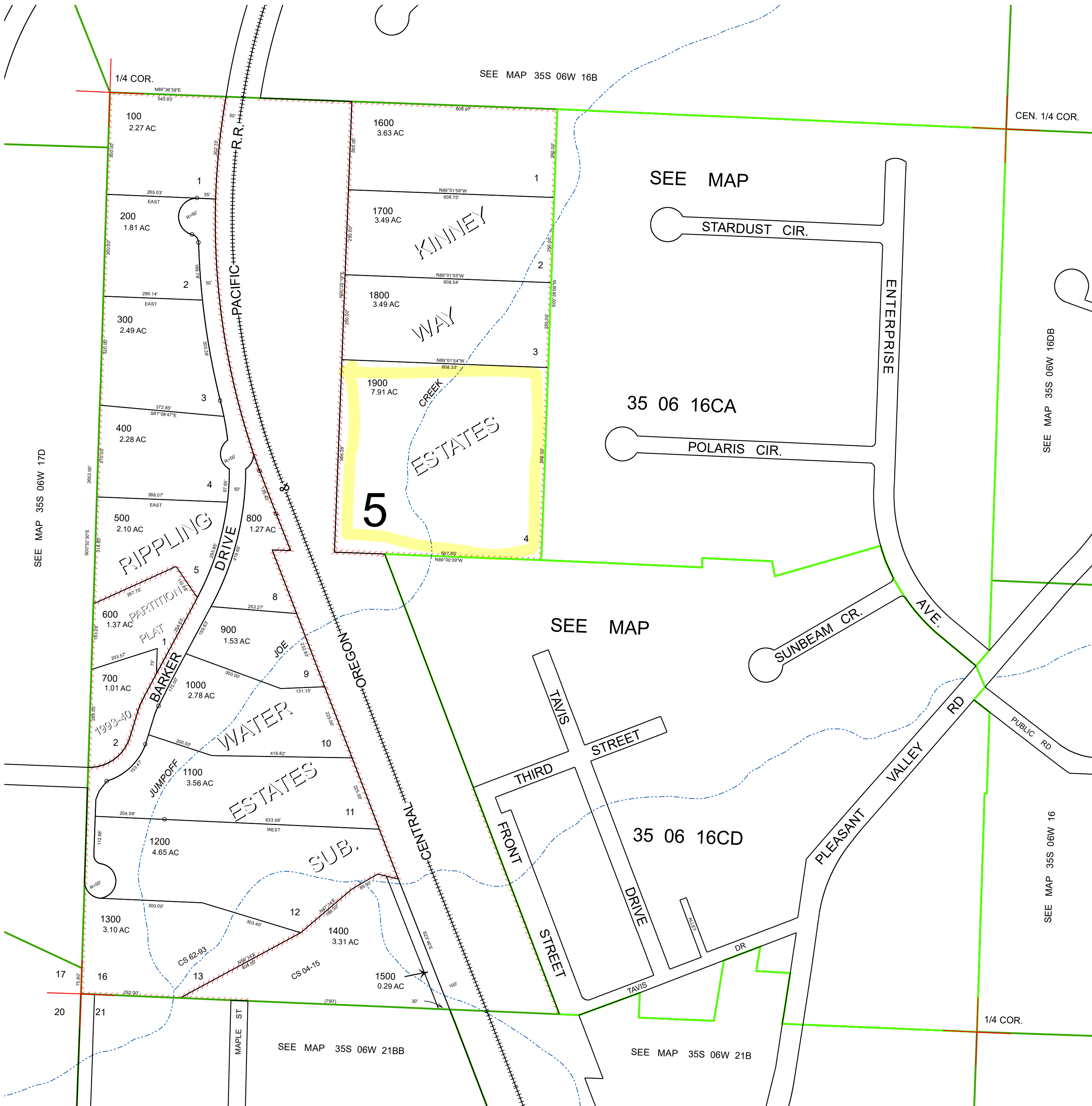






Residential Septic Site Evaluation Approval

463-22-000103-EVAL

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

Date issued: 11/16/2022

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 4

Applicant: Druther s Construction, LLC
Address: PO Box 1586
Grants Pass OR 97528
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Primary contractor: Druther s Construction, LLC
Installer License: 39140
Address: PO Box 1586
Grants Pass OR 97528
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Owner: AXXIS DEVELOPMENT INC
Address: 116 CAMBRIDGE DR
116 CAMBRIDGE DR
GRANTS PASS OR 97526

Property address: 0 Tavis Dr, Merlin, OR 97532

Parcel: 3506160000120000 - Primary

Lot size: 7.41 ACRES
Zoning: N/A

Water supply: Well
City/County/UGB: County

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

General Specifications

Max peak design flow:	450 gpd.	Proposed gallons per day:	375 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.
Comments: IF EQUAL DISTRIBUTION CAN BE ACHIEVED, TRENCH DEPTHS 18"-30". ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SANDFILTER.			

