



Annual Operation and Maintenance Report Form

General Information (Complete ALL information)

Property Owner: Whitmire Family Trust Phone: _____
 Site Address: 2863 Granite Hill Rd Parcel #: 100
 City: Corvallis Pass County: Josephine
 Permit #: 463-24-000175-PRMT Start up date if 1st year in use: 12/2024
 System Model #: Sand filter System Serial #: _____
 Report Year: 2024 Date of Service Performed: 12/2024
 Email Address: _____

Onsite wastewater treatment system status: (Do not prefill and photocopy checkboxes)

Yes No

- Was maintenance performed as required by septic system rules and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?
- Is the system failing?
- Discharge of sewage to the ground surface?
- Discharge of sewage to drain tiles or surface waters?
- Sewage backup into plumbing fixtures?

If you answered "Yes" on the last four questions, was a repair permit obtained? If not, explain: _____

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

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

*Certification #: RM-90 *Certification Expiration: 8/6/28
(*This line only can be filled out and photocopied.)

Original Signature: [Signature] Date: 1-6-25

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agency per OAR 340-071-0130(24).



Certificate of Satisfactory Completion
Repair (Major) - Residential - New

463-24-000175-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: 12/16/2024
Work Description: MAJOR REPAIR

Applicant: Mr. Ed's Advanced Septic LLC
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: 5414762821
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: 5414762821
Email: mredsseptic@gmail.com

Owner: WHITMIRE FAMILY TRUST
Address: 2863 GRANITE HILL RD
GRANTS PASS OR 97526

Property Address: 2863 Granite Hill Rd, Grants Pass, OR
97526

Parcel: 350529B000220100 - Primary Township: 35 Range: 05 Section: 29

Lot Size: 2.74 Water Supply: Well
Zoning: N/A City/County/UGB: County
Land Use Approval: N/A

Category of Construction: Residential

Table with 2 columns: Existing, Proposed. Rows: Use of Structure (SFR), Number of Bedrooms (3).

System Specifications

Type: Sand Filter
Max Peak Design Flow: 450 gpd. Proposed Flow: N/A
Min Septic Tank Volume: N/A Min Dosing Tank Volume: 500 gal.
Special Tank Requirements: Existing 1000 gallon concrete septic tank to be used. Infiltrator 580 gallon dosing tank to be installed.

Special Requirements

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

Date Certificate Issued: 12/16/2024
Work Description: MAJOR REPAIR

Conditions of Approval

1. This repair permit is for a 580 gallon dosing tank (to be used in conjunction with the existing 1000 gallon septic tank) that will pump to a 360 sq ft sand filter which will then pump to the existing bottom two lines of the drainfield (approximately 150 lineal feet) which, per the installer, have not received effluent in the serial distribution system.
2. Meet all required setbacks
3. 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.
4. The system must be installed in accordance with the construction plan approved by the agent, including any changes made by the agent.
5. The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
6. Install the pump and system components in accordance with the approved pump curve and specifications.
7. 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.
8. A squirt test inspection of the pressurized piping system is required.
9. 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.
10. Photos of the septic system components must be submitted along with the FIRN.
11. Provide sand and pea gravel sieve analysis.

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:** Yes **Pre-Cover Inspection Waived Per 340-071:** No
Comments: N/A

Issued By: Michael Obereigner, Natural Resource Specialist

Effective Date: 12/16/2024

Michael Obereigner

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: 463-24-000175-PRMT

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

SECTION 1: Owner/Permittee Information:

Twnshp: 35 Range: 05 Sect: 29
Lot:

Name: WHITMIRE FAMILY TRUST

Property 2863 GRANITE HILL RD, GRANTS PASS, OR 97526
Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1000 Compartments: Existing Manufacturer:	Date: 11/21/24
Tanks(2)	Volume: 500 Compartments: 1 Manufacturer: Infiltrator	Date: 12/2/24
Pump(s)	HP: 1/2 Model/Manuf. Liberty Float(s)Type(1): SJ Model/Manuf. Rhombus	
	Float(s)Type(2): Model/Manuf.	

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/2"	ASTM#/Other: Sch 40	Length: 35'

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: Double Pump	Container Dimensions: 10' X 36'
Underdrain pipe	Diameter: 4"		ASTM#/Other:	Length:
Manifold piping	Diameter: 1 1/4"		ASTM#/Other:	Length:
Internal Pump	HP: 1/2		Model/Manufacturer: Liberty	
Floats(1)	Type: SJ		Model/Manufacturer: Rhombus	
Floats(2)	Type:		Model/Manufacturer:	
ATT	Yes	No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name: Mr Eds Advanced Septic, LLC			
Operation and Maint.	Contract Received?	Yes <input checked="" type="checkbox"/>	No	

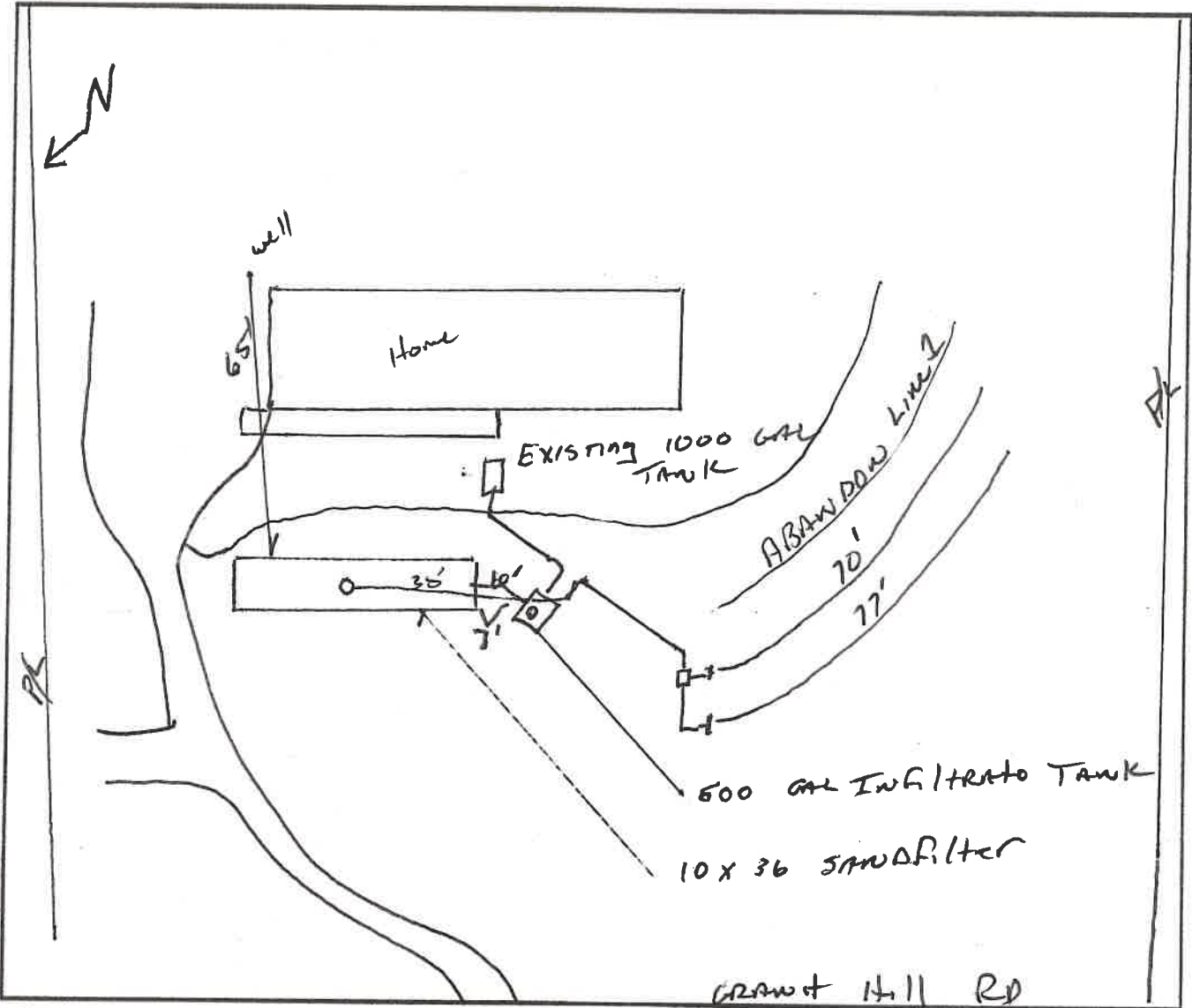
D. Drainfield Media

Type	(Gravel, Pipe or alternative?) Existing				
Distribution Box	Yes	No			
	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:
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. Ed's Advanced Septic		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 38580	Certification#: RT-114
Owner/ Certified Installer:	Signature: [Signature]	Date:	Phone#: 4762821

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date: _____

Installer/Owner (Permittee) Notified: Yes No Date: _____

If No, Reason for Non Acceptance: _____

Comment: _____



Septic Permit

Repair (Major) - Residential - New

463-24-000175-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: 5/30/24	Expiration date: 5/30/25
Work description: MAJOR REPAIR	

Applicant: Mr. Ed's Advanced Septic LLC
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: 5414762821
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: 5414762821
Email: mredsseptic@gmail.com

Business License: N/A

Owner: WHITMIRE FAMILY TRUST
Address: 2863 GRANITE HILL RD
GRANTS PASS OR 97526

Property address: 2863 Granite Hill Rd, Grants Pass, OR
97526

Parcel: 350529B000220100 - Primary **Township:** 35 **Range:** 05 **Section:** 29

Lot size: 2.74	Water supply: Well	
Zoning: N/A	City/County/UGB: County	
Land use approval: N/A	County: N/A	
Accessory Dwelling Unit: No		
Action: New	Type of application: Repair (Major) - Residential	
System failing: N/A	Septic tank last pumped: N/A	

Comments: Repair permit for 580 gallon dosing tank and 360 sq ft sand filter. Existing 1000 gallon septic tank to be used and the bottom two unused existing leachlines (approximately 150 lineal feet) are to be used as well. Set floats so that no more than 10% of the Design Flow is dosed per cycle to the sand filter, i.e. less than 45 gallons per cycle.

