THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 16 T.37S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

37 06 16

SEE MAP 37S 06W 09

CANCELLED:
104
503
590
591
592
801
802
803
901
1400
1700
1902
1990
2105
2300
2390
2490
2590
2690
1900
1990
1890
100
103
1806
301
1901
2000

NOTE:
OLD ROAD NEVER VACATATED
SURVEY NO. 137-70
VOL.172-P.547, VOL.62 -P.15
VOL.62-P.121
SEE 1938 ROAD SURVEY

SEE MAP 37S 06W 17

SEE MAP 37S 06W 15

SEE MAP 37S 06W 21

1/4 COR.

37 06 16

Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-24-000315-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: 11/19/2024
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: VALERIAN HOMES LLC
Address: PO BOX 157
GRANTS PASS OR 97528
Phone: 5419554663
Email: CRAIG@VALERIANHOMES.COM

Primary Contractor: Mr. Ed's Advanced Septic LLC
Installer License: 38580
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: 5414762821
Email: mredsseptic@gmail.com

Owner: VALERIAN HOMES LLC
Address: PO BOX 157
GRANTS PASS OR 97528

Property Address: 145 Ridge View Ln, Grants Pass, OR 97527

Parcel: 3706160000200000 - Primary Township: 37 Range: 06 Section: 16

Lot Size:	2.65	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	N/A
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	500 gal.
Special Tank Requirements:	Anti-Buoyancy required		

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Equal
Drainfield Sizing:	N/A	**Distribution Method:**	Equal-Hydrosplitter
Media Type:	FLOW 1201P is proposed and approved for this use	**Media Depth:**	12 in.
Trench Length:	450 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	24 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	18 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Pump to Drainfield Required:	Yes	**Filter Fabric on Top of Drain Media:**	Yes

Date Certificate Issued: 11/19/2024
Work Description: STANDARD CONSTRUCTION PERMIT

Conditions of Approval

1.Meet all required setbacks, including 100' from drainfield to well to the south
2.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.
3.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
4.The 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.
5.Install the pump and system components in accordance with the approved pump curve and specifications.
6.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
7.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
8.Equal distribution, all trench bottoms must be at the same elevation. Use hydrosplitter
9.The hydrosplitter must be located at least 6 inches higher than the piping in the highest disposal trench to ensure that effluent in the top line does not spill back into the hydrosplitter.
10.The discharge assembly from the hydrosplitter must be connected to larger diameter piping to provide for "open channel" flow. The system using a hydrosplitter is to be pressurized only to the hydrosplitter, and is to utilize gravity flow from the hydrosplitter to the disposal trenches.
11.The hydrosplitter must be enclosed in a secure enclosure with a solid, watertight bottom to eliminate the effect of rodents filling the enclosure with soil.
12.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
13.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.
14.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

Comments: N/A

Date Certificate Issued: 11/19/2024
Work Description: STANDARD CONSTRUCTION PERMIT

Issued By: Michael Obereigner, Natural Resource Specialist **Effective Date:** 11/19/2024

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.)

REC'D 11/7/24

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-24-000315-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: 37 **Range:** 06 **Sect:** 16

Name: VALERIAN HOMES LLC **Lot:**

Property Address: 145 RIDGE VIEW LN, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

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

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Riverside			Date: 10/24	
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP: 1/2	Model/Manuf. Liberty	Float(s)Type(1): SJ	Model/Manuf. Rhombus			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No X	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes X	No	Diameter: 1 1/2"	ASTM#/Other: sch 40	Length: 275'

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 N/A	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	

ATT	Yes	No	Model: N/A
Certified Maint.	Provider Name:		
Operation and Maint.	Contract Received?	Yes	No

D. Drainfield Media

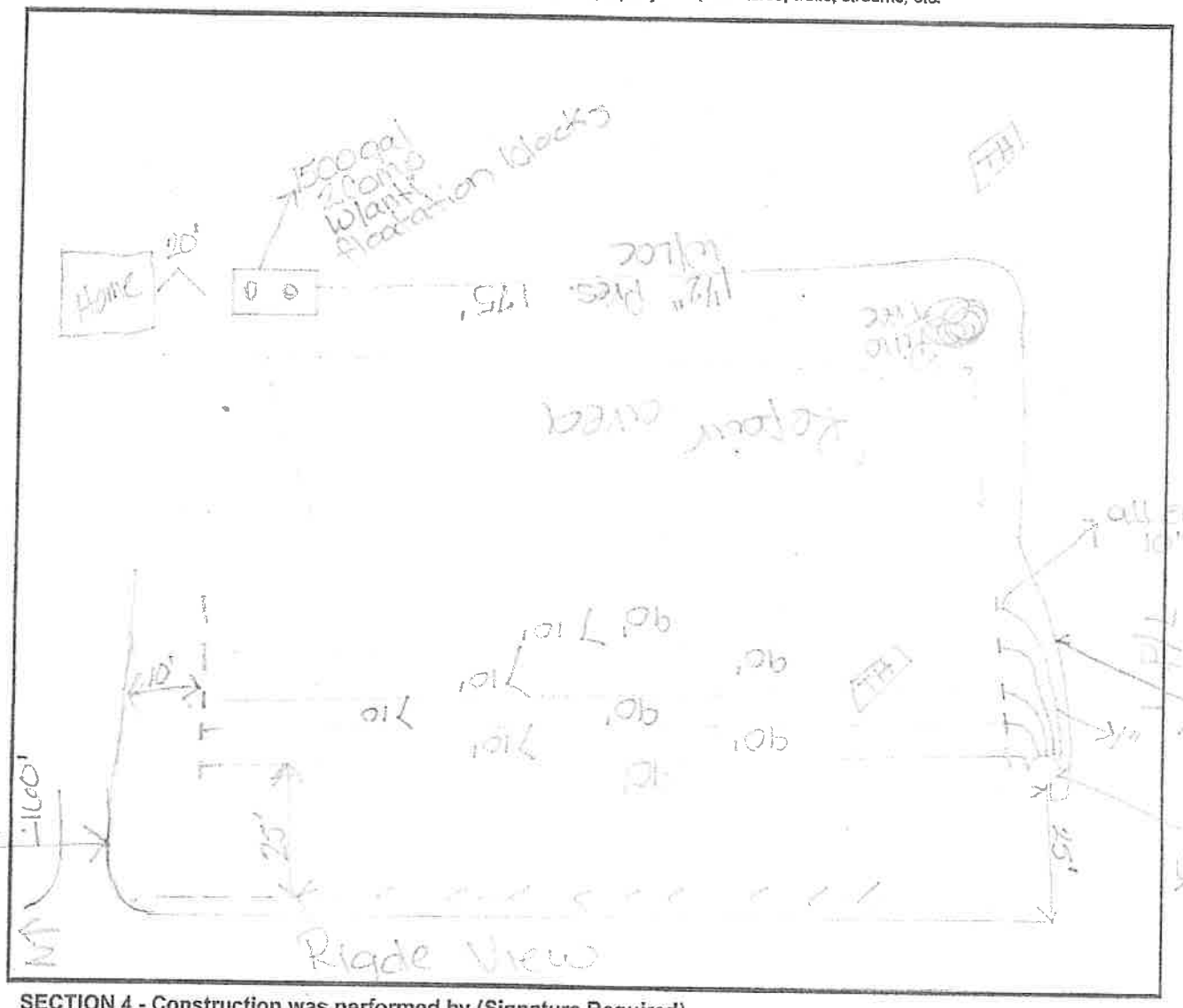
Type	(Gravel, Pipe or alternative?) 1201-P E-Z Flow				
Distribution Box	Yes	No X	5 way Hydro Splitter		
Drop Box	Yes	No X			
Distribution Pipe	Yes X	No	Diameter: 4"	ASTM#/Other: 1201-P EZ Flow	Length: 450'

Comment _____

**All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)*
***Attach sieve analysis for Underdrain Media and Filter Sand*

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: Mr. Ed's Advanced Septic					
Licensed Installer:	Yes X	No	License#: 38580		Certification#: RT-114	
Owner/ Certified Installer:	Signature:			Date: 10/18/24	Phone#: 476 2821	

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
463-24-000315-PRMT

Date issued: 10/8/24 **Expiration date:** 10/8/25

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: VALERIAN HOMES LLC
Address: PO BOX 157
GRANTS PASS OR 97528
Phone: 5419554663
Email: CRAIG@VALERIANHOMES.COM

Primary contractor: Mr. Ed's Advanced Septic LLC
Installer License: 38580
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: 5414762821
Email: mredsseptic@gmail.com

Business License: N/A

Owner: VALERIAN HOMES LLC
Address: PO BOX 157
GRANTS PASS OR 97528

Property address: 145 Ridge View Ln, Grants Pass, OR 97527

Parcel: 3706160000200000 - Primary Township: 37 Range: 06 Section: 16

Lot size:	2.65	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land use approval:	N/A	**County:**	N/A
Accessory Dwelling Unit:	No		
Action:	New	**Type of application:**	Construction Permit - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: Maintain all setbacks including 100' from well on property to south to the drainfield

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	3

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	450 gpd.	**Proposed flow:**	N/A
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	500 gal.
Special tank rqmts:	Anti-Buoyancy required		

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Equal
Drainfield sizing:	N/A	**Distribution method:**	Equal-Hydrosplitter
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:	450 linear ft.	**Rock above pipe:**	N/A
Max depth:	24 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 463-24-000315-PRMT

Date issued: 10/8/24 **Expiration date:** 10/8/25

Work description: STANDARD CONSTRUCTION PERMIT

Pump to drainfield reqd: Yes **Filter fabric on top of drain media:** Yes

Conditions of approval:

1.Meet all required setbacks, including 100' from drainfield to well to the south

2.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.

3.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.

4.The 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.

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

6.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.

7.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.

8.Equal distribution, all trench bottoms must be at the same elevation. Use hydrosplitter

9.The hydrosplitter must be located at least 6 inches higher than the piping in the highest disposal trench to ensure that effluent in the top line does not spill back into the hydrosplitter.

10.The discharge assembly from the hydrosplitter must be connected to larger diameter piping to provide for "open channel" flow. The system using a hydrosplitter is to be pressurized only to the hydrosplitter, and is to utilize gravity flow from the hydrosplitter to the disposal trenches.

11.The hydrosplitter must be enclosed in a secure enclosure with a solid, watertight bottom to eliminate the effect of rodents filling the enclosure with soil.

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

13.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.

