



Certificate of Satisfactory Completion Installation Permit - Residential - New

463-25-000102-PRMT

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford, OR 97501
541-776-6010
OnsiteMedford@deq.state.or.us
Website: oregon.gov/deq

Date Certificate Issued: 07/01/2025
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: HODGKINS, ANDREW
Address: 6133 CRATER LAKE HWY
CENTRAL POINT OR 97502
Phone: 5417783636
Email: ANDREW.HODGKINS1224@GMAIL.COM

Owner: HODGKINS, ANDREW
Address: 6133 CRATER LAKE HWY
CENTRAL POINT OR 97502
Property Address: 150 Ridge View Ln, Grants Pass, OR
97527

Parcel: 3706160000201000 - Primary **Township:** 37 **Range:** 06 **Section:** 16

Lot Size:	2.59	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR + ADU
Number of Bedrooms:	N/A	6

System Specifications

Type:	Standard	
Max Peak Design Flow:	750 gpd.	Proposed Flow: 750 gpd.
Min Septic Tank Volume:	1500 gal.	Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Equal-Hydrosplitter
Media Type:	EZ FLOW 1201-P	Media Depth:	N/A
Trench Length:	770 linear ft.	Rock Above Pipe:	N/A
Max Depth:	22 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type: Temporary **Groundwater Depth:** N/A

Date Certificate Issued: 07/01/2025
Work Description: STANDARD CONSTRUCTION PERMIT

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: No Pre-Cover Inspection Waived Per 340-071: No
Comments: N/A

Issued By:

Effective Date: 07/01/2025

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.)

Final Inspection Request and Notice - Septic ID: 463-25-000102-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:

Name: HODGKINS, ANDREW

Twnshp: 37 Range: 06 Sect: 16
 Lot: 10

Property Address: 150 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: River Side	Date: 6-11-25
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Liberty Pump	Float(s) Type(1): Pump	Model/Manuf. LP
			Float(s) Type(2): Alarm	Model/Manuf. LP

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	<input checked="" type="checkbox"/>	No	Diameter: 1/4	ASTM#/Other: PVC	Length: 80'

C. Secondary Treatment Unit:

Sand Filter**	Yes	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 4" easy flow with 4" 30/34 PVC Header				
Distribution Box	Yes	<input checked="" type="checkbox"/> No			
Drop Box	Yes	<input checked="" type="checkbox"/> No			
Distribution Pipe	<input checked="" type="checkbox"/> Yes	No	Diameter: 1"	ASTM#/Other: 1" PVC - 4" 30/34 - 4" easy flow	Length: 770 LF
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

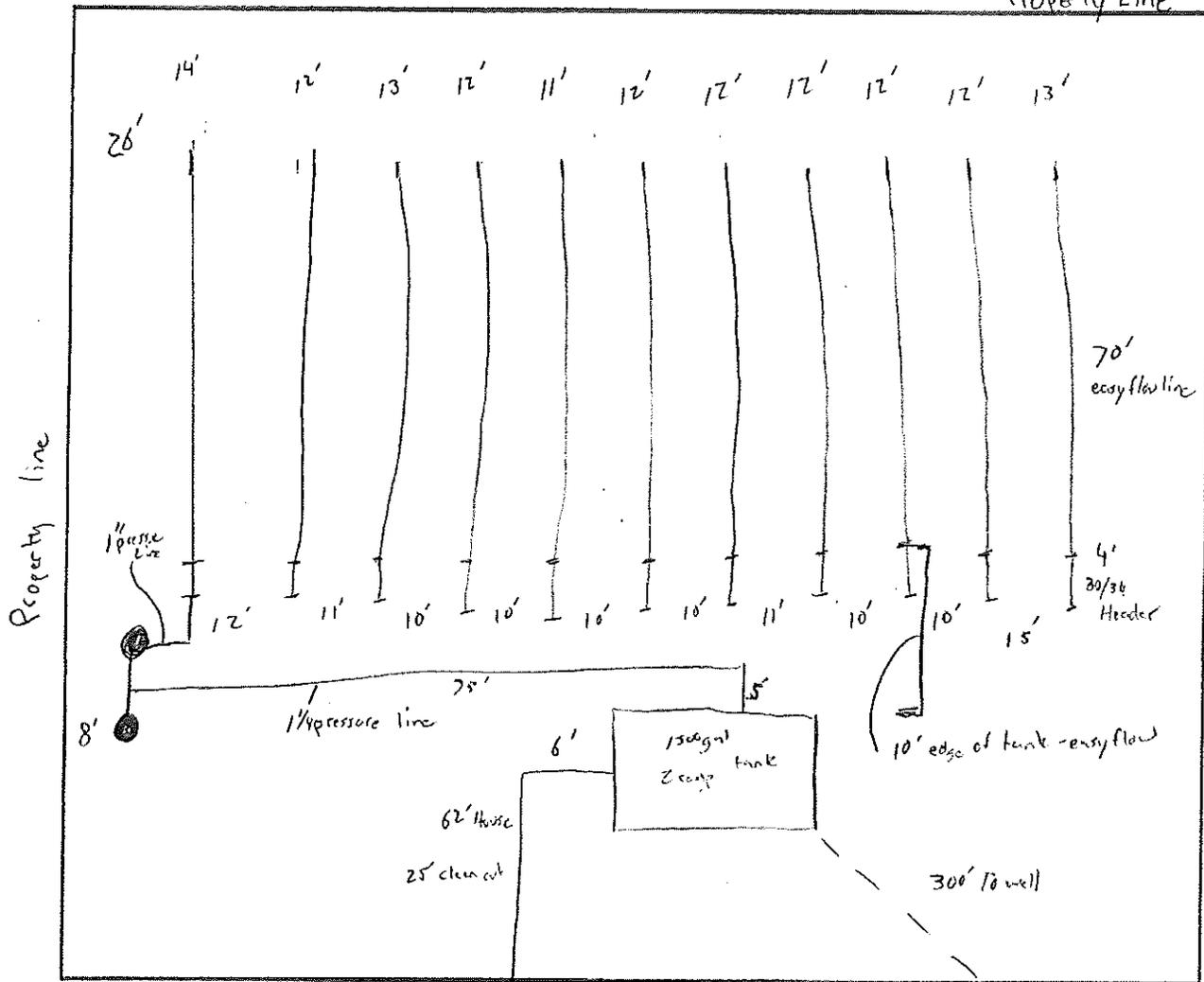
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JUN 23 2025

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SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all walls 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: Andrew Hodgkins "Property Owner"

Licensed Installer: Yes No License#: Certification#: 541-778-3676

Owner/Certified Installer: Signature: [Signature] Date: 6-19-25 Phone#: 541-778-3676

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date: _____

Installer/Owner (Permitted) Notified: Yes No Date: _____

If No, Reason for Non Acceptance: _____

Comment: _____

Application ID: 463-25-000102-PRMT, Owner Name: HODGKINS, ANDREW

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JUN 25 2025

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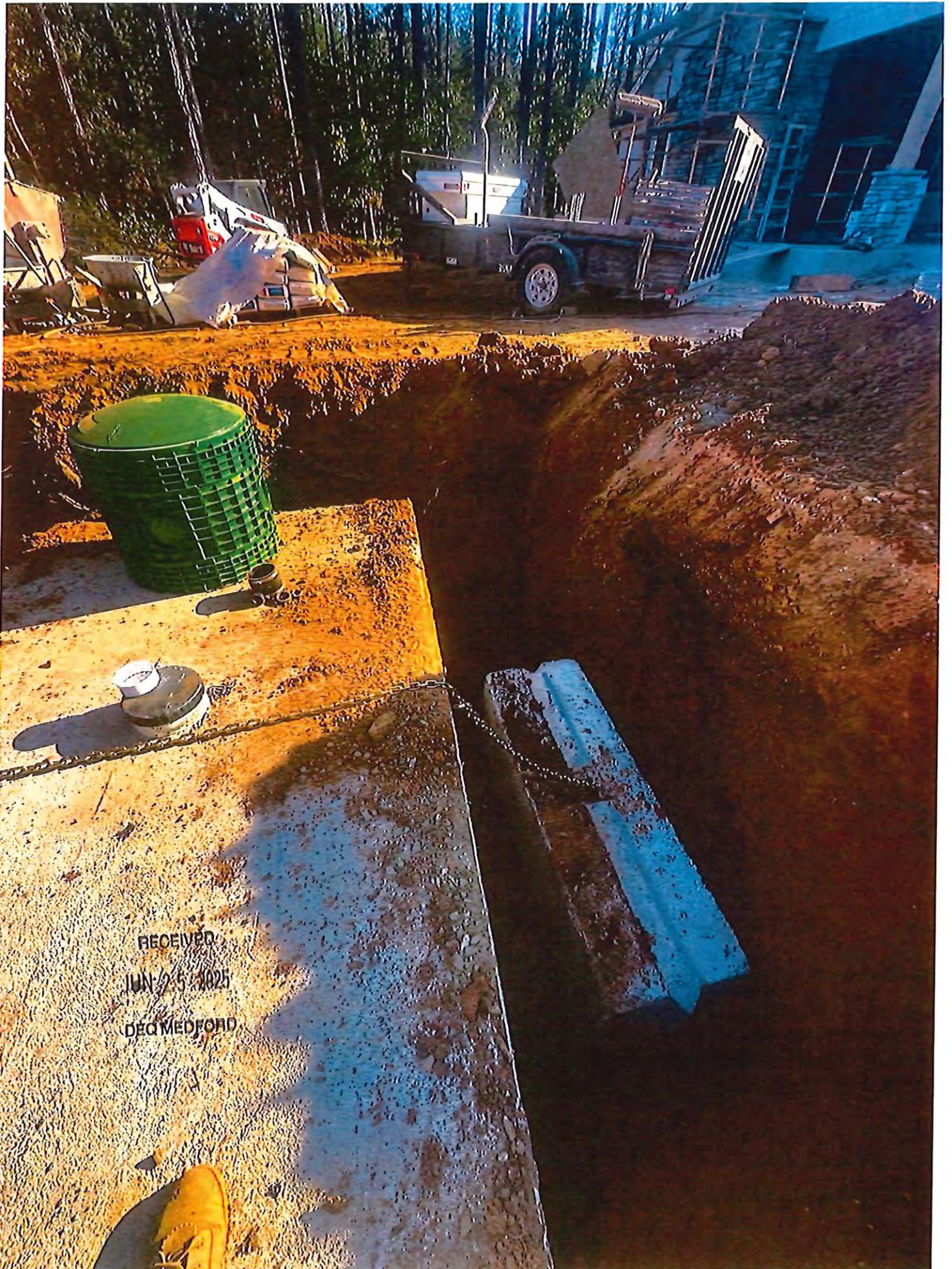


