



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-21-000148-PRMT-01

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: STANDARD CONSTRUCTION PERMIT

Applicant: Mr. Ed s Advanced Septic LLC
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Primary Contractor: Mr. Ed s Advanced Septic LLC
Installer License: 38580
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Owner: BYRD, JAMES C &
Address: BYRD, DONNA L 126
TREEHILL LOOP
BYRD, DONNA L
126 TREEHILL LOOP
EUGENE EUGENE, OR 97405 97405

Property Address: 290 Falling Leaf Dr, Selma, OR 97538

Parcel: 380802C000060000 - Primary

Lot Size:	5 ACRES	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	County
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	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:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Loop
Media Type:	EZ FLOW 1201P	Media Depth:	12 in.
Trench Length:	300 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Pump to Drainfield Required:	No	Filter Fabric on Top of Drain Media:	Yes
Rake Trench Sidewalls:	Yes		

Date Certificate Issued: 07/20/2022**Work Description:** STANDARD CONSTRUCTION PERMIT**Conditions of Approval**

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

1. In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

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

Comments: N/A

Gabriel Kasiah

Natural Resource 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: 463-21-000148-PRMT-01

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:

Twtnshp: 38 Range: 08 Sect: 0200
Lot: 600

Name: BYRD, JAMES C &

Property 290 FALLING LEAF DR, SELMA, OR 97538
Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: Riverside	Date: 5/27/22
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: 4"	ASTM#/Other: 3034	Length: 6'
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

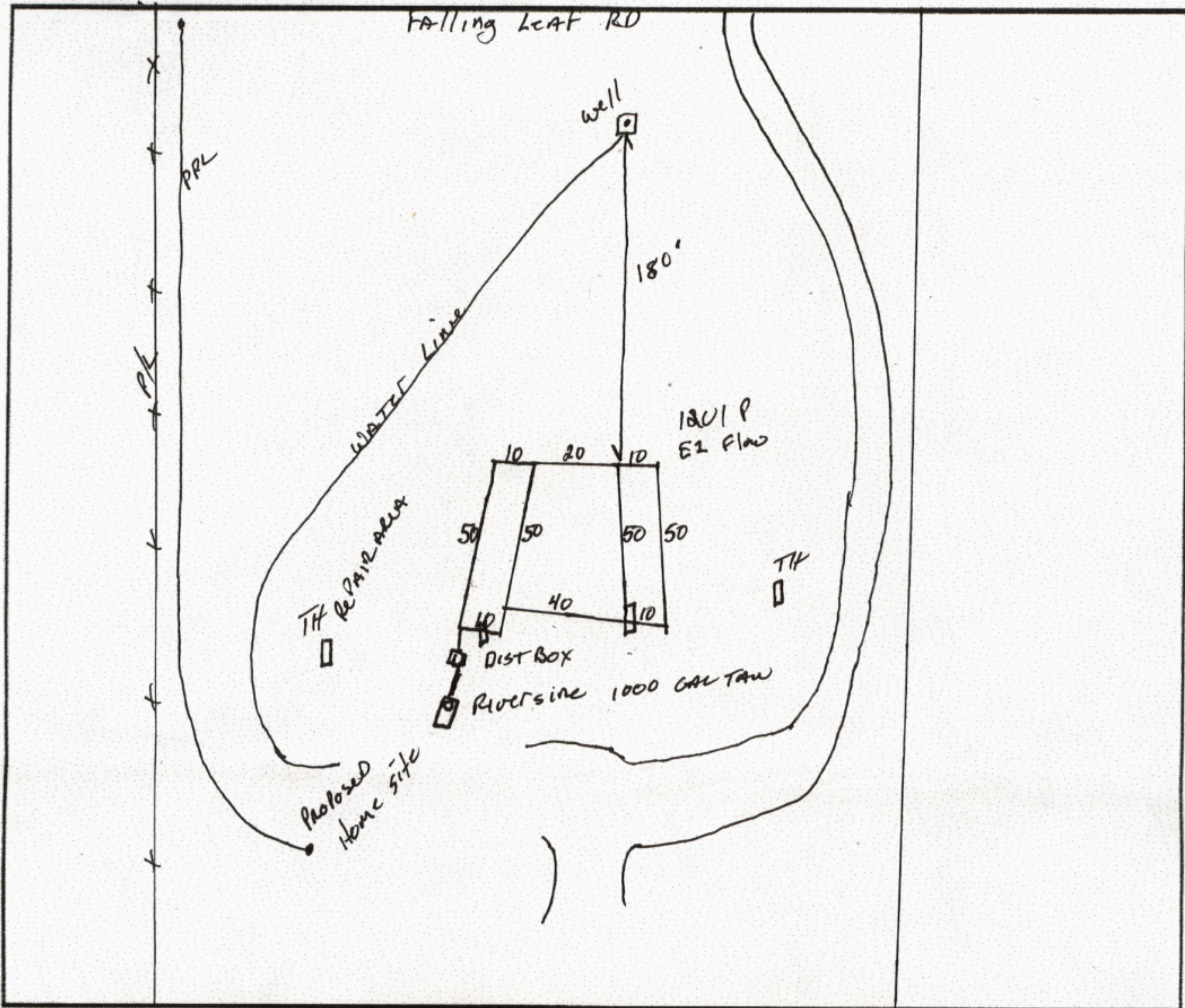
Type	(Gravel, Pipe or alternative?) 1201-P EZ Flow			
Distribution Box	Yes ☒	No		
Drop Box	Yes	No ☒		
Distribution Pipe	Yes ☒	No	Diameter: 4"	ASTM#/Other: 1201-P EZ Flow Length: 300'
Comment				

*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:	Mr. Eds Advanced Septic	
Licensed Installer:	Yes ☒ No ☐	License#:	Certification#:
		38580	RI-114
Owner/ Certified Installer:	Signature:	Date:	Phone#:
	Eds Han 1/12	5-31-22	47602821