Category of construction: Residential

	Existing	Proposed
Use of structure:	SFR	SFR
Number of bedrooms:	3	3

System Specifications

Type: Sand Filter	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: N/A	
Min septic tank volume: N/A	Min dosing tank volume: 500 gal.	
Special tank rqmts: Existing 1000 gallon concrete septic tank to be used. Infiltrator 580 gallon dosing tank to be installed.		

Special Requirements

Pump to drainfield reqd: Yes	Filter fabric on top of drain media: N/A	
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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: 5/30/24**Expiration date:** 5/30/25**Work description:** MAJOR REPAIR**Conditions of approval**

1. This repair permit is for a 580 gallon dosing tank (to be used in conjunction with the existing 1000 gallon septic tank) that will pump to a 360 sq ft sand filter which will then pump to the existing bottom two lines of the drainfield (approximately 150 lineal feet) which, per the installer, have not received effluent in the serial distribution system.
2. Meet all required setbacks
3. 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.
4. The system must be installed in accordance with the construction plan approved by the agent, including any changes made by the agent.
5. The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
6. Install the pump and system components in accordance with the approved pump curve and specifications.
7. 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.
8. A squirt test inspection of the pressurized piping system is required.
9. 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.
10. Photos of the septic system components must be submitted along with the FIRN.
11. Provide sand and pea gravel sieve analysis.

Date issued: 5/30/24**Expiration date:** 5/30/25**Work description:** MAJOR REPAIR

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

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

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

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

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

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

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

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

Michael Obereigner

Natural Resource Specialist

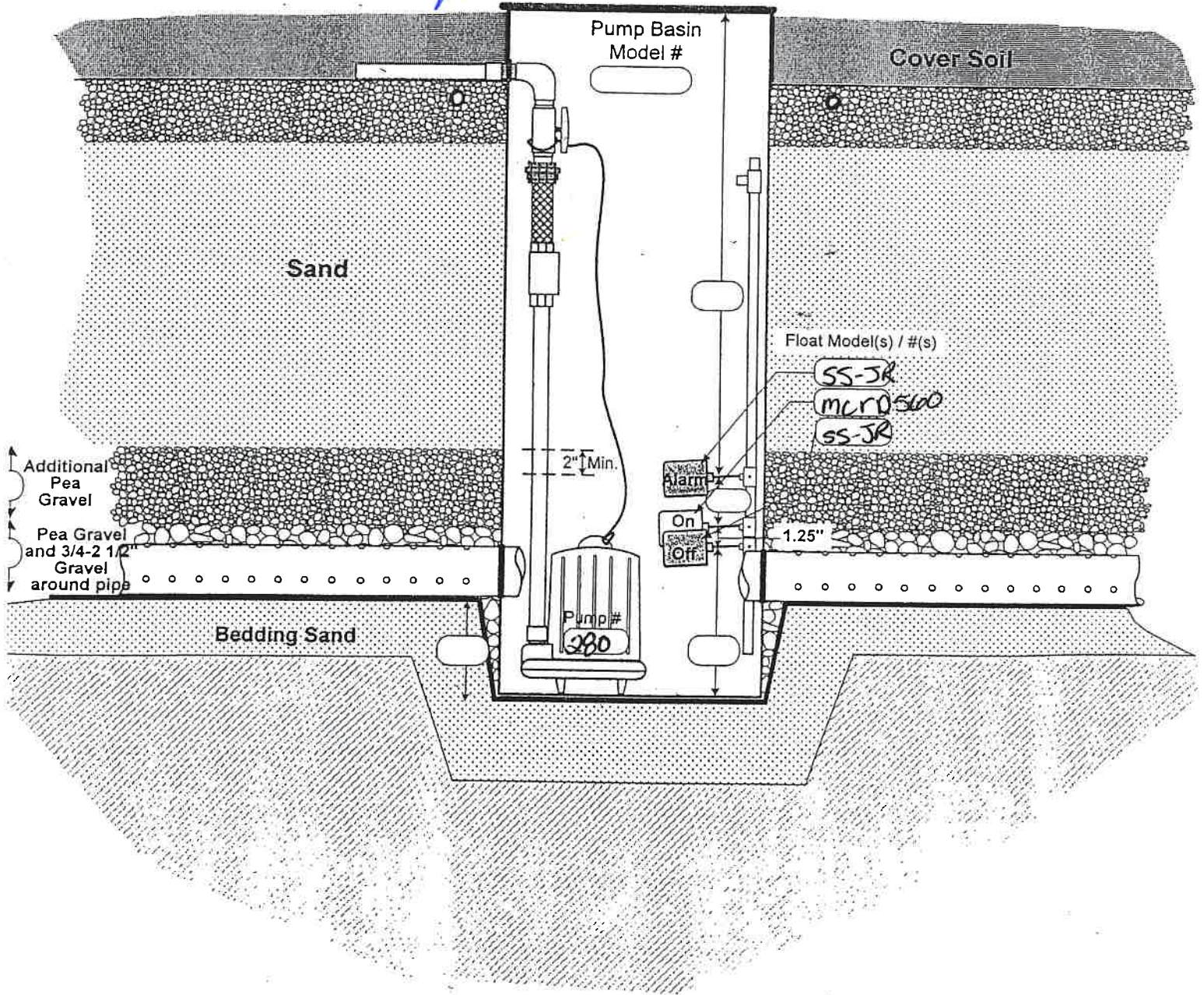
5/30/24

JO CO ON-SITE SEPTIC

MAY 30 2024

APPROVED BY:

Mike Okey p274



Sand Filter
Pump Basin Worksheet

MR. Ed's Advanced Septic, LLC

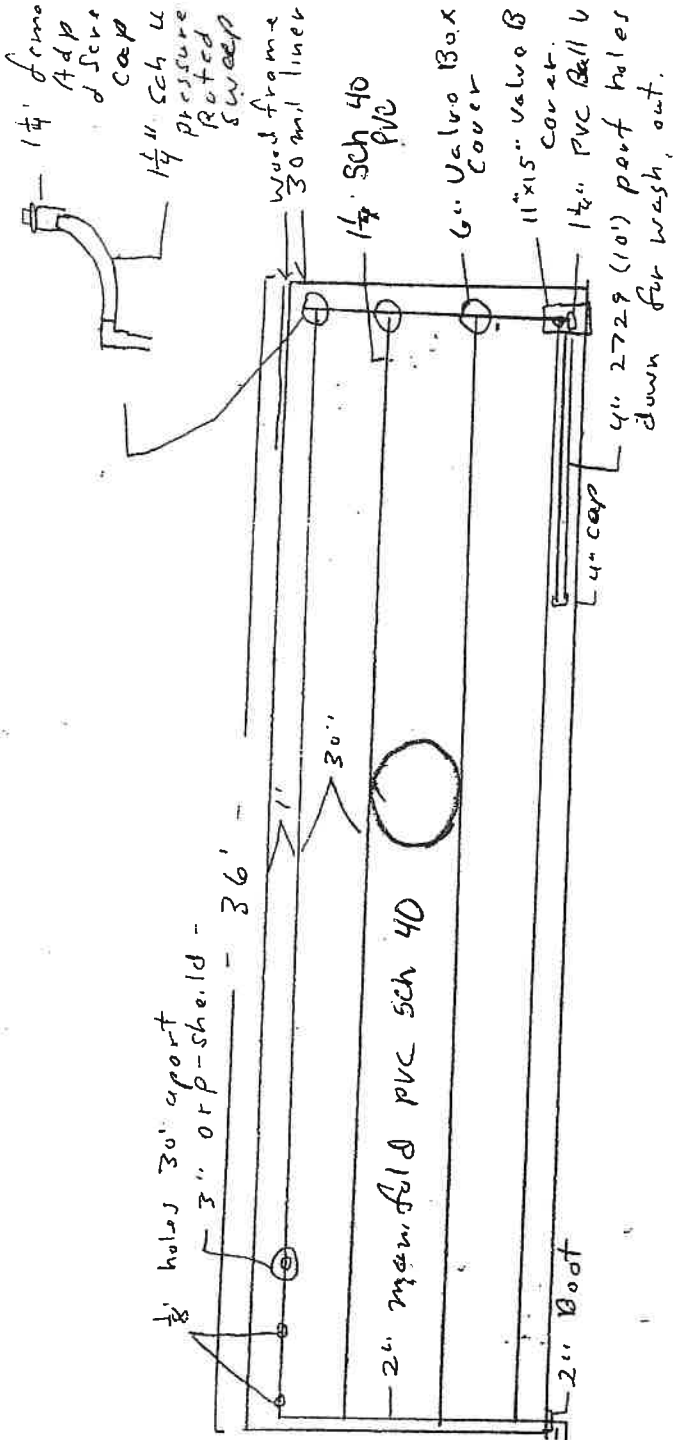
Top View of 10 x 36' S.F.

JO CO ON-SITE SEPTIC

MAY 30 2024

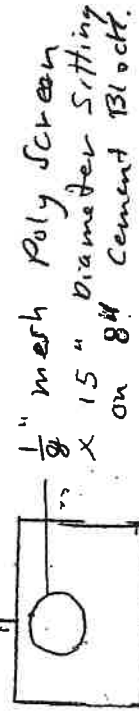
APPROVED BY:

Mike
P 327 47



Green →
Locate
wire

2" PVC Sch 40



- ① 1" mesh Poly Screen x 15" diameter sitting on 8" Cement Block.
- ② 6" PVC Cup
- ③ using H. Head pump for 6' lift + at 1/2" square holes in S.F.
- ④ auto float switch set to pump 45-60 Gallons - P.C.
- ⑤ auto float switch set to pump 45-60 Gallons - P.C.

OKenco Lid + 5 turn screw - note Septic tank Entrance to be Extended to sur face

- ④ Septic tank to be filled with H2O

- ① 1/2" holes drilled clean 30" apart.
- ② 1 1/2" PVC pipe for laterals sch 40
- ③ 2" manifold PVC Sch 40
- ④ male adp screw caps 1 1/4" for Clean outs on each line.
- ⑤ use 1 1/4" PVC sweep with pressure rating
- ⑥ use 1 1/4" PVC Ball Valve for wash out purpose either into 4" x 10' port pipe in sand filter or 1 1/4" PVC - back to sewer line entering septic tank.