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

Onsite Permit 463-24-000315-PRMT

Date issued: 10/8/24 **Expiration date:** 10/8/25

Work description: STANDARD CONSTRUCTION PERMIT

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

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

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

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

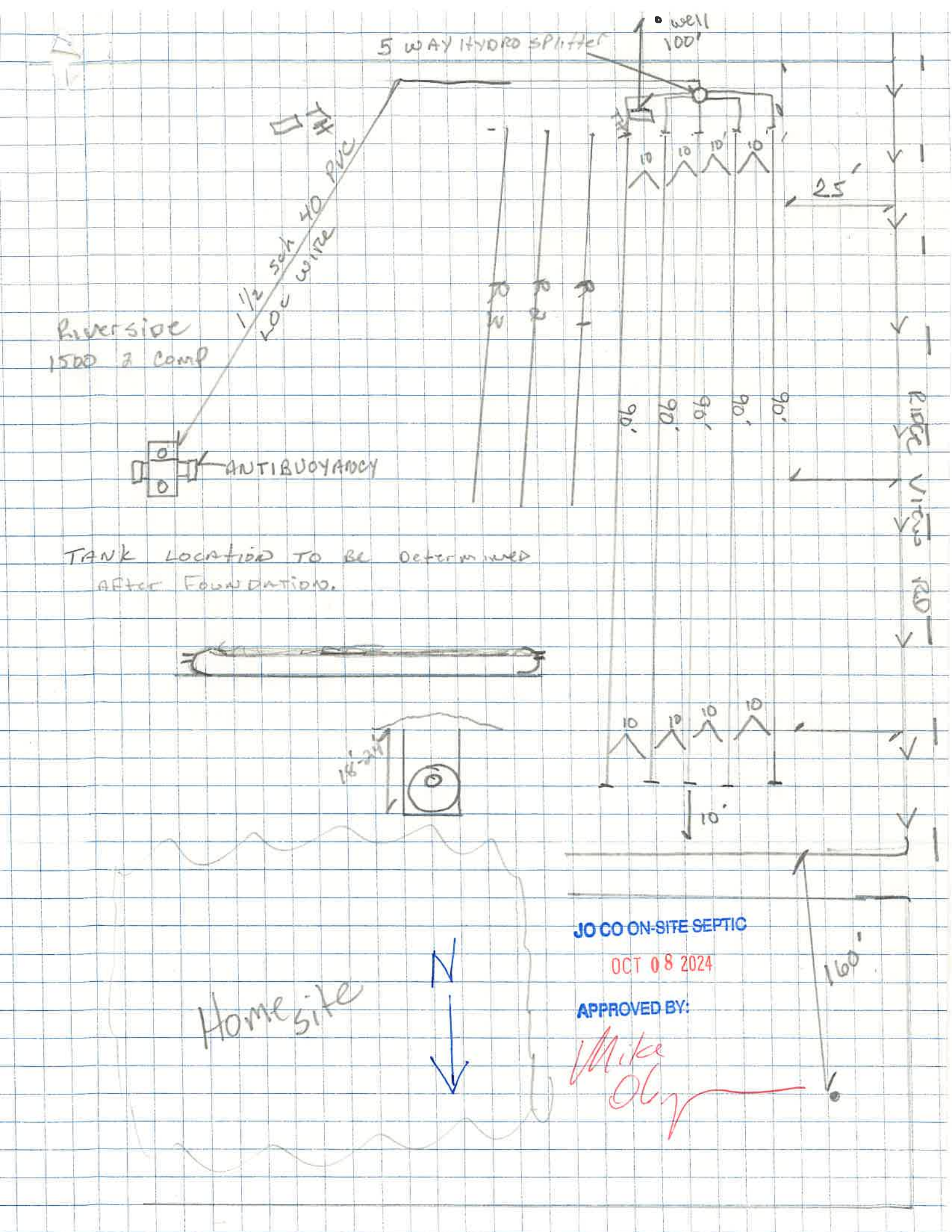
Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to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

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

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

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

Michael Obereigner Natural Resource Specialist 10/8/24


5 WAY HYDRO SPLITTER
well
100'
TH
1½ sch 40 PVC
Riverside
1500 3 comp
ANTIBUOYANCY
10
10
10
10
25'
90'
90'
90'
90'
90'
10
10
10
10
10'
18'-24"
TANK LOCATION TO BE Determined
After FOUNDATION.
Homesite
N
160'
JO CO ON-SITE SEPTIC
OCT 08 2024
APPROVED BY:
Mike

145 Ridge View

Mr.Ed's Advanced Septic, LLC
POBox 759 Grants Pass ,OR 97528
DEQ 38580 CCB 182903
541-476-2821

280-SERIES
1/2 hp Submersible Effluent/Sump Pumps

The Liberty 280-Series provides a cost effective "mid-range" pump for on-site waste water systems, liquid waste transfer and commercial heavy-duty sump pump applications that require higher head or more flow. Designed around Liberty's unique "Uni-Body" casting, the 280-Series will provide years of reliable performance.

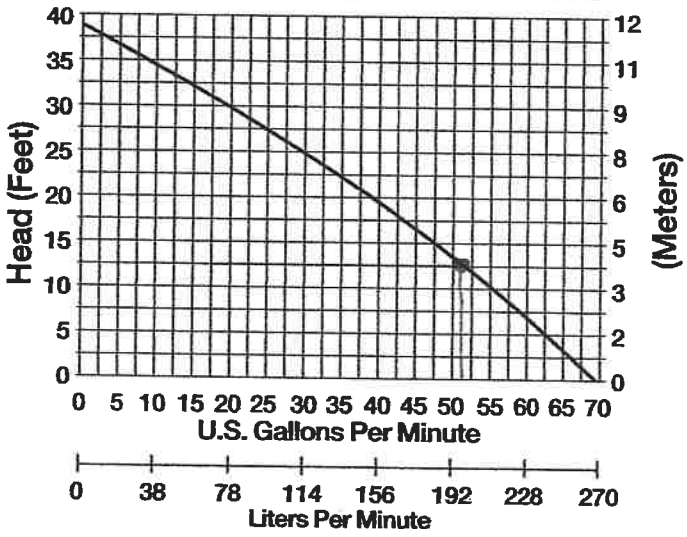
All Models Feature:

- Vortex style impeller permitting passage of solids up to ¾"
- 416 stainless steel rotor shaft
- Permanently lubricated upper and lower ball bearing
- Epoxy powder coat finish
- All fasteners – corrosion-resistant stainless steel
- 1½" Discharge
- Stainless steel bottom screen – easily removable
- Maximum fluid temperature: 140° F.
- **280-Series Cord Lengths**

Model	10'	25'(-2)	35'(-3)	50'(-5)
280	Standard	Optional	Optional	Optional
281	Standard	Optional	Optional	Optional
283	Standard	Optional	Optional	N/A
287	Standard	Optional	N/A	N/A

10' cord length standard on all models. For optional lengths, add "-2, -3 or -5" suffix to model number.
Example: for model 280 with 35' cord, order 280-3

Performance Curve: 280-Series



Dimensional Data:

Weight: 29 lbs.
Height: 13"
Major Width: 10" (model 287)

Minimum Sump Diameters:

Model 281, 283...14"
Model 287 VMF...10"

Factory switch settings	Model 281, 283	Model 287 VMF
Turn on level	13"	9.5"
Turn off level	7"	4.0"

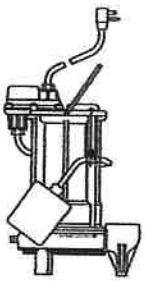
The Model 283 features a fully adjustable wide-angle float. Differential adjustments can be made easily by tethering the float to the discharge pipe or other mounting point. Vertical float model 287 is not adjustable.

Motor Specifications

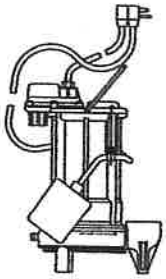
½ hp 60 Hz 3450 RPM
Oil filled, thermally protected

115 V. Models 8.5 amps
208/230 V. Models 4.6 amps

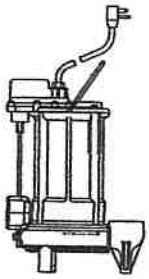
Model 280
Manual, no switch



Model 281
Wide angle float switch with quick-disconnect



Model 283
Wide angle float switch with series (piggy-back) plug



Model 287 VMF-Series
Vertical magnetic float for smaller pits – will operate in a 10" diameter sump

SSPMA Certified Pump Member ® C US Certified

Specifications are subject to change without notice.

Liberty Pumps • 7000 Apple Tree Avenue • Bergen, New York 14416 • Phone 800-543-2550 Fax (585) 494-1839
www.libertypumps.com

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

Valerian Homes, LLC (Name) | P.O. Box 157, Grants Pass, Oregon 97528 (Mailing Address (Street or PO Box, City, State, Zip Code)) | 541-955-4663 (Phone Number)

B. Legal Property Description

37 (Township) | 06 (Range) | 16 (Section) | 2000 (Tax Lot) | (Tax Account Number) | 2.65 acres (Acreage or Lot Size)

Josephine (County) | Applegate Hills (Subdivision Name) | 1 (Lot) | (Block)

Property Address: 145 Ridge View Lane (Address) | Grants Pass (City) | OR (State) | 97527 (Zip Code)

Directions to Property: Fish Hatchery to just past the park, Subdivision is on the left

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence
_____ Number of Bedrooms
☐Other _____

Proposed Facility:

☒Single Family Residence
Three 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 Jason Thuer Date 9-12-24

Craig Dent/Valerian Homes, LLC (Applicant's Name – Please Print Legibly) | 541-955-4663 (Applicant's Phone Number) | craig@valerianhomes.com (Applicant's E-mail Address)

P.O Box 157, Grants Pass, Oregon 97528 (Applicant's Mailing Address)

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

☐Authorization Attached

_____ Installer's Name

Community Development
(541) 474-5421
700 NW Dimmick Street, Suite C
Grants Pass, OR 97526
www.josephinecounty.gov

