Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-24-000297-PRMT

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 Certificate Issued: 11/22/2024
Work Description: ATT CONSTRUCTION PERMIT

Applicant: Precision Pumping and Excavation LLC
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: 5416591442
Email: gp.precisionexc@gmail.com

Primary Contractor: Precision Pumping and Excavation LLC
Installer/Pumper License: 39119
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: 5416591442
Email: gp.precisionexc@gmail.com

Owner: MOYE, LOUIE D JR (ET AL)
Address: 1045 WALKER RD
GRANTS PASS OR 97527

Property Address: 3340 Redwood Hwy, Grants Pass, OR 97527

Parcel: 360627A000060100 - Primary Township: 36 Range: 06 Section: 27

Lot Size:	2.98	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	4

System Specifications

Type:	Alternative Treatment Technology (ATTs)	**ATT Description:**	Aqua Safe AS500L with external pump chamber
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	N/A
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	N/A

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	N/A	**Distribution Method:**	Serial
Media Type:	FLOW 1201P is proposed and approved for this use	**Media Depth:**	12 in.
Trench Length:	135 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Interceptor:	Yes	**Groundwater Interceptor Depth:**	48 in.
Groundwater Interceptor Amt of Drain Media:	36 in.		

Date Certificate Issued: 11/22/2024
Work Description: ATT CONSTRUCTION PERMIT

Conditions of Approval

1.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.
2.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.
3.Meet all required setbacks
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.Vehicular traffic and livestock must be restricted from the system area.
6.The system must be installed by the property owner or a licensed sewage disposal business (installer).
7.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.
8.Install the pump and system components in accordance with the approved pump curve and specifications.
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.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
11.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
12.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
13.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.
14.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
15.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.
16.Photos of the septic system components must be submitted along with the FIRN.

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

1. In accordance with Oregon Revised Statute 454,665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.

2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.

4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.

5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

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

Septic Permit 463-24-000297-PRMT

Date Certificate Issued: 11/22/2024
Work Description: ATT CONSTRUCTION PERMIT

Comments: N/A

Issued By: Michael Obereigner, Natural Resource Specialist

Effective Date: 11/22/2024

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.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-24-000297-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: 36 **Range:** 06 **Sect:** 27

Name: MOYE, LOUIE D JR (ET AL)

Lot:

Property Address: 3340 REDWOOD HWY, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

A. Tanks/Pumps — **System Type:** — **Water tight verification***

Tanks(1)	Volume: 1,000		Compartments: 1	Manufacturer: Riverside		Date: 10-15-24	
Tanks(2)	Volume:		Compartments:	Manufacturer:		Date:	
Pump(s)	HP:	Model/Manuf.		Float(s)Type(1):	Model/Manuf.		
				Float(s)Type(2):	Model/Manuf.		

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No X	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes X	No	Diameter: 1 1/4	ASTM#/Other: Schedule 40	Length: 110'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No X	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 X	No	Model: 500 SL
Certified Maint.	Provider Name:	Austin Arts	
Operation and Maint.	Contract Received?	Yes X	No

D. Drainfield Media

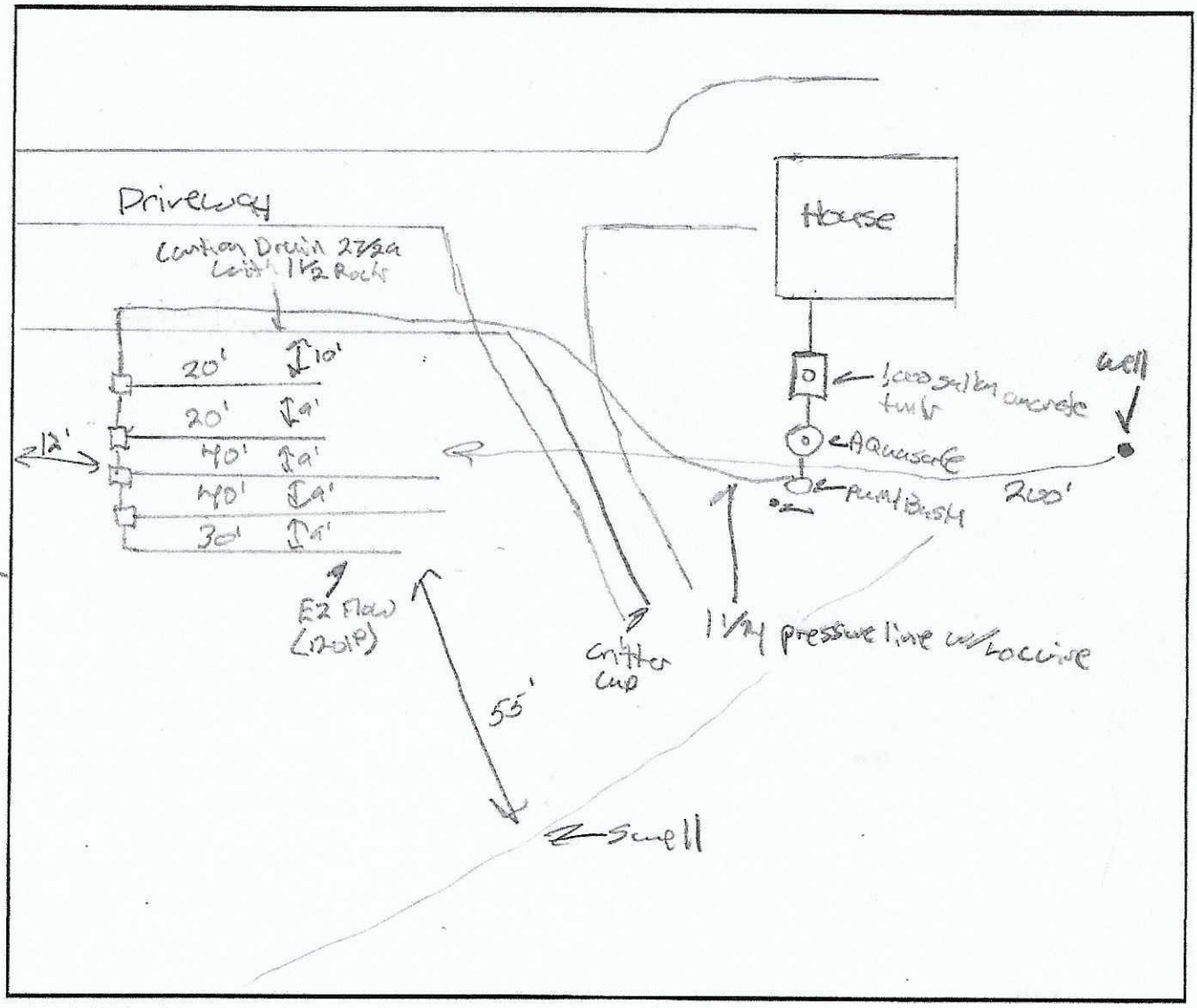
Type	(Gravel, Pipe or alternative?)	EZ Flow (7201P)			
Distribution Box	Yes	No X			
Drop Box	Yes X	No			
Distribution Pipe	Yes X	No	Diameter: 4"	ASTM#/Other: EZ Flow (7201P)	Length: 150'

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: Josh Lindquist				
Licensed Installer:	Yes X	No	License#: 3919	Certification#: RI964	
Owner/ Certified Installer:	Signature:		Date: 1-14-24	Phone#: 541-659-1442	

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:	Installer/Owner (Permittee) Notified:	Yes	No	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

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

Septic Permit
Installation Permit - Residential - New
463-24-000297-PRMT

Date issued: 9/24/24 **Expiration date:** 9/24/25

Work description: ATT CONSTRUCTION PERMIT

Applicant: Precision Pumping and Excavation LLC
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: 5416591442
Email: gp.precisionexc@gmail.com

Primary contractor: Precision Pumping and Excavation LLC
Installer/Pumper License: 39119
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: 5416591442
Email: gp.precisionexc@gmail.com

Business License: N/A

Owner: MOYE, LOUIE D JR (ET AL)
Address: 1045 WALKER RD
GRANTS PASS OR 97527

Property address: 3340 Redwood Hwy, Grants Pass, OR 97527

Parcel: 360627A000060100 - Primary Township: 36 Range: 06 Section: 27

Lot size:	2.98	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land use approval:	N/A	**County:**	N/A
Accessory Dwelling Unit:	No		
Action:	New	**Type of application:**	Construction Permit - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: 4 bdrm house is under construction. Install as per approved plan dated 9-24-24.

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	4

System Specifications

Type:	Alternative Treatment Technology (ATTs)	**ATT description:**	Aqua Safe AS500L with external pump chamber
Max peak design flow:	450 gpd.	**Proposed flow:**	N/A
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	N/A	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	12 in.
Media type description:	EZ FLOW 1201P is proposed and approved for this use		
Trench length:	135 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	8 ft.
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

Special Requirements

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

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

Onsite Permit 463-24-000297-PRMT

Date issued: 9/24/24 **Expiration date:** 9/24/25

Work description: ATT CONSTRUCTION PERMIT

Groundwater interceptor:	Yes	**Groundwater interceptor depth:**	48 in.
Groundwater interceptor drain media amt:	36 in.		

Conditions of approval:

1.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.

2.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.

3.Meet all required setbacks

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.Vehicular traffic and livestock must be restricted from the system area.

6.The system must be installed by the property owner or a licensed sewage disposal business (installer).

7.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.

8.Install the pump and system components in accordance with the approved pump curve and specifications.

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.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.

11.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.

12.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

13.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.

14.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

15.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.

16.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-24-000297-PRMT

Date issued: 9/24/24 **Expiration date:** 9/24/25

Work description: ATT 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.

