Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-21-000271-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: 03/31/2022
Work Description: Install septic system

Applicant: Stephen Stark Excavation, LLC
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: 5414761226
Email: ststarkexllc@qwestoffice.net

Contractor: Stephen Stark Excavation, LLC
Installer License: 38143
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: (541) 476-1226
Email: ststarkexllc@qwestoffice.net

Owner: PAGE, DEANNA &
Address: PAGE, BRUCE HOWARD 740 N
HASKELL ST # 10
PAGE, BRUCE HOWARD
740 N HASKELL ST # 10
CENTRAL POINT OR 97502

Property Address: 1222 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000108 - Primary Township: 35 Range: 06 Section: 16

Lot Size:	2.62 ACRES	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	375 gpd.
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	500 gal.

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Equal
Drainfield Sizing:	N/A	**Distribution Method:**	Equal
Media Type:	NFILTRATOR CHAMBERS QUICK4 EQUALIZER 24	**Media Depth:**	N/A
Trench Length:	225 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	18 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Rake Trench Sidewalls: Yes

Septic Permit 463-21-000271-PRMT

Date Certificate Issued: 03/31/2022
Work Description: Install septic system

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 Natural Resource Specialist

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: 463-21-000271-PRMT

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

SECTION 1: Owner/Permittee Information:

Twnshp: 35 **Range:** 06 **Sect:** 16

Name: PAGE, DEANNA &

Lot: 108

Property Address: 1222 ELLISON LOOP, MERLIN, OR 97532

SECTION 2: System Component Specifications:

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

Tanks(1)	Volume: 1500 gal	Compartments: 2	Manufacturer: Riverside Redi-Mix			Date: 2-2-22
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:
Pump(s)	HP: .5	Model/Manuf. Zoller	Float(s)Type(1):	Model/Manuf. Zoller P/N 004067		
			Float(s)Type(2):	Model/Manuf. Zoller 10-4011		

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes X	No	Diameter: 1 1/2"	ASTM#/Other: Sch 40	Length: 57'

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

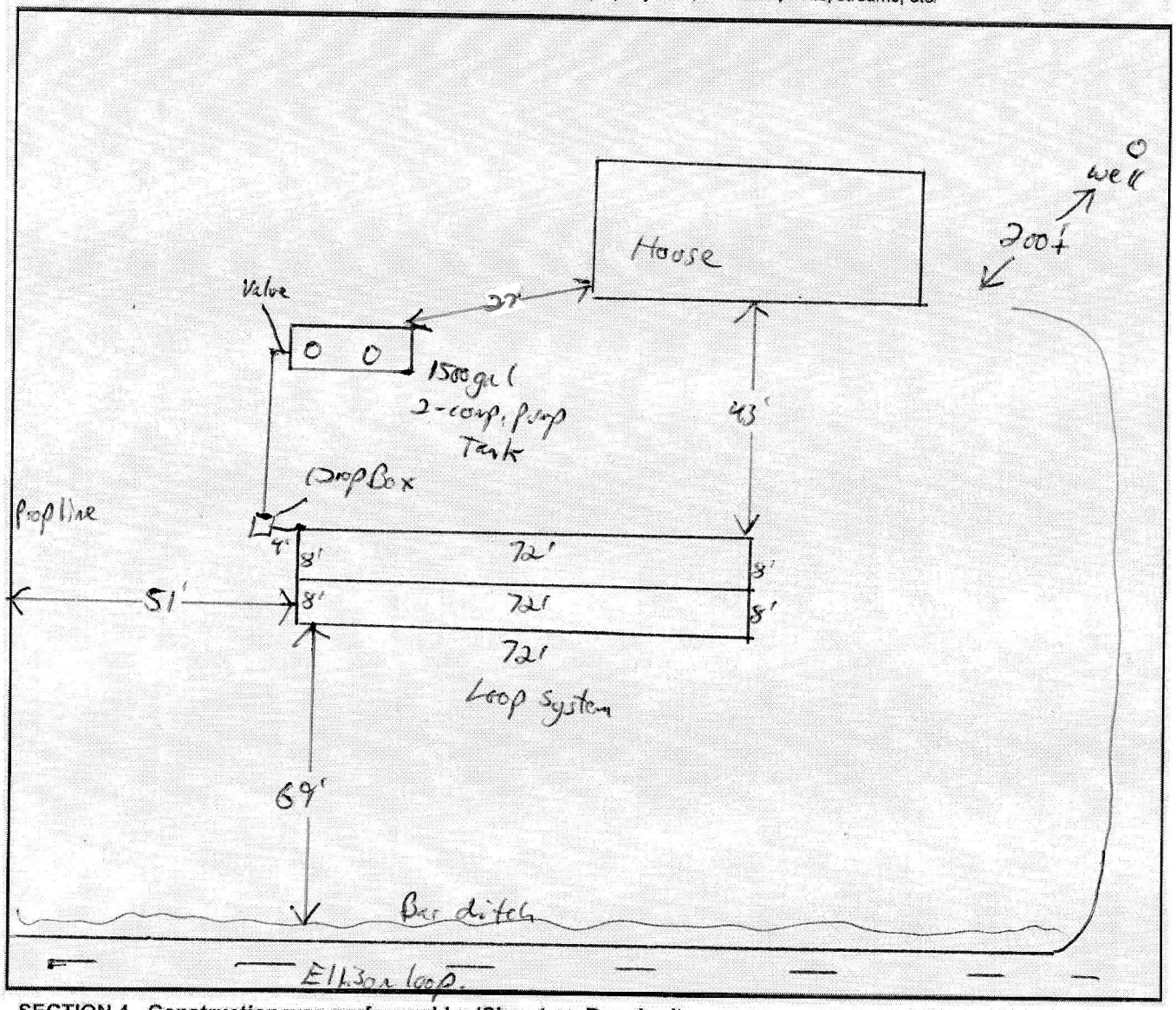
Type	(Gravel, Pipe or alternative?) Infi:Mator				
Distribution Box	Yes	No			
Drop Box	Yes X	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other: Infi:Mator	Length: 232