SECTION 5 - Office Use Only:

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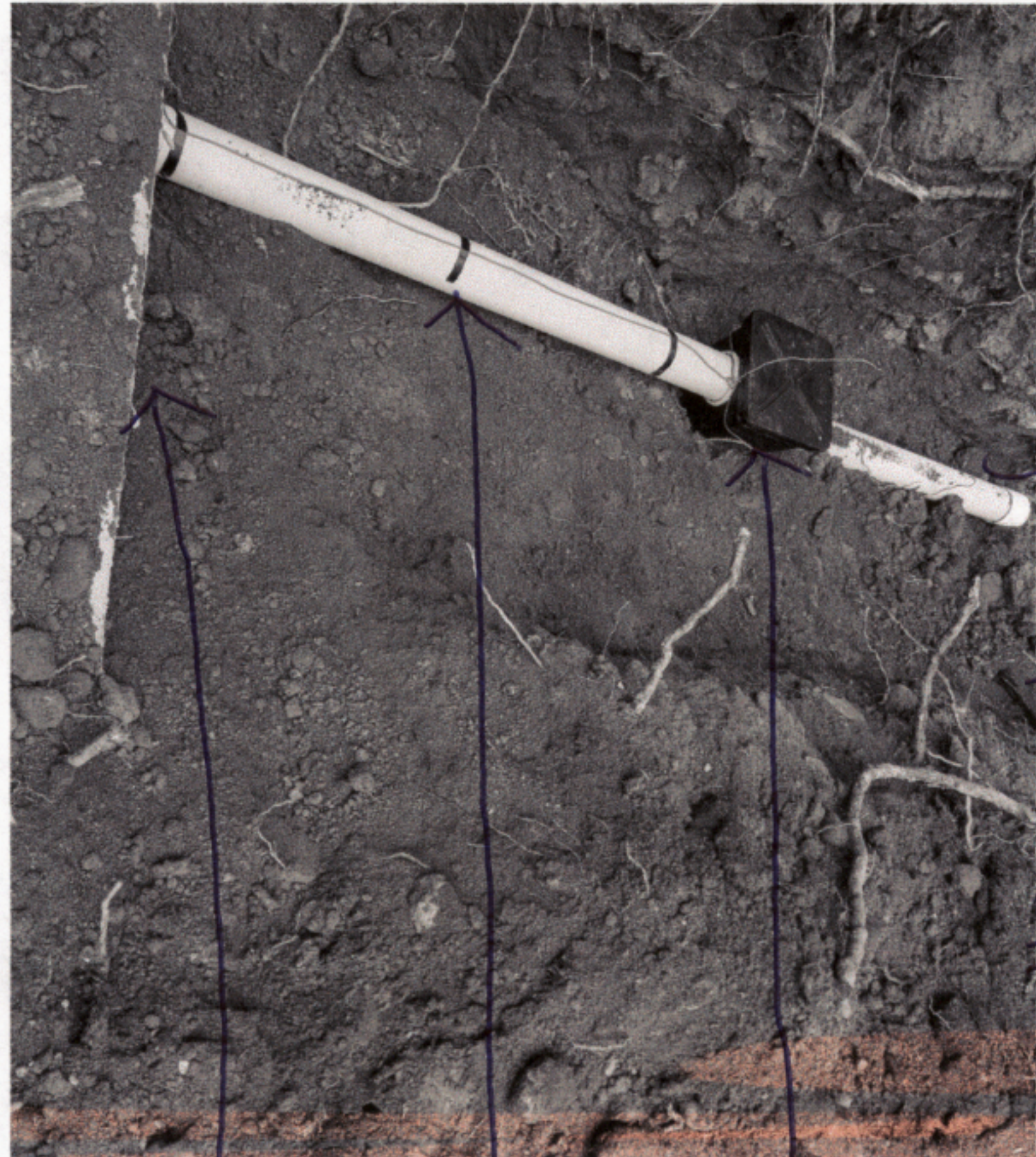
If No, Reason for Non Acceptance: _____

Comment: _____

290 Falling leaf, Selma, AL



290 falling leaf, Selma, OK



Dist. Box

3034

1000 gallon
concrete tank

290 Felling Leaf, Selma, AL



1201-P
E-Z Flow
drain field



290 falling leaf Selma, AZ

1201 P E-Z Flow
drain field



190 Felling leaf Selma

1201-P EZ Flow
Drain Field



Septic Permit
Installation Permit - Residential - New
463-21-000148-PRMT-01

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: 4/4/22

Expiration date: 4/4/23

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: Mr. Ed s Advanced Septic LLC
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Primary contractor: Mr. Ed s Advanced Septic LLC
Installer License: 38580
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Business License: N/A

Owner: BYRD, JAMES C &
Address: BYRD, DONNA L 126
TREEHILL LOOP
BYRD, DONNA L
126 TREEHILL LOOP
EUGENE EUGENE, OR 97405 97405

Property address: 290 Falling Leaf Dr, Selma, OR 97538

Parcel: 380802C000060000 - Primary

Lot size: 5 ACRES
Zoning: N/A
Land use approval: N/A
Action: New
System failing: N/A
Comments: N/A

Water supply: Well
City/County/UGB: County
County: N/A
Type of application: Construction Permit - Residential
Septic tank last pumped: N/A

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	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:	Equal
Drainfield sizing:	N/A	Distribution method:	Loop
Media type:	Other - Indicate Product/Manufacturer	Media depth:	12 in.
Media type description:	EZ FLOW 1201P		
Trench length:	300 linear ft.	Rock above pipe:	N/A
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

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4/4/22: 1:37:20PM

ONS_OnsitePermit_pr

Date issued: 4/4/22

Expiration date: 4/4/23

Work description: STANDARD CONSTRUCTION PERMIT

Special Requirements

Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes
Rake trench sidewalls:	Yes		

Conditions of approval

1. Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
2. The system must be installed by the property owner or a licensed sewage disposal business (installer).
3. Vehicular traffic and livestock must be restricted from the system area.
4. All roof drains must be directed away from the system
5. 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.
6. Meet all required setbacks
7. 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.
8. 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.
9. For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
10. 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.
11. Effluent filter required at tank outlet.
12. 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.
13. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
14. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
15. Maximum length of an individual trench is 150-feet.
16. Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
17. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
18. 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.
19. Photos of the septic system components must be submitted along with the FIRN.