System Specifications

System type:
System distribution type:
Distribution method:

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Special Requirements

Stakeout required:
Drainfield type:
Drainfield sizing:

Initial System

Sand Filter
Serial
Serial

Initial System

135 linear ft.
30 in.
24 in.

Initial System

Yes
Standard
45 linear ft/150 gal.

Replacement Area

Standard
Serial
Serial

Replacement Area

135 linear ft.
30 in.
24 in.

Replacement Area

Yes
Standard
45 linear ft/150 gal.

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: 11/16/2022
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 4

Pump to drainfield required:	Yes	Yes
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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.

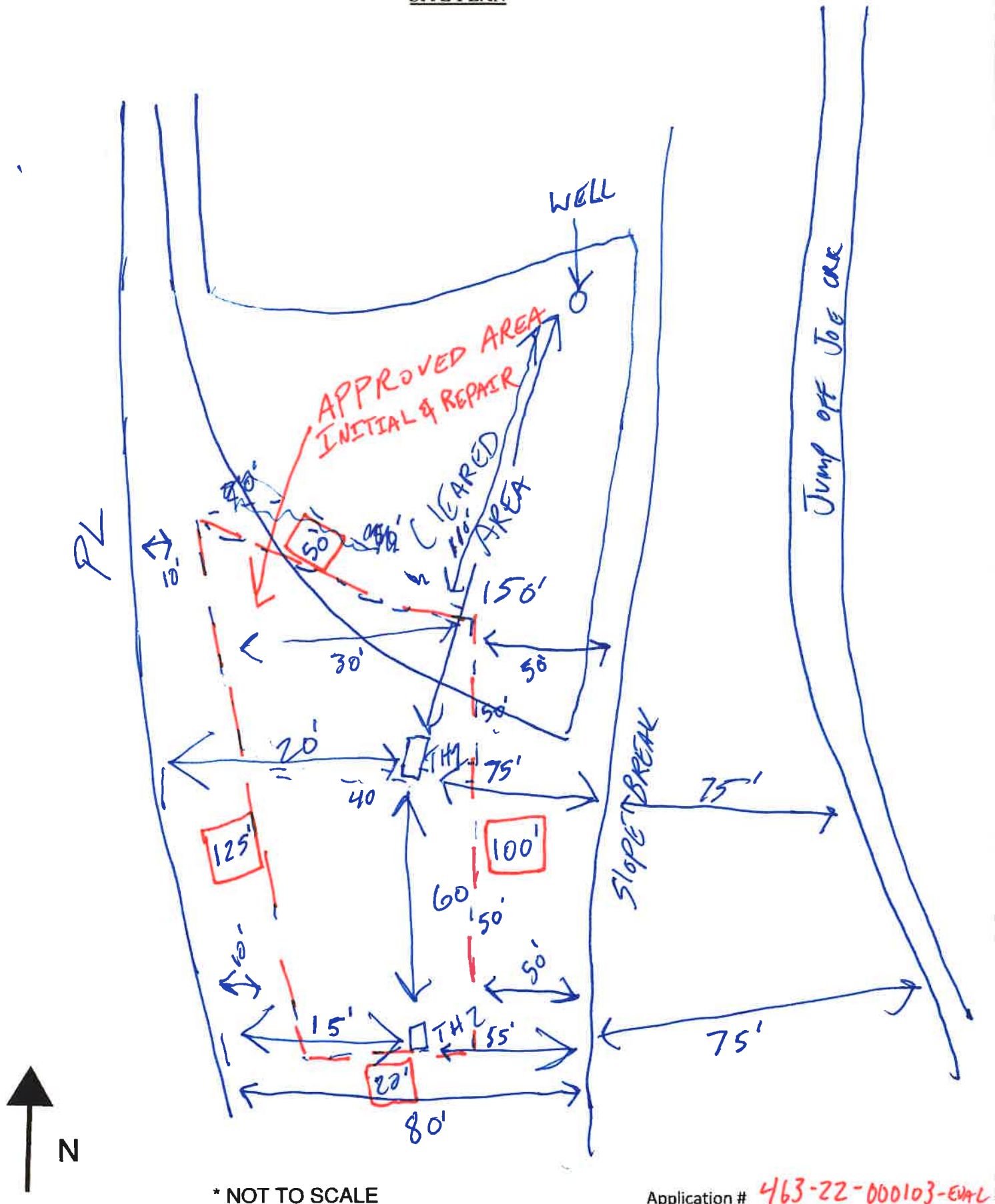
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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	11/16/22
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"O" TAVIS LOT 4
350160001200