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: Staples Stark Exc. LLC				
Licensed Installer:	Yes ✓	No	License#: 38143	Certification#:	
Owner/ Certified Installer:	Signature: Staples Stark		Date: 2-15-22	Phone#: 541-476-1226	

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____


2F

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
463-21-000271-PRMT

Date issued: 7/13/21 **Expiration date:** 7/13/22

Work description: Install septic system

Applicant: Stephen Stark Excavation, LLC
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: 5414761226
Email: ststarkexllc@qwestoffice.net

Contractor: Stephen Stark Excavation, LLC
Installer License: 38143
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: (541) 476-1226
Email: ststarkexllc@qwestoffice.net

Business License: N/A

Owner: PAGE, DEANNA &
Address: PAGE, BRUCE HOWARD 740 N
HASKELL ST # 10
PAGE, BRUCE HOWARD
740 N HASKELL ST # 10
CENTRAL POINT OR 97502

Property address: 1222 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000108 - Primary Township: 35 Range: 06 Section: 16

Lot size:	2.62 ACRES	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Construction Permit - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: N/A

Category of construction: Residential

	Existing	Proposed
Number of bedrooms:	N/A	3

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	450 gpd.	**Proposed flow:**	375 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	500 gal.

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Equal
Drainfield sizing:	N/A	**Distribution method:**	Equal
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	INFILTRATOR CHAMBERS QUICK4 EQUALIZER 24		
Trench length:	225 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	8 ft.
Min depth:	18 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 463-21-000271-PRMT

Date issued: 7/13/21 **Expiration date:** 7/13/22

Work description: Install septic system

Rake trench sidewalls: Yes

Conditions of approval

1.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
2.The system must be installed by the property owner or a licensed sewage disposal business (installer).
3.Vehicular traffic and livestock must be restricted from the system area.
4.All roof drains must be directed away from the system
5.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.
6.Meet all required setbacks
7.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.
8.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
9.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
10.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.
11.Install the pump and system components in accordance with the approved pump curve and specifications.
12.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.
13.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
14.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
15.Maximum length of an individual trench is 150-feet.
16.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
17.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
18.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.
19.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-21-000271-PRMT

Date issued: 7/13/21 **Expiration date:** 7/13/22

Work description: Install septic system

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.

