

#### Certificate of Satisfactory Completion

#### Repair (Major) - Residential - New

463-24-000034-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

Date Certificate Issued: 11/01/2024 Major Repair Work Description:

Primary Contractor: Blake Excavation LLC

Installer License: 39642 Address: 300 Moss Ln

**GRANTS PASS OR 97527** 

5416591239 Phone:

Email: BlakeExcavation@outlook.com

WHITE, JEFFREY S & BLESS, JULI Owner:

Address: 7160 HUGO RD

**GRANTS PASS OR 97526** 

**Property Address:** 7160 Hugo Rd, Grants Pass, OR

Parcel: 3406220000060000 - Primary Township: Range: 06 Section: 22

Well Lot Size: 69.65 Water Supply: Zoning: N/A City/County/UGB: N/A

N/A Land Use Approval:

Residential **Category of Construction:** 

**Rake Trench Sidewalls:** 

	Existing		Proposed
Use of Structure:	SFR	SFR	
Number of Bedrooms:	2		2
System Specifications			
Type:	Standard		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	300 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:	Serial
Media Type:	EZ FLOW 1201-P	Media Depth:	N/A
Trench Length:	230 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil BetweenTrenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A
Special Requirements			
Groundwater Type:	Temporary	Groundwater Depth:	14 in.
Groundwater Interceptor:	Yes	Groundwater Interceptor Depth:	48 in.
Pump to Drainfield Required:	Yes	Filter Fabric on Top of Drain Media:	Yes

11/1/24:11:52:05AM ONS\_OnsiteCSC\_pr

Yes

Date Certificate Issued: 11/01/2024
Work Description: Major Repair

#### **Conditions of Approval**

- · A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- · 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
- · 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 sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- · 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: 11/01/2024 Work Description: Major Repair

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: Nο Operation of Law - 7 Days Notice: Yes Pre-Cover Inspection Waived Per 340-071: Nο

Comments:

Issued By: Joshua Daley, Environmental Specialist

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.)

11/01/2024 Effective Date:

ONS OnsiteCSC pr

#### Final Inspection Request and Notice - Septic ID: 463-24-000034-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.

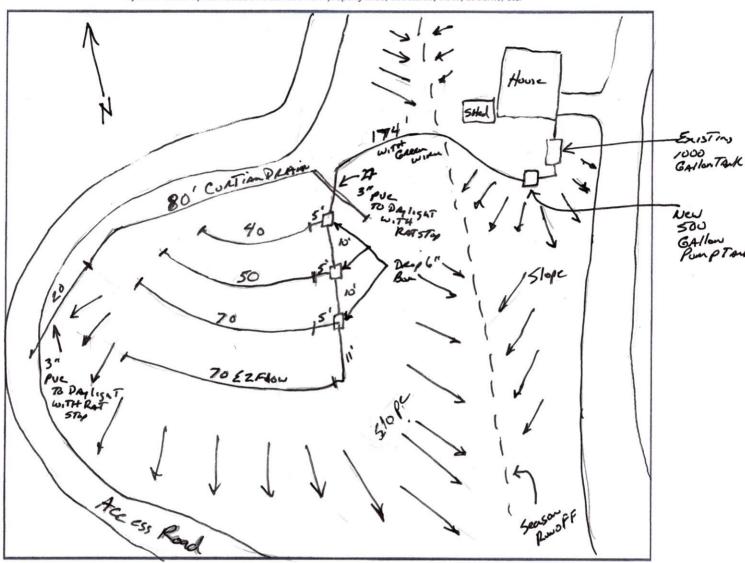
are determined to be inco	omplete will be ret	urned.				av a se				
SECTION 1: Owner/	Permittee Infor	mation:				Twnsh	np: 34	Range: 06	Sect: 22	
Name: WHITE, JEFFREY S & BLESS, JULI Lot:										
Property 7160 HUC	Property 7160 HUGO RD, GRANTS PASS, OR 97526									
Address:										
SECTION 2: Syster	n Component	Specific	ations	<u>s:</u>						
A. Tanks/Pumps System Type: Water tight verification										
Tanks(1) Volume:	1000	ompartme	nts: 3	Man	ufacturer:	NK	NUWN		Date:	
Tanks(2) Volume:	sw c	ompartme	-	Man	£1		_	e Im-59	/o Date: 9	-27
Pump(s) HP: 1/2 N	Model/Manuf. 2 a	elle	_	Floa	t(s)Type(1)	:	Model/Manuf.	ON/OFF		دمر
Business and the second of the second				Floa	t(s)Type(2)	:	Model/Manuf.	Alara	INFITA	aton
B. Piping										
	tank to drainfield)	Yesx	No	Diameter:	11/4	ASTM#	#/Other: Sc	H 40 PUC	Length: 17	4
Pressu	re Transport Pipe	Yes	Nex	Diameter:		ASTM#	#/Other:		Length:	
C. Secondary Treatment	Unit:			1	<del></del>					
Sand Filter**		Туре:					Conta	iner Dimensions	3:	
Underdrain pipe	Diameter:	ASTM	/Other:	`					Length:	
Manifold piping	Diameter:	ASTM#	/Other:						Length::	
Internal Pump	HP:	Model/	Manufac	cturer						-
Floats(1)	Type:	Model/	Manufac	turer	W					
Floats(2)	Type:	Model/	Manufac	cturer						
	Yes No.	Model:	-							
ATT	Provider Name:	lviodei.								
Operation and Maint. Contract Received? Yes No										
D. Drainfield Media	postularita de la constitución d									
Type (Gravel, Pipe or alternative?)  Dietribution Box Yes No 52 Flow 4* 12019 230" over 4 Lines										
Distribution Box	Yes No	-	ZF				233	over	4 LINES	
Drop Box	V ANI-	-			AcH L				Longth	
Distribution Pipe		Diamete	7			034			Length: 23	2
Comment	CURTIAN	. Pr	Ain_	Cou	ering	70	Sp OF T	DRAIN F.	cold	
							20.000			