Mr. Ed's Advanced Septic, LLC

P.O. Box 759, Grants Pass, Ore., 97528

541-476-2821 Office E-Mail: mredsseptic@gmail.com

DEQ 38580 CCB 182903

2 Year Ore. Service Contract – Double Pump Sand Filter

Parties: (Authorized Service Provider)

Name: Mr. Ed's Advanced Septic, LLC

Address: P.O. Box 759

City, State, Zip code: Grants Pass, Or., 97528

Telephone: 541-476-2821

Email: mredsseptic@gmail.com

And: (Customer)

Name: Larry & Penny Whitmire

Address: 2863 Granite Hill

City, State, Zip Code: Grants Pass, Or. 97526

Telephone: 541 476-6392

Email: plwhitmire@gmail.com

System Location:

Address: 2863 Granite Hill

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

Legal Description: 35-05-29-B0 TL 2201

Installed By: Mr. Ed's Advanced Septic, LLC

Date of Start Up: _____

Permit #: _____

Agency Contact Information:

Agency: Community Development Onsite Septic Division

Address: 700 NW Dimmick Street, Suite B

City, State, Zip Code: Grants Pass, Or., 97526

Telephone: 541-474-5444

Email: onsiteseptic@josephinecounty.gov

In consideration of prepayment of the Service Contract cost included in the system sale, this authorized service company agrees to the following:

During the service period specified, make 4 inspection calls on the sand filter system located at the above mentioned address.

Inspection calls will include:

- Inspection, cleaning, adjustment and serving of any mechanical and electrical components that are out of order.
- Repair/replacement of any components under warranty that is non-functional.
- Visual inspection of the solids in the septic tank to determine pumping needs.
- Visual inspection of sand filter box.
- If any improper operation is observed, which cannot be corrected during the visit, system owner shall be notified in writing of the conditions and the estimated date of correction.

Schedule of Routine Service and Maintenance Events (approximate):

- Routine inspection 6 month
- Sand Filter Box cleaning 1 year
- Removal of solid residuals from tank 2-5 years

(Note: Replacement of components and pumping of solids are estimates. The frequencies of these events will vary and are dependent upon usage, homeowner care and routine maintenance.)

The length of this service contract is 2 years from system start up date, unless extended by this service provider.

Additional service (as Approved), replacement of out of warranty components, laboratory test work, pumping of tanks and repair of

broken lines will be done upon written authority from the system owner at additional charge.

IMPORTSNT: This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to “misuse or abuse” of the system, failure to maintain electrical power to the system: sewage flows that exceed the hydraulic or organic design capabilities; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc.: or any usage contrary to the requirements listed in the owner or as advised by the authorized service provider representative.

Oregon Department of Environmental Quality Rule 340-071-0130

(17) Annual permits fees and reports: (a) Owners of pressurized distribution, and sand filter, recirculating gravel filter, and alternative treatment technology systems and those systems described in section(16)(d) of this rule not under WPCF permits must submit annual fees and reports as follows: (A) Owners must pay the annual report evaluation fee in OAR 340-071-0140 (onsite System Fees)

This two-year maintenance contract is only valid when system is installed by Mr. Ed’s Advanced Septic, LLC. (Les Harris)

Service Provider

Name: Les Harris

Signature: 

Title: Oregon Certified Service Provider

Customer

Name: Penny Whitmire

Signature: Penny Whitmire

Date: 5/23/24



NOTICE AUTHORIZING REPRESENTATIVE

10/15

I, Larry & Penny Whitmire, have authorized Mr. Ed's Advanced Septic, LLC 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:

2863 Granite Hill, Rd., Grants Pass, Ore., 97526

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 05 Section 29-30 Map ID _____ Tax Lot #(s) 2201

PROPERTY OWNER:

Printed Name: Larry & Penny Whitmire

Address: 2863 Granite Hill, Rd.

City, State, Zip: Grants Pass, Ore., 97526

Phone: _____ Email: _____

Signature: *Penelope Whitmire*

AUTHORIZED REPRESENTATIVE:

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

Address: P.O. Box 759

City, State, Zip: Grants Pass, Ore., 97528

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

Signature: *Ed*

RECEIVED
MAY 15 2024

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

1. Applicant Name/Property Owner: Larry & Penny Whitmire
Mailing Address: 2863 Granite Hill, Rd.
City, State, Zip: Grants Pass, Ore., 97526
Telephone: 541-476-2821

2. Property Information:
County: Josephine Tax Lot No.: 2201
Township: 35 Range: 05 Section: 29-80
Physical Address: 2863 Granite Hill, Rd., Grants Pass, Ore., 97526
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

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

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

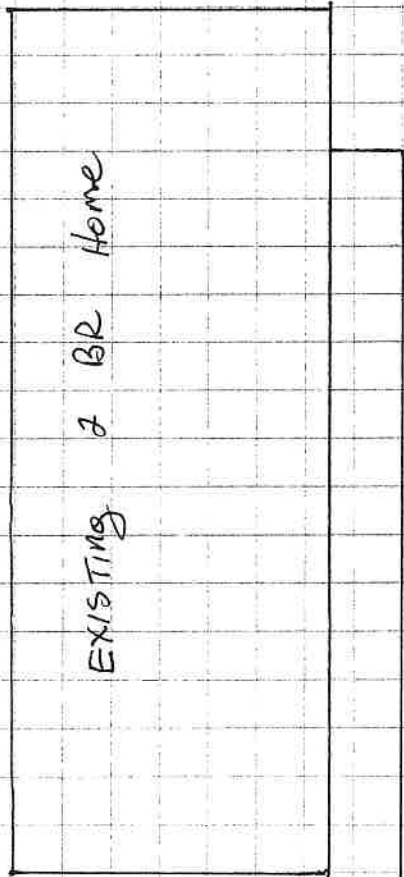
SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: RHS Zoning Minimum Parcel Size: 5 acres
6. The facility is located: inside city limits inside UGB outside UGB
If inside UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared City/County jurisdiction

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

Either provide reasons for affirmative compliance decision or attach findings of fact: Section 19.61.0205 of the JCC - single-family dwelling or manufactured dwelling - out right permitted use

8. Planning Official Signature: Jane Smith
Print Name: Jane Smith Title: Associate Planner
Telephone: 541-474-3424 Date: 5-22-24



EXISTING 1000 GALL
SEPTIC TANK

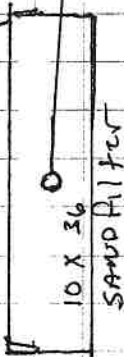
NEW 500 GALL
PUMP TANK

1 1/2 SCH 40
PVC

1 1/2 SCH 40
PVC

100 wire

OPER BOX

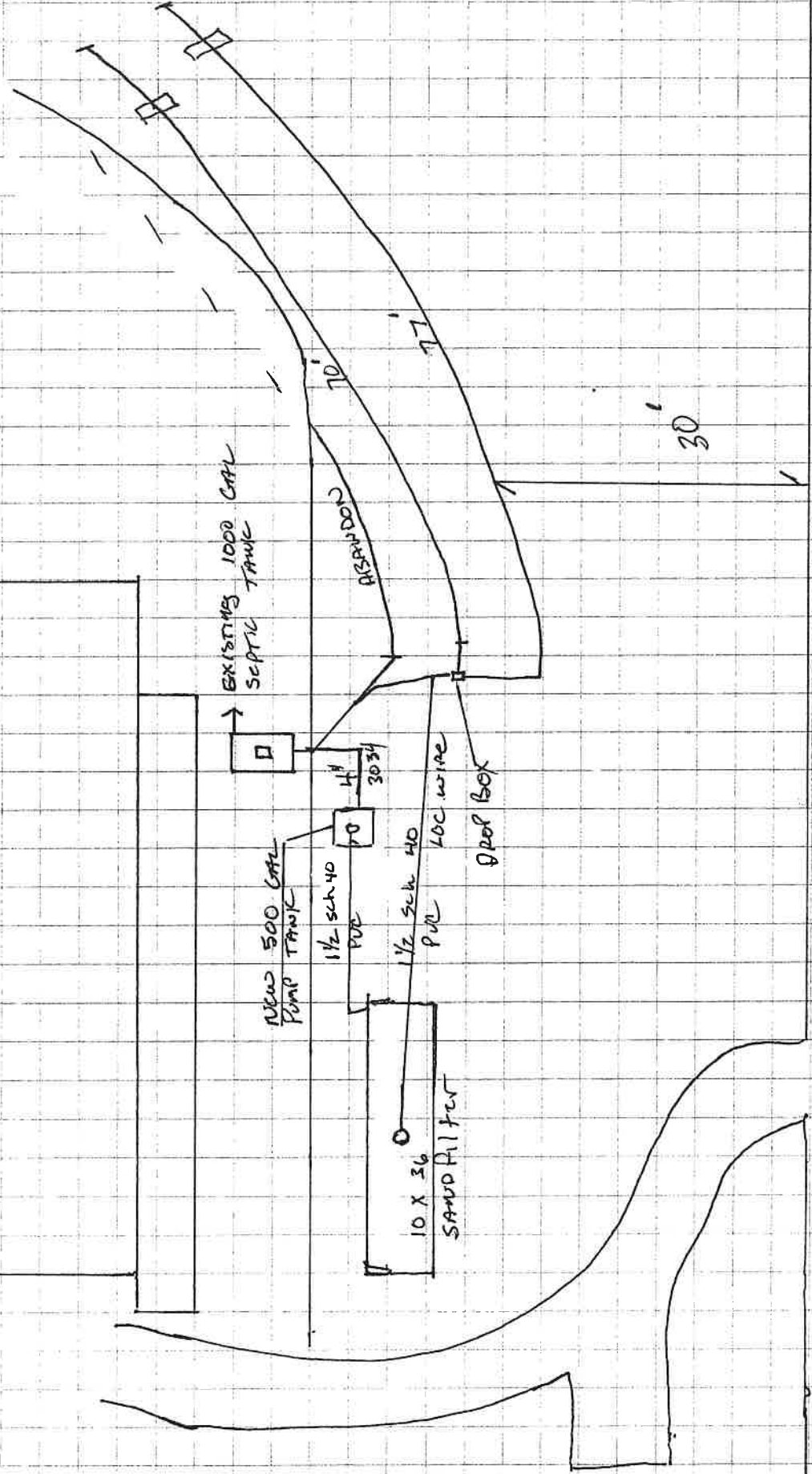


70'