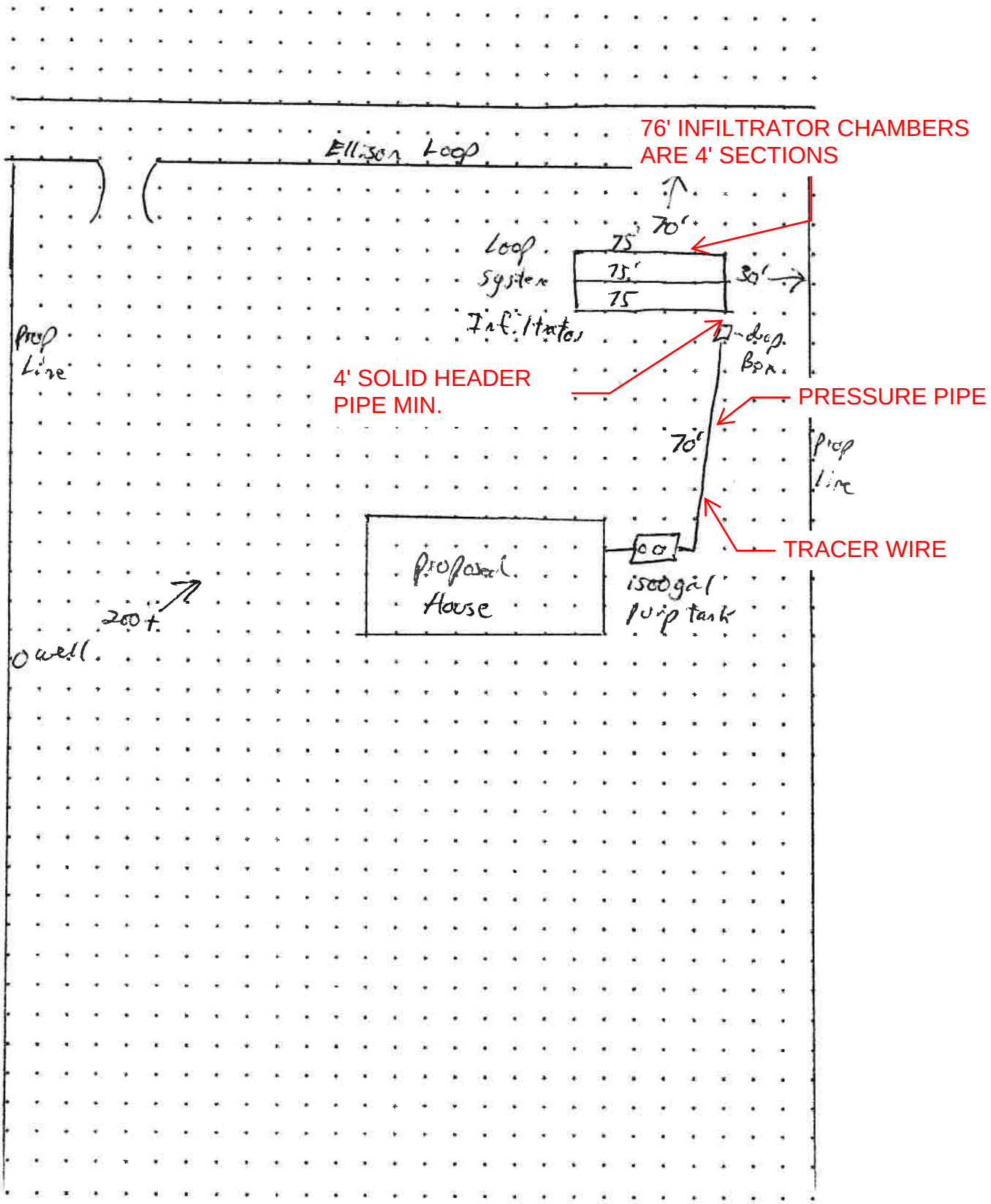
System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection 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.