~~463-22~~

SITE PLAN



* NOT TO SCALE

Application # 463-22-000103-EVAL

FIELD WORKSHEET

Name: DRUTHERS Application No.: 463-22-000103 Date: —
 RE: SITE EVALUATION REPORT for Parcel #: 3506160001200 LOT 4

Commercial Facility: ☐ Yes ☒ No Parcel Size: 7.41 ACRES

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other <u>TS1</u>	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other <u>TS1</u>
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required <u>5000 gpd</u>	Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☐ 2 compartment ☐ Other ☒ effluent pump required ☒ effluent filter required
Distribution Method: ☒ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☒ Serial ☐ Pressurized
Absorption facility: <u>135</u> total linear feet <u>450</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>135</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <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 _____ feet above the highest disposal trench.
- ☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
- ☒ Rake trench sidewalls.
- ☒ The system must be installed during dry soil conditions only.
- ☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

* 18"-30" TRENCH DEPTHS IF EQUAL CAN BE ACHIEVED

* STAKE-OUT REQUIRED INITIAL & REPAIR

* T SAND FILTER / ATT

WILL BE REQUIRED FOR INITIAL TO DECREASE LINEAR FEET REQUIRED

Inspector: SK

ESD
50"

ESD
48"

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-6	CL	7.5YR ³ / ₃ , GR, ROOTS 2F, M, 1VF, C, VC, 5% GRAVEL
	6-18	CL	7.5YR ⁴ / ₆ , WSBK, ROOTS 1VF, F, M, C, VC, " "
	18-50	COBBLY CL	2.5YR ⁴ / ₆ , WSBK, ROOTS 1VF, F, 25% COBBLES
Test Pit 2			SIMILAR TO TP1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (FIR, OAK, MADROÑE)

Slope: 2-~~5~~5% Aspect: W/SW Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: 3/8/2022, 11:30 AM, Partly Sunny, 50°



Application for Onsite Sewage Treatment System

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

For ONSITE SEPTIC Use Only:

Date received _____
Fee paid _____
Receipt number _____
Application number _____
Date of 1st response _____
Date of 2nd response _____
Date of final response _____
Date of completion _____

Scanned

Data Entry

Date Stamp

A. Property Owner Information

Apas Newland
Name

116 Cambridge Dr Grants Pass, OR 97526
Mailing Address (Street or PO Box, City, State, Zip Code)

541-660-8541
Phone Number

B. Legal Property Description

35
Township

06
Range

16
Section

001200
Tax Lot

R303608
Tax Account Number

7.90
Acreage or Lot Size

Josephine
County

Kimmy Way Estates
Subdivision Name

4
Lot

—
Block

Property Address: 0 Kimmy Way
Address

Grants Pass
City

OR
State

97526
Zip Code

Directions to Property: Main Exit to Pleasant Valley Rd. Take left onto Russell Rd.
Take left onto Elliza Loop follow to Kimmy Way property at end of the road.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

3
Number of Bedrooms

☐ Other _____

Water Supply:

☐ Public

Name _____

☒ Private

Well

Well, Spring, Shared

D. Type of Application

☒ Site Evaluation

☐ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System
Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use
- ☐ Replacing a Mobile Home or House with Another Mobile Home or House
- ☐ The Addition of One or More Bedrooms
- ☐ Personal Hardship
- ☐ Temporary Housing

☐ Other-please specify _____

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

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

[Signature]
Signature

3-1-22
Date

Anden Olson
Applicant's Name - Please Print Legibly

541-641-2029
Applicant's Phone Number

anden.olson2002@josephine.or.us
Applicant's E-mail Address

P.O. Box 1586 Grants Pass, OR 97528
Applicant's Mailing Address

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Druther Construction
Installer's Name 39140

NOTICE AUTHORIZING REPRESENTATIVE



State of Oregon
Department of
Environmental
Quality

I, John West, have authorized Andrew Olsen 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:

Ellison Loop Russell Estate Subdivision
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 16 Map ID _____ Tax Lot #(s) 00/00

PROPERTY OWNER:

Printed Name: AXXIS DEVELOPEMENT INC.