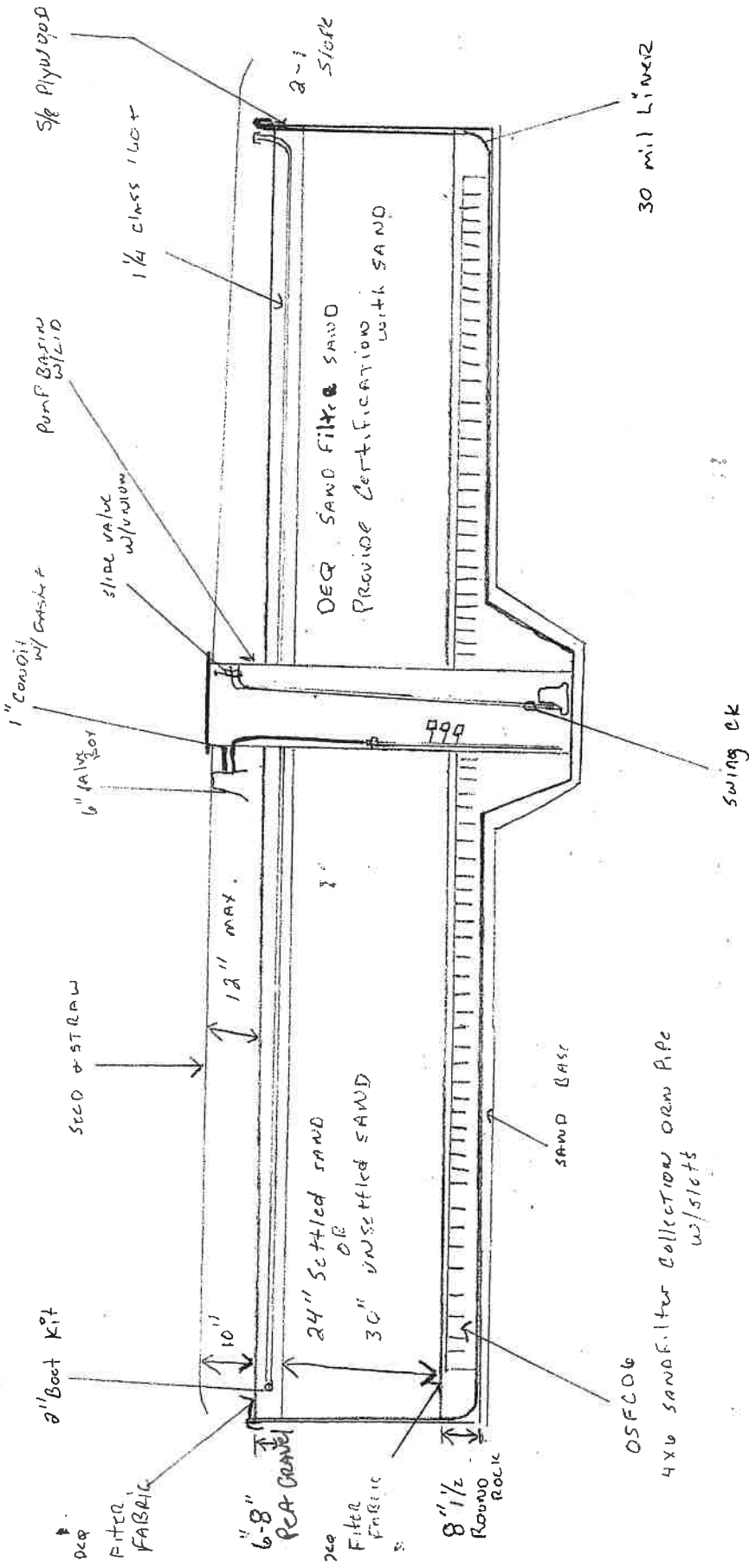
77'

30'