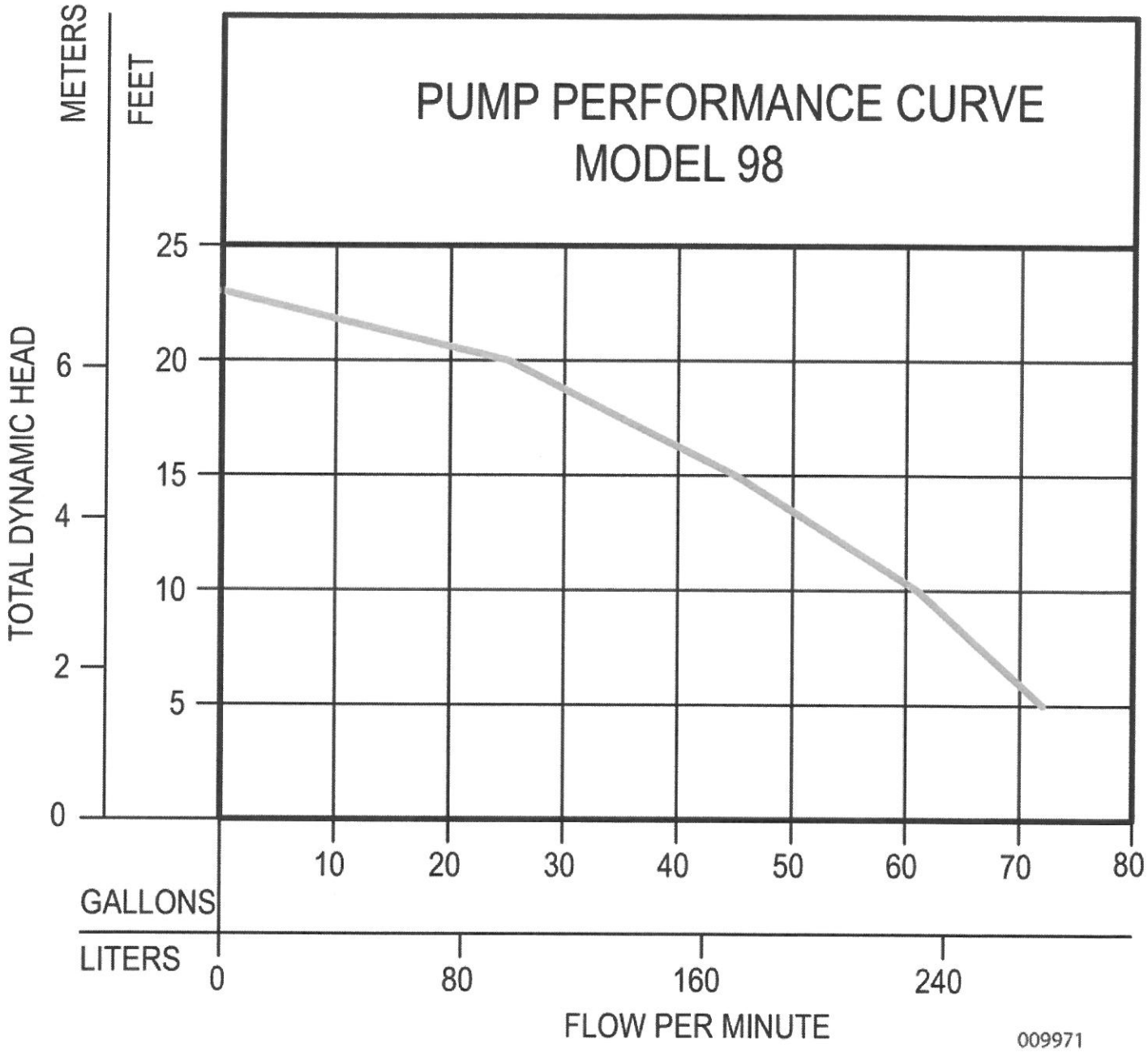
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah 7/13/21

SITE PLAN



Application #_____


PUMP PERFORMANCE CURVE
MODEL 98
TOTAL DYNAMIC HEAD
METERS
FEET
0
2
4
6
5
10
15
20
25
GALLONS
LITERS
10
20
30
40
50
60
70
80
0
80
160
240
FLOW PER MINUTE
009971

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

1. **Applicant Name/Property Owner:** AXIS DEVELOPMENT INC
   Mailing Address: 116 Cambridge Dr.
   City, State, Zip: G. PASS OR. 97526
   Telephone: 541-660-9541

2. **Property Information:**
   County: JOSEPHINE **Tax Lot No.:** TL 700
   Township: ~~T35~~ T35 **Range:** ~~R6W~~ R6W **Section:** ~~5~~ 9 ~~16~~
   Physical Address:
   Block: RUSSELL Rd to RUSSELL Rd ESTATES **Lot:** 3-40
   Subdivision Name (if applicable): RUSSELL Rd. ESTATES

3. **This proposed facility is for:**
   - [x] **An individual, single-family dwelling.**
   - [ ] **Other. Describe the type of development, business, or facility and the provided services or products:** 1 Lux FOR All SEPTIC PERMITS PER JAMES/MARK

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

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

5. **Property Zoning:** Rural Residential **Zoning Minimum Parcel Size:** 2.5 acres

6. **The facility is located:** [ ] **inside city limits** [ ] **inside UGB** [x] **outside UGB**
   If inside UGB, the proposed facility is subject to:
   [ ] **City jurisdiction** [ ] **County jurisdiction** [ ] **Shared City/County jurisdiction**

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

   Either provide reasons for affirmative compliance decision or attach findings of fact: Section 19.101.020.J JCC: Permitted uses - Single family dwelling or manufactured dwelling. This LUCS covers all lots within the Russell Road subdivision. The property is identified on the Statewide Wetlands Inv. - Contact DSL before beginning your project

