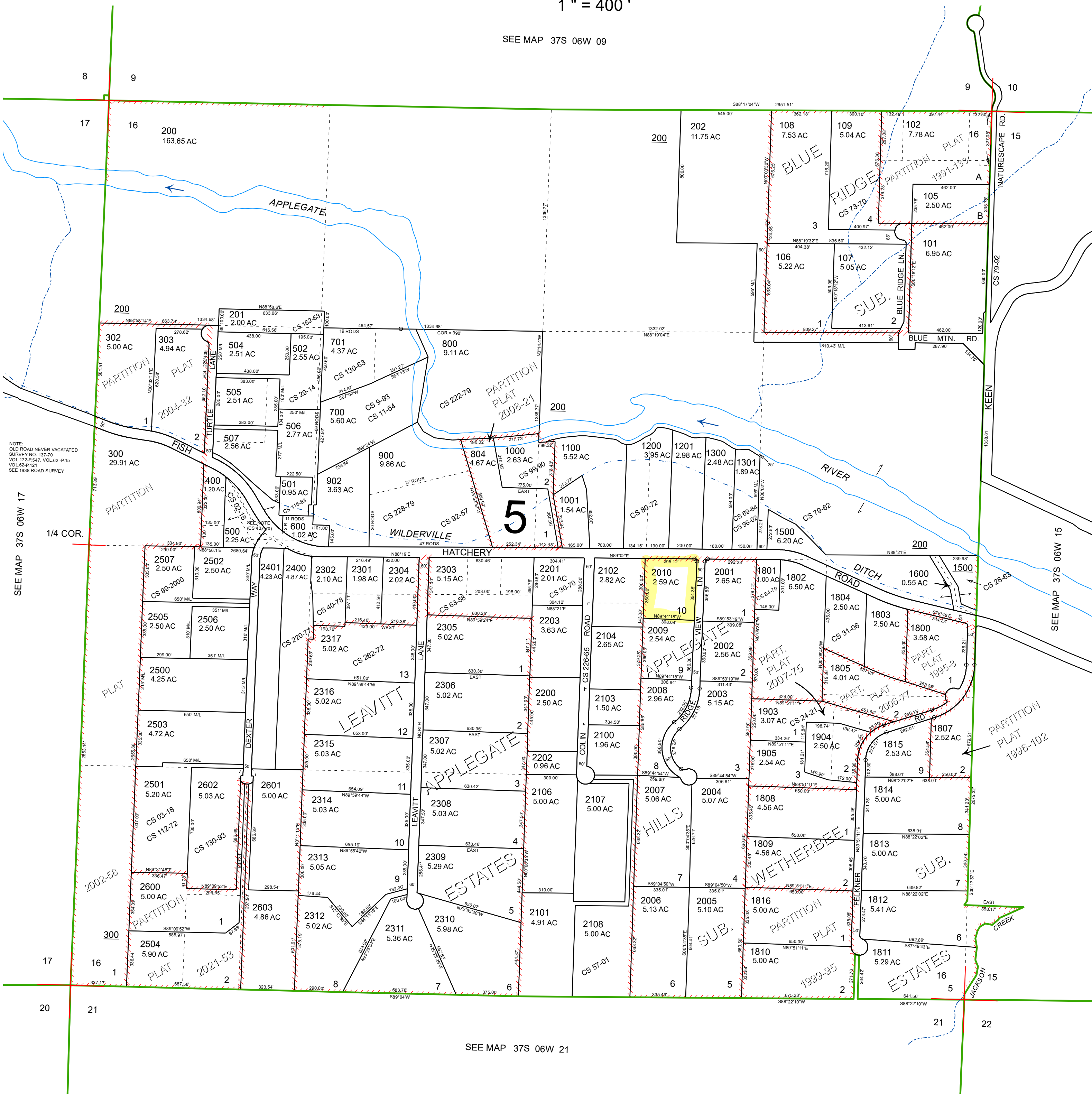




CANCELLED:

- 104
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- 1902
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- 1990
- 1890
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- 1901
- 2000



Septic Site Evaluation Approval

463-23-000332-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: 10/17/2023

Application status: Site Evaluation Approved

Work description: SITE EVLAUATION LOT 10

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

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

Address: PO BOX 157
GRANTS PASS OR 97528

Parcel: 3706160000200000 - Primary

Township:

37

Range: 06

Section:

16

Lot size: 40.58

Zoning: N/A

Water supply: Well

City/County/UGB: County

Proposed use of structure: SFR

Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd.