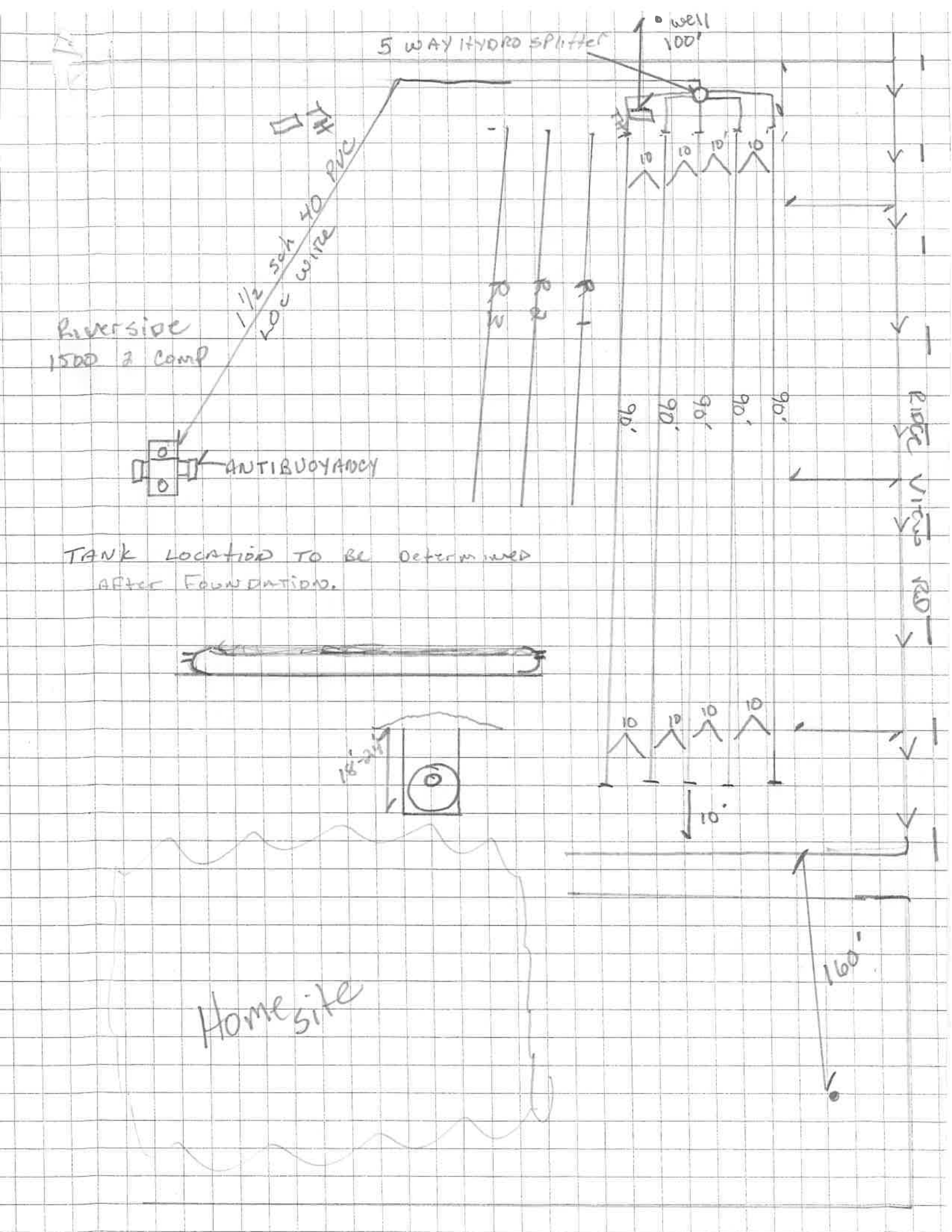
ADDRESS ASSIGNMENT

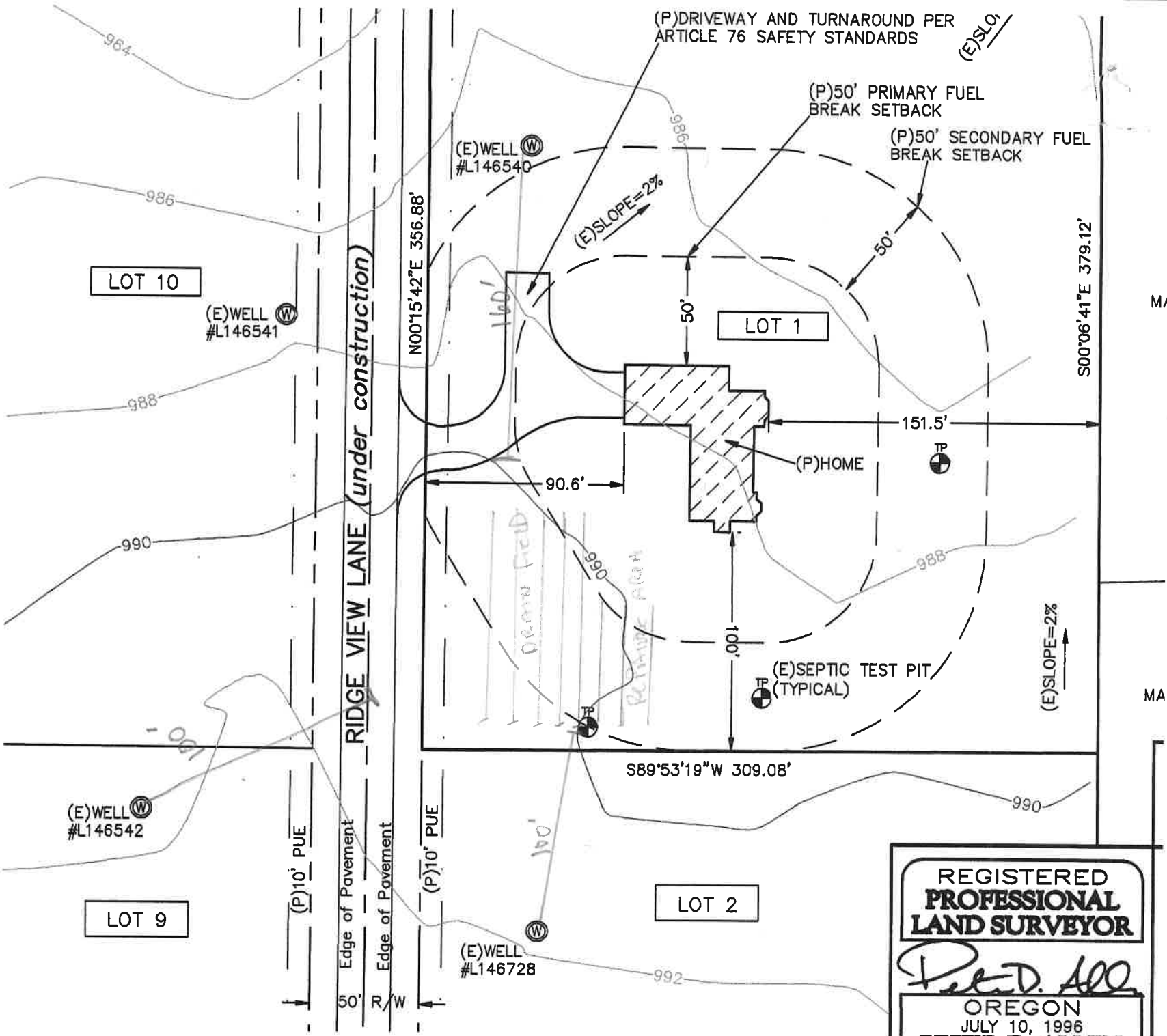
●	Owner / Applicant (must have POA)	●	PacifiCorp (Hanner)		Nicky Smith (BLM)
●	Assessor (Roach / Snodgrass)	●	GP Dept of Public Safety (Hyatt)		USPS Cave Junction (Krueger / Weir)
●	Bldg Safety (Wharregard/Giles)	●	GP Dept of Public Safety (Johnson)	●	USPS Grants Pass (Anderson / Foster)
●	ECSO (Murders / Harris)				USPS Merlin (Ross)
●	Public Works (Heesacker)		ODOT (Scruggs)		USPS Murphy (Deneau)
	City of Grants Pass GIS (Brandt)	●	Rural / Metro Fire Dept (Coates)		USPS O'Brien (Horton / Weir)
●	USPS District Address Mgmt Sys		Applegate Fire District (Jackson)		USPS Rogue River (Loop)
●	CenturyLink (DiBetta)		Illinois Valley Fire District (Ismaili)		USPS Selma / Kerby / Wilderville (Willard)
●	CenturyLink (Omaha office)		Williams Fire & Rescue (Kuntz)		USPS Williams (Rains)
●	911 (Haack)		Wolf Creek Fire District (Scruggs)		USPS Wolf Creek (Henry)
●	Hunter Communications (Sinclair)				

DATE: August 26, 2024

FROM: Terri Woodruff (541) 474-5109 Ext 2613 twoodruff@josephinecounty.gov

Legal	37-06-16-00 TL 2000
Existing Address	None
New Address	145 Ridge View Lane, Grants Pass, OR 97527
Notes:	Applegate Hills Subdivision


5 WAY HYDRO Splitter
well
100'
TH
1½ sch 40 PVC
water
Riverside
1500 2 comp
ANTIBUOYANCY
TANK LOCATION TO BE Determined
After FOUNDATION.
10
90°
PIPE
VIEW
ROD
18'-24'
10'
160'
Home site



REGISTERED
PROFESSIONAL
LAND SURVEYOR

OREGON
JULY 10, 1996
PETER D. ALLEN
2757
RENEWAL: DECEMBER 31, 2025

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	37061600002000	**PERMIT NUMBER:**	PL-2024-01050
SITUS:	145 Ridge View Lane	**ZONE:**	RR2.5
ACRES:	40.58	**SCHOOL DISTRICT:**	3 RIVERS SCHOOL DISTRICT

APPLICANT:	VALERIAN HOMES LLC	**APPLICANT PHONE #:**	541-955-4663
APPLICANT ADDRESS:	PO BOX 157 GRANTS PASS, OR 97528		
OWNER:	VALERIAN HOMES LLC		
OWNER ADDRESS:	PO BOX 157 GRANTS PASS, OR 97528		

SPECIAL REQUIREMENTS

- Enterprise Zone
- 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	2,064 Sq FT SFD - 3 Bedroom, 2 Bath w/ Office and Attached Garage	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

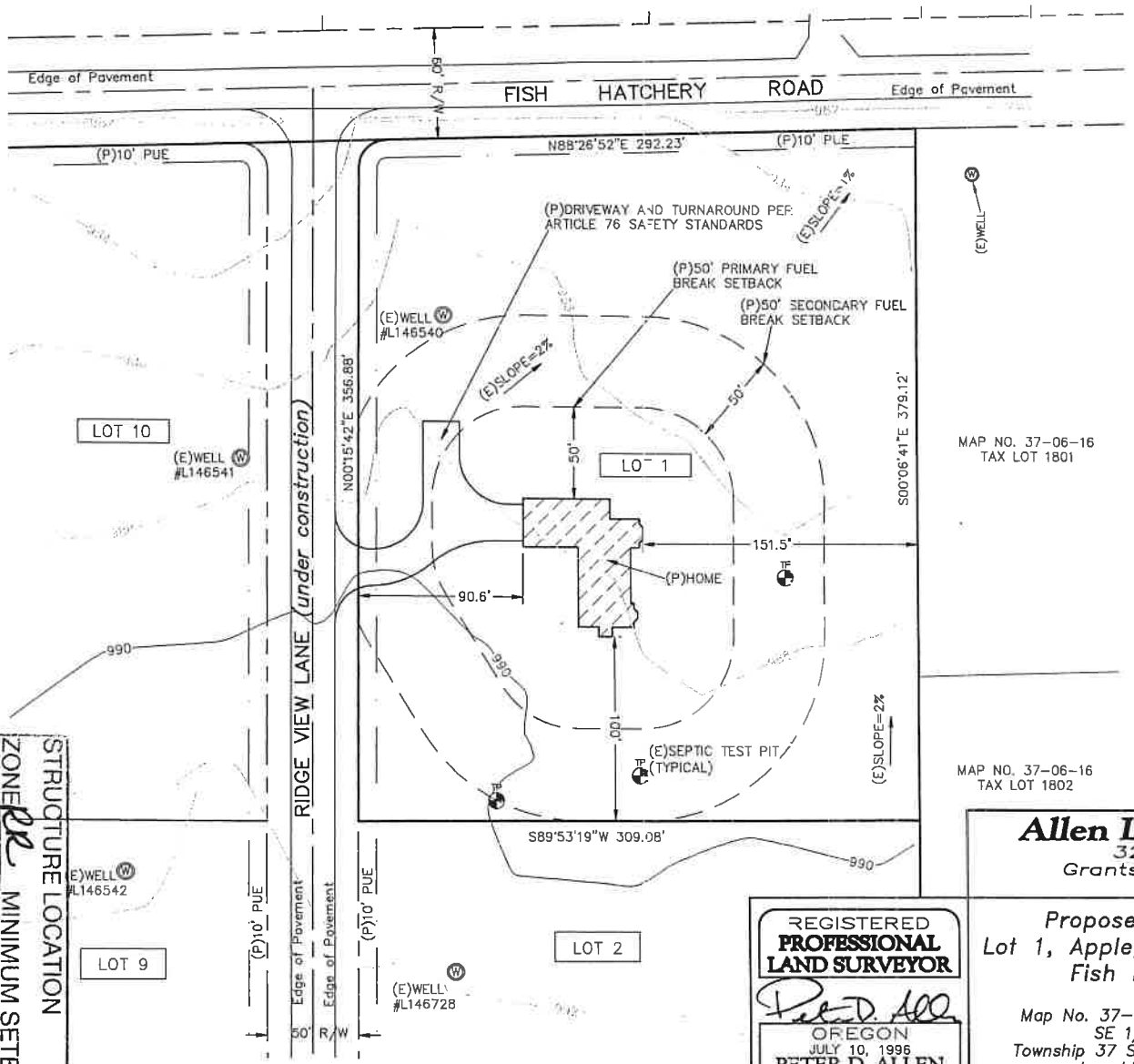
- Note: Septic System to be connected to authorized structures/uses only.
- Electrical service to be connected to authorized structures/uses only.
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.