8. **Planning Official Signature:** Onnie Neumann
   Print Name: Onnie Neumann **Title:** Dept. Spec.
   Telephone: 541-474-5109 x2412 **Date:** 3-19-21

Josephine County P
700 NW Dimmick St
Suite C
Grants Pass, OR

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

Bruce Pege
Name

Mailing Address (Street or PO Box, City, State, Zip Code)

Phone Number

B. Legal Property Description

35 Township | 06 Range | 16 Section | 108 Tax Lot | Tax Account Number | Acreage or Lot Size

Josephine County | Russel Rd Estates Subdivision Name | 12 Lot | Block

Property Address: 1222 Ellison Loop Rd Address | Grants Pass City | OR State | 97526 Zip Code

Directions to Property: Russell Rd To Ellison Loop. Lot 12

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.

Stephen J. Stark
Signature

6-16-2021
Date

Stephen J. Stark
Applicant's Name – Please Print Legibly

541-476-1226
Applicant's Phone Number

StarkSteve32@yahoo.com
Applicant's E-mail Address

756 Stringer Gap Rd G.P. OR 97527
Applicant's Mailing Address

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

☐Authorization Attached

Stephen Stark Exc. LLC
Installer's Name

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 350616B0000108
SITUS: 1222 ELLISON LOOP
ACRES: 2.62

PERMIT NUMBER: PL-2021-01913
ZONE: RR2.5
SCHOOL DISTRICT: Three Rivers

APPLICANT:	C WOODRUFF CONSTRUCTION LLC	**APPLICANT PHONE #:**	541-659-2020
APPLICANT ADDRESS:	PO BOX 909 GRANTS PASS, OR 97528		
OWNER:	AXXIS DEVELOPMENT INC		
OWNER ADDRESS:	116 CAMBRIDGE DR GRANTS PASS, OR 97526		

SPECIAL REQUIREMENTS

- Floodway Fringe - Base Flood Elevation _____ Ft. NA ✓ Reason: outside
- Stream Name_Jumpoff Joe Creek__ Class 1 Stream 50 ft setback required.
- Erosion Hazard - Plan in File _____ NA ✓ Reason: outside
- Fire Hazard - Plan in File ✓ NA____ Reason: See attached
- Wetland - Division of State Lands Authorization in File ✓ NA___ Reason: See attached WLUN
- Floodway - Approved Engineer's "No_rise" Study in File____ NA ✓ Reason: outside

EXISTING STRUCTURES
Per Assessor Records: Unimproved

PROPOSAL
Single Family dwelling, 3 bedroom, 2 1/2 bath with covered porch, covered patio, and attached garage

SETBACKS

Front Setback:	30 ft
Side Setback:	10 ft
Rear Setback:	25 ft
Stream Setback:	50 ft
Height:	35 ft

ADDITIONAL TERMS:

- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.
- Building Safety Note: Fire Safety 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. 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:	Ross Ruiz	**DATE:**	7/1/2021
CONTRACTOR NAME:	C WOODRUFF CONSTRUCTION LLC	**LICENSE#:**	195630
APPROVED:	Kayla Wallace	**DATE:**	June 30, 2021

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

NOTICE AUTHORIZING REPRESENTATIVE

DEQ
State of Oregon
Department of
Environmental
Quality

I Bruce Page (Property Owner Print Name), have authorized Stephen Stark (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 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:

1222 Ellison Loop Rd G.P. OR 97526
(Property Situs or Road Address)

And described in the records of Josephine County County as:

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Bruce Page

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: Bruce Page

AUTHORIZED REPRESENTATIVE:

