



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-21-000062-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: 06/08/2021

Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526
Phone: 5593035711
Email: MEANSPLACE50@AOL.COM

Owner: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526
Owner: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526
Property Address: 1178 Ellison Loop, Grants Pass, OR
97526

Parcel: 350616B000106 - Primary Township: 35 Range: 06 Section: 16

Lot Size: 5.19ACRES
Zoning: N/A
Land Use Approval: N/A
Water Supply: N/A
City/County/UGB: County

Category of Construction: Single Family Dwelling

	Existing	Proposed
Number of Bedrooms:	N/A	3

System Specifications

Type: Standard
Max Peak Design Flow: 450 gpd.
Min Septic Tank Volume: 1000 gal.
Proposed Flow: 375 gpd.
Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type: Standard
Drainfield Sizing: N/A
Media Type: NFILTRATOR CHAMBERS QUICK4 EQUALIZER 24
Trench Length: 375 linear ft.
Max Depth: 22 in.
Min Depth: 18 in.
System Distribution Type: Equal
Distribution Method: Equal
Media Depth: N/A
Rock Above Pipe: N/A
Undisturbed Soil Between Trenches: 8 ft.
Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

Groundwater Type: Temporary
Rake Trench Sidewalls: Yes
Groundwater Depth: N/A

Date Certificate Issued: 06/08/2021

Work Description: STANDARD CONSTRUCTION PERMIT

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.Dry soil installation only (June 1 – October 1 unless otherwise authorized 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.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.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 12.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution 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: 06/08/2021

Work Description: STANDARD CONSTRUCTION PERMIT

Certificate of Satisfactory Completion

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

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: 463-21-000062-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:

Twnshp: 35

Range: 06

Sect: 16

Name: DOUGLAS MEANS DOUGLAS MEANS

Lot: 10

Property 1178 ELLISON LOOP, GRANTS PASS, OR 97526

Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*	
Tanks(1)	Volume: 1500 gal	Compartments: 1	Manufacturer: Riverside Ready Mix	Date: 6/04/2021	
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 in.	ASTM#/Other: 3042	Length: 10' 9"
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

N/A

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

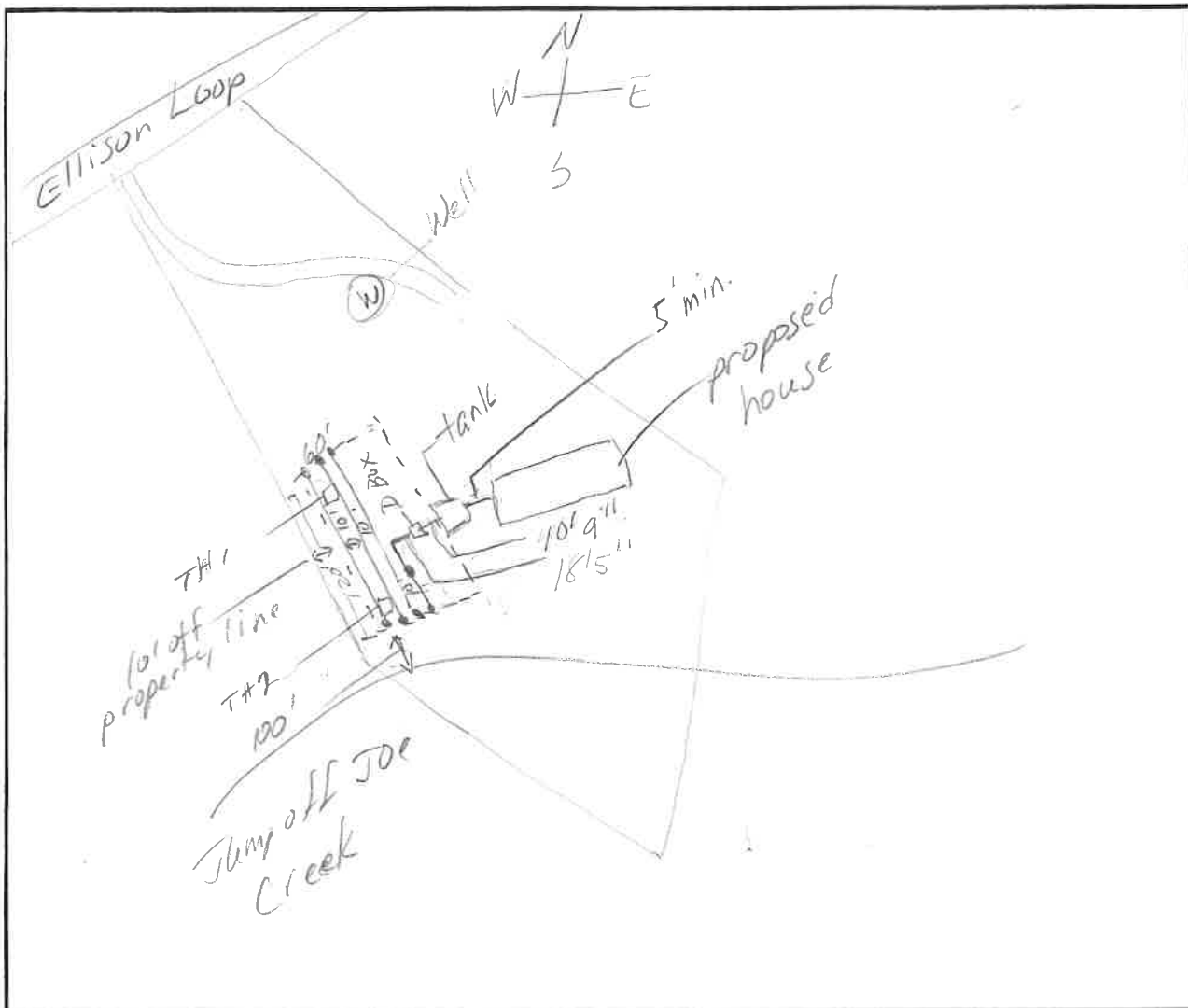
Type	(Gravel, Pipe or alternative?) Infiltrator chambers Quick Equalizer 24			
Distribution Box	Yes ☒	No		
Drop Box	Yes	No ☒		
Distribution Pipe	Yes ☒	No	Diameter: 4 in.	ASTM#/Other: 3042
				Length: 10' x 3
Comment	1815"			

