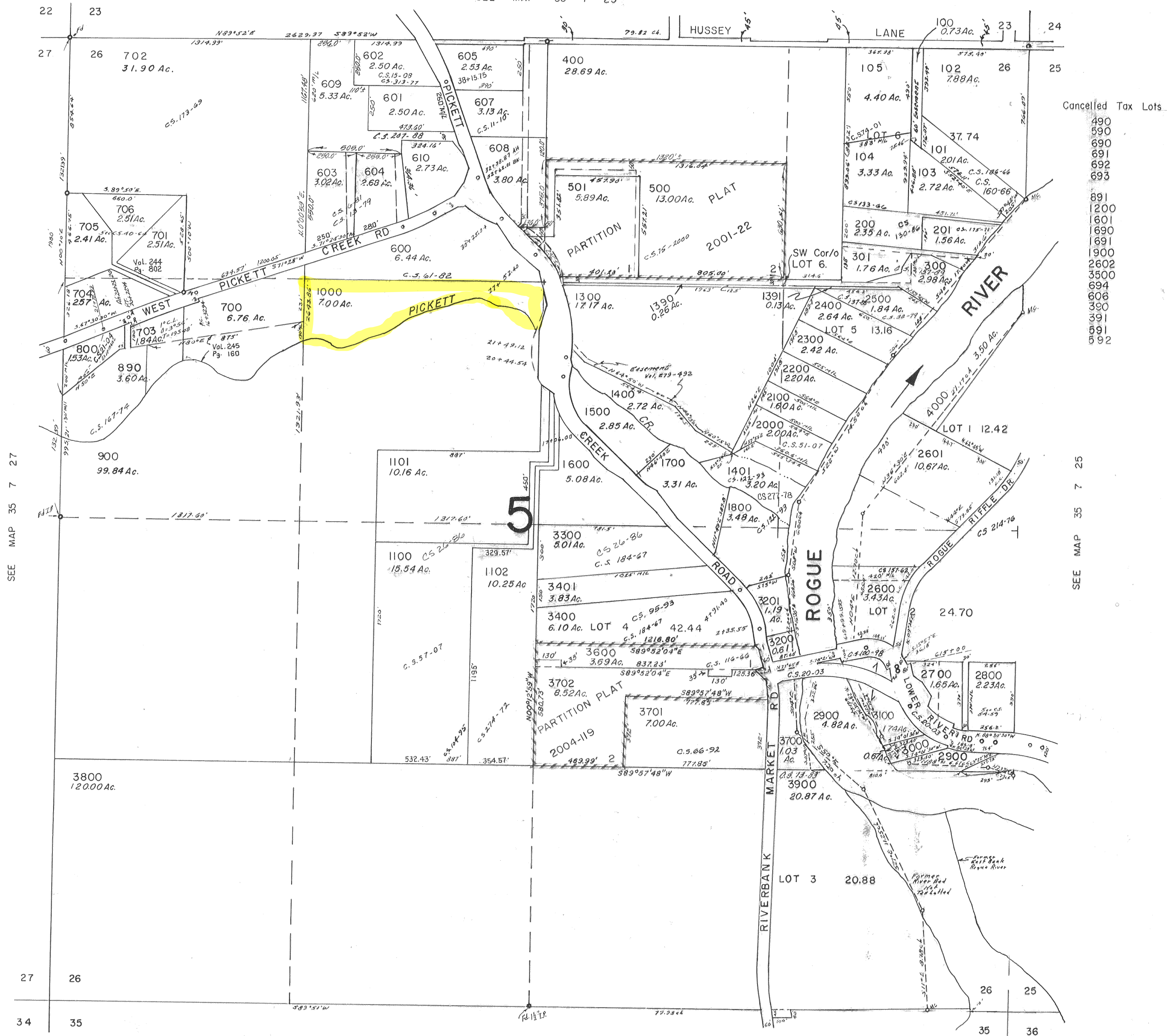


[Signature]
Notary Public for Oregon
My commission expires: 5/11/2024

This map was prepared for
assessment purpose only.

1" = 400'

SEE MAP 35 7 23





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 received	_____
Fee paid	_____
Receipt number	_____
Application number	_____
Date of 1 st response	_____
Date of 2 nd response	_____
Date of final response	_____
Date of completion	_____
Scanned	Data Entry

Date Stamp

A. Property Owner Information

Name Nicole A Farr Mailing Address (Street or PO Box, City, State, Zip Code) 455 Pickett Creek Rd Grants Pass OR 97527 Phone Number 541-441-4097

B. Legal Property Description

Township 35 Range 07 Section 26 Tax Lot 1000 Tax Account Number _____ Acreage or Lot Size 7 Acres
County Josephine Subdivision Name _____ Lot _____ Block _____
Property Address: 455 Pickett Creek Rd Grants Pass OR 97527
Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
2 bedroom
Number of Bedrooms

☐ Other _____

Proposed Facility:

☐ Single Family Residence

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.

