



Certificate of Satisfactory Completion  
Installation Permit - Residential - New

463-21-000174-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: 10/18/2021  
Work Description: STANDARD CONSTRUCTION PERMIT

**Applicant:** Stephen Stark Excavation, LLC  
**Address:** 756 Stringer Gap Road  
Grants Pass OR 97527  
**Phone:** (541) 476-1226  
**Email:** starksteve32@yahoo.com

**Primary Contractor:** Stephen Stark Excavation, LLC  
**Installer License:** 38143  
**Address:** 756 Stringer Gap Road  
Grants Pass OR 97527  
**Phone:** (541) 476-1226  
**Email:** starksteve32@yahoo.com

**Owner:** RICHARD DAVIDSON  
**Address:** PO BOX 863  
MERLIN OR 97532  
**Parcel:** 3506200000244000 - Primary

**Property Address:** 700 Robertson Bridge Rd, Grants  
Pass, OR 97526

|                           |         |                         |        |
|---------------------------|---------|-------------------------|--------|
| <b>Lot Size:</b>          | 5 ACRES | <b>Water Supply:</b>    | Well   |
| <b>Zoning:</b>            | N/A     | <b>City/County/UGB:</b> | County |
| <b>Land Use Approval:</b> | N/A     |                         |        |

**Category of Construction:** Single Family Dwelling

|                            | Existing | Proposed   |
|----------------------------|----------|------------|
| <b>Use of Structure:</b>   | N/A      | 3 BDRM SFR |
| <b>Number of Bedrooms:</b> | N/A      | 3          |

**System Specifications**

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

**Drain Field Specifications**

|                           |                |                                                  |        |
|---------------------------|----------------|--------------------------------------------------|--------|
| <b>Drain Field Type:</b>  | Standard       | <b>System Distribution Type:</b>                 | Serial |
| <b>Drainfield Sizing:</b> | N/A            | <b>Distribution Method:</b>                      | Serial |
| <b>Media Type:</b>        | EZ FLOW 1201P  | <b>Media Depth:</b>                              | N/A    |
| <b>Trench Length:</b>     | 150 linear ft. | <b>Rock Above Pipe:</b>                          | N/A    |
| <b>Max Depth:</b>         | 30 in.         | <b>Undisturbed Soil Between Trenches:</b>        | 8 ft.  |
| <b>Min Depth:</b>         | 24 in.         | <b>Capping Fills-Min Depth of Fill Material:</b> | N/A    |

**Special Requirements**

|                                                    |           |                                       |        |
|----------------------------------------------------|-----------|---------------------------------------|--------|
| <b>Groundwater Type:</b>                           | Temporary | <b>Groundwater Depth:</b>             | N/A    |
| <b>Groundwater Interceptor:</b>                    | Yes       | <b>Groundwater Interceptor Depth:</b> | 48 in. |
| <b>Groundwater Interceptor Amt of Drain Media:</b> | 36 in.    |                                       |        |

**Date Certificate Issued:** 10/18/2021

**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:** Yes      **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: 463-21-000174-PRMT

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

**SECTION 1: Owner/Permittee Information:**

Name: RICHARD DAVIDSON

Twnshp:

Range:

Sect:

Lot:

Property 700 ROBERTSON BRIDGE RD, GRANTS PASS, OR

Address: 97526

**SECTION 2: System Component Specifications:**

## A. Tanks/Pumps

## System Type:

Water tight  
verification\*

|          |                     |                        |                                       |                      |
|----------|---------------------|------------------------|---------------------------------------|----------------------|
| Tanks(1) | Volume: <u>1000</u> | Compartments: <u>1</u> | Manufacturer: <u>Riverside Redmix</u> | Date: <u>9-30-21</u> |
| 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 <input checked="" type="checkbox"/> | No | Diameter: <u>4"</u> | ASTM#/Other: <u>3034</u> | Length: <u>44'</u> |
| 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

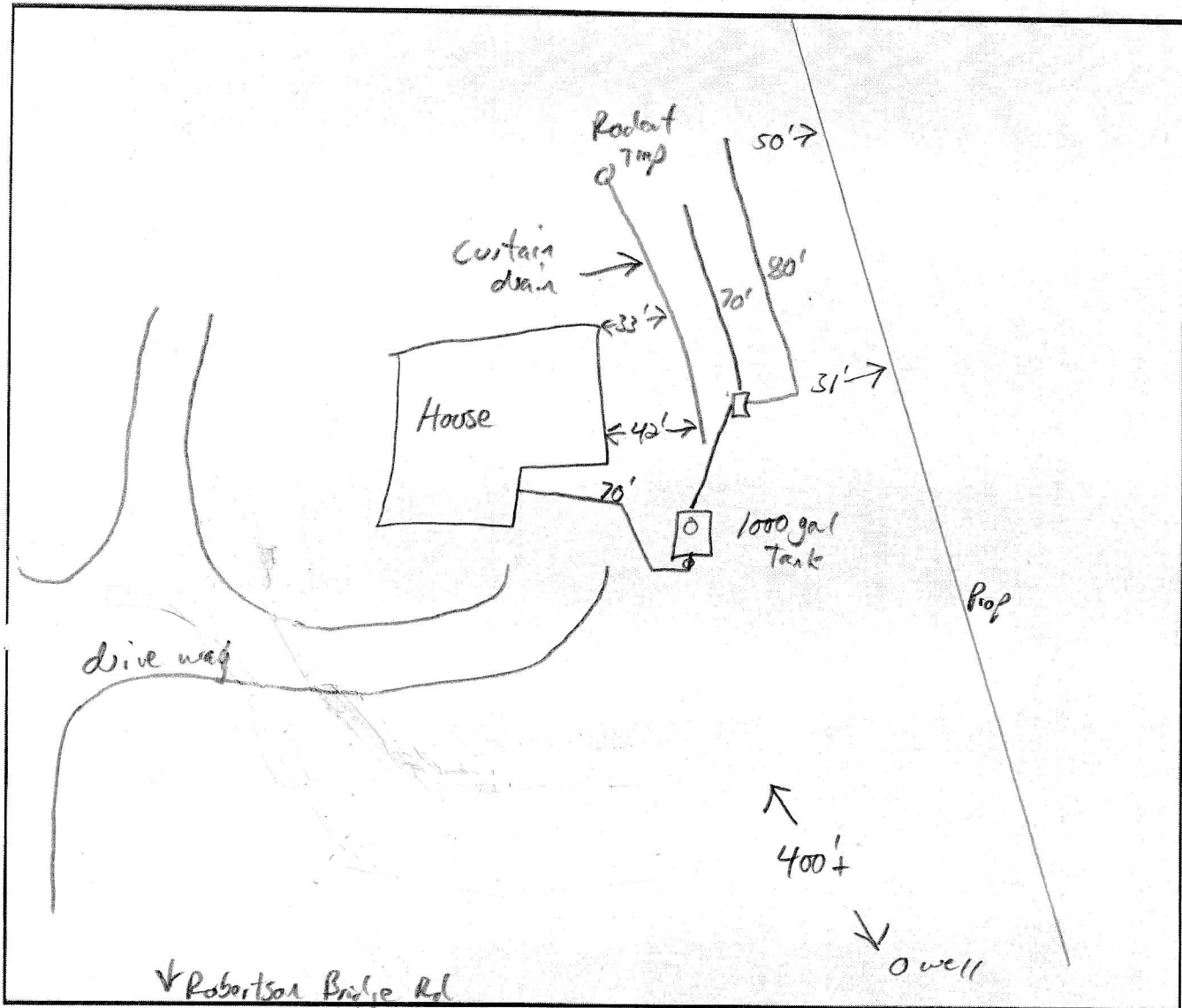
|                   |                                               |    |                     |                                     |
|-------------------|-----------------------------------------------|----|---------------------|-------------------------------------|
| Type              | (Gravel, Pipe or alternative?) <u>E2-Flow</u> |    |                     |                                     |
| Distribution Box  | Yes                                           | No |                     |                                     |
| Drop Box          | Yes <input checked="" type="checkbox"/>       | No |                     |                                     |
| Distribution Pipe | Yes <input checked="" type="checkbox"/>       | No | Diameter: <u>4"</u> | ASTM#/Other: <u>E2-Flow</u> 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: <u>Stephen Stark Exc. LLC</u> |                             |
| Licensed Installer:                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | License#: <u>38143</u>                    | Certification#:             |
| Owner/ Certified Installer:                              | Signature: <u>Stephen Stark</u>                                     | Date: <u>10-1-21</u>                      | Phone#: <u>541-976-1226</u> |