Min septic tank volume: 1000 gal.

Special tank reqmts: ANTIBUOYANCY REQUIRED

Comments: PRETREATMENT(ATT/SANDFILTER) WILL BE REQUIRED FOR THE REPLACEMENT SYSTEM IF UNABLE TO
STAKEOUT THE REQUIRED DRAINFIELD TRENCH LENGTHS IN THE APPROVED AREA.

Proposed gallons per day: 450 gpd.

Min dosing tank volume: 500 gal.

System Specifications

System type:

System distribution type:

Distribution method:

Trench Specifications

Trench linear feet:

Max depth:

Min depth:

Special Requirements

Stakeout required:

Initial System

Standard

Equal

Equal-Hydrosplitter

Initial System

450 linear ft.

22 in.

18 in.

Initial System

Yes

Replacement Area

Standard

Equal

Equal-Hydrosplitter

Replacement Area

450 linear ft.

22 in.

18 in.

Replacement Area

Yes

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

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

Date issued: 10/17/2023
Application status: Site Evaluation Approved
Work description: SITE EVLAUATION LOT 10

Groundwater type:	Temporary	Temporary
Groundwater depth:	24 in.	24 in.
Drainfield type:	Standard	Standard
Drainfield sizing:	150 linear ft/150 gal.	150 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	10/17/23
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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