PHOTO VIEW

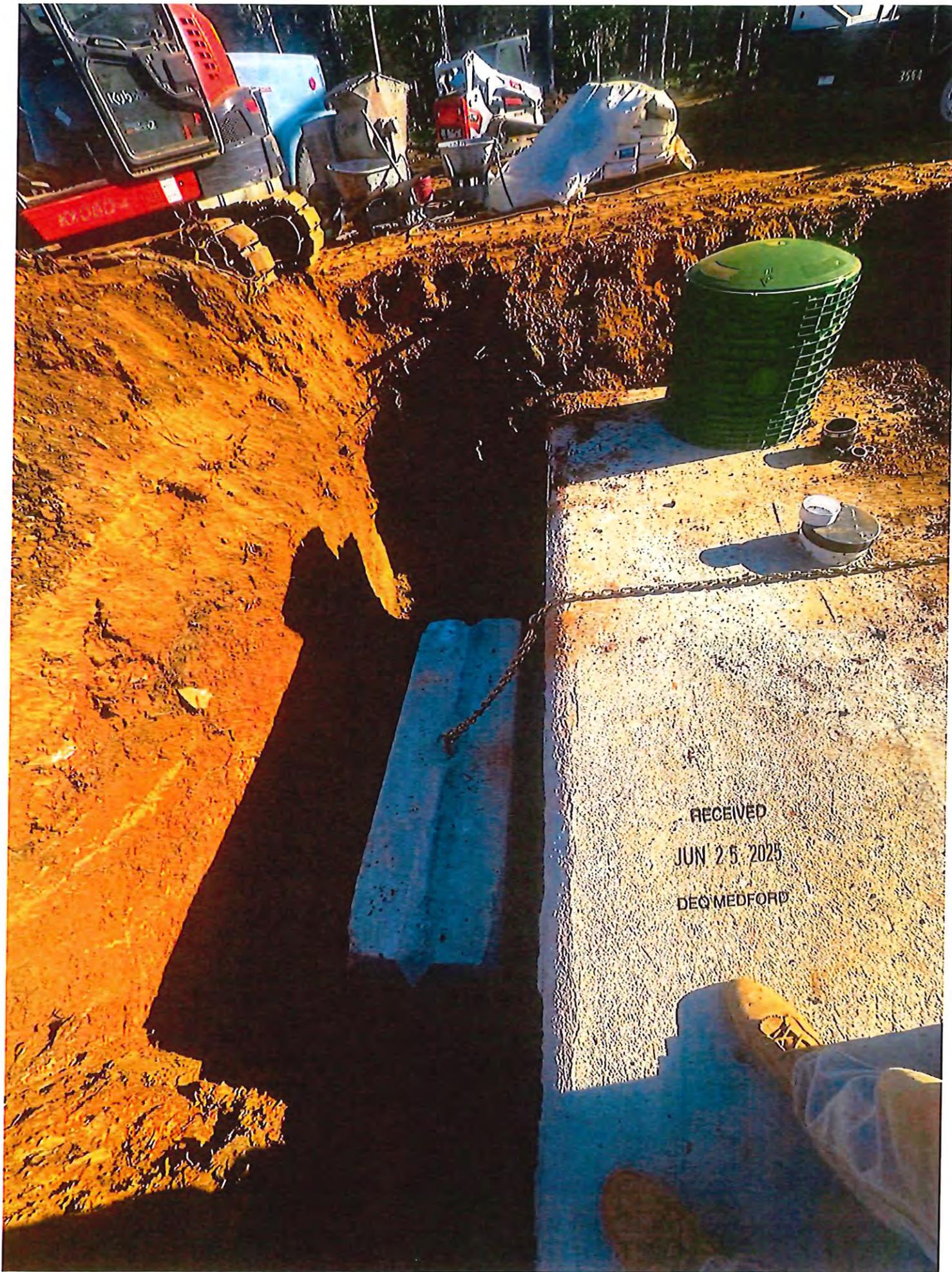


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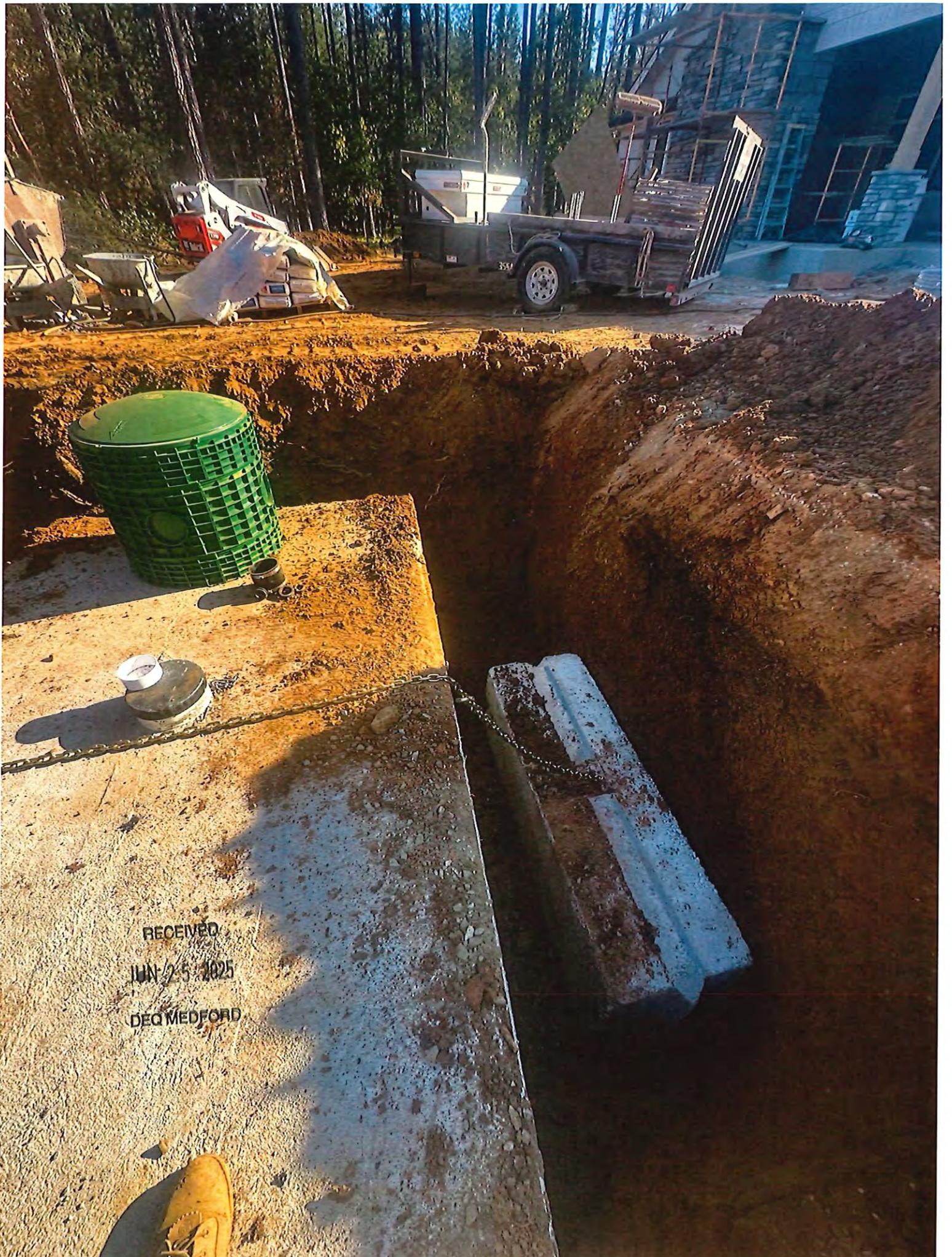


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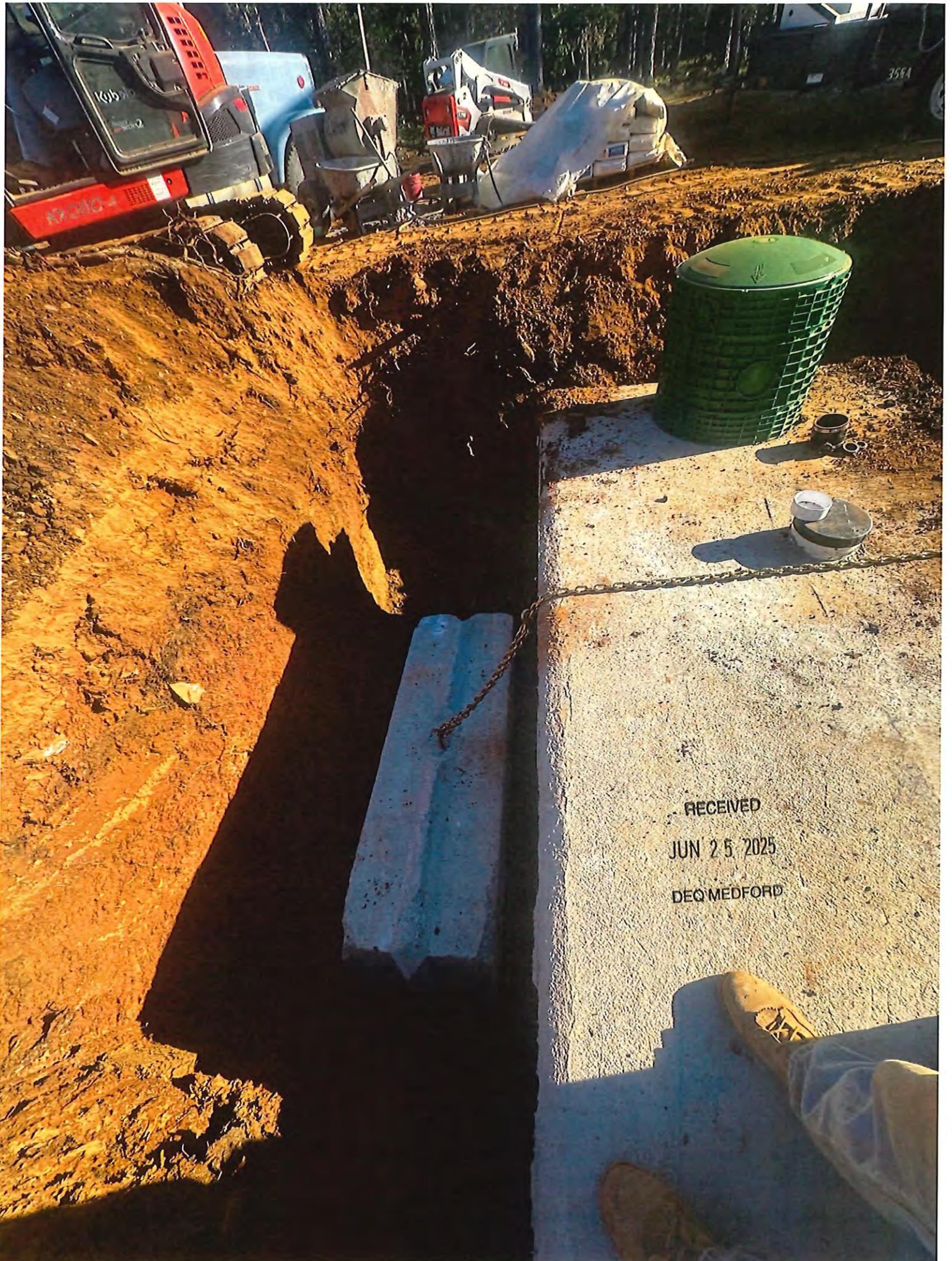
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Septic Permit