Address: 116 Cambridge Dr.

City, State, Zip: G.P. OR. 97526

Phone: 541-660-9541 Email: JWEST1249@gmail.com

Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

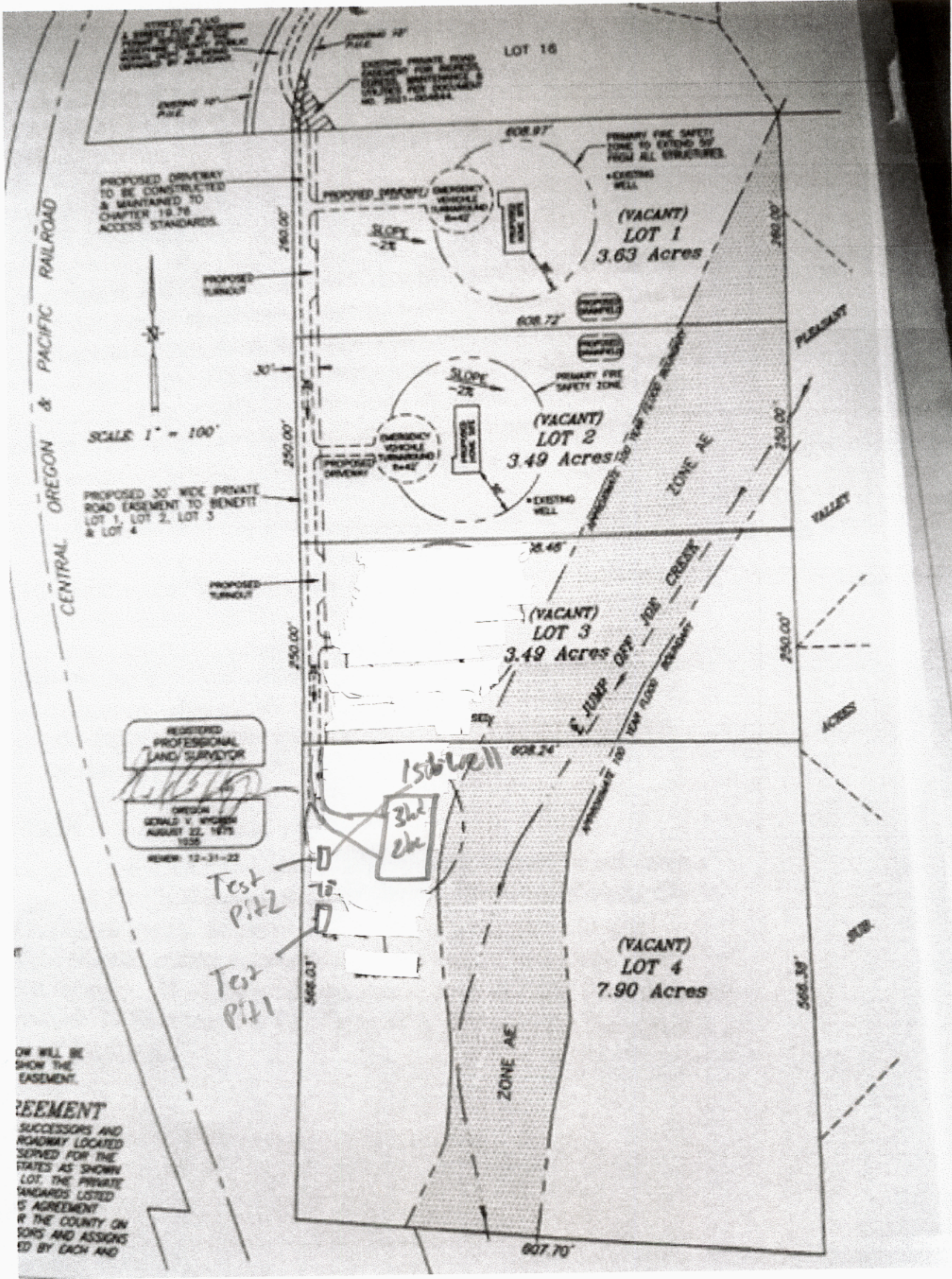