*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: <u>Katherine Means</u>	
Licensed Installer:	Yes ☐ No ☒	License#:	Certification#:
Owner/ Certified Installer:	Signature: <u>Katherine L Means</u>	Date: <u>5/21/2021</u>	Phone#: <u>554-303-3459</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
463-21-000062-PRMT-01

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Suite A
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Fax: 541-474-5422
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Website: josephine.or.us

Date issued: 5/6/21

Expiration date: 5/6/22

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526
Phone: 5593035711
Email: MEANSPLACE50@AOL.COM
Business License: N/A

Owner: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526
Property address: 1178 Ellison Loop, Grants Pass, OR
97526

Owner: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526

Parcel: 350616B000106 - Primary **Township:** 35 **Range:** 06 **Section:** 16

Lot size:	5.19ACRES	Water supply:	N/A
Zoning:	N/A	City/County/UGB:	County
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: Single Family Dwelling

	Existing	Proposed
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:	Equal
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	INFILTRATOR CHAMBERS QUICK4 EQUALIZER 24		
Trench length:	375 linear ft.	Rock above pipe:	N/A
Max depth:	22 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Groundwater type:	Temporary	Groundwater depth:	N/A
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Date issued: 5/6/21

Expiration date: 5/6/22

Work description: STANDARD CONSTRUCTION PERMIT

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.Dry soil installation only (June 1 – October 1 unless otherwise authorized 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.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.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 12.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution 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: 5/6/21**Expiration date:** 5/6/22**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

5/6/21

Materials

Tank: 1500 gal, concrete, Riverside Ready Mix

Septicline:

Infiltrator, H.D. Fowle CHAN

- septic line multiport end caps,
- polylok distribution box w/ cover
- cresline PVC 3034 pipe.