Date issued: 4/4/22**Expiration date:** 4/4/23**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.

Gabriel Kasiah

Natural Resource Specialist

4/4/22

SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: DONNA BYRD

Site ID: _____

Site Address: 290 Falling Leaf

City: Selma

County: Josephine

Township: 38

Range: 08

Section: 02

Tax Lot: 600

Acres: _____

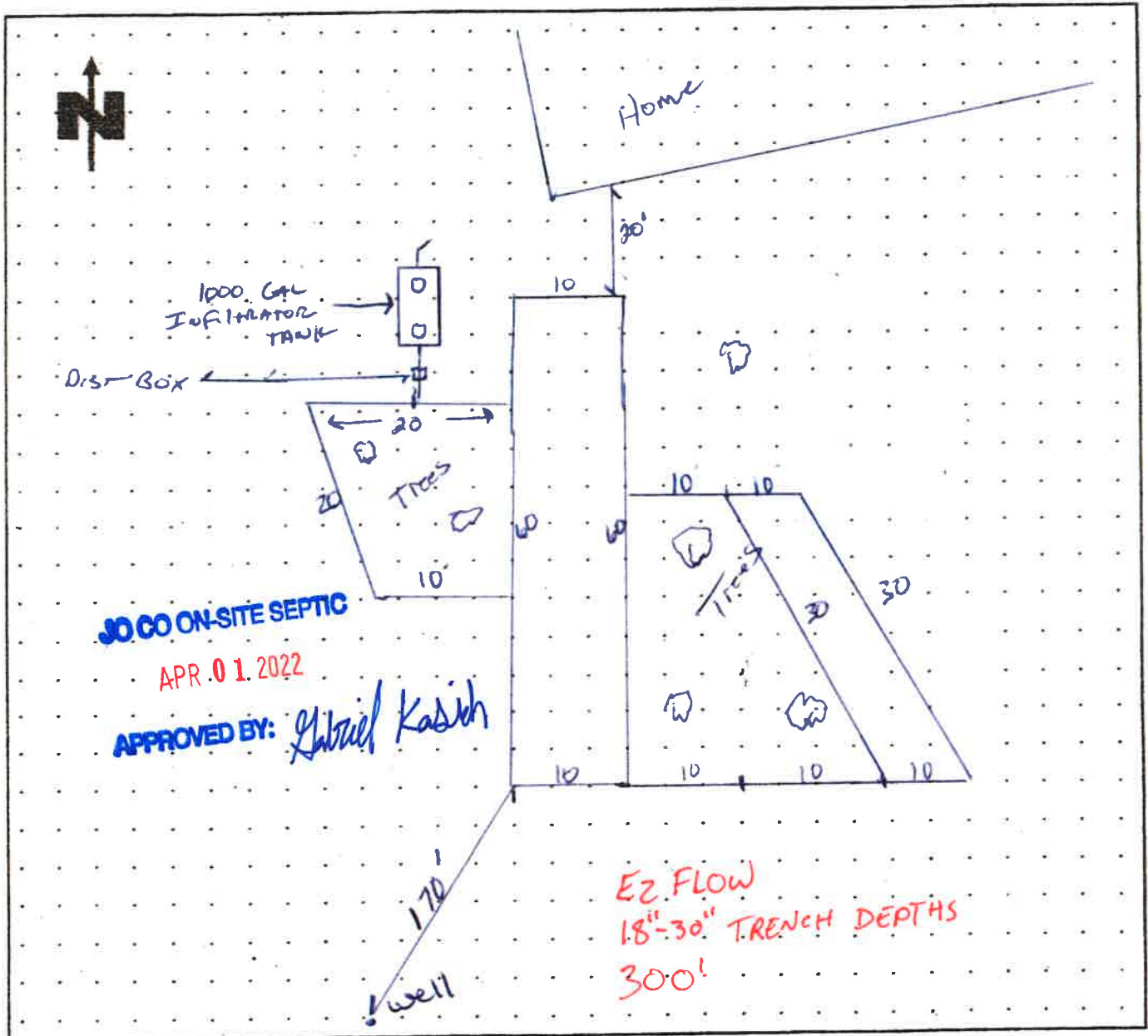
Subdivision: _____

Lot: _____

Block: _____

Scale: 1 Square = Not to 3 1/2 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



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

I am the ☐ Owner or ☒ Authorized Agent

Name (please print): MR ED'S Advanced Septic

Signature: [Signature]

Date: _____



**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

Jim & Donna Byrd 1760 Treehill Loop Eugene, OR 97405 541-521-3957
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

38 08 02 C 1600 5
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine _____
County Subdivision Name Lot Block

Property Address: 290 Falling Leaf Dr Selma OR
Address City State Zip Code

Directions to Property: Hwy 199 W @ → Squaw MT @ → Falling Leaf

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

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

[Signature]
Signature

Date

Mr. Ed's Advanced Septic, LLC
Applicant's Name - Please Print Legibly

476-2821 mredsseptic@gmail
Applicant's Phone Number

com
Applicant's E-mail Address

P.O. Box 759, Grants Pass, OR 97528
Applicant's Mailing Address

Applicant is the

☐ Owner

☐ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Mr. Ed's Advanced Septic
Installer's Name



NOTICE AUTHORIZING REPRESENTATIVE

I, DONNA BYRD, have authorized Mr. Ed's Advanced Septic 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 Josephine County 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 Josephine County Onsite Septic agents to conduct required
business activities on said property.