Installation Permit - Residential - New

463-25-000102-PRMT

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

Date issued: 4/2/25	Expiration date: 4/2/26
Work description: STANDARD CONSTRUCTION PERMIT	

Applicant: HODGKINS, ANDREW
Address: 6133 CRATER LAKE HWY
CENTRAL POINT OR 97502
Phone: 5417783636
Email: ANDREW.HODGKINS1224@GMAIL.COM
Business License: N/A

Owner: HODGKINS, ANDREW
Address: 6133 CRATER LAKE HWY
CENTRAL POINT OR 97502
Property address: 150 Ridge View Ln, Grants Pass, OR
97527

Parcel: 3706160000201000 - Primary **Township:** 37 **Range:** 06 **Section:** 16

Lot size:	2.59	Water supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
Land use approval:	N/A	County:	N/A
Accessory Dwelling Unit:	Yes		
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
Use of structure:	N/A	SFR + ADU
Number of bedrooms:	N/A	6

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	750 gpd.	Proposed flow:	750 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Equal-Hydrosplitter
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ FLOW 1201-P		
Trench length:	770 linear ft.	Rock above pipe:	N/A
Max depth:	22 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Stake out required: No

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

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Date issued: 4/2/25**Expiration date: 4/2/26****Work description: STANDARD CONSTRUCTION PERMIT****Groundwater type:**

Temporary

Groundwater depth:

N/A

Conditions of approval:

- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- Install the pump and system components in accordance with the approved pump curve and specifications.
- An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- 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.
- Effluent filter required at tank outlet.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
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. 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.

Date issued: 4/2/25**Expiration date: 4/2/26****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).

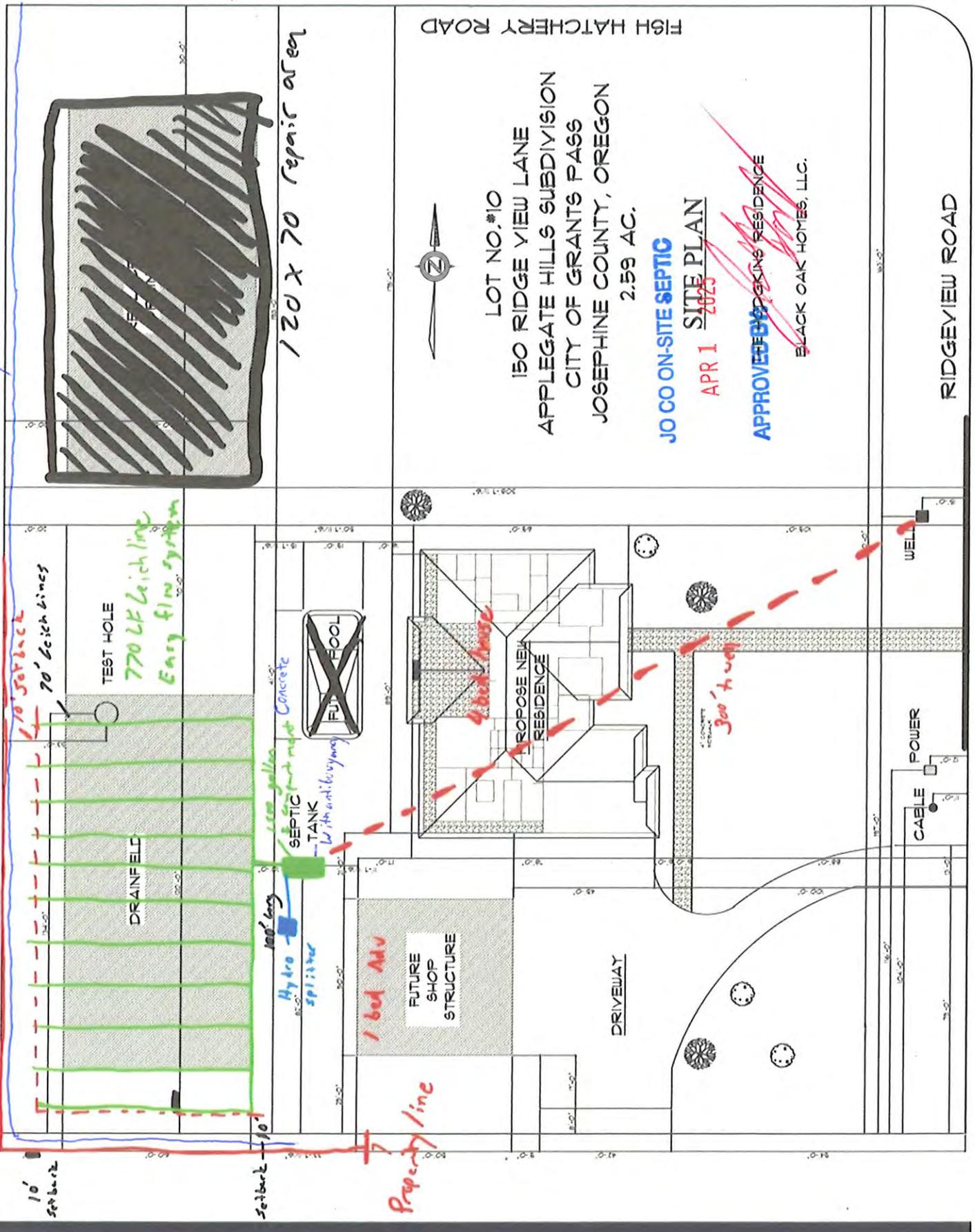
Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, 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.

4/2/25

catch ditch

6:34 PM - Sun, Mar 50



TEST HOLE
770 LF Leach line
Easy flow system

10' setback
70' Leach lines

100' long
Hydro splitter
100 gallon
Septic tank
with anti-siphon

120 X 70 Repair area

1 bed Adv
FUTURE SHOP STRUCTURE

PROPOSE NEW RESIDENCE

DRIVEWAY

CABLE POWER

WELL

RIDGEVIEW ROAD



LOT NO. #10
 150 RIDGE VIEW LANE
 APPLGATE HILLS SUBDIVISION
 CITY OF GRANTS PASS
 JOSEPHINE COUNTY, OREGON
 2.59 AC.

JO CO ON-SITE SEPTIC
 SITE PLAN
 APR 1 2023

APPROVED BY [Signature]
 JOCKING RESIDENCE
 BLACK OAK HOMES, LLC.

FISH HATCHERY ROAD

FIELD WORKSHEET

Name: _____ Application No.: 332-EVAL Date: _____
 RE: SITE EVALUATION REPORT for Parcel #: 36-04-16-2000 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
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>TSS</u>
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input checked="" type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required <u>500 dosing</u>
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> 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 SPECTRO

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	7.5YR ^{2.5/3} , WSBK, Roots 2F, 1V, F, M, C
	CL	12-24	5YR ^{3/4} , MSBK, Roots 2V, F, M, C PORES IF
	SI CL	24-98	8YR ^{3/4} , SSBK, Roots 2V, F, M, ^{NOX} LENS, DEP 10YR ^{4/2} 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: MECHANICAL SYSTEM POSSIBLY ON LOT



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

Name: Andrew Hodgkins Mailing Address (Street or PO Box, City, State, Zip Code): 6133 Crater Lake Hwy Central Point OR 97527 Phone Number: 541 778 3636

B. Legal Property Description

Township: 3A Range: 04 Section: 16 Tax Lot: 2010 Tax Account Number: _____ Acreage or Lot Size: 2.59
 County: _____ Subdivision Name: APPLEGATE HILLS Lot: 10 Block: _____

Property Address: 150 ridge View Ln Address City: Grants Pass OR State: OR Zip Code: 97527

Directions to Property: 238 to new hope, new hope to fire hatchery, 1/2 miles passed the bridge on the left

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input checked="" type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name _____
Number of Bedrooms: _____	<u>4 plus add 1 bed</u> Number of Bedrooms: _____	<input checked="" type="checkbox"/> Private <u>Well</u> Well, Spring, Shared _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

D. Type of Application

- | | | |
|---|---|---|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Other-please specify _____ |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Existing System Evaluation | |
| <input type="checkbox"/> Permit Repair
<input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Permit Transfer | |
| <input type="checkbox"/> Alteration Permit
<input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Permit Reinstatement | |

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: Andrew Hodgkins Date: 3-30-25
 Applicant's Name - Please Print Legibly: Andrew Hodgkins Applicant's Phone Number: 541-778-3636 Applicant's E-mail Address: andrew.hodgkins1224@gmail.com
 Applicant's Mailing Address: 6133 Crater Lake Hwy Central Point Oregon

Applicant is the Owner Authorized Representative Licensed Septic Installer



Statement of Site Status

Name: Andrew Helgins

Address: 6133 Crater Lake Hwy

City: Grants Pass State: OR Zip Code: 97527

Township: _____ Range: _____ Section: _____ Tax Lot: _____

County: Josephine

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: 3-30-25 Signed: Andrew Helgins