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<sup>\*</sup>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**

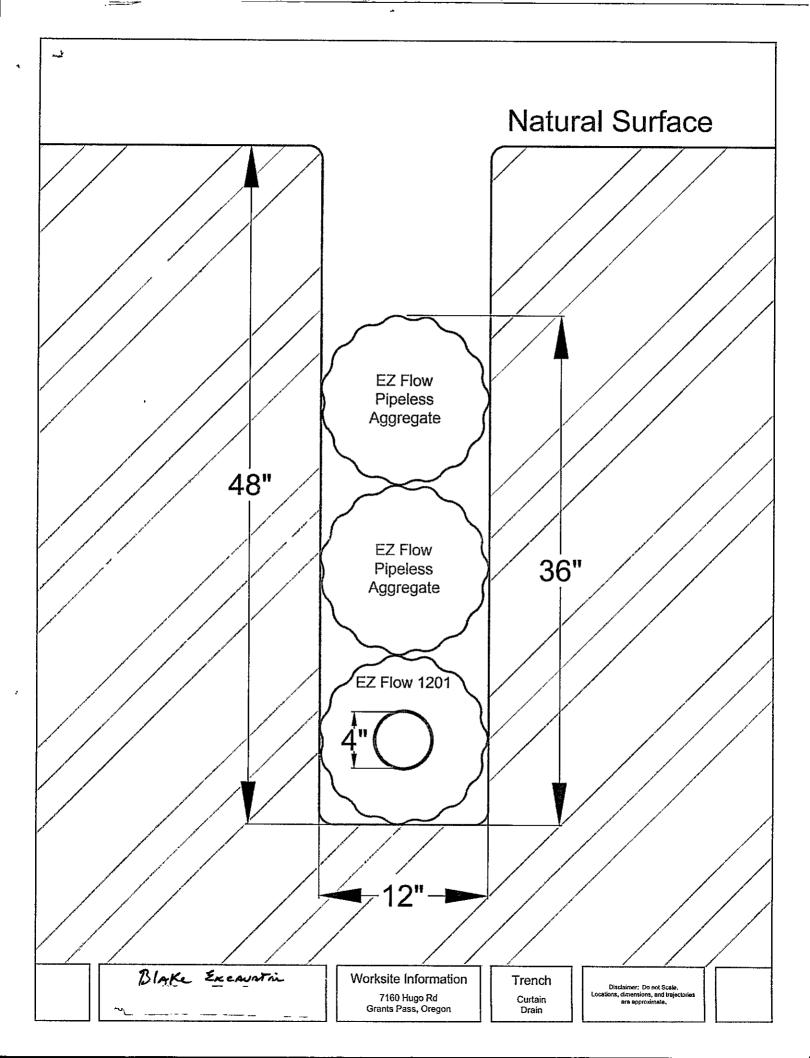
AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



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 C	Certified I	nstaller	w/Certifica	tion#: F	Print Name:	Jass	JB	lake		The State St	
Licensed Installer:	'es	No	License#:	39	642			Certificatio		3407	
Owner/ Certified Sinstaller:	Signature:	/1	M				Date: 9-	28	Pho 5	ne#: 41 659-12	.39
SECTION 5 - Offi	ce Use	Only:		ACCO MONEY		Install	er/Owner				
Notice Accepted Ye	es	No	Date	i.		(P	ermittee) Notified		No	Date:	
If No, Reason for No Acceptance								-			
Comme	nt:										









# JOSEPHINE

# 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.josepinne.or us

12"   Contain Dean 48" Degr   Jan 19		
ADDRESS: 7/60 Hogo Rd Grant Pox on 975 26  PLOT PLAN  PLOT PLAN  Contain Dran 48 Day  Contain Dran 48 Day  The Dran 1 Dra		L <u>600</u>
PLOT PIAN  Sp. 1520  Contine  Dear  To Day Light  Sold  Sold  There  Sold  Sol	ll · · · · · · · · · · · · · · · · · ·	
Contine  Dear  12 Pour  12 Pour  Today Light  Stope  230  Acress Road  Howe  SAI  SAI  SAI  SAI  SAI  SAI  SAI  SA	ADDRESS: 7/60 Hugo Rd GRANTI POX OR 975 26	<del></del>
	PLOT PILAN  PLOT P	3
DIGITATIONE	SIGNATURE:DATE: 9-15-20	

# 280-SERIES

Cast Iron Submersible Sump/Effluent Pump



# 1/2 hp 1-1/2" Discharge 3/4" Solids Handling

#### **Features**

- Liberty Pumps unique, one-piece "Uni-Body" casting
- Quick-connect 10' standard power cord allows replacement of cord in seconds without breaking seals to motor (other lengths available)
- Permanently lubricated upper and lower bearings
- Oil-filled, hermetically sealed motor with thermal overload protection
- Stainless-steel removable bottom screen
- Stainless-steel rotor shaft
- Stainless-steel fasteners

#### 115V Models

280 Manual

281 Wide-Angle Float Switch with Quick-connect

283 Wide-Angle Float Switch, Series Plug

287 Vertical Magnetic Float (VMF) Switch for heavy-duty sump pump applications

#### 208-230V Models

280HV Manual

281HV Wide-Angle Float Switch with Quick-connect 283HV Wide-Angle Float Switch, Series Plug 287HV Vertical Magnetic Float (VMF) Switch

Wide-angle float switches are mercury-free,

mechanically activated.