Printed Name: Andrew Olsen

Address: P.O. Box 1586

City, State, Zip: Greets Pass, OR 97528

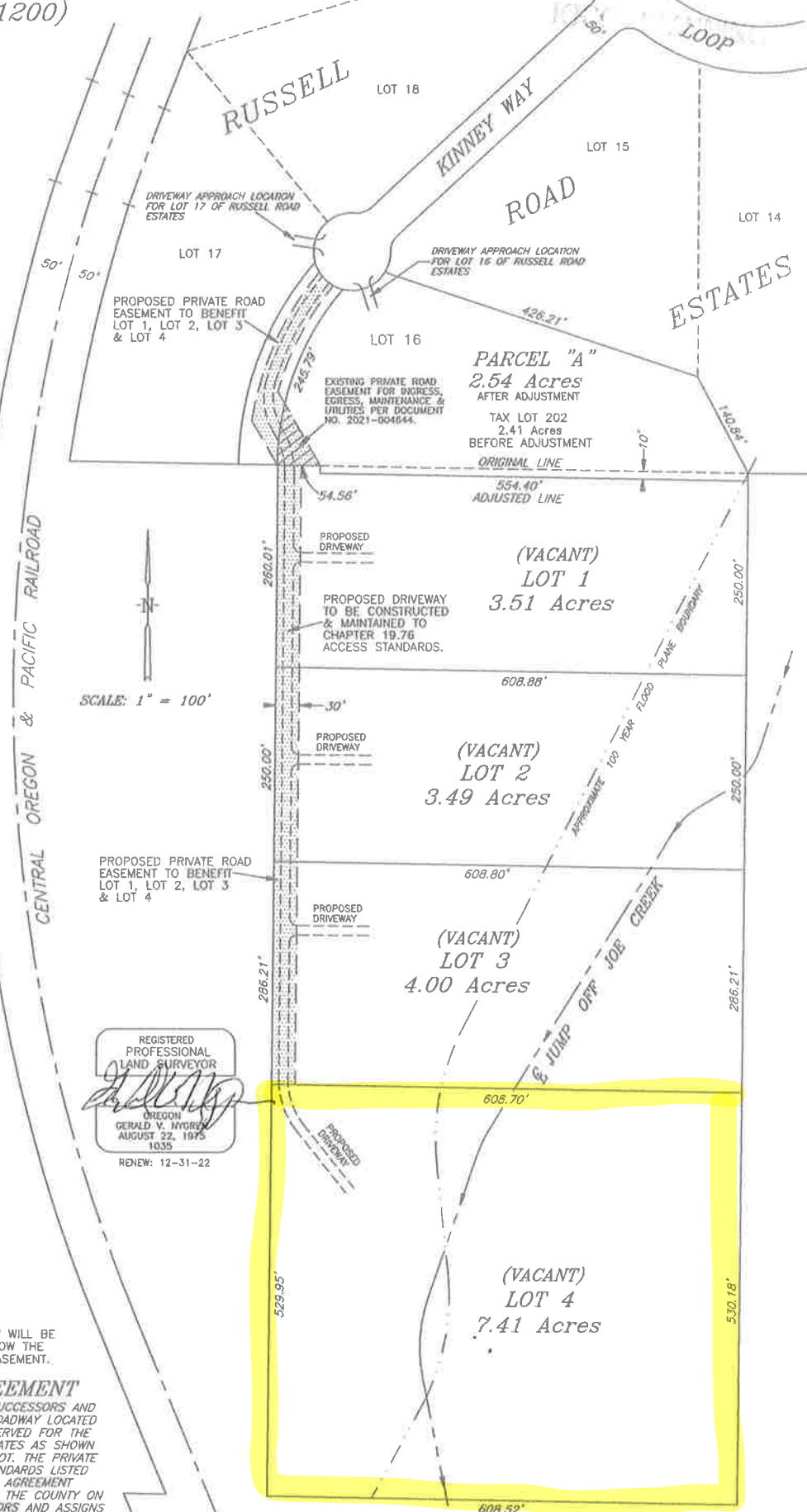
Phone: 541-441-2029 Email: andrew-olsen2002@gmail.com

