



Certificate of Satisfactory Completion
Installation Permit - Residential - New
463-21-000036-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: 04/22/2021
Work Description: CONSTRUCTION

Applicant: Clint Eells Excavating
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Primary Contractor: Clint Eells Excavating
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Owner: BARKER LIVING TRUST
Address: %BARKER, LUTHER & BARKER,
PEARL M TRUSTEE
%BARKER, LUTHER &
BARKER, PEARL M TRUSTEES
MERLIN MERLIN, OR 97532 97532

Property Address: 168 Gary Ln, Merlin, OR 97532

Parcel: 350617D000090000 - Primary

Lot Size:	1.76ACRES	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	3BDR SFR
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	375 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:	375 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Rake Trench Sidewalls: Yes

Date Certificate Issued: 04/22/2021

Work Description: CONSTRUCTION

Conditions of Approval

1. The system must be installed by the property owner or a licensed sewage disposal business (installer).
2. Vehicular traffic and livestock must be restricted from the system area.
3. All roof drains must be directed away from the system
4. 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.
5. Meet all required setbacks
6. 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.
7. 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.
8. 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.
9. 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.
10. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
11. Maximum length of an individual trench is 150-feet.
12. Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
13. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
14. 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.
15. 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.

Date Certificate Issued: 04/22/2021

Work Description: CONSTRUCTION

Certificate of Satisfactory Completion

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

Comments: N/A

Gabriel Kasiah

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

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

Final Inspection Request and Notice - Septic ID: 463-21-000036-PRMT

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

SECTION 1: Owner/Permittee Information:

Name: BARKER LIVING TRUST

Township:

Range:

Sect:

Lot:

Property 168 GARY LN, MERLIN, OR 97532

Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: Riverside	Date: 3-14-2021
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: 4"	ASTM#/Other: 3034	Length: 7'
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

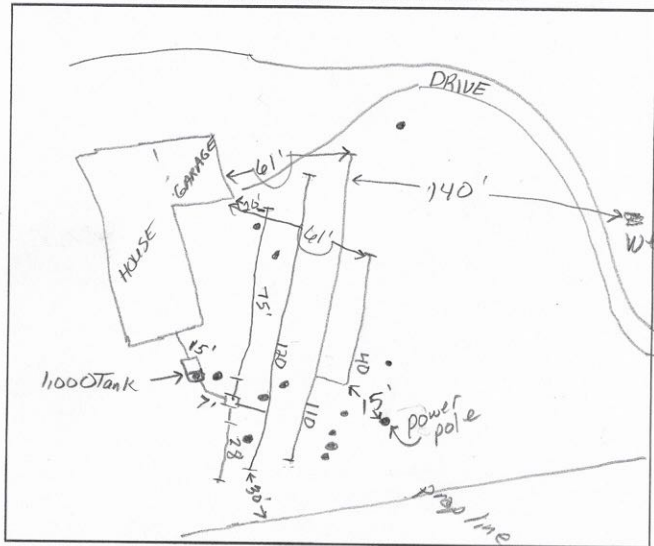
Type	(Gravel, Pipe or alternative?) pipe and rock			
Distribution Box	Yes	No		
Drop Box	Yes ☒	No		
Distribution Pipe	Yes ☒	No	Diameter: 4	ASTM#/Other: ASTM F810
Comment	Triple wall			
	Length: 380			

*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/ Certifications:		Print Name: <u>Clint Ellis</u>	
Licensed Installer:	Yes ☒ No ☐	License#: <u>36268</u>	Certification#: _____
Owner/ Certified Installer:	Signature: <u>Clint Ellis</u>	Date: <u>4-13-2021</u>	Phone#: <u>541-659-7325</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes ☐ No ☐	Date: _____
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Installer/Owner (Permittee) Notified:	Yes ☐ No ☐	Date: _____
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If No, Reason for Non Acceptance: _____

Comment: _____

















































































Septic Permit
Installation Permit - Residential - New
463-21-000036-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 issued: 2/8/21

Expiration date: 2/8/22

Work description: CONSTRUCTION

Applicant: Clint Eells Excavating
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Eells Excavating
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Business License: N/A

Owner: BARKER LIVING TRUST
Address: %BARKER, LUTHER & BARKER,
PEARL M TRUSTEE
%BARKER, LUTHER &
BARKER, PEARL M TRUSTEES
MERLIN MERLIN, OR 97532 97532

Property address: 168 Gary Ln, Merlin, OR 97532

Parcel: 350617D000090000 - Primary

Lot size:	N/A	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	3BDR SFR
Number of bedrooms:	N/A	3

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	375 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:	375 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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: 2/8/21

Expiration date: 2/8/22

Work description: CONSTRUCTION

Rake trench sidewalls: Yes

Conditions of approval

- 1.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2.Vehicular traffic and livestock must be restricted from the system area.
- 3.All roof drains must be directed away from the system
- 4.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.
- 5.Meet all required setbacks
- 6.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.
- 7.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.
- 8.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.
- 9.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.
- 10.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 11.Maximum length of an individual trench is 150-feet.
- 12.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- 13.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 14.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.
- 15.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 2/8/21

Expiration date: 2/8/22

Work description: CONSTRUCTION

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.