Michael Obereigner Natural Resource Specialist 9/24/24

Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

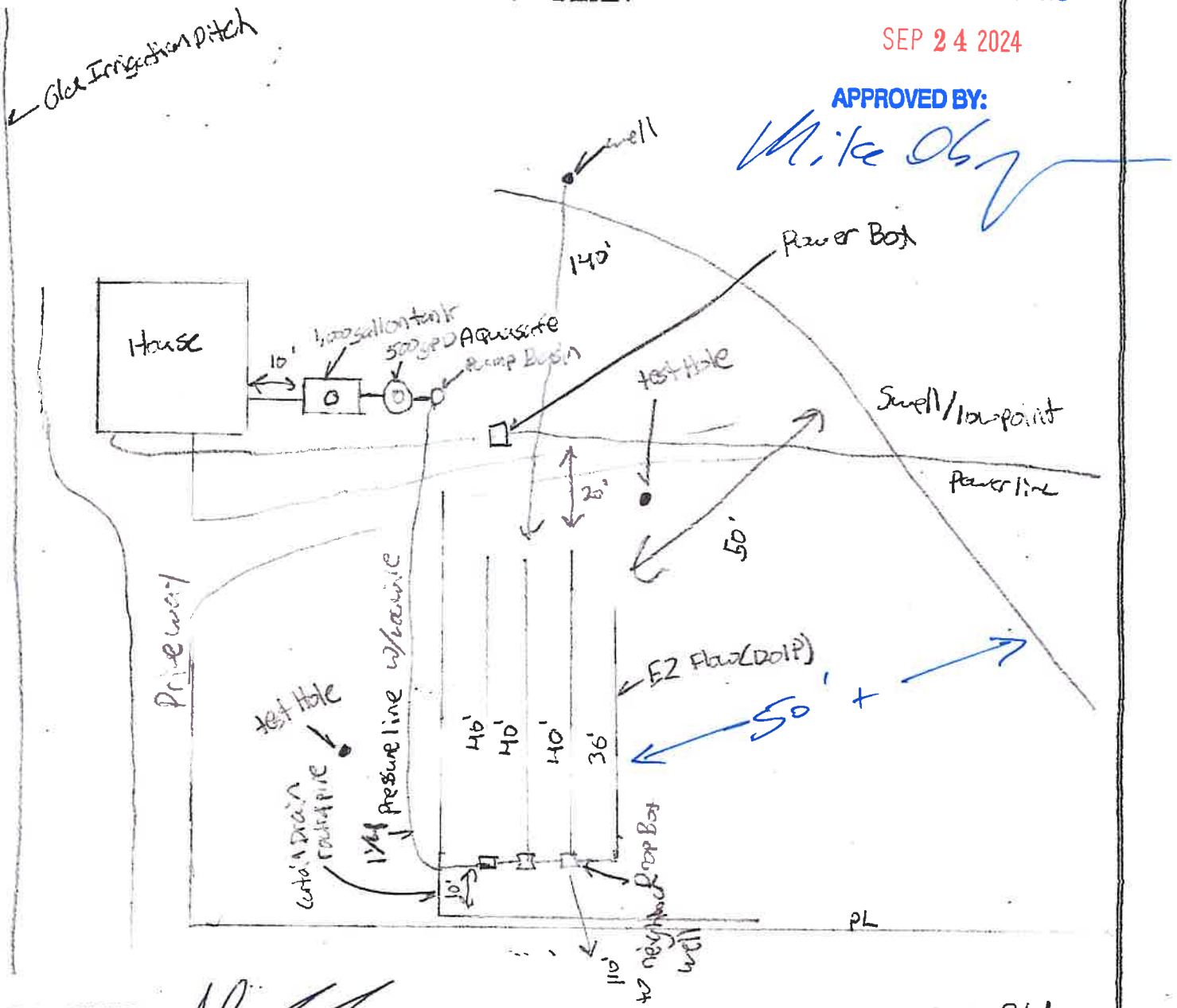
DATE: 9-24-24 TWN 36 RNG 06 SEC 27 QQ ____ TL 601

OWNER'S NAME: Louie Moye

ADDRESS: 3340 Redwood Hwy, Grants Pass, OR 97527

PLOT PLAN

JO CO ON-SITE SEPTIC
SEP 24 2024
APPROVED BY:
Mike Oh



SIGNATURE: _____ DATE: 9-24-24

Austin Arts

2 Year Oregon Service Contract -
AQUA SAFE® Advanced Wastewater Treatment System

Parties: (Authorized Service Provider)

Name : Austin Arts
Address: PO Box 397
City, State, Zip Code: Oakland, OR 97462
Telephone: 541-580-5217
Fax: 866-283-2928
Email: austinarts@msn.com

And: (Customer)

Name : Louie Moye
Address: 1045 Walker Rd.
City, State, Zip Code: Grants Pass, OR 97527
Telephone: 541-226-7951
Email: moyehomeconstruction@outlook.com

System Location:

Address: 3340 Redwood Hwy.
City, State, Zip Code: Grants Pass, OR 97527
Legal Description: T R S TL
GPS Coordinates: N° W°

Installed by: Precision Pumping And Excavation LLC.

Model #: AS500L

Serial #:

Permit #:

Agency Contact Information -

Agency: Community Development Onsite Septic Division
Address: 200 NW Dimmick St., Suite B
City, State, Zip Code: Grants Pass, OR 97526
Telephone: 541-474-5444

Date: 9/4/2024 Notes -

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

During the service period specified, make 4 inspection calls on the AQUA SAFE® system located at the above-mentioned address.

Inspection calls will include:

- An effluent quality inspection consisting of visual check, turbidity, scum overflow and examination for odors.
- Inspection, cleaning, adjustment and servicing of any mechanical and electrical components that are out of order.
- Repair/replacement of any component under warranty that is non-functional.
- Periodic sampling of the settled solids in the aeration chamber to determine pumping needs.
- 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 inspections	6 months
• Air filter cleaning/replacement	6 months
• Compressor rebuild	4-5 years
• Removal of solid residuals from tanks	2-5 years
• Replacement of UV bulb (if applicable)	2 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 installation 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.

IMPORTANT: 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's manual or as advised by the authorized service representative.

A schedule of charges for parts and additional service may be checked by contacting service provider.

Regarding ongoing fees:

Your county will assess fees for the remainder of your systems life.

I (your service provider) will let you know the current fees before the end of the year when they are due.

Oregon Department of Environmental Quality Rule 340-071-0130
(17) Annual permit fees and reports:(a) Owners of pressurized distribution, 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 contract gives Austin Arts, and his business associates the right to pass for maintenance related work without prior notice unless requested by the property owner.

This two-year maintenance contract only valid when system is paid in full.

Service Provider

Name: Austin Arts # RM250

Signature:

Title: Oregon Certified Service Provider
541-580-5217

Customer(s)

Louie Moye

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

A. Property Owner Information

Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number
Logic Moye	1045 Walker Rd Grants Pass, or 97527	541-226-7951

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
36	06	27 A	601		2.98

County	Subdivision Name	Lot	Block
Josephine			

Property Address: 3340 Redwood Hwy (Address) Grants Pass (City) Or (State) 97527 (Zip Code)

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence
Number of Bedrooms: _____
☐Other _____

Proposed Facility:

☒Single Family Residence
Number of Bedrooms: 4
☐Other _____

Water Supply:

☐Public _____ (Name)
☒Private well (Well, Spring, Shared)

D. Type of Application

☐Site Evaluation
☒Construction
☐Permit Repair
☐Major ☐Minor
☐Alteration Permit
☐Major ☐Minor

☐Renewal Permit
☐Existing System Evaluation
☐Permit Transfer
☐Permit Reinstatement

☐Authorization Notice for:
- ☐ Connecting to an Existing System Not in Use
- ☐ Replacing a Mobile Home or House with Another Mobile Home or House
- ☐ The Addition of One or More Bedrooms
- ☐ Personal Hardship
- ☐ Temporary Housing
- ☐ Other-please specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature _____ Date 5-21-24

Applicant's Name – Please Print Legibly	Applicant's Phone Number	Applicant's E-mail Address
Josh Lindquist	541-659-1442	gp.precisionexc@gmail.com

Applicant's Mailing Address: 3511 Demaree Dr Grants Pass, Or 97527

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

☐Authorization Attached

Installer's Name: Precision Pumping And Excavation LLC

Josephine County, Oregon

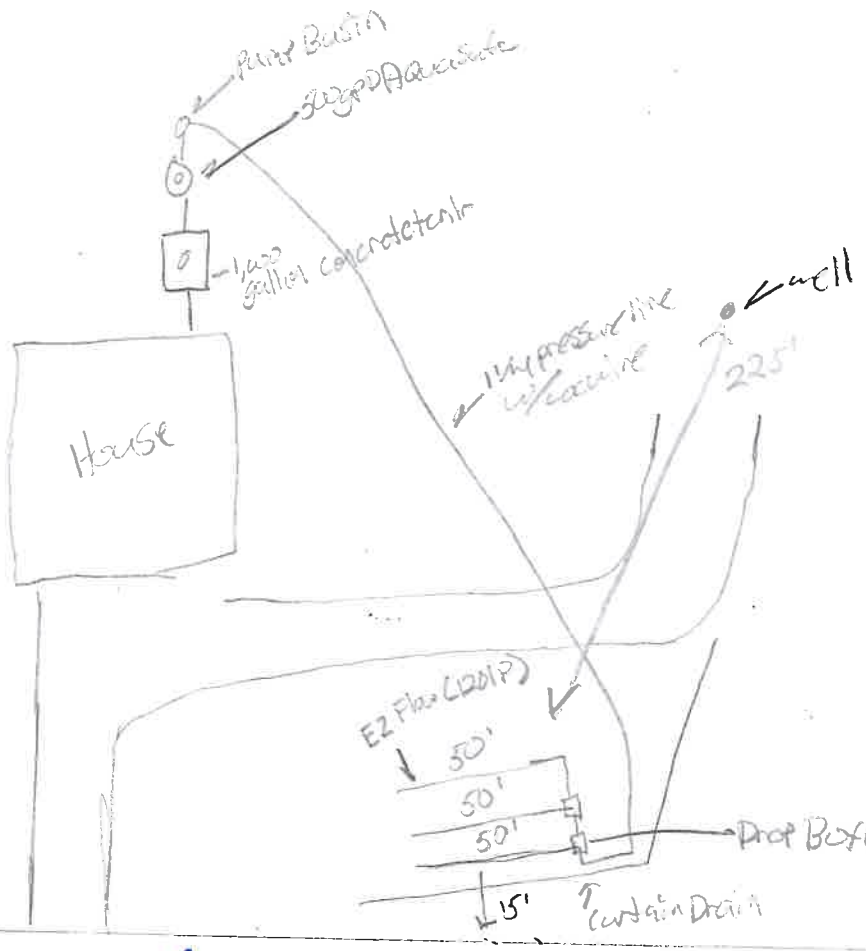
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail planning@co.josephine.or.us

DATE: 8-21-24 TWN 36 RNG 06 SEC 27 QQ _____ TL 604

OWNER'S NAME: Louie Moye

ADDRESS: 3340 Redwood Hwy, Grants Pass, OR 97527

PLOT PLAN



SIGNATURE: _____ DATE: 8-21-24

NOTICE AUTHORIZING REPRESENTATIVE

I, Lanie Moye (Property Owner/Print Name), have authorized Josh Lindquist (Authorized Representative/Print Name) to act as my 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:

3340 Redwood Hwy Grants Pass Or 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 27 A Map ID _____ Tax Lot #(s) 601

PROPERTY OWNER:

Printed Name: Lanie Moye

Address: 1045 Walker Rd

City, State, Zip: Grants Pass, OR 97527

Phone: 541-226 7951 Email: moyehomeconstruction@outlook.com

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Josh Lindquist

Address: 3511 Denorah Dr

City, State, Zip: Grants Pass, Or 97527

Phone: 541-659-1442 Email: gp.precisionexc@gmail.com

Signature: [signature]