### SECTION 5 - Office Use Only:

|                                         |                              |                             |       |                                       |                              |                             |       |
|-----------------------------------------|------------------------------|-----------------------------|-------|---------------------------------------|------------------------------|-----------------------------|-------|
| Notice Accepted                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: | Installer/Owner (Permittee) Notified: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |
|                                         |                              |                             |       |                                       |                              |                             |       |
| If No, Reason for Non Acceptance: _____ |                              |                             |       |                                       |                              |                             |       |
| Comment: _____                          |                              |                             |       |                                       |                              |                             |       |





























**Septic Permit**  
**Installation Permit - Residential - New**  
**463-21-000174-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:** 5/10/21

**Expiration date:** 5/10/22

**Work description:** STANDARD CONSTRUCTION PERMIT

**Applicant:** Stephen Stark Excavation, LLC  
**Address:** 756 Stringer Gap Road  
Grants Pass OR 97527  
**Phone:** (541) 476-1226  
**Email:** starksteve32@yahoo.com

**Primary contractor:** Stephen Stark Excavation, LLC  
**Installer License:** 38143  
**Address:** 756 Stringer Gap Road  
Grants Pass OR 97527  
**Phone:** (541) 476-1226  
**Email:** starksteve32@yahoo.com

**Business License:** N/A

**Owner:** RICHARD DAVIDSON  
**Address:** PO BOX 863  
MERLIN OR 97532

**Property address:** 700 Robertson Bridge Rd, Grants Pass,  
OR 97526

**Parcel:** 3506200000244000 - Primary

|                           |         |                                 |                                   |
|---------------------------|---------|---------------------------------|-----------------------------------|
| <b>Lot size:</b>          | 5 ACRES | <b>Water supply:</b>            | Well                              |
| <b>Zoning:</b>            | N/A     | <b>City/County/UGB:</b>         | County                            |
| <b>Land use approval:</b> | N/A     | <b>County:</b>                  | N/A                               |
| <b>Action:</b>            | New     | <b>Type of application:</b>     | Construction Permit - Residential |
| <b>System failing:</b>    | N/A     | <b>Septic tank last pumped:</b> | N/A                               |
| <b>Comments:</b>          | N/A     |                                 |                                   |

**Category of construction:** Single Family Dwelling

|                            | Existing | Proposed   |
|----------------------------|----------|------------|
| <b>Use of structure:</b>   | N/A      | 3 BDRM SFR |
| <b>Number of bedrooms:</b> | N/A      | 3          |

**System Specifications**

|                                |           |                                |          |
|--------------------------------|-----------|--------------------------------|----------|
| <b>Type:</b>                   | Standard  | <b>ATT description:</b>        | N/A      |
| <b>Max peak design flow:</b>   | 450 gpd.  | <b>Proposed flow:</b>          | 375 gpd. |
| <b>Min septic tank volume:</b> | 1000 gal. | <b>Min dosing tank volume:</b> | N/A      |

**Drain Field Specifications**

|                                |                                       |                                                  |        |
|--------------------------------|---------------------------------------|--------------------------------------------------|--------|
| <b>Drain field type:</b>       | Standard                              | <b>System distribution Ttpe:</b>                 | Serial |
| <b>Drainfield sizing:</b>      | N/A                                   | <b>Distribution method:</b>                      | Serial |
| <b>Media type:</b>             | Other - Indicate Product/Manufacturer | <b>Media depth:</b>                              | N/A    |
| <b>Media type description:</b> | EZ FLOW 1201P                         |                                                  |        |
| <b>Trench length:</b>          | 150 linear ft.                        | <b>Rock above pipe:</b>                          | N/A    |
| <b>Max depth:</b>              | 30 in.                                | <b>Undisturbed soil between trenches:</b>        | 8 ft.  |
| <b>Min depth:</b>              | 24 in.                                | <b>Capping fills-min depth of fill material:</b> | N/A    |

**Special Requirements**

|                                 |           |                                       |        |
|---------------------------------|-----------|---------------------------------------|--------|
| <b>Groundwater type:</b>        | Temporary | <b>Groundwater depth:</b>             | N/A    |
| <b>Groundwater interceptor:</b> | Yes       | <b>Groundwater interceptor depth:</b> | 48 in. |

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: 5/10/21

Expiration date: 5/10/22

Work description: STANDARD CONSTRUCTION PERMIT

Groundwater interceptor drain media amt: 36 in.

