



Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-25-000068-PRMT

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

Date Certificate Issued: 10/22/2025
Work Description: STANDARD CONSTRUCTION PERMIT

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
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Owner: VALERIAN HOMES LLC Address: PO BOX 157 GRANTS PASS OR 97528	Property Address: 480 Ridge View Ln, Grants Pass, OR 97527
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Parcel: 3706160000200600 - Primary **Township:** 37 **Range:** 06 **Section:** 16

Lot Size:	5.13	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
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	450 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	N/A

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Serial
Media Type:	EZ FLOW 1201-P	Media Depth:	N/A
Trench Length:	375 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Temporary	Groundwater Depth:	31 in.
Groundwater Interceptor:	Yes	Groundwater Interceptor Depth:	48 in.
Pump to Drainfield Required:	No	Filter Fabric on Top of Drain Media:	Yes

Date Certificate Issued: 10/22/2025

Work Description: STANDARD CONSTRUCTION PERMIT

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).
- Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover. The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

Date Certificate Issued: 10/22/2025

Work Description: STANDARD CONSTRUCTION PERMIT

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: PHOTOS SUBMITTED

Issued By: Joshua Daley, Environmental Specialist

Effective Date: 10/22/2025

Joshua Daley

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: 463-25-000068-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.

RECEIVED
OCT 20 2025
DEQ MEDFORD

SECTION 1: Owner/Permittee Information:

Township: 37 Range: 06 Sect: 16
Lot: 6

Name: VALERIAN HOMES LLC

Property Address: 480 RIDGE VIEW LN, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1000 Compartments: 1 Manufacturer: Willamette Gray	Date: 10/3/25
Tanks(2)	Volume: Compartments: Manufacturer:	Date:
Pump(s)	HP: Model/Manuf. Float(s)Type(1): Model/Manuf.	
	Float(s)Type(2): Model/Manuf.	

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: 4	ASTM#/Other: 3034	Length: 80'
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:	
Underdrain pipe	Diameter:		ASTM#/Other:	Length:	
Manifold piping	Diameter:		ASTM#/Other:	Length:	
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		
ATT	Yes	No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

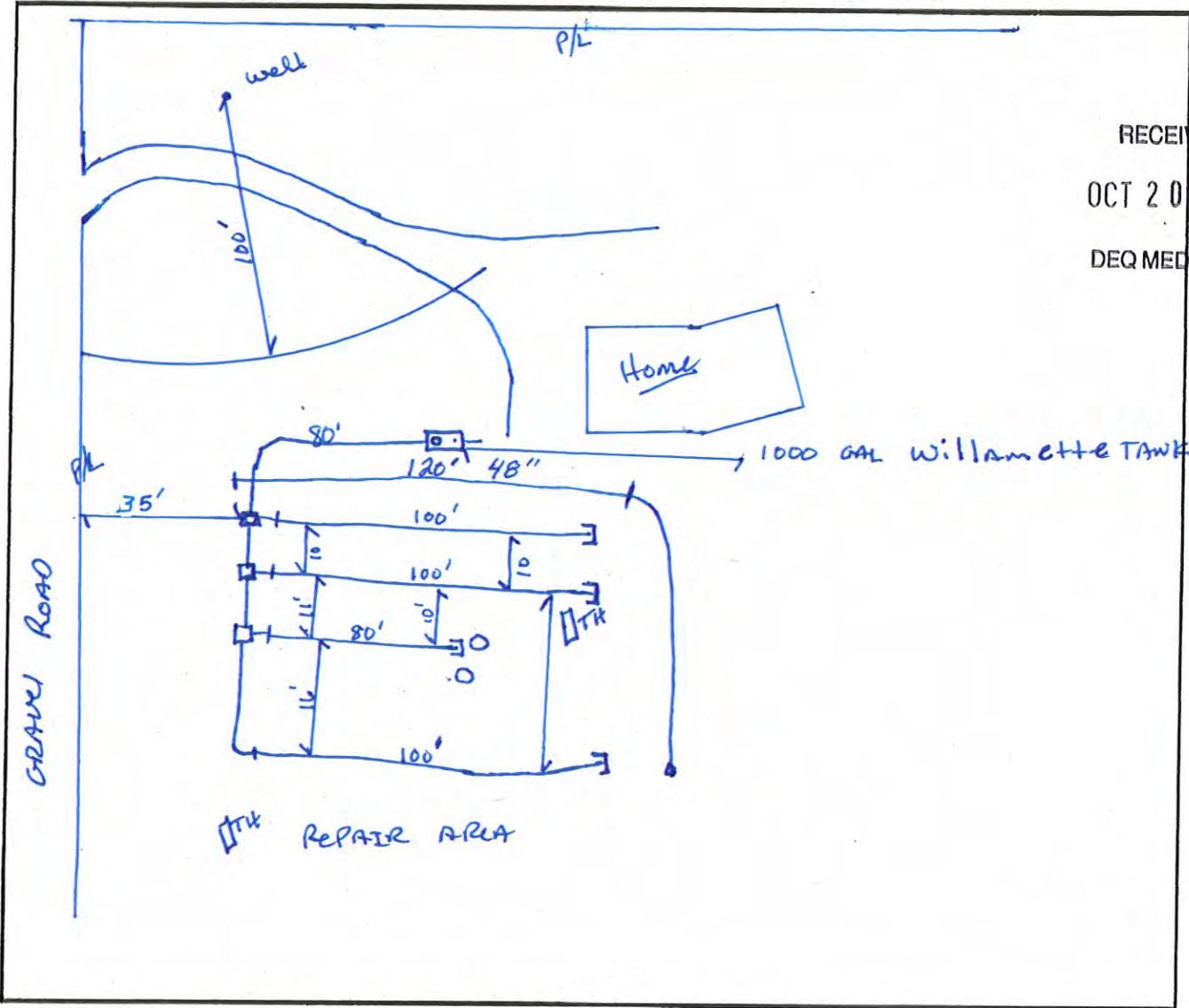
D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 1201-P				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
Drop Box	Yes <input checked="" type="checkbox"/>	No			
Distribution Pipe	Yes	No	Diameter: 4	ASTM#/Other: 1201-P	Length: 380'
Comment	w/ 120' 48" Curtain drain w/ one tail.				

*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.



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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 38580	Certification#: RI-114
Owner/ Certified Installer:	Signature: <i>[Signature]</i>	Date: 10/11/25	Phone#: 47602821

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance: _____

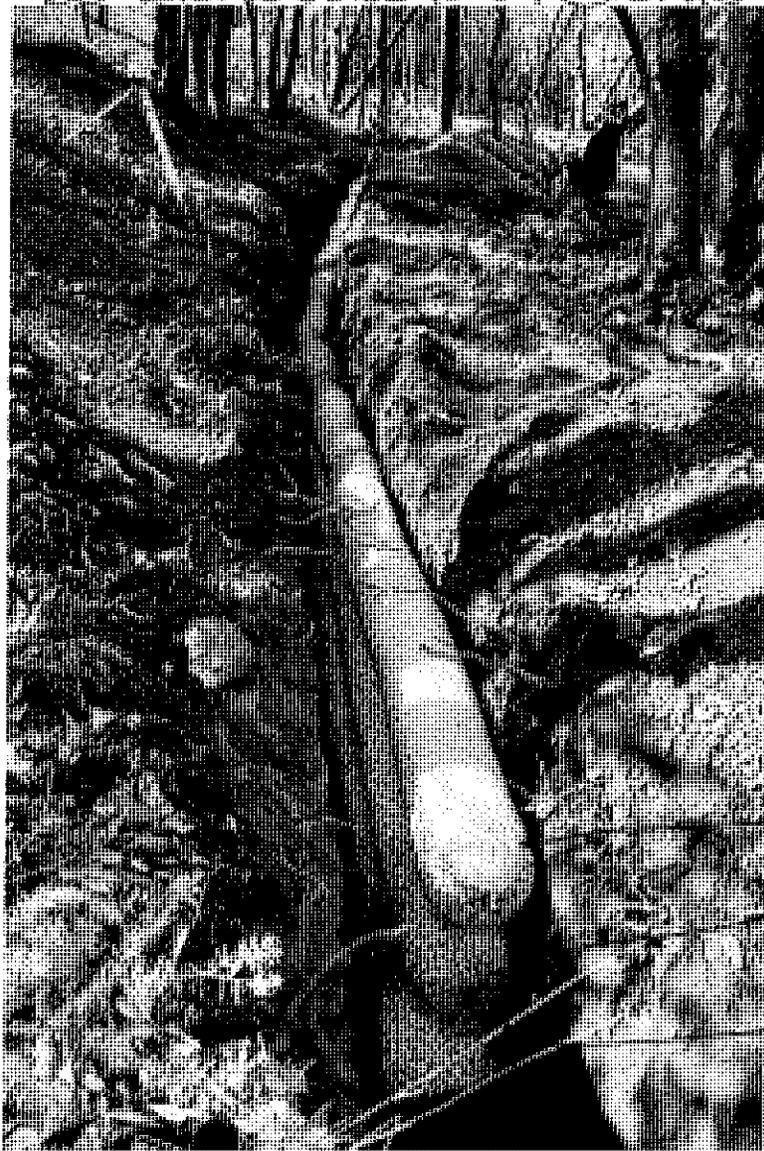
Comment: _____

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OCT 20 2025

DEQ MEDFORD

480 Ridge View Lane, Grants Pass



start of
Curtain
drain
120'