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	360627A0000601	**PERMIT NUMBER:**	PL-2024-00146
SITUS:	3340 REDWOOD HWY	**ZONE:**	RR2.5
ACRES:	2.98	**SCHOOL DISTRICT:**	GP SCHOOL DISTRICT 7

APPLICANT:	MOYE, LOUIE D JR (ET AL)	**APPLICANT PHONE #:**	541-226-7951
APPLICANT ADDRESS:	1045 WALKER RD GRANTS PASS, OR 97527		
OWNER:	MOYE, LOUIE D JR (ET AL)		
OWNER ADDRESS:	1045 WALKER RD GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS

- Erosion Hazard - Plan in File ____ NA X Reason: outside
- Fire Hazard - Plan in File X NA ____ Reason: See additional Terms

EXISTING STRUCTURES	**PROPOSAL**	**SETBACKS**	
Per Assessor Records: Vacant	3212 SQ FT SFD -4 Bedroom, 2 Bath, with attached garage and porches.	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- Electrical service to be connected to authorized structures/uses only.
- Note: Septic System to be connected to authorized structures/uses only.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:		**DATE:**	2/26/2024
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:	Gleaton	**DATE:**	2.27.24

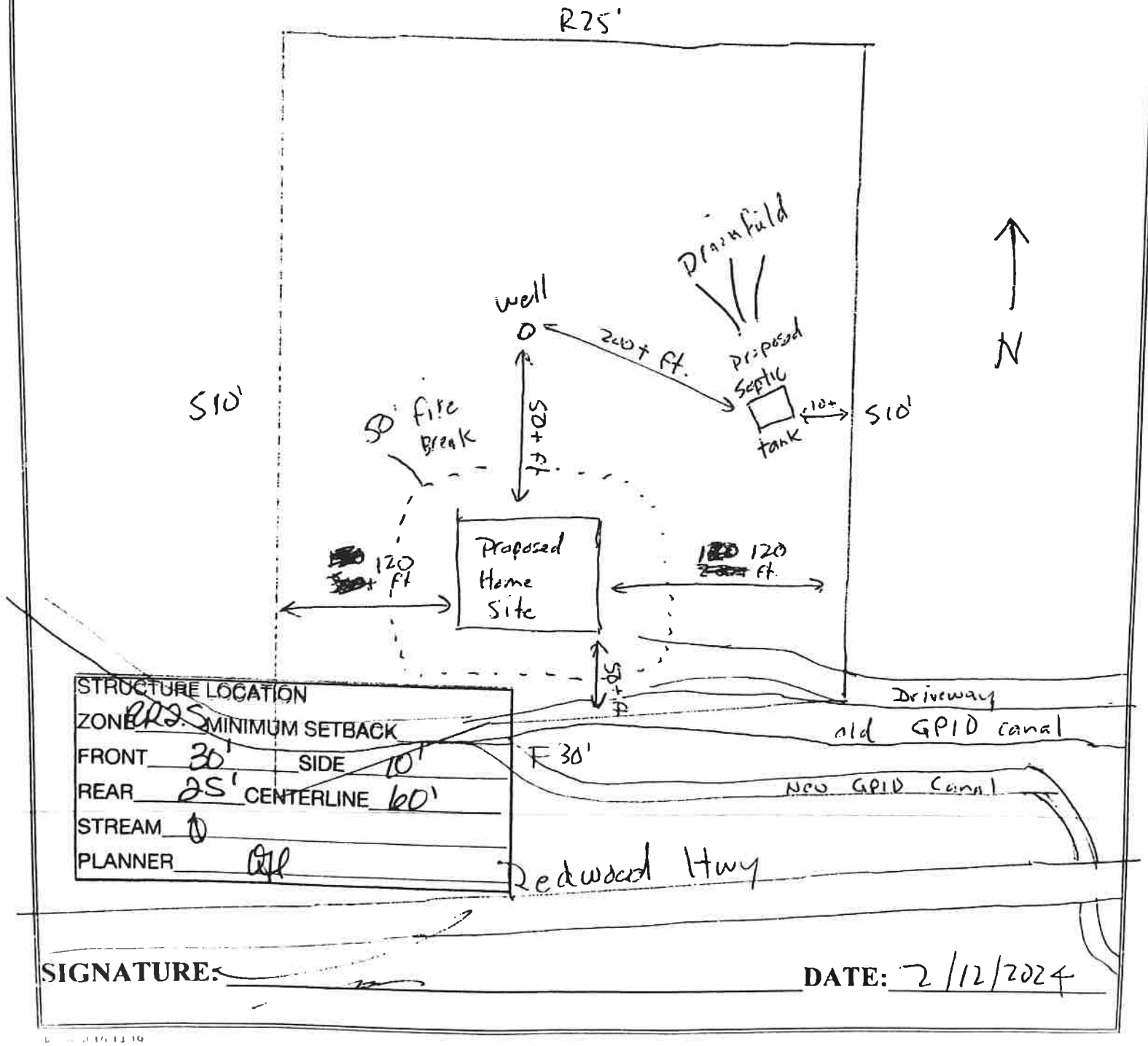
NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.