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:	Craig Dent	**DATE:**	09/03/24
CONTRACTOR NAME:	VALERIAN HOMES LLC	**LICENSE#:**	185717
APPROVED:	[signature]	**DATE:**	8.27.24

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



SCALE: 1" = 60
TRUE/GRID NORTH PER OCRS

60 0 30 60
(IN FEET)
1 inch = 60 ft.

MAP NO. 37-06-16
TAX LOT 1801

MAP NO. 37-06-16
TAX LOT 1802

NOTES:

THE PROPOSED NEW HOME IS TO BE LOCATED ON LOT 1 OF "APPLEGATE HILLS SUBDIVISION" AS PER THE APPROVED TENTATIVE PLAN.

LOT 1 AREA=2.65 AC

ZONING: RR2.5

THE PROPERTY IS NOT LOCATED WITHIN A FLOOD HAZARD AREA PER FEMA FIRM NO. 41033C0681E

(E) EXISTING FEATURE
(P) PROPOSED FEATURE

CONTOUR INTERVAL = 2 FEET
BASIS OF ELEVATIONS = NAVD88

STRUCTURE LOCATION
ZONE RR MINIMUM SETBACK
FRONT 30' SIDE 10'
REAR 25' CENTERLINE 40'
STREAM
PLANNER

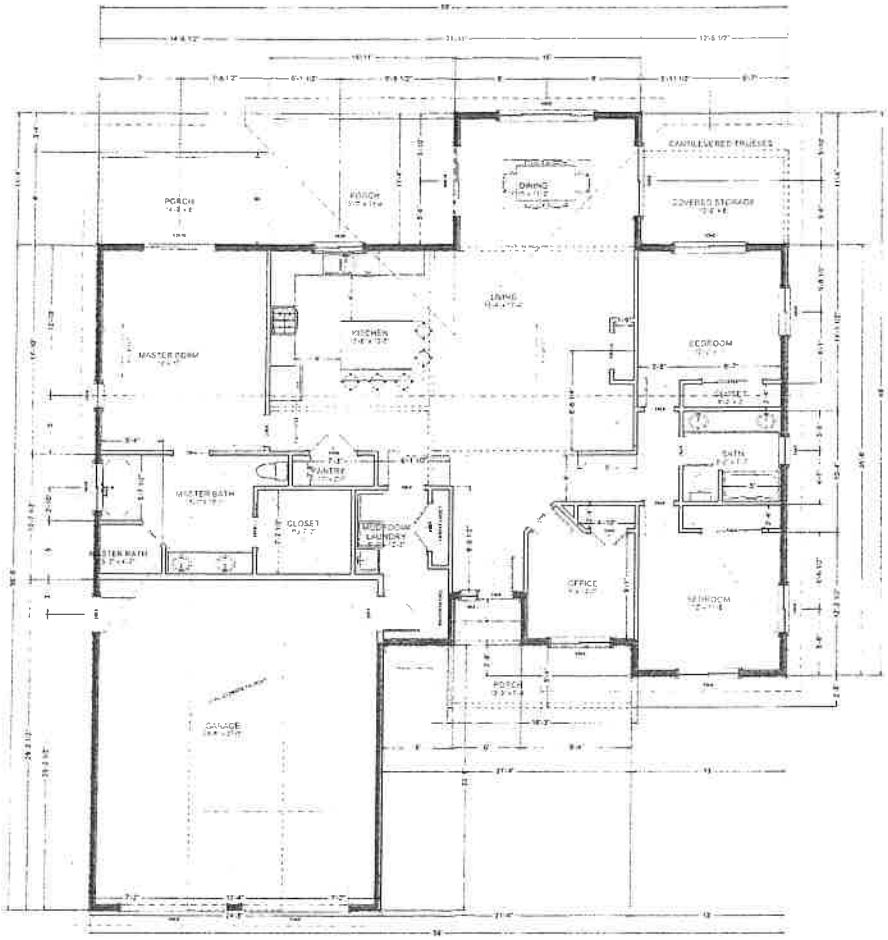
REGISTERED PROFESSIONAL LAND SURVEYOR
OREGON
JULY 10, 1996
PETER D. ALLEN
2757
RENEWAL: DECEMBER 31, 2025

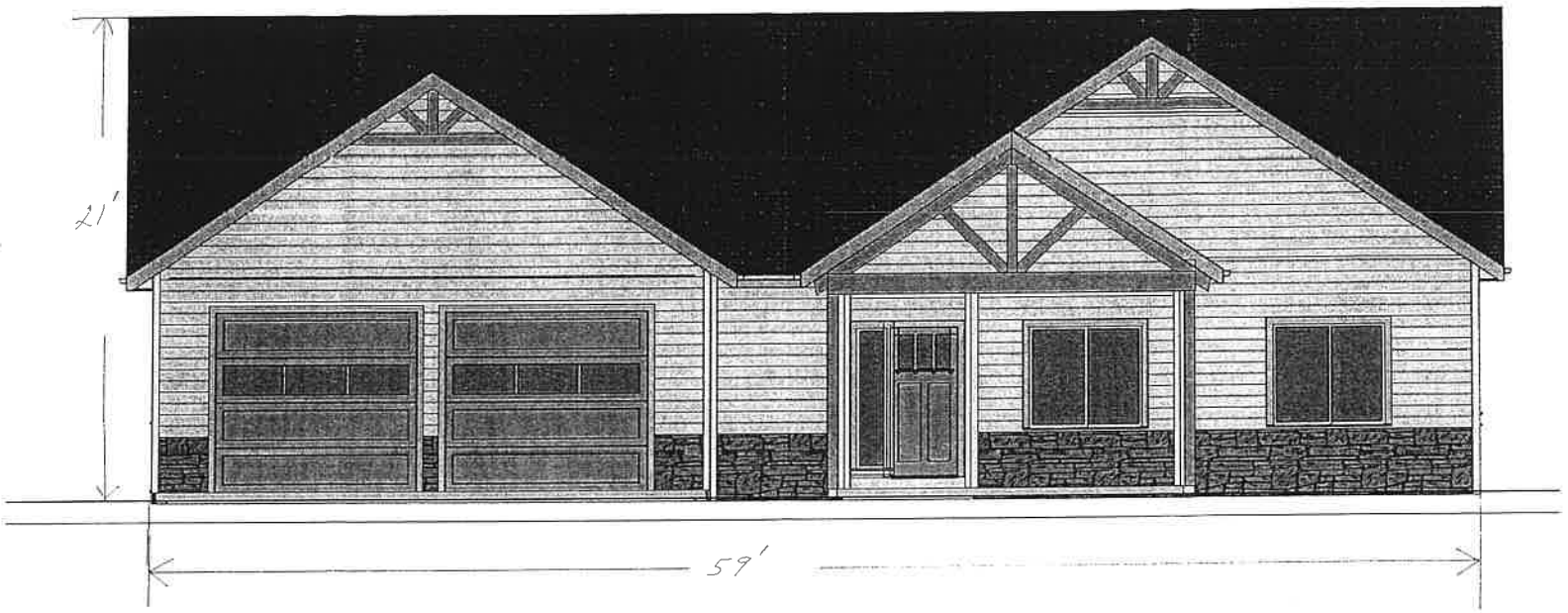
Allen Land Surveying, Inc.
321 N.W. "A" Street
Grants Pass, Oregon 97526
541-476-4502

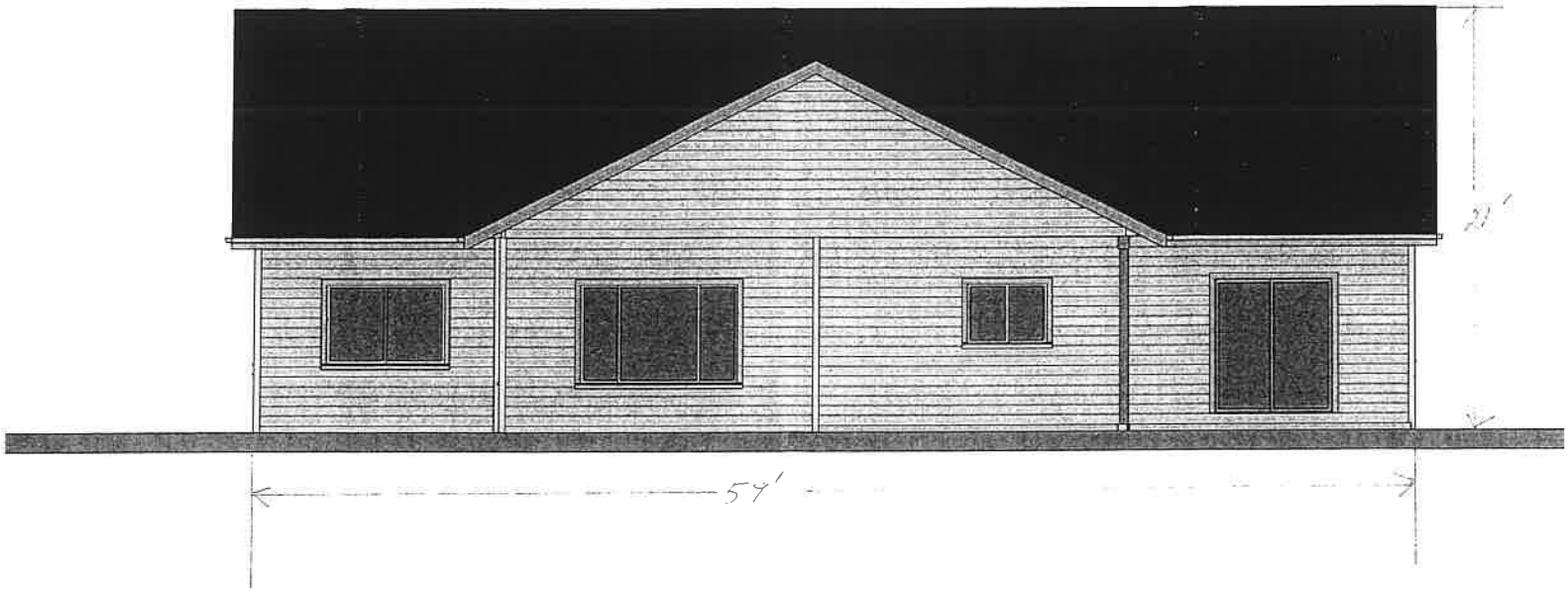
Proposed Site Plan for
Lot 1, Applegate Hills Subdivision
Fish Hatchery Road
LOCATED IN
Map No. 37-06-16-00, Tax Lot 2000
SE 1/4 of Section 16
Township 37 South, Range 6 West, W.M.
Josephine County, Oregon
SURVEY FOR
Valerian Homes, LLC Grants Pass, Oregon