1201-A

1201-A

1201-P

RECEIVED

OCT 20 2025

DEQ MEDFORD

480 Ridge View Lane Grants Pass



1201-A

1201-A

1201-P

120'
Curtain
drain end

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OCT 20 2025

DEQ MEDFORD

490 Ridge View Lane G.P.



Curtain
drain
tail

3034

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OCT 20 2025

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480 Ridge View Lane Grants Pass



1000 gal
Willamette
Graystone
tank

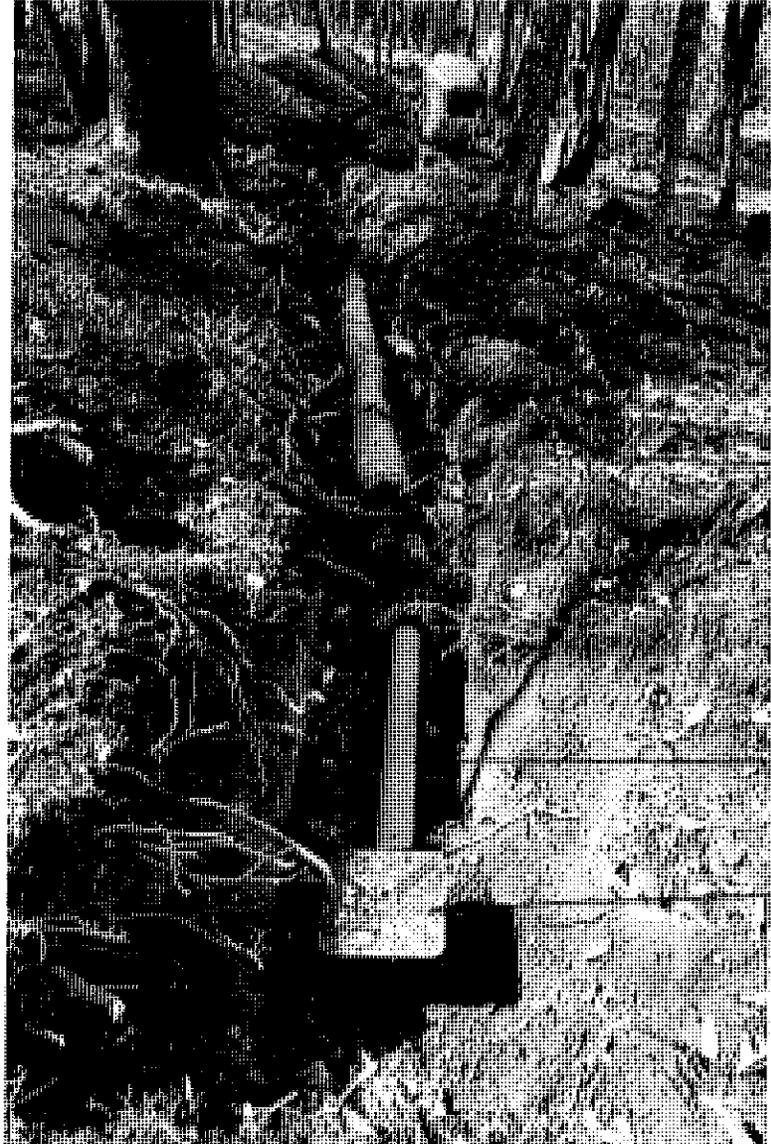
3034
Sewer line
w/loc wue

RECEIVED

OCT 20 2025

DEQ MEDFORD

480 Ridge View Lane GP.



Start

Line 1

1201-P
100'

3034 4"

drop box

RECEIVED

OCT 20 2025

DEQ MEDFORD

490 Ridge View Lane Cap.



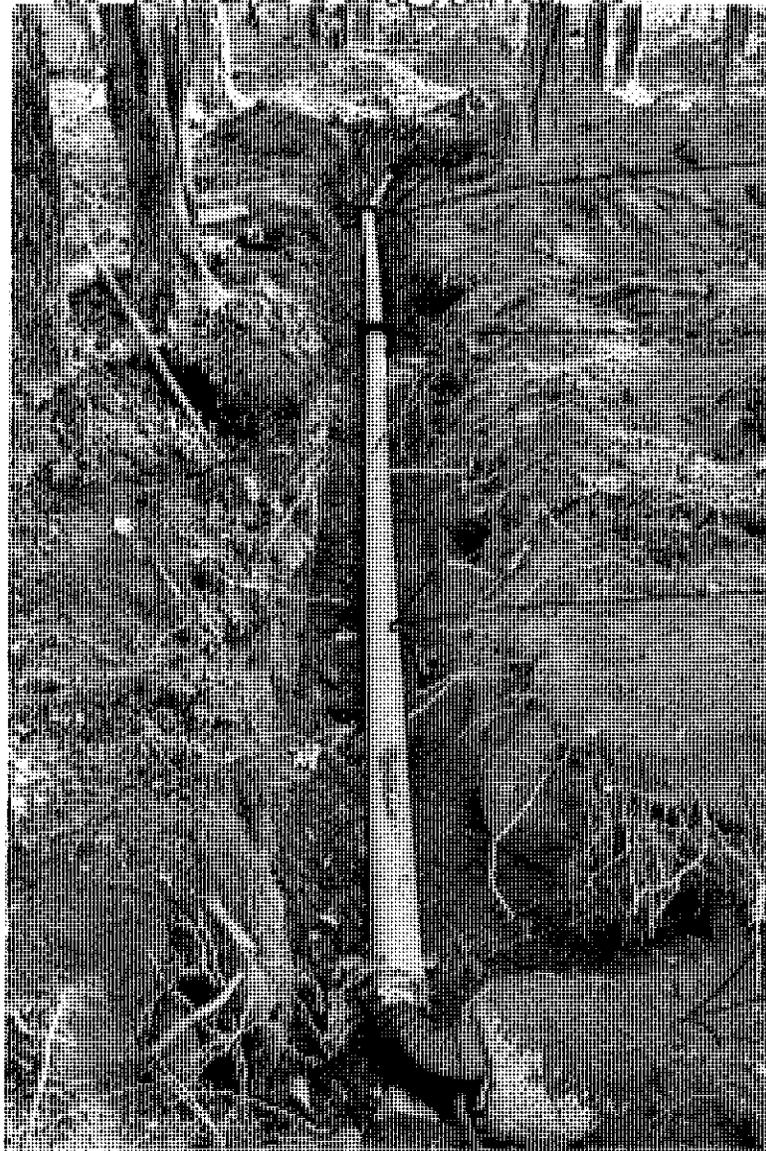
End of
line 1
100'