Materials

Tank: 1500 gal, concrete, Riverside Ready Mix

Septic line:

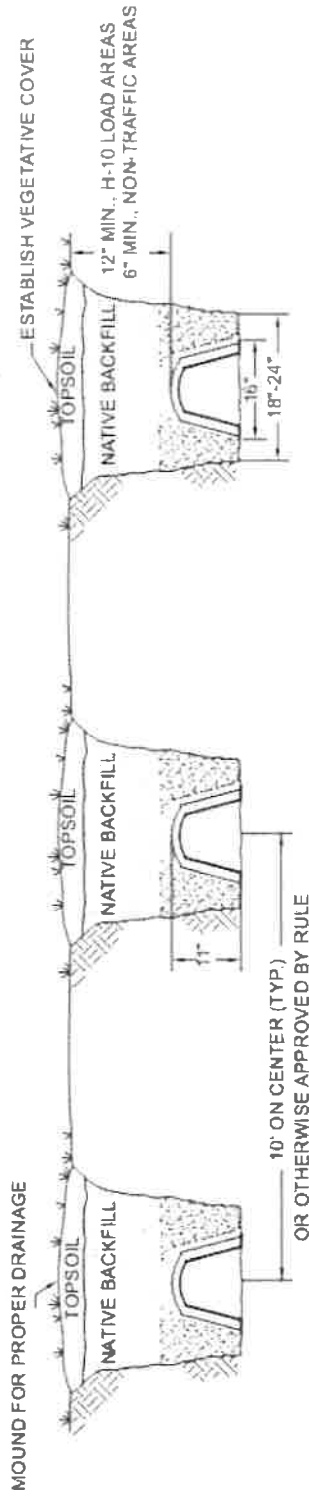
Infiltrator, H.D. Fowle CHAM

- septic line multiport end caps,
- polylok distribution box w/ cover
- cresline PVC 3034 pipe.

CHAMBER CONFIGURATIONS – TRENCH

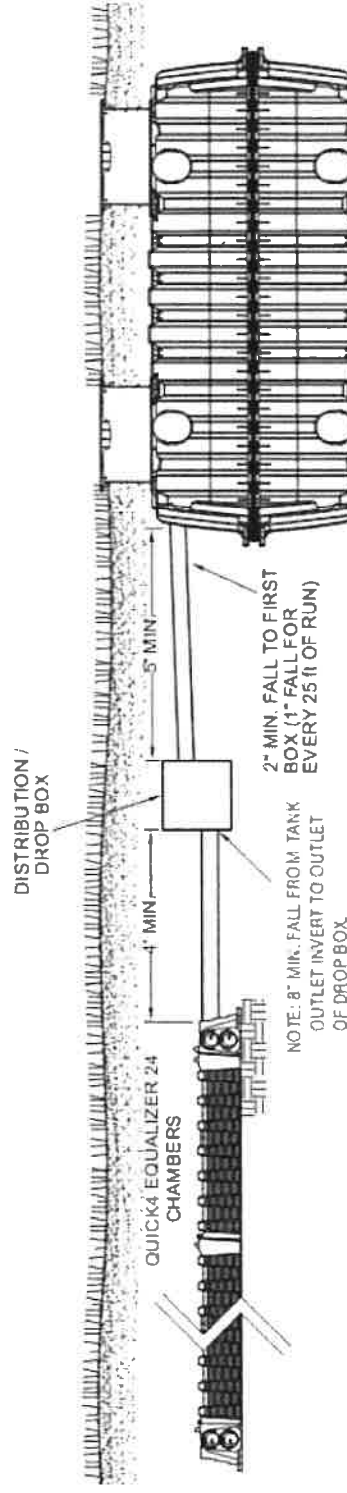
Quick4 Equalizer 24 Trench Configurations CROSS SECTION (not to scale)