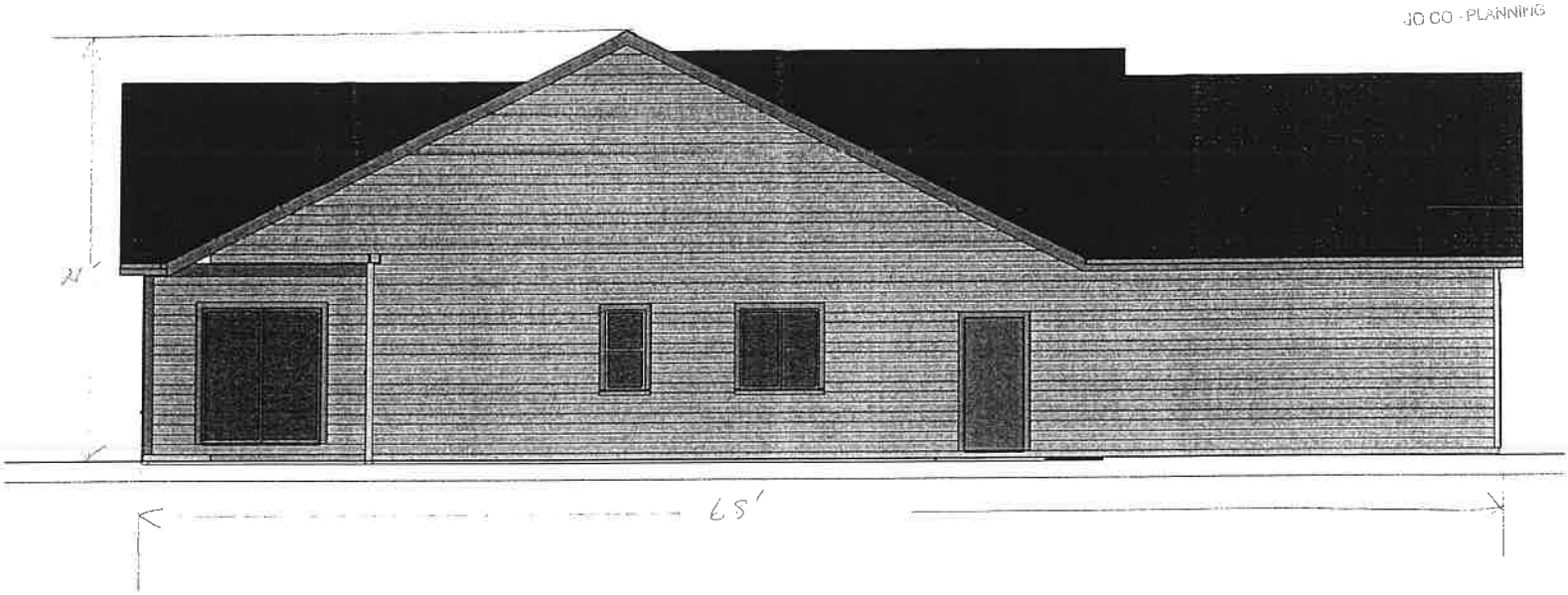
PROJECT NUMBER: 2021-069-611
DRAWING FILE: FishHatcheryBASE.dwg
DRAWING SCALE: 1" = 60'
DATE: August 8, 2024
SHEET: 1 of 1 (tz/pa)

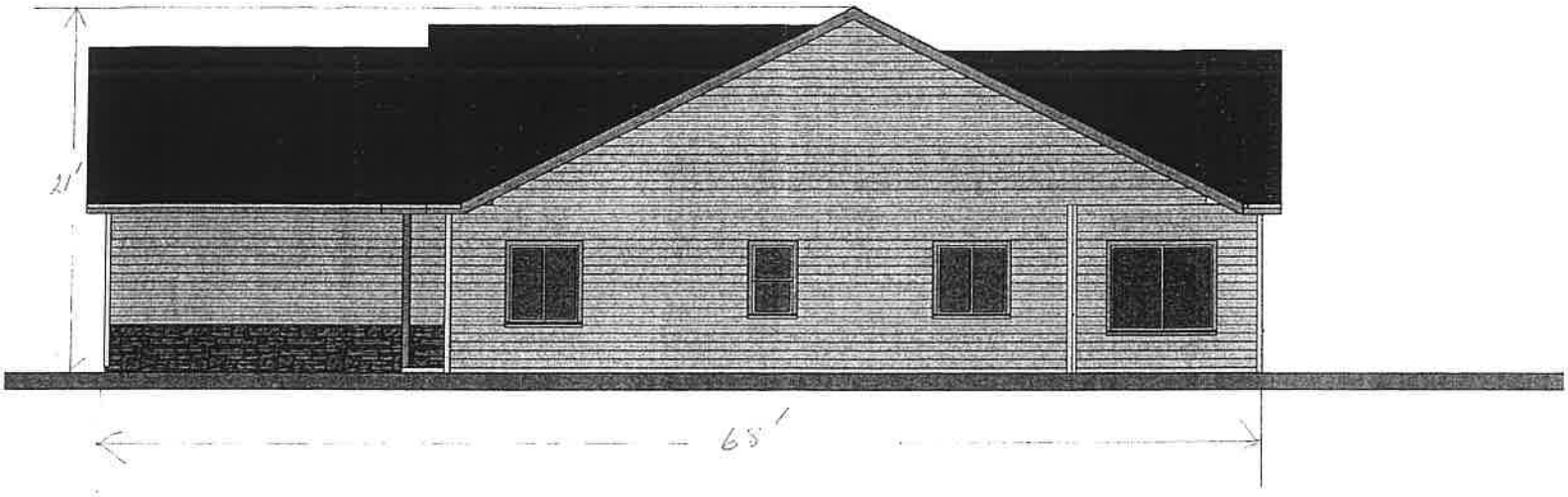
RECEIVED
JOSEPHINE CO. PLANNING


PORCH
PORCH
DINING
CANTILEVERED TRUSSES
COVERED STORAGE
LIVING
KITCHEN
MASTER ROOM
BEDROOM
CLOSET
BATH
MASTER BATH
CLOSET
LAUNDRY
OFFICE
BEDROOM
PORCH
GARAGE








21'
65'

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: Craig Dent

Assessor Map Number: 3706 1600 2000

Address: 0 Fish Hatchery

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: 8/8/2024
Date

Fire Official Signature: MThomas **Date:** 8/8/2024

Title:

Craig Dent

From: Eric Heesacker <EHeesacker@josephinecounty.gov>
Sent: Wednesday, August 07, 2024 11:13 AM
To: Craig Dent
Subject: Lot 1 of Applegate Hills

Hi there Craig,

I got your voicemail; thank you for your sympathies, much appreciated [redacted]

LOT 1: we are creating an approach permit for you for that one right now. I'd like to tell you it'll be done by 12:30 today (your departure time), but things don't always roll that smoothly here. Yes, costs of approach permits should be included in the development fees, especially considering the approaches are constructed already! Neil said we have no problem issuing this first lot's permit – it will be attributed to the parent parcel. Other permits for the other lots will be (ideally) issued with final plat approval, which I don't THINK you've submitted yet?

I will call and/or email you when the permit for Lot 1 is complete. Pretty sure you'll have to come in and sign the application for it – WHEN – the application/permit are done.

Call me if any of this causes you problems for today.

Eric Heesacker
Transportation Planner
Public Works Department
201 River Heights Way, Grants Pass, OR 97527
Phone: (541) 474-5460 ext. 4407
Email: eheesacker@josephinecounty.gov

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

RECEIVED

JO CO - PLANNING

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

Prepared by:	SK	District No:	3
Zone:	RR2.5	Violations:	
☑ Owner	☐ Contact	☐ Pickup	☐ Mail
Fax:			
Email:	craig@valerianhomes.com		
Land Use Log:	☐ Yes	☐ No	☐ Scanned

Application Date:	08/07/24					Permit No:	24106
Situs (St Address):	Fish Hatchery Rd, TL 2000						
Location of Access:	Ridgeview Ln, Lot 1						
T 37	R 06	S 16.00	TL 2000	Parcel No:			
Stated Purpose:	Applegate Hills Subdivision						
☑ NEW	☐ EXISTING	☐ SHARED					

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: Valerian Homes LLC Phone: _____
Mailing Address: PO Box 157
City: Grants Pass St: OR Zip: 97528

Contact: Craig Dent Phone: 541-955-4663
Mailing Address: _____
City: _____ St: _____ Zip: _____

TYPE OF ROAD:
☑ County-maintained ☐ Local access road
☐ Owner-maintained ☐ Circuit Court Decree

TYPE OF APPROACH:
☑ Residential ☐ Commercial / Industrial*
☐ Home Occupation* **Requires Site Plan*
☐ Ag Use ☐ Temporary Construction

Approach ☐ Existing ☑ New Width _____ Surface: ☑ Paved ☐ Unpaved
Culvert ☐ Existing ☐ Required ☐ Material ☐ CMP / Concrete Diameter _____ Length _____ ☐ Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before 8/8/25

SUBMITTED BY:
Craig Dent 08/08/24
Applicant Date

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

"CONDITIONS FOR APPROVAL" ISSUED BY:
_____ _____
Public Works Date

INSTALLATION INSPECTION:
RS Pion 8/8/24
Inspector Signature Date

LOCATION OF APPROACH:
Address RIDGEVIEW LN LOT 1

PERMIT VALID THROUGH
DATE: 8/8/2031

Latitude (N) 42° 21' 12.56"
Longitude (W) 123° 24' 45.07"

Comments: _____ LEFT ☐ RIGHT ☐ MILEPOST _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

JOSE 61454

6/3/2022

WELL I.D. LABEL# L 146540
START CARD # 1056658
ORIGINAL LOG # RECEIVED

(1) LAND OWNER
Owner Well I.D. Lot 1
First Name _____ Last Name _____
Company VALERIAN HOMES
Address 1590 SE N ST. SUITE A
City GRANTS PASS State OR Zip 97526

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 200.00 ft.

BORE HOLE

Dia	From	To
10	0	18
6	18	200

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	18	16	S
		Calculated	8.22	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other DRY POURED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	6	☒	1.5	96.5	.250	●	○	☒	
○	●	4	☐	0	200	.250	○	●		
○	○		☐				○	○		
○	○		☐				○	○		
○	○		☐				○	○		

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 96.5
Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method AIR/SAW CUT
Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	43	57	.188	4	336	
Perf	Liner	4	60	80	.188	4	60	
Perf	Liner	4	180	200	.188	4	60	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
6		200	1

Temperature 55 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 98 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County JOSEPHINE Twp 37.00 S N/S Range 6.00 W E/W WM
Sec 16 NW 1/4 of the SE 1/4 of Tax Lot 2000
Tax Map Number _____ Lot _____
JOCO - PLANNING
Lat ° ' " or 42.35347000 DMS or DD
Long ° ' " or -123.41217000 DMS or DD
○ Street address of well ◉ Nearest address
RIDGE VIEW LANE LOT #1 GRANTS PASS OR 97527 (lot1)

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	5/17/2022		☐	13

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 51.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/17/2022	51	57	6		☐	13
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG
Ground Elevation 997.00

Material	From	To
BROWN CLAY & COBBLES	0	18
GRAVEL BOULDERS COBBLE	18	27
GRAVEL & COBBLES	27	96
DK GREY APPLEGATE GROUP MED	96	200

Date Started 5/16/2022 Completed 5/17/2022

(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 2063 Date 5/25/2022
Signed RYAN GILL (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 1835 Date 6/3/2022
Signed KEVIN GILL (E-filed)
Contact Info (optional) CLOUSER DRILLING INC.