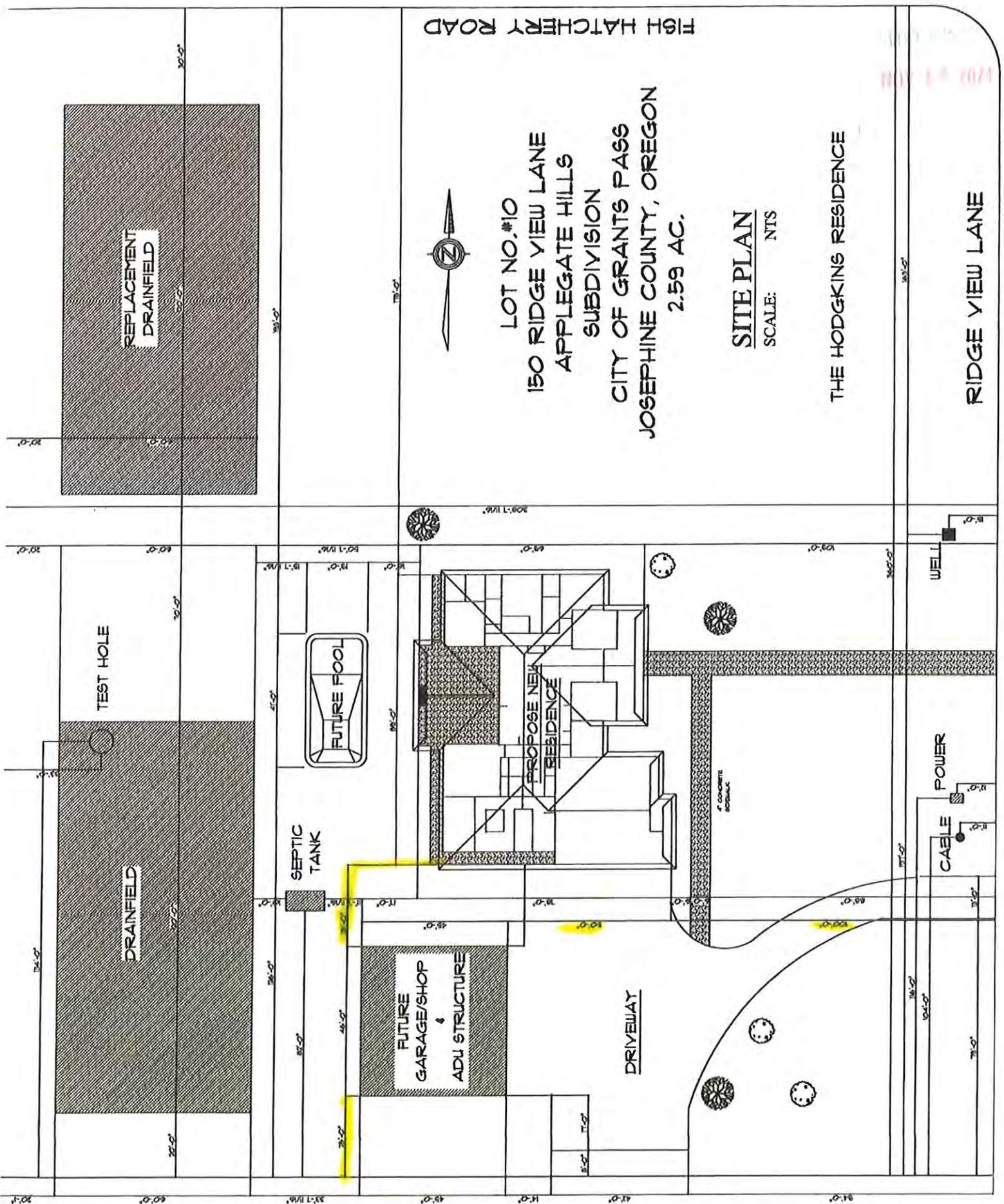


FIG 1 HATCHERY ROAD

LOT NO. #10
 150 RIDGE VIEW LANE
 APPLEGATE HILLS
 SUBDIVISION
 CITY OF GRANTS PASS, OREGON
 2.59 AC.



SITE PLAN
 SCALE: NTS

THE HODGKINS RESIDENCE

RIDGE VIEW LANE

TEST HOLE

DRAINFIELD

SEPTIC TANK

FUTURE POOL

PROPOSED NEW RESIDENCE

FUTURE GARAGE/SHOP & ADU STRUCTURE

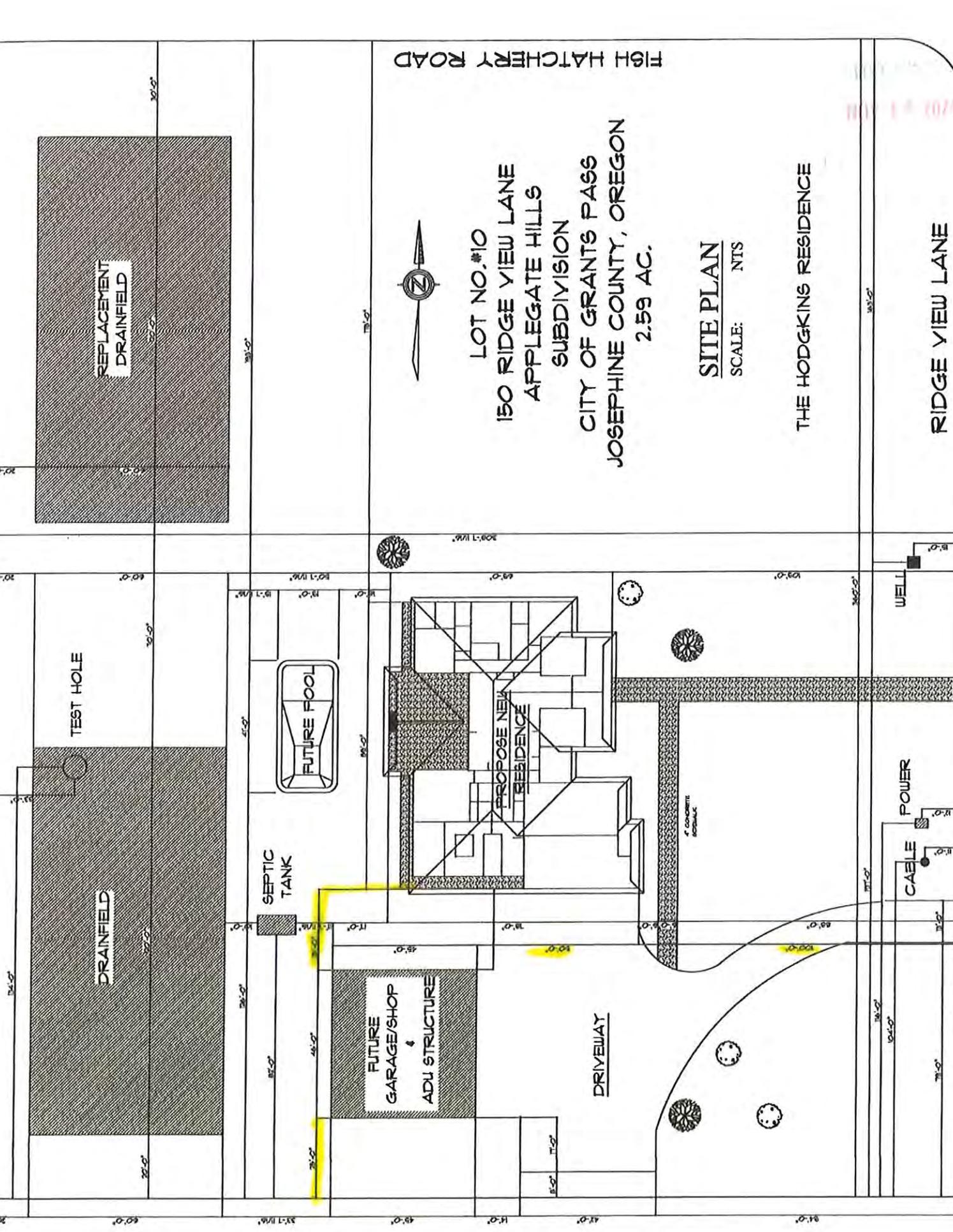
DRIVEWAY

POWER

CABLE

WELL

4" CONCRETE FOOTING



JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 37061600002000
SITUS: 150 RIDGE VIEW LN
ACRES: 40.58

PERMIT NUMBER: PL-2024-01293
ZONE: RR2.5
SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT

APPLICANT:	Hodgkins, Andrew	APPLICANT PHONE #:	541-778-3636
APPLICANT ADDRESS:	6133 Crater Lake Hwy CENTRAL POINT, OR 97502		
OWNER:	Hodgkins, Andrew		
OWNER ADDRESS:	6133 Crater Lake Hwy CENTRAL POINT, OR 97502		

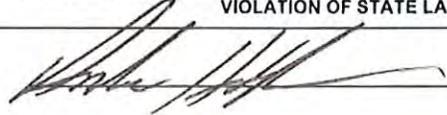
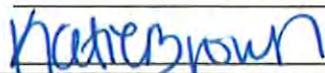
SPECIAL REQUIREMENTS	
<ul style="list-style-type: none"> • Erosion Hazard - Plan in File <input type="checkbox"/> NA <input checked="" type="checkbox"/> Reason: <i>Not in steep Slopes</i> • Enterprise Zone • Fire Hazard - Plan in File <input checked="" type="checkbox"/> NA <input type="checkbox"/> Reason: 	

EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Vacant	3358 sq. ft. 4 bedroom, 3 and 2 1/2 baths; 1119 sq. ft. Garage; 1458 sq. f. covered porches	Front Setback: 30 ft.
		Side Setback: 10 ft.
		Rear Setback: 25 ft.
		Stream Setback: 0 ft.
		Height: 35 ft.

- ADDITIONAL TERMS:**
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
 - Electrical service to be connected to authorized structures/uses only.
 - Note: Septic System 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.