RECEIVED

OCT 20 2025

DEQ MEDFORD

480 Ridge View Lane C.P.



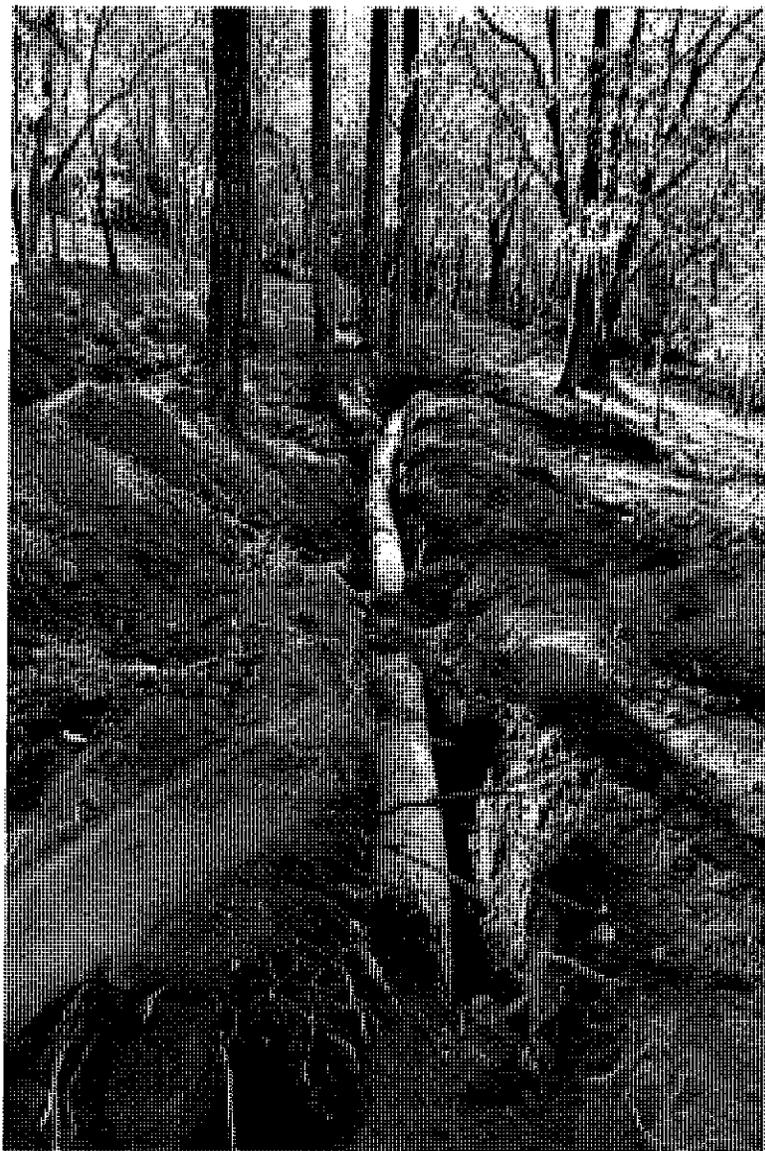
drop box
line # 2

Line # 3

4" 3034

Line #
4

RECEIVED
OCT 20 2025
DEQ MEDFORD



Line
2
Start

RECEIVED

OCT 20 2025

DEQ MEDFORD

480 Ridge View Lane GP



Line 2
1201-P
100' end

RECEIVED

OCT 20 2025

DEQ MEDFORD

480 Ridge View Grants Pass



Line 3
1201-A
80'

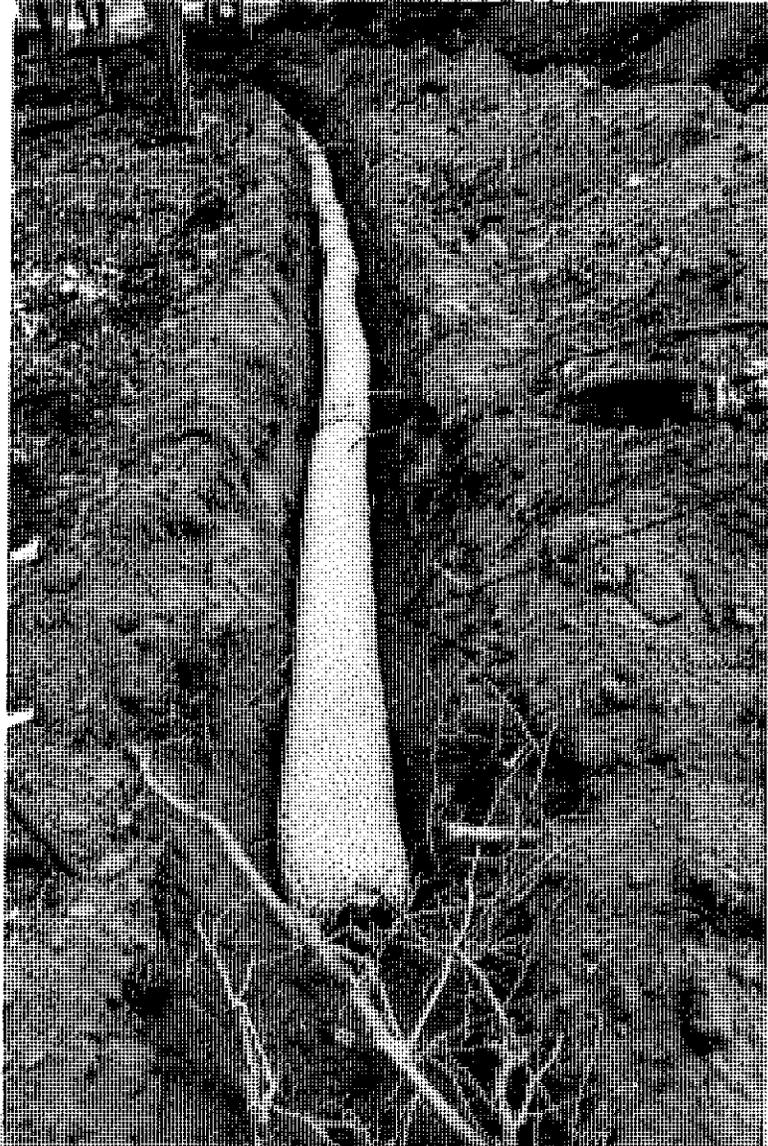
drop box

RECEIVED

OCT 20 2025

DEQ MEDFORD

480 Ridge View Lane G.P



1201-P
line #4
100'
End



Septic Permit

Installation Permit - Residential - New

463-25-000068-PRMT

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

Date issued: 3/5/25 **Expiration date:** 3/5/26
Work description: STANDARD CONSTRUCTION PERMIT

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
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Business License: N/A

Owner: VALERIAN HOMES LLC Address: PO BOX 157 GRANTS PASS OR 97528	Property address: 480 Ridge View Ln, Grants Pass, OR 97527
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Parcel: 3706160000200600 - Primary **Township:** 37 **Range:** 06 **Section:** 16

Lot size:	5.13	Water supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
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:	N/A		

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:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ FLOW 1201-P		
Trench length:	375 linear ft.	Rock above pipe:	N/A
Max depth:	30 in.	Undisturbed soil between trenches:	N/A
Min depth:	24 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: 3/5/25	Expiration date: 3/5/26
Work description: STANDARD CONSTRUCTION PERMIT	

Groundwater type:	Temporary	Groundwater depth:	31 in.
Groundwater interceptor:	Yes	Groundwater interceptor depth:	48 in.
Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes

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).
- Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

Date issued: 3/5/25

Expiration date: 3/5/26

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.

Joshua Daley

Environmental Specialist

3/5/25

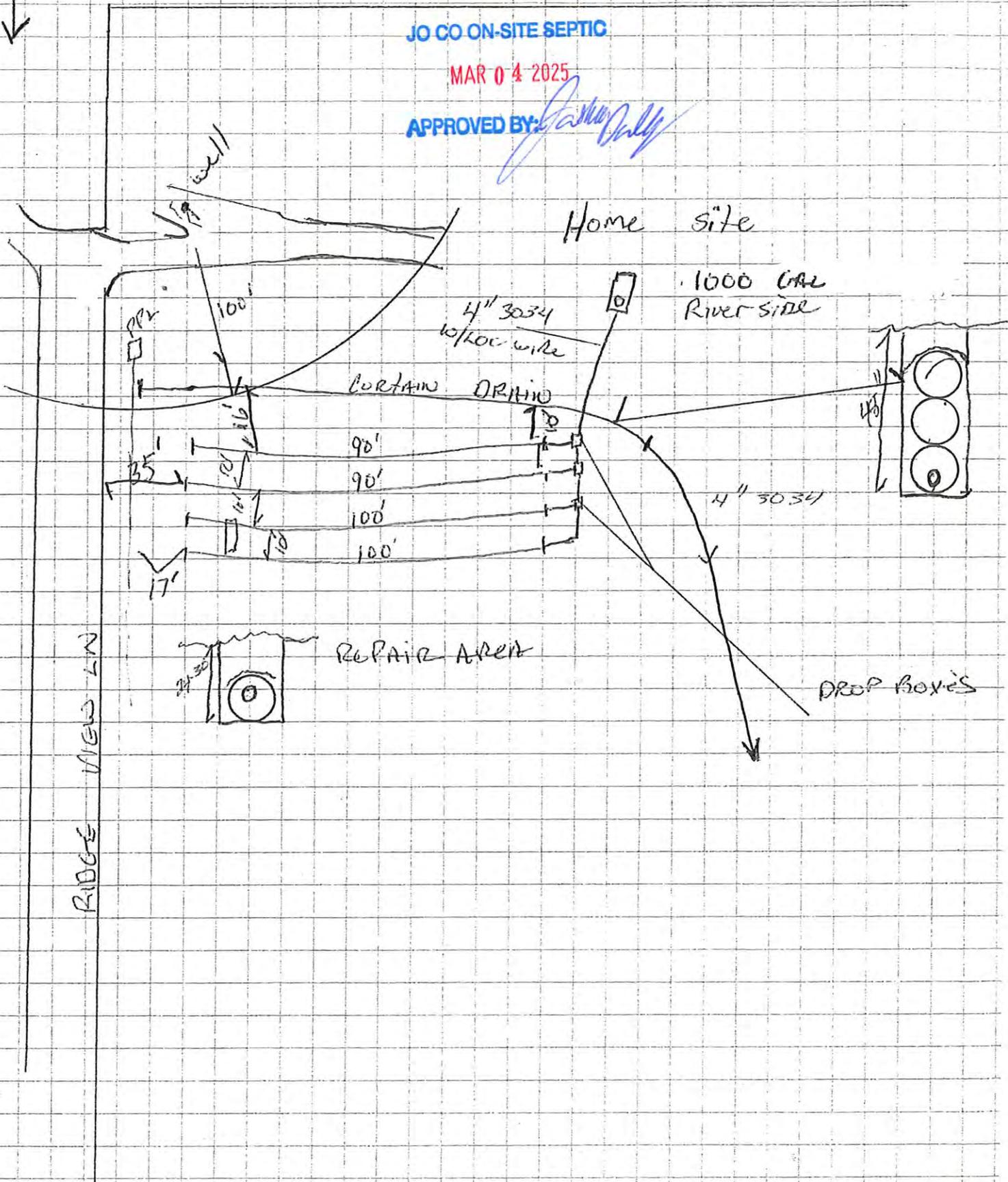
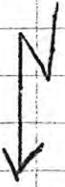
480 RIDGE VIEW LN