Chamber Rating: 2 ft² per linear foot

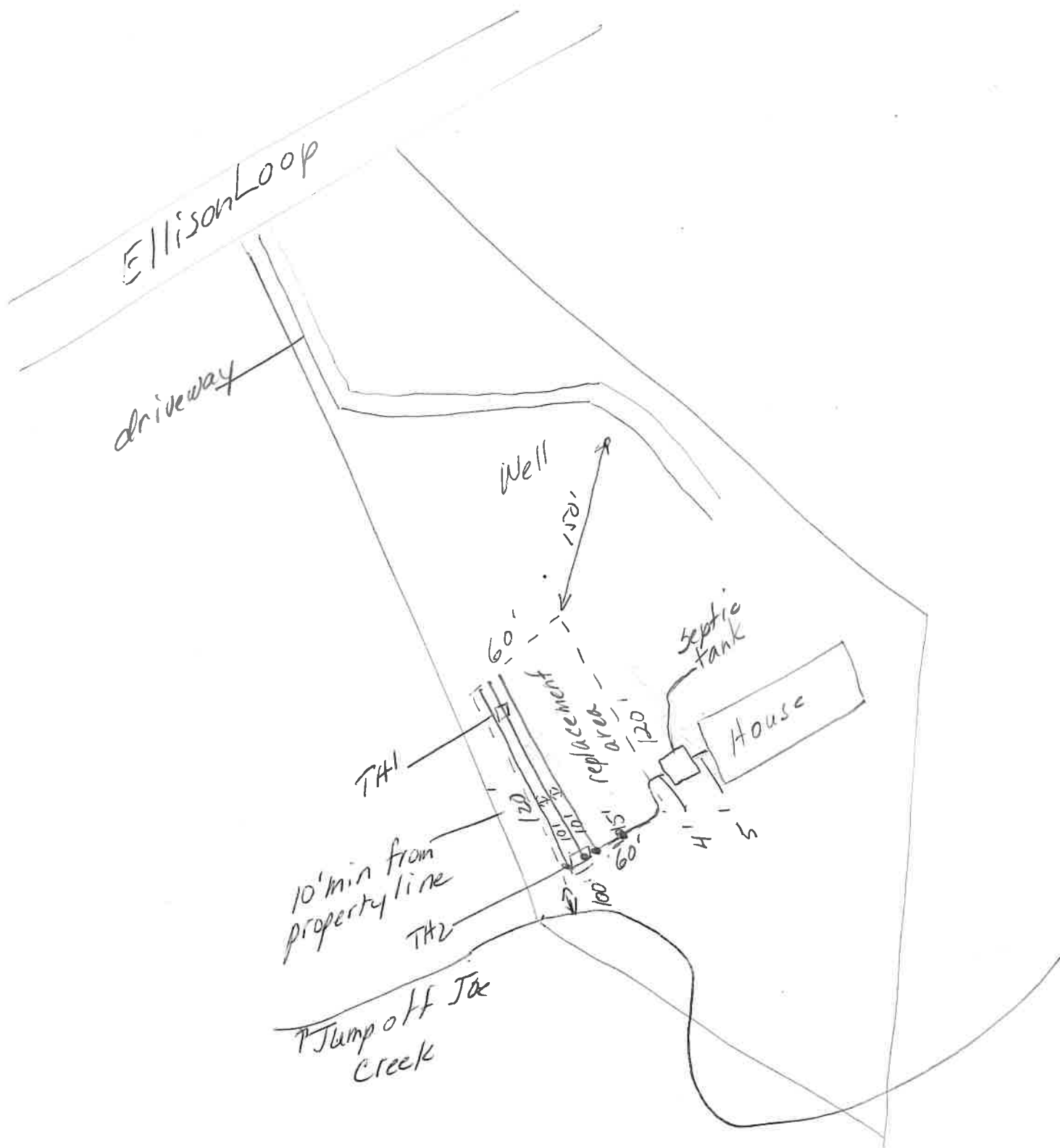


NOTE: The Quick4 Equalizer 24 is 16" wide and can be installed in a 18"-24" wide trench.