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:
New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

JOSE 61454

6/3/2022

Map 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

OREGON WATER RESOURCES DEPARTMENT

LOCATION OF WELL

Latitude: 42.35347000 Datum: WGS84

Longitude: -123.41217000

Township/Range/Section/Quarter-Quarter Section:
WM37.00S6.00W16NWSE

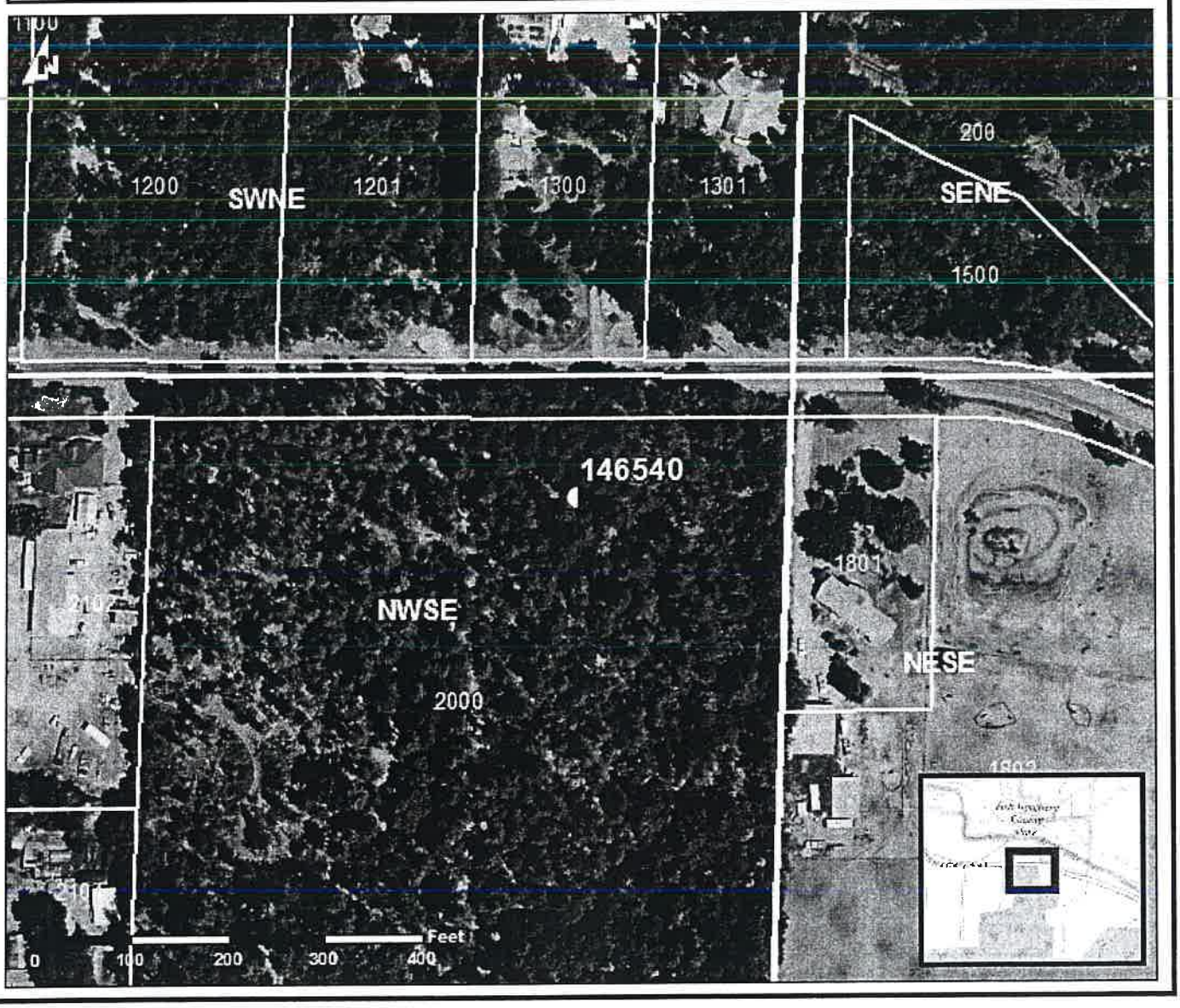
Address of Well:
RIDGE VIEW LANE LOT #2 GRANTS PASS OR 97527
#1

Well Label: 146540

Printed: May 25, 2022

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



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

PLANNING APPLICATION FORM

Property Address: 145 Ridgeview Lane (Tentative) -Lot 1
Grants Pass, Oregon 97527

Assessor's Map & Tax Lot:

37 -06 -16 -00 **Tax Lot(s)** 2000

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

Zoning: RR-2.5 & RR-5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
3 bdrm, 2 bath single family house, 2,064 sq.ft.

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
- ☒ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan

Other: _____

Description of Request/Reason for Appeal
(Include name of project and proposed uses):

Property Owner: Valerian Homes, LLC
Address: 1590 SE 'N' Street, Suite 'A'
Grants Pass, Oregon 97526
Phone: 1-541-955-4663
Email: craig@valerianhomes.com

Applicant: Valerian Homes, LLC
Address: 1590 SE 'N' Street, Suite 'A'
Phone: 541-955-4663
Email: craig@valerianhomes.com

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).

Craig Pent 08/14/2024
(Signature of Owner or Attorney-in-Fact) Date

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

RECEIVED
AUG 15 2024
JO CO - PLANNING

(For Office Use)

Fees Paid: $360 Initials: TW

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: PL24-00881

Payer/Payee: VALERIAN HOMES LLC
PO BOX 157
GRANTS PASS OR 97528

Cashier: Terri Woodruff

Date: 08/15/2024

Primary Parcel: 37061600002000

Project Description: SFD 2,064 Sq FT - 3 Bdrm, 2 Bath w/ 672 sq ft attached garage

PL-2024-01050 DEVELOPMENT PERMIT *** FISH HATCHERY RD**

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
CHECK	14455	$380.00

Total Paid: **$380.00**

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 16 T.37S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

37 06 16

SEE MAP 37S 06W 09

CANCELLED:
104
503
590
591
592
801
802
803
901
1400
1700
1902
1990
2105
2300
2390
2490
2590
2690
1900
1990
1890
100
103
1806
301
1901

NOTE:
OLD ROAD NEVER VACATATED
SURVEY NO. 137-70
VOL.172-P.547, VOL.62 -P.15
VOL.62-P.121
SEE 1938 ROAD SURVEY

SEE MAP 37S 06W 17

SEE MAP 37S 06W 15

SEE MAP 37S 06W 21

1/4 COR.

37 06 16

Septic Site Evaluation Approval

463-23-000329-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: 10/16/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 1

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

Primary contractor: Mr. Ed's Advanced Septic LLC
Installer License: 38580
Address: PO Box 759
Grants Pass OR 97528-0065
Phone: 5414762821
Email: mredsseptic@gmail.com

Owner: VALERIAN HOMES LLC
Address: PO BOX 157
GRANTS PASS OR 97528

Property address: 0 Fish Hatchery Rd, Grants Pass, OR 97527

Parcel: 3706160000200000 - Primary Township: 37 Range: 06 Section: 16

Lot size: 40.58
Zoning: N/A
Water supply: Well
City/County/UGB: N/A

Proposed use of structure: SFR
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.
Special tank reqmts: ANTIBUOYANCY REQUIRED
Comments: ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SANDFILTER FOR REPLACEMENT SYSTEM.

System Specifications	Initial System	Replacement Area
System type:	Standard	Sand Filter
System distribution type:	Equal	Equal
Distribution method:	Equal-Hydrosplitter	Equal-Hydrosplitter

Trench Specifications	Initial System	Replacement Area
Trench linear feet:	450 linear ft.	150 linear ft.
Max depth:	24 in.	24 in.
Min depth:	18 in.	18 in.

Special Requirements	Initial System	Replacement Area
Stakeout required:	Yes	Yes
Groundwater type:	Temporary	Temporary

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

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

Date issued: 10/16/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 1

Drainfield type:	Standard	Standard
Drainfield sizing:	150 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 10/16/23

FIELD WORKSHEET

Name: _____ **Application No.:** 329-EVAL **Date:** _____

RE: SITE EVALUATION REPORT for Parcel #: 3706160L2000 LOT 1

Commercial Facility: ☐ Yes ☐ No Parcel Size: _____

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: _____ 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 TS1
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 500 DOSING
Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized
Absorption facility: 450 total linear feet 150 linear feet per 150 gallons projected daily sewage flow 24 " Max Depth 18 " Min Depth	Absorption facility: 150 total linear feet 50 linear feet per 150 gallons projected daily sewage flow 24 " 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.

* HYDROSPLITTER REQUIRED

Inspector: _____

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-3	SiL	7.5YR 2.5/2, GR, 2VF,1F,M
	3-16	CL	5YR 3/3, wSBK, Roots 1VF,F,M,C
	16-36	C	5YR 4/4, mSBK, Roots 1VF,F, Pores 1VF,F, Boardering Sic
	36-48	C	7.5YR 4/4, mSBK, Roots 1F, Boardering on SiCL, WATER @ 48"
Test Pit 2			SIMILAR TO TH1 | CAS DEP 10YR 4/2
			CAS @ 36"
Test Pit 3			SIMILAR TO TH1
			CAS @ 24"
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (OAK, MADRONE, PINE, FIR)

Slope: 1-3 % Aspect: N/NE Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes:

Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

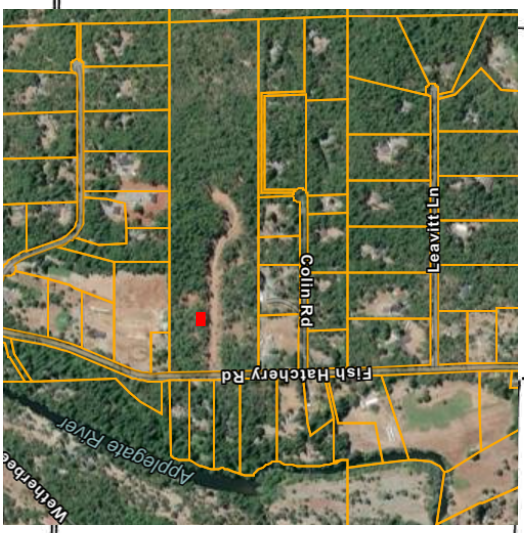
E-mail: planning@co.josephine.or.us

DATE: 9/26/23 **TWN**____ **RNG**____ **SEC**____ **QQ**____ **TL**____

OWNER'S NAME: Applegate Hills Sub

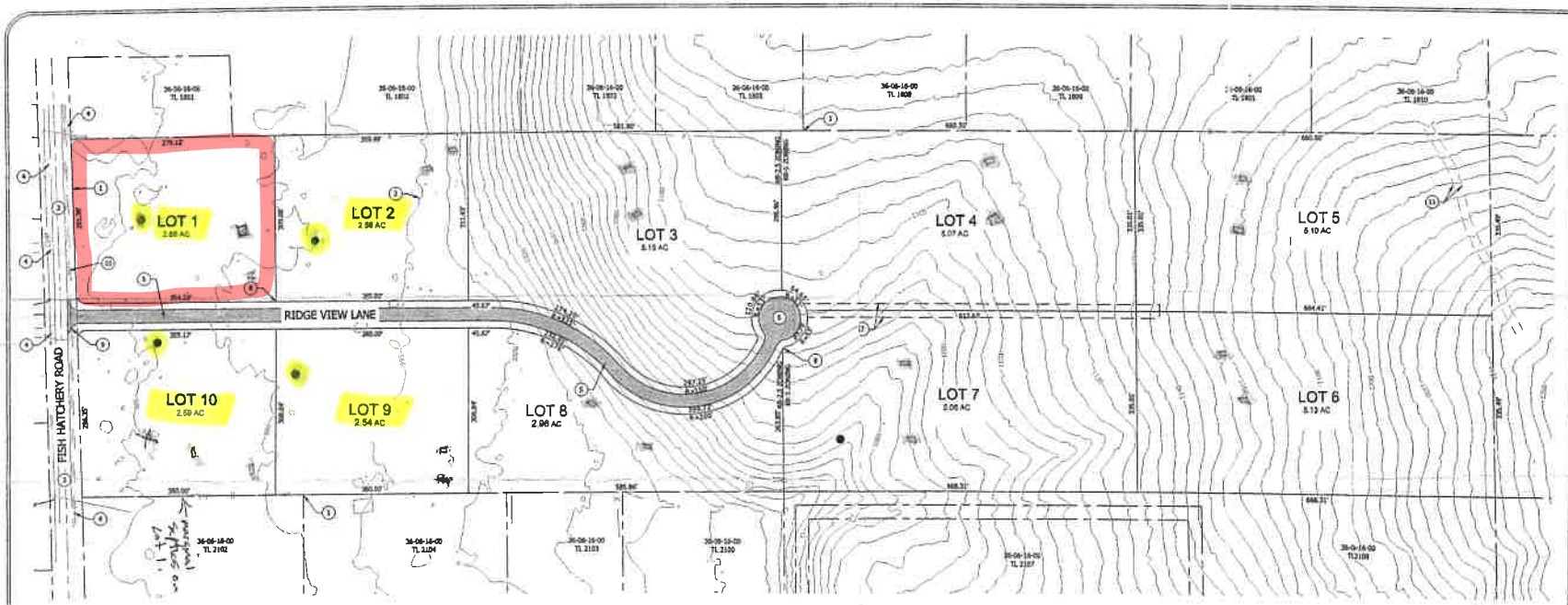
ADDRESS: Fish Hatchery Rd, Grants Pass, OR