Available with Vertical Magnetic Float Switch





## 280-Series

#### **Impeller**

Vortex style engineered polymer

#### **Paint**

Powder coat

#### Max Fluid Temperature

140°F (60°C) Intermittent 104°F (40°C) Continuous duty

#### **Motor Specifications**

1/2 hp 8A (115V) 4A (208/230V) Oil-Filled; Thermally Protected (PSC) Permanent Split Capacitor

#### **Power Cord Type**

SJTW (10' and 15' models) SJTOOW (35' and 50' models)

#### **Motor Housing**

Class 25 cast iron

#### **Dimensional Data**

Weight: 29 lbs Height: 13"

Major Width: 10" (Model 287)

#### **Shaft**

Stainless

#### **Hardware**

Stainless

#### **Mechanical Shaft Seal**

Unitized ceramic carbon

#### **Bearings**

Upper and lower ball bearings

#### Minimum Sump Diameters

Models 281, 283 14" Model 287 10"

FACTORY SWITCH SETTINGS	MODELS 281 & 283	MODEL 287
Turn on level	13"	9.5"
Turn off level	7"	4"

The Model 283 features a fully adjustable wide-angle float switch. Differential adjustments can be made easily by tethering the float switch to the discharge pipe or other mounting point. Vertical float switch Model 287 is not adjustable.

#### **Cord Lengths**

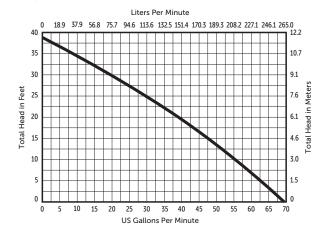
MODEL	10'	25'(-2)	35'(-3)	50'(-5)
280	Standard	Optional	Optional	Optional
281	Standard	Optional	Optional	Optional
283	Standard	Optional	Optional	N/A
287	Standard	Optional	N/A	N/A

10' cord length standard on all models. For optional lengths, add "-2, -3 or -5" suffix to model number.

Example: for model 280 with 35' cord, order 280-3

#### **Performance Curve**

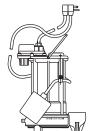
60 Hz, 3450 RPM



#### **Effluent Models**

# Model 280 Manual, no float switch

# Model 281 Wide-angle float switch with Quickconnect



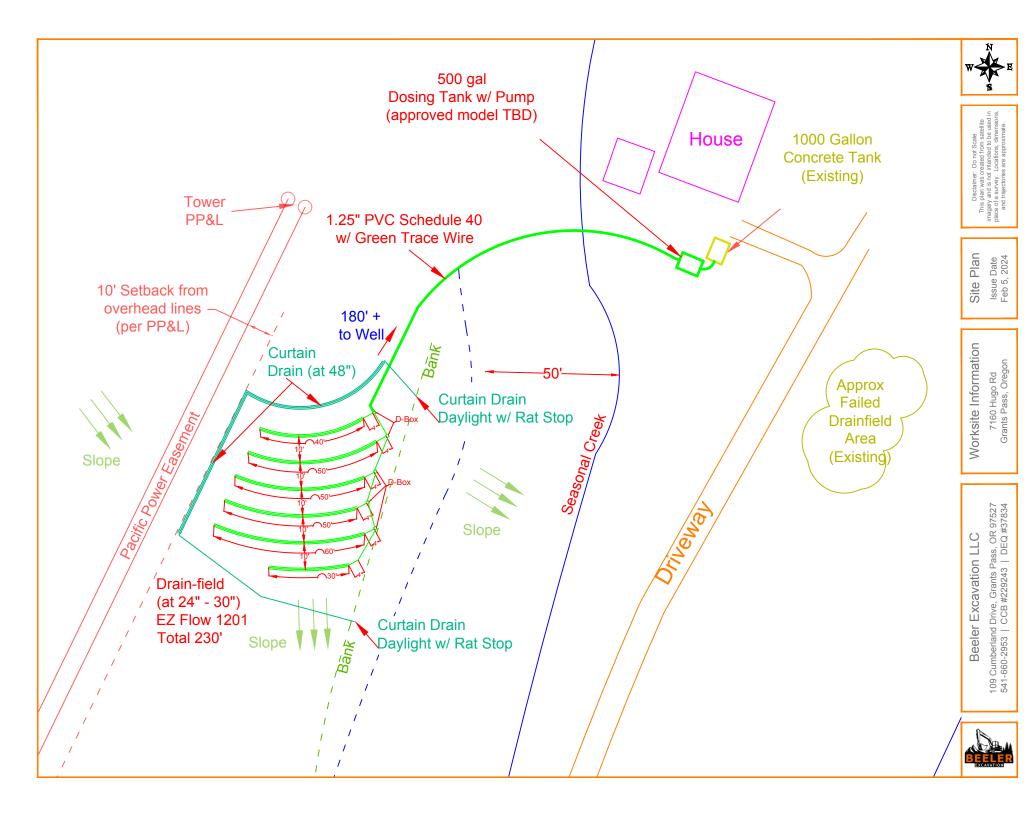
Model 283
Wide-angle
float switch
with series
(piggyback)
pluq