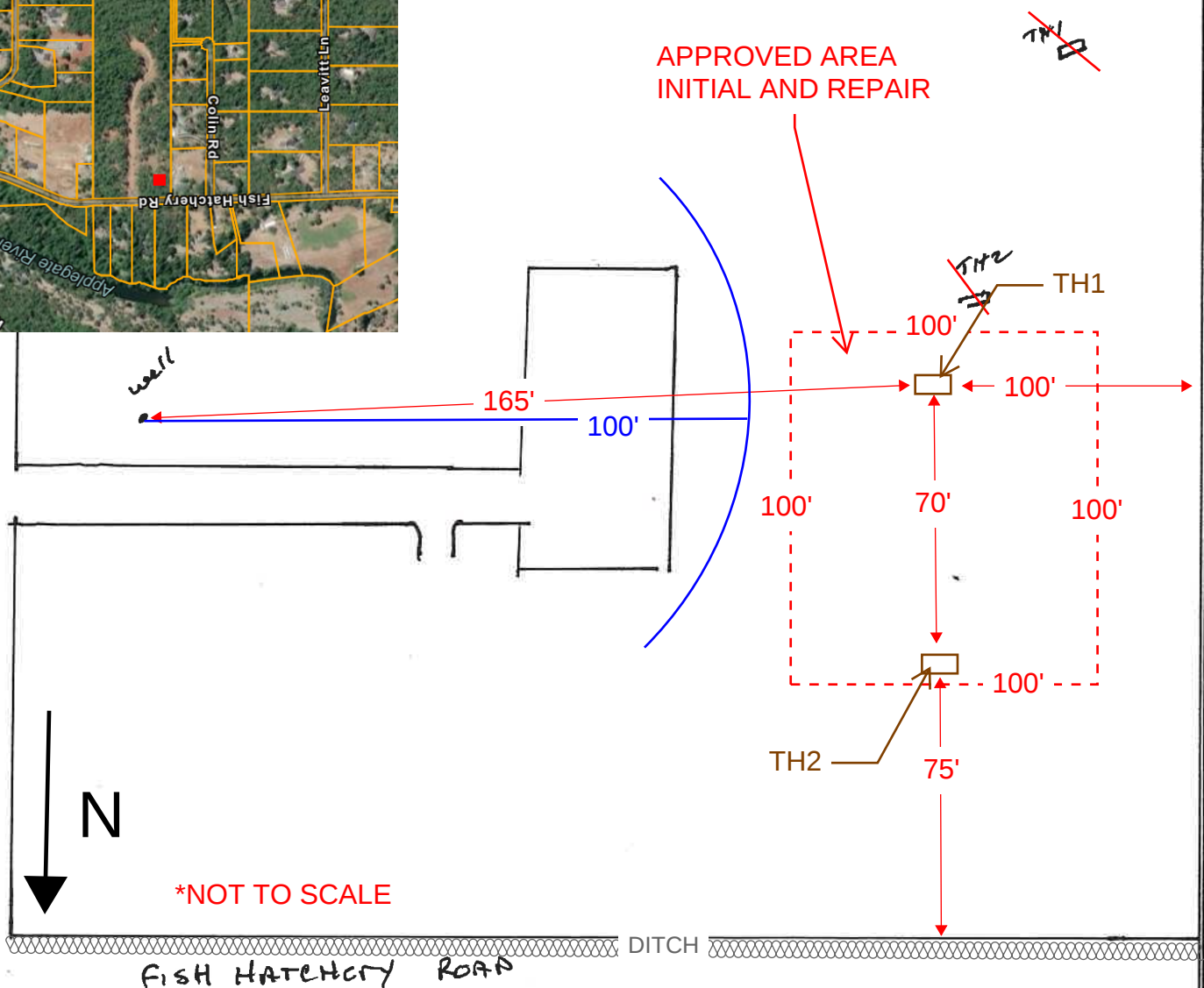
ADDRESS: Grants Pass, OR



PLOT PLAN

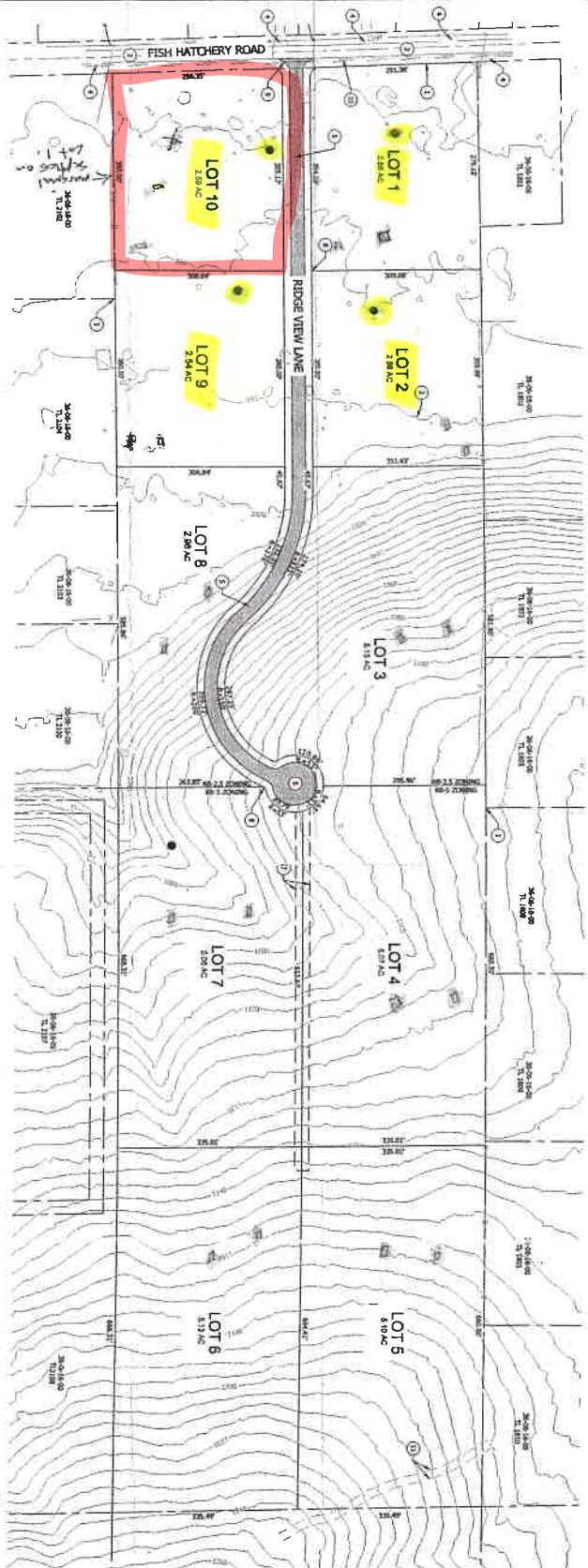
LOT 10

APPROVED AREA
INITIAL AND REPAIR



SIGNATURE: [Signature] DATE: 9/26/23

Highlighted dot
are wells



SITE INFORMATION:

PROJECT ADDRESS: FISH HATCHERY ROAD, GRANTS PASS, OREGON
TAX MAP/ACRE: 25-040-14-02, 7/1, 2000
PROPERTY OWNER: STANLEY, TRUST
 2000 HOSKINS AVE
 ALANY HAVEN, CA 95004
DEVELOPER/OWNER: VILLAMOUNT HOMES
 1900 E. W. STREET, STE. 100
 OREGON 97130, OR 97130
FLOOD HAZARD/COMMIT: N/A
ZONE: RURAL RESIDENTIAL (RHS-1), SOUTH HALF OF PROPERTY
 RURAL RESIDENTIAL (RHS-2), NORTH HALF OF PROPERTY
 20.50 ACRES (APPROXIMATELY) ACROSS FROM ADJACENT SUBDIVISION
LOT SIZE: 1.77 ACRES
AREA DEDICATED TO PUBLIC ROW: EIGHTY EIGHT PERCENT (88%) OF LOT 1 (2.94 AC)
OFFICIAL ADDRESS/SECTION: VILLAMOUNT HOMES
PROPOSED USE: RESIDENTIAL
UTILITY SERVICES: WATER, SEWER, GAS, ELECTRICITY
INDEMNITY CONTRACT, N/A: N/A

KEYED NOTES:

1. EXISTING PROPERTY LINE (TYPICAL)
2. EXISTING IMPROVEMENTS (TYPICAL)
3. EXISTING COUNTY ROAD (TYPICAL)
4. EXISTING DRIVEWAY LOT/BLK
5. PROPOSED 24' WIDE FIRE LANE/RESIDENTIAL COUNTY ROAD
6. PROPOSED 24' WIDE FIRE LANE/RESIDENTIAL COUNTY ROAD
7. PROPOSED 24' WIDE FIRE LANE/RESIDENTIAL COUNTY ROAD
8. PROPOSED 24' WIDE FIRE LANE/RESIDENTIAL COUNTY ROAD
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100. EXISTING PROPERTY LINE (TYPICAL)

1 PROJECT LOCATION
 C1.0 SCALE: 1" = 100'

C1.0

PRE-APPLICATION
 TENTATIVE PLAN

FISH HATCHERY SUBDIVISION
Applegate Hills Sub

FISH HATCHERY ROAD, GRANTS PASS, OREGON

30% SD

Project No. 17700
 Date: 10/20/15
 Scale: 30% SD

PRELIMINARY

GEC
 GRANTS PASS, OREGON
 2000 HOSKINS AVE
 ALANY HAVEN, CA 95004
 (916) 261-1111
 www.gecinc.com

FIELD WORKSHEET

Name: _____ Application No.: 332-EVAL Date: _____
RE: SITE EVALUATION REPORT for Parcel #: 36-00-16-2000 LOT 10

Commercial Facility: ☐ Yes ☐ No Parcel Size: _____

APPROVED SYSTEM SPECIFICATIONS

Design flow: _____ 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 <u>TSB</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 <u>500 DOB, 1000</u>
Distribution Method: ☐ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized
Absorption facility: <u>450</u> total linear feet <u>150</u> linear feet per 150 gallons projected daily sewage flow <u>22</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>22</u> " Max Depth <u>18</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.

HYDRO SPGETTER

Inspector: _____

PIT No.	DEPTH TEXT	TEXTURE DEPTH	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	CL	0-12	F.Syr ^{2.5/3} , WSBK, Roots 2F1UF, M, C
	CL	12-24	5yr ^{3/4} , MSBK, Roots 1UF, F, M, C PORES IF
	SLCL	24-78	8yr ^{3/4} , SSBK, Roots 1UF, F, M, C ^{Not} LEAKS, DEP 10yr ^{1/2} PORES IF
			25% CF
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED

Slope: 1% Aspect: N Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: NEIGHBORS SYSTEM POSSIBLY ON LOT



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

Scanned

Data Entry

Date Stamp

A. Property Owner Information

Name Valenan Homes P.O. Box 157, G.P. OR 97528 955 46663
Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

Township 37 Range 06 Section 16 Tax Lot 2000 Tax Account Number _____ Acreage or Lot Size _____
County Josephine Subdivision Name Applegate Hills Lot 10 Block _____
Property Address: 150 Ridge View + Grants Pass OR 97527
Address City State Zip Code