PROPERTY IDENTIFICATION:

290 falling leaf, Selma, OR
TAX LOT 600 FALLING LEAF DR. SELMA OR (Township 38, Range 08, Section 02)
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 38 Range 08 Section 02 Map ID _____ Tax Lot #(s) 600

PROPERTY OWNER:

Printed Name: JAMES & DONNA BYRD

Address: 126 TREEHILL LOOP

City, State, Zip: EUGENE OR 97405

Phone: 541 521-3957 Email: lady byrdee @ me.com

Signature: Donna Byrd

AUTHORIZED REPRESENTATIVE:

Printed Name: Mr. Ed's Advanced Septic, LLC

Address: P.O. Box 759

City, State, Zip: Grants Pass, OR 97528

Phone: 541 476 2821 Email: mredsseptic@gmail.com

Signature: [Signature]

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 380802C0000600

SITUS: 290 FALLING LEAF DR

ACRES: 5

PERMIT NUMBER: PL-2022-00126

ZONE:

SCHOOL DISTRICT: Three Rivers

APPLICANT:	BYRD, JAMES C & BYRD, DONNA L	APPLICANT PHONE #:	541-521-2859
APPLICANT ADDRESS:	126 TREEHILL LOOP EUGENE, OR 97405		
OWNER:	BYRD, JAMES C & BYRD, DONNA L		
OWNER ADDRESS:	126 TREEHILL LOOP EUGENE, OR 97405		

SPECIAL REQUIREMENTS

- Wetland - Division of State Lands Authorization in File ☒ NA Reason: *notification attached.*
- Enterprise Zone

EXISTING STRUCTURES

Per Assessor Records: Vacant

PROPOSAL

1760 Sq Ft MFD - 3 Bedroom, 2 Bath with an Office with closet, Retreat Area off Master Bedroom and Stairs for access.

SETBACKS

Front Setback:	30 ft.
Side Setback:	10 ft.
Rear Setback:	25 ft.
Stream Setback:	25 ft.
Height:	35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.

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:	<i>James C. Byrd</i>	DATE:	<i>1/29/2022</i>
CONTRACTOR NAME:		LICENSE#:	
APPROVED:	<i>Officer</i>	DATE:	<i>1-26-22</i>

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

SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: Donna Byrd

Site ID: _____

Site Address: 290 Falling leaf

City: Selma

County: Josephine

Township: 38

Range: 08

Section: 02

Tax Lot: 1000

Acres: _____

Subdivision: _____

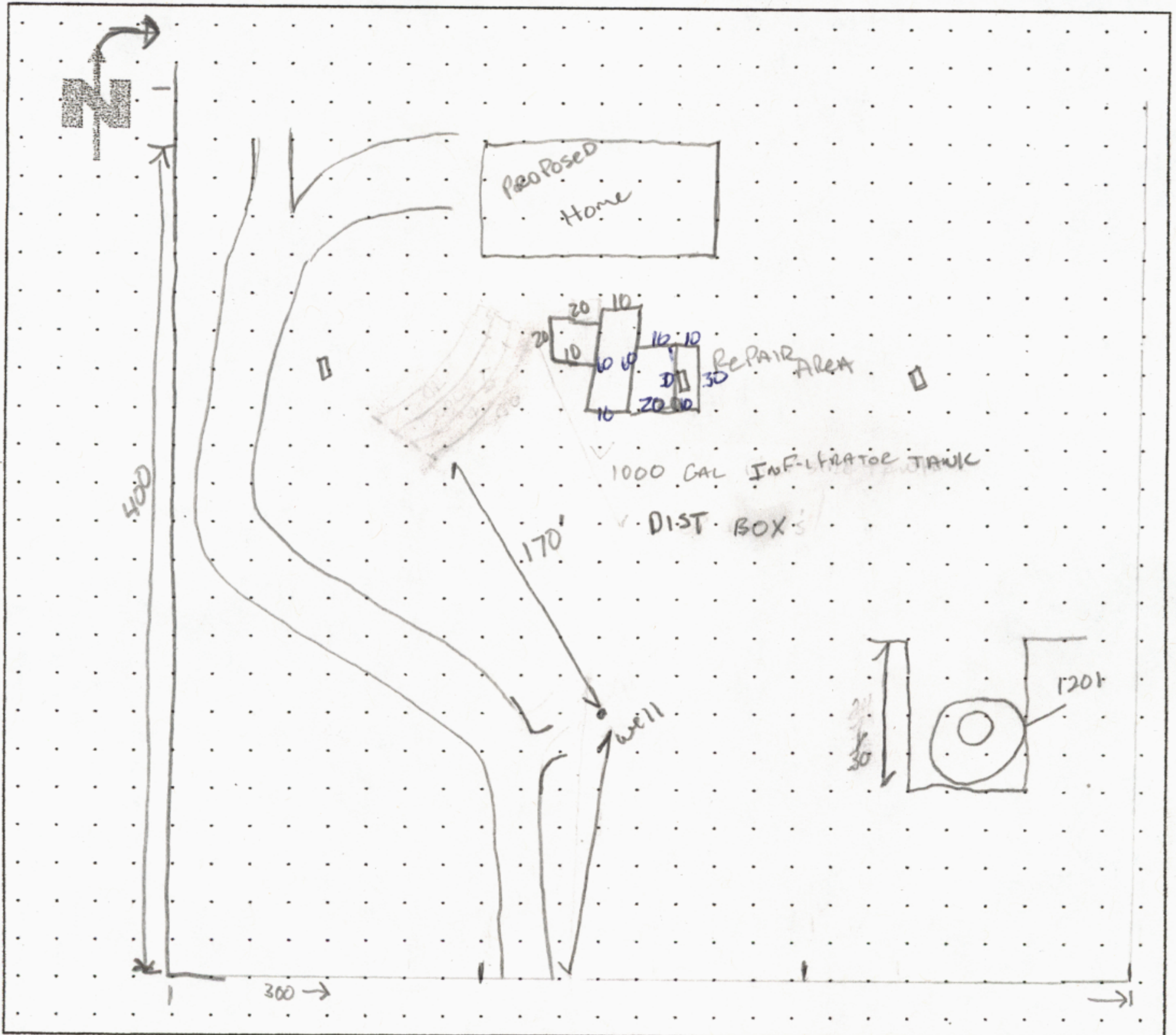
Lot: _____

Block: _____

Scale: 1 Square = _____ Feet

NOT TO SCALE

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



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

I am the ☐ Owner or ☒ Authorized Agent.

