



Septic Site Evaluation Approval

463-24-000316-EVAL

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

Date issued: 10/08/2024

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 4

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

Owner: VALERIAN HOMES LLC
Property address: 145 Ridge View Ln, Grants Pass, OR 97527

Address: PO BOX 157
GRANTS PASS OR 97528

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

Lot size: 5.07 **Water supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Accessory Dwelling Unit: No

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd. **Proposed gallons per day:** N/A
Min septic tank volume: 1000 gal. **Min dosing tank volume:** N/A
Special tank reqmts: Septic tank plus dosing tank or Dosing septic tank required if effluent sewer fall cannot meet minimum standard in OAR 340-71
Media depth: 12 in.
Comments: Show both test pits on construction plan. See site sketch for approved area location.

System Specifications

	Initial System	Replacement Area
System type:	Saprolite	Saprolite
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications

	Initial System	Replacement Area
Trench linear feet:	300 linear ft.	300 linear ft.
Max depth:	24 in.	24 in.
Min depth:	24 in.	24 in.

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.)

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Drainfield type:	Standard	Standard
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THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

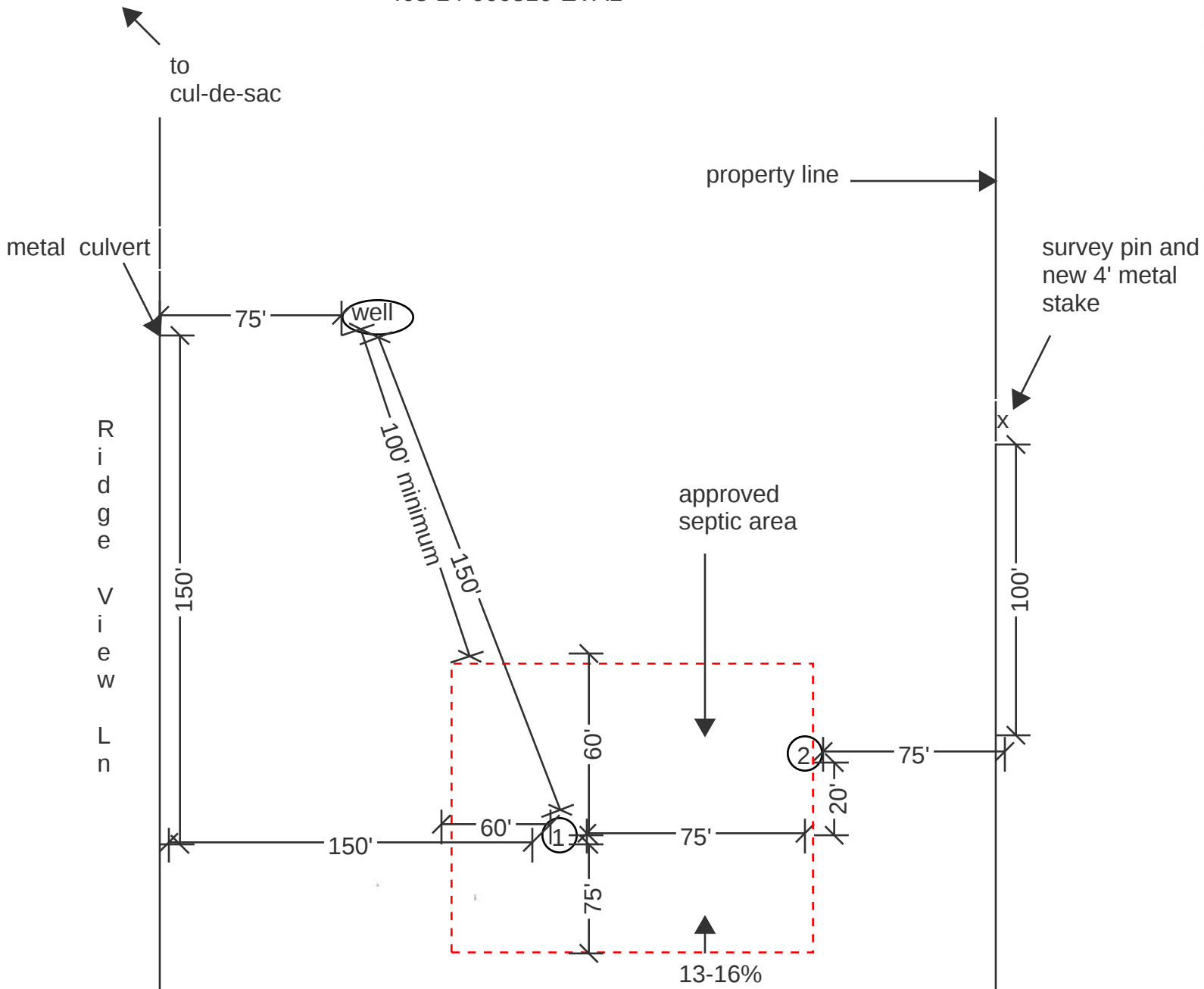
If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

10/8/24

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FIELD WORKSHEET

Name: VALERIAN JAMES Application No.: 463-24-010316 Date: 10/8/24
 RE: SITE EVALUATION REPORT for Parcel #: PARCEL 3706160000200000

Commercial Facility: ☐ Yes ☒ No Parcel Size: 5.07

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 1

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☒ Other <u>SAPROLITE</u>	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☒ Other <u>SAPROLITE</u>
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: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>24</u> " Min Depth

Additional Conditions of Approval

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

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

SEPTIC TANK
NOT DOING TANK OR DOING SEPTIC TANK
REQUIRED IF EFFLUENT SEWER FAIL
CANNOT MEET STANDARD IN OAR
340-71

Inspector: MIKE OBERETNER

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	9' L	10YR 3/3; 5r; f f m roots
	4-23	CL	7.5YR 4/4; wshk
	23-48	—	Saprolite w/ 5YR 4/4 Fe concentrations
Test Pit 2			SIMILAR
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: BACKSLOPE LANDSCAPE POSITION.