**Conditions of approval**

- 1.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2.Vehicular traffic and livestock must be restricted from the system area.
- 3.All roof drains must be directed away from the system
- 4.All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
- 5.Meet all required setbacks
- 6.The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
- 7.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
- 8.For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 9.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.
- 10.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.
- 11.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 12.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 13.Maximum length of an individual trench is 150-feet.
- 14.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- 15.Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.
- 16.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 17.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.
- 18.Photos of the septic system components must be submitted along with the FIRN.



**Date issued:** 5/10/21**Expiration date:** 5/10/22**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

5/10/21





# 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 <sup>st</sup> response |            |            |
| Date of 2 <sup>nd</sup> response |            |            |
| Date of final response           |            |            |
| Date of completion               |            |            |
| Scanned                          | Data Entry |            |

## A. Property Owner Information

Name Richard F. Davidson Mailing Address (Street or PO Box, City, State, Zip Code) P.O. Box 863 Medlin OR 97532 Phone Number 310-756-4679

## B. Legal Property Description

Township 35 Range 06 Section 20 Tax Lot 2440 Tax Account Number \_\_\_\_\_ Acreage or Lot Size \_\_\_\_\_  
County Josephine Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: Robertson Bridge Rd City Grants Pass State OR Zip Code 97526

Directions to Property: Medlin Rd to Robertson Bridge

## 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 Stephen Stark Date 5-3-2021

Applicant's Name - Please Print Legibly Stephen Stark LLC Applicant's Phone Number 541-660-0400 Applicant's E-mail Address StarkSteve32@yahoo.com

Applicant's Mailing Address 756 Stringer Gap Rd Grants Pass OR 97527

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

☒ Authorization  
Attached

Installer's Name Stephen Stark LLC



SITE PLAN

Stephen Stark Esq.

~~Steph Stark~~

5-3-2021

541-860-0400

W

36" down main

48" depth

E2-Floor  
24"-36"  
Depth

Rodent  
Cap

curtain

← drain

10' 10' 45'

75'

75'

33'

Drop  
Box

1000 gal  
Tank

House Pool

S

Pipe  
Line

N

↑  
200'

↓  
Owell

E

Robertson Bridge

Application # \_\_\_\_\_





## NOTICE AUTHORIZING REPRESENTATIVE

I, Richard F. Davidson, have authorized Stephen Stark Excavation 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 Department of Environmental Quality on the property described below in  
accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized  
Representative are my responsibility and I authorized DEQ agents to conduct required business  
activities on said property.

### PROPERTY IDENTIFICATION:

Robertson Bridge Rd, Grants Pass, OR 97526

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 20 Map ID 00 Tax Lot #(s) 2440

### PROPERTY OWNER:

Printed Name: Richard F. Davidson

Address: PO Box 863

City, State, Zip: Merlin, OR 97532

Phone: 310-756-4679

Email: r.davidson59@gmail.com

Signature: [Signature]

### AUTHORIZED REPRESENTATIVE:

Printed Name: Stephen Stark Exc. LLC

Address: 756 Strange Gap Rd

City, State, Zip: Grants Pass OR 97527

Phone: 541-660-0400

Email: StarkSteve32@yahoo.com

Signature: [Signature]



# JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 35062000002440

PERMIT  
NUMBER: PL-2021-01267

SITUS: 700 Robertson Bridge Rd

ZONE: RR5

ACRES: 5

SCHOOL  
DISTRICT: Three Rivers

|                    |                                     |                    |              |
|--------------------|-------------------------------------|--------------------|--------------|
| APPLICANT:         | C WOODRUFF CONSTRUCTION LLC         | APPLICANT PHONE #: | 541-659-2020 |
| APPLICANT ADDRESS: | PO BOX 909<br>GRANTS PASS, OR 97528 |                    |              |
| OWNER:             | DAVIDSON, RICHARD F &               |                    |              |
| OWNER ADDRESS:     | PO BOX 863<br>MERLIN, OR 97532      |                    |              |

## SPECIAL REQUIREMENTS

• Erosion Hazard - Plan in File ☒ NA ☐ Reason:

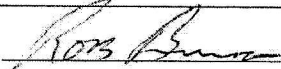
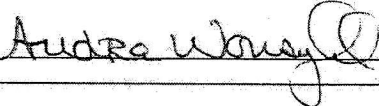
| EXISTING STRUCTURES          | PROPOSAL                                                                                  | SETBACKS                                                                                                         |
|------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Per Assessor Records: Vacant | Single Family Dwelling, 2 Bed, 2.5 Bath with Office,<br>Attached Garage & Covered Porches | Front Setback: 30 ft.<br>Side Setback: 10 ft.<br>Rear Setback: 25 ft.<br>Stream Setback: 0 ft.<br>Height: 35 ft. |

## ADDITIONAL TERMS:

• Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.

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.