DATE: 2/12/2024 **TWN** 36 **RNG** 6 **SEC** 27 **QQ** ____ **TL** 601

OWNER'S NAME: Louie Moye

ADDRESS: 3340 Redwood Hwy, Grants Pass, OR 97527

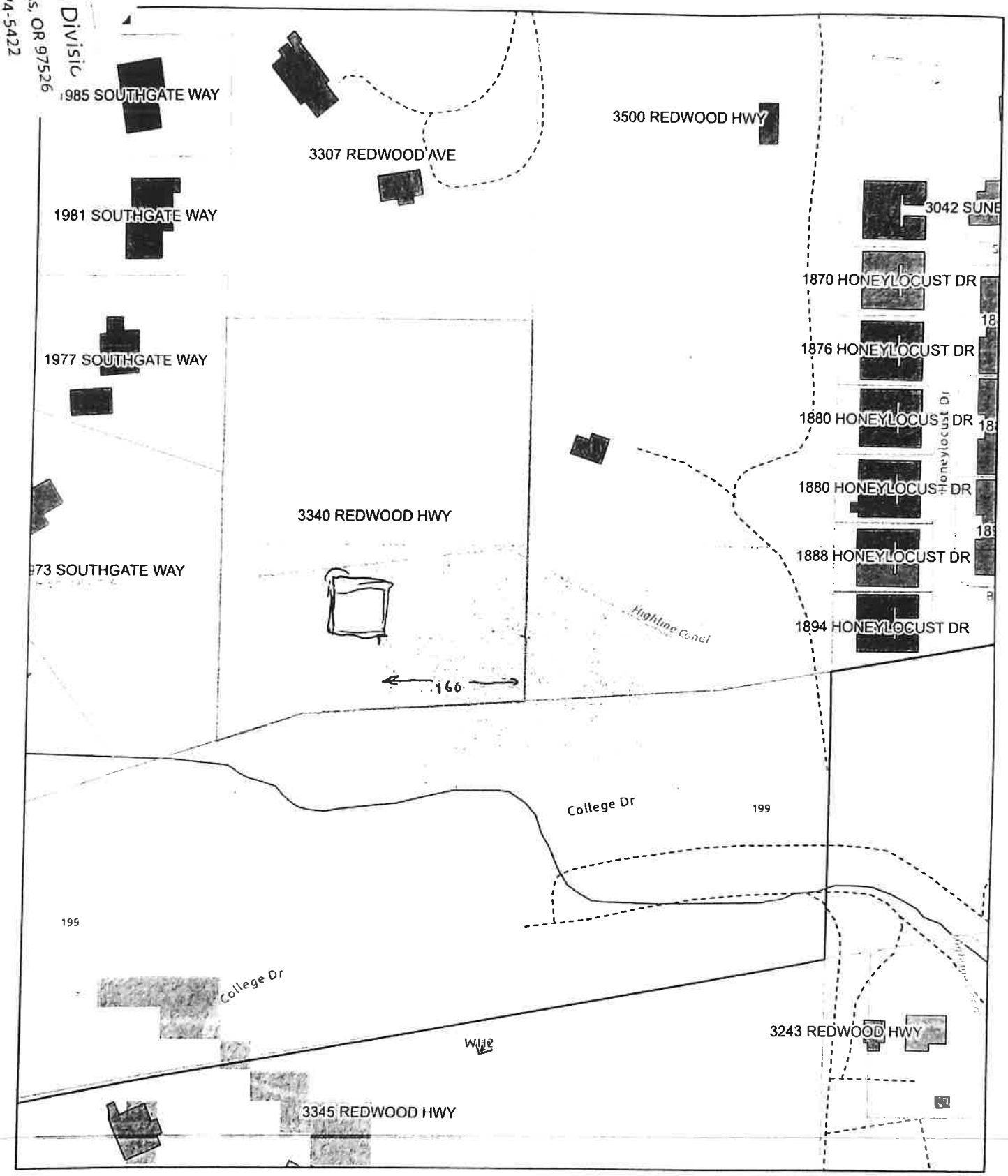
PLOT PLAN



SIGNATURE: _____ **DATE:** 2/12/2024

anning Divisic
rants Pass, OR 97526
(541) 474-5422

ArcGIS Web Map



2/12/2024, 10:24:32 AM

1:2,257

0 0.01 0.03 0.05 mi

0 0.02 0.04 0.09 km

Grants Pass City Limits

Building Footprints

Taxlots

Driveway

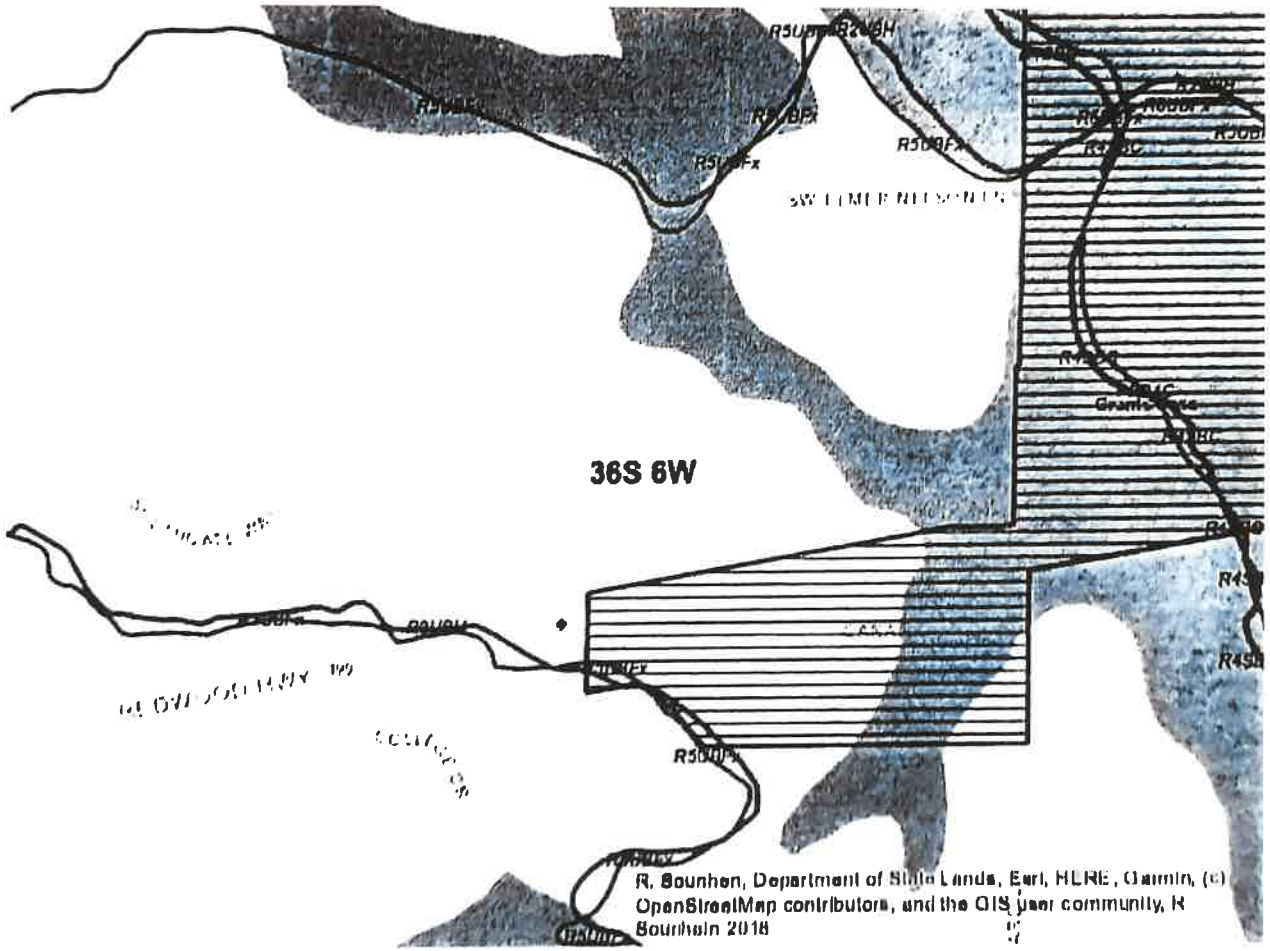
Slope - percent grade

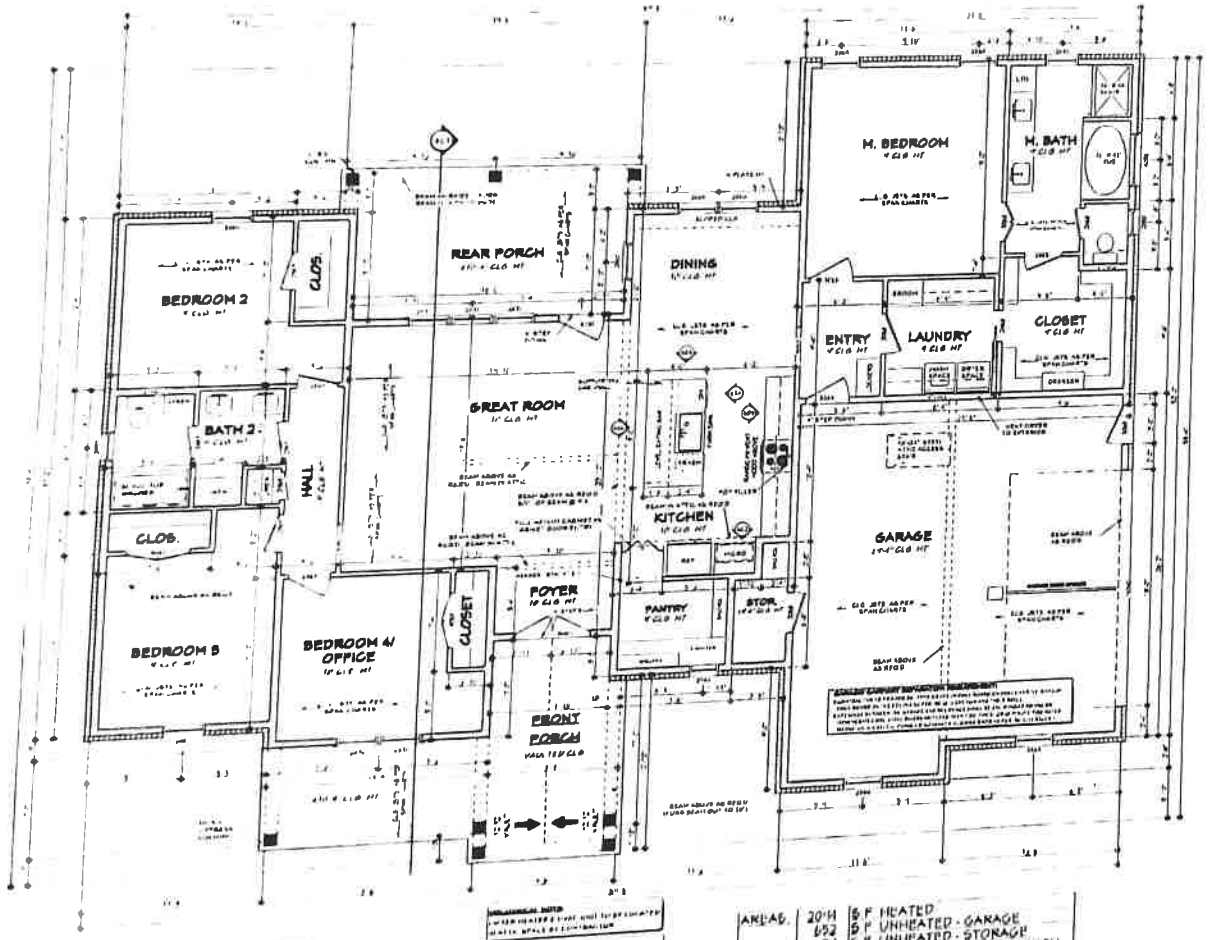
0 - 14.9%

15 - 39.9%

40 - 1000%

Esri Community Maps Contributors, Josephine County, Oregon State Parks


36S 6W
R. Bounhen, Department of State Lands, Esri, HERE, Garmin, (c)
OpenStreetMap contributors, and the GIS user community, R
Bounhein 2018



FLOOR PLAN

SCALE: 1/4" ---------- 1'-0"

AREAS:		
	2018	S.F. HEATED
	652	S.F. UNHEATED - GARAGE
	24	S.F. UNHEATED - STORAGE
	231	S.F. UNHEATED - FRONT PORCH
	200	S.F. UNHEATED - REAR PORCH
	1118	S.F. TOTAL UNHEATED
	3212	S.F. TOTAL UNDER ROOF

FLOOR PLAN NOTES: (2018 IRC)

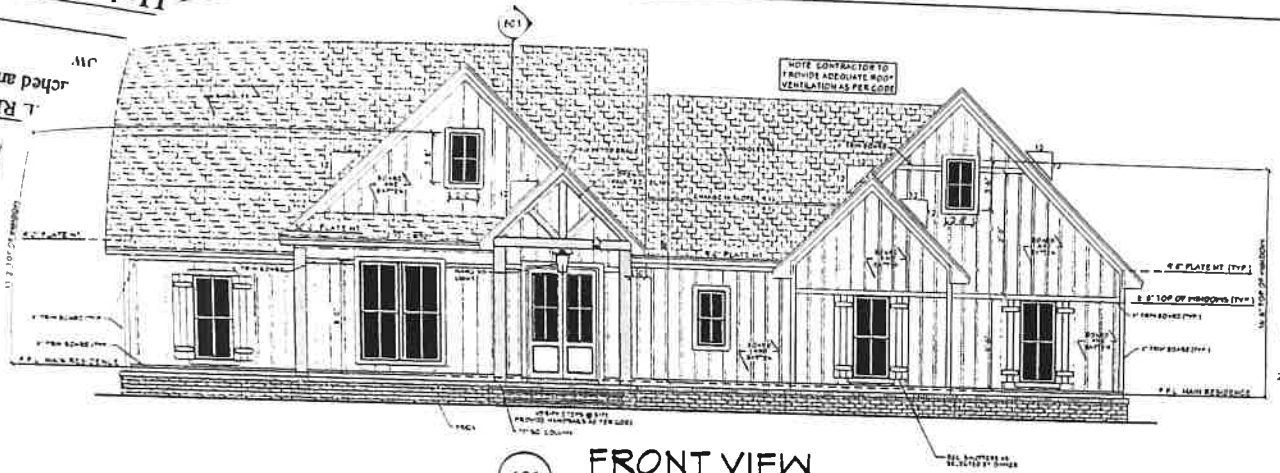
1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL EXTERIOR DIMENSIONS ARE TO THE OUTSIDE FACE OF THE STUD AND DO NOT INCLUDE EXTERIOR FINISHES SUCH AS SIDING, BRICK, STUCCO ETC.
3. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION
4. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION
5. CONTRACTOR TO SUPPLY ALL ROUGH OPENING SIZES
6. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL PRIOR TO CONSTRUCTION
7. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE
8. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER
9. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. HEDGE SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015 R312.1 & R312.1.2
10. WHERE (3) APPLIANCES IN ATTICS, ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 22 INCHES BY 24 INCHES (1) AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE. EXCEPTIONS: (A) THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING. (B) WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
11. APPLIANCE ACCESS FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL PLATFORM AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. (R1301.1)
12. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH THIS SECTION SHALL BE PERMITTED FOR USE IN WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET (R310.1.1). NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
13. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1600.3 OF THE IRC 2015
14. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND ARE TAKEN FROM OUTSIDE OF CONSTRUCTED RESIDENCE OR BUILDING. FOOTAGES SHOWN ARE TO THE OUTSIDE OF THE SHEATHING OR SHEATHING AND DO NOT INCLUDE THE EXTERIOR FINISH MATERIAL SUCH AS SIDING, BRICK, STONE ETC.
15. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED AS REQUIRED BY ____ AND APPROVED PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
16. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015 M1507.2

HOUSE PLAN ZONE
Designing Homes
Redefining the Landscape
Website
www.HPZplans.com
Email
sales@hpzplans.com
Phone
801 336 3254
Fax
1 800 574 1387
N·C·B·D·C