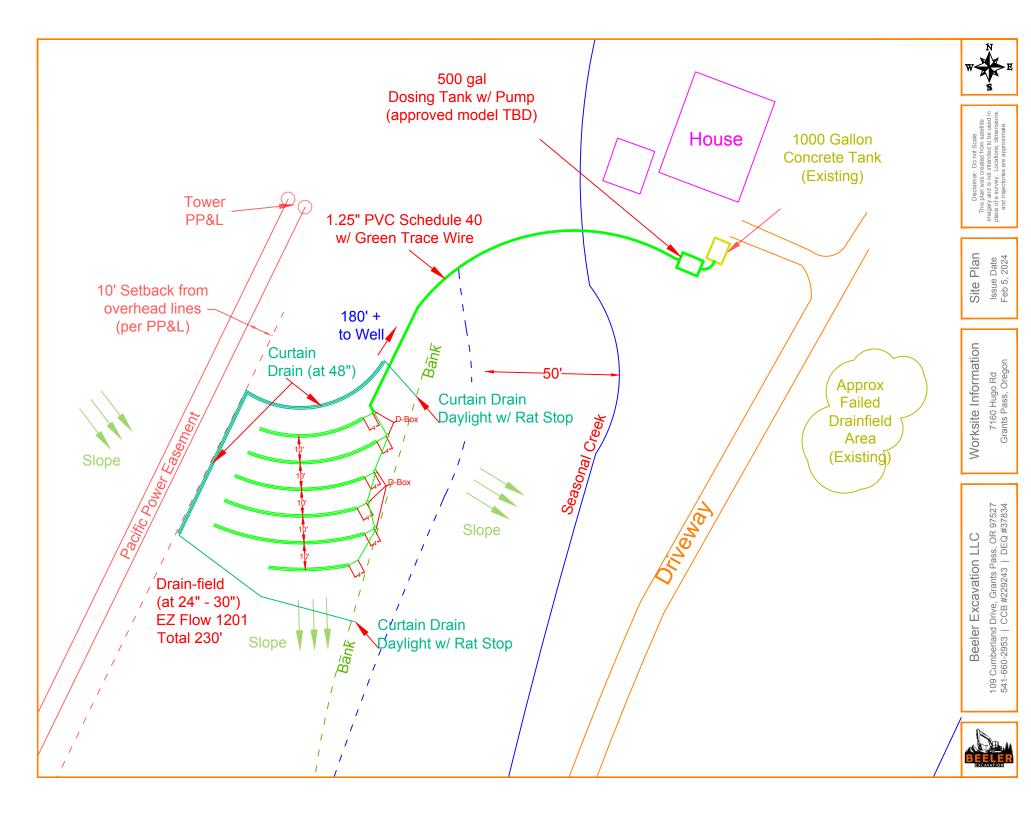
### Sump Models

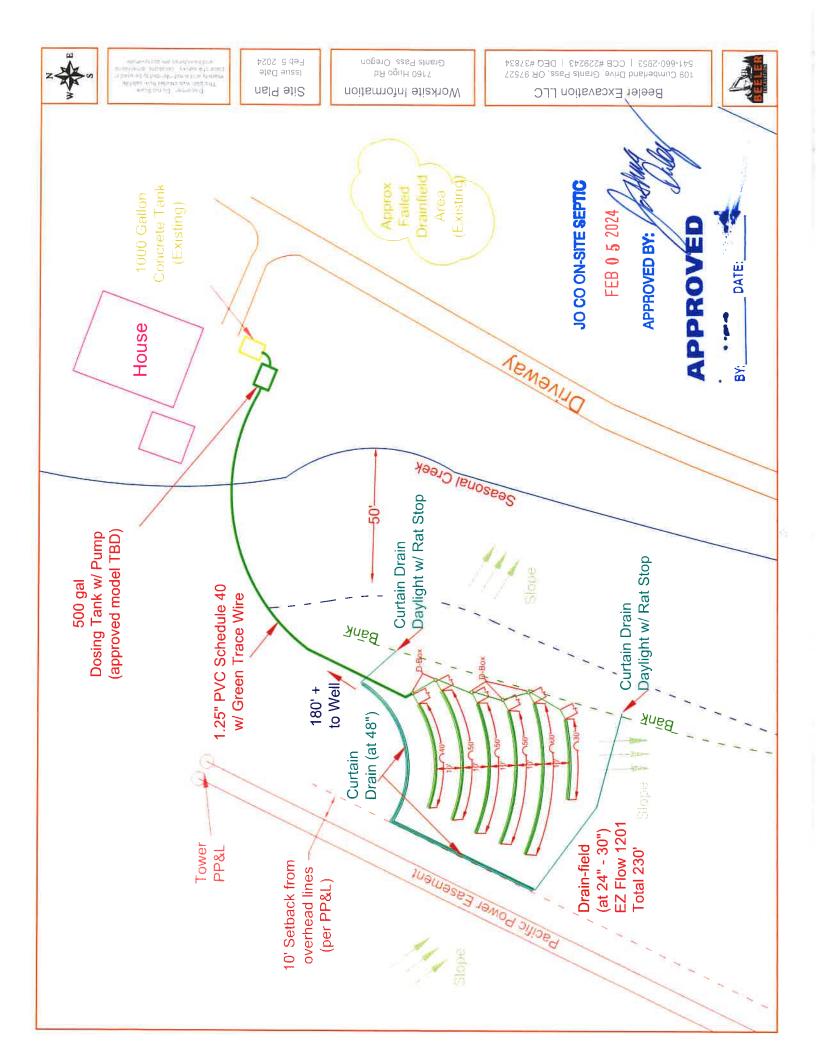


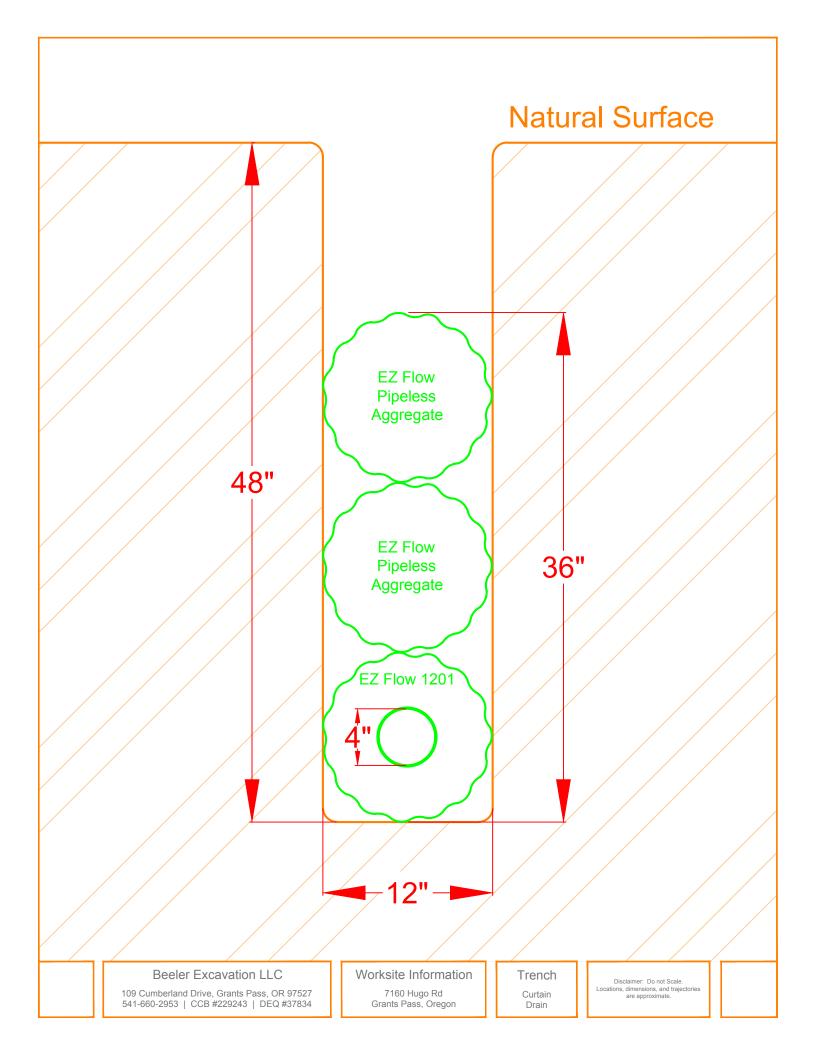
#### Model 287 VMF-Series

Vertical magnetic float switch for smaller pits – will operate in a 10" diameter sump