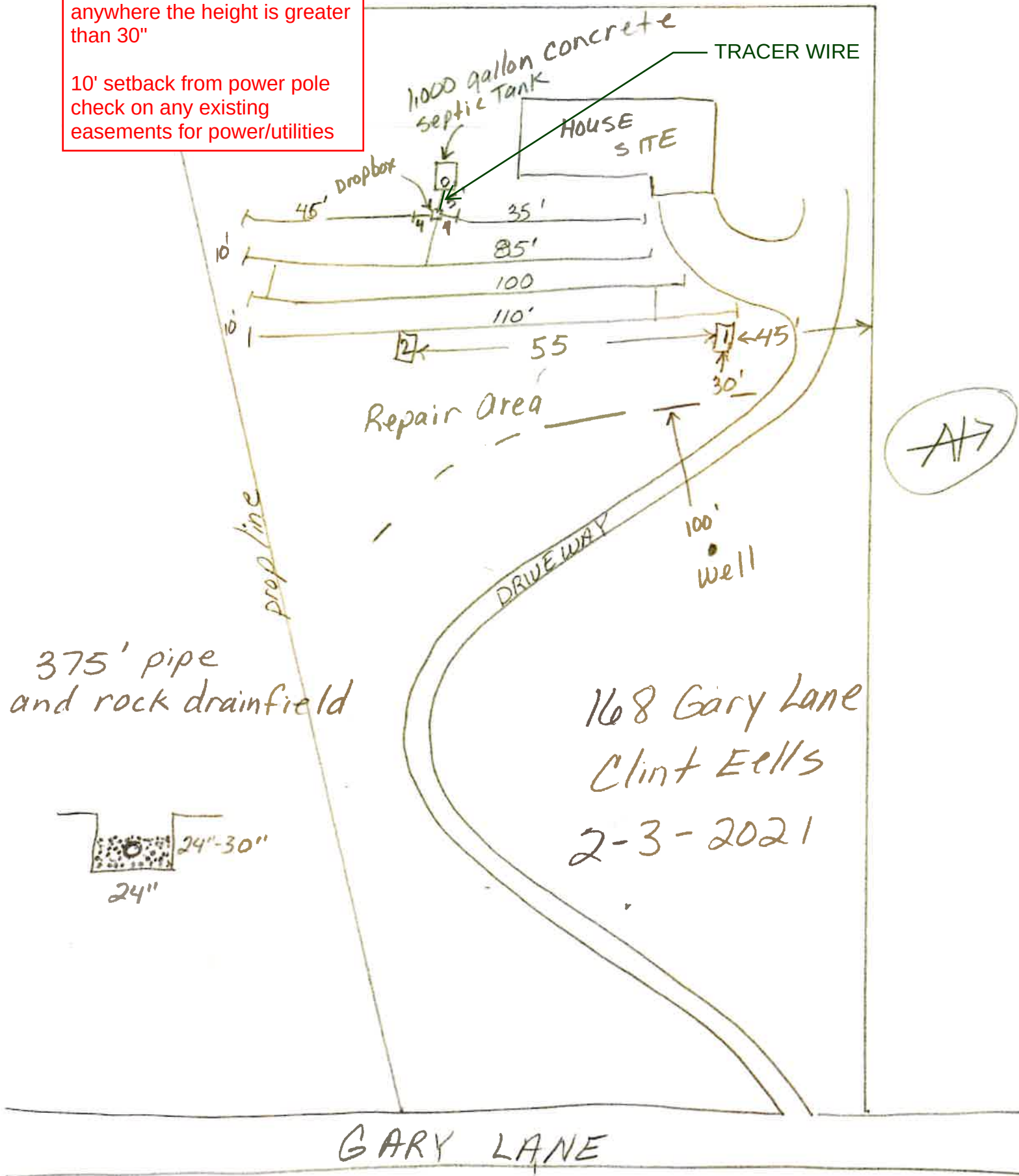
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah

2/8/21

25' setback from cut-bank
anywhere the height is greater
than 30"

10' setback from power pole
check on any existing
easements for power/utilities





**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 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Name: Douglas Claasen Mailing Address (Street or PO Box, City, State, Zip Code): 1750 N.E. Beverly Dr. G.P. OR 97526 Phone Number: 541-660-6693

B. Legal Property Description

Township: 35 Range: 06 Section: 1700 Tax Lot: 900 Tax Account Number: 1.76 Acreage or Lot Size: 1.76
County: Josephine Subdivision Name: Sunshine acres Lot: 8 Block:

Property Address: 168 Gary lane Address City: Merlin State: OR Zip Code: 97532

Directions to Property: I-5 to Merlin to Hugo rd, right turn, Right on Barker, left on Gary Lane

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms:

☐ Other

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms: 3

☐ 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: Clint Eells

Date: 2-3-2021

Applicant's Name - Please Print Legibly: Clint Eells

Applicant's Phone Number: 541-659-7325

Applicant's E-mail Address: Clint.fedc@gmail.com

Applicant's Mailing Address: 5545 River banks road Grants Pass, OR 97527

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name: Clint Eells



NOTICE AUTHORIZING REPRESENTATIVE

I, Douglas Claassen, have authorized Clint Eells to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)

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

PROPERTY IDENTIFICATION:

168 Mary Lane
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 17 00 Map ID 900 Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Douglas Claassen

Address: 1750 NE Beverly Dr.

