80,00 ch (GLO)

SEE MAP 35 6 2

SW Cor. DLC No.40

3

2

MONUMENT

500' sp. 5=12°30' 4=1.0' 36

2

(870) 803, 54 348

3300 6.60 Ac.

62507 2/27/01	
Control No.	STATE OF OREGON PERMIT NO. 1701-067
\$ 705.00 DEPARTME	ENT OF ENVIRONMENTAL QUARINT Is specific only for area designated on plot plan. No structures, excavation or traffic is allowed
Fee Foundation lines of any structure must a minimum of 5 ft. from the septic tank	& over this area and no wells within 100 ft of this area
New Construction imum of 10 ft. from the disposal f	Repair Other
Permit Issued To SQUYRES, PHILIP E.	34 6 35 TL 605 Josephine (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
(Property Owner's Name)	ACE DIDDING COLOVETEM.
1395 Oxyoke Rd. Grants (Road Location) (City)	Pass (Issued by - Signature (Date Issued)
(industrial)	(located by engineers)
<u>PERM</u>	MITS ARE NOT TRANSFERABLE
	O OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK
	RTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE.  CATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)
	SPECIFICATIONS
EXPIRATION DATE 7-12-02	TYPE OF SYSTEM STAN DARD
EXISTING	Design Sewage Flow 450 Gallons/Day
Tank Volume 1000 Gallons Disposal Tren	ches Seepage Bed(s)   Seepage Bed(s)   Square Feet
Maximum Depth 27 inches. Minimu	m Depth 24 inches. 375 Linear Feet
Equal   Loop   Serial   Pre	ssurized  Minimum Distance Between Trenches  OON CENTER
Total Rock Depth inches. Below Pipe	e inches.
Special Conditions (Follow Attached Plot Plan)	TO' SET-BACK TO SENSONAL CREEK.
	MON OF EFFLUENT SQUER & DRAINFIRD
PRE-COVER INSPECTION REQUIRED — CONTAC	
CERTIFICATE O	F SATISFACTORY COMPLETION
As-Built Drawing	* TANK INSTALLED UNDER PERMIT " 10016
with Reference Locations	FOR HARDSHIP MOBILE.
Installer ED OWNBEY	PARCEL BEING SPLIT & HARDSHIP
9-7-1	
Final Inco Data / T-O	[2] [12] [13] [13] [13] [13] [13] [13] [13] [13
Final Insp. Date 9-7-01	MOBILE CONVERTED TO PERMANENT DUEMIN
Final Insp. Date P-Blake	[2] [12] [13] [13] [13] [13] [13] [13] [13] [13
MInspected By R. Blake	MOBILE CONJERED TO PERMANENT DUELLIN ATTENTION: OPEGON LAW REQUIRES YOU TO FOLLOW RULES
□ Issued by Operation of Law	MOBILE CONJERED TO PERMANENT DUELLIN  ATTENTION: OPEGON LAW REQUIRES YOU TO FOLLOW RULES ADOPTED BY THE OREGON WILLTY NOTIFICATION CENTER.
☐ Issued by Operation of Law ☐ Pre-cover inspection waived	MOBILE CONUERED TO PERMANENT DUSCUIN  ATTENTION: OPEGON LAW REQUIRES YOU TO FOLLOW RULES  ADOPTED BY THE OREGON WILLTY NOTIFICATION CENTER.  DISE RULES ARE SET FORTH IN OAR 952-001-0010 THROUGH  OAR 952-001-0090 YOU MAY OBTAIN COPIES OF THE RULES
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☐ Issued by Operation of Law ☐ Pre-cover inspection waived pursuant to OAR 340,	MOBILE CONUERED TO PERMANENT DUSCUIN  ATTENTION: OPEGON LAW REQUIRES YOU TO FOLLOW RULES  ADOPTED BY THE OREGON WILLTY NOTIFICATION CENTER.  DISE RULES ARE SET FORTH IN OAR 952-001-0010 THROUGH  OAR 952-001-0090 YOU MAY OBTAIN COPIES OF THE RULES
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☐ Issued by Operation of Law ☐ Pre-cover inspection waived pursuant to OAR 340, Division 71 ☐ In accordance with Oregon Revised Statute 454.6	ATTENTION: OPEGON LAW REQUIRES YOU TO FOLLOW RULES ADOPTED BY THE OREGON UTILITY NOTIFICATION CENTER. OSE RULES ARE SET FORTH IN OAR 952-001-0010 THROUGH OAR 952-001-0090 YOU MAY OBTAIN COPIES OF THE RULES BY CALLING THE GENTER. (NOTE: THE TELEPHONE NIMBER FOR THE OREGON UTILITY NOTIFICATION CENTER IS  [503) 232-1987 or 1-800-332-2344).
Inspected By R-Bbke  Issued by Operation of Law  Pre-cover inspection waived pursuant to OAR 340, Division 71  In accordance with Oregon Revised Statute 454.6 sewage disposal system at the location identified a	ATTENTION: OPEGON LAW REQUIRES YOU TO FOLLOW RULES A COPTED BY THE OREGON UTILITY NOTIFICATION CENTER. DOSE RULES ARE SET FORTH IN OAR 952-001-0010 THROUGH CAR 952-001-0090 YOU MAY OBTAIN COPIES OF THE RULES BY CALLING THE GENTER. (NOTE: THE TELEPHONE NUMBER FOR THE OREGON UTILITY NOTIFICATION CENTER IS  [503) 232-1987 or 1-800-332-2344).  65, this Certificate is issued as evidence of satisfactory completion of an on-site bove.
Inspected By R-Boke  Issued by Operation of Law  Pre-cover inspection waived pursuant to OAR 340, Division 71  In accordance with Oregon Revised Statute 454.6 sewage disposal system at the location identified a lssuance of this Certificate does not constitute a without failure.	ATTENTION: OPEGON LAW REQUIRES YOU TO FOLLOW RULES A SOPTED BY THE OREGON UTILITY NOTIFICATION CENTER. DSE RULES ARE SET FORTH IN OAR 952-001-0010 THROUGH OAR 952-001-0090. YOU MAY OBTAIN COPIES OF THE RULES BY CALLING THE CENTER. (NOTE: THE TELEPHONE NUMBER FOR THE OREGON UTILITY NOTIFICATION CENTER IS (503) 232-1987 or 1-800-332-2344).  65, this Certificate is issued as evidence of satisfactory completion of an on-site bove.  warranty or guarantee that this on-site disposal system will function indefinitely
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# GRANTS PASS OFFICE DEPARTMENT OF ENVIRONMENTAL QUALITY