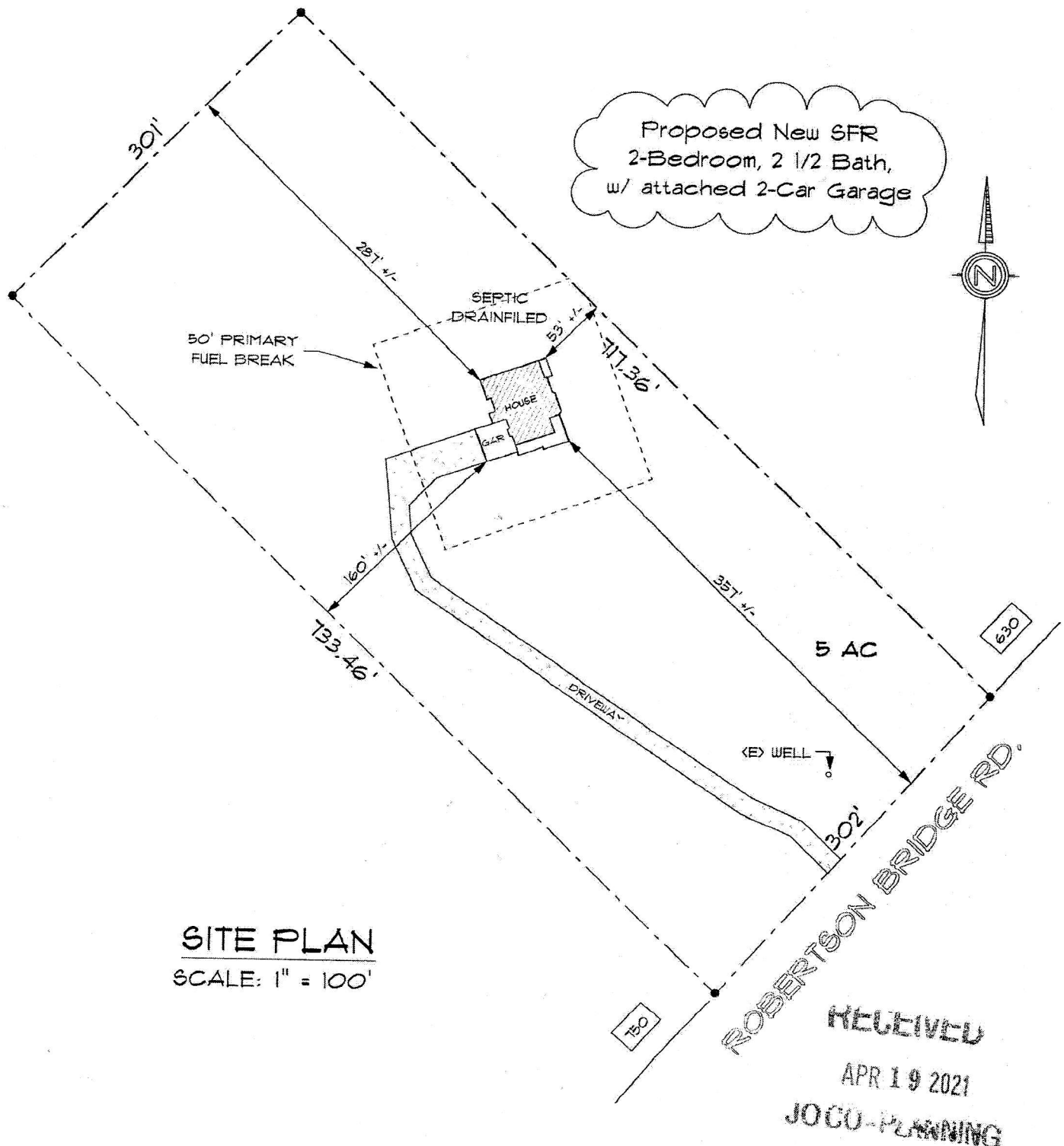
|                  |                                                                                     |           |           |
|------------------|-------------------------------------------------------------------------------------|-----------|-----------|
| SIGNATURE:       |  | DATE:     | 4/22/2021 |
| CONTRACTOR NAME: | C WOODRUFF CONSTRUCTION LLC                                                         | LICENSE#: | 195630    |
| APPROVED:        |  | DATE:     | 4-22-2021 |

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



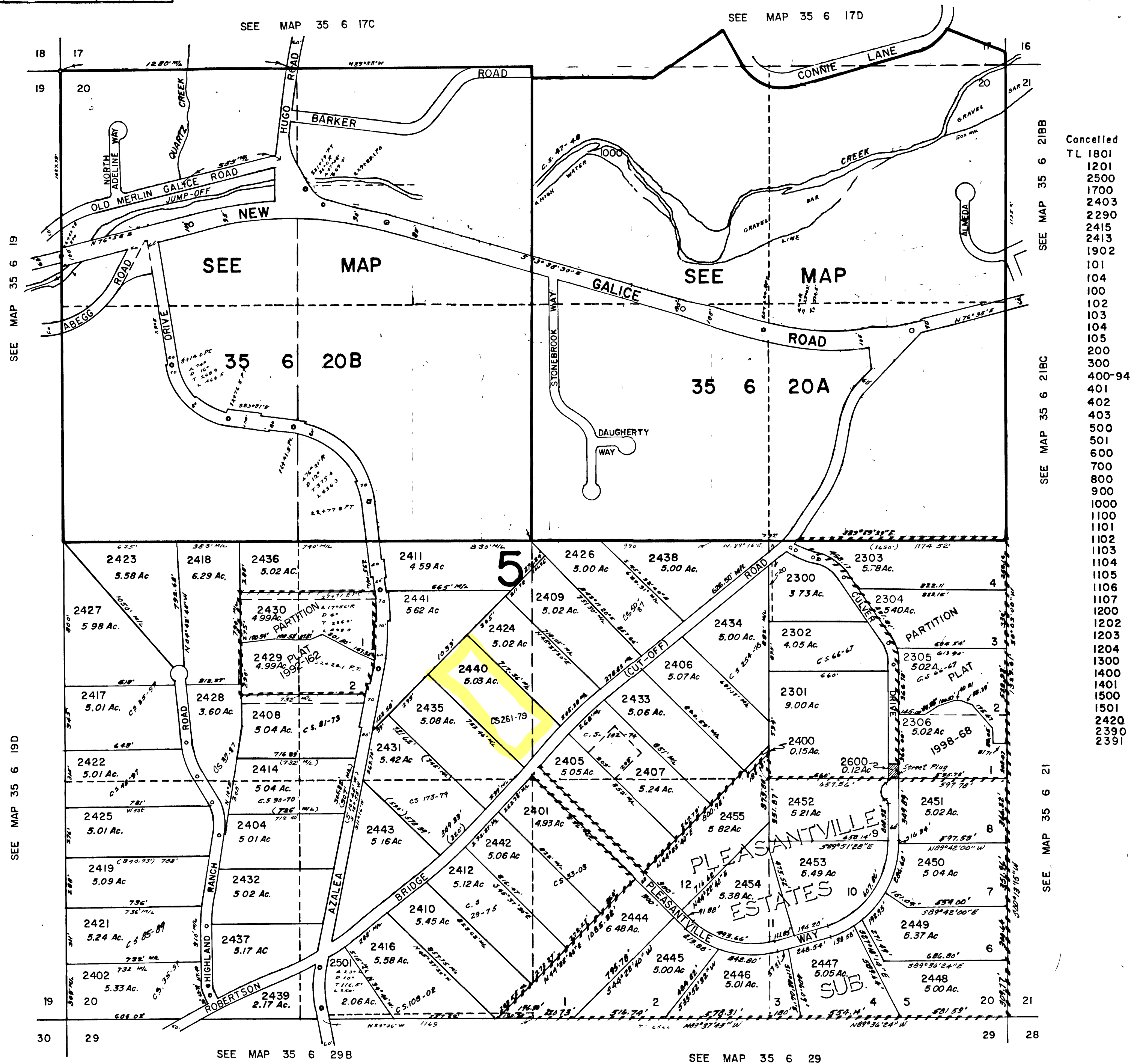
# 700 ROBERTSON BRIDGE RD, GRANTS PASS, OR