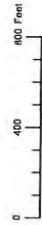
SIGNATURE: 	DATE: 11-13-24
CONTRACTOR NAME:	LICENSE#:
APPROVED: 	DATE: 11/14/24

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

SECTION 16 T.37S. R.6W. W.M.
JOSEPHINE COUNTY

1" = 400'

SEE MAP 37S 06W 09



CANCELLED:
1404
504
590
591
592
801
802
803
901
1400
1401
1902
1903
1904
1905
2105
2300
2390
2490
2590
2600
1900
1800
100
103
301
1901
2000

SEE MAP 37S 06W 21



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 1 st response	_____	
Date of 2 nd response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

A. Property Owner Information

Valerian Homes P.O. Box 157, G.P. OR 97528 9554663
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

37 06 16 2000
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine Applegate Hills 10
 County Subdivision Name Lot 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:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
Number of Bedrooms _____	Number of Bedrooms _____	<input type="checkbox"/> Private _____ Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

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.

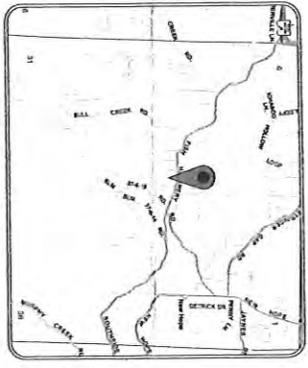
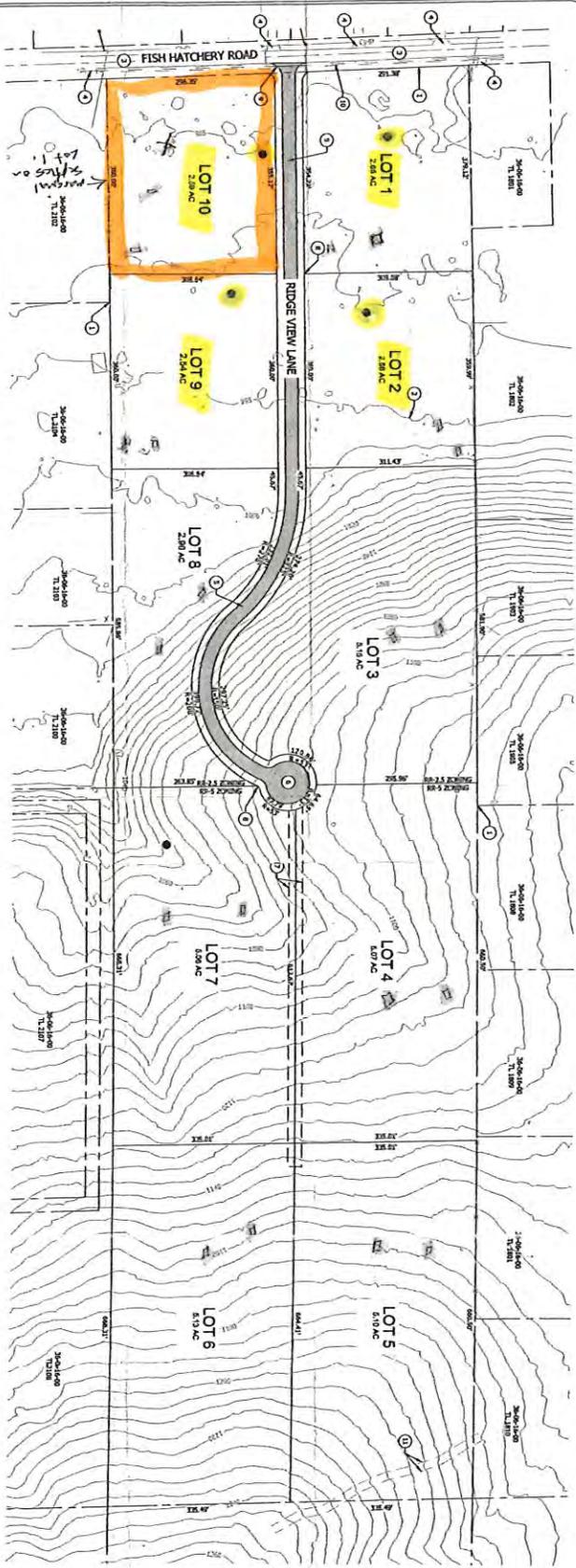
[Signature] 9/26/23
 Signature Date

Mr. Ed's Advanced Septic 4762821 mredsseptic@gmail
 Applicant's Name - Please Print Legibly Applicant's Phone Number 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 Adv
 Installer's Name

Highlighted dot are wells



KEYED NOTES

1. EXISTING PROPERTY LOT (TYPICAL)
2. EXISTING PROPERTY CONTOUR FROM 2012 LIDAR DATA
3. EXISTING COUNTY ZONING (TYPICAL)
4. EXISTING SHADY LOT (TYPICAL)
5. PROPOSED 24' WIDE VEHICULAR ACCESS DRIVE (TYPICAL)
6. PROPOSED 24' WIDE VEHICULAR ACCESS DRIVE (TYPICAL)
7. PROPOSED 24' WIDE VEHICULAR ACCESS DRIVE (TYPICAL)
8. PROPOSED 24' WIDE VEHICULAR ACCESS DRIVE (TYPICAL)
9. PROPOSED 24' WIDE VEHICULAR ACCESS DRIVE (TYPICAL)
10. EXISTING COUNTY ZONING (TYPICAL)
11. EDGE OF EXISTING DRAINAGE

KEYED NOTES

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10. EXISTING COUNTY ZONING (TYPICAL)

11. EDGE OF EXISTING DRAINAGE

SITE INFORMATION:

PROJECT ADDRESS: FISH HATCHERY ROAD, GRANTS PASS, OREGON

TAX MAP(S): 2014-01-01, T. 200

PROPERTY OWNER: DANIEL R. HART

DEVELOPER/OWNER: DANIEL R. HART

FLOOD HAZARD/ZONE: VARIATION

AREA DECORATED TO PUBLIC USE: 2014-01-01, T. 200

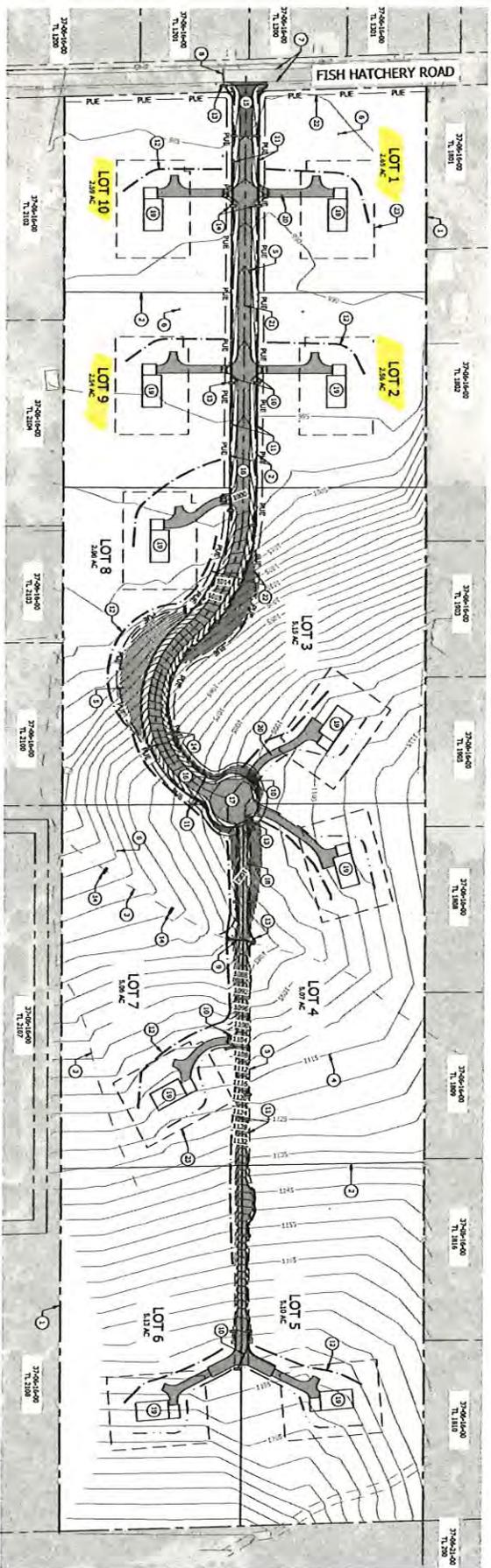
SPECIAL SERVICE DISTRICTS: 2014-01-01, T. 200

UTILITIES SERVICES: WATER, SEWER, GAS, ELECTRICITY

ENVIRONMENTAL PLAN: 2014-01-01, T. 200



<p>PRE-APPLICATION TENTATIVE PLAN</p> <p>C1.0</p>	<p>Project No. 2014-01-01</p> <p>City of Grants Pass</p> <p>30% SD</p>	<p>GEC</p> <p>GRANTS ENGINEERING CONSULTANTS</p> <p>222 NE 2nd Street</p> <p>Grants Pass, OR 97526</p> <p>www.grantsengineering.com</p>	<p>FISH HATCHERY SUBDIVISION</p> <p><i>Applegate Hills Sub</i></p> <p>FISH HATCHERY ROAD, GRANTS PASS, OREGON</p>																																											
	<table border="1"> <thead> <tr> <th>Revision</th> <th>By</th> <th>Date</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Revision	By	Date	Description	1				2				3				4				5				6				7				8				9				10				
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* SEE EROSION AND SEDIMENT CONTROL PLAN (EC) SET FOR ADDITIONAL INFORMATION REGARDING 1200-C PERMIT REQUIREMENTS.