## RECORD OF SEWAGE DISPOSAL SYSTEM

Property Owner: Squires Philip E, Permit # 1701-067
Installation Address: 1395 Pryone Rd.
Twp. 34 R 6 Sec. 35 TL 605
Septic Tank Liquid Capacity 1000 Material Concrete.  Information: Manufacturer Riverside  Distance from well:
Drainfield Total Linear Ft. 375' Depth of Rock Under Pipe 6"  Information: Total Rock Depth 12"  Distance from well: Scaronal stressm.
As-Built Sketch - Show all wells, roads, structures, and landscape features.  **IDENTIFY THE SEPTIC TANK LID IN RELATION TO SOME FIXED FEATURE OR STRUCTURE**
Fxtender  Prince  1  Extender  1  Extend
I certify that the construction of this on-site sewage disposal system complies with the Oregon Administrative Rules for On-Site Sewage Disposal, Chapter 340, Division 71, 72, and 73.  Installer's Name: For Oumbey Date: 9-6-6/  DEQ License #: 3502/
For Office Use Only: Date of Final Inspection: 9-7-01  Remarks:
INSTALLATION APPROVED - OK TO GOVER
TANK PUMPED 2-7-01 RBlake DED SANI.
DIV SANT.

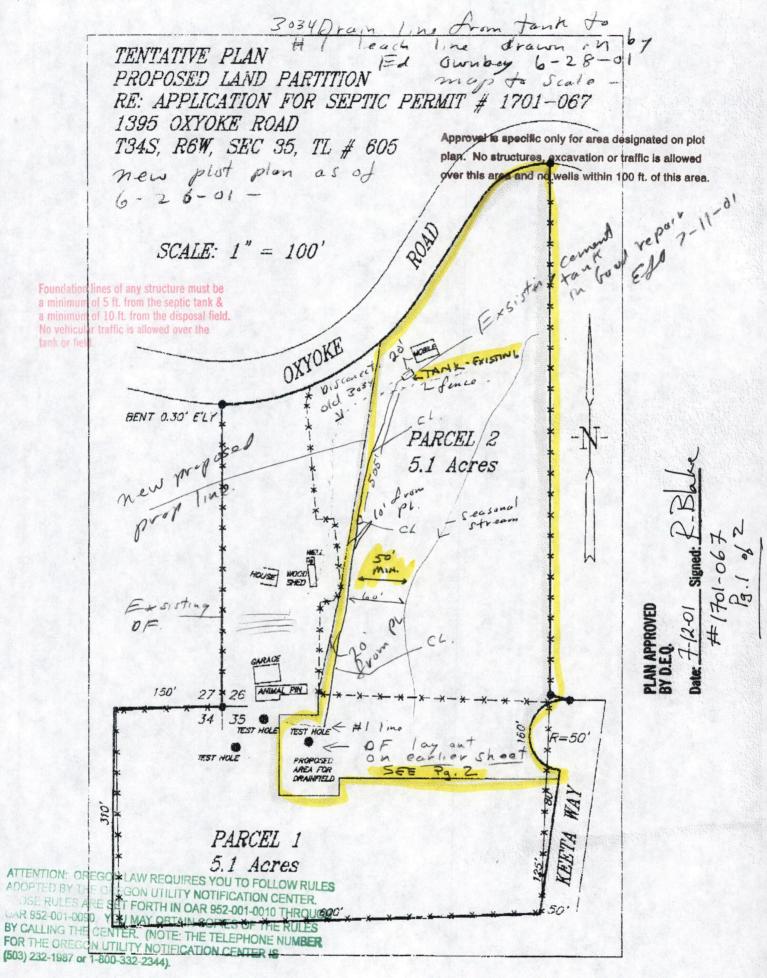
WR-GP 7/26/94

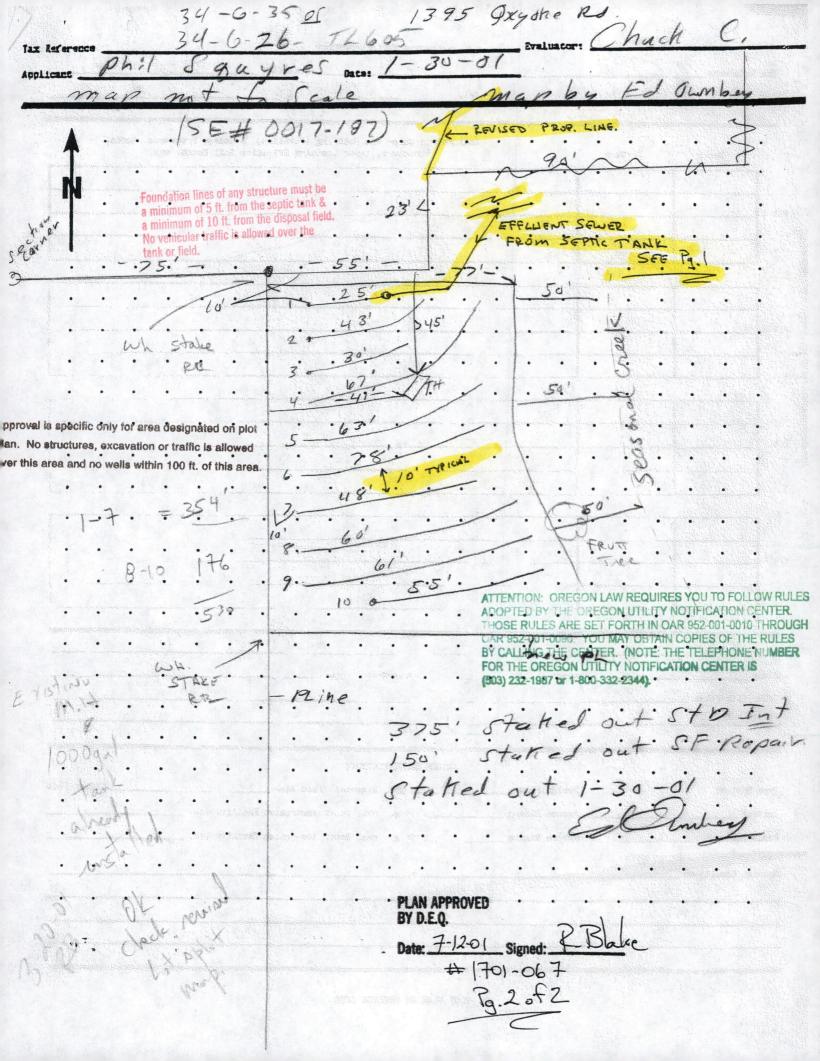
Date Received

FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirement within ORS 454.665, OAR 340-71-170, and OAR 340-71-175 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 (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorized the system to be backfilled earlier. 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. Please complete all sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFO	RMATION.	nit Number <u> </u>	7 County 💯	replace.	
		35 ; Tax Lot <u>605</u>			
		PD Grants P			<del></del>
Date System Construction Co	mpleted 55,7,7	5 200/; Date su	bmitted to DEQ o	or Agent <u>55,57 6 20</u>	<u> 20</u> )
SECTION 2: MATERIAL	S LIST. Identify	and list all materials used in th	e system's constr	uction.	