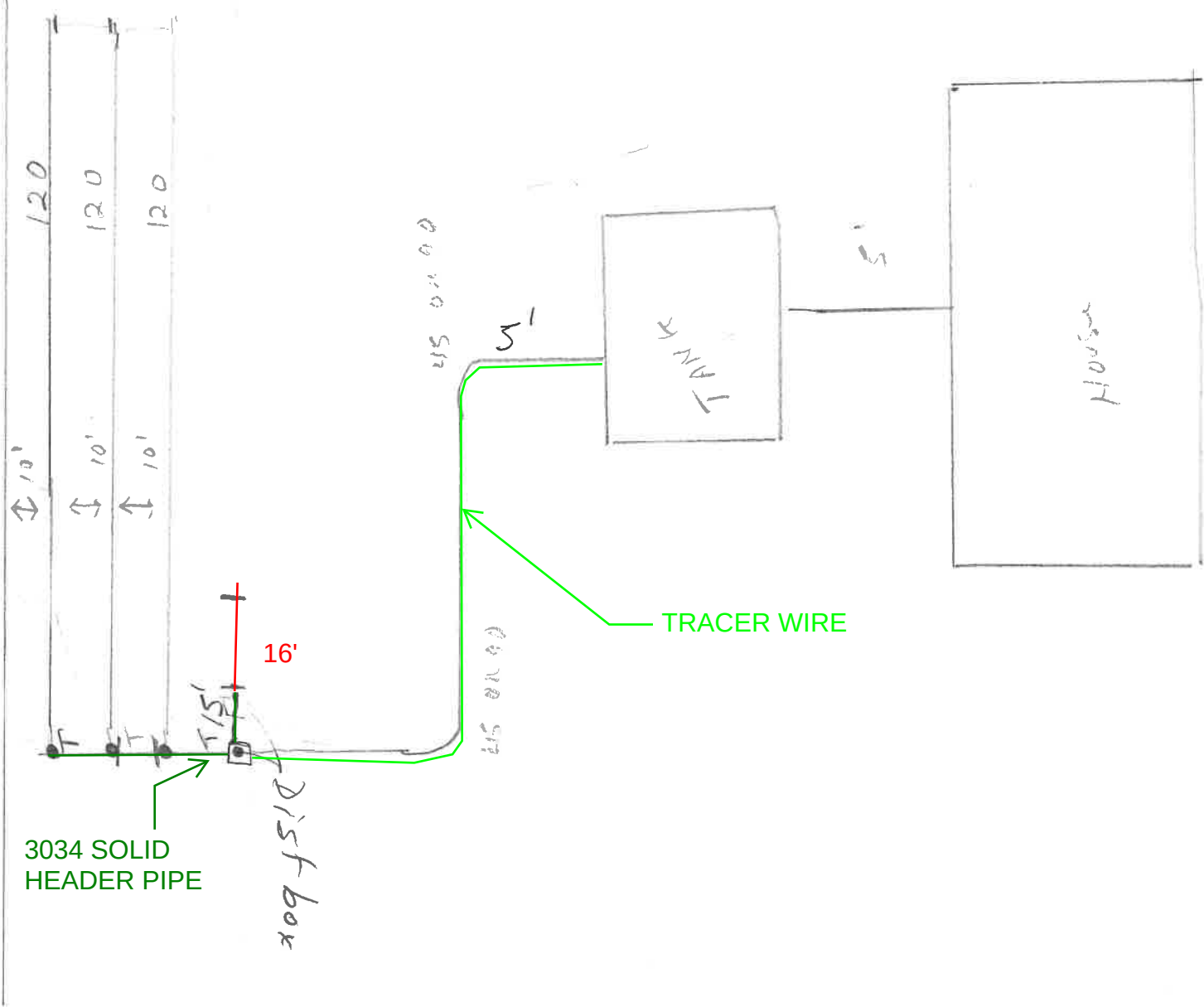
TYPICAL QUICK4 EQUALIZER 24 SIDE VIEW (not to scale)



NOTE: 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. A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed above the effluent sewer pipe.



Property line



3034 SOLID
HEADER PIPE

16'

Dist box

TRACER WIRE

House

T.M.A.



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 Katherine Means Mailing Address (Street or PO Box, City, State, Zip Code) 1922 NW Sundview Pl. Grants Pass, OR 97526 Phone Number 559-303-3459

B. Legal Property Description

Township 35 Range 06 Section 16 Tax Lot 106 Tax Account Number R347696 Acreage or Lot Size 5.19 AC.
County Josephine Subdivision Name Russell Road Estates Lot 10 Block _____
Property Address: 1178 Ellison Loop City Merlin State OR Zip Code 97532

Directions to Property: _____

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
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 Katherine L. Means Date 7/16/2021

Applicant's Name - Please Print Legibly Katherine Means Applicant's Phone Number 559-303-3459 Applicant's E-mail Address meansplace58@aol.com