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

JO CO ON-SITE SEPTIC

MAR 04 2025

APPROVED BY: *[Signature]*





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, OR 97528 541-955-4663
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

37 06 1600 2006 _____ 5.13 acres
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine _____ Applegate Hills Subdivision Lot 6 _____
 County Subdivision Name Lot Block

Property Address: 480 Ridge View Lane Grants Pass OR 97527
 Address City State Zip Code

Directions to Property: Out Fish Hatchery to Ridge View Ln; turn left and go to the Cul-de-Sac; take the gravel road to the end; Lot 6 is the last on the left as you face uphill.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
_____	<u>Three Bedrooms</u>	<input checked="" type="checkbox"/> Private <u>Well</u>
Number of Bedrooms	Number of Bedrooms	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 checked="" type="checkbox"/> Construction	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Permit Repair	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="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.

Craig Pent / Valerian Homes, LLC February 26, 2025
 Signature Date

Valerian Homes, LLC 541-955-4663 office@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 Mr. Ed's Advanced Septic, LLC
 Installer's Name

STATE OF OREGON
WATER SUPPLY WELL REPORT

JOSE 61951

WELL I.D. LABEL# L

155468

START CARD #

1075752

ORIGINAL LOG #

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

11/7/2024

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company VALERIAN HOMES LLC

Address P. O. BOX 157

City GRANTS PASS State OR Zip 97528

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

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/ Commercial Livestock Dewatering

Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 260.00 ft.

BORE HOLE

SEAL

sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
10	0	58	Bentonite Chips	0	58	29	S
6	58	260			Calculated	26.47	
					Calculated		

Seal placement 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: Type _____ Amount _____

Seal Placement Begin Date 11/5/2024 Begin Time 16:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	6	<input checked="" type="checkbox"/>	2	187	0.250	ST	<input checked="" type="checkbox"/>		OUT. 187
L	4		3	260	Sch40	PL		<input checked="" type="checkbox"/>	

Temp casing Yes Dia _____ From+ _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Lazer/Saw Cut

Screens Type _____ Material _____

Perf	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	220	240	.032	1	3116	
Perf	Liner	4	240	260	.188	4	60	

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Aic	34		258	1

Temperature 56 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 75 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 SW 1/4 of the SE 1/4 Tax Lot 2000

Tax Map Number _____ Lot _____

Lat _____ " or 42.34691000 DMS or DD

Long _____ " or -123.41261000 DMS or DD

Street address of well Nearest address

* RIDGEVIEW LN, TL 2000, LOT#6

GRANTS PASS, OR 97527 [NEXT TO 486 FELKNER RD]

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	11/6/2024	6.5	<input checked="" type="checkbox"/> 15

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 187.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/6/2024	187	260	34	6.5	<input checked="" type="checkbox"/> 15

(11) WELL LOG

Ground Elevation 1215.03 FT

Material	From	To
Brown clay boulders	0	52
Grey brown Applegate group broken	52	174
Grey green Applegate group broken	174	260
RECEIVED		
JO CO - PLANNING		

Construction

Begin Date 11/5/2024 Begin Time 09:00 End Date 11/6/2024

(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 1945

Date 11/6/2024

Signed JUSTIN SPLIETHOF (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 11/7/2024

Signed KEVIN GILL (E-filed)

Drilling Company: 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.

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

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:	
<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contact	<input type="checkbox"/> Pickup	<input type="checkbox"/> Mail
Fax:			
Email:	craig@valerianhomes.com		
Land Use Log:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Scanned

Application Date:	08/07/24	Permit No:	24112
Situs (St Address):	Fish Hatchery Rd, TL 2000		
Location of Access:	Ridgeview Ln, Lot 6		
T	37	R	06
S	16.00	TL	2000
Parcel No:			
Stated Purpose:	Applegate Hills Subdivision		
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input checked="" type="checkbox"/> 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 _____ Contact Craig Dent Phone 541-955-4663
 Mailing Address PO Box 157 Mailing Address _____
 City Grants Pass St OR Zip 97528 City _____ St _____ Zip _____

TYPE OF ROAD:

County-maintained Local access road
 Owner-maintained Circuit Court Decree

Approach: Existing New Width _____
 Culvert Existing Required Material: CMP / Concrete

TYPE OF APPROACH:

Residential Commercial / Industrial*
 Home Occupation* **Requires Site Plan*
 Ag Use Temporary Construction

Surface: Paved Unpaved
 Diameter _____ Length _____ Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before 8/12/25.

SUBMITTED BY:

Craig Dent 08/09/24
 Applicant Date

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

"CONDITIONS FOR APPROVAL" ISSUED BY:

Public Works _____ Date _____

INSTALLATION INSPECTION:

[Signature] 8/12/24
 Inspector Signature Date

LOCATION OF APPROACH:

Address FISH HATCHERY RD TL2000 L6

PERMIT VALID THROUGH

DATE: 8/12/2031

Latitude (N) 42° 20' 54.95"
 Longitude (W) 123° 24' 45.58"

Comments: _____ LEFT RIGHT MILEPOST _____

RECEIVED



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: Valerian Homes

Assessor Map Number: 3706 1600 2006

Address: 480 Ridge View Ln

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: 2/12/2025
Date

Fire Official Signature: M. Thomas Date: 2/12/2025

Title: Customer service

RECEIVED

JO CO - PLANNING

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 37061600002006
SITUS: 480 RIDGE VIEW LN
ACRES: 5.13

PERMIT NUMBER: PL-2025-00132
ZONE: RR5
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

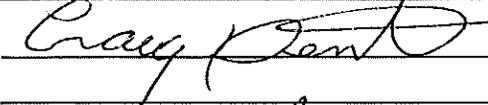
EXISTING STRUCTURES	PROPOSAL	SETBACKS										
Per Assessor Records: VACANT	2,417 SQ FT SFD - 3 BDRM, 2.5 BATH, Attached Garage, w/ Front and Back Porch	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Front Setback:</td><td style="border-bottom: 1px solid black;">30 ft.</td></tr> <tr><td>Side Setback:</td><td style="border-bottom: 1px solid black;">10 ft.</td></tr> <tr><td>Rear Setback:</td><td style="border-bottom: 1px solid black;">25 ft.</td></tr> <tr><td>Stream Setback:</td><td style="border-bottom: 1px solid black;">0 ft.</td></tr> <tr><td>Height:</td><td style="border-bottom: 1px solid black;">35 ft.</td></tr> </table>	Front Setback:	30 ft.	Side Setback:	10 ft.	Rear Setback:	25 ft.	Stream Setback:	0 ft.	Height:	35 ft.
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.
- Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.
- Electrical service to be connected to authorized structures/uses only.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.