MATERIAL	SIZE	SPECIFICATION		<u>AMOUNT</u>	
		2729 56/			
Distribution Pipe	4"	2729		375'	
Effluent Sewer Pipe	4"	3034 with	2 40	between 140 bil	& D/=
Drain Media	18 Hrach	black Thele	· · · · · · · · · · · · · · · · · · ·	40 455	505
Filter Material		Southeraus		4 loules	<del></del>
Other 1034 4"	90°5	45°s Tec	5	<del></del>	
Sand Filter Materials: (attach	ı sand certificate a	nd sieve analysis)			
Container					
Under Drain					
Under Drain Med	ia				
Filter Fabric					
Manifold Pipe			·		
Fittings					
Pump					
Other					
SECTION 3: WATER TIO	GHT TANK TES	ST. Fill tank to a point	at least 2" in	to riser.	
TANK DAT	<u>'E</u>	WATER LEVEL		COMMENTS	
Filled Joseph	3 2001	Flow line	of José		
Checked Jost	5 2001	Fland line	of tank		
Recheck		***************************************			
				Its are true and acc	
D. O/OO MID CD:		e	Signotura	of person perform	ing test
Rev. 9/99 WR-GPte		_	Signature	or herson herroun	mg test







## Department of Environmental Quality

Western Region Grants Pass Branch Office 510 NW 4th St., Rm #76 Grants Pass, OR 97526-2019 (541) 471-2850

Date: 6/25/01

# Memorandum

To:

Lora Glover

Josephine County Planning Dept.

510 NW 4<sup>th</sup> Street Grants Pass, OR 97526

From:

Richard Blake

RE:

Rebecca A. & Philip E. Squyres

1395 Oxyoke Road

T.34 R.6 Sec.35 TL# 605

**Proposed Partition** 

This Department has approved an area for the installation of a drainfield, Site Evaluation #0017-187, to serve the mobile home being converted from a hardship to a residence.

A New Construction permit, #1701-067, was applied for on 2/27/01. To date, this permit has **not** been issued. An acceptable plot plan showing the effluent sewer (pipeline from the septic tank to the drainfield) meeting required setbacks to property lines and the seasonal creek has **not** been submitted. The proposed lot line may not allow for the setbacks to be met.