KEYED NOTES:

1. EXISTING PROPERTY LINE (TYPICAL)
2. PROPOSED PROPERTY LINE (TYPICAL)
3. EXISTING EXHAUSTION CONTROL (TYPICAL)
4. EXISTING ELEVATION CONTROL (TYPICAL)
5. PROPOSED ELEVATION CONTROL (TYPICAL)
6. EXISTING EROSION CONTROL (TYPICAL)
7. EXISTING DITCH OR DRAINAGE (TYPICAL)
8. EXISTING 12" CHAIN LINK FENCE (TYPICAL)
9. PROPOSED 12" CHAIN LINK FENCE (TYPICAL)
10. PROPOSED 1" CHAIN LINK FENCE (TYPICAL)
11. PROPOSED EROSION CONTROL (TYPICAL)
12. EXISTING FENCING BELOW CONSTRUCTION AREA FOR DEMONSTRATION PURPOSES TO BE USED IN FUTURE MONITORING (TYPICAL)
13. EXISTING FENCING BELOW CONSTRUCTION AREA FOR DEMONSTRATION PURPOSES TO BE USED IN FUTURE MONITORING (TYPICAL)
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21. EXISTING FENCING BELOW CONSTRUCTION AREA FOR DEMONSTRATION PURPOSES TO BE USED IN FUTURE MONITORING (TYPICAL)
22. EXISTING FENCING BELOW CONSTRUCTION AREA FOR DEMONSTRATION PURPOSES TO BE USED IN FUTURE MONITORING (TYPICAL)
23. EXISTING FENCING BELOW CONSTRUCTION AREA FOR DEMONSTRATION PURPOSES TO BE USED IN FUTURE MONITORING (TYPICAL)



APPLEGATE HILLS SUBDIVISION

FISH HATCHERY ROAD, GRANTS PASS, OREGON

100% CD

Project No. 04-10-11
 Owner: Mr. FREDERICK
 Date: 04/17/12

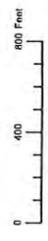
GEC
 GRANTS PASS ENGINEERING CORPORATION
 221 N. W. 3rd Ave.
 Grants Pass, Oregon 97526
 www.grantspassengineering.com

Rev.	Date	By	Description
0			

THE OVERALL EROSION & SEDIMENT CONTROL PLAN

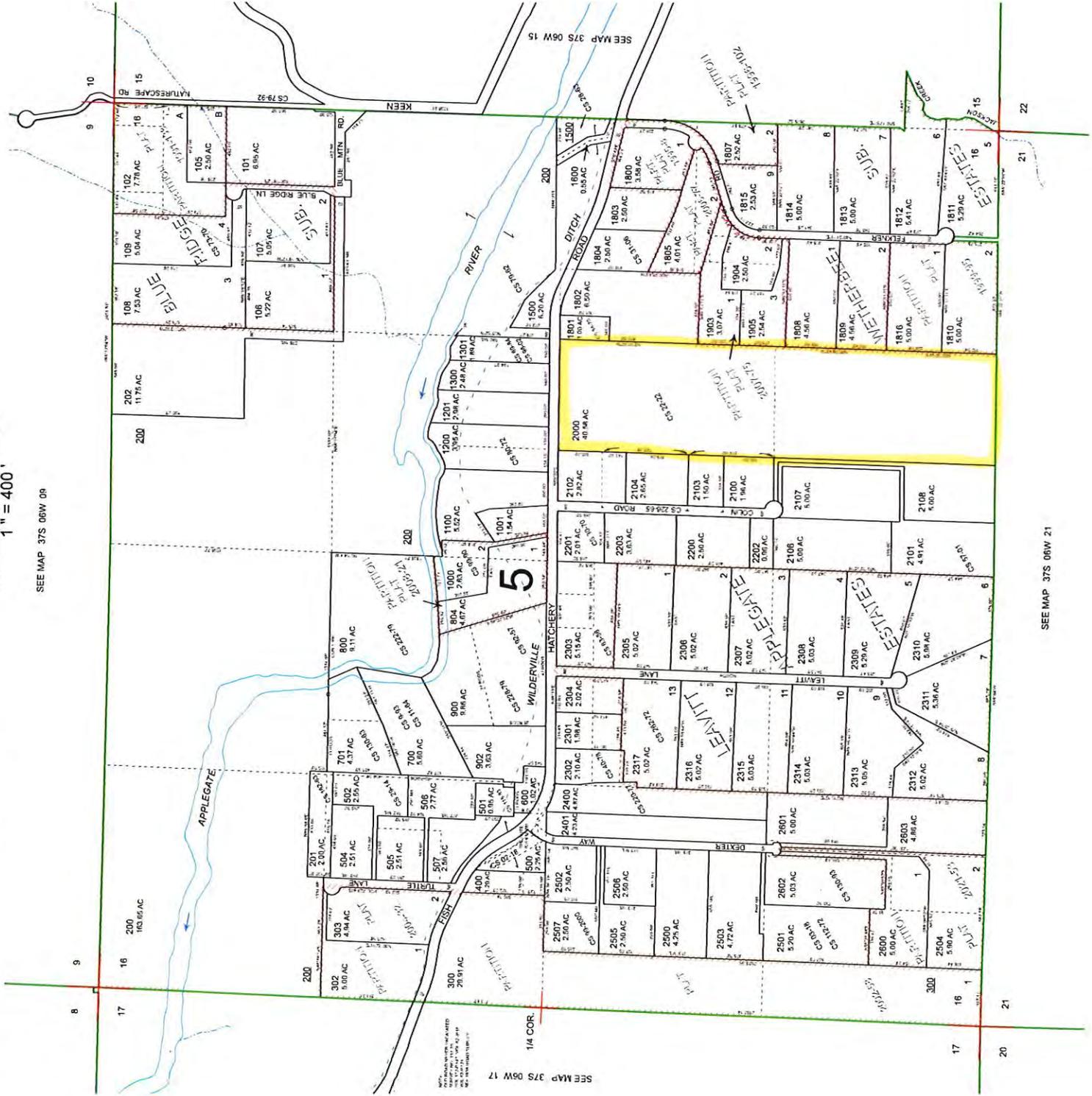
CO.1

SECTION 16 T.37S. R.6W. W.M. JOSEPHINE COUNTY



- CANCELLED:
- 104
 - 503
 - 590
 - 591
 - 592
 - 801
 - 802
 - 803
 - 901
 - 1400
 - 1700
 - 1902
 - 1990
 - 2105
 - 2300
 - 2390
 - 2490
 - 2590
 - 2690
 - 1900
 - 1890
 - 100
 - 103
 - 3016
 - 3017
 - 1801

SEE MAP 37S 06W 09



SEE MAP 37S 06W 21



Onsite Site Evaluation Application Verification

463-23-000332-EVAL

LOT 10

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

Application created: 9/26/23

Parcel Nbr: 3706160000200000

Site Address: 0 FISH HATCHERY RD, GRANTS PASS, OR 97527

Owner: VALERIAN HOMES LLC
1401 SE PAYTON'S WAY
GRANTS PASS, OR 97527

Applicant: Mr. Ed's Advanced Septic LLC - Mr. Ed's Advanced Septic LLC
PO Box 759
Grants Pass, OR 97528-0065

Phone: (541) 476-2821

Email: mredsseptic@gmail.com

Licensed Professional(s):

License Number: Installer License - 38580
Mr. Ed's Advanced Septic LLC
PO Box 759
Grants Pass, OR 97528-0065

Phone: (541) 476-2821

Email: mredsseptic@gmail.com

Category of Construction: Residential

Acreage or Lot Size: 40.58

Site Ready for Inspection: Yes

County:

Water Supply: Well

Use of Structure: Existing
Number of Bedrooms:

Use of Structure: Proposed
Number of Bedrooms: SFR
4

Attached Documents:

No Documents have been attached.



**Onsite Permit
Application Verification
463-25-000102-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

Application created: 4/1/25

Parcel Nbr: 3706160000201000

Site Address: 150 RIDGE VIEW LN, GRANTS PASS, OR 97527

Owner: HODGKINS, ANDREW
150 RIDGE VIEW LN
GRANTS PASS, OR 97527

Applicant: HODGKINS, ANDREW - HODGKINS, ANDREW
6133 CRATER LAKE HWY
CENTRAL POINT, OR 97502

Phone: (541) 778-3636

Email: ANDREW.HODGKINS1224@GMAIL.COM

Licensed Professional(s):

No Licensed Professionals Designated

Category of Construction: Residential

Acreage or Lot Size: 2.59

County:

Water Supply: Well

Use of Structure:

Number of Bedrooms:

Existing

Use of Structure:

Number of Bedrooms:

Proposed

SFR + ADU

6

Attached Documents:

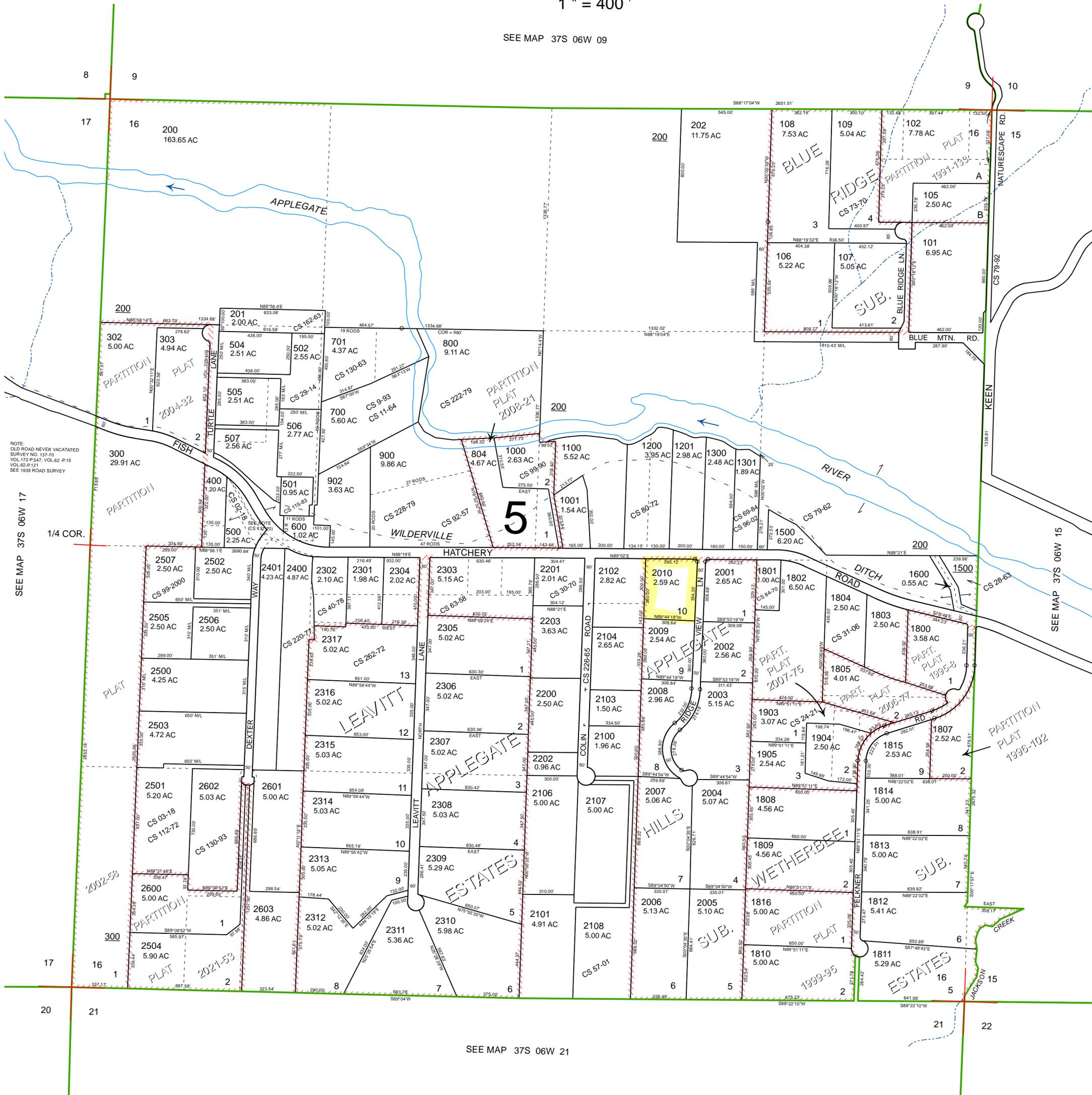
No Documents have been attached.