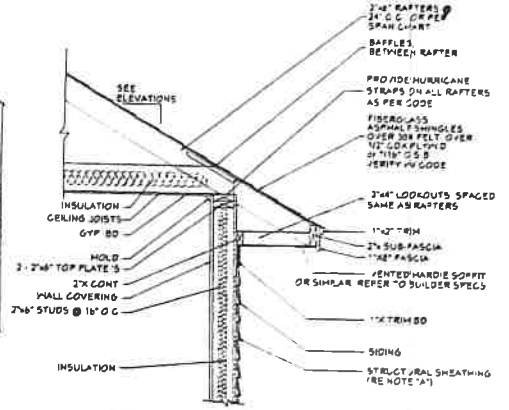
Pre-Drawn Plan ID:
2092R

Date: 10 23 14
Drawn By: BLL

SHEET NUMBER
3



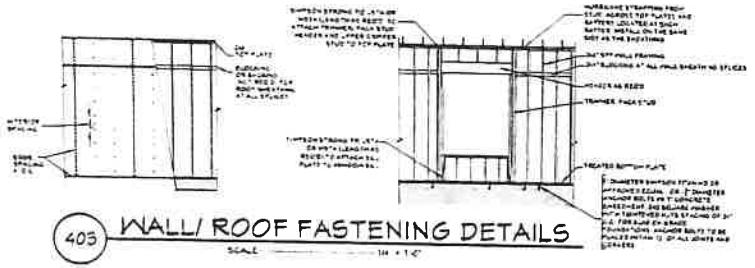
401 FRONT VIEW
SCALE 1/4" = 1'-0"



NOTE "A" PROVIDE A MINIMUM OF 7/16" STRUCTURAL WOOD PANEL ATTACHED w/ 8d COMMON OR 10d BOX NAILS AT 6" SPACING ON EDGE AND 12" IN FIELD

NOTE "B" CORNICE DETAIL FOR REFERENCE ONLY REFER TO BUILDER SPECS FOR ACTUAL MATERIALS

404 TYP. CORNICE DETAIL
SCALE 3/4"=1'-0"

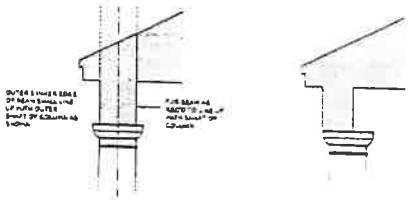


NAIL SIZE SPACING FOR WALL SHEATHING
8d NAILS MIN. OF 7/16" O.S.B. EDGE SPACING = 6" O.C. INTERIOR SPACING = 12" O.C.

NAIL SIZE SPACING FOR ROOF SHEATHING
8d NAILS MIN. OF 7/16" O.S.B. EDGE SPACING = 6" O.C. INTERIOR SPACING = 6" O.C.

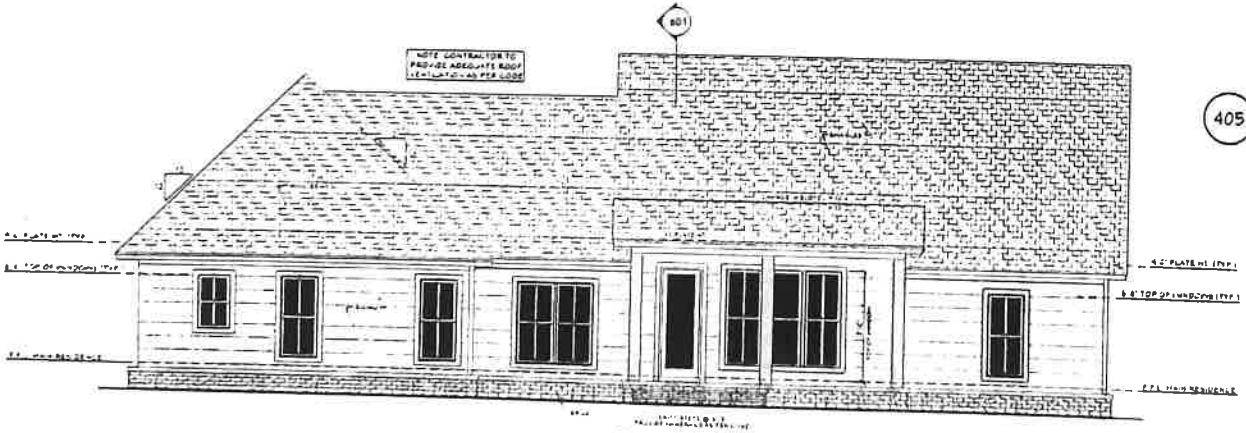
NOTES
1. ALL EXTERIOR SHEATHING TO EXTEND FROM BOTTOM OF BOTTOM PLATE TO THE TOP OF THE TOP PLATES
2. PROVIDE 3/4 OR GREATER SOLID PLYWOOD BLOCKING IN ALL CORNERS AT THE UPPER MOST LEVEL OF ATTIC AND ATTACHED TO RAFTERS WITH 3 - 10d NAILS ON EACH SIDE
3. SHINGLES OR OTHER ROOF MATERIALS TO BE FASTENED AS PER MANUFACTURERS INSTRUCTIONS FOR HIGH WIND APPLICATIONS
4. EXTERIOR WALL FINISHES TO BE INSTALLED AS PER MANUFACTURERS INSTRUCTIONS BASED ON HIGH WIND APPLICATIONS

405 WALL/ ROOF FASTENING DETAILS
SCALE 1/4" = 1'-0"



CORRECT INCORRECT

406 COLUMN/BEAM LOCATIONS
SCALE NTS



402 REAR VIEW
SCALE 1/4" = 1'-0"

EXTERIOR ELEVATION NOTES:

1. CONTRACTOR TO VERIFY ALL WINDOW AND DOOR STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION
2. PROVIDE STEPS AND GUARD RAILS AS PER CODE BASED ON SITE CONDITIONS
3. GROUND LINES SHOWN FOR REFERENCE ONLY AND VARY DEPENDING ON SITE CONDITIONS
4. ALL FINISH MATERIALS TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION
5. REFER TO TYPICAL WALL DETAIL FOR FRAMING METHODS AND OTHER MISC. INFORMATION
6. CONTRACTOR TO PROVIDE ADEQUATE ROOF VENTILATION AS REQ'D BY CURRENT CODES

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Fax
1 800 574 1387

N·C·B·D·C
JONATHAN L. BOONE

Pre-Drawn Plan ID:
2092R

Date
10 23 14
Drawn By
B L L

SHEET NUMBER
4

T REPORT - Map with location
ached and shall include an approximate
row

JOSE 61720

8/29/2023

of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

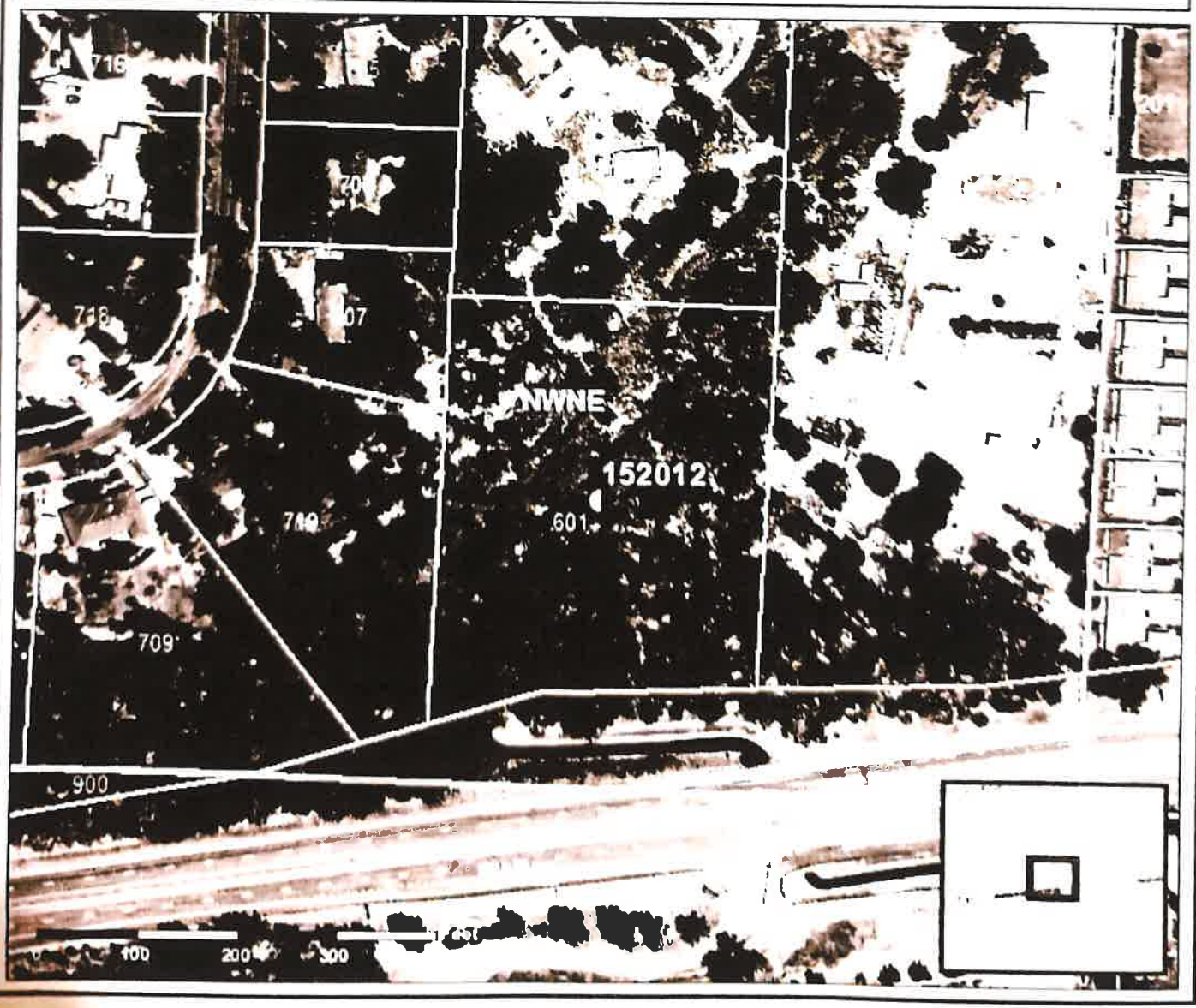
Oregon Water Resources Department
725 Summer St NE Salem OR 97301
503 986-0900

LOCATION OF WELL
Latitude 42 41587000 Datum WGS84
Longitude -123 39313000
Township/Range/Section/Quarter-Quarter Section
WM36 00S6 00W27NWNE
Address of Well
3340 REDWOOD HWY GRANTS PASS OR 97527

Well Label: 152012

Printed: August 29, 2023

Provided by well constructor



STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

JOSE 61720
8/29/2023

WELL I.D. LABEL# L 152012
START CARD # 1071028
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name LOUIE Last Name MOYE
Company
Address 1045 WALKER RD
City GRANTS PASS State OR Zip 97527

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plste	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

4) PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 120.00 ft.