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:	2-25-25
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	2.25.2025

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



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: 480 Ridge View Lane
Grants Pass, Oregon 97527

Assessor's Map & Tax Lot:
37 - 06 - 16 - 0000 Tax Lot(s) 2006
- - - Tax Lot(s)

Zoning: RR 2.5 & RR 5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
2,417 sq.ft. Single Story Residence

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 02/18/2025
(Signature of Owner or Attorney-in-Fact) Date

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

(For Office Use)

Fees Paid: 392 Initials: TJ

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	SE	2.5% Root 2vf, 2fm, C 1SBK
	8-22	C 5	2.5% Root 2vf, fm, C 1SBK (0-20%) 1/8-1" rock
	22-55	C	2.5% Root 1fm, C 20-40% 1/8-1" rock 1SBK Standing water @ 31" Duplication 10/2 5/2 @ 31"
Test Pit 2			Similar
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Wooded Madrone, Pine, Fir

Slope: 15-22%

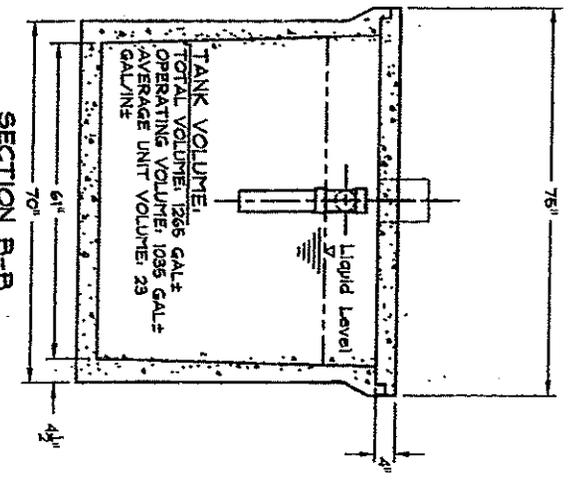
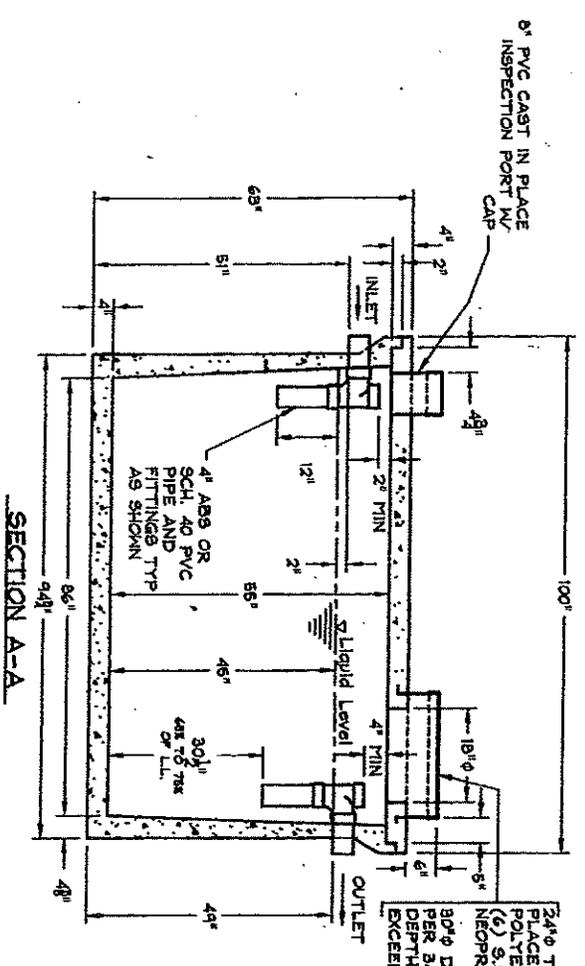
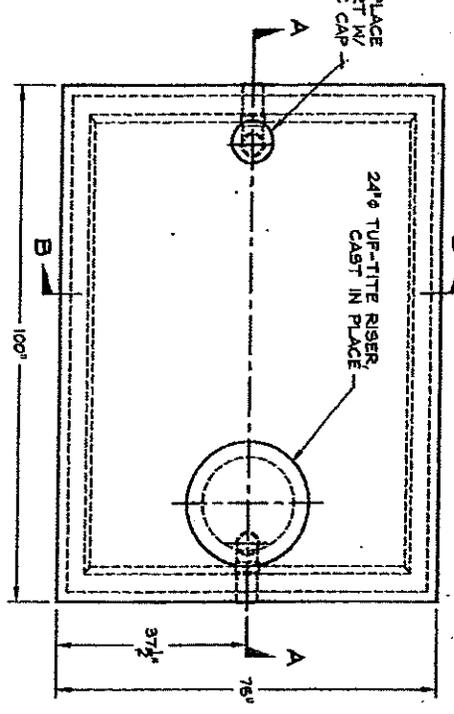
Aspect: _____

Groundwater Type: Permanent Temporary

Other Site Notes: _____

480 RIDGE VIEW LND

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



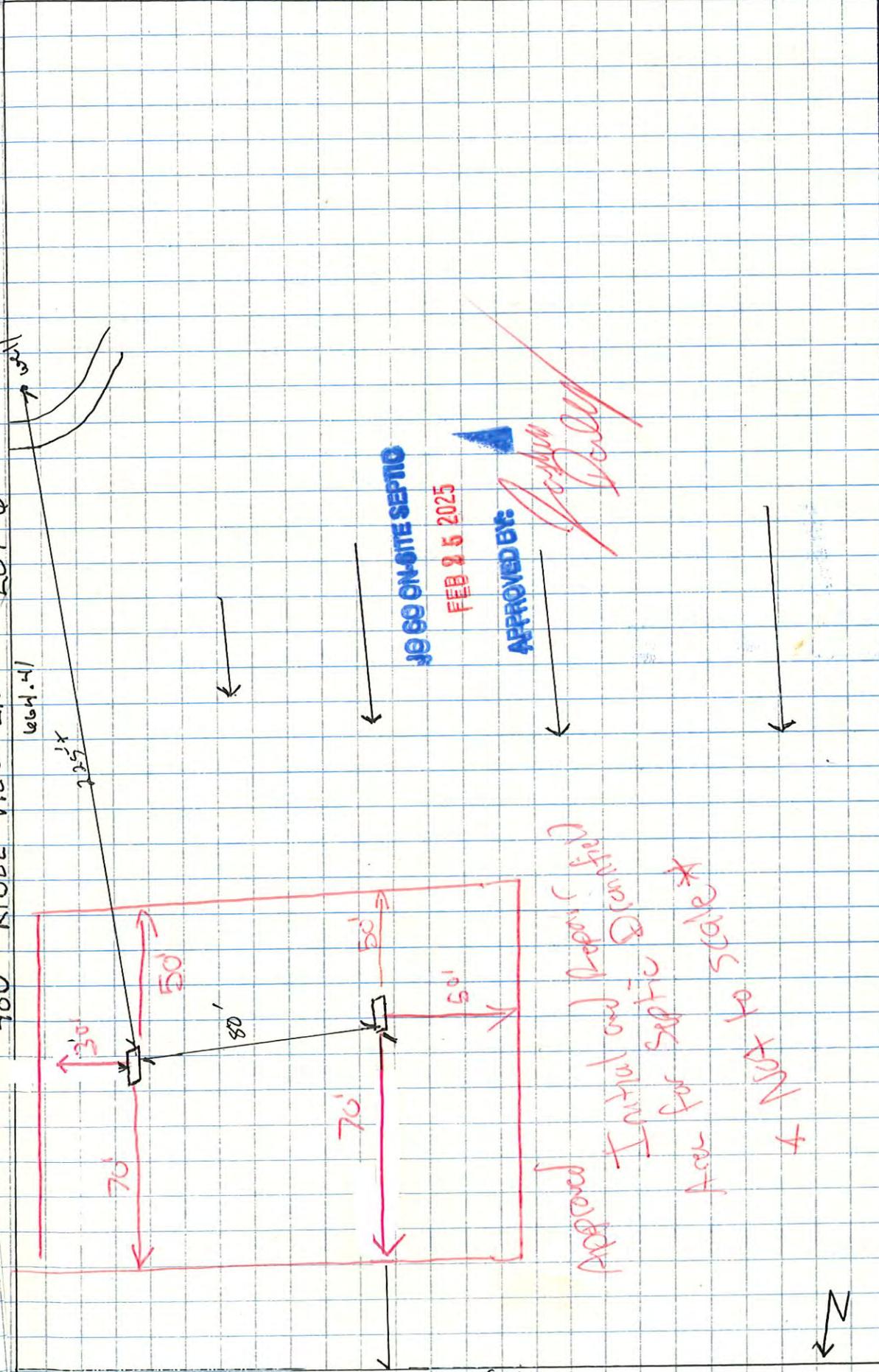
- GENERAL NOTES:
1. Vertical design live load: 800 per foot plus 2,500 lbs (live) load plus 25 per sq ft snow load.
 2. Liquid load: 62.4 per cubic foot equivalent fluid pressure plus soil surcharge of 800 per ft with tank empty.
 3. Concrete: $f_c = 4,000$ psi.
 4. Reinforcing steel: A501-A-615 deformed bars, Grade 60, fy = 60,000 psi.
 5. See structural drawings for structural design and details not shown on these plans.
 6. Tank shall be finished with no more than a feet of cover unless otherwise reinforced per OAR 340-073-0025 (B).
 7. Tank to be installed on firm, smooth and level base material of 4" to 6" of sand or 2" of gravel containing no larger rocks or sticks.
 8. Tank manufacturer shall furnish (3) 4" dia. FRP/CCA couplings or equal fittings with each septic tank, and (1) 4" dia. FRP/CCA coupling or equal fitting with each double-septic tank.
 9. Tank manufacturer shall furnish (2) 4" dia. FRP/CCA couplings or equal fittings with each septic tank, and (1) 4" dia. FRP/CCA coupling or equal fitting with each double-septic tank.
 10. High ground water table for tank is defined as ground water up to one (1) foot above top of tank.
 11. Where high ground water is possible, the tank shall have 20 inches minimum cover or shall have a concrete slab, with at least 21 cubic feet of concrete, placed over the tank.
 12. Tank to be tested after placement for under-lightness as described in OAR 340-073-0025 and in accordance with manufacturer manual supplied with the purchase of each tank.
 13. Inlet & outlet (if applicable), 4" copper fitting, cast in place. O.D. surface of fitting to be prepared by manufacturer prior to casting in place to ensure under-tight seal.
 14. Tank top to be poured in place.