Directions to Property: Williams Hwy @ New Hope @ Fish
Hatchery @ 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 its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature Ed's

Date 9/26/23

Applicant's Name - Please Print Legibly Mr. Ed's Advanced Septic

Applicant's Phone Number 4762821

Applicant's e-mail Address mredsseptic@gmail

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

Applicant is the

☐ Owner

☐ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name Mr. Ed's Adv



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

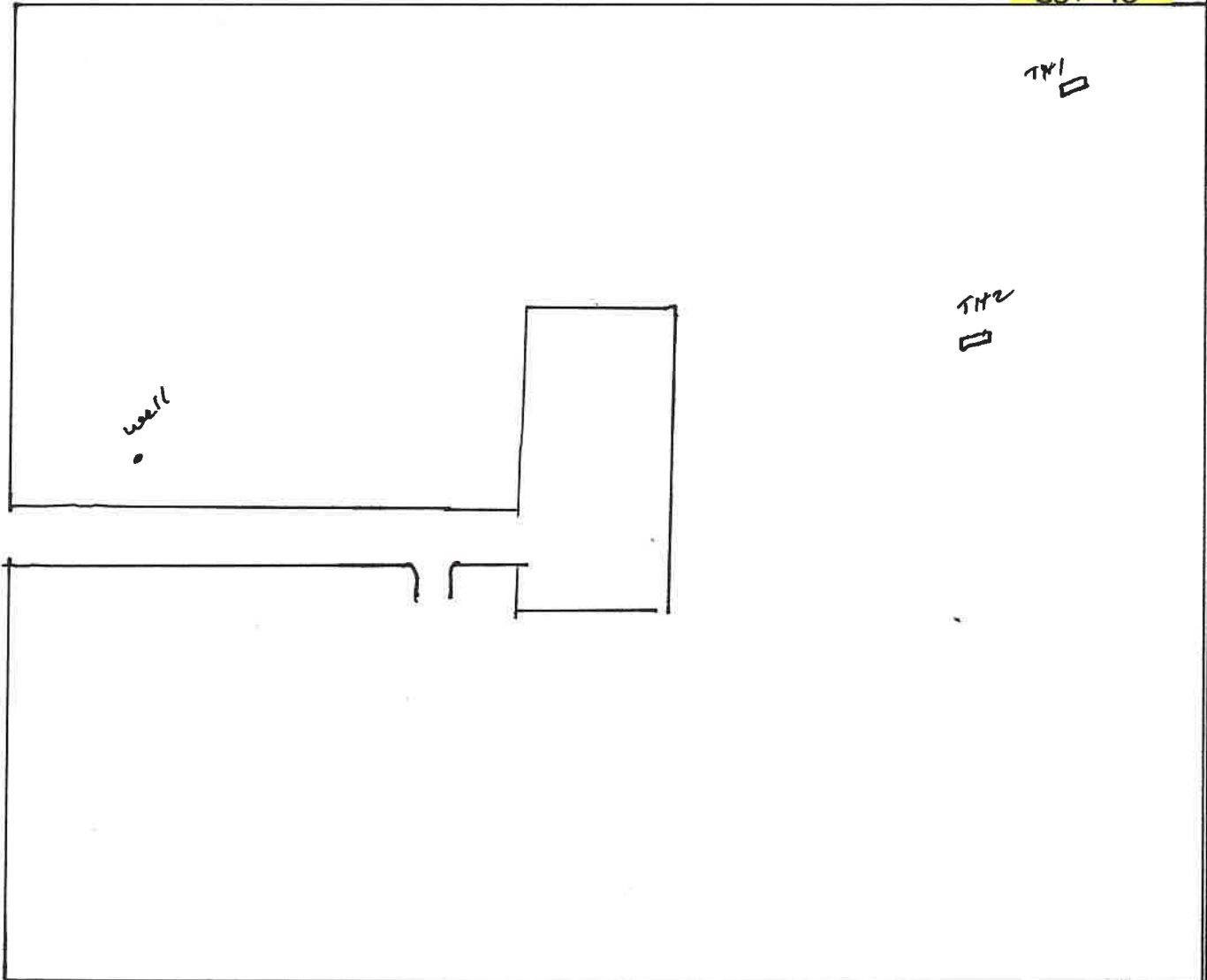
DATE: 9/26/23 TWN _____ RNG _____ SEC _____ QQ _____ TL _____