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

SEE MAP 37S 06W 09

CANCELLED:

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



NOTE: OLD ROAD NEVER VACATED SURVEY NO. 13770 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



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
onsiteseptic@josephinecounty.gov
Website: josephine.or.us

Date issued: 10/17/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION 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. **Proposed gallons per day:** 450 gpd.
Min septic tank volume: 1000 gal. **Min dosing tank volume:** 500 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.

System Specifications

System type:
System distribution type:
Distribution method:

Initial System
Standard
Equal
Equal-Hydrosplitter

Replacement Area
Standard
Equal
Equal-Hydrosplitter

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Initial System

450 linear ft.
22 in.
18 in.

Replacement Area

450 linear ft.
22 in.
18 in.

Special Requirements

Stakeout required:

Initial System

Yes

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 EVALUATION 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

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.)



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

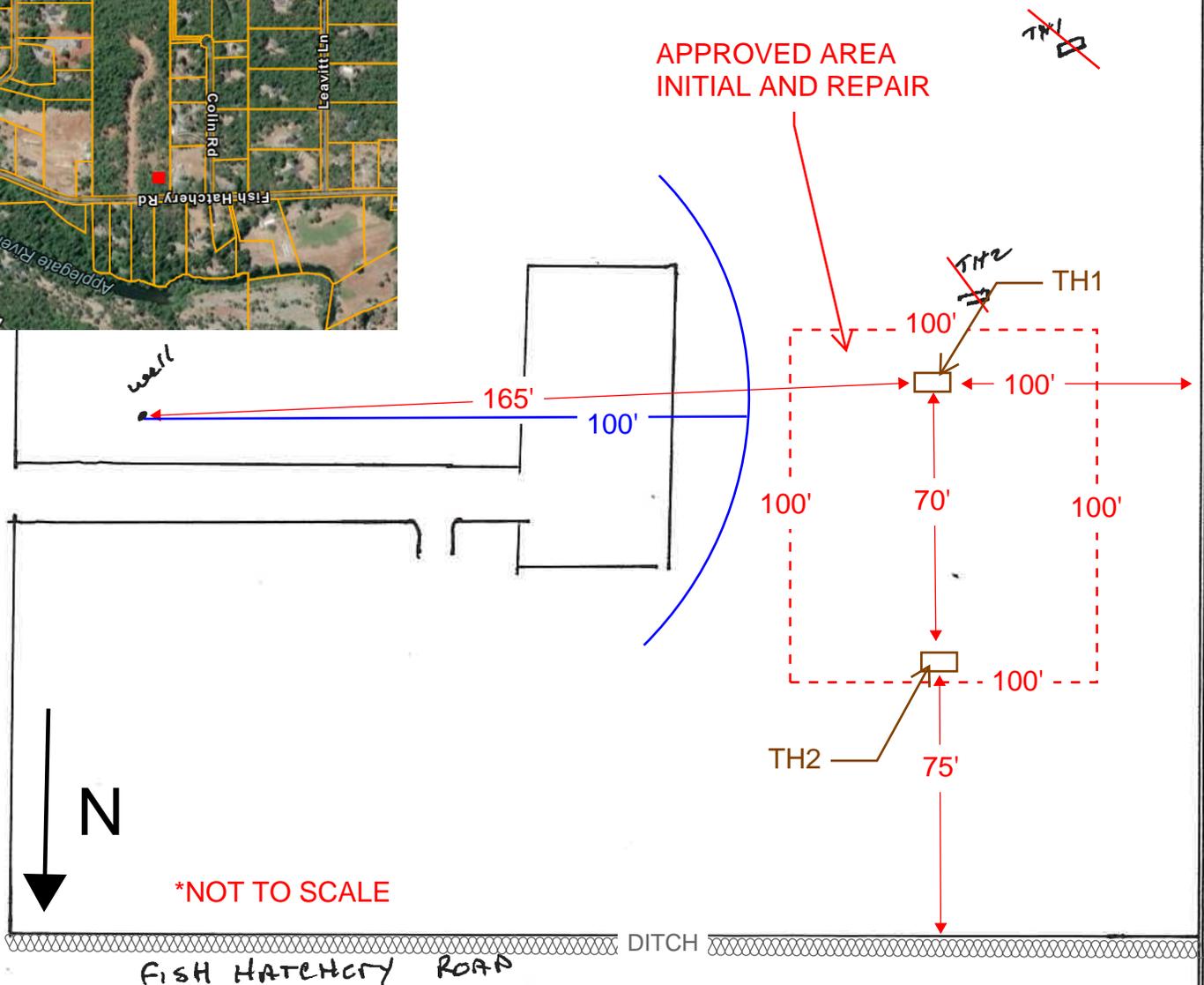
ADDRESS: Grants Pass, OR



PLOT PLAN

LOT 10

APPROVED AREA
INITIAL AND REPAIR



SIGNATURE: [Signature]

DATE: 9/26/23

FIELD WORKSHEET

Name: _____ Application No.: 332-EVAL Date: _____
 RE: SITE EVALUATION REPORT for Parcel #: 36-02-46-2000 Lot 910

Commercial Facility: Yes No Parcel Size: _____

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>TSS</u>
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input checked="" type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required <u>500 Dosing</u>
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> 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.5yr ^{2.5/3} , WSBK, Roots 2F1UF, M, C
	CL	12-24	5yr ^{3/4} , MSBK, Roots 2UF, F, M, C PORES IF
	SI CL	24-48	8yr ^{3/4} , SSBK, Roots 2UF, F, M, C ^{Not} LEAFS, 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, Mailing Address: P.O. Box 157, G.P. OR 97528, Phone Number: 955 46663

B. Legal Property Description

Township: 37, Range: 06, Section: 16, Tax Lot: 2000, County: Josephine, Subdivision Name: Applegate Hills, Tax Account Number: 10, Acreage or Lot Size: [blank], Lot: [blank], Block: [blank]

Property Address: 150 Ridge View, Grants Pass, OR 97527

Directions to Property: Williams Hwy @ New Hope @ Fish Hatchery @ Ridge view lane

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: [checkbox] Single Family Residence, [checkbox] Other; Proposed Facility: [checkbox] Single Family Residence, [checkbox] Other; Water Supply: [checkbox] Public, [checkbox] Private Well, Spring, Shared

D. Type of Application

[X] Site Evaluation, [checkbox] Construction, [checkbox] Permit Repair, [checkbox] Alteration Permit, [checkbox] Renewal Permit, [checkbox] Existing System Evaluation, [checkbox] Permit Transfer, [checkbox] Permit Reinstatement, [checkbox] Authorization Notice for: [checkbox] Connecting to an Existing System Not in Use, [checkbox] Replacing a Mobile Home or House with Another Mobile Home or House, [checkbox] The Addition of One or More Bedrooms, [checkbox] Personal Hardship, [checkbox] Temporary Housing, [checkbox] Other-please specify

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

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

Signature: [Signature], Date: 9/26/23, Applicant's Name: Mr. Ed's Advanced Septic, Applicant's Phone Number: 4762821, Applicant's E-mail Address: mredsseptic@gmail.com, Applicant's Mailing Address: P.O. Box 759, Grants Pass, OR 97528

Applicant is the [checkbox] Owner, [checkbox] Authorized Representative, [X] Licensed Septic Installer, [checkbox] 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