BORE HOLE

Dia	From	To
10	0	38
6	38	120

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	38	21	S
		Calculated	17.34	
		Calculated		

Seal placement method [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other: POURED BENTONITE
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used [ ] Type Amount
Seal Placement Begin Date 8/28/2023 Begin Time 09 00

5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plste	Wld	Thrd
●		6	X	2	38	.250	●		X	
	●	4		2	120	sch40		●		

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 38
Temp casing [ ] Yes Dia From + To

7) PERFORATIONS/SCREENS
Perforations Method saw
Screens Type Material

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	100	120	.25	6	12	4

WELL TESTS: Minimum testing time is 1 hour
( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15		119	1

Temperature 52 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 124 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County JOSEPHINE Twp 36.00 S N/S Range 6.00 W E/W
Sec 27 NW 1/4 of the NE 1/4 Tax Lot 601
Tax Map Number Lot
Lat ° ' " or 42.41587000 DMS or DD
Long ° ' " or -123.39313000 DMS or DD
(●) Street address of well ( ) Nearest address
3340 REDWOOD HWY, GRANTS PASS, OR 97527

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/28/2023			31

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 86.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/28/2023	86	89	15			31

(11) WELL LOG
Ground Elevation

Material	From	To
Brown granite	0	14
Brown granite med hard	14	38
Gray granite hard	38	86
Gray granite hard w/ fractures	86	120

Construction
Begin Date 8/28/2023 Begin Time 08 00 End Date 8/28/2023

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 2095 Date 8/29/2023
Signed JARED HOOD (E-filed)

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1648 Date 8/29/2023
Signed BARRY PELKEY (E-filed)
Contact Info (optional) BARRY PELKEY

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK. Form Version

tion)
Sec 6.00 W
ax Lot 601
EW
228
12

Identification

Type of Report: Water Well
Type of Work: NEW
Well Report: JOSE 61720 View Log
Well Label: 152012
Start Card: 1071028
Original Report:
Owner Well Nbr:
Company Job Nbr:
Primary Use: DOMESTIC
Complete Date: 08/28/2023

Land Owner

Name: LOUIE MOYE
Company:
Address: 1045 WALKER RD
GRANTS PASS, OR 97527

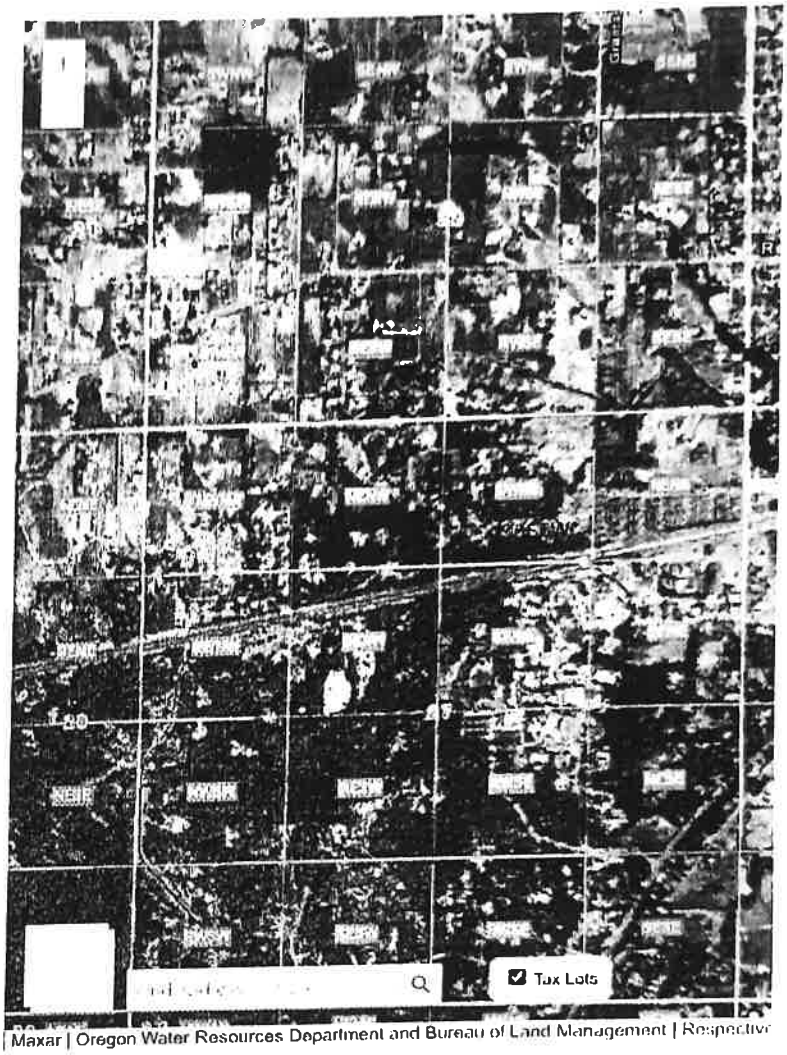
Latitude/Longitude

Latitude: 42.41587000
Longitude: -123.39313000
Horiz. Error: 99.00 ft.

Location

County: JOSE
TRSQQ: WM36.00S6.00W27NWNE
Tax Map:
Tax Lot: 601
Lot:
Block:
Subdivision:
Street of Well: 3340 REDWOOD HWY, GRANTS PASS, OR 97527
WM District: 14
Surface Elev.

Well Report Mapping Tool



Note: Tax lot overlay available only for a few counties.

Construction

Start Date: 08/28/2023
Completed Date: 08/28/2023
Drill Method: Rotary Air
Depth of Completed Well: 120.00
Est. Depth Drilled: 120.00
Special Standards:
Seal Placed Method: OTHER - POURED BENTONITE
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement: ft to ft
Backfill Material:
Explosives Used:
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

Row	Diameter (in)	From (ft)	To (ft)
1	10.00	0.00	38.00
2	6.00	38.00	120.00

Seal

Row	Material	From (ft)	To (ft)	Amount	Amount Calc.
1	Bentonite Chips	0.00	38.00	21.00	

Abandonment Log

No data matches search criteria

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	1	6.00	-2.00	38.00	.250	ST	•				•		38.00
2	1	4.00	2.00	120.00	.<illegible>	PE					•		38.00

Temporary Casing

No data matched search criteria

Perforations

Row	Method	Material	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Perforation Size	Screen/Slot Size Width	Slot Length	Nbr of Slots	Tele/Pipe size
1	SAW		L	8.00	100.00	120.00		0.250	6.000	12	4.000

Screens

No data matched search criteria

Well Test

Temperature: 52 F
Lab Analysis:
Lab Analysis Done By:
Total Dissolved Solids: 124.00 ppm
Water Quality Concerns:

Well Test

Test Type	Yield (gpm)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)	Calculated Specific Capacity (gpm/ft)
	15.0		119	1.0	

Analysis

No data matched search criteria

Static Water Level

Depth First Water: 86.00
Pre-Static Water Level:
Pre-Static Water Level Date:
Post-Static Water Level: 31.00
Post-Static Water Level Date: 08/28/2023

Static Water Level

Row	Date	From(ft)	To(ft)	SWL	Est. Flow Rate	PSI
1	8/28/2023	86.00	89.00	31.00	15.0	

Material

Row	From	To	Material	Static Water Level
1	0.00	14.00	BROWN GRANITE	
2	14.00	38.00	BROWN GRANITE MED HARD	
3	38.00	88.00	GRAY GRANITE HARD	
4	88.00	120.00	GRAY GRANITE HARD W/ FRACTURES	

Bonded Driller Name: BARRY PELKEY
Bonded Driller Company: APPLEGATE WELL DRILLING LLC
Bonded Driller Number: 1648
Bonded Date Signed: 08/29/2023

Unbonded Name: HOOD,JARED
Unbonded Company: CLOUSER DRILLING INC
Unbonded Number: 2095
Unbonded Date Signed: 08/29/2023
Other Name:
Other Affiliation:
Other License Nbr:

Geologist Engineer:
Geologist Date Signed:

Title	Document Type	Source	Download Image
JOSE 61720	EXEMPT USE MAP	DRILLER	Image
JOSE 61720	WELL REPORT	DRILLER	Image

Josephine County, Oregon
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

Chapter 19.76 Certification of Fire Protection Service

Name: Louie Mok

Assessor Map Number: 3606 2700 601

Address: 3340 Redwood Hwy

City Grants Pass **State** OR **Zip code** 97527

Phone Number: _____

Email: _____

I certify that the above property is being provided fire protection services by:

Rural Metro Fire
Fire district or Fire service provider

starting: 2/12/2024.
Date

Fire Official Signature: M Thomas **Date:** 2/12/2024

Title: Customer Service

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

Prepared by:	bs	District No:	
Zone:		Violations:	
Owner	Contact	Pickup	Mail
Fax:			
Email:	themoyes1971@msn.com		
Land Use Log:	Yes	No	Scanned

Application Date:	February 24, 2021					Permit No	9707	
Situs (St Address)	3340 Redwood Hwy							
Location of Access:	Redwood Ave							
T	36	R	06	S	27.A0	TL	601	Lot No:
Stated Purpose:	Home Construction							
NEW	EXISTING	SHARED	WAIVER					

Contractor _____ Office No. _____
Street Address _____ Cell No. _____
City · St Zip _____ Fax No. _____

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**: violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner **Louie Moye** Phone **541-226-7951** Contact _____ Phone _____
Mailing Address _____ Mailing Address _____
City _____ St _____ Zip _____ City _____ St _____ Zip _____

TYPE OF ROAD:

- [X] County-maintained
- [ ] Owner-maintained
- [ ] Local access road
- [ ] Circuit Court Decree

TYPE OF APPROACH:

- [X] Residential
- [ ] Home Occupation*
- [ ] Ag Use
- [ ] Commercial / Industrial*

*Requires Site Plan

Approach: [X] Existing [ ] New Width: 18'

Culvert: [X] Existing [ ] Required [ ] Material: [X] CMP (Concrete) Diameter: 30" Length: 28' [ ] Beveled

APPROVED

This permit shall be void unless work herein described shall have been completed, inspected and approved before _____.