LEGAL: 35-06-20-00 TL# 2440





**This map was prepared for  
assessment purpose only.**



Cancelled  
TL 1801  
1201  
2500  
1700  
2403  
2290  
2415  
2413  
1902  
101  
104  
100  
102  
103  
104  
105  
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300  
400-94  
401  
402  
403  
500  
501  
600  
700  
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1100  
1101  
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1105  
1106  
1107  
1200  
1202  
1202  
1203  
1204  
1300  
1400  
1401  
1500  
1501  
2420  
2390  
2391





# Residential Septic Site Evaluation Approval

463-21-000079-EVAL

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

**Date issued:** 04/29/2021

**Application status:** Site Evaluation Approved

**Work description:** SITE EVALUATION

**Applicant:** Stephen Stark Excavation, LLC  
**Address:** 756 Stringer Gap Road  
Grants Pass OR 97527  
**Phone:** (541) 476-1226  
**Email:** starksteve32@yahoo.com

**Primary contractor:** Stephen Stark Excavation, LLC  
**Installer License:** 38143  
**Address:** 756 Stringer Gap Road  
Grants Pass OR 97527  
**Phone:** (541) 476-1226  
**Email:** starksteve32@yahoo.com

**Owner:** WRIGHT FAMILY TRUST  
**Address:** %WRIGHT, RICHARD M &  
WRIGHT, SHARON K TRUSTE  
%WRIGHT, RICHARD M &  
WRIGHT, SHARON K TRUSTEES  
LONG BEACH LONG BEACH, CA  
90808 90808

**Property address:** 0 Robertson Bridge Rd, Grants  
Pass, OR 97526

**Parcel:** 3506200000244000 - Primary

**Lot size:** 5 ACRES  
**Zoning:** N/A  
**Directions to Property:** MERLIN RD TO ROBERTSON BRIDGE

**Water supply:** Well  
**City/County/UGB:** County

**Proposed use of structure:** 2 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:** 300 gpd.  
**Min dosing tank volume:** N/A

## System Specifications

**System type:**  
**System distribution type:**  
**Distribution method:**

## Initial System

Standard  
Serial  
Serial

## Replacement Area

Sand Filter  
Serial  
Serial

## Trench Specifications

**Trench linear feet:**  
**Max depth:**  
**Min depth:**

## Initial System

150 linear ft.  
30 in.  
24 in.

## Replacement Area

105 linear ft.  
30 in.  
24 in.

## Special Requirements

## Initial System

Temporary

## 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:** 04/29/2021

**Application status:** Site Evaluation Approved

**Work description:** SITE EVALUATION

|                                                       |          |          |
|-------------------------------------------------------|----------|----------|
| <b>Groundwater interceptor:</b>                       | Yes      | Yes      |
| <b>Groundwater interceptor-amount of drain media:</b> | 36 in.   | 36 in.   |
| <b>Groundwater interceptor depth:</b>                 | 48 in.   | 48 in.   |
| <b>Drainfield type:</b>                               | Standard | Standard |

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.