RIVERSIDE READY MIX INC. 1000 GALLON SEPTIC TANK 501 5th HILL STREET GRANTS PASS, OREGON 97526			2-4-06 DEQ 38580 CCB 182903
--	--	--	--------------------------------

480 RIDGE VIEW LN LOT 6

664.41

72.5'



1000 ON-SITE SEPTIC

FEB 25 2025

APPROVED BY:

[Signature]

668

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



Onsite Site Evaluation Application Verification

463-25-000022-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

Application created: 1/14/25

Parcel Nbr: 3706160000200600

Site Address: 480 RIDGE VIEW LN, GRANTS PASS, OR 97527

Owner: VALERIAN HOMES LLC
147 MCKENZIE RIDGE RD
GRANTS PASS, OR 97526

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: 5.13

Site Ready for Inspection: Yes

County:

Water Supply: Well

Use of Structure:

Number of Bedrooms:

Existing

Use of Structure:

Number of Bedrooms:

Proposed

SFR

4

Attached Documents:

No Documents have been attached.



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, OR 97528 541-955-4663
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

37 06 16 2006 _____ 5.13
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size

Josephine Applegate Hills Subdivision 6 _____
 County Subdivision Name Lot Block

Property Address: 480 Ridge View Lane Grants Pass OR 97527
 Address City State Zip Code

Directions to Property: Out New Hope Road to Fish Hatchery Road, follow Fish Hatchery Road to Ridge View Lane.

C. Existing Facility / Proposed Facility / Water Information

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

D. Type of Application

<input checked="" 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 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.

Craig E. Pent 01/13/2025
 Signature Date

Valerian Homes, LLC 541-955-4663 craig@valerianhomes.com
 Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

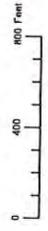
P.O. Box 157, Grants Pass, Oregon 97528
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization Attached _____
 Installer's Name

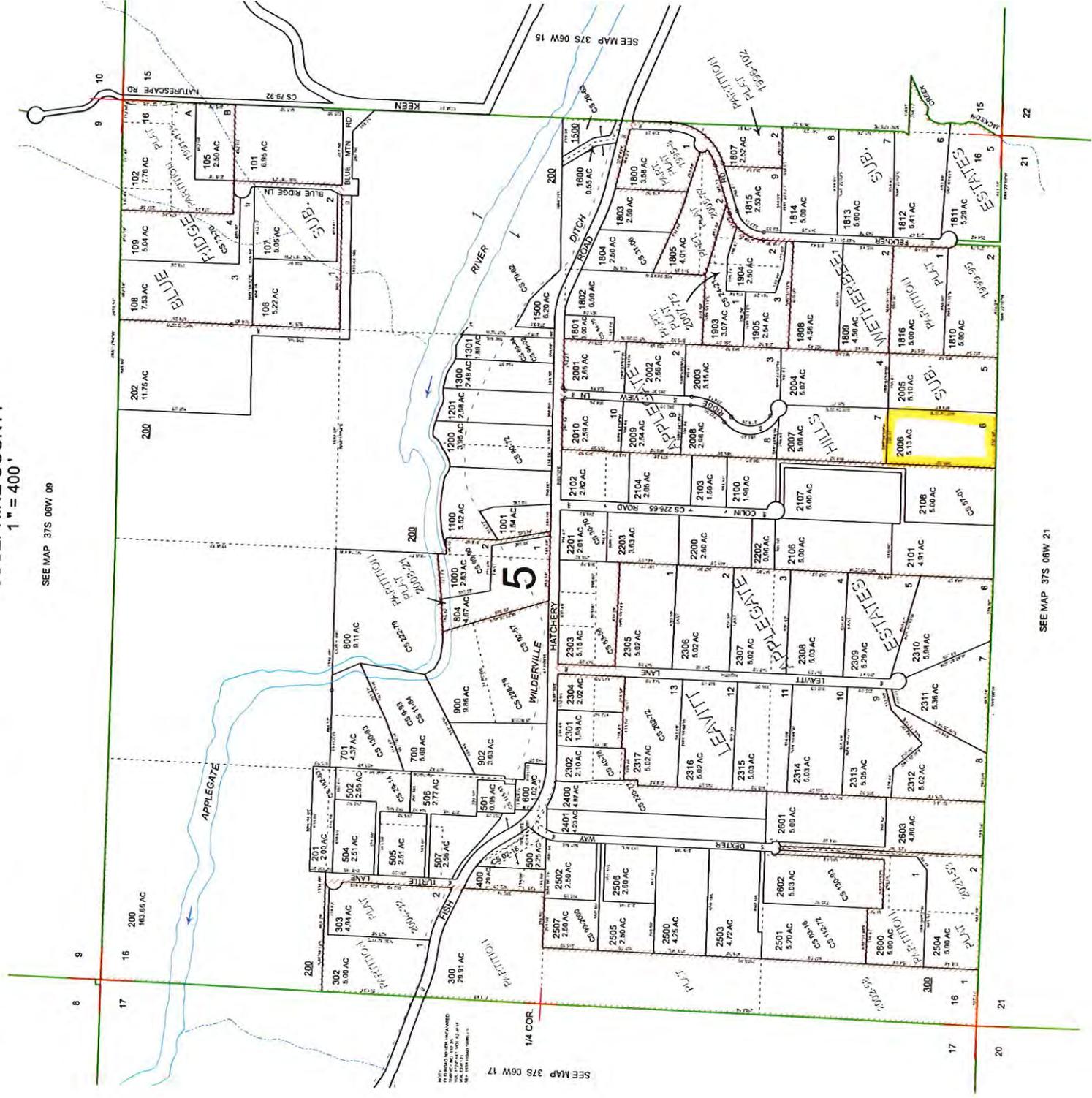
SECTION 16 T.37S. R.6W. W.M. JOSEPHINE COUNTY

37 06 16



- CANCELLED:
- 104
 - 503
 - 590
 - 591
 - 592
 - 801
 - 802
 - 803
 - 1400
 - 1700
 - 1902
 - 1960
 - 2105
 - 2300
 - 2390
 - 2490
 - 2590
 - 2690
 - 1890
 - 1880
 - 100
 - 103
 - 1806
 - 301
 - 1901
 - 2000

SEE MAP 37S 06W 09



NOT TO BE USED FOR ANY PURPOSE OTHER THAN ASSESSMENT PURPOSES. THIS MAP IS THE PROPERTY OF THE JOSEPHINE COUNTY ASSESSOR'S OFFICE AND IS LOANED TO YOU. IT IS TO BE RETURNED TO THE ASSESSOR'S OFFICE UPON REQUEST.