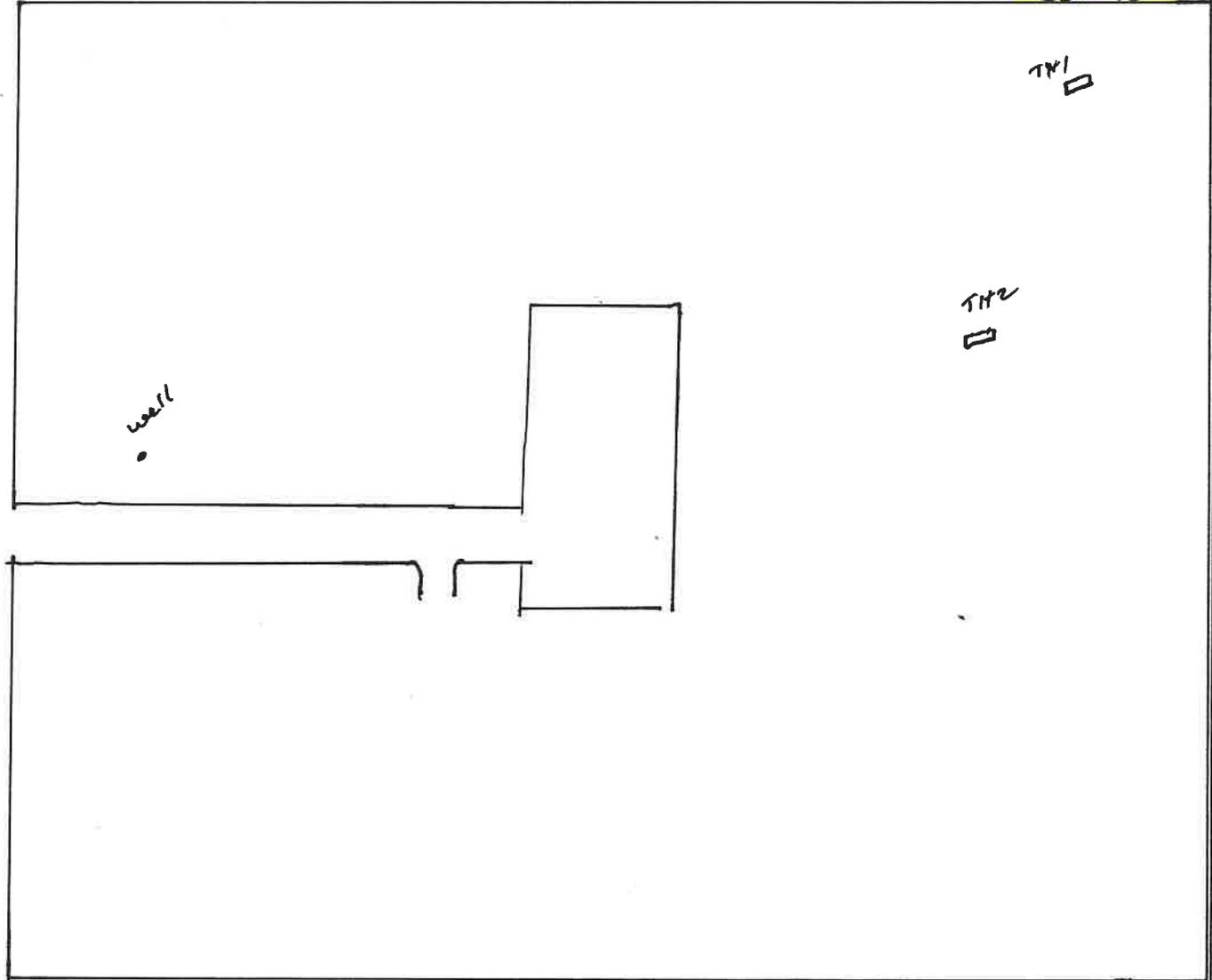
DATE: 9/26/23 TWN _____ RNG _____ SEC _____ QQ _____ TL _____

OWNER'S NAME: Appleate Hills Sub

ADDRESS: _____ Grants Pass, OR

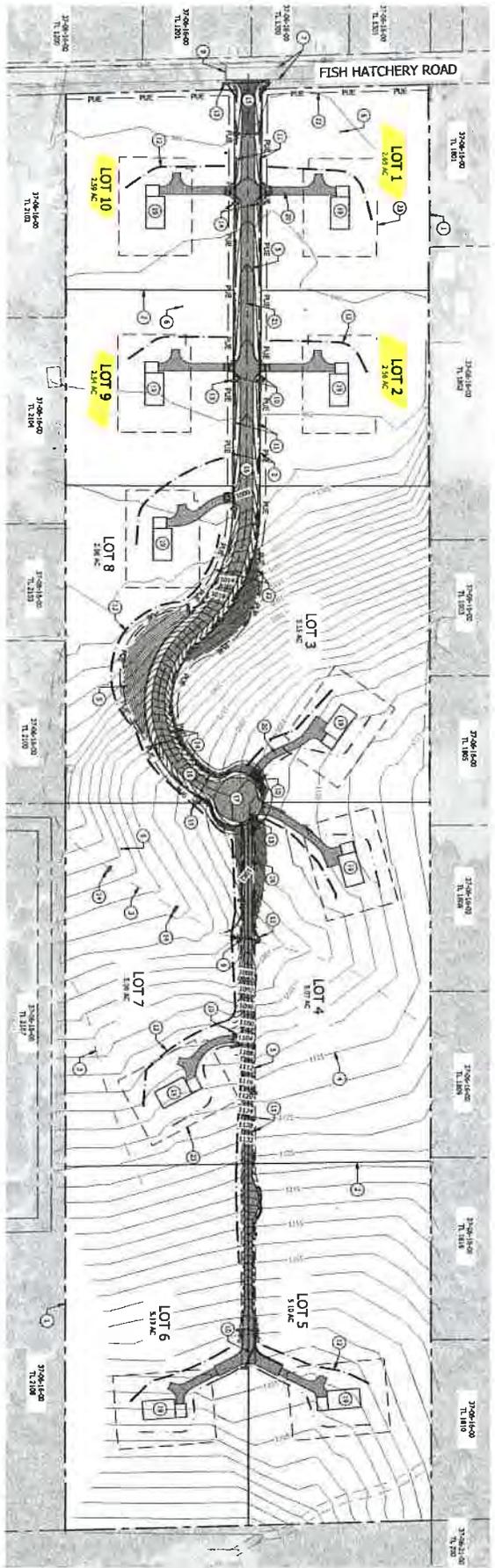
PLOT PLAN

LOT 10



FISH HATCHERY ROAD

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



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

KEYED NOTES: (C)

1. EROSION PREVENTION LINE (TYPICAL)
2. PROPOSED PROPERTY LINE (TYPICAL)
3. EXISTING BOUNDARY MARKER (TYPICAL)
4. EXISTING EROSION CONTROL TREATMENT
5. PROPOSED EROSION CONTROL (TYPICAL)
6. EXISTING EROSION CONTROL (TYPICAL)
7. EXISTING BOUNDARY MARKER (TYPICAL)
8. EXISTING 24" CPV CULVERT (TYPICAL)
9. PROPOSED 18" CPV CULVERT (TYPICAL)
10. PROPOSED 12" CPV CULVERT (TYPICAL)
11. PROPOSED 6" CPV CULVERT (TYPICAL)
12. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
13. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
14. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
15. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
16. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
17. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
18. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
19. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
20. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
21. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
22. METALL BURIED PIPING CONNECTION AND 18" O.D. MANHOLE (TYPICAL)
23. 50' RISE SAFETY BARRIER LIGHTS (TYPICAL)

Revised:	No.	Date	By	Description
0				

THE OVERALL EROSION & SEDIMENT CONTROL PLAN

CO.1

APPLEGATE HILLS SUBDIVISION

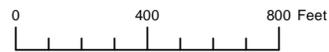
FISH HATCHERY ROAD, GRANTS PASS, OREGON

Project No: 08-43-21
 Date: 08/12/08
 Scale: 100% CD

100% CD

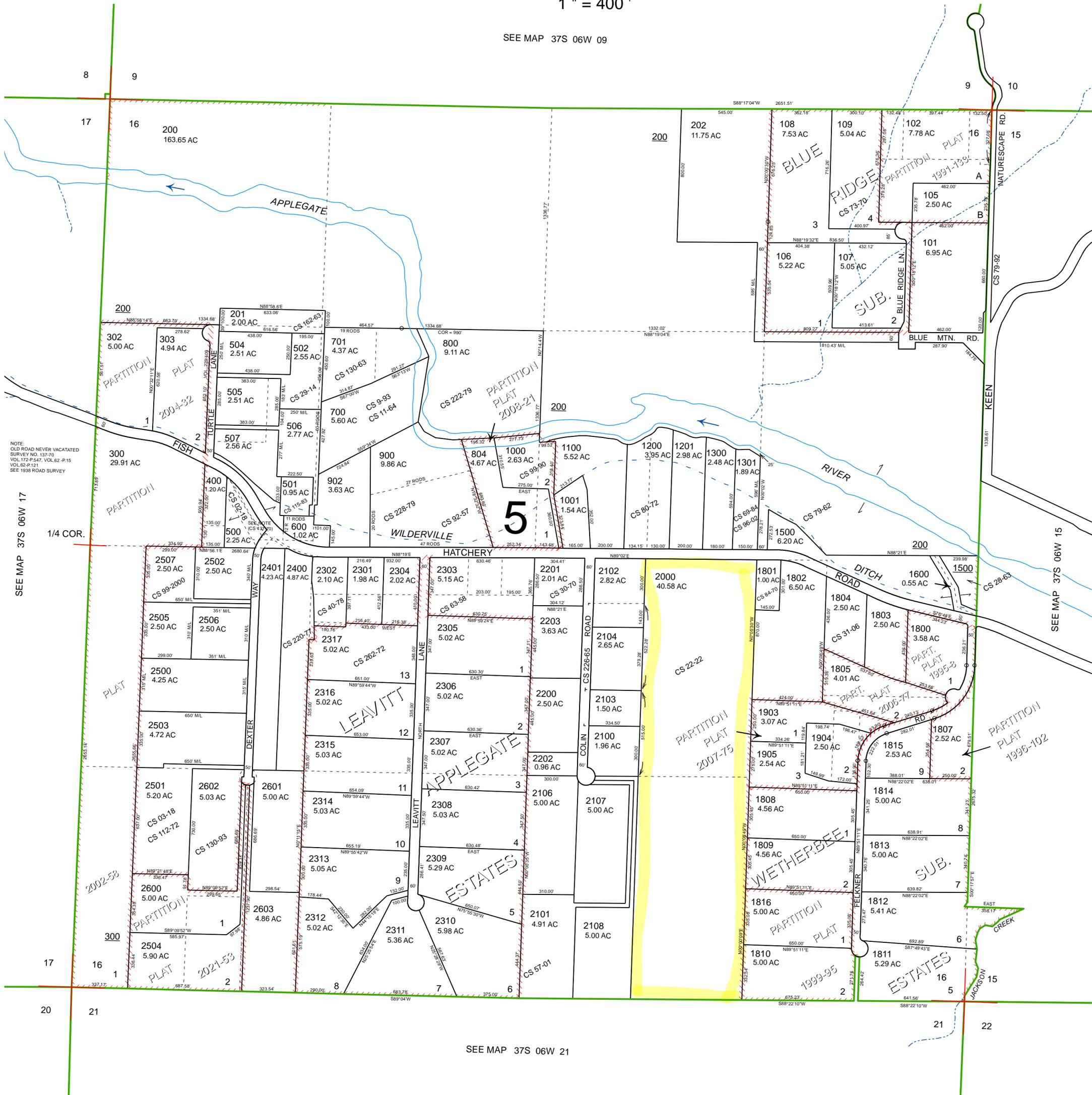
SECURITY
DIGITAL SIGNATURE
 PROJECT: 08-43-21

GEC
 GEORGE E. COOPER
 222 N.E. 27th Street
 Grants Pass, Oregon 97526
 Phone: 531-233-1111
 Fax: 531-233-1112
 www.gecinc.com



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

SEE MAP 37S 06W 09



NOTE: OLD ROAD NEVER VACATED 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

- 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