Signature

Date

Nicole Farr
Applicant's Name - Please Print Legibly

10-14-21
Applicant's Phone Number

cowgr1up08@gmail.com
Applicant's E-mail Address

455 Pickett Creek Rd Grants Pass OR 97527
Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name

Assessor's Map 35-07-26 tl 1000

RECEIVED

OCT 14 2021

JOCO - PLANNING

Proposed Septic System

-test holes

Legend

- | | |
|-------------------------|-----------------------|
| Buildings | Taxlots |
| PRIMARY | Water (line) |
| SECONDARY | Class 1 |
| Driveways | Class 2 |
| FEMA Flood Map | Wetlands (Line) |
| Undefined Floodway | Wetlands (polygon) |
| Scenic Waterway (State) | Wild and Scenic (BLM) |
| Slope > 15% | |

200 0 200 400 Feet

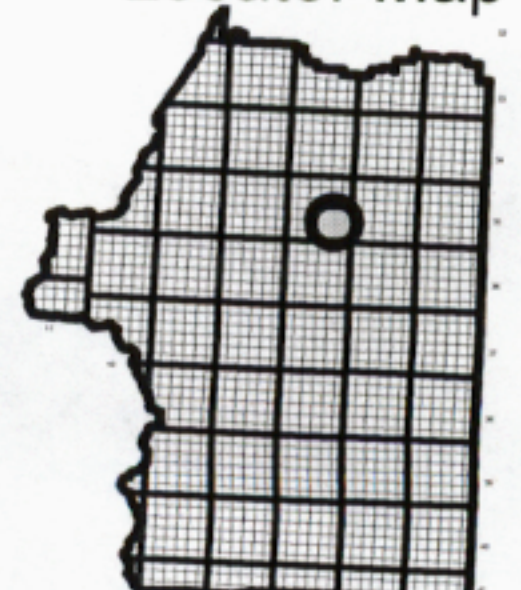
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Scale
1:2400



Locator Map



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

1. Applicant Name/Property Owner: Nicole A. Farry
 Mailing Address: 455 Pickett Creek Rd
 City, State, Zip: Grants Pass OR 97527
 Telephone: 541-441-4097

RECEIVED

OCT 14 2021

2. Property Information:
 County: Josephine Tax Lot No.: 1000
 Township: 35 Range: 07 Section: 26
 Physical Address: 455 Pickett Creek Rd Grants Pass OR, 97527
 Block: _____ Lot: 1000
 Subdivision Name (if applicable): _____

IOCO - PLANNING

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: WR Zoning Minimum Parcel Size: 80 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 19.13.030.A JCC
allows for nonconforming structures to be altered OR maintained. No
work allowed in Approximate Flood zone area.

8. Planning Official Signature: Veronica Brown
 Print Name: Veronica Brown Title: Assistant Planner
 Telephone: 541-474-5109 ext 2423 Date: 10/18/21



After recording return to:
Nicole A. Farr
455 Pickett Creek Road
Grants Pass, OR 97527

Until a change is requested all tax
statements shall be sent to the
following address:
Nicole A. Farr
455 Pickett Creek Road
Grants Pass, OR 97527

File No.: 7151-3787268 (td)
Date: July 20, 2021

THIS SPACE RESERVED FOR RECORDER'S USE

JOSEPHINE COUNTY OFFICIAL RECORDS

RHIANNON HENKELS, COUNTY CLERK

2021-014755

DED-WRD

08/20/2021 01:29 PM

Cnt=1 Pgs=2 Stn=9 JCOX

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

\$96.00

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

STATUTORY WARRANTY DEED

Constance E. Bentley, Grantor, conveys and warrants to **Nicole A. Farr**, Grantee, the following
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**All that portion of the Southeast Quarter of the Northwest Quarter of Section 26, Township
35 South, Range 7 West of the Willamette Meridian, Josephine County, Oregon, lying North
of Pickett Creek.**

NOTE: This Legal Description was created prior to January 01, 2008.

Subject to:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.
2. The **2021-2022** Taxes, a lien not yet payable.