Signature: [Signature]

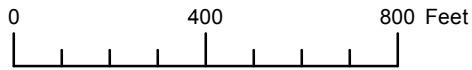


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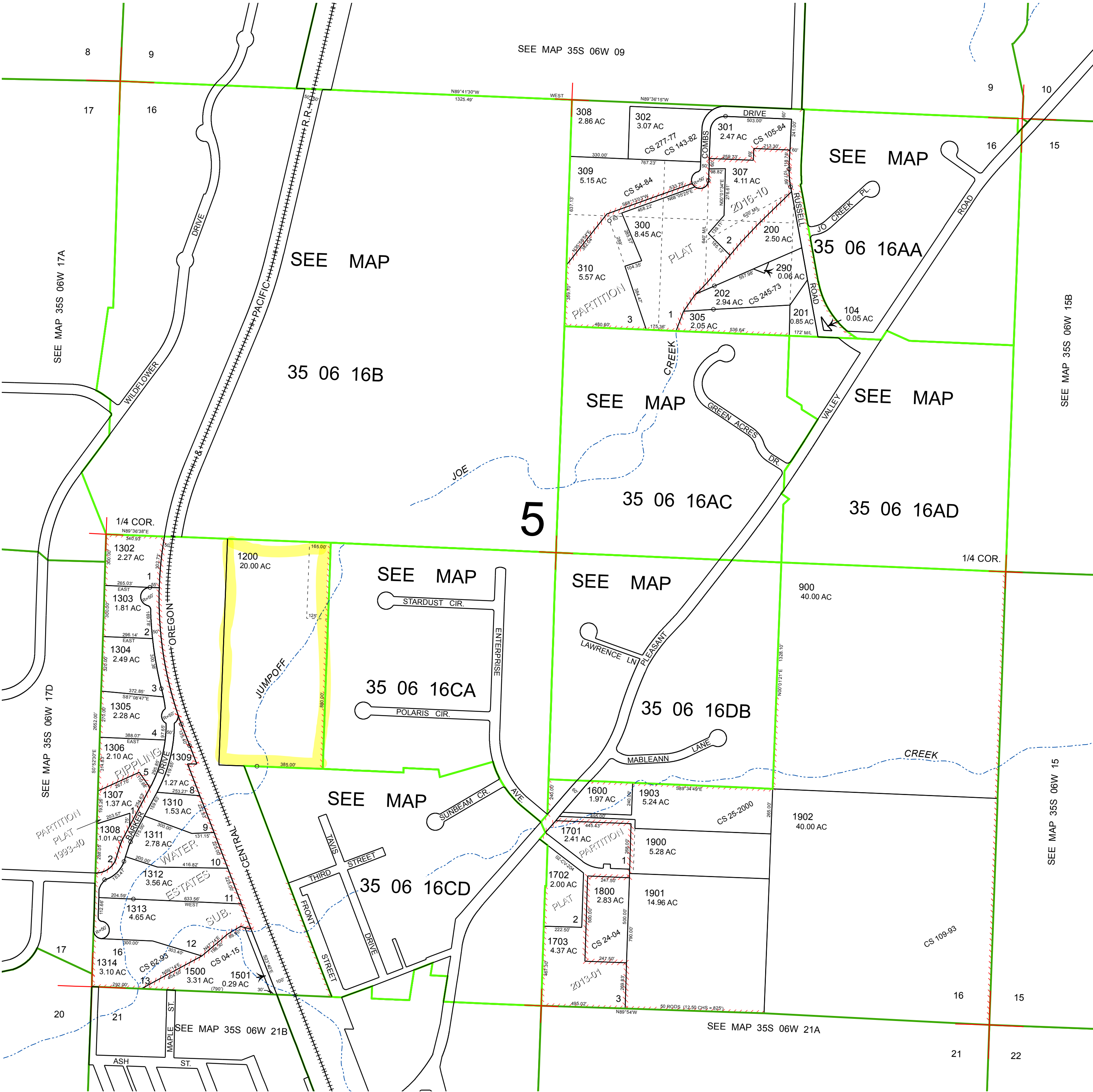


THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY



SECTION 16 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1" = 400'

35 06 16



CANCELLED:
890
1601
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