City, State, Zip: Grants Pass, OR, 97526

Phone: 541-660-6693 Email: dougclaassen@gmail.com

Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

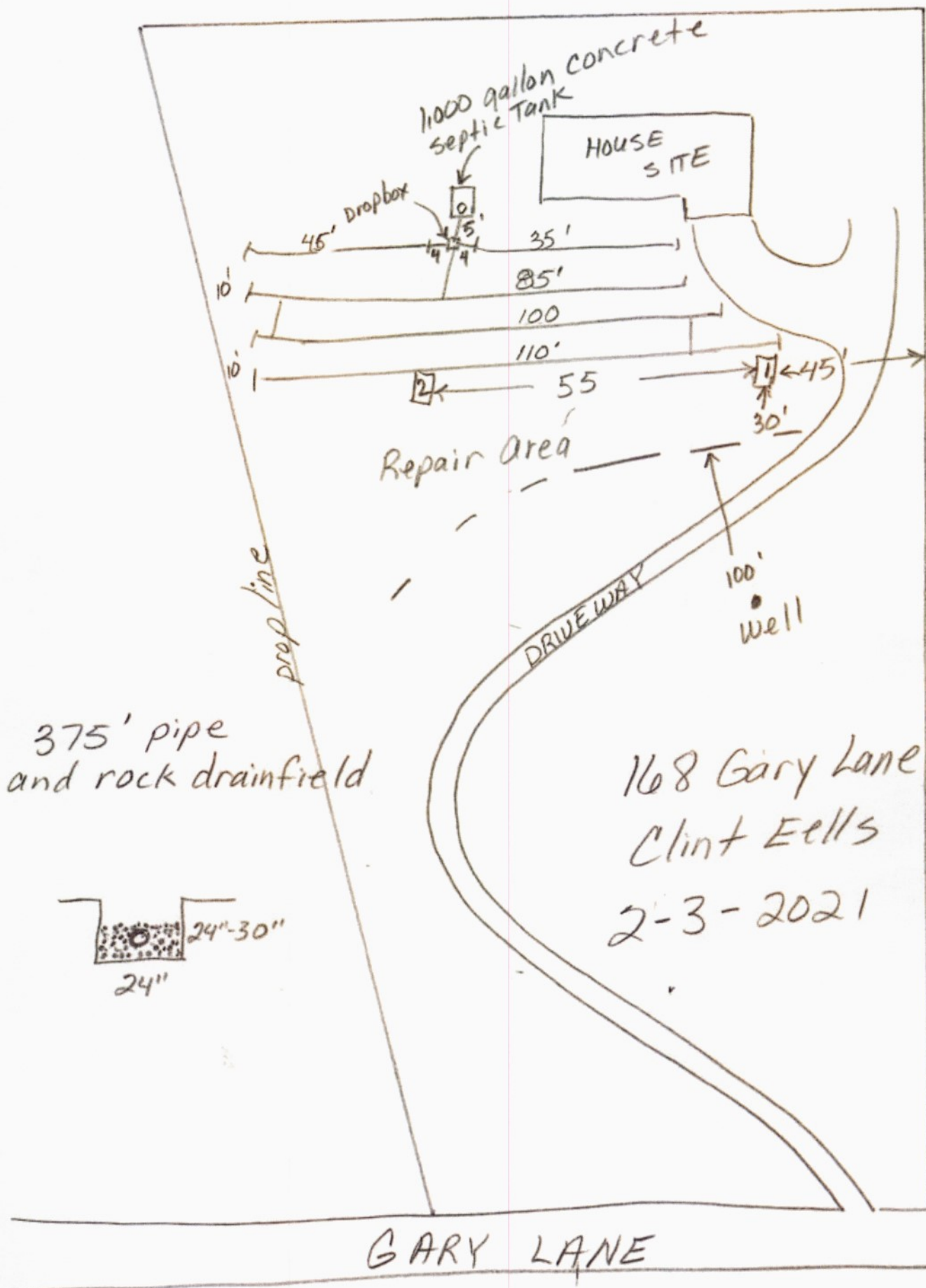
Printed Name: Clint Eells

Address: 5545 Riverbanks rd

City, State, Zip: Grants Pass, OR, 97532

Phone: 541-659-7325 Email: Clint.fedc@gmail

Signature: [Signature]





Residential Septic Site Evaluation Approval

463-21-000004-EVAL

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 issued: 02/03/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: Clint Eells Excavating
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Eells Excavating
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: (541) 659-7325
Email: clint.fcdc@gmail.com

Owner: Douglas Claassen
Address: 1750 NE Beverly dr
Grants Pass OR 97526

Property address: 168 Gary Ln, Merlin, OR 97532

Parcel: 350617D000090000

Lot size: 1.76 ACRES
Zoning: N/A

Water supply: Well
City/County/UGB: N/A

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.

Proposed gallons per day: 375 gpd.
Min dosing tank volume: N/A

System Specifications

System type:
System distribution type:
Distribution method:

Initial System

Standard
Serial
Serial

Replacement Area

Standard
Serial
Serial

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Initial System

375 linear ft.
30 in.
24 in.

Replacement Area

375 linear ft.
30 in.
24 in.

Special Requirements

Groundwater type:
Drainfield type:

Initial System

Temporary
N/A

Replacement Area

Temporary
Standard

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

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Date issued: 02/03/2021**Application status:** Site Evaluation Approved**Work description:** SITE EVALUATION

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.

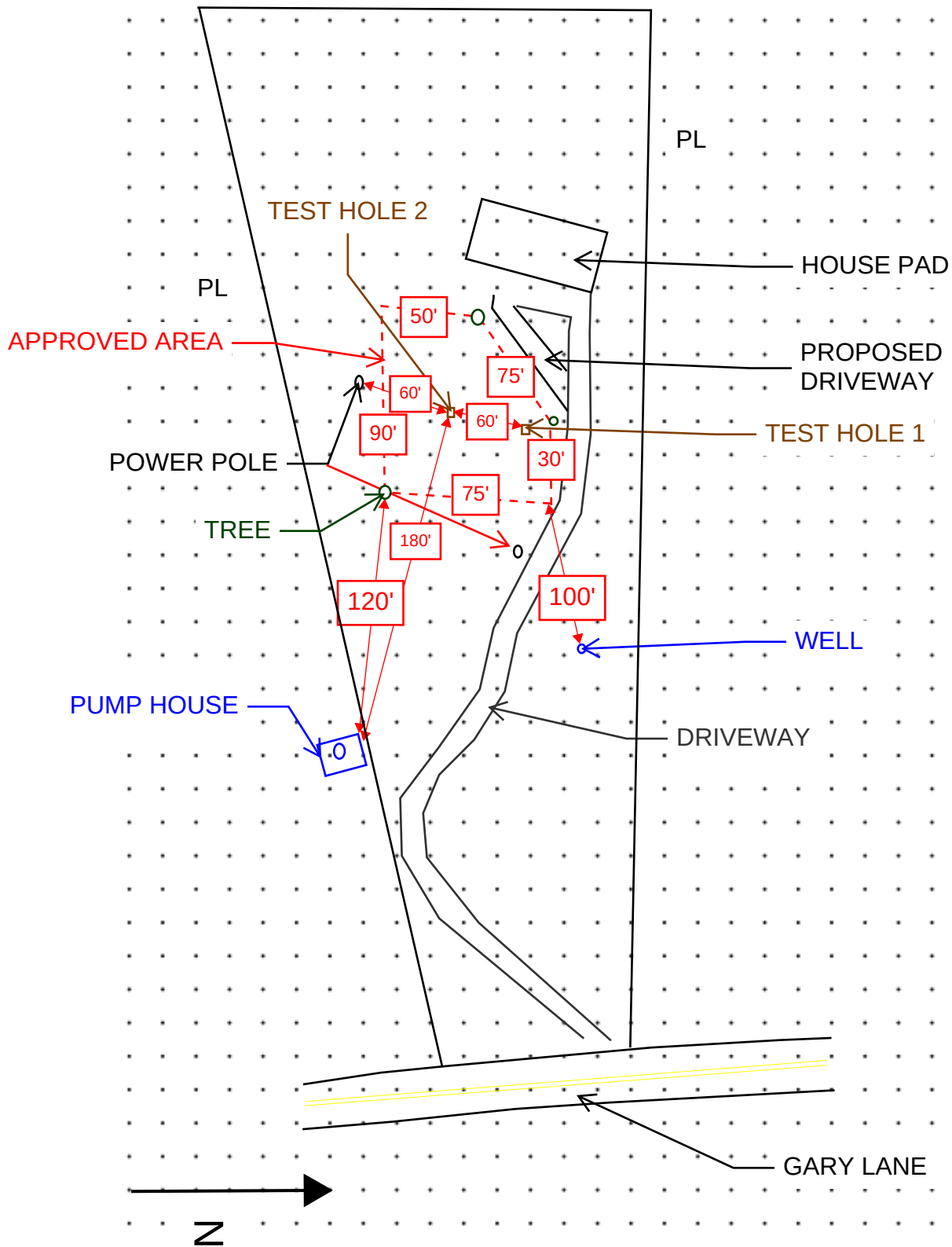
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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.