The true consideration for this conveyance is **\$199,000.00**. (Here comply with requirements of ORS 93.030)

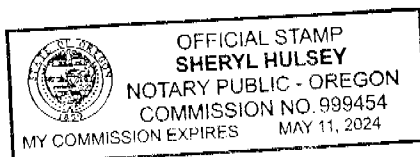
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2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

Dated this 18th day of August, 2021.

Constance E. Bentley
Constance E. Bentley

STATE OF Oregon)
County of Lane) ss.

This instrument was acknowledged before me on this 18th day of August, 2021
by **Constance E. Bentley**.

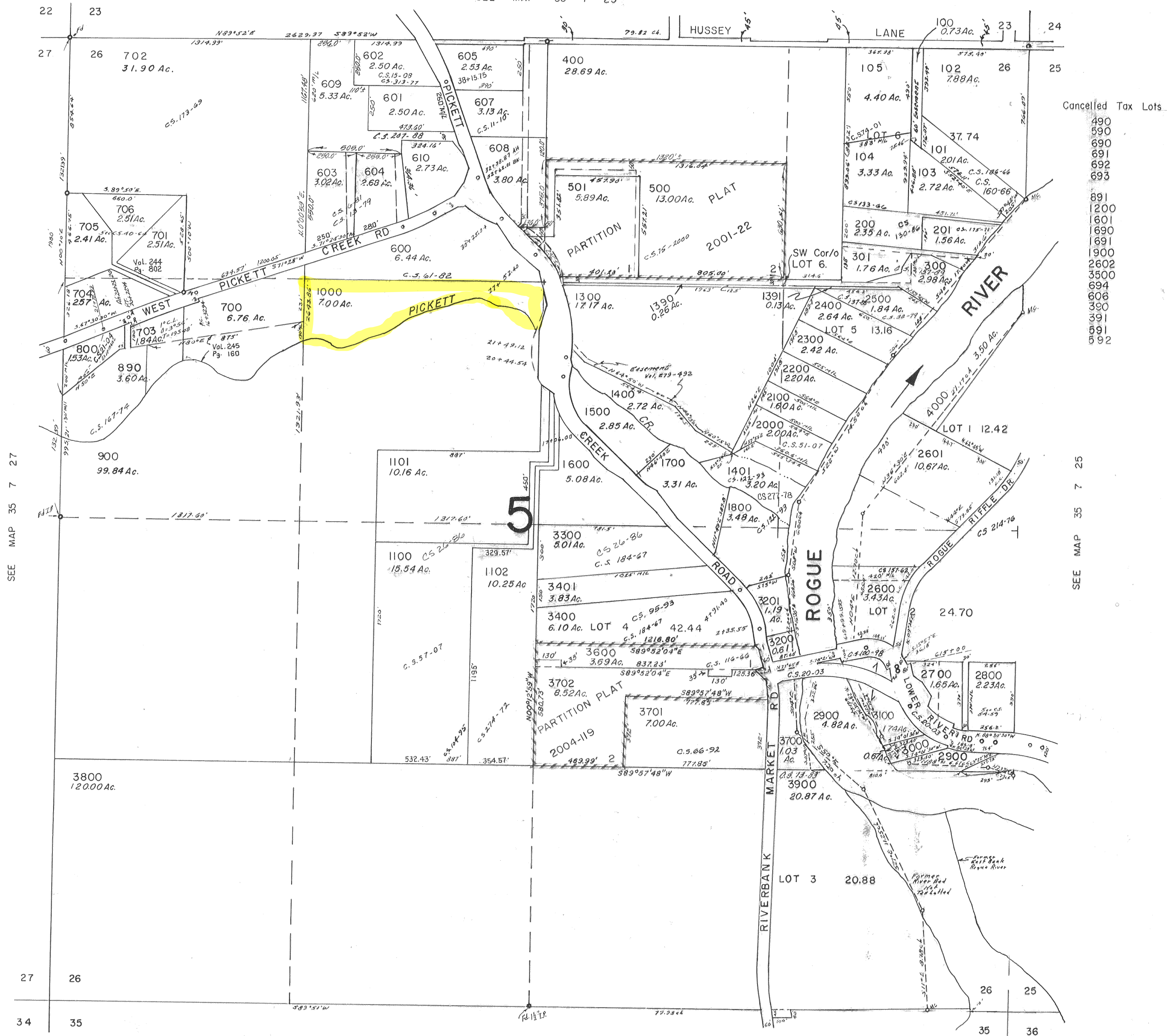


[Signature]
Notary Public for Oregon
My commission expires: 5/11/2024

This map was prepared for
assessment purpose only.

1" = 400'

SEE MAP 35 7 23



SEE MAP 35 7 35