SUBMITTED BY:

Applicant _____ Date 2/24/21

I have received a copy of the General Provisions
Applicant's initials

"CONDITIONS FOR APPROVAL" ISSUED BY:

Public Works _____ Date _____

INSTALLATION INSPECTION:

Approved By _____
Date 3/3/2021 Time 8:30 AM

Denied By _____ Date _____
Reason: _____

LOCATION OF APPROACH:

Address 3340 Redwood Hwy.
Latitude (N) 42° 25' 20"
Longitude (W) 123° 23' 33"
LEFT RIGHT MILEPOST _____

WAIVER

FOR ROAD APPROACH PERMIT

The installation of the driveway /road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

_____ _____
Public Works Authorized Representative Date

Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-542
E-mail: planning@josephinecounty.go

PLANNING APPLICATION FORM

Property Address: 3340 Redwood Hwy

Assessor's Map & Tax Lot:

36 -6 -27 - ____ **Tax Lot(s)** 601

____-____-____-____ **Tax Lot(s)** _____

Zoning: RR2.5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

1 SFD: 4 bed, 2 bath, 3212 total S.F., 2094 heated S.F.

Application/Permit Type: (Please Check All Applicable)

- ☐ Address Assignment
  - ☐ New Address
  - ☐ Change of Address
  - ☐ Additional Address
- ☐ Annual Compliance Certificate (See Form A)
- ☐ Appeal (See Sec.19.33.040)
- ☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- ☐ Conditional Use Application (Chapter. 19.45)
- ☐ Determination of Nonconforming Use (See Sec.19.13.060)
  - ☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)
  - ☐ Alteration Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- ☐ Final Plat (See Sec.19.56.030)
- ☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- ☐ Partition (See Sec.19.52.040)
- ☐ Planned Unit Development (See Sec.19.55.030)
- ☐ Pre-Application (See Chapter. 19.21)
- ☐ Property Line Adjustment or Vacation (See Sec.19.54.040)
- ☐ Replat (See Sec.19.53.040)
- ☐ Riparian Landscape Plan (Attach Plan or Use Form B)
- ☐ Site Plan Review (See Chapter 19.42)
- ☐ Subdivision (See Sec.19.51.040)
- ☐ Text Amendment (See Sec.19.46.030)
- ☐ Variance (See Chapter.19.44)

- ☐ Conditional Use Permit (Chapter. 19.92)
- ☐ Development Permit (See Sec.19.41.020)
- ☐ Temporary Dwelling (See Chapter. 19.43)
  - ☐ Detached Living Space
  - ☐ Medical Hardship
- ☐ Other: _____

Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale
- ☒ (1) 8 1 2x 11" Site/Tentative/Plot Plan
- ☐ Written Narrative/Response to Criteria
- ☐ Power of Attorney
- ☐ Statement of Intended Water Use
- ☐ Statement of Understanding
- ☒ Floor Plan/Elevations
- ☒ Access Permit pw
- ☒ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan
- ☐ Other: proof of water

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

Build new residential SFD.

Property Owner: Louie Moye
Address: 1045 Walker Rd,
Grants Pass, OR 97527
Phone: 541-226-7951
Email: themoyes1971@msn.com

Applicant: Owner
Address: _____
Phone: _____
Email: _____

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Address: _____
Phone: _____
Email: _____

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

_____ 2/12/2024
(Signature of Owner or Attorney-in-Fact) Date

_____
(Signature of Owner or Attorney-in-Fact) Date

(For Office Use)

Fees Paid: _____ Initials: _____

Revised 10 14 19

Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97526

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL24-00152

Payer/Payee: MOYE, LOUIE D JR (ET AL)
1045 WALKER RD
GRANTS PASS OR 97527

Cashier: Onnie Heater

Date: 02/13/2024

Primary Parcel: 360627A0000601 **Project Description:** SFD

PL-2024-00146 DEVELOPMENT PERMIT 3340 REDWOOD HWY

Fee Description	Fee Amount	Amount Paid	Fee Balance
PL-Development Permit (SFD, to include remodels & addition)	$380.00	$380.00	$0.00
	$380.00	**$380.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CREDIT CARD	151063958	$380.00
Total Paid:		**$380.00**

Residential Septic Site Evaluation Approval

463-22-000110-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: 07/20/2022
Application status: Site Evaluation Approved
Work description: Residential dwelling

Applicant: MOYE, LOUIE D JR
Address: 1045 WALKER RD
1045 WALKER RD
GRANTS PASS OR 97527
Phone: 5412267951
Email: themoyes1971@msn.com

Primary contractor: MOYE HOME CONSTRUCTION AND REMODELING LLC
CCB: 233747
Address: 1045 WALKER RD
GRANTS PASS OR 97527
Phone: 5412267951
Email: themoyes1971@msn.com

Owner: MOYE, LOUIE D JR
Address: 1045 WALKER RD
1045 WALKER RD
GRANTS PASS OR 97527

Property address: 3340 Redwood Hwy, Grants Pass, OR 97527

Parcel: 360627A000060100 - Primary

Lot size: 2.98 ACRES
Zoning: N/A
Water supply: N/A
City/County/UGB: County
Directions to Property: Access from 3500 Redwood Hwy, then left along old irrigation ditch road just before gate.

Proposed use of structure: Residence
Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.
Proposed gallons per day: 450 gpd.
Min dosing tank volume: 500 gal.
Comments: ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SAND FILTER.
STEEP SLOPE DRAINFIELD REQUIRED FOR REPAIR AREA.

System Specifications	*Initial System*	*Replacement Area*
System type:	Sand Filter	Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial
Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	135 linear ft.	150 linear ft.
Max depth:	30 in.	36 in.
Min depth:	24 in.	30 in.
Special Requirements	***Initial System***	***Replacement Area***
Stakeout required:	Yes	Yes

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.)

Septic Site Evaluation 463-22-000110-EVAL

Date issued: 07/20/2022

Application status: Site Evaluation Approved

Work description: Residential dwelling

Groundwater type:	Temporary	Temporary
Groundwater interceptor:	Yes	Yes
Groundwater interceptor-amount of drain media:	36 in.	36 in.
Groundwater interceptor depth:	48 in.	48 in.
Drainfield type:	Standard	Seepage Trench
Drainfield sizing:	45 linear ft/150 gal.	50 linear ft/150 gal.
Pump to drainfield required:	Yes	Yes

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 — Natural Resource Specialist — 7/20/22

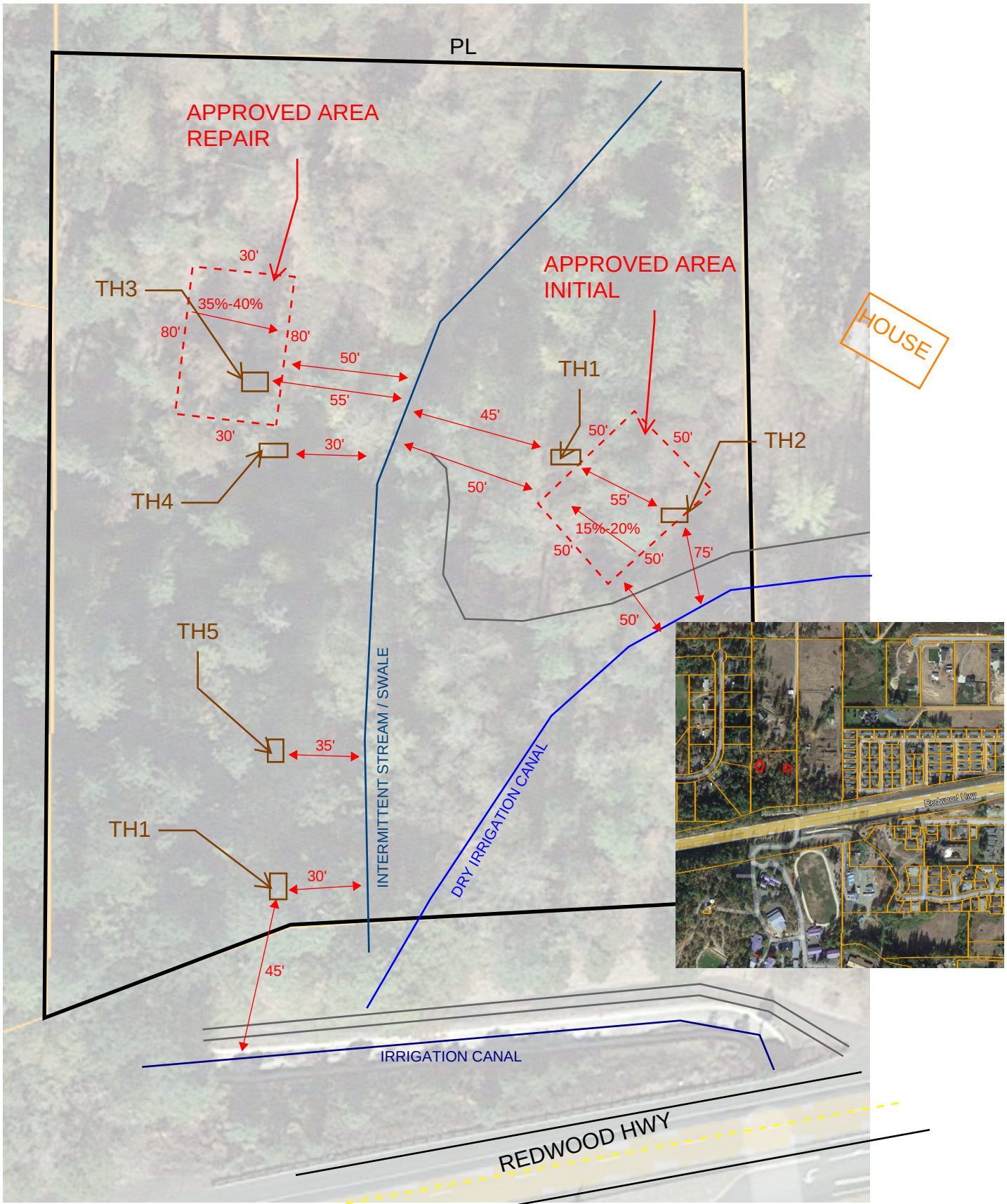
CALL BEFORE YOU DIG...IT'S THE LAW

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.)

SITE PLAN

ADDRESS 3340 REDWOOD HWY

PARCEL 360627A000601



*NOT TO SCALE

APPLICATION # 463-22-000110-EVAL

FIELD WORKSHEET

Name: LOUIE MOYE **Application No.:** 463-22-000110-PRMT **Date:** 6/15/2022
RE: SITE EVALUATION REPORT for Parcel #: 360627A000601

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.98 ACRES

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other TS2	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other TS1/STEEP SLOPE
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 500 DOSING	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 500 DOSING
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: 135 total linear feet 45 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 135 total linear feet 45 linear feet per 150 gallons projected daily sewage flow 36 " Max Depth 30 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. 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.
4. 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.