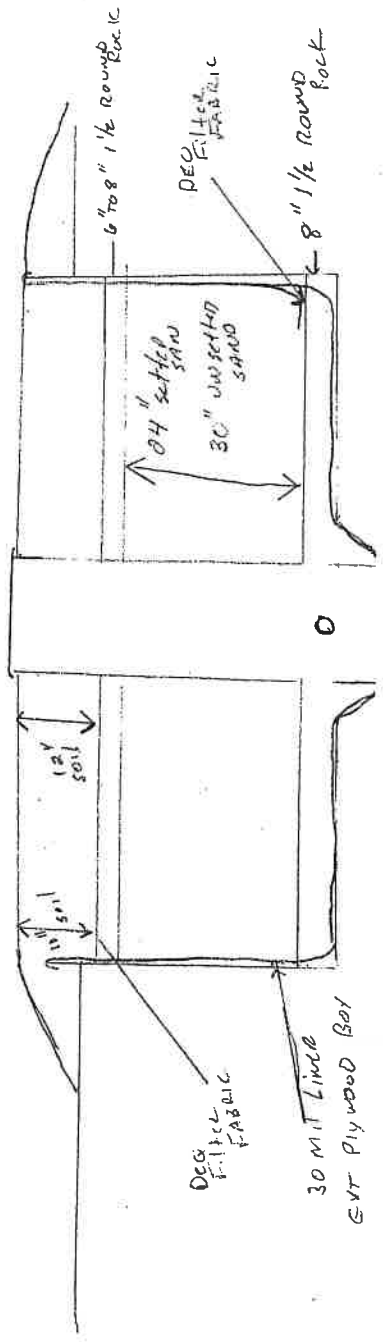
DISPERSED



SIDE 10X34 SAND FILTER BOX



END VIEW SAND FILTER BOX



OSFC06
4x6 sand filter collection oem pipe w/slots

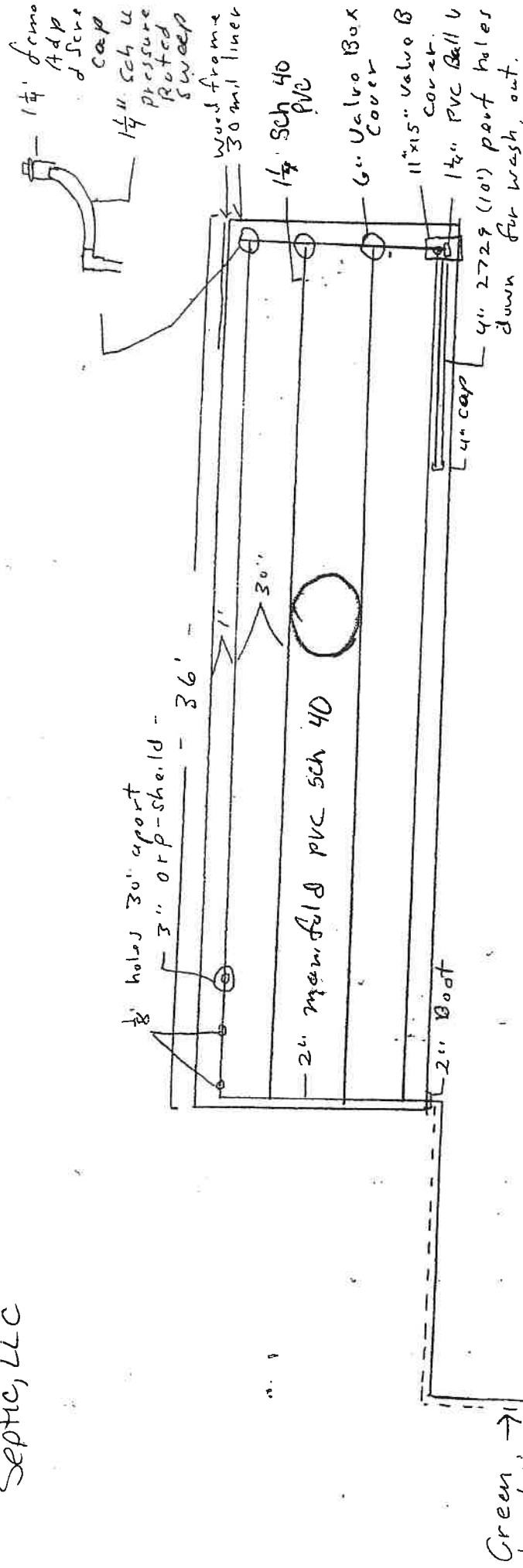
30 mil liner

swing ck

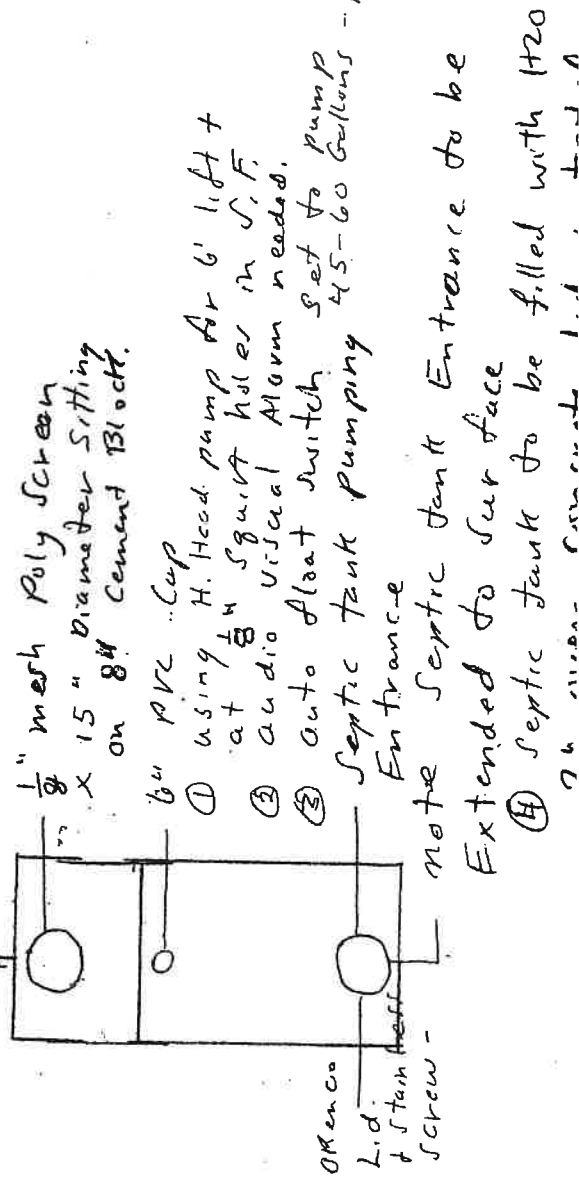
30 mil liner
EXT PLYWOOD BOX

MR. Ed's Advanced Septic, LLC

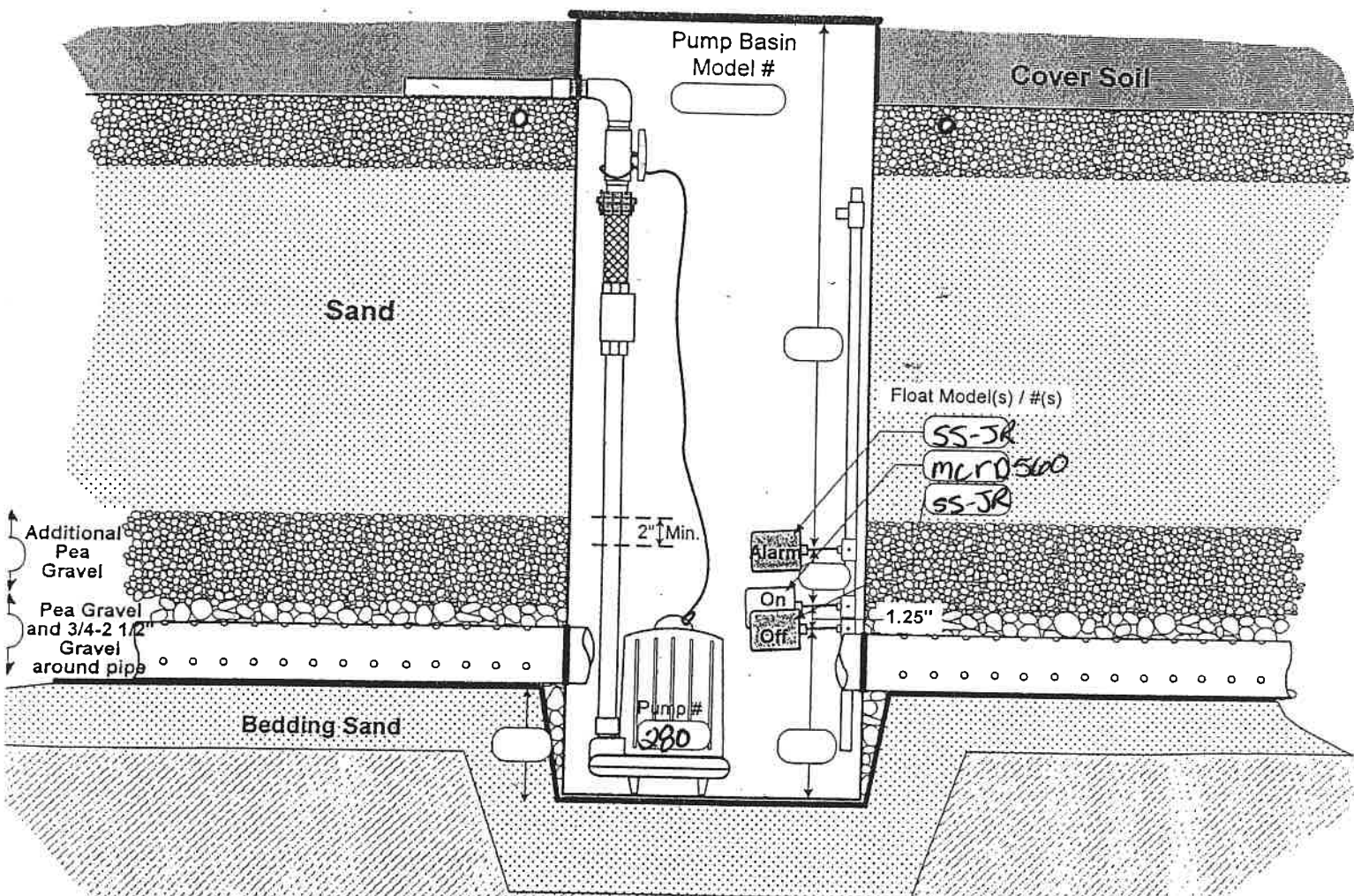
Top View of 10 x 36' S.F.



- ① 1/2" holes drilled clean 30" apart.
- ② 1 1/4" pvc pipe for laterals sch 40
- ③ 2" manifold pvc sch 40
- ④ male adp screw caps 1 1/4" for clean outs on each line.
- ⑤ use 1 1/2" pvc sweep with pressure rating
- ⑥ use 1 1/2" pvc Ball Valve for wash out purpose either into 4" x 10' pvc pipe in sand filter or 1 1/4" pvc - back to sewer line entering septic tank.



- 1" mesh Poly Screen x 15" diameter sitting on 8" cement block.
- 6" PVC Cap
- ① using H. Head pump for 6' lift + at 1/2" square holes in S.F.
- ② audio visual alarm needed.
- ③ auto float switch set to pump 45-60 Gallons - P.C.
- Septic tank pumping Entrance
- note Septic tank Entrance to be extended to sur face
- ④ Septic tank to be filled with H2O



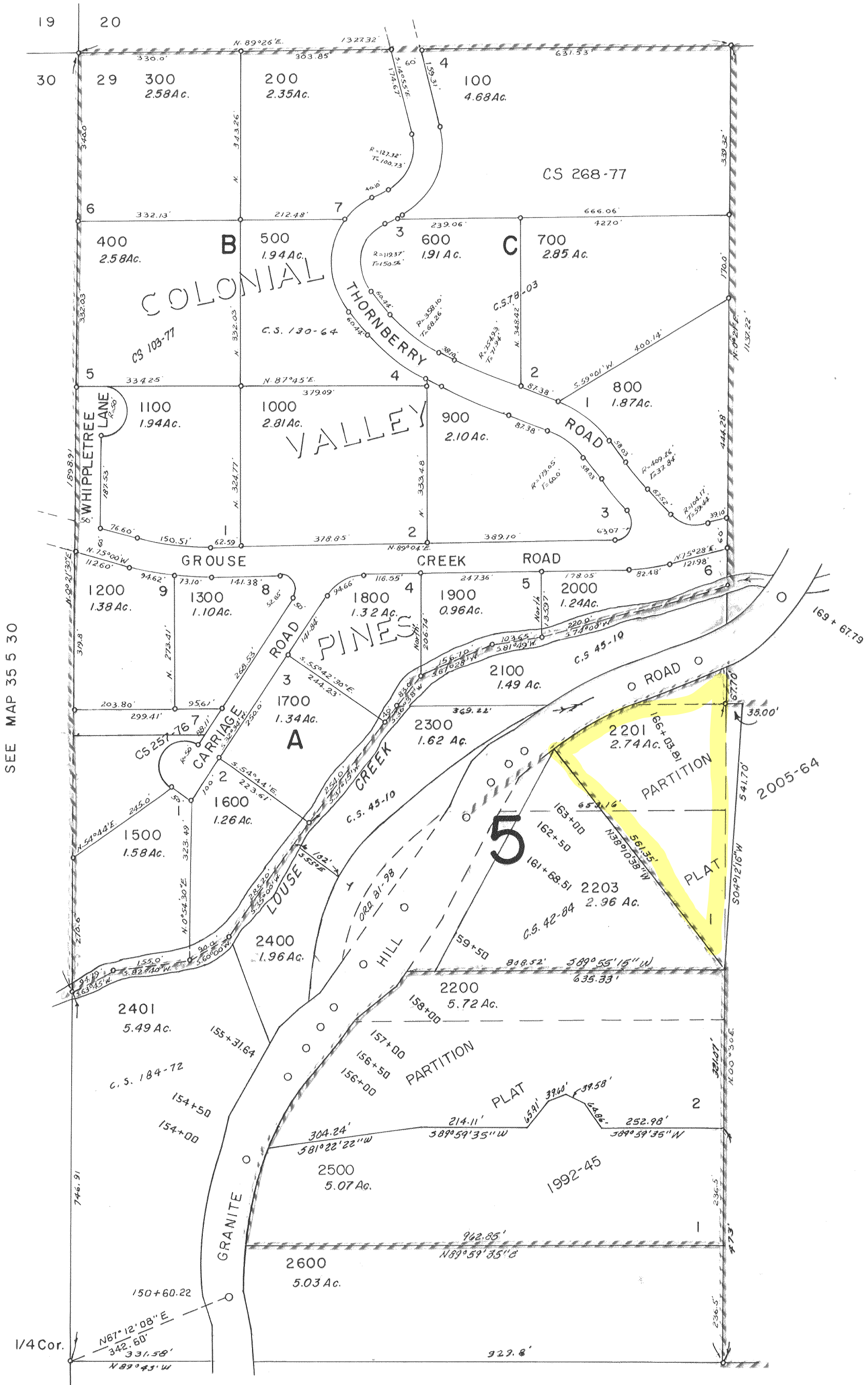
Sand Filter
Pump Basin Worksheet

JOSEPHINE COUNTY

1"=200'

This map was prepared for assessment purpose only.

SEE MAP 35 5 20C



1/4 Cor.

CANCELLED TL
1400
1401
2202-90
2290
2590

SEE MAP 35 5 30

SEE MAP 35 5 29

SEE MAP 35 5 29

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

PERMIT N° 7472

Josephine County Health Department

Street address of installation (If no street address, describe specific location) Granite Hill Rd.

Property Owner: Jack Baker Telephone: 762-2464

Mailing Address: 1025 Board Shanty Ck Rd.
street city State

DESCRIPTION OF PROPERTY: Township 35 Range 5 Section 29-2 Subsection _____ Code _____
(attach copy of assessor's map)

Tax Lot Number: 2200 Name of Subdivision: _____

Building site area in acres: 2.5 Dimensions of building site: Width _____ Depth _____

PROPOSED WATER SUPPLY: Individual — Well (drilled driven _____ dug _____) Surface _____ Spring _____
 Public: City _____ Community System (name) _____

BUILDING INFORMATION: Home Mobile Home _____ Number of Bedrooms 2

FHA or VA insured loan — yes _____ no _____ Commercial (type): _____

Garbage disposal unit — yes _____ no _____ Industrial (type): _____

SITE INFORMATION:		
	*Acceptable	Unacceptable
1. Free Water Level		
2. Slope		
3. Soil Type		
4. Restrictive Layer		
5. Available Area		
6. Distances		
7. Other		
Other		

Indicate proposed layout using as much detail as possible.