Name (please print): Mr. Ed's Advanced Septic, LLC

Signature: [Signature]

Date: _____

SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: Downna Byrd

Site ID: _____

Site Address: 290 Falling Leaf

City: Selma

County: Josephine

Township: 38

Range: 08

Section: 02

Tax Lot: 600

Acres: _____

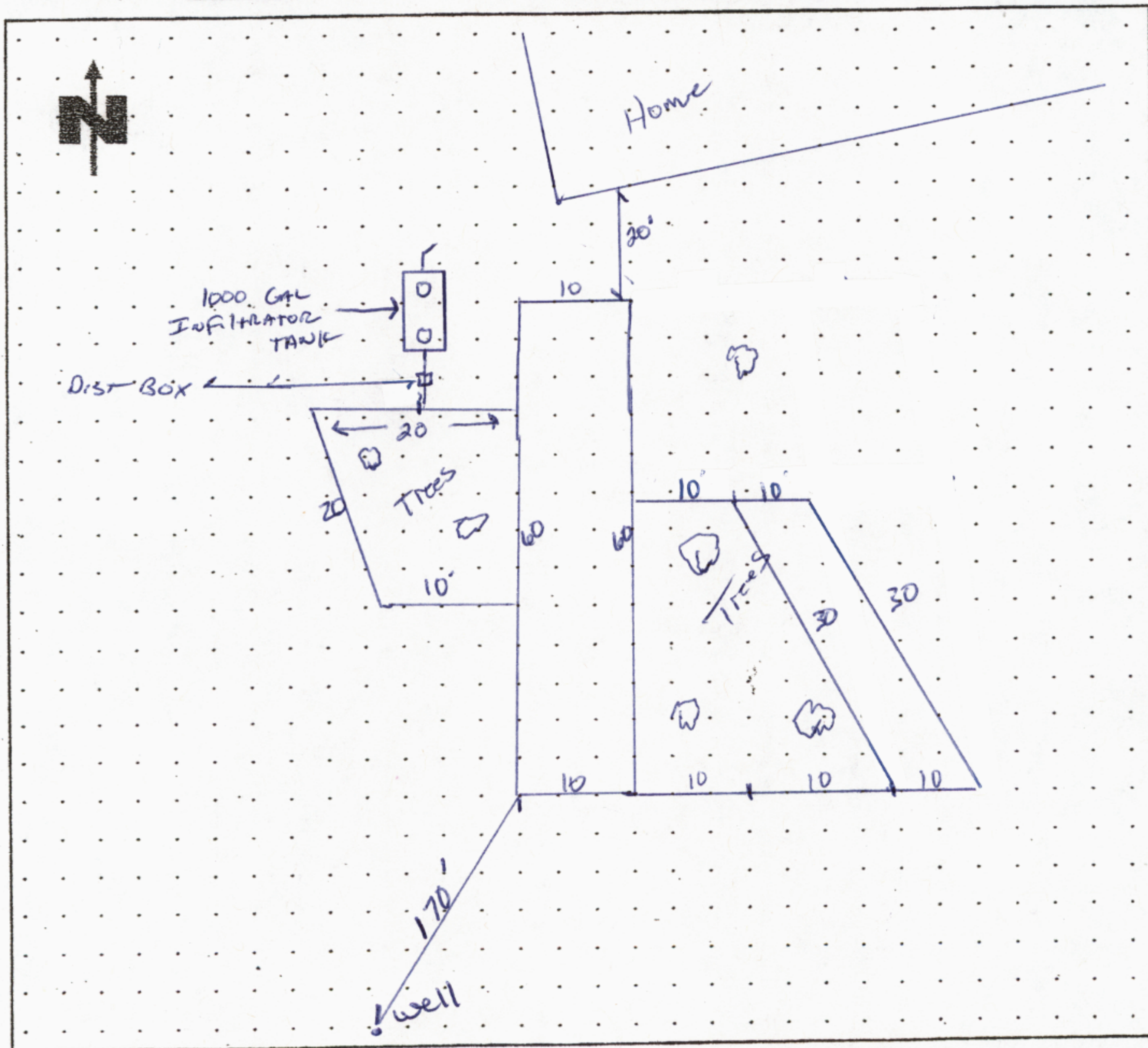
Subdivision: _____

Lot: _____

Block: _____

Scale: 1 Square = Not to Scale Feet

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I am the ☐ Owner or ☒ Authorized Agent

Name (please print): MR ED'S Advanced Septic

Signature: [Signature]

Date: _____

Mr.Ed's Advanced Septic, LLC
POBox 759 Grants Pass ,OR 97528
DEQ 38580 CCB 182903
541-476-2821

290 Falling leaf
Selma, OR



Tank Reference Guide



TANK MODEL	SEPTIC TANK VOLUME	PUMP TANK VOLUME	GALLON PER INCH	HEIGHT	LENGTH	WIDTH	INLET	OUTLET
IM1060	1094 gal.	1287 gal.	23.8 avg.	54.7"	127"	62.2"	47"	44"
IM1530	1509 gal.	1765 gal.	32.7 avg.	55"	176"	62"	47"	44"
IM540	NA	552 gal.	10.2 avg.	54.6"	64.9"	61.7"	NA	NA