PLOT PLAN



SIGNATURE: _____ **DATE:** 9/26/23

Highlighted dot are Wells



1 / C1.0 PROJECT LOCATION
SCALE: NTS

SITE INFORMATION:

PROJECT ADDRESS:	FISH HATCHERY ROAD, GRANTS PASS, OREGON
TAX MAP/LOT:	37S-03W-16-00 / TL 3000
PROPERTY OWNER:	DUNN REV. TRUST 2006 HIGHWAY 166 SANTA MARIA, CA 93454
DEVELOPER/APPLICANT:	VALERIAN HOMES 1560 SE "N" STREET, STE. "A" GRANTS PASS, OR 97526
FLOOD PLAIN/FLOODWAY:	N/A
ZONE:	RURAL RESIDENTIAL (RR-5) - SOUTH HALF OF PROPERTY RURAL RESIDENTIAL (RR-2.5) - NORTH HALF OF PROPERTY
LOT SIZE:	39.55 ACRES (ASSESSOR)/40.17 ACRES (PER ADJACENT SURVEY MAPS)
AREA DEDICATED TO PUBLIC ROW:	1.77 ACRES
SPECIAL PURPOSE DISTRICTS:	STEEP SLOPE AREA (VERY SMALL PORTION OF LOT 3 ONLY)
EXISTING USE:	VACANT/UNDEVELOPED
PROPOSED USE:	10-LOT SINGLE FAMILY RESIDENTIAL
UTILITY SERVICES: • WATER: • SEWER: • STORM: • IRRIGATION:	 ON-SITE GROUND WATER WELLS ON-SITE SEPTIC SYSTEMS NATURAL DRAINAGE SWALES/ROADSIDE DITCHES N/A
EROSION CONTROL PLAN:	THE CONSTRUCTION IMPACTS ON THE SURROUNDING AREA WILL BE MITIGATED THROUGH THE USE OF PROPER EROSION CONTROL MEASURES. THIS INCLUDES BUT IS NOT LIMITED TO CONSTRUCTION ENTRANCES, SEDIMENT FENCING, INLET PROTECTION, CONCRETE WASH OUT AREAS, ETC. FORMAL EROSION CONTROL PLAN TO BE PROVIDED WITH THE CONSTRUCTION DRAWINGS.
GRADING/DRAINAGE PLAN:	LOTS 7-10 WILL DRAIN TO THE NATURAL DRAINAGE CHANNEL ON TOP OF THE RIDGE WHILE THE REMAINING PROPERTIES WILL DRAIN TO A NEW ROADSIDE DITCH ON RIDGE VIEW LANE. THIS DITCH WILL CONNECT TO THE EXISTING ROADSIDE DITCH ON FISH HATCHERY ROAD.

KEYED NOTES

1. EXISTING PROPERTY LIE (TYPICAL)
2. EXISTING TOPOGRAPHY/ CONTOURS FROM 2012 LIDAR DATA)
3. EXISTING COUNTY ROADWAY (TYPICAL)
4. EXISTING DRIVEWAY LOCATION
5. PROPOSED 24' WIDE PAVED LIMITED RESIDENTIAL COUNTY ROAD (TYPICAL)
6. PROPOSED CUL-DE-SAC/TURNAROUND
7. PROPOSED 25' SHARED DRIVEWAY ACCESS EASEMENT (TYPICAL)
8. PROPOSED PROPERTY LINE/ RIGHT-OF-WAY LINE (TYPICAL)
9. PROPOSED STORM DRAIN CULVERT
10. EXISTING ROADSIDE DRAINAGE DITCH (TYPICAL)
11. EDGE OF EXISTING GRAVEL ROAD

SCALE: 1" = 100'

GEC
223 NE "F" Street
Grants Pass, Oregon 97526
Office: 541-244-3617
www.gecengineering.com

PRELIMINARY

Project No:	GP-CES-21
Drawn By:	JTM/KLR/ESM
Checked By:	JTM
Issue Date:	3/23/22

30% SD

FISH HATCHERY SUBDIVISION

Applegate Hills Sub

FISH HATCHERY ROAD, GRANTS PASS, OREGON

No.	Date	By	Description
1			

PRE-APPLICATION TENTATIVE PLAN

Sheet No: C1.0

Application for Onsite Sewage Treatment System

700 NW Dimmick Street,
Suite A
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

Valerian Homes (Name) | P.O. Box 157 G.P. OR 97528 (Mailing Address (Street or PO Box, City, State, Zip Code)) | 95546063 (Phone Number)

B. Legal Property Description

37 (Township) | 06 (Range) | 16 (Section) | 2000 (Tax Lot) | (Tax Account Number) | 40.58 (Acreage or Lot Size)

Josephine (County) | Applegate Hills (Subdivision Name) | 1 (Lot) | (Block)

Property Address: 145 Ridge View lane (Address), Grants Pass (City) OR (State) 97527 (Zip Code)

Directions to Property: Williams Hwy (R) New Hope (R) Fish Hatchery (L) Ridge View lane

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence

_____ Number of Bedrooms

☐Other _____

Proposed Facility:

☐Single Family Residence

_____ Number of Bedrooms

☐Other _____

Water Supply:

☐Public _____ Name

☐Private _____ 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 9/26/23

Mr. Ed's Advanced Septic (Applicant's Name – Please Print Legibly) | 4762821 (Applicant's Phone Number) | mredsseptic@gmail (Applicant's E-mail Address)

P.O. Box 759, Grants Pass, OR 97528 (Applicant's Mailing Address)

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

☐Authorization Attached

Mr. Ed's Advanced Septic (Installer's Name)

Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

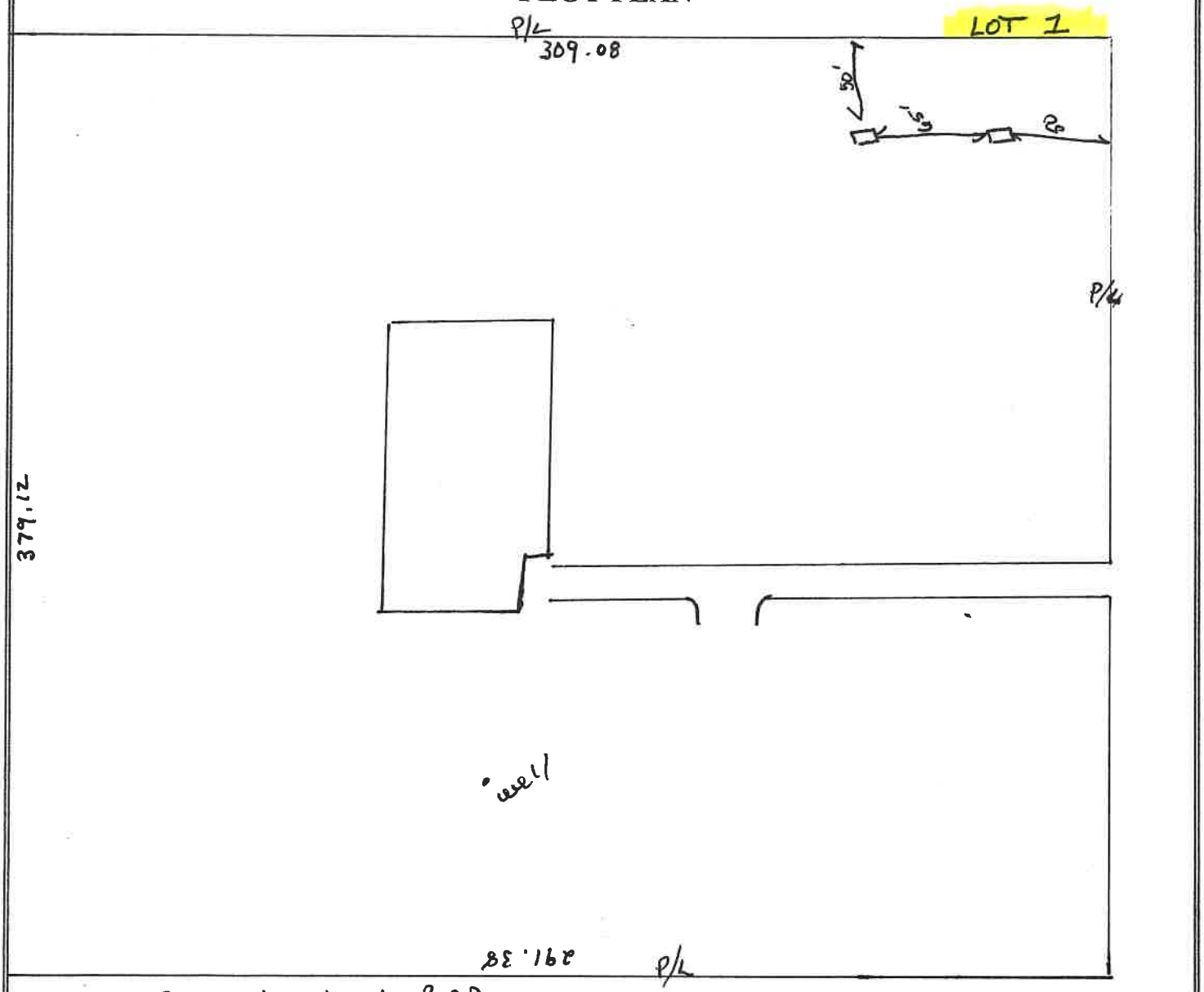
E-mail: planning@co.josephine.or.us

DATE: 9/26/23 **TWN**____ **RNG**____ **SEC**____ **QQ**____ **TL**____

OWNER'S NAME: Applegate Hills Sub

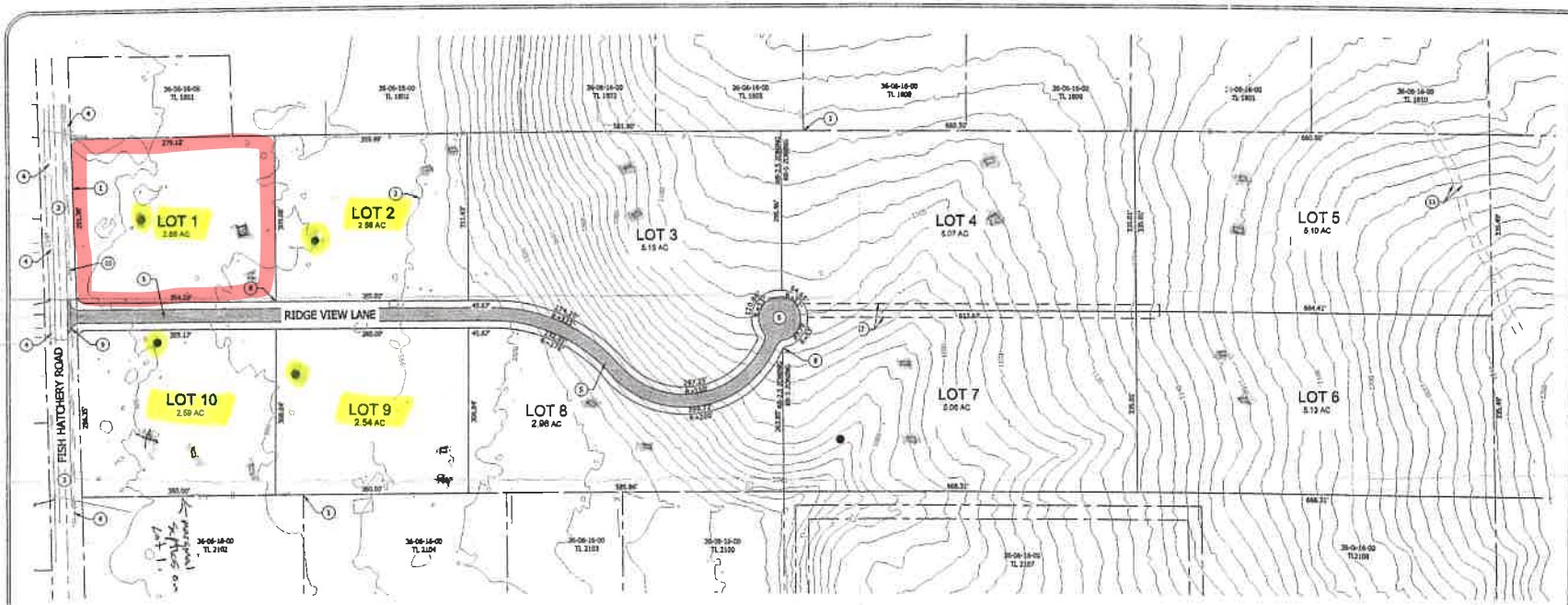
ADDRESS: Fish Hatchery Rd, Grants Pass, OR

PLOT PLAN



SIGNATURE: [signature] **DATE:** 9/26/23

Highlighted dot are Wells



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SCALE: NTS

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KEYED NOTES

1. EXISTING PROPERTY LIE (TYPICAL)
2. EXISTING TOPOGRAPHY/ CONTOURS FROM 2012 LIDAR DATA)
3. EXISTING COUNTY ROADWAY (TYPICAL)
4. EXISTING DRIVEWAY LOCATION
5. PROPOSED 24' WIDE PAVED LIMITED RESIDENTIAL COUNTY ROAD (TYPICAL)
6. PROPOSED CUL-DE-SAC/TURNAROUND
7. PROPOSED 25' SHARED DRIVEWAY ACCESS EASEMENT (TYPICAL)
8. PROPOSED PROPERTY LINE/ RIGHT-OF-WAY LINE (TYPICAL)
9. PROPOSED STORM DRAIN CULVERT
10. EXISTING ROADSIDE DRAINAGE DITCH (TYPICAL)
11. EDGE OF EXISTING GRAVEL ROAD

SCALE: 1" = 100'

GEC
223 NE "F" Street
Grants Pass, Oregon 97526
Office: 541-244-3617
www.gecengineering.com

PRELIMINARY

Project No:	GP-CES-21
Drawn By:	JTM/KLR/ESM
Checked By:	JTM
Issue Date:	3/23/22

30% SD

FISH HATCHERY SUBDIVISION

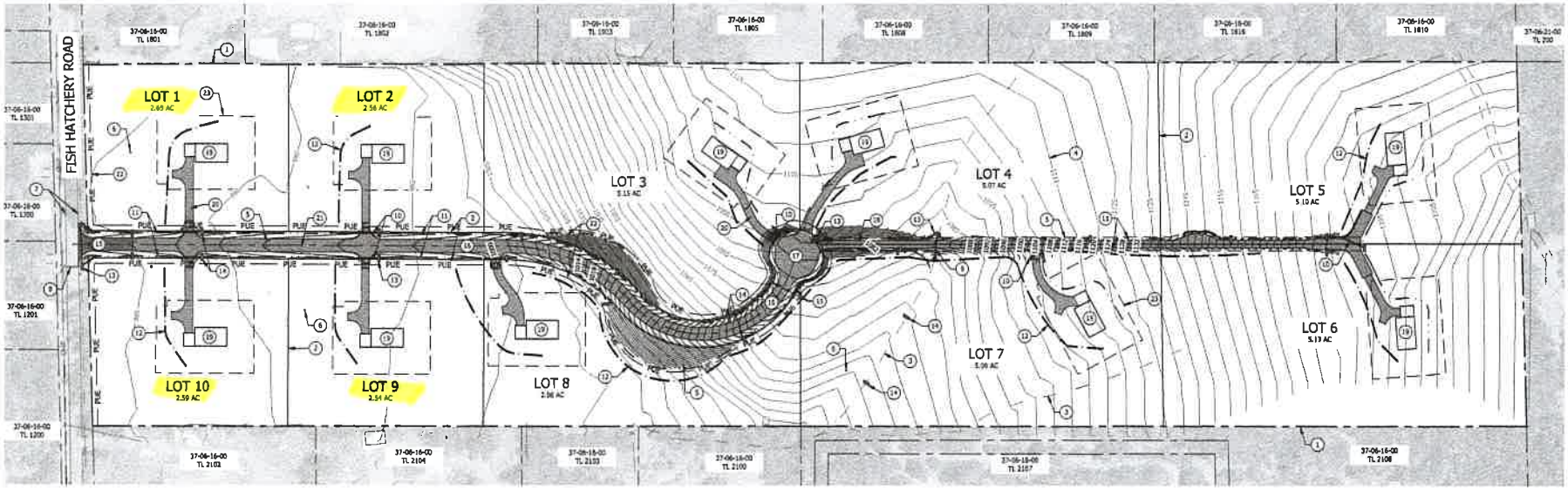
Applegate Hills Sub

FISH HATCHERY ROAD, GRANTS PASS, OREGON

No.	Date	By	Description
1			

PRE-APPLICATION TENTATIVE PLAN

Sheet No: C1.0



KEYED NOTES: ⊙

1. EXISTING PROPERTY LINE (TYPICAL)
2. PROPOSED PROPERTY LINE (TYPICAL)
3. EXISTING DRAINAGE RAVINE (TYPICAL)
4. EXISTING ELEVATION CONTOUR (2'-SURVEY)
5. PROPOSED ELEVATION CONTOUR (2'-TYPICAL)
6. EXISTING DOMESTIC WELL (5-TYPICAL)
7. EXISTING EDGE OF ASPHALT (TYPICAL)
8. EXISTING 24" CMP CULVERT (TYPICAL)
9. PROPOSED 18" CMP CROSS CULVERT (TYPICAL)
10. PROPOSED 12" CMP DRIVEWAY CROSSING CULVERT (TYPICAL)
11. PROPOSED ROADSIDE DITCH (TYPICAL)
12. INSTALL SEDIMENT FENCING BELOW CONSTRUCTION AREA PER OSD#RD1040 (STRAW WATTLES CAN BE USED IN SUMMER MONTHS) (TYPICAL)
13. INSTALL INLET PROTECTION FOR NEW/EXISTING CULVERTS PER OSD#RD1015 (TYPICAL)
14. INSTALL CHECK DAMS WHERE SHOWN AND AS NECESSARY ALONG ROADSIDE DITCH/SWALE PER OSD#RD1005 (TYPICAL)
15. INSTALL GRAVEL CONSTRUCTION ENTRANCE PER OSD#RD1000 (100' LENGTH)
16. PROPOSED 24' WIDE ASPHALT LIMITED RURAL RESIDENTIAL COUNTY STANDARD ROAD (TYPICAL)
17. PROPOSED 40' RADIUS ASPHALT COUNTY STANDARD CUL-DE-SAC
18. PROPOSED SHARED DRIVEWAY (TYPICAL)
19. APPROXIMATE LOCATION OF PROPOSED HOMESITE (FOR REFERENCE ONLY)
20. APPROXIMATE LOCATION OF PROPOSED DRIVEWAY (FOR REFERENCE ONLY-TYPICAL). INCLUDE GRAVEL CONSTRUCTION ENTRANCE PER OSD#RD1000 UNTIL FINAL STABILIZATION HAS BEEN ESTABLISHED (TYPICAL)
21. PROPOSED CENTERLINE OF ROADWAY (TYPICAL)
22. PROPOSED 12' MINIMUM PUBLIC UTILITY AND SLOPE EASEMENT (TYPICAL)
23. 50' FIRE SAFETY BUFFER LIMITS (TYPICAL)

* SEE EROSION AND SEDIMENT CONTROL PLAN (EC) SET FOR ADDITIONAL INFORMATION REGARDING 1200-C PERMIT REQUIREMENTS.

0 100' 200'
SCALE: 1"=100'

GEC
GARRETT ENGINEERING CONSULTANTS
223 NE "B" Street
Grants Pass, Oregon 97526
Office: 541-244-2617
www.garrettengineering.com

REGISTERED PROFESSIONAL ENGINEER
75688PE
DIGITAL SIGNATURE
OREGON
JULY 11, 2006
JUSTIN T. B. GARRETT
EXPIRES: 06-30-23

Project No:	GP-425-21
Drawn By:	JTRG/BSH
Checked By:	JTRG
Issue Date:	04/17/23

100% CD

APPLEGATE HILLS SUBDIVISION

FISH HATCHERY ROAD, GRANTS PASS, OREGON

Revisions: No.	Date	By	Description

Title: OVERALL EROSION & SEDIMENT CONTROL PLAN

Sheet No:
C0.1

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 16 T.37S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

37 06 16

SEE MAP 37S 06W 09

CANCELLED:
104
503
590
591
592
801
802
803
901
1400
1700
1902
1990
2105
2300
2390
2490
2590
2690
1900
1990
1890
100
103
1806
301
1901

NOTE:
OLD ROAD NEVER VACATATED
SURVEY NO. 137-70
VOL.172-P.547, VOL.62 -P.15
VOL.62-P.121
SEE 1938 ROAD SURVEY

SEE MAP 37S 06W 17

SEE MAP 37S 06W 15

SEE MAP 37S 06W 21

1/4 COR.

APPLEGATE

RIVER

WILDERVILLE

HATCHERY

DITCH

ROAD

BLUE RIDGE LN.

BLUE MTN. RD.

NATURESCAPE RD.

CS 79-92

KEEN

FISH

TURTLE

LANE

DEXTER

WAY

LEAVITT

NORTH

COLIN

CS 226-65

ROAD

FELKNER

CREEK

EAST

JACKSON

RD

PARTITION PLAT 2004-32

PARTITION PLAT 2008-21

PARTITION PLAT 2007-75

PARTITION PLAT 1996-102

PARTITION PLAT 2002-58

PARTITION PLAT 2021-53

PARTITION PLAT 1999-95

PART. PLAT 1995-3

PART. PLAT 2006-77

PARTITION PLAT 1991-139

BLUE RIDGE PARTITION PLAT CS 73-70

SUB. LEAVITT ESTATES

SUB. APPLEGATE ESTATES

SUB. WETHERBEE

200 163.65 AC

200 11.75 AC

200 9.11 AC

200 40.58 AC

200

300 29.91 AC

300

5