Applicant's Mailing Address 1922 NW Sundview Pl., Grants Pass, OR 97526

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

☐ Authorization
Attached

Installer's Name _____



Statement of Site Status

Name: Katherine Means

Address: 1178 Ellison Loop

City: Merlin State: OK Zip Code: 97532

Township: 35 Range: 06 Section: 16 Tax Lot: 106

County: Josephine

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

Date: 4/16/2021 Signed: Katherine L. Means

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350616B0000106

PERMIT
NUMBER: PL-2021-01201

SITUS: 1178 ELLISON LOOP

ZONE: RR2.5

ACRES: 2.5

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	MEANS, DOUGLAS T &	APPLICANT PHONE #:	559-303-3459
APPLICANT ADDRESS:	1922 NW SUNVIEW PL GRANTS PASS, OR 97526		
OWNER:	MEANS, DOUGLAS T &		
OWNER ADDRESS:	1922 NW SUNVIEW PL GRANTS PASS, OR 97526		

SPECIAL REQUIREMENTS

- Floodway Fringe - Base Flood Elevation _____ Ft. NA ☒ Reason: *outside area*
- Stream Name_Jumpoff Joe Creek_ Class 1 Stream 50 ft setback required.
- Erosion Hazard - Plan in File _____ NA ☒ Reason: *outside area*
- Fire Hazard - Plan in File ☒ NA _____ Reason: *See attached*
- Wetland - Division of State Lands Authorization in File ☒ NA _____ Reason: *See attached WLUN*

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Unimproved	Single Family Dwelling, 2,645 sq. ft., 3 Bed, 2.5 Bath with 1436 sq. ft. covered Porches; 529 sq. ft. 2nd floor Bonus Room above attached 2-Car Garage and attached RV garage (1,841 sq. ft. total garage area)	Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 50 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.

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.

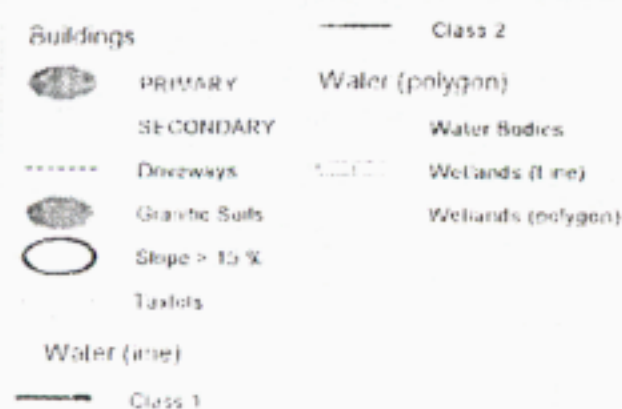
SIGNATURE:	<i>Katherine L. Mean</i>	DATE:	<i>4/16/2021</i>
CONTRACTOR NAME:		LICENSE#:	
APPROVED:	<i>Karla Wallace</i>	DATE:	<i>April 16, 2021</i>

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

Hand-drawn site plan for a proposed home and septic system. The plan shows a 'proposed home' with a '50' fuel break' area. A 'proposed drive' leads to the home. A 'well' is located near the drive. A 'proposed septic & drainfield' is shown with dimensions: 'to dwelling 456' (N 02'), 'to well 62', 'drain field 10', 'field 236', and 'tank 300'. A '50' stream' is at the bottom. A stamp at the bottom left reads 'STRUCTURE LOCATION' and 'ZONE 0.75'.

STRUCTURE LOCATION _____
 ZONE RR2S MINIMUM SETBACK _____
 FRONT 30 SIDE 10
 REAR 25 CENTERLINE _____
 STREAM 50
 PLANNER AW

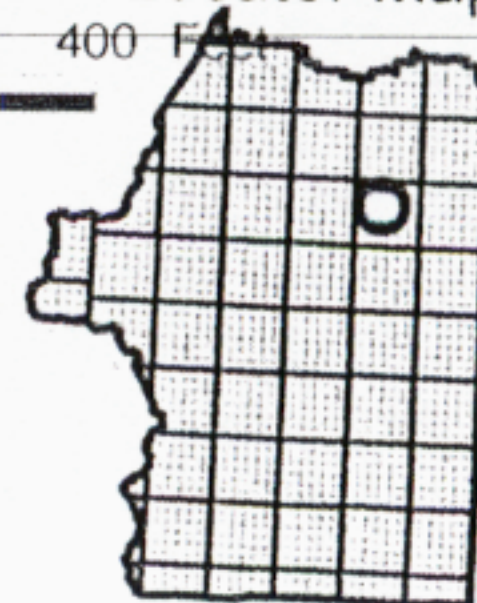
Locator Map



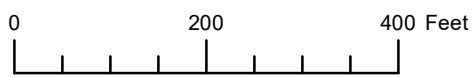
The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Neither Josephine County, Cave Junction, nor Grants Pass will accept responsibility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