For assistance Contact Infiltrator Water Technologies'
Technical Services Department at (800) 221-4436



Residential Septic Site Evaluation Approval

463-21-000148-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: 05/19/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: Mr. Ed s Advanced Septic LLC
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Primary contractor: Mr. Ed s Advanced Septic LLC
Installer License: 38580
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: (541) 476-2821
Email: mredsseptic@gmail.com

Owner: BYRD, JAMES C &
Address: BYRD, DONNA L 126
TREEHILL LOOP
BYRD, DONNA L
126 TREEHILL LOOP
EUGENE EUGENE, OR 97405 97405

Property address: 0 Falling Leaf Dr, Selma, OR 97538

Parcel: 380802C000060000 - Primary

Lot size: 5 ACRES
Zoning: N/A
Directions to Property: W ON HWY 99 R ON STRAW MT R ON FALLING LEAF DR.

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

Proposed use of structure: 3 BDRM SFR
Category of construction: Single Family Dwelling

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:

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Special Requirements

Groundwater type:

Initial System

Standard
Equal
Equal

Initial System

300 linear ft.
30 in.
18 in.

Initial System

Temporary

Replacement Area

Standard
Serial
Serial

Replacement Area

300 linear ft.
30 in.
24 in.

Replacement Area

Temporary

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: 05/19/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Conditions of approval:

IF EQUAL DISTRIBUTION CAN BE ACHIEVE: TRENCH DEPTHS 18"-30"

IF SERIAL DISTRIBUTION IS NEEDED: TRENCH DEPTHS 24"-30"

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.

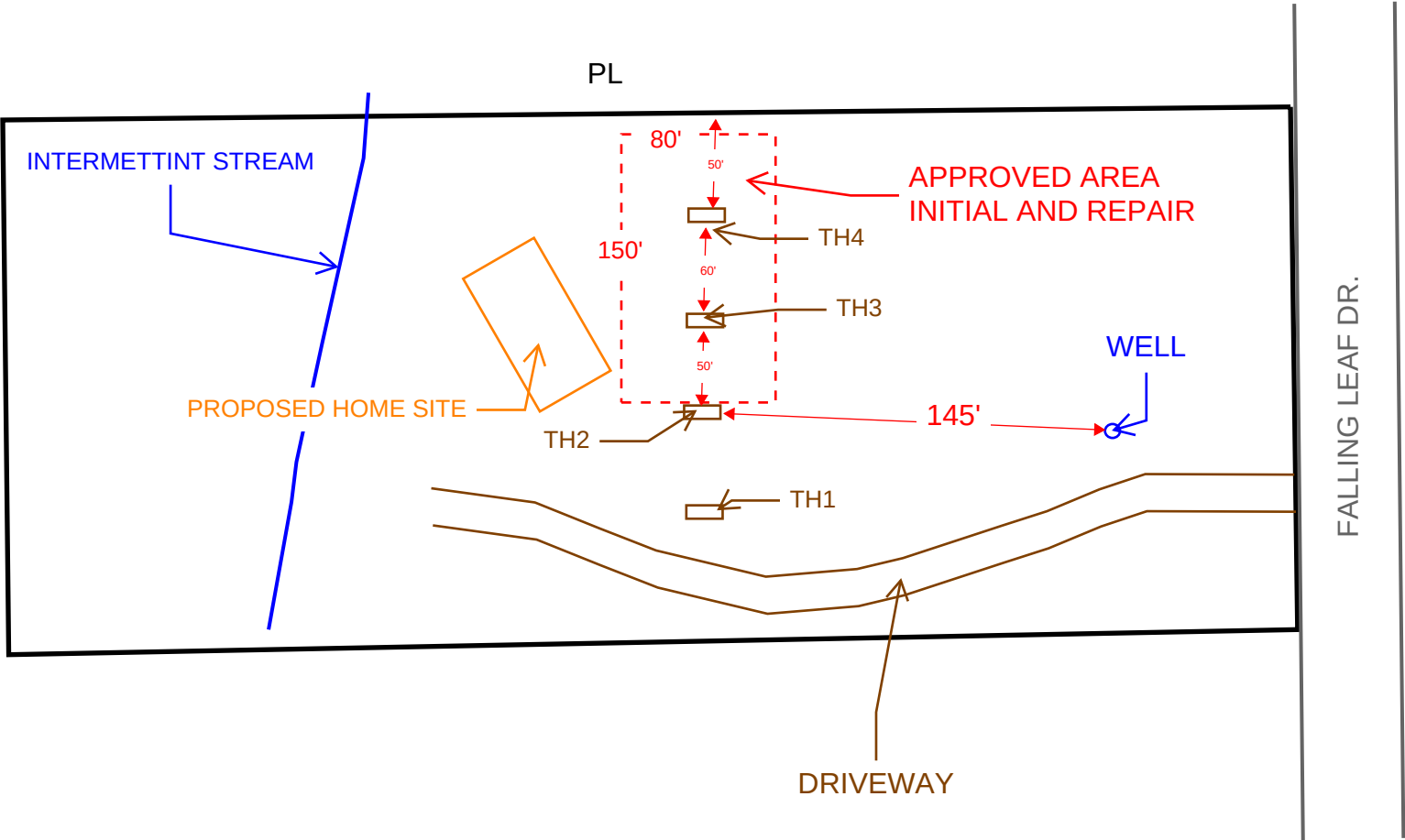
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted,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

5/19/21

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.)