THIS PERMIT MUST BE POSTED
ON BUILDING SITE

Fee Schedule: new system ^{25.00} ~~\$5.00~~ repair \$2.00 _____ hook up to existing system \$1.00 _____ privy \$1.00 _____

Renewal \$5.00 _____ \$2.00 _____ Original Number _____

Permit Fee Paid 25.00
12-27-76
 Signature of Applicant: Jack Baker

Checked by: UB. 12-27-76
 Clerk

Date issued: 1/4/77

Do Not Write Below This Line

Domestic Sewage Disposal Permit: Approved Disapproved _____
sanitarian Costanzo 1/4/77
date

Minimum septic tank capacity in gallons: 750 (recommended 1200)
 Trench square feet 400 width 24" length 200 depth 24/236" This PERMIT Expires On: 1/4/78
 Equal _____ Loop _____ Serial

Seepage bed — square feet _____ width _____ length _____ depth _____
 Seepage pit — cubic feet _____ width _____ length _____ depth _____ READ OTHER SIDE OF THIS PERMIT

*SPECIAL INSTRUCTIONS and CONDITIONS: Follow plot plan!

MOBILE HOME EXTERIOR PLUMBING SHALL COMPLY WITH ORS 446.125 and OAR 44.490

Individual Sewage Disposal System Approved [Signature] 1/18/77
sanitarian date

Mobile Home Plumbing Approved _____
sanitarian date

ZONING CLEARANCE PERMIT
Josephine County, Oregon

Zoned Area IV

Date 27 Dec 76

Owner Baker, Jack

Mailing Address 1025 Bound. Sluaby Cr Rd

Property Description = 2644

Subdivision-Name _____ Lot _____ Block _____

Twp 35 Range 5 Section 29-2 Tax Lot 2200

Size or Lot-Width Var Depth Var Total Area 2.5Ac

Fronting on Granite Hill Rd

Proposed Use

Residential one only If mobile home, state size _____

Commercial _____ Industrial _____ Other _____

Does a residence presently exist on this parcel: Yes _____ No X

Subsurface Sewage Disposal System on this Parcel? Yes _____ No X

Provisions: _____

NOTE: PLEASE RETAIN THIS DOCUMENT & BRING IT WITH YOU WHEN APPLYING FOR SEPTIC, SEWER, ELECTRICAL & BUILDING PERMITS.

Jack Baker
Signature of Applicant

District Classification SR-5 Minimum Lot Size 5Ac

Any structure to be placed on the above mentioned lot must observe the following setbacks:

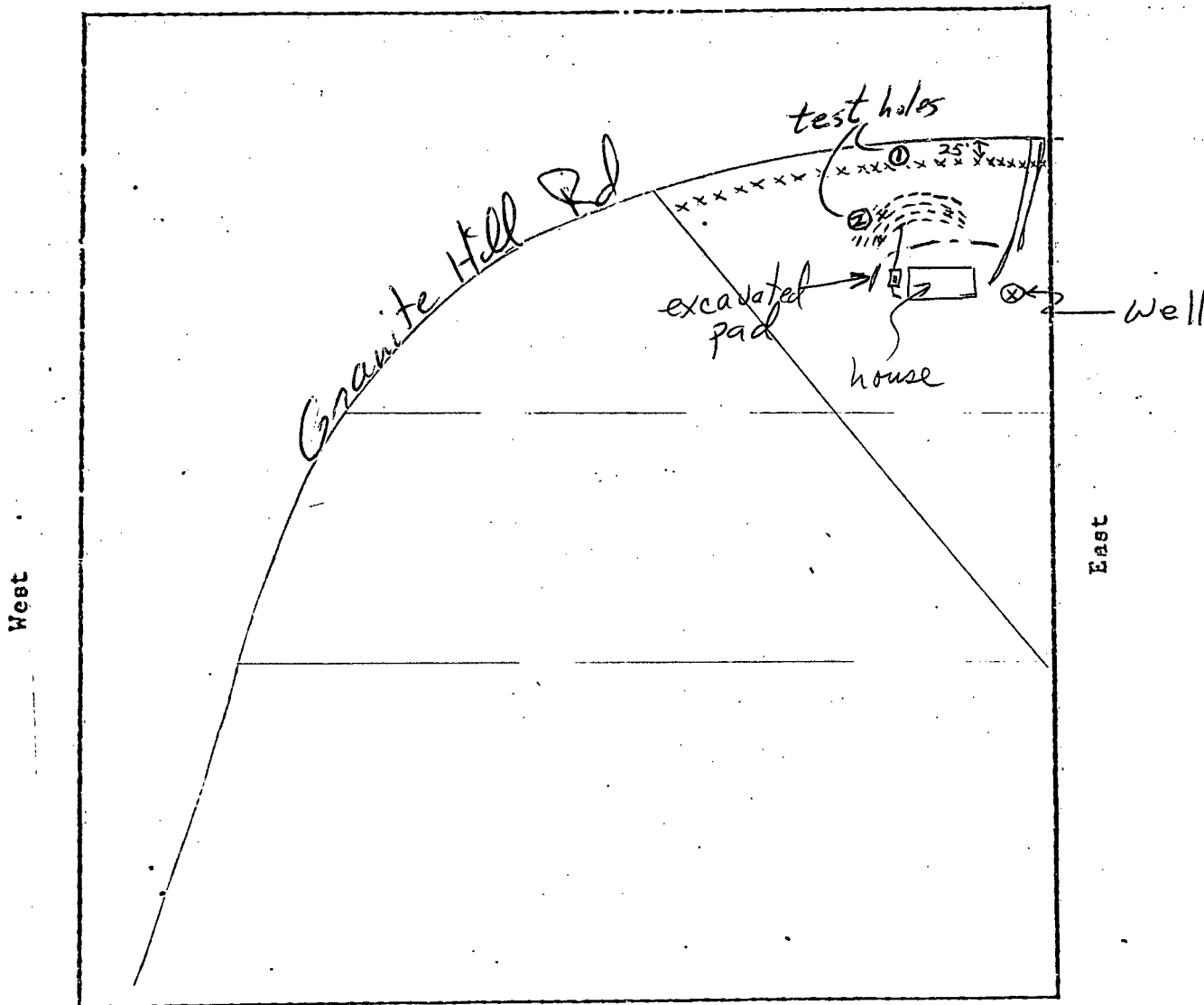
- 30 From Front Property Line (Note: Corner lots have 2 front yards)
- 60 From Center Line of Road 20 From Rear Property Line
- 10 From Left Side Property Line 10 From Right Side Property Line

Approved by: Wray A. Mungell
No. 1103

JOSEPHINE COUNTY HEALTH DEPARTMENT

THE FOLLOWING IS A PLOT PREPARED BY THE HEALTH DEPARTMENT AND SHOWS THE LOCATION OF WHERE YOUR SEPTIC TANK SYSTEM SHOULD BE INSTALLED. IF THERE IS ANY QUESTION, PLEASE CONTACT THE APPROPRIATE REPRESENTATIVE AND HE WILL DISCUSS REASONS FOR THE RECOMMENDED LOCATION. SEE PERMIT FOR SPECIFIC INSTRUCTIONS.

North



South



Health Department Representative

Date

PERMIT NO. _____

STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

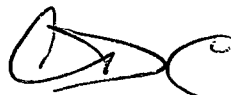
CERTIFICATE OF SATISFACTORY COMPLETION

SUBSURFACE OR ALTERNATIVE SEWAGE SYSTEM

OWNER Jack Baker PERMIT NO. 7472
LOCATION Granite Hill Rd 35-5-29-2 Tr #2200

In accordance with Oregon Revised Statute 454.665 this certificate is issued as evidence of satisfactory completion of a subsurface or alternative sewage disposal system at the above location.

1/18/77
Date



Sanitarian

Josephine County

Josephine County Health Dept.

RECORD OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

Permit Issued to: Name Jack Baker Installer's Name Edward Ounbey
 Mailing Address _____ Permit Number 2472
 Property Address Grant Hill Rd.

Total Number: Living units 1 bedrooms 2 baths 2 basement: yes _____ no

Water Supply: public system _____ individual community _____

Septic Tank: distance from well 100+ feet Material Concrete
 total liquid capacity 1000 gal. Inside length 8 1/2 ft.
 inside width 5 ft. Inside depth 5 ft.
 liquid depth 4 1/2 ft.

Tile Disposal Field (trench or bed _____) Distribution Box? yes _____ no _____ other ceval
 Length of trench or bed 200 ft.
 Total linear feet _____ ft.
 Width of trench or bed 2' ft.
 Total square footage 400 ft.
 Distance between tile lines 10-20' ft.
 Type of rock filler material 1/2 round
 Depth rock over tile 2-3" ft.
 Depth rock beneath tile 6" ft.
 Grade boards used: yes _____ no Blacks & trans

Seepage Pit: depth _____ width _____ length _____
 square feet _____ lined(dry well) _____ or gravel filled(pit) _____