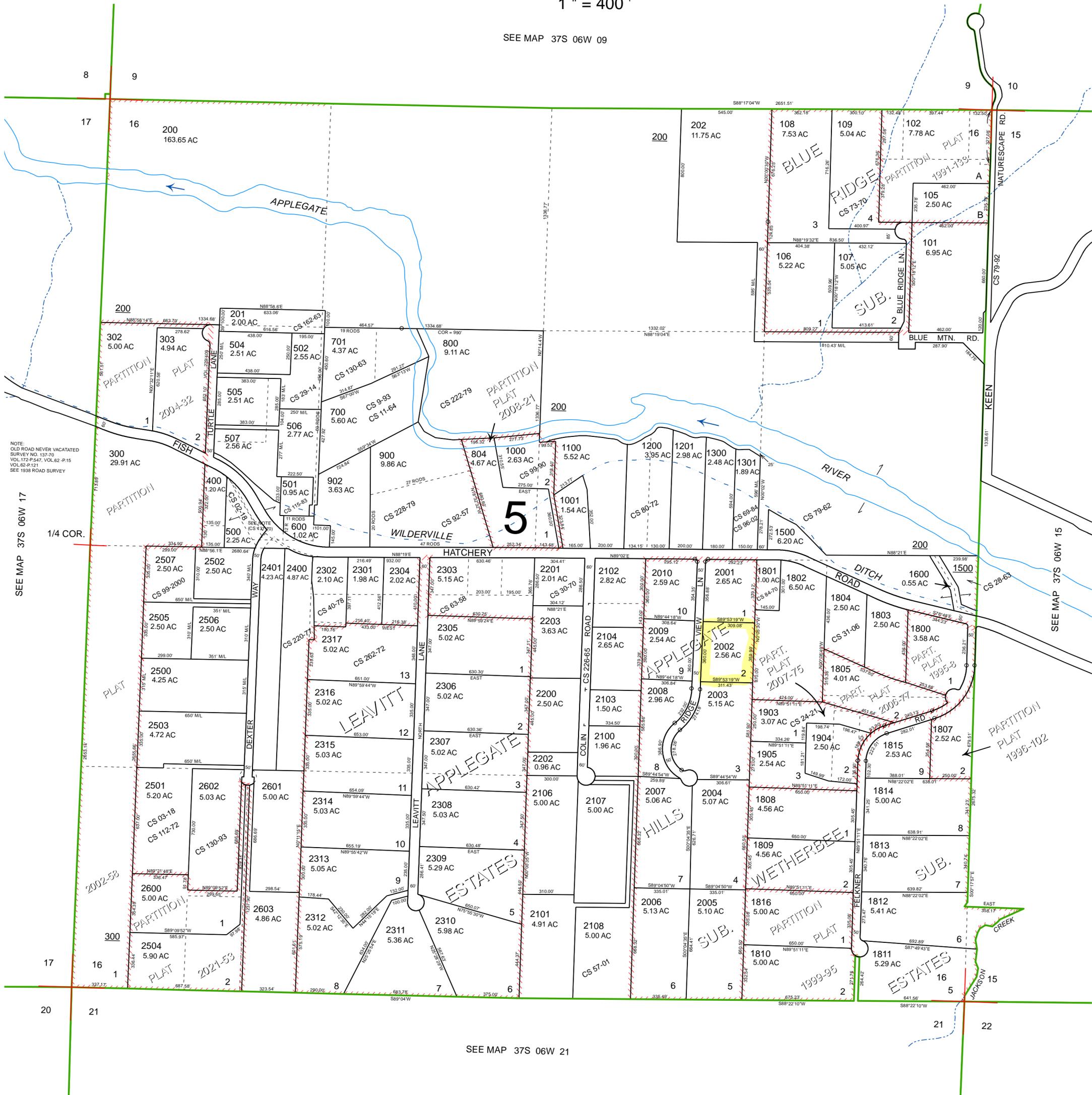
SEE MAP 37S 06W 17

SEE MAP 37S 06W 21

37 06 16

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

SEE MAP 37S 06W 09



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

- 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



Septic Site Evaluation Approval

463-23-000330-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: 10/16/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 2

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 **Water supply:** N/A
Zoning: N/A **City/County/UGB:** N/A

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: ANTI BUOYANCY MAY BE REQUIRED BASED ON TANK HOLE / LOCATION.

System Specifications

System type:	<i>Initial System</i>	<i>Replacement Area</i>
System distribution type:	Standard	Standard
Distribution method:	Serial	Serial
	Serial	Serial

Trench Specifications

Trench linear feet:	<i>Initial System</i>	<i>Replacement Area</i>
	375 linear ft.	375 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements

Stakeout required:	<i>Initial System</i>	<i>Replacement Area</i>
	Yes	Yes
Drainfield type:	Standard	Standard
Drainfield sizing:	125 linear ft/150 gal.	125 linear ft/150 gal.

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.)

<p>Date issued: 10/16/2023</p> <p>Application status: Site Evaluation Approved</p> <p>Work description: SITE EVALUATION LOT 2</p>
--

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

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

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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 _____

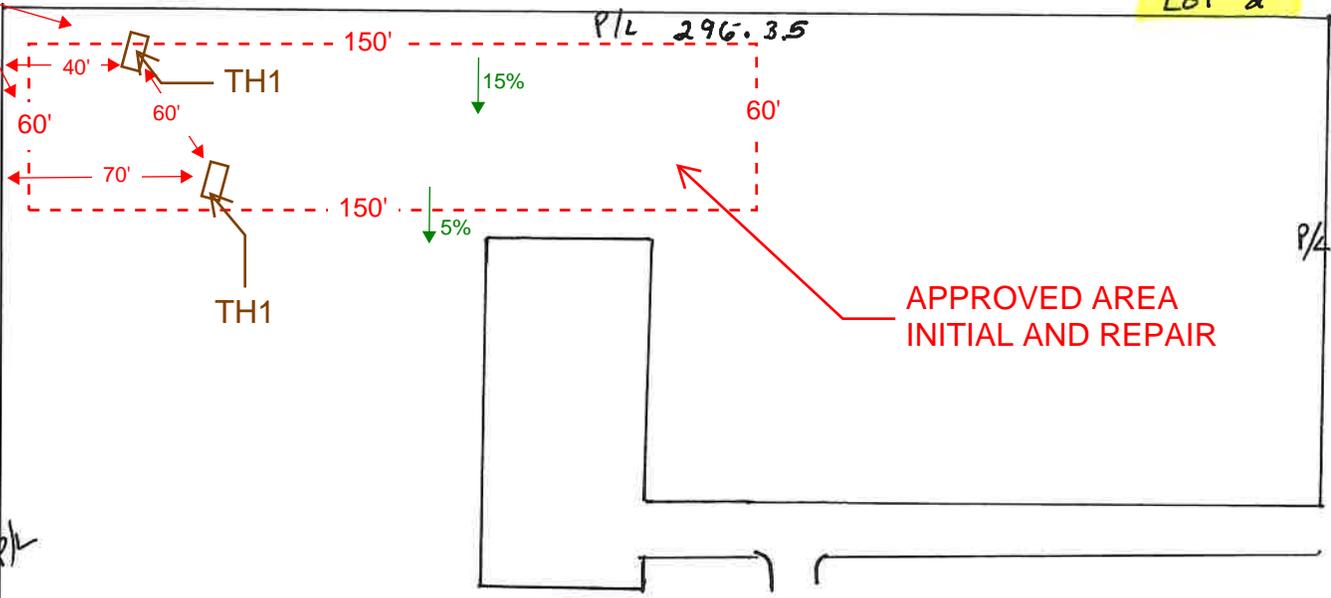
OWNER'S NAME: Applegate Hills Sub

ADDRESS: Fish Hatchery Rd. Grants Pass, OR 975

PLOT PLAN

LOT 2

10' FROM PL



• well

*NOT TO SCALE

SIGNATURE: [Signature]

DATE: 9/26/23

FIELD WORKSHEET

Name: _____ Application No.: 330-EVAL Date: _____
 RE: SITE EVALUATION REPORT for Parcel #: 37-0416-2000 Lot 2

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 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 _____
Tank: <input 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 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
Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</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.

REPAIR AREA MAY REQUIRE
 PRE TREATMENT (SAND FILTER/ATT) IF UNABLE
 TO STAKE-OUT 375

Inspector: 

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-6	CL	7.5YR ^{2.5/3} , GR, Roots 2VF, F, 2M, C
	6-22	CL	7.5YR ^{2.5/3} , mSBK Roots 2F, M, 2VF, C, VC
	22-50	S:CL	5YR ^{4/6} , mSBK, Roots 2VF, F, M
Test Pit 2			SIMILAR TO TEST HOLE 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

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

Slope: 5-15% Aspect: N Groundwater Type: Permanent Temporary

Other Site Notes: PUMP NEEDED



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: Valerian Homes P.O. Box 157 G.P. OR 97528 9554663 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: 40.58 Acreage or Lot Size: 40.58 County: Josephine Subdivision Name: Applegate Hills Lot: 2 Block:

Property Address: 175 Ridge View lane, Grants Pass, OR 97527 Address City State Zip Code

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

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, Private, Well, Spring, Shared.