* NOT TO SCALE

FIELD WORKSHEET

Name: JAMES BYRD Application No.: 463-21-000148-EVAL Date: 5/12/2021
RE: SITE EVALUATION REPORT for Parcel #: 3808026000600

Commercial Facility: ☐ Yes ☒ No Parcel Size: 5 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 2

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>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth <u>24" IF SERIAL</u>	Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth <u>24" IF SERIAL</u>

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: AK

3-4%
NW

1-4%
SE

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-5	CL	7.5yr ^{2.5/3} , GRAN, ROOTS 2F, M, C, VC, 1VF 25% CF
	5-18	SCL	2.5yr ^{3/6} , WSBK, ROOTS " " 10% CF
	18-32 32-42	CL	5yr ^{4/6} , WSBK, ROOTS 1VF, F, M 20% CF
	42-52	SiCL	7.5yr ^{5/8} , WSBK, ROOTS & VISIBLE Mn STAINS Fe CONC 2.5yr ^{4/8} , 20-30% CF
Test Pit 2	0-4	CL	SIMILAR TO TEST HOLE 1
	4-25	SCL	
	25-36 36-48	CL	ROOTS TO 48", 1VF
	48-52	SiCL	
Test Pit 3	0-4	CL	SIMILAR TO TEST HOLE 1
	4-20	SCL	
	20-32 32-40	CL	ROOTS 1VF, F to 48"
	40-52	SiCL	
Test Pit 4	0-4	CL	SIMILAR TO TEST HOLE 1
	4-25	SCL	
	25-32 32-40	CL	
	40-54	SiCL	
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (FIR & PINE), POISON OAK

Slope: 1-4% Aspect: TEST HOLE 1 | 2-4
NW | SE Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: INTERMITTENT STREAM TO WEST



**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

Donna Byrd
Name

126 Treehill loop, Eugene, OR
Mailing Address (Street or PO Box, City, State, Zip Code)

541 521-3957
Phone Number

B. Legal Property Description

38
Township

08
Range

02C
Section

1600
Tax Lot

Tax Account Number

Acreage or Lot Size

Josephine
County

Subdivision Name

Lot

Block

Property Address:

Falling Leaf Dr.
Address

Selma
City

OR
State

Zip Code

Directions to Property:

West on Hwy 199 (R) Straw Mt Rd
(R) falling leaf Drive

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

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

Mr. Ed's Advanced Septic, LLC
Applicant's Name - Please Print Legibly

541 476 2821
Applicant's Phone Number

mredsseptic@gmail
Applicant's E-mail Address

P.O. Box 759, Grants Pass, OR 97528
Applicant's Mailing Address

Applicant is the

☐ Owner

☐ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Mr. Ed's Advanced Septic, LLC
Installer's Name

SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: Donna Byrd

Site ID: _____

Site Address: Falling Leaf Dr

City: Selma

County: Josephine

Township: 38

Range: 08

Section: 02

Tax Lot: 1000

Acres: _____

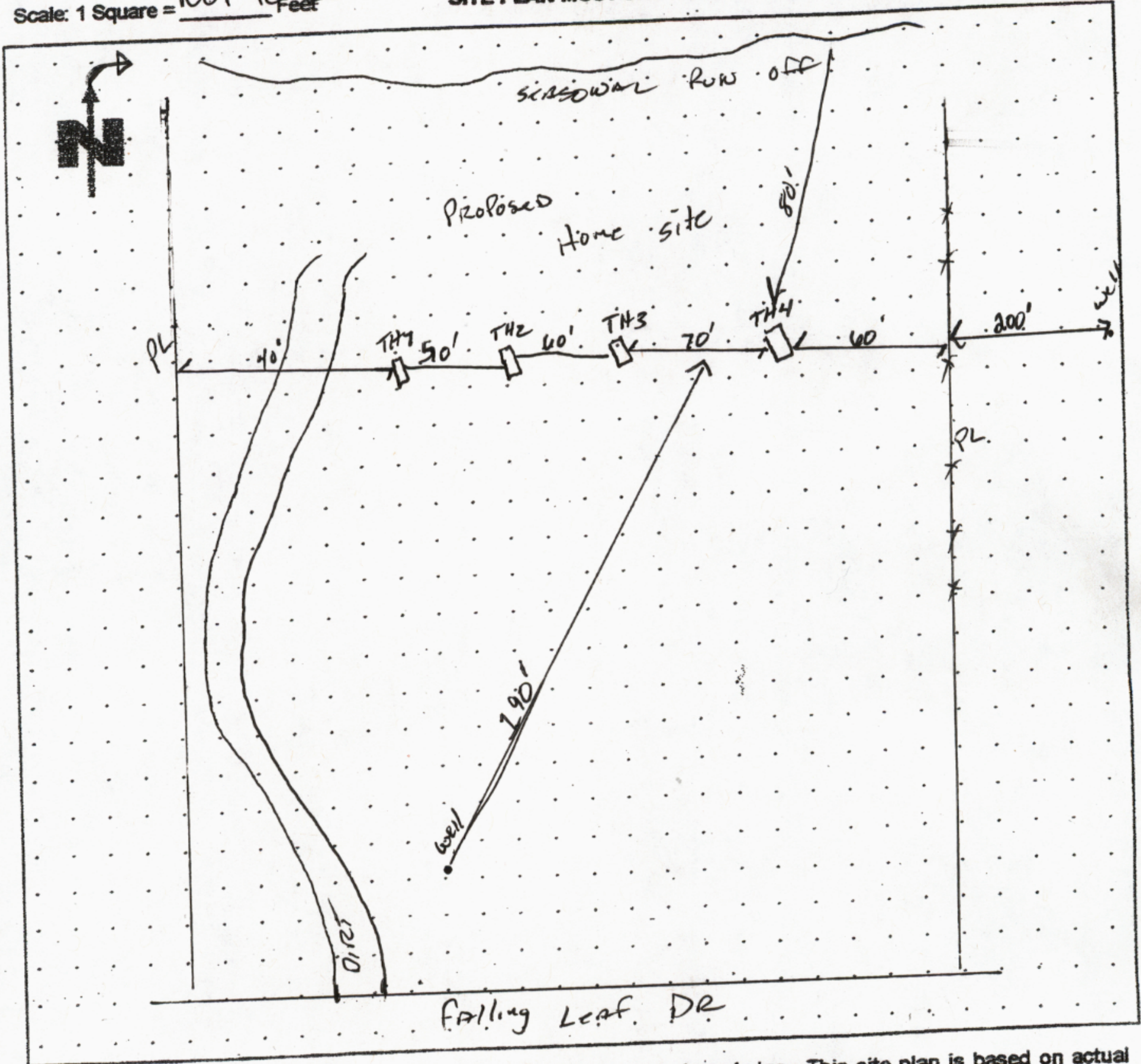
Subdivision: _____

Lot: _____

Block: _____

Scale: 1 Square = NOT TO Scale Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



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

I am the ☐ Owner or ☒ Authorized Agent.