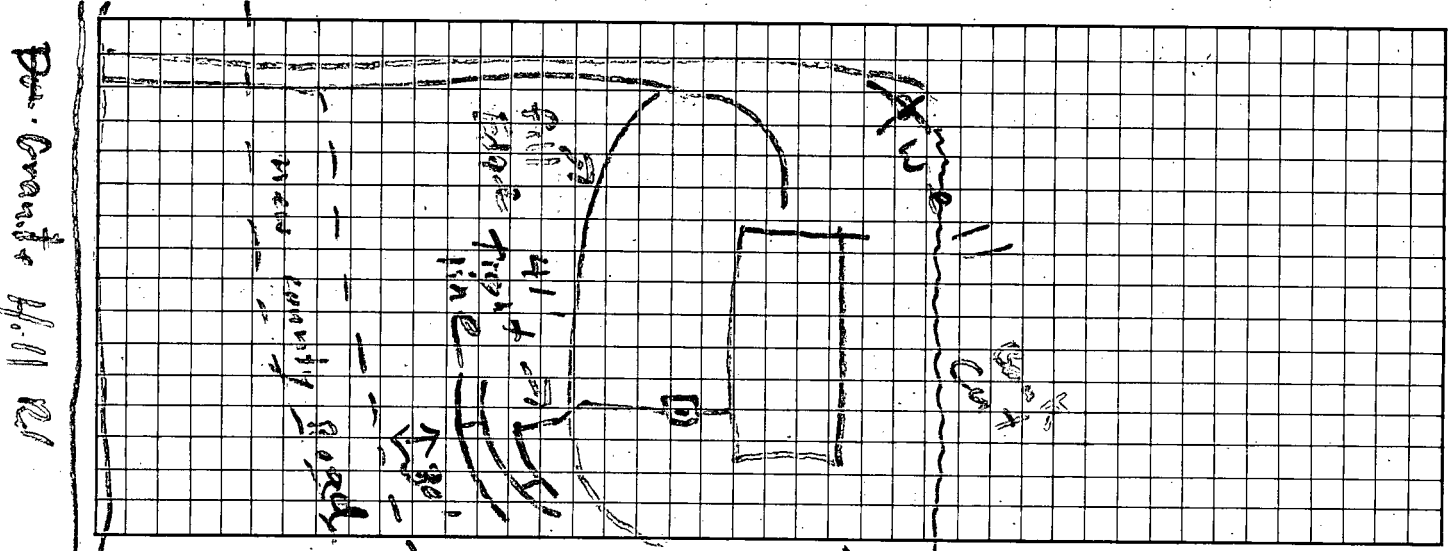
Privy: ground excavation: depth _____ width _____ length _____
 cubic feet _____

Distance of well from subsurface disposal unit _____ ft.

Edward Ounbey 1-16-77
 SIGNATURE OF INSTALLER DATE

DO NOT WRITE BELOW THIS LINE

SKETCH OF ACTUAL SYSTEM (Show cross section of dry well or seepage pit)



System meets all codes and apparently WILL function satisfactorily and is therefore APPROVED for occupancy. WILL NOT function satisfactorily and is therefore DISAPPROVED.

Remarks Drain - in fields sized for 2 bedroom dwelling

1/18/77
 Date

JOSEPHINE COUNTY HEALTH DEPARTMENT
[Signature]
 Sanitarian

VERIFICATION OF ZONING PROVISIONS*

NOV 20 1975

Josephine County, Oregon

Date 3 Nov 75

Zoned Area V

Owner Withers, W D

Mailing Address 1/2 505 NE "7" Crp.

Property Description

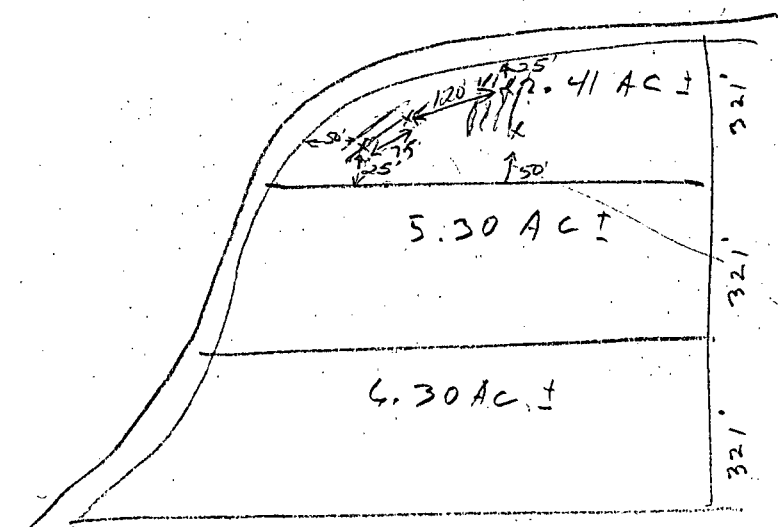
Subdivision-Name _____ Lot _____ Block _____

Twp 35 Range 5 Section 29 B Tax Lot 2200

Existing Lot-Width Var Depth Var Total Area 13.76 Ac

Fronting on Granite Hill Rd

Number of Proposed Lots 3 Existing Residence: yes _____ no X



ALL PROPOSED LOTS TO RECEIVE SITE INVESTIGATIONS.

Proposed Lot Plan

W.D. Withers
Signature of Applicant
W.D. Withers

District Classification SR-5 Min. Road Frontage 25 ft

Min. Lot Size 5 Ac Min. Lot Width at Building Line 300 ft

Approved By: Waymond

* FOR SITE INVESTIGATION ONLY

No. 279

ZONING CLEARANCE PERMIT
Josephine County, Oregon

Date 27 Dec 76

Zoned Area B

Owner Baker, Jack

Mailing Address 1025 Boardman St NW Rd

Property Description #2644

Subdivision-Name _____ Lot _____ Block _____

Twp 35 Range 5 Section 29-2 Tax Lot 2200

Size or Lot-Width Var Depth Var Total Area 2.5 Ac

Fronting on Granite Hill Rd

Proposed Use

Residential one only If mobile home, state size _____

Commercial _____ Industrial _____ Other _____

Does a residence presently exist on this parcel: Yes _____ No X

Subsurface Sewage Disposal System on this Parcel? Yes _____ No X

Provisions: _____

NOTE: PLEASE RETAIN THIS DOCUMENT & BRING IT WITH YOU WHEN APPLYING FOR SEPTIC, SEWER, ELECTRICAL & BUILDING PERMITS.

Jack Baker
Signature of Applicant

District Classification SR-5 Minimum Lot Size 5 Ac

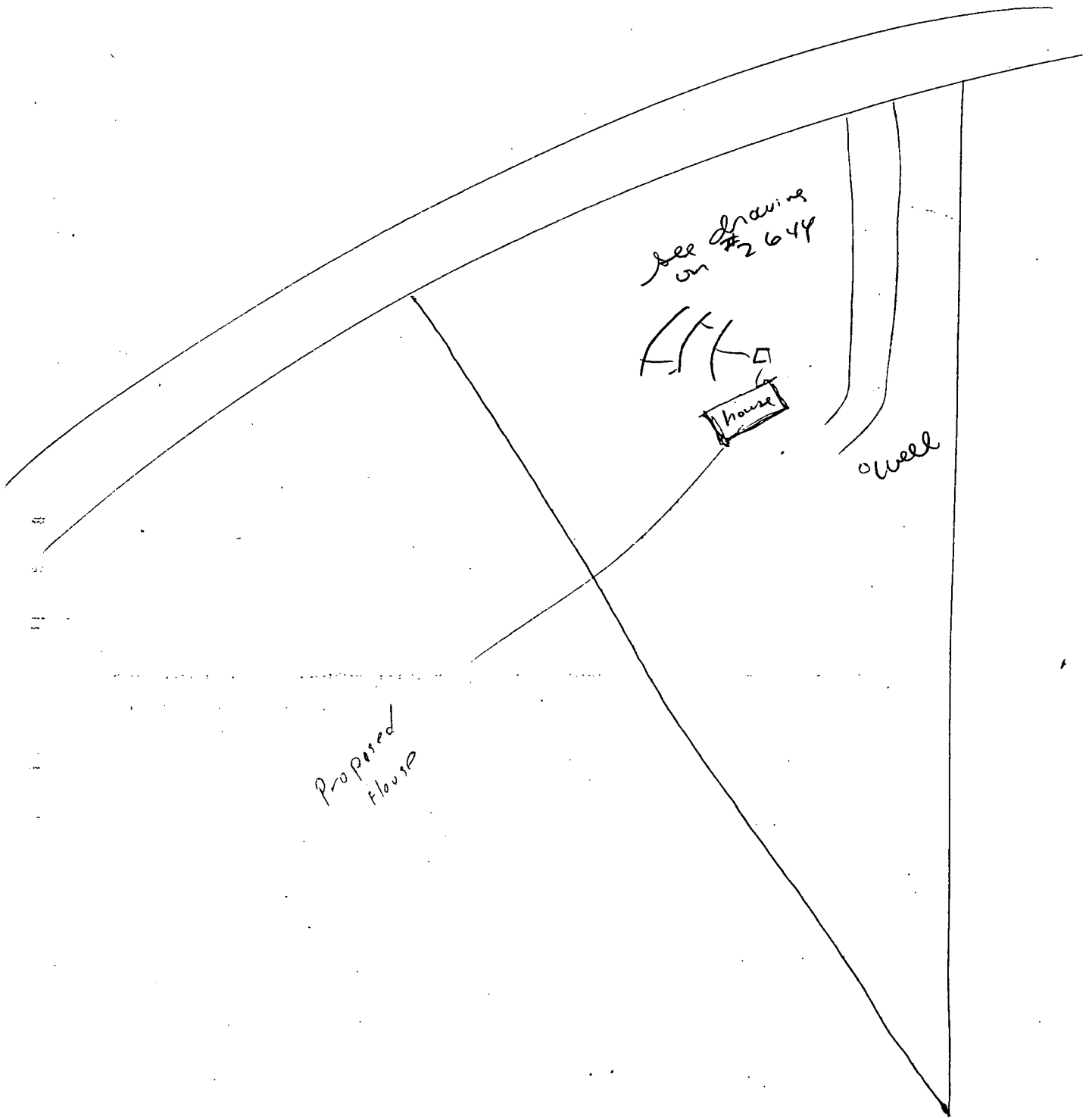
Any structure to be placed on the above mentioned lot must observe the following setbacks:

- 30 From Front Property Line (Note: Corner lots have 2 front yards)
- 60 From Center Line of Road 20 From Rear Property Line
- 10 From Left Side Property Line 10 From Right Side Property Line