Printed Name: Stephen Stark

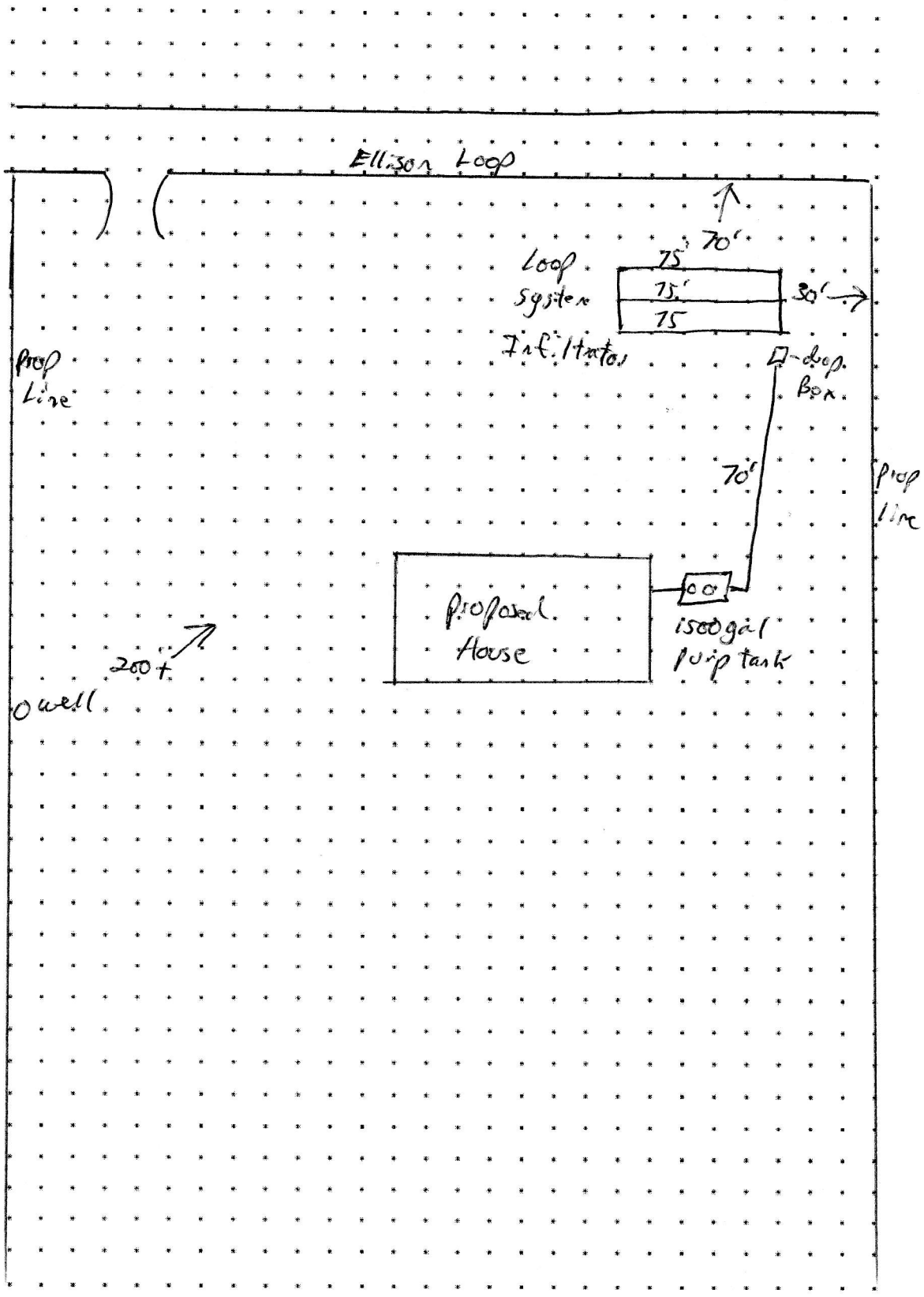
Address: 756 Stringer Gap Rd

City, State, Zip: Grants Pass OR 97527

Phone: 541-476-1726 Email: StarkSteve32@yahoo.com

Signature: Stephen Stark

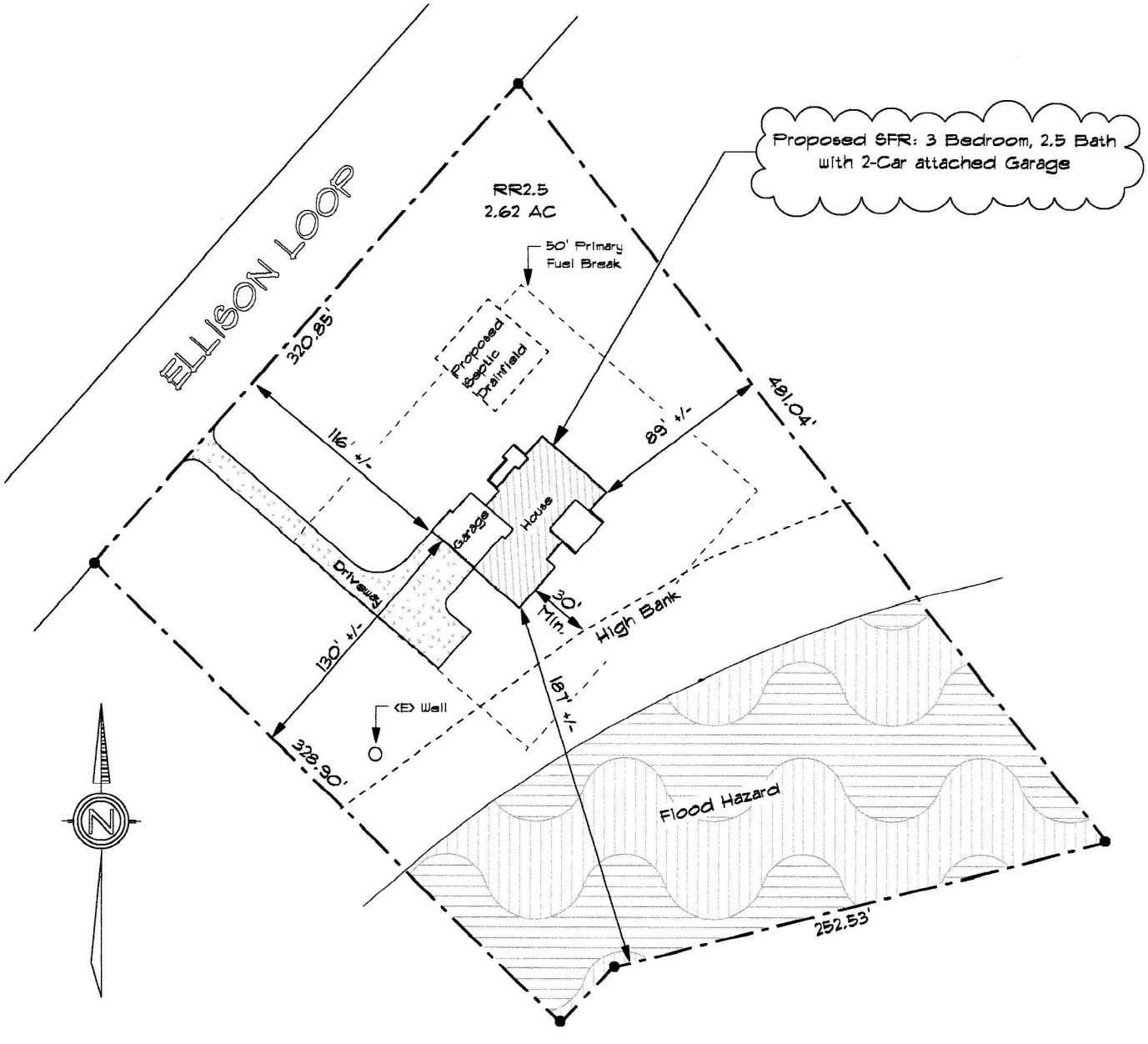
SITE PLAN



Application #_____

1222 ELLISON LOOP, GRANTS PASS, OR 97526
LOT 12 RUSSELL ROAD ESTATES

LEGAL: 35-06-16-B TL# 108



SITE PLAN

SCALE: 1" = 80'

Residential Septic Site Evaluation Approval

463-21-000090-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: 04/21/2021
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 12

Applicant: Druther s Construction, LLC
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

Primary contractor: Druther s Construction, LLC
Installer License: 39140
Address: 105 Jack Creek Rd
Grants Pass OR 97526
Phone: (541) 441-2029
Email: andrew.olson2002@gmail.com

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

Property address: 1222 Ellison Loop, Merlin, OR 97532

Parcel: 350616B000108 - Primary Township: 35 Range: 06 Section: 16

Lot size: 2.62ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: N/A
Directions to Property: I-5 TO MERLIN EXIT, HEAD W, TURN R ONTO PLEASANT VALLEY, TURN L ONTO RUSSELL RD. TURN LEFT ONTO ELLISON LOOP FOLLOW LOT SIGN

Proposed use of structure: 4 BDRM SFR
Category of construction: Single Family Dwelling

	Existing	Proposed
Number of bedrooms:	0	4
General Specifications		
Max peak design flow:	450 gpd.	**Proposed gallons per day:** 450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:** N/A
System Specifications	***Initial System***	***Replacement Area***
System type:	Standard	Standard
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal
Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	225 linear ft.	225 linear ft.
Max depth:	30 in.	30 in.
Min depth:	18 in.	18 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: 04/21/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 12

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 4/21/21

FIELD WORKSHEET

Name: AXXIS DEV. **Application No.:** 463-21-000090-EVAL **Date:** 4/5/2021
RE: SITE EVALUATION REPORT for Parcel #: 350616B000108

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.62 ACRES

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized
Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 18 " Min Depth	Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 18 " 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 _____ feet above the highest disposal trench.
☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
☒ Rake trench sidewalls.
☐ The system must be installed during dry soil conditions only.
☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