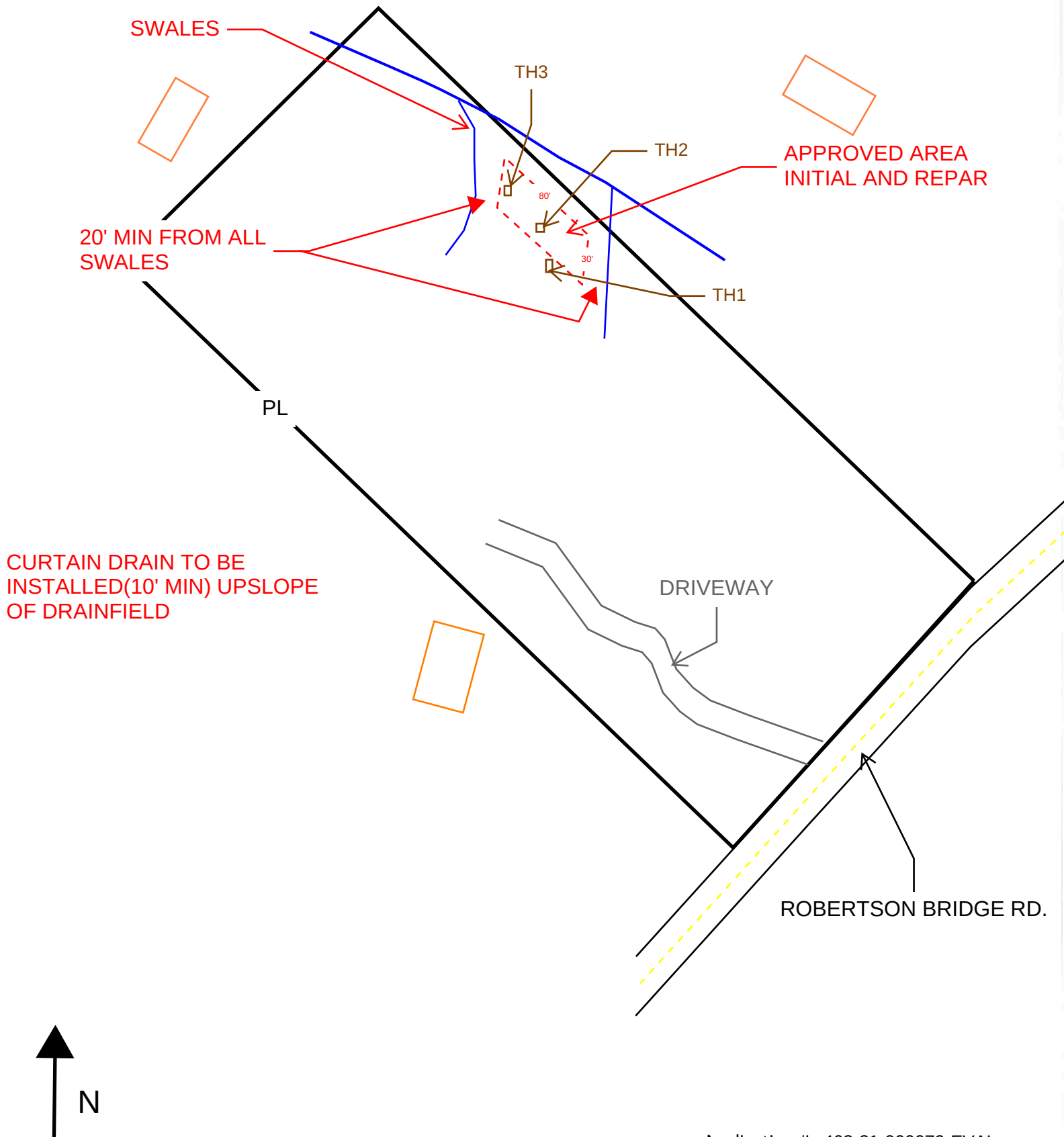
Gabriel Kasiah

4/29/21

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

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### FIELD WORKSHEET

Name: RICHARD DAVIDSON Application No.: 463-21-00079-EVAL Date: 4/20/2021  
RE: SITE EVALUATION REPORT for Parcel #: 3506200002440

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

#### APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: \_\_\_\_\_

| Initial System                                                                                                                                                                                                                                                      | Replacement System                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter<br><input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____                                    | <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter<br><input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____                                               |
| Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other<br><input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required | Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required |
| Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized                                                                                                                                 | Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized                                                                                                                                            |
| Absorption facility: <u>150</u> total linear feet<br><u>50</u> linear feet per 150 gallons projected daily sewage flow<br><u>30</u> " Max Depth <u>24</u> " Min Depth                                                                                               | Absorption facility: <u>105</u> total linear feet<br><u>35</u> linear feet per 150 gallons projected daily sewage flow<br><u>30</u> " Max Depth <u>24</u> " Min Depth                                                                                                          |

#### Additional Conditions of Approval

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

- ☒ A curtain drain is required, a minimum of 10 feet above the highest disposal trench.
- ☒ The curtain drain must be a minimum of 48 inches deep, and installed in accordance with OAR 340-071-0220 (12).
- ☐ Rake trench sidewalls.
- ☒ The system must be installed during dry soil conditions only.
- ☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

Inspector: 



| PIT No.    | DEPTH | TEXTURE | SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC. |
|------------|-------|---------|-----------------------------------------------------------------------------------------------------------|
| Test Pit 1 | 0-8   | SL      | 10yr <sup>4/2</sup> , GRAN, ROOTS 3M, C, 2F, 1VF, VC                                                      |
|            | 8-28  | SL      | 2.5yr <sup>5/4</sup> , WSBK, ROOTS 1F, M, C, VC                                                           |
|            | 28-60 | C. SL   | 7.5yr <sup>6/8</sup> , WABK, 1F, M, HIGHLY WEATHERED GRANET, CONC. MAIN COLOR                             |
|            |       |         |                                                                                                           |
| Test Pit 2 | 0-10  | SL      | SIMILAR TO TEST HOLE 1                                                                                    |
|            | 10-30 | SL      |                                                                                                           |
|            | 30-48 | C. SL   | 2 VF ROOTS TO BOTTOM                                                                                      |
|            |       |         | WATER @ 48"                                                                                               |
| Test Pit 3 | 0-8   | SL      | SIMILAR TO TEST HOLE 1                                                                                    |
|            | 8-20  | SL      |                                                                                                           |
|            | 20-48 | C. SL   | WATER @ 48"                                                                                               |
|            |       |         |                                                                                                           |
| Test Pit 4 |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
| Test Pit 5 |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
| Test Pit 6 |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |

Landscape Notes: WOOD IN ARE OF TEST HOLES 2&3 / BARE-BLADED IN AREA OF TEST HOLE 1

Slope: 10-15% Aspect: NE Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: SWALES TO N, S, AND E OF TEST HOLES  
20' MIN SETBACK





# Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B  
Grants Pass, OR 97526  
541-474-5444

For ONSITE SEPTIC Use Only:

Date received \_\_\_\_\_  
Fee paid \_\_\_\_\_  
Receipt number \_\_\_\_\_  
Application number \_\_\_\_\_  
Date of 1<sup>st</sup> response \_\_\_\_\_  
Date of 2<sup>nd</sup> response \_\_\_\_\_  
Date of final response \_\_\_\_\_  
Date of completion \_\_\_\_\_

Scanned

Data Entry

Date Stamp

## A. Property Owner Information

Name Richard F. Davidson Mailing Address (Street or PO Box, City, State, Zip Code) P.O. Box 863 Merlin OR 97532 Phone Number 310-756-4679

## B. Legal Property Description

Township 35 Range 06 Section 20 Tax Lot 2440 Tax Account Number \_\_\_\_\_ Acreage or Lot Size \_\_\_\_\_  
County Josephine Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Property Address: Robertson Bridge Rd City Grants Pass State OR Zip Code 97526

Directions to Property: Merlin Rd To Robertson Bridge

## C. Existing Facility / Proposed Facility / Water Information

### Existing Facility:

☐ Single Family Residence

Number of Bedrooms \_\_\_\_\_

☐ Other \_\_\_\_\_

### Proposed Facility:

☒ Single Family Residence

Number of Bedrooms 2

☐ 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 Stephen J Stark Date 3-10-2021

Applicant's Name - Please Print Legibly Stephen Stark LLC Applicant's Phone Number 541-660-0400 Applicant's E-mail Address Starksteve32@yahoo.com

Applicant's Mailing Address 756 Stringer Gap Rd Grants Pass OR 97527

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

☒ Authorization  
Attached

Installer's Name Stephen Stark LLC





## NOTICE AUTHORIZING REPRESENTATIVE

I, Richard F. Davidson, have authorized Stephen Stark Excavation 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 Department of Environmental Quality on the property described below in  
accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized  
Representative are my responsibility and I authorized DEQ agents to conduct required business  
activities on said property.