Name (please print): Mr. Ed's Advanced Septic

Signature: [Signature]

Date: 4/12/21

June 14, 2004



NOTICE AUTHORIZING REPRESENTATIVE

I, DONNA BYRD, have authorized Mr. Ed's Advanced Septic 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 Josephine County 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 Josephine County Onsite Septic agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

TAX LOT 600 FALLING LEAF DR. SELMA OR (Township 38, Range 08, Section 02)
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 38 Range 08 Section 02 Map ID _____ Tax Lot #(s) 600

PROPERTY OWNER:

Printed Name: JAMES & DONNA BYRD

Address: 126 TREEHILL LOOP

City, State, Zip: EUGENE OR 97405

Phone: 541) 521-3957 Email: lady byrdee @ mc.com

Signature: Donna Byrd

AUTHORIZED REPRESENTATIVE:

Printed Name: Mr. Ed's Advanced Septic, LLC

Address: P.O. Box 759

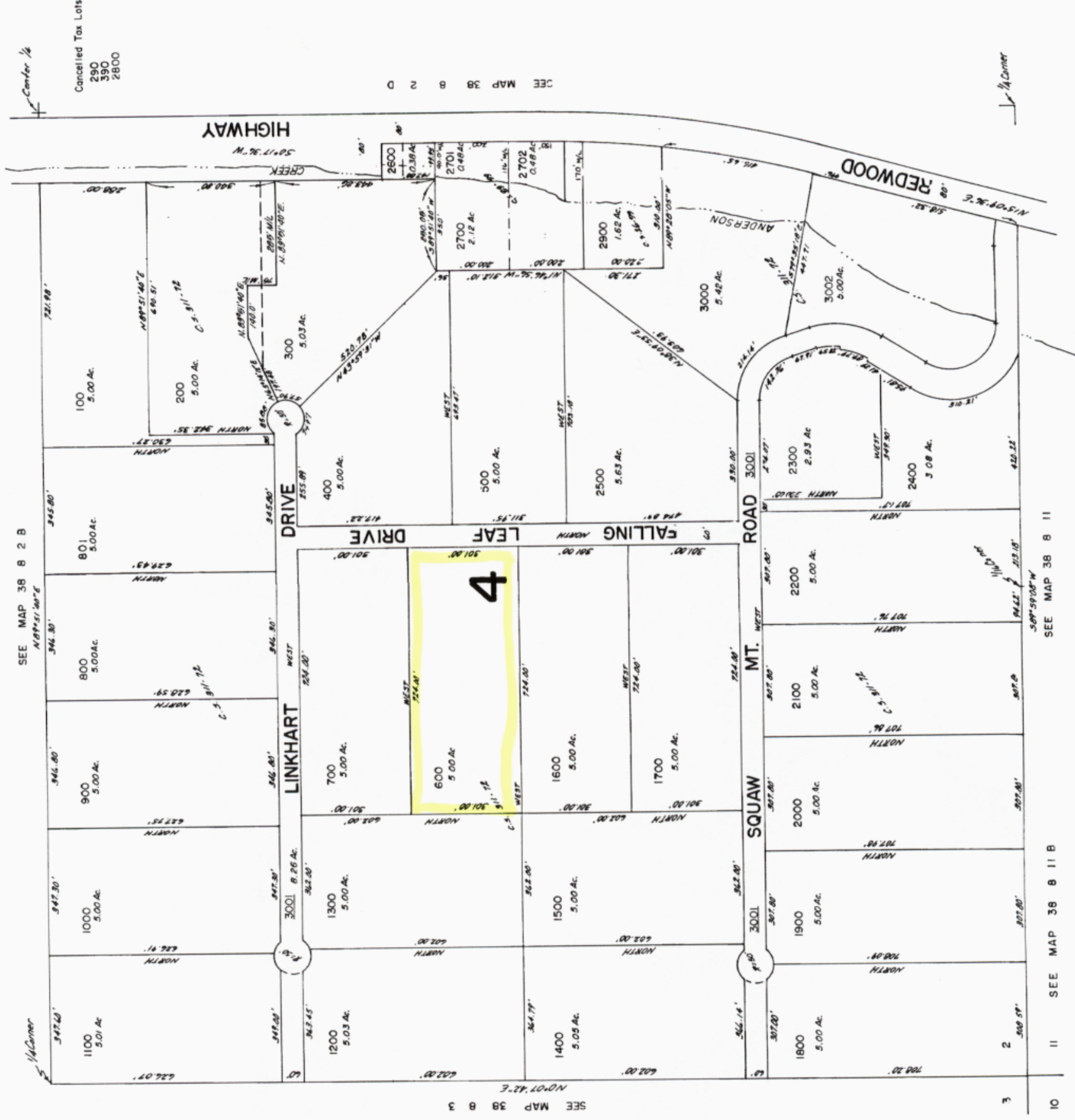
City, State, Zip: Grants Pass, OR 97528

Phone: 541 476 2821 Email: myedsseptic@gmail.com

Signature: [Signature]

This map was prepared for assessment purpose only.

JOSEPHINE COUNTY

 $1'' = 200'$ 

8-9-84 R.W.