D. Type of Application

Site Evaluation, Construction, Permit Repair, Alteration Permit, 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: [Signature] 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.com 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 Advanced Septic



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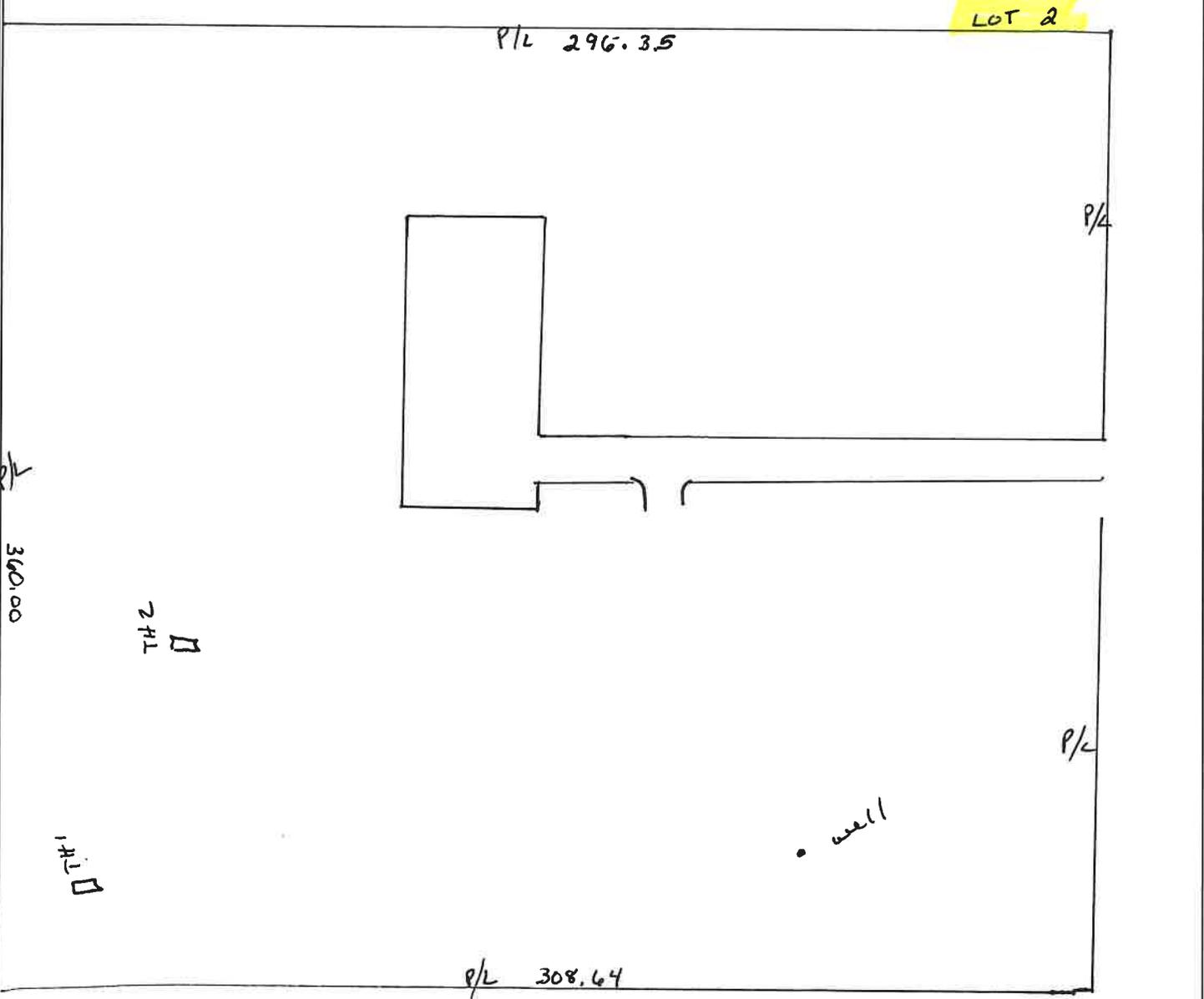
E-mail: planning@co.josephine.or.us

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

OWNER'S NAME: Applegate Hills Sub

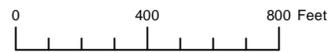
ADDRESS: Fish Hatchery Rd. Grants Pass, OR 975

PLOT PLAN



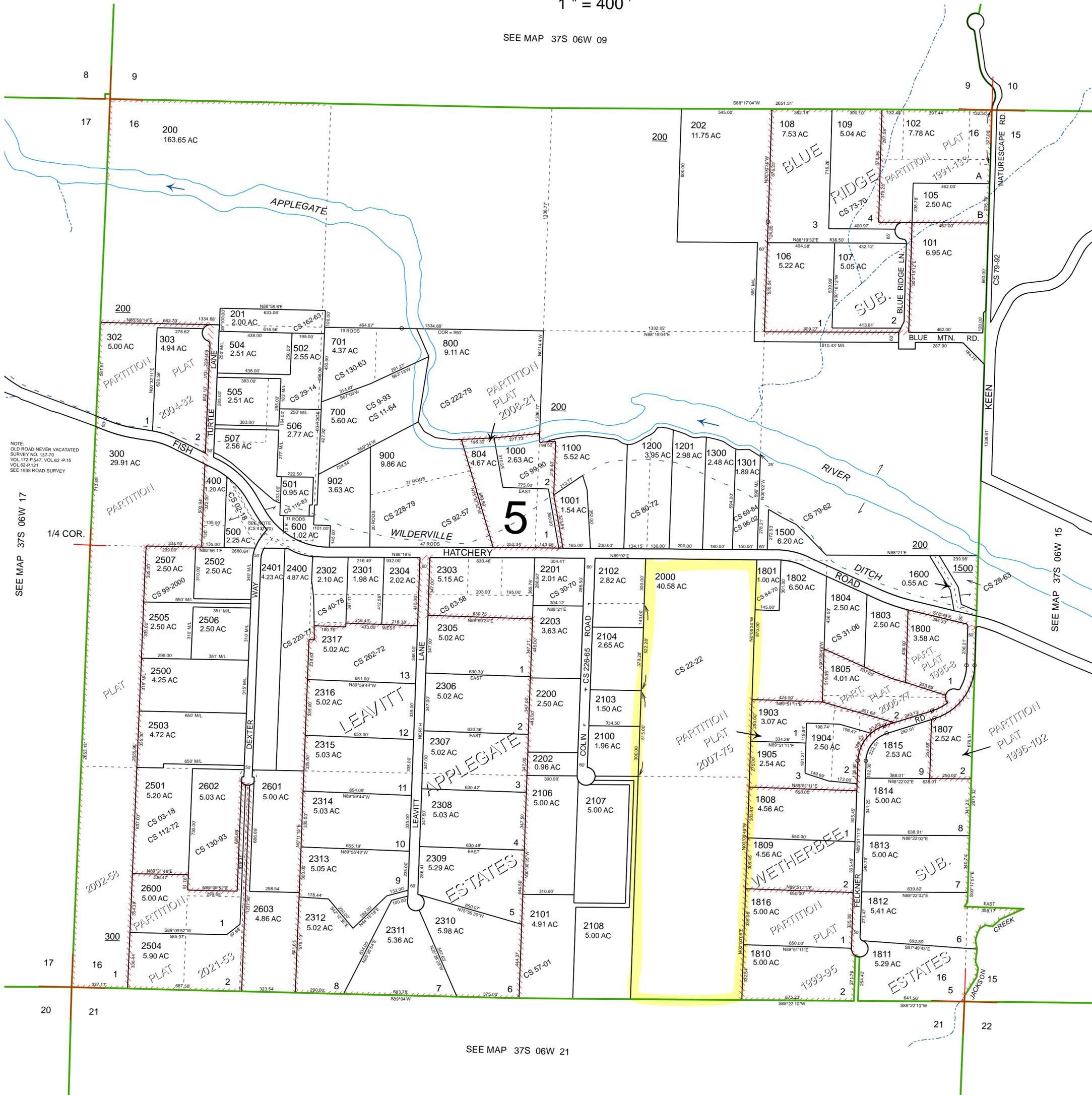
SIGNATURE: [Signature]

DATE: 9/26/23



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, 803, 901, 1400, 1700, 1902, 1990, 2105, 2300, 2390, 2490, 2590, 2690, 1900, 1990, 1890, 100, 103, 1806, 301, 1901

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