### PROPERTY IDENTIFICATION:

Robertson Bridge Rd, Grants Pass, OR 97526

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 20 Map ID 00 Tax Lot #(s) 2440

### PROPERTY OWNER:

Printed Name: Richard F. Davidson

Address: PO Box 863

City, State, Zip: Merlin, OR 97532

Phone: 310-756-4679

Email: r.davidson59@gmail.com

Signature: [Signature]

### AUTHORIZED REPRESENTATIVE:

Printed Name: Stephen Stark Exc. LLC

Address: 756 Stringer Gap Rd

City, State, Zip: Grants Pass OR 97527

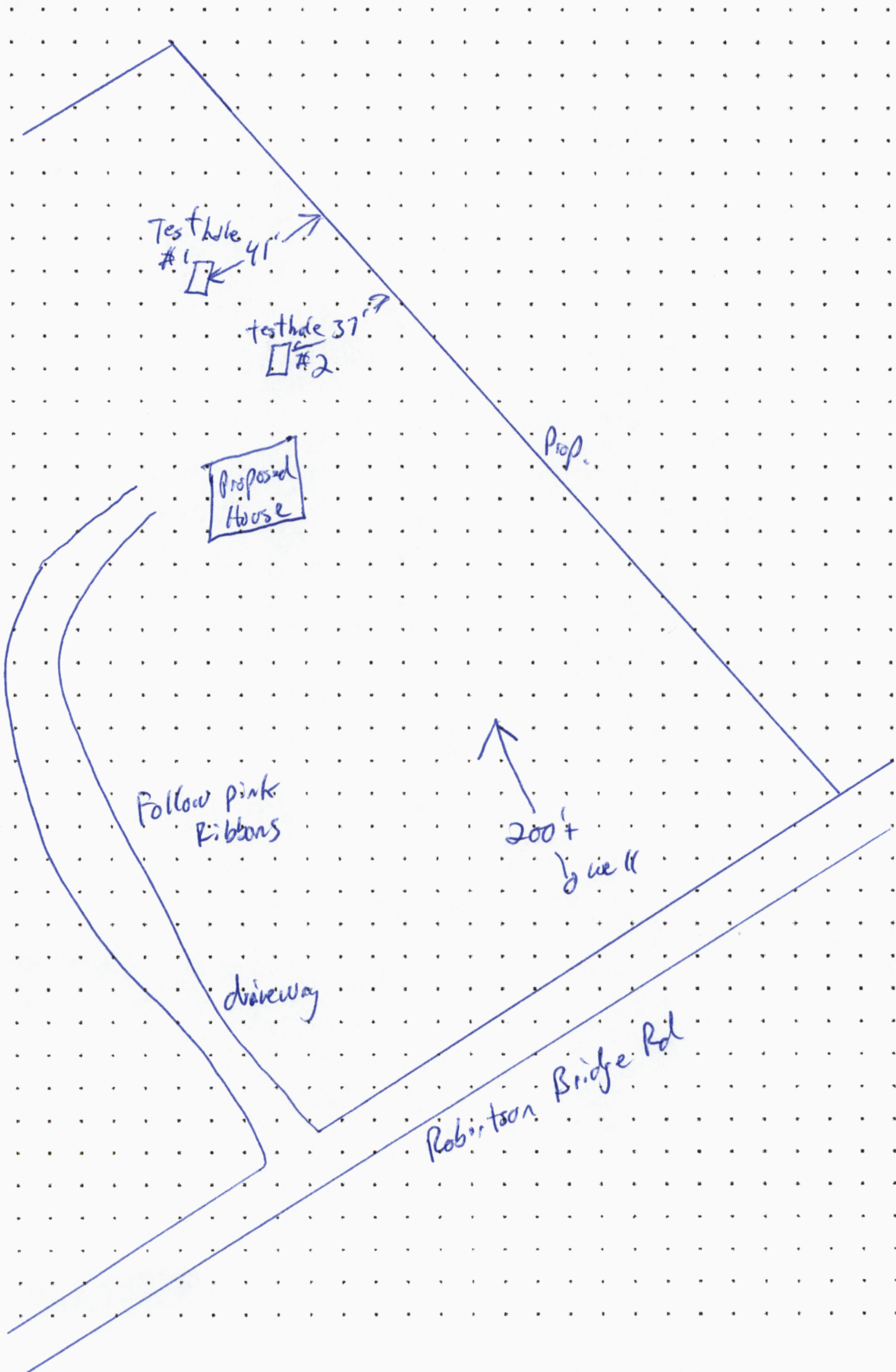
Phone: 541-660-0400

Email: Starksteve32@yahoo.com

Signature: [Signature]