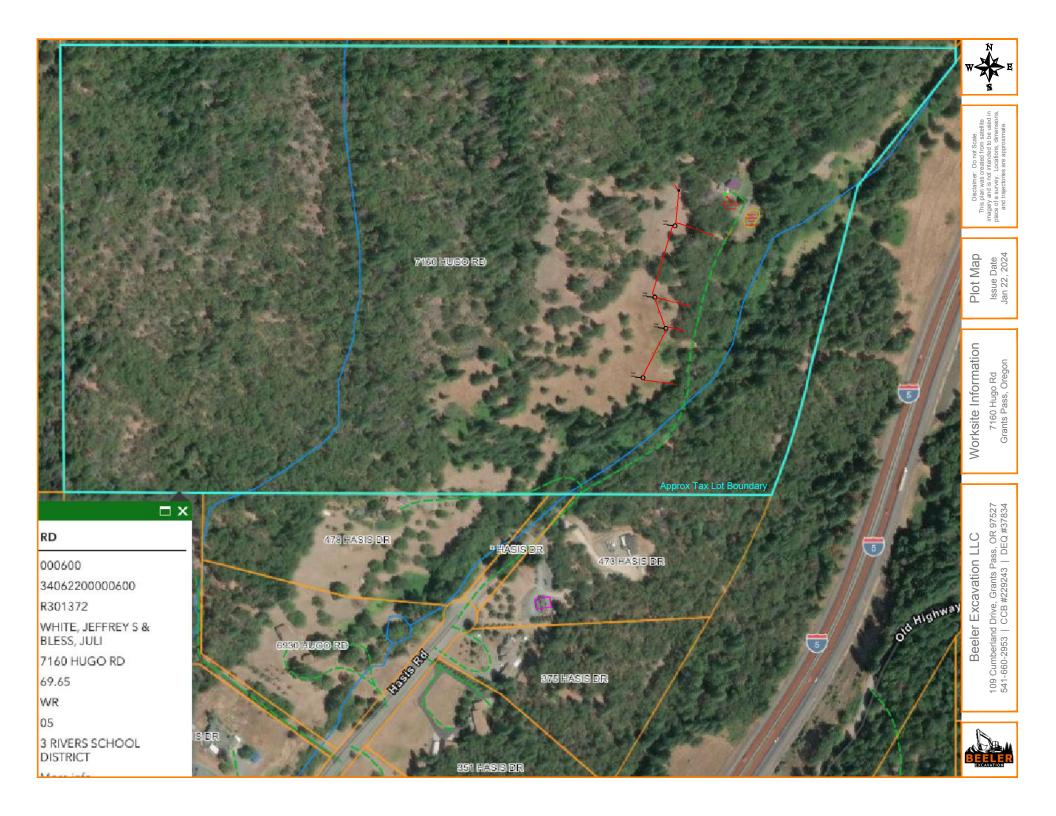


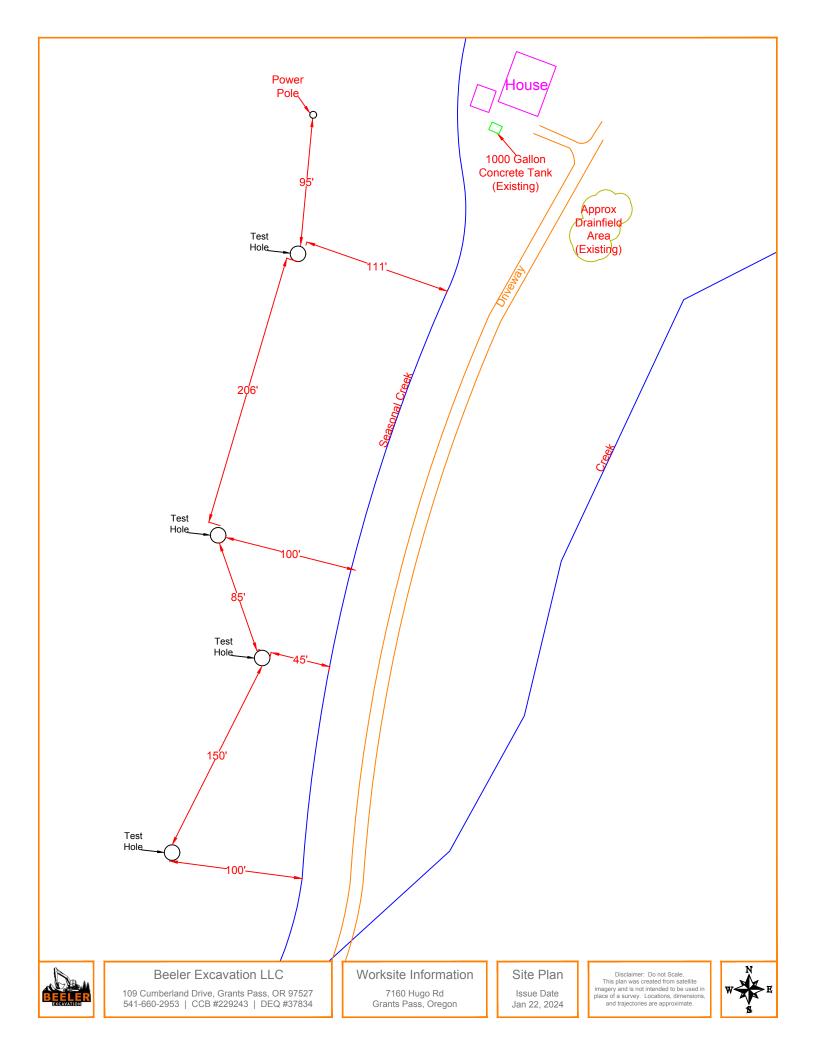


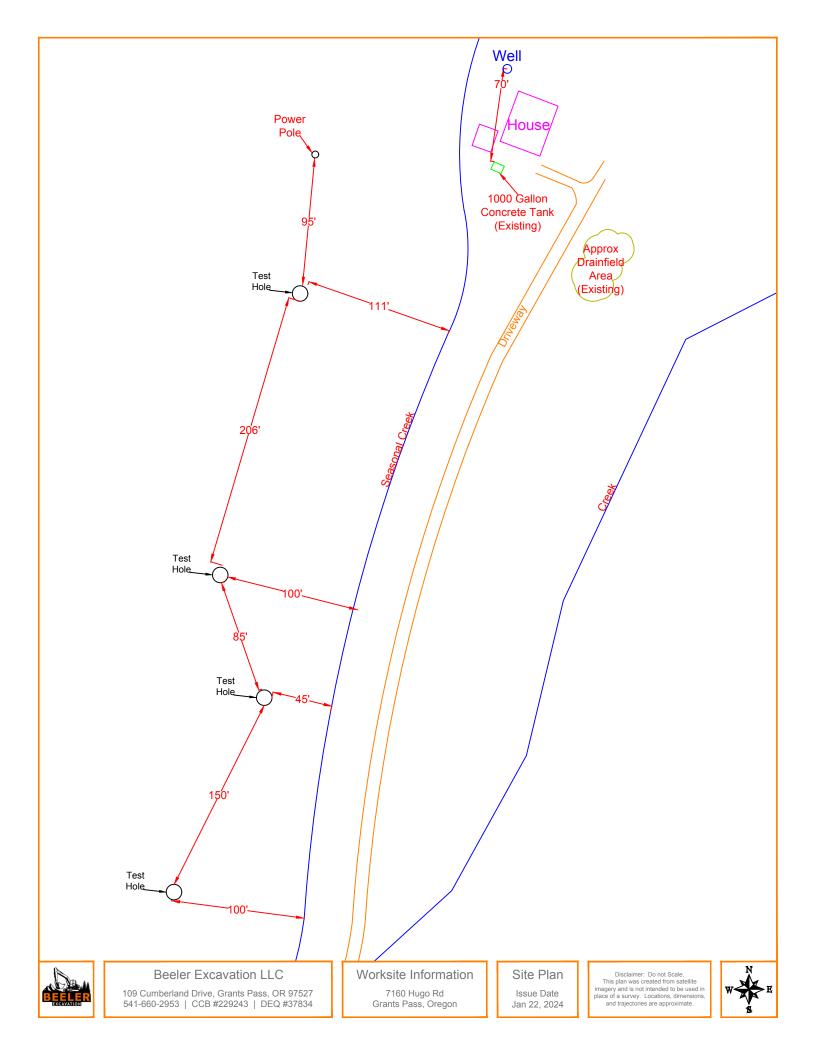


Name. Seff white 50 y Bless Application No.: 463-24-000034-PAMT Date: 131/24  RE: SITE EVALUATION REPORT for Parcel #:							
Commercial Facility: Yes No Parcel Size:	5 AC						
Design flow: gpd Max Number of bedrooms:	SPECIFICATIONS  Max Number of Employees:						
Initial System	Replacement System						
andard Capping Fill Bottomless Sand Filte Conventional Sand Filter/ATT Other	Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other						
Tank: 1,000 gal. 2 compartment Other offluent pump required to filter required	Tank: 1,000 gal. 1,500 gal. 2 compartment Other effluent pump required						
Distribution Method: Fual Pressurized	Distribution Method:						
Absorption facility total linear feet	Absorption facility. 22 tal linear feet						
linear feet per 150 gallons projected daily sewage flow  "Max Depth "Min Depth	30 "Max Depth "Min Depth						
<ol> <li>Additional Conditions of Approval</li> <li>Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.</li> <li>Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.</li> <li>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.</li> <li>Placement of a well within 100 feet of the approved areas may invalidate this approval.</li> <li>A curtain drain is required, a minimum of feet above the highest disposal trench.         <ul> <li>The curtain drain must be a minimum of inches deep, and installed in accordance with OAR 340-071-0220 (12).</li> <li>Rake trench sidewalls.</li> <li>The system must be installed during dry soil conditions only.</li> <li>System must be installed between June 1 and October 1, unless otherwise approved by DEQ.</li> </ul> </li> </ol>							
Inspector: Alley							

PIT	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
No.			STRUCTURE, EFFECTIVE SOIL DELTIN, 21 G
-			* mater flow or cust *
Test Pit 1			* hater flowing out *
Te			
12	0-14		7,5175/3 Pout 3uf, fizm, C ISBK
Pit 2	14-28	CL	10/24/ Doct Julit Im, C 18BK 10-20%, 1-4" Dock
Test Pit 2	28-55	CL	244/ Poot IUF & ISBK 40-50% 2=10" Dock Depleted
			Denletion@20" to 55" 10424/1-244/1
	0-14	L	7.5/25/2 Peut 3uf, F 2m, C 18BK
Pit 3	1478	L	754244 Dout w F. F. M 13BK 30401, 14-14 Park
Test Pit 3	28-55	Ci-	7.5424/2 Doct 10f, fin ISBK 40-60%, 1-8"200
		-	Denletion @ 28" to 55" 7,54A4/
- 1	3-2	(	7.5925/2 Doct Butifum ISBK
1t 4	91-16		75424/4 Dust 2rt.f.m 18AK 10-20% 1/4-5" Pods
Test Pit 4	16-55	CA	10425/2 Doct Wfif ISDK 40-60), 1/4-5"Pock
			Denlet 00 (2/4" 75424/2
			to 55 h
15			
Test Pit 5	-		
Ē			
	-		
Test Pit 6			
Test			
Land	scape Note	s: Gass	with shrubs
Slope	. Va	ries	4-25/ Aspect: Groundwater Type: Permanent Temporary
	r Site Note	(1)	inporter everything Is souked from commind
-		Sin .	