Scale
1:1800



THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY



N.W.1/4 SEC.16 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1" = 200'

35 06 16B

CANCELLED:
600
300
400
500
800
100
200



35 06 16B



Residential Septic Site Evaluation Approval

463-21-000062-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: 04/16/2021
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526
Phone: 5593035711
Email: MEANSPLACE50@AOL.COM

Owner: DOUGLAS MEANS
Address: 1922 NW SUNVIEW PLACE
GRANTS PASS OR 97526
Property address: 0 Ellison Loop 10, Grants Pass, OR
97526

Parcel: 350616B000106 - Primary **Township:** 35 **Range:** 06 **Section:** 16

Lot size: 5.19 ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: County

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

	Existing	Proposed
Number of bedrooms:	0	3

General Specifications

Max peak design flow: 450 gpd. **Proposed gallons per day:** 375 gpd.
Min septic tank volume: 1000 gal. **Min dosing tank volume:** N/A

System Specifications

System type:	Standard	Standard
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal

Trench Specifications

Trench linear feet:	375 linear ft.	375 linear ft.
Max depth:	22 in.	22 in.
Min depth:	18 in.	18 in.

Special Requirements

Groundwater type:	Temporary	Temporary
Drainfield type:	Standard	N/A

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

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

Date issued: 04/16/2021**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.

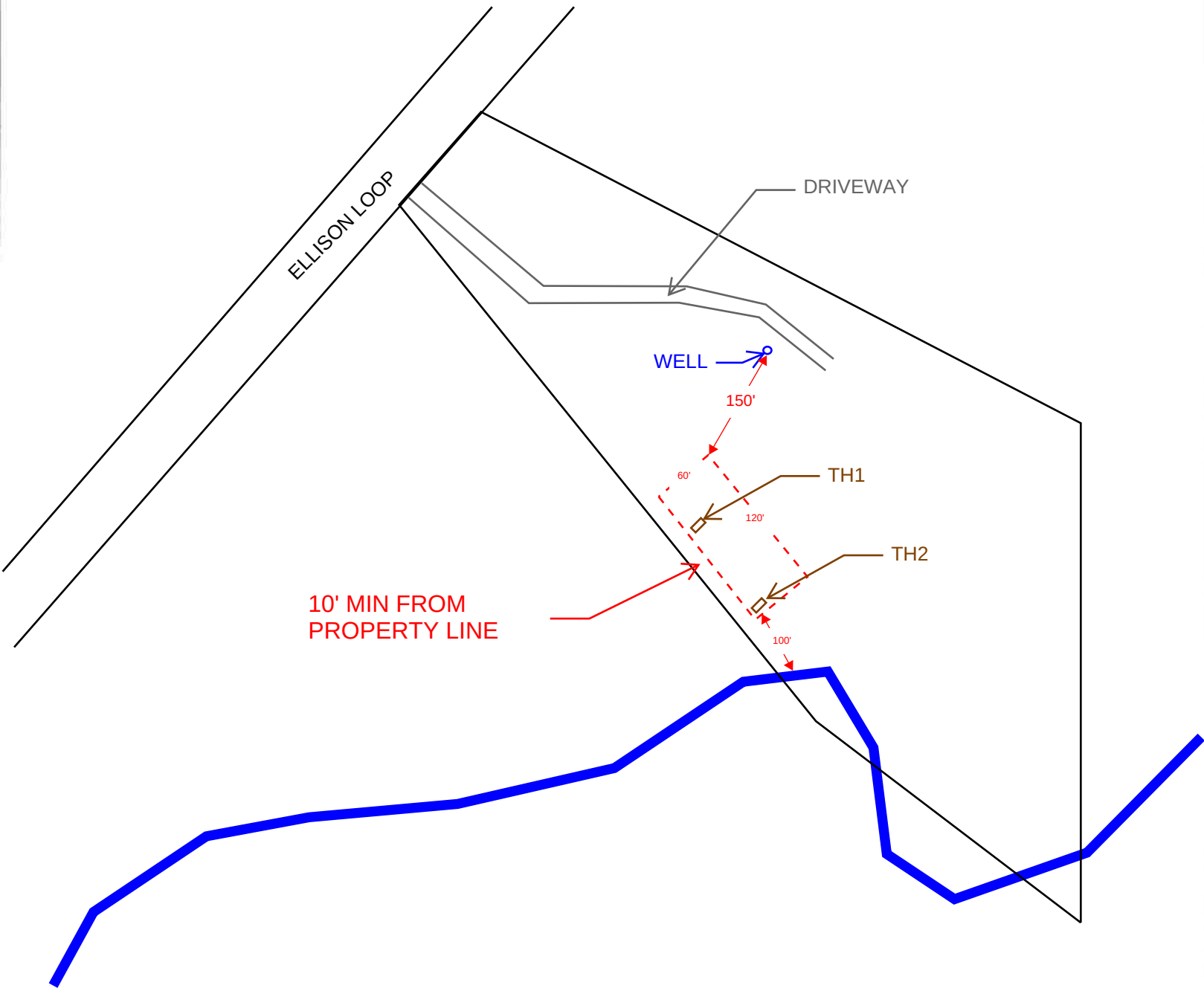
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted,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