SITE PLAN



Application # \_\_\_\_\_



# ROBERTSON BRIDGE RD, GRANTS PASS, OR

LEGAL: 35-06-20-00 TL# 2440

Proposed New SFR  
2-Bedroom, 2 1/2 Bath,  
w/ attached 2-Car Garage



50' PRIMARY  
FUEL BREAK

SEPTIC  
DRAINFILE

HOUSE

GAR

DRIVEWAY

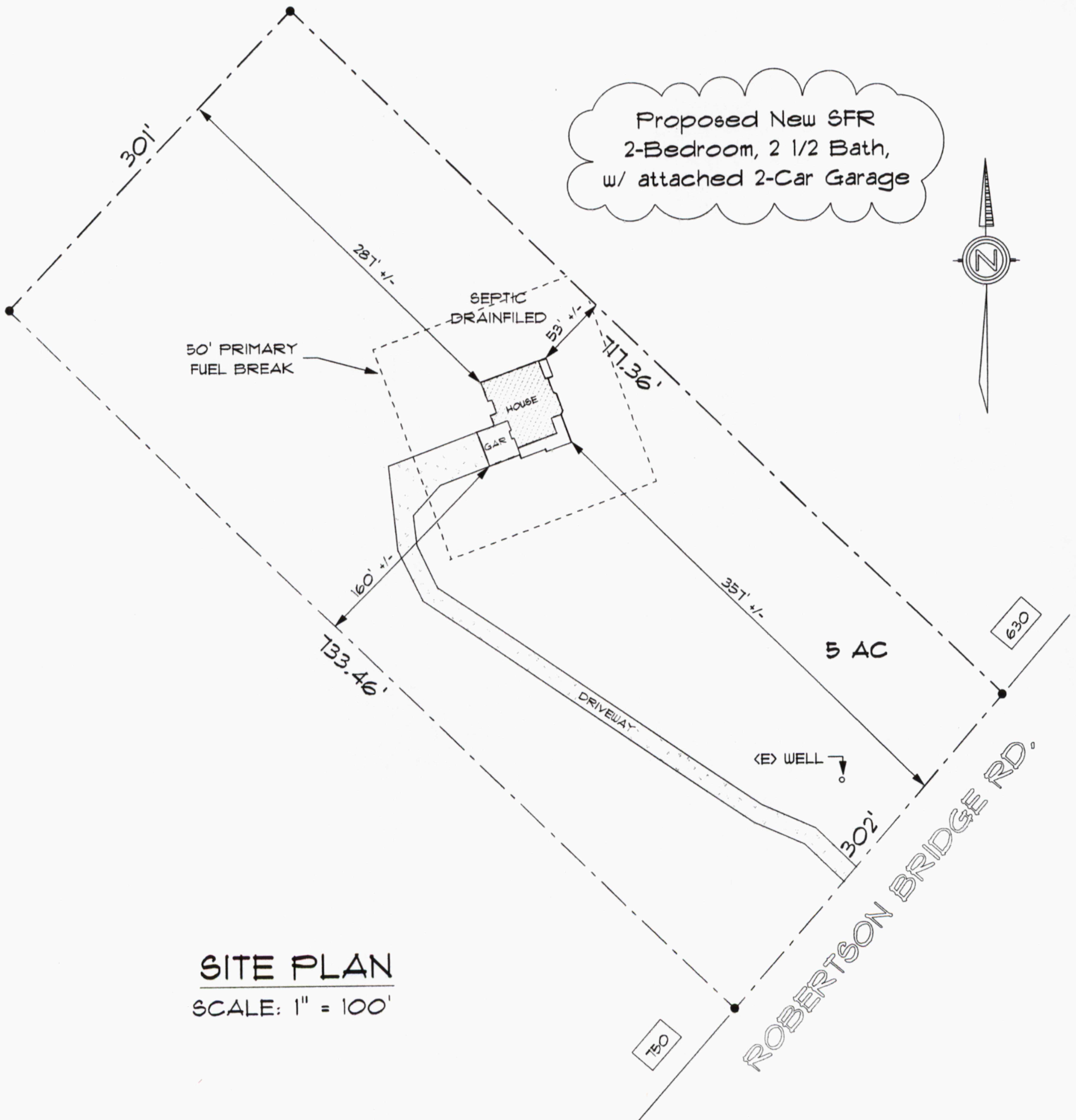
(E) WELL

5 AC

ROBERTSON BRIDGE RD

SITE PLAN

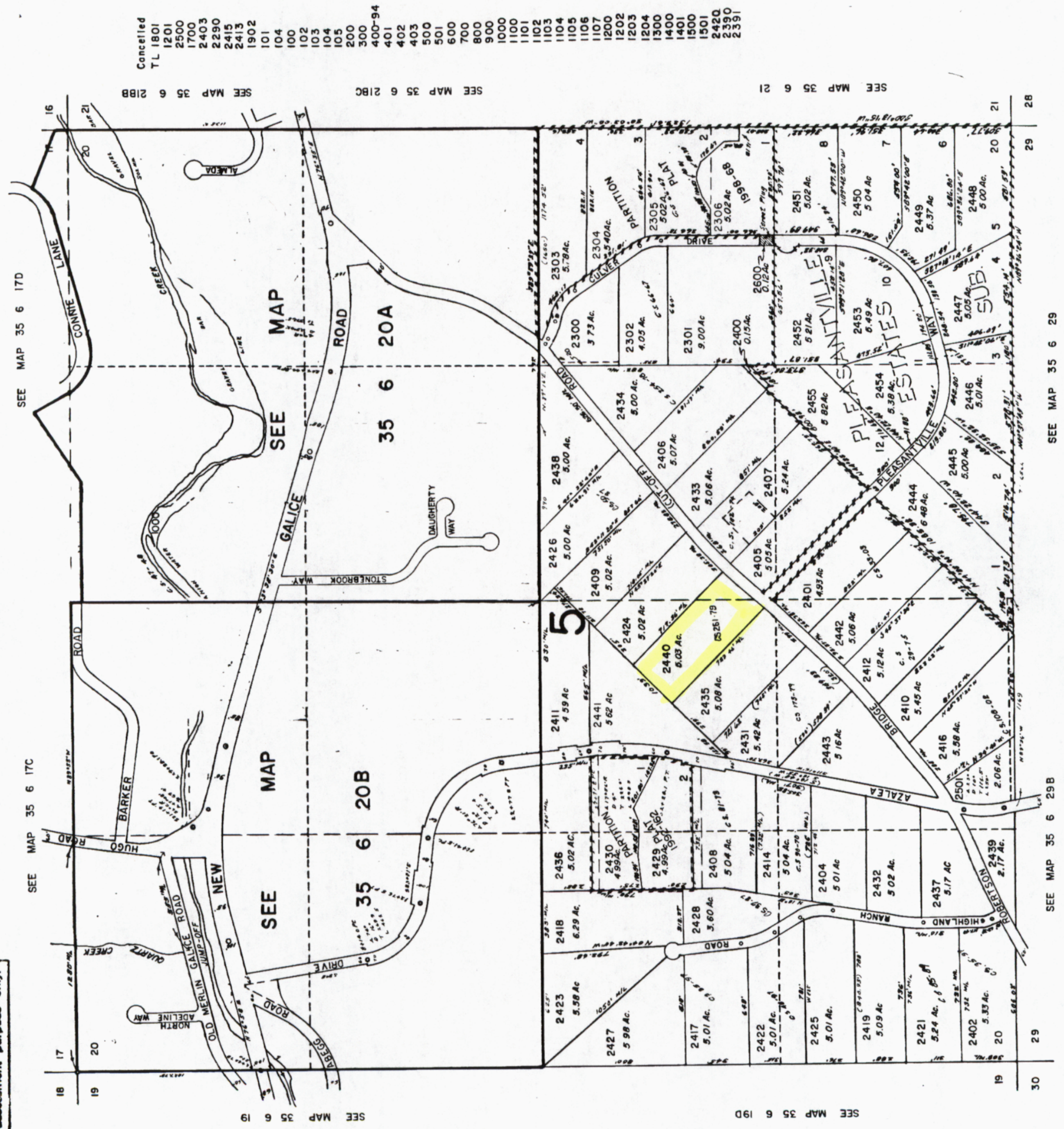
SCALE: 1" = 100'





1" = 400'

This map was prepared for  
assessment purpose only.



SEE MAP 35 6 29B