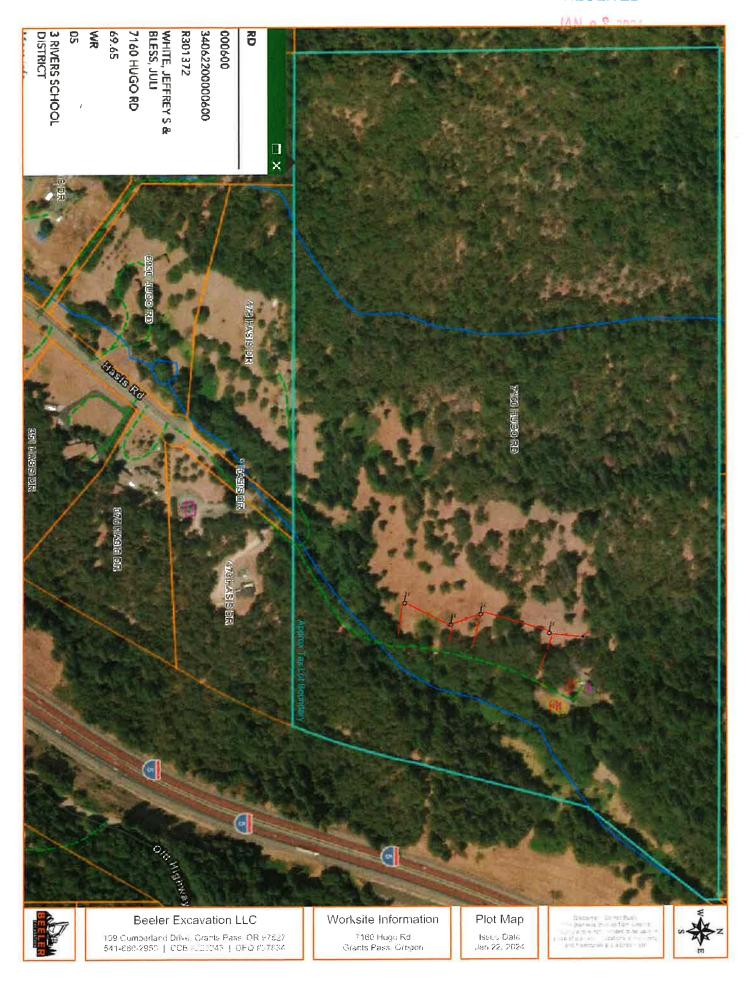


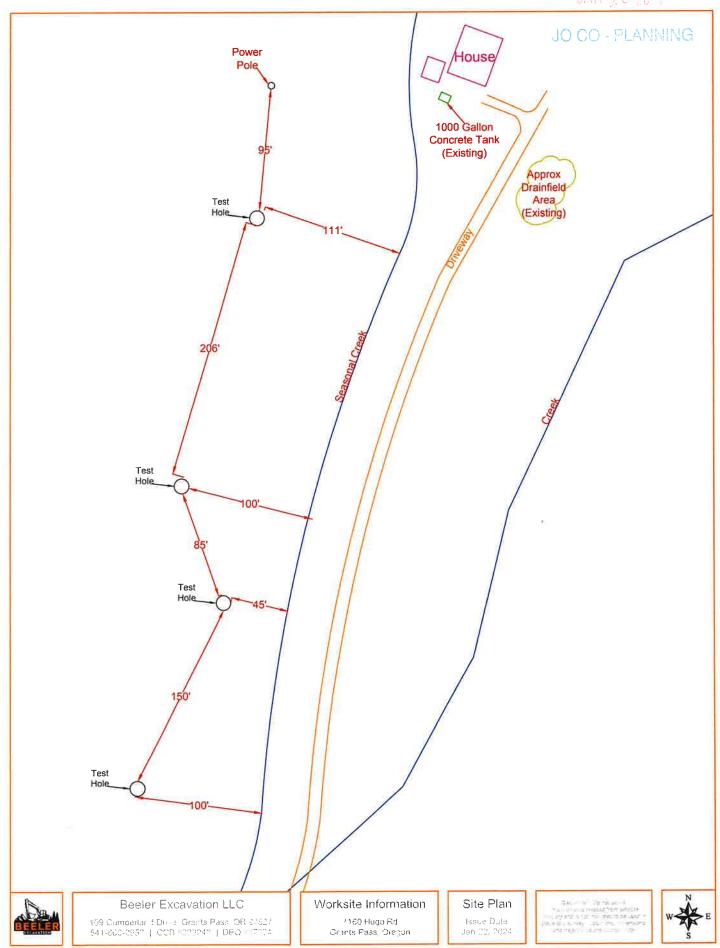


#### SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field) 1. Applicant Name/Property Owner: Dominic Florez of Beeler Excavation LLC Mailing Address: 109 Cumberland Dr. City, State, Zip: Grants Pass, OR 97527 Telephone: 541-660-2953 2. Property Information: County: Josephine Tax Lot No.: 600 Township: 34 Section: 22 Range: 06 Physical Address: 7160 Hugo Road Lot: Block: Subdivision Name (if applicable): 3. This proposed facility is for: An individual, single-family dwelling. Other. Describe the type of development, business, or facility and the provided services or products: \_\_\_\_\_ 4. Permit or approval being requested: **✓** Construction-Installation permit for: ☐ New Construction Repair Alteration Non-water -carried facility requests (for example, pit privy/vault toilet for campgrounds). Bedroom addition Authorization Notice for: Replacement of dwelling Other changes in land use involving potential sewage flow increases SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL 5. Property Zoning: (1) Zoning Minimum Parcel Size: 6. The facility is located: inside city limits inside UGB outside UGB If inside UGB, the proposed facility is subject to: County jurisdiction City jurisdiction Shared City/County jurisdiction 7. Does the proposed facility comply with all applicable local land use requirements: If you answered "Yes" above, was this compliance based on: Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions) Conditional approval (provide findings and citation or attach a copy of the applicable land use decision) Measure 49 waiver (provide Department of Land Conservation and Development approval number) Either provide reasons for affirmative compliance decision or attach findings of fact: / 8. Planning Official Signature: Print Name: Telephone:

Josephine County Planning 700 NW Dimmick Street Suite C Grants Pass, OR 97526

#### RECEIVED







RECEIVED JAN 3 2 2024

JO CO - PLANNING

I, Jeffery S White have authorized Dominic Florez of Beeler Excavation LLC to act as my
(Property Owner/Print Name) have authorized Ominic Florez of Beeler Excavation LLC to act as my (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Josephine County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative
are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required
business activities on said property.
PROPERTY IDENTIFICATION:
7160 Hugo Rd, Grants Pass, OR
(Property Situs or Road Address)
And described in the records of <u>Josephine</u> County as:
Township 34 Range 06 Section 22 Map ID Tax Lot #(s) 600
PROPERTY OWNER:
Printed Name: Jeffery S. White
Address: 7160 Hugo Rd
City, State, Zip: Grants Pass, OR
Only, State, Zip.
Phone: 5416591743
0 11 0 1 15
Signature:
AUTHORIZED REPRESENTATIVE:
Printed Name: Dominic Florez
Address: 109 Cumberland Drive
City, State, Zip: Grants Pass, Oregon 97527
Phone: 541-660-2953 Email: info@beelerexcavation.com
Liliali,
Signature: Dominic Florag



## NOTICE AUTHORIZING REPRESENTATIVE

, Jeffery S White	, have authorized	Dominic Florez of Be	eler Excavation LLC to act as my entative/Print Name)				
(Property Owner/Print Name)	_	(Authorized Repres	entative/Print Name)				
agent in performing the activities necessary to obtain all onsite wastewater treatment program							
services provided by the Joseph	ine County on the	property describe	ed below in accordance with				
OAR chapter 340, division 071.	agree that any co	sts not satisfied b	by the Authorized Representative				
are my responsibility and I autho	rized Josephine C	ounty Onsite Sep	tic agents to conduct required				
business activities on said prope	rty.						
PROPERTY IDENTIFICATION:							
7160 Hugo Rd, Grants Pass, OR							
(Prope	erty Situs or Road Add	ress)					
And described in the records of	Josephine		County as:				
Township 34 Range 06	Section 22	Map ID	Tax Lot #(s) 600				
PROPERTY OWNER:							
Printed Name: Jeffery S. White							
Address: 7160 Hugo Rd							
City, State, Zip: Grants Pass, OR		-					
Phone: 5416591743	E	mail: julideann@g	gmail.com				
Signature:	Wid						
AUTHORIZED REPRESENTATI	VE:						
Printed Name: Dominic Florez							
Address: 109 Cumberland Drive							
City, State, Zip: Grants Pass, Ore	gon 97527						
Phone: <u>541-660-2953</u>	E	mail: info@beeler	rexcavation.com				
Signature: Dominic Flor	47						

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1"=400'