OAR 340-071-0130; 340-071-0290; 340-071-0295
340-071-0310

* MEET ALL SETBACKS

Inspector: KK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	SCL	7.5yR 3/4, GR, Roots 1VF, F, M, C, VC
	4-18	SCL	7.5yR 4/4, wSBk, Roots 1VF, F, M, C, VC
	18-36	CL	5yR 4/3, mSBK-WEDGE, Roots 1VF, F, M, Pores 2F, Conc, 5yR 3/4
	36-50	CL	5yR 3/4, WEDGE, Roots, CAS DEP 10yR 4/2, Conc 7.5yR 5/8, Pores 2F, VF, M / SURFACE WATER / I.S. 40' WEST OF TH (DRAINAGE)
Test Pit 2			WATER @ 24"
			CAS @ 18"
Test Pit 3	0-5	SCL	7.5yR 3/4, WSBK, Roots 2M, 1VF, F, C Pores 2F, 1VF, M
	5-16	SCL	7.5yR 4/6, W-mSBK, Roots 1VF, F, M, C, CAS DEP 10yR 5/2, 5/4, Conc. 7.5yR 5/8
	16-48	CoSCL	5yR 4/6, MABK, Roots 1VF, F, M / Pores 2VF, 2F, M
Test Pit 4			SIM TO TEST HOLE 3
			CAS @ 22"
Test Pit 5			SIM TO TEST HOLE 1
			CAS @ 34"
			SWALE 35' TO EAST
Test Pit 6			SIM to TH1
			WATER @ 30"
			I.S. / SWALE 50' TO EAST
			UNLINED CANAL 45' NORTH

15-20% WEST

3-8% NORTH

Landscape Notes: WOODED (PINE, OAK, FIR)

Slope: SEE MAP Aspect: SEE MAP Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: UNLINED CANAL UPSLOPE (SOUTH) OF PARCEL

IRRIGATION

Ree # 463-22-000110-Eval

Josephine County, Oregon

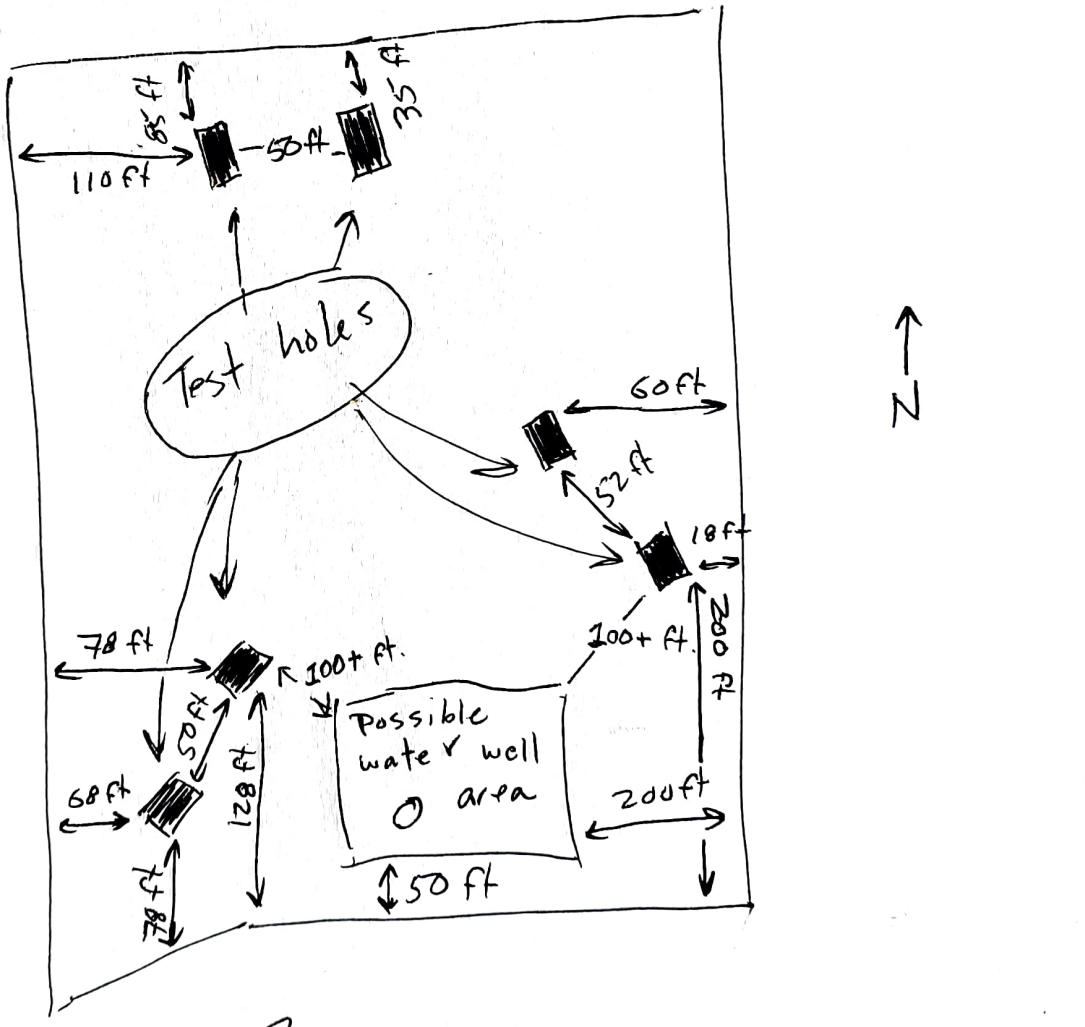
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

DATE: 3/7/2022 **TWN** 36 **RNG** 6 **SEC** 27 **QQ** ____ **TL** 601

OWNER'S NAME: Louie D Moye Jr.

ADDRESS: 3340 Redwood Hwy, Grants Pass, OR 97527

PLOT PLAN



SIGNATURE: _____ **DATE:** 3/7/2022

Revised 10/14/19

Josephine County, Oregon

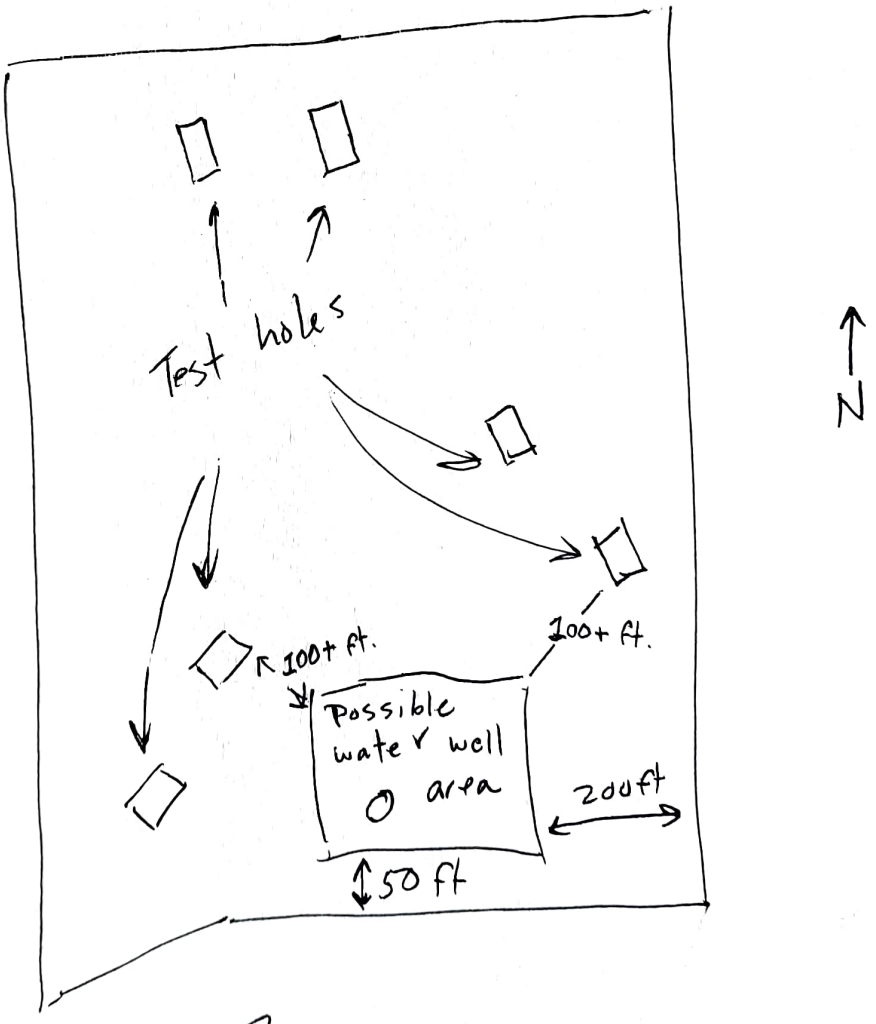
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

DATE: 3/7/2022 TWN 36 RNG 6 SEC 27 QQ _____ TL 601

OWNER'S NAME: Louie D Moye Jr.

ADDRESS: 3340 Redwood Hwy, Grants Pass, OR 97527

PLOT PLAN



SIGNATURE: _____ DATE: 3/7/2022

Revised 10/14/19

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 100 200 400 Feet

N.E.1/4 SEC.27 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1" = 200'

36S06W27A
GRANTS PASS

CANCELLED:
400
700
708
790
800
1400
1600
1700
390
1900
1990
100
200
300
301
1100
1200
1300
1500
1501
1502
1503
1504
1800
1901
2000
2100
2200
2300
2400
2401-94
2402
2403-94
2500
2501-94
2502
2600
1000-40

287,633.56
1,218,410.68
1/4 COR.
N 89°43'54" E
SEE MAP 36S 06W 22 D
22
23
26
27
ELMER NELSON LANE
SEE MAP
36 6 27 AA
LANE
HUBBARD
SEE MAP 36S 06W 26 B
712 1.26 AC
713 1.20 AC
701 0.68 AC
702 0.60 AC
703 0.58 AC
704 0.58 AC
705 0.57 AC
706 0.57 AC
707 0.75 AC
714 0.55 AC
715 0.55 AC
716 0.55 AC
717 0.55 AC
718 0.76 AC
719 1.75 AC
802 2.29 AC
803 0.35 AC
801 0.78 AC
711 0.86 AC
710 0.84 AC
709 1.46 AC
900 0.40 AC
600 6.31 AC
500 9.16 AC
601 2.98 AC
SOUTHGATE WAY
SOUTHGATE
9
A
B
CS 263-73
CS 292-71
CS 76-02
SUBDIVISION
HIGH
SOUTH
CS 12-09
SUNBURST DR
HONEYLOCUST DR
STARBURST DR
GREENASH DR
BLACK PINE DR
STAR CREST DR
PACIFIC CREST DR
SCOTCHPINE DR
MAGNOLIA DR
689+55.37
HIGHWAY
CS 55-08
N 80°09'10" E
685+00
687+50
678+50
CANAL AVE
NW COR. SE 1/4 NE 1/4
NW COR. SE 1/4 NE 1/4 BY
J.R. WHITE SUR. & T.L. 1800
CS 50-51
REDWOOD
RELOCATED
LINE
1000 31.76 AC
1001 0.01 AC
1000-41 0.03 AC
3
HARVARD WY
DUKE CT
YALE CT
UNIVERSITY RD
SEE MAP
9
36 6 27 AD
CANAL
HUBBARD LANE
SEE MAP 36S 06W 27 B
SEE MAP 36S 06W 27 D
284,902.26
1,220,956.78

Revised GS
10/14/2011

GRANTS PASS
36S06W27A