Inspector: _____

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	CL	7.5YR 3/4, GRAN, ROOTS 3VF, 2F, m, c
	8-28	CL	7.5YR 4/6, WSBK, 2VF, F, 1m, c
	28-60	CC	5YR 4/6, WSBK, 1F 35% ROUNDED CF
Test Pit 2	0-8		SIMILAR TO TEST HOLE 1
	8-26		
	26-57		
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS, BRUSH, TREES

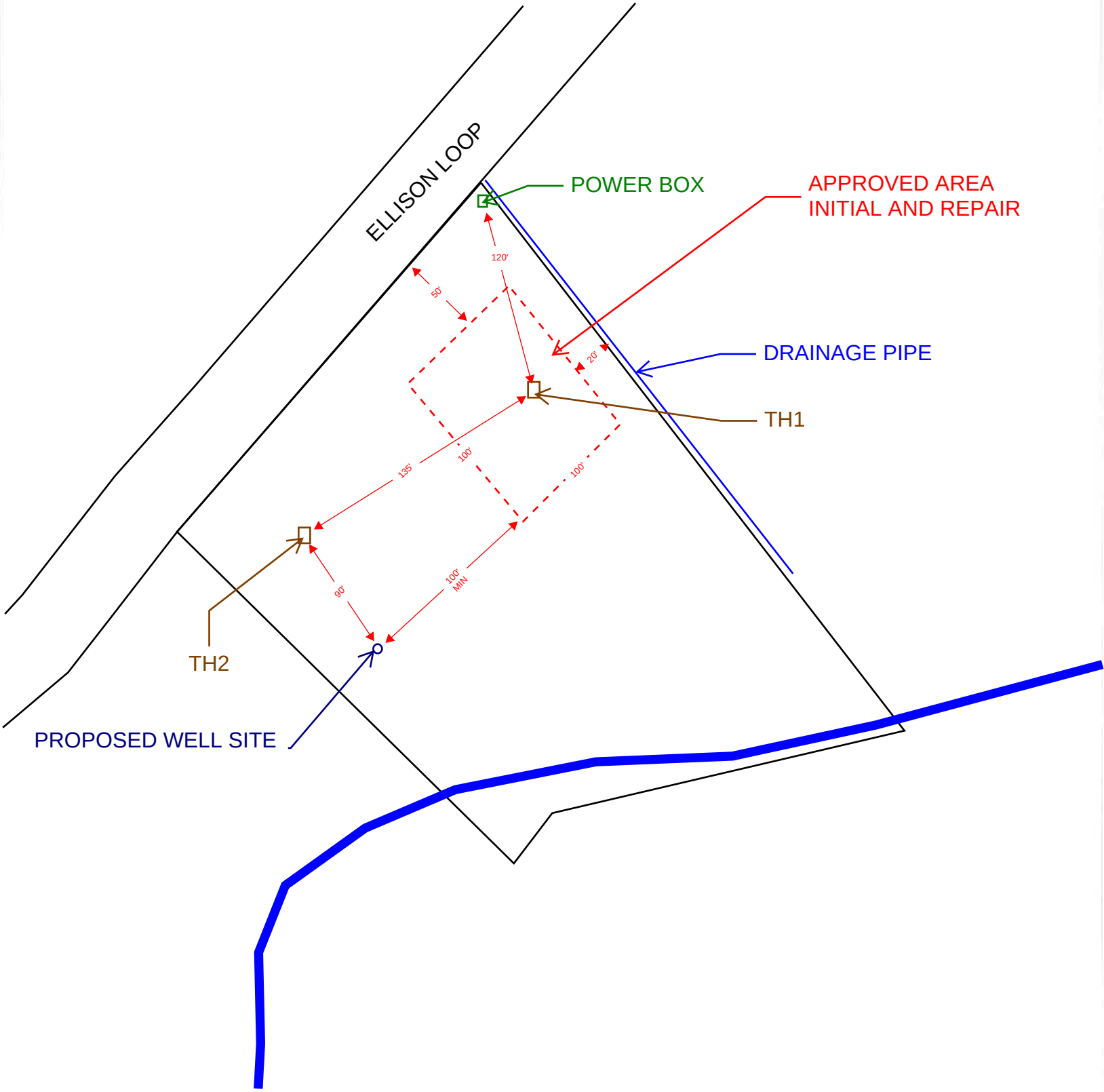
Slope: 0-2% Aspect: S Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes:

1222 ELLISON LOOP

SITE PLAN

PARCEL 350616B000108



Application # 463-21-000090-EVAL