Approved by: Wray A. Mungell

No. 1103

PLOT PLAN

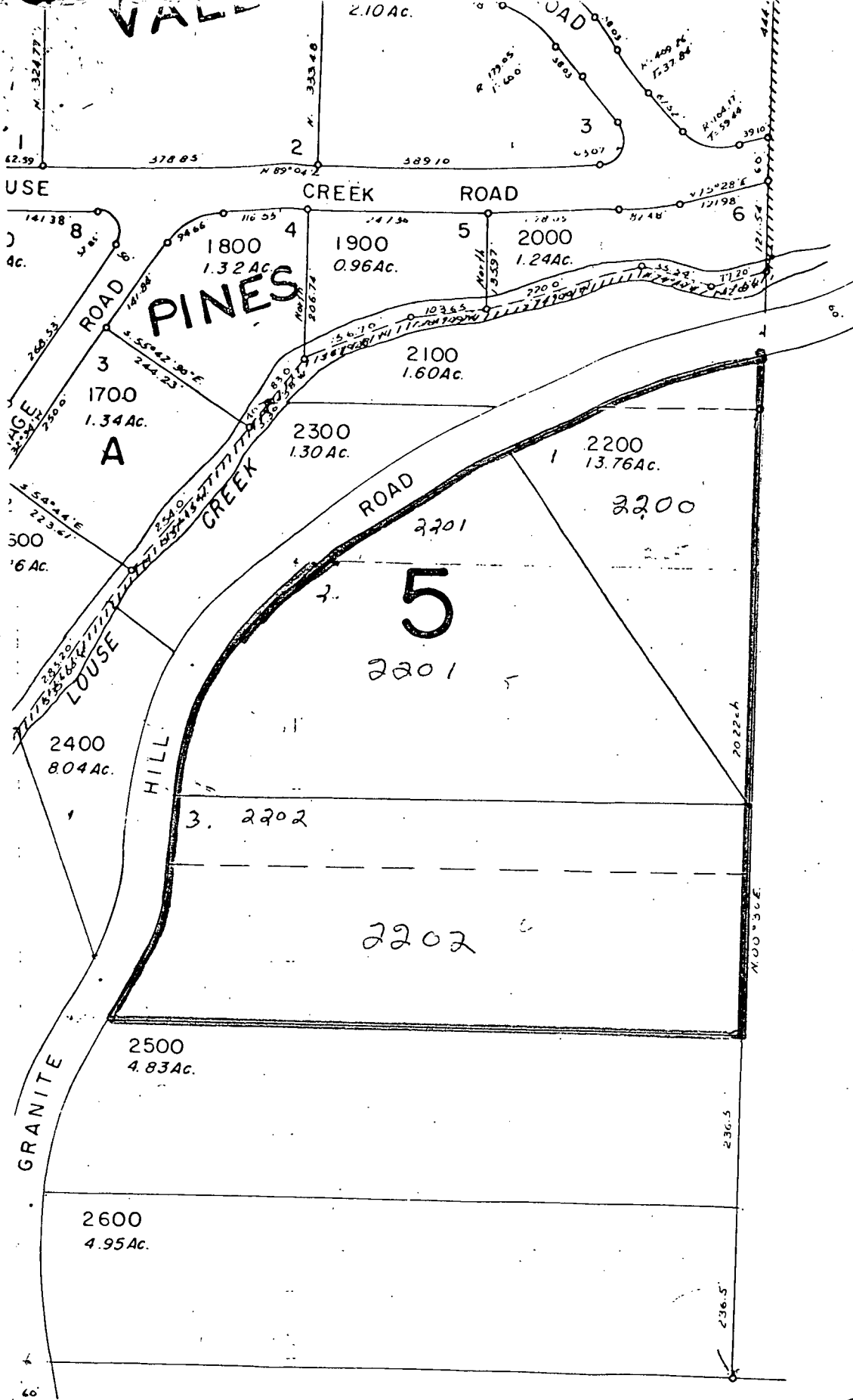


NORTH *

(* SHOW DIRECTION)

I/We certify that the proposed construction will conform to the dimensions and uses shown above and that no changes will be made without first obtaining approval.

Signature _____



SEE MAP 35 5 29

35-5-29 B
 THIS SKETCH IS FOR LOCATION PURPOSES ONLY AND NO LIABILITY IS ASSUMED FOR ANY VARIATIONS DETERMINED BY SURVEY JOSEPHINE COUNTY TITLE CO.

DO NOT WRITE IN THIS SPACE

NUMBER: HD PRIVATE
No 2644

Please call before going out.

Test Hole Ready ✓

SITE INVESTIGATION

Date 11/3/75

Josephine County Health Dept.

ANY PERSON, FIRM, OR CORPORATION DESIRING TO SUBDIVIDE LAND INTO FOUR OR MORE BUILDING SITES OR DEVELOP A MOBILE HOME PARK SHALL SUBMIT THIS BUILDING SITE INVESTIGATION REPORT TO THE HEALTH DEPARTMENT. THE INFORMATION SHALL BE OBTAINED THROUGH AN ENGINEER OR A LAND SURVEYOR. THE HEALTH DEPARTMENT WILL INVESTIGATE UP TO AND INCLUDING THREE BUILDING SITES FOR A FEE OF \$5.00 PER BUILDING SITE.

Name of Property Owner W. D. Withers, Jr. Emergent Head Phone 479-5555
Mailing Address of Property Owner 505 N.E. "7" Hunts Pass,
Name of Developer _____ Phone _____
Mailing Address of Developer _____
General Directions to Development, Including Landmarks Granite Hill Rd.

(attach copy of assessor's map) Township 35 Range 5 Section 29B Tax Lot Number 2200
Metes and Bounds, if Part of a Tax Lot _____

Total Acreage 13.76 Dimensions _____
Number of Building Sites Desired 1 Number of Mobile Home Spaces Desired _____
Source of Water Supply: Individual - Well (drilled driven _____ dug _____) Surface _____ Spring _____
Public: City _____ Community System (name) _____
Plot plan required for final approval _____
\$ 25.00 Cash Whitman & Bellch MS 25.00
Permit Fee Received 11-3-75 Signature of Developer _____ Clerk _____

FIELD INFORMATION REQUIRED

General Topography slope 1400 (40% slopes south of hole #2)
Drain fields must be 25ft from roadside cut (3ft high)
Relationship to Existing Domestic Water Sources _____

Hydrology: (1) Depth to ground water table (representative) No water or mottles observed

(2) General description of methods to be used for removal of ground or surface water (if applicable)
Ø

Relationship to Natural Water Courses (rivers, lakes, etc.) Gravel Cr across Granite Hill Rd

Soil Limitations: (If percolation tests are requested, attach results to this form. The percolation test form will be provided by the Health Department) Hole #1 Silty clay/loam w/ gravel 0-30"
clay loam 30-72"
Hole #2 same
Hole #3 same

DO NOT WRITE IN THIS SPACE

Please call before going out. Test Hole Ready ✓

NUMBER: HD PRIVATE
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SITE INVESTIGATION

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Public: City _____ Community System (name) _____
Plot plan required for final approval _____
\$ 25.00 Cash Withers, Withers M.J. 25.00
Permit Fee Received 11-3-75 Signature of Developer _____ Clerk _____

FIELD INFORMATION REQUIRED

General Topography slope 140% (40% slopes south of hole #2)
Drain fields must be 25ft from roadside cut (3ft high)
Relationship to Existing Domestic Water Sources _____

Hydrology: (1) Depth to ground water table (representative) No water or mottles observed
(2) General description of methods to be used for removal of ground or surface water (if applicable) _____

Relationship to Natural Water Courses (rivers, lakes, etc.) Gravel Cr across Granite Hill Rd

Soil Limitations: (If percolation tests are requested, attach results to this form. The percolation test form will be provided by the Health Department) Hole #1 Silty clay loam w/ gravel 0-30"
clay loam 30-72"
Hole #2 same
Hole #3 same
Drain field requirements: 250 sq ft / bedroom

Miscellaneous Information Need test hole locations available area? 3 bedrooms
max? break area 80' x 200'

Date 11/17/75 Person Performing Investigation and Title ODC RJS

FOR USE BY HEALTH DEPARTMENT

We have found the above described property: Acceptable _____ Conditionally Acceptable W
Not Acceptable _____ for use with individual sewage disposal systems.

To obtain clearance on a conditionally approved property the following is necessary: Plot plans showing house
well & driveway location ~~is~~ is required prior to permit clearance

DEVELOPMENT PERMIT
JOSEPHINE COUNTY PLANNING

LEGAL DESCRIPTION:

TOWNSHIP 35 S, RANGE 5 W, WM, Section 29-2 TAX LOT 2202
SUBDIVISION NAME _____ LOT _____ BLOCK _____
MINOR/MAJOR PARTITION APPROVAL DATE: _____
LOT WIDTH Var LOT DEPTH Var TOTAL ACREAGE 3.71
CREATED PRIOR TO ZONING DATE PREVIOUS ZCP NUMBER 1104

ACCESS:

ROAD FRONTAGE ON Granite Hill Rd ADDRESS: 2575
 MAINTAINED COUNTY ROAD/STATE HIGHWAY (See STANDARDS below)*

PROPERTY OWNER: John Lane

MAILING ADDRESS: 2575 Granite Hill Rd

EXISTING PROPERTY DEVELOPMENT(S)/USES(S):

RESIDENCE _____ NUMBER OF RESIDENCES _____
 SUBSURFACE SEWAGE SYSTEM _____ SEWER _____
 OTHER: _____

PROPOSED STRUCTURE OR USE:

Conventional Residence _____
 Mobile Home, size _____ NUMBER OF BEDROOMS: 3
 Guest House _____
 Commercial _____
 Industrial _____
 Agricultural Building _____
 Addition to Existing Structure** _____
 Other Agri. Drain Field

STANDARDS:

ZONING CLASSIFICATION: SR-5 MINIMUM LOT SIZE: 5 AC
MINIMUM LOT WIDTH AT THE BUILDING LINE: _____ WITHIN FLOOD HAZARD AREA:
COMMENTS: _____

ANY CONSTRUCTION ON THE PROPERTY MUST OBSERVE THE FOLLOWING SETBACKS:

From front lot line 30 * From centerline of street 60 *
From side lot lines 10 From rear lot line 20

*In regard to the setback from the front property line and the setback from the centerline of a street, the greater setback shall govern.

ACCESSORY STRUCTURES IN R-1, R-2, and R-3 ZONES MAY BE PLACED 6 FEET FROM THE REAR LINE.

* A road approach permit (for County maintained roads or State highways only) from the County Road Department or State Highway Division must be acquired prior to issuance of a Building Permit.

**Additions to existing structures must be placed at least 5 feet from septic tank, and 10 feet from drainlines.

APPROVED BY: _____ SIGNATURE OF OWNER: [Signature]

DATE ISSUED: _____ ZONED AREA _____ NUMBER _____

Original - Planning Department Retains
Canary - Environmental Health Department
Pink - Building Safety Department
Goldenrod - Applicant Retains