OWNER'S NAME: Applegate Hills Sub

ADDRESS: Grants Pass, OR

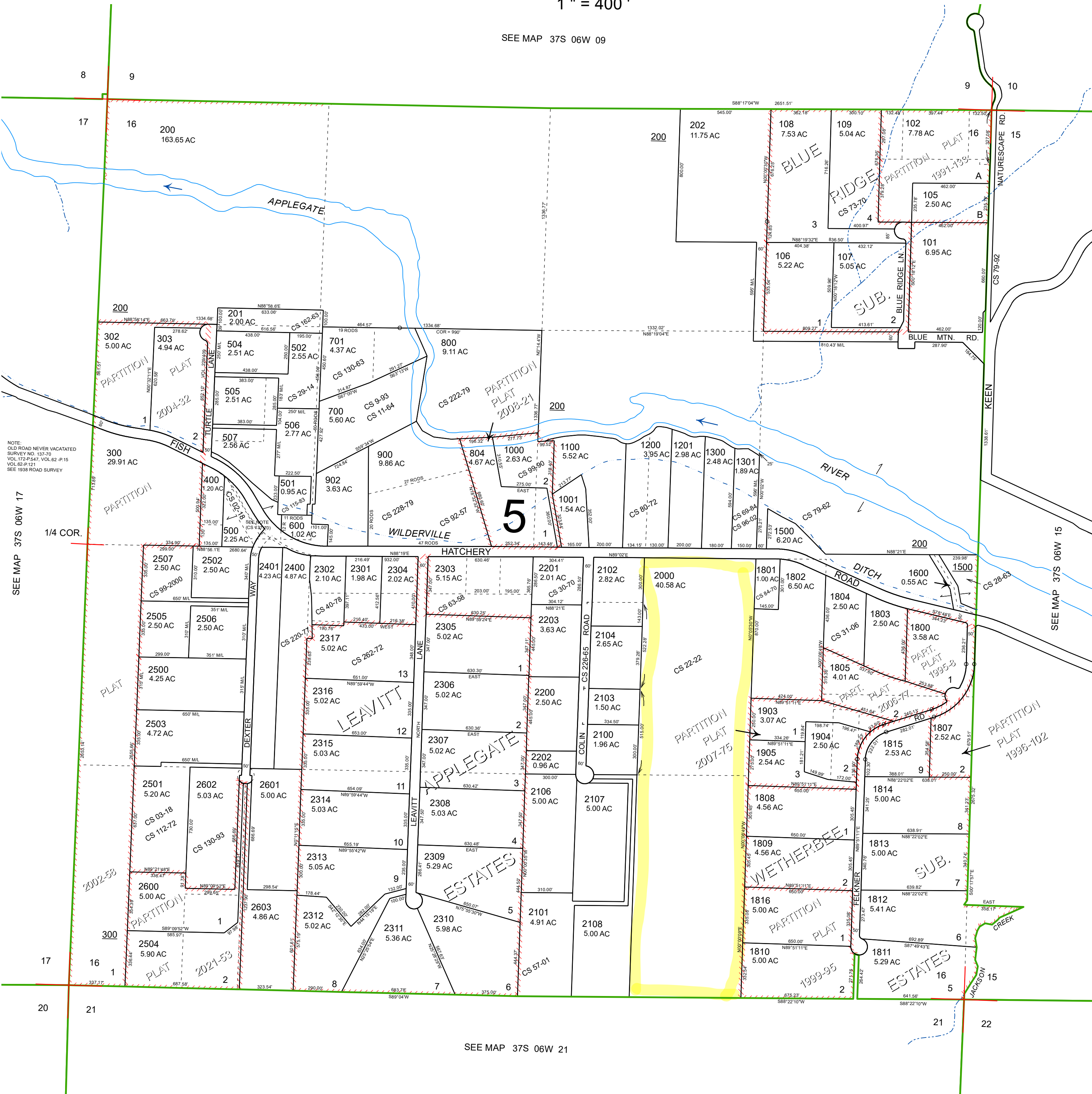
PLOT PLAN

LOT 10



FISH HATCHERY ROAD

SIGNATURE: [Signature] DATE: 9/26/23



- CANCELLED:
- 104
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