Gabriel Kasiah

2/3/21

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

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FIELD WORKSHEET

Name: DOUGLASS CLAASSEN Application No.: 463-21-000004-EVAL Date: 2/1/2021
RE: SITE EVALUATION REPORT for Parcel #: 3506170000900

Commercial Facility: ☐ Yes ☒ No Parcel Size: 1.76

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 _____
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth

Additional Conditions of Approval

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

- ☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
- ☐ The curtain drain must be a minimum of _____ 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.

Inspector: Matziel Kasinh

PIT No.	DEPTH INCHES	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	L	7.5 yR ³ / ₄ , GRAN, ROOTS 2VF, F, M, 1C 20% CF & CAS
	8-20	SCL	5 yR ⁴ / ₆ , WSBK, ROOTS 2F, M, C, 1VF, VC 20% CF & CAS
	20-48	SC	5 yR ⁴ / ₆ , mSBK, ROOTS 2VF, F, 1M, C, VC 50% CF & CAS
			WATER @ 48" ESD 48"
Test Pit 2			SIMILAR TO TEST PIT 1
			WATER @ 48"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: TREES (OAK, PINE) & GRASS

Slope: 12-17% Aspect: E

Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: RAINING HARD THE PAST WEEK



**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 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Douglas Claasen 1750 N.E. Beverly de G.P. OR. 97526 541-660-6693
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

35 06 17.00 900 1.76
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine Sunshine acres 8
County Subdivision Name Lot Block
Property Address: 1168 Gary lane Merlin OR 97532
Address City State Zip Code

Directions to Property: I-5 to Merlin to Hugo rd on right, Right
on Backer dr, Gary lane on left, drive on left

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms

☐ Other

Proposed Facility:

☒ Single Family Residence

3
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 Eells 1-4-2021
Signature Date
Clint Eells 541-659-7325 Clint.fedc@gmail
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
5545 Riverbanks rd G.P. OR. 97527
Applicant's Mailing Address

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

☐ Authorization
Attached

Clint Eells
Installer's Name

NOTICE AUTHORIZING REPRESENTATIVE



State of Oregon
Department of
Environmental
Quality

I, Douglas Claassen have authorized Clint Eells to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Department of Environmental Quality on the property described below in
accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized
Representative are my responsibility and I authorized DEQ agents to conduct required business
activities on said property

PROPERTY IDENTIFICATION:

168 Mary Lane
(Property Situs or Road Address)

And described in the records of Josephine County as:
Township 35 Range 06 Section 17 00 Map ID 900 Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Douglas Claassen
Address: 1750 NE Beverly Dr
City, State, Zip: Grants Pass, OR, 97526
Phone: 541-660-6693 Email: dougclaassen@gmail.com
Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Clint Eells
Address: 5545 Riverbanks rd
City, State, Zip: Grants Pass, OR, 97532
Phone: 541-659-7325 Email: Clint.fedc@gmail
Signature: Clint Eells