MADONE, PINE, OAK

Slope: 13-16% Aspect: N Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: _____



Application for Onsite Sewage Treatment System

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

For ONSITE SEPTIC Use Only:		Date Stamp
Date received		
Fee paid		
Receipt number		
Application number		
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

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

B. Legal Property Description

37 06 16 2000 5.07
Township Range Section Tax Lot Acreage or Lot Size
Josephine Applegate Hills
County Subdivision Name
Property Address: 0 RIDGE VIEW City State Zip Code
Address

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

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
☐ Single Family Residence	☒ Single Family Residence	☐ Public _____ Name
Number of Bedrooms _____	Number of Bedrooms _____	☐ Private _____ Well, Spring, Shared
☐ Other _____	☐ Other _____	

D. Type of Application

☒ Site Evaluation	☐ Renewal Permit	☐ 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 _____
☐ Construction	☐ Existing System Evaluation	
☐ Permit Repair ☐ Major ☐ Minor	☐ Permit Transfer	
☐ Alteration Permit	☐ Permit Reinstatement	
☐ Major ☐ Minor		

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.

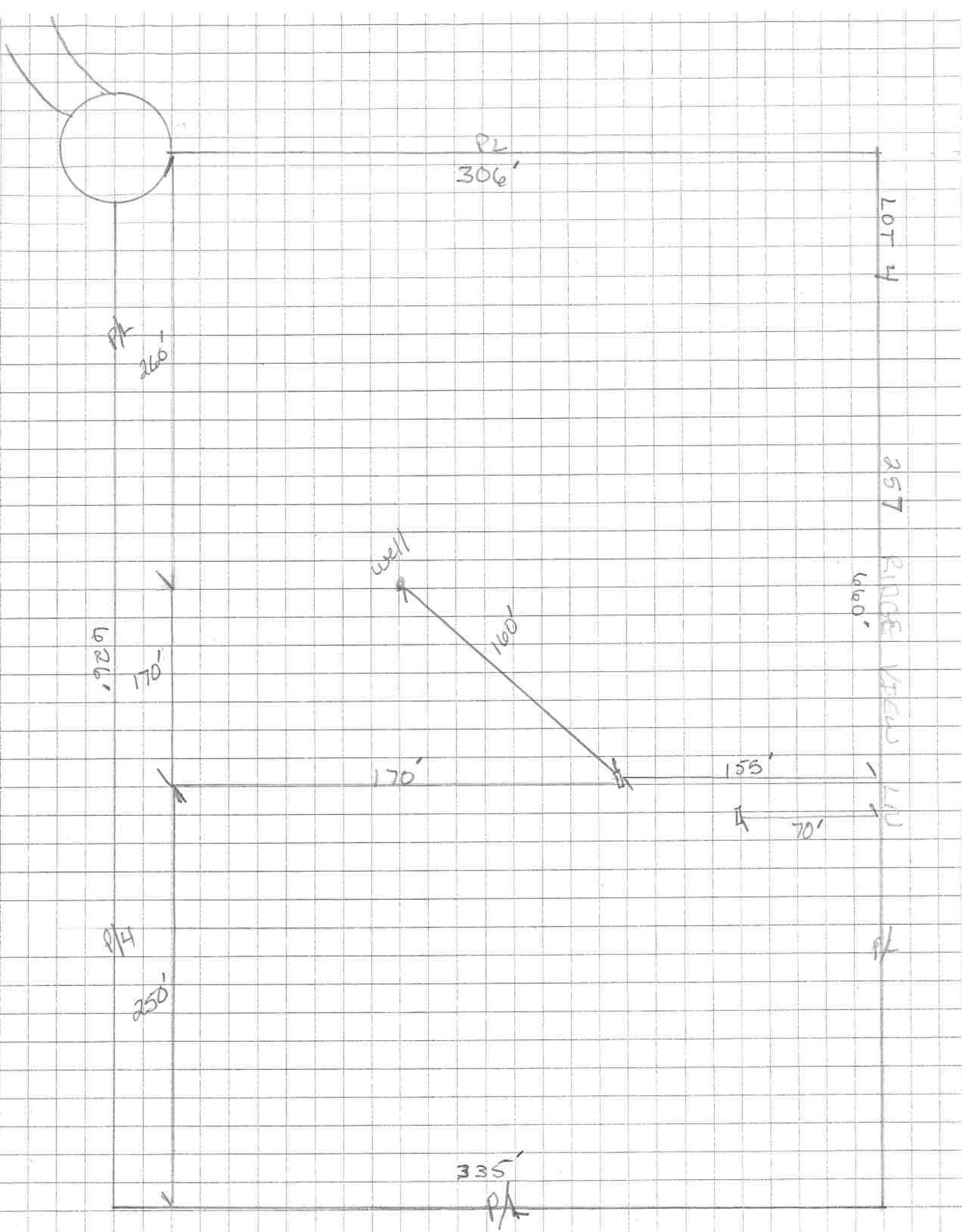
By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Craig Dent 08/20/2024
Signature Date

Craig Dent/Valerian Homes. LLC 541-955-4663 craig@valerianhomes.com
Applicant's Name - Please Print Legibly Applicant's Phone Number 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 _____





- [illegible]

SEE MAP 37S 06W 09