It appears the lot lines may have to be altered, or under <u>Oregon Administrative Rules (OAR)</u> <u>340-071-0130-(11)</u>, a utility easement to cross the property line to maintain the setback to the seasonal creek could be obtained.

The hardship mobile home connection had been previously approved in 1978 under permit #10016. The required hardship connection renewal inspections had not been applied for since at least 1993. The hardship setup was out of compliance with this Department.

The septic system for the original residence was issued in 1965, permit #494-S. The system was repaired in 1978, permit #8627.

If you have any further questions regarding this matter, please contact me at 541-471-2850 extension 23.



#### Department of Environmental Quality

Western Region Grants Pass Branch Office 510 NW 4th St., Rm #76 Grants Pass, OR 97526-2019 (541) 471-2850

March 26, 2001

Rebecca & Philip Squyres 1395 Oxyoke Road Grants Pass, OR 97526

RE: APPLICATION FOR SEPTIC PERMIT # 1701-067 1395 Oxyoke Road T.34 R.6 SEC.35 TL# 605

Dear Mr. & Mrs. Squyres:

We are unable to approve your application for the above referenced septic permit at this time due to the following:

- > The plot plan submitted by your contractor lacks sufficient detail for approval. It only shows the initial and replacement drainfield locations. (The stake out of the drainfield indicates there is adequate area for a standard initial drainfield and a sand filter replacement drainfield.) Please provide the following additional information:
  - 1. Show the entire construction plan for the lot, including the existing dwelling, septic tank, effluent sewer line, drainfield, drainage ways, and wells.
  - 2. Include distances from the septic system components to property lines, wells drainage ways and other items requiring setbacks.