4/16/21

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.)



FIELD WORKSHEET

Name: DOUGLAS MEANS Application No.: 463-21-000062-EVAL Date: 4/5/2021
RE: SITE EVALUATION REPORT for Parcel #: 3506168006196

Commercial Facility: ☐ Yes ☒ No Parcel Size: 5.19 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 _____
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>22</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>22</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 _____ 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

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-5	L	10YR ³ / ₄ , GRAN, ROOTS 2VF, F, m
	5-25	siL	10YR ³ / ₆ , WSBK, " 2F, m, C, 1VF, VC
	25-32	siC	10YR ³ / ₆ , WSBK, 2F, m, C, 1VC dep 10YR ⁵ / ₁ conc. 7.5YR ⁵ / ₈ CAS A 2.5"
	32-52	SC	10YR ⁴ / ₁ , CEMENTED WITH DEPTH, HSBK, 1F, m - 57" 50% CF
Test Pit 2	0-5		SIMILAR TO TEST HOLE 1 CAS B 30
	5-30		
	30-46		
	46-50		
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED & GRASS

Slope: 0-2 Aspect: N Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: CREEK TO SOUTH



Application for Onsite Sewage Treatment System

700 NW Dimmick Street,
Suite A
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 Means Mailing Address (Street or PO Box, City, State, Zip Code) 1922 NW Sunview Place, G.P., OR 97526 Phone Number 559-303-5711

B. Legal Property Description

Township 35 Range 06 Section 016 B Tax Lot 106 Tax Account Number R347696 Acreage or Lot Size 5.19 Ac
County Josephine Subdivision Name Russel Road Estates Lot # 10 Block
Property Address: "0" ELLISON LOOP City Grants Pass State OR Zip Code 97526
Directions to Property: Lat/Long 42° 31' 51" / 123° 25' 07"

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
☐ Single Family Residence	☒ Single Family Residence	☐ Public _____ Name
Number of Bedrooms _____	<u>3</u> Number of Bedrooms	☒ Private <u>Well</u> Well, Spring, Shared
☐ Other _____	☐ Other _____	

D. Type of Application

☒ Site Evaluation	☐ Renewal Permit	☐ Authorization Notice for:
☒ Construction	☐ Existing System Evaluation	☐ Connecting to an Existing System Not in Use
☐ Permit Repair	☐ Permit Transfer	☐ Replacing a Mobile Home or House with Another Mobile Home or House
☐ Major ☐ Minor	☐ Permit Reinstatement	☐ The Addition of One or More Bedrooms
☐ Alteration Permit		☐ Personal Hardship
☐ Major ☐ Minor		☐ 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 Douglas J. Means Date 3/3/2021
Applicant's Name - Please Print Legibly Douglas Means Applicant's Phone Number 559-303-5711 Applicant's E-mail Address meansplace50@gmail.com
Applicant's Mailing Address 1922 NW Sunview Place, Grants Pass, OR. 97526

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

☐ Authorization
Attached

Douglas Means
Installer's Name