Development Permit #014-196 from the Josephine County Planning Department, that you have submitted, is for the existing 10.15 acre parcel. I understand that the parcel is to be divided. The final plat must be completed and a revised or new development permit obtained for this specific application.

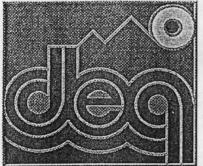
If you have any questions regarding this matter, please call me at 541-471-2850 extension 23.

Sincerely,

Richard E. Blake, RS

On-Site Wastewater Specialist

C: Ed Ownbey Planning Dept.



DEPARTMENT OF ENVIRONMENTAL QUALITY 510 NW 4TH STREET ROOM: 76 GRANTS PASS, OR. 97527 (541) 471-2850

FOR OFFICE USE ONLY
Date Received: 2-27-01
Date Completed: 2-27-01
Required Fee: 4705.80
Receipt No.: 97618
Control No.: 1701-06 7

SITE EVALUATION REPAIR PERMIT ALTERATION PERMIT OTHER-PLEASE SPECIFY	APPLICATION FOR:	NEW CONSTRUCTION N AUTHORIZATION N HARDSHIP AUTHOR	OTICE
REQUIREMENTS: Plot Plan	☐ YES ☐ NO operty and leading to test	INCLUDED:	YES   NO YES   NO YES   NO YES   NO
For Applicant- PLEASE PRINT Squys  Philip E, Squage Property Owner's name  34  Township Range	35 drage Section	395 OXYOK Property Address  COS Tax Lot #	e ND GP 9750 sept ine County
Subdivision Name  Public Water Supply	Lot #	Block #	Acreage  ly (Specify Type)
Single Family Residence- Number of I		Other- Specify	
By my signature, I certify that the informati Quality and its authorized agent permission  Signature  Owner  Authorized Representative  D. S. License No. 13161	to enter into the above de	scribed property for the	Department of Environmental purpose of this application.
Owner's Mailing Address  PHILIP & SQUYRES  1395 ONYOKE AD  C-P, Ore 97526  Phone: 476-5900		Applicant's Mailing Add  ED OWHBEY  4600 Jero M  9 P Ore  Phone: 476-2	97527

# JOSEPHINE COUNTY DEVELOPMENT PERMIT

FEE: \$25 CHECK: 6213 CASH: PREVIOUS PERMIT # 92-253

Permit No: <u>01-196</u>

TWN: 34 RNG: 06 SEC: 35 QQ: 00 TAXLOT: 000605

Situs: 1395 OXYOKE RD

				ZONE.	KKS
Applicant:	SQUYRES, REBECC	A A & PHILIP E	A & PHILIP E Applicant Phone:		
Applicant Address	s:1395 OXYOKE RD		GRANTS PA	SS, OR 97526-9	780
Owner:	SQUYRES, REBECC	A A & PHILIP E			
Owner Address:	1395 OXYOKE RD		GRANTS PA	SS, OR 97526-9	780
		1			
✓ Water Ha  Flood Flood Non-S ✓ Scenic W Overlay F	ety Plan. I Wetland. 30 Day Notic	Not Applicable d Homesite Elevation Engineer's "NO-Rise" (Zone A). Professiona M Authorization in File eak () 1500' Aggre	of State Lands Requisions one foot above Study is in File ( al Certificate in File (). gate Setback() B	feet	
EXISTING ST AWNING DECKS Mobile Home ROOF CVR CONCRETE DECKS FENCE (FIELD) GARAGE RESIDENTIAL SHED SHED CL 4 SHEDS & PENS	TRUCTURES	PROPOS New Septic System	Au o o	SETBACK Front Setback: Side Setback: Rear Setback: St. Centerline: Acreage: Violations:	REQ. 30 10 25 10.15 True
Additional Terms	:				
	permit required from Co	State Highway* bunty Public Works De	Other or State Highway		
ROM THE DEPARTMENT	ED: ALL STRUCTURES APP S OF BUILDING & SAFETY 'H THE TERMS OF THIS PE W.	AND ENVIRONMENTAL Q	UALITY.		
Signature: ED	ountry		Date:	2/27/01	
Contractor Name: M			Licen	nse # : <u>13161</u>	
Approved: Ake	l'enbedz.		Date:	02/27/01	

