



Certificate of Satisfactory Completion
Repair (Major) - Residential - New

463-24-000077-PRMT

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 Certificate Issued: 05/07/2024

Work Description: MAJOR REPAIR. DECOMMISSION SEPTIC, FILL HOLE WITH CONCRETE. INSTALL NEW SEPTIC AND DRAIN FIELD IN NEW LOCATION

Primary Contractor: Stephen Stark Excavation, LLC

Installer License: 38143

Address: 756 Stringer Gap Road
Grants Pass OR 97527

Phone: 5414761226

Email: ststarkexllc@gmail.com

Owner: BAILEY, CASEY & BAILEY, KAILA
Address: 960 KING MOUNTAIN TRAIL
WOLF CREEK OR 97497

Property Address: 960 King Mountain Trl, Wolf Creek,
OR 97497

Parcel: 3405050000070000 - Primary Township: 34 Range: 05 Section: 5

Lot Size: 39.52 Water Supply: Well
Zoning: N/A City/County/UGB: N/A
Land Use Approval: N/A

Category of Construction: Residential

Table with 3 columns: Existing, Proposed. Rows: Use of Structure (SINGLE FAMILY HOME), Number of Bedrooms (3).

System Specifications

Type: Standard
Max Peak Design Flow: 450 gpd. Proposed Flow: 375 gpd.
Min Septic Tank Volume: 1500 gal. Min Dosing Tank Volume: N/A
Special Tank Requirements: 1500 gallon 2 compartment tank required.

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: 225 linear ft. Rock Above Pipe: N/A
Max Depth: 30 in. Undisturbed Soil Between Trenches: 8 ft.
Min Depth: 24 in. Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

Groundwater Type: Not Applicable Groundwater Depth: N/A
Pump to Drainfield Required: Yes Filter Fabric on Top of Drain Media: No

**Date Certificate Issued:** 05/07/2024

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### 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).

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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

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.)

Major Repair

FIELD WORKSHEET

Name: Gerald Lee Mack Application No.: 46324-800077-PRMT Date: 2/27/24  
RE: SITE EVALUATION REPORT for Parcel #: 24-05-05 TC 700

Commercial Facility:  Yes  No Parcel Size: 39.52 AC

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 0

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 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>225</u> total linear feet <u>75</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>225</u> total linear feet <u>75</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.

\* The two test pits inside the old leach field are not examined due to proximity to raw sewage.\*

\* The approval is only for the test pits on the logged hill upslope from the house.\*

Inspector: Joshua Calay

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	CL	SPR 4/6 Root 20 A.A. mm 15BK
	4-20	CL	SPR 4/6 Root 15 m
	20-50	CL	SPR 5/6 Root 10 f
Test Pit 2			NCA's
			Similar
			Standing H <sub>2</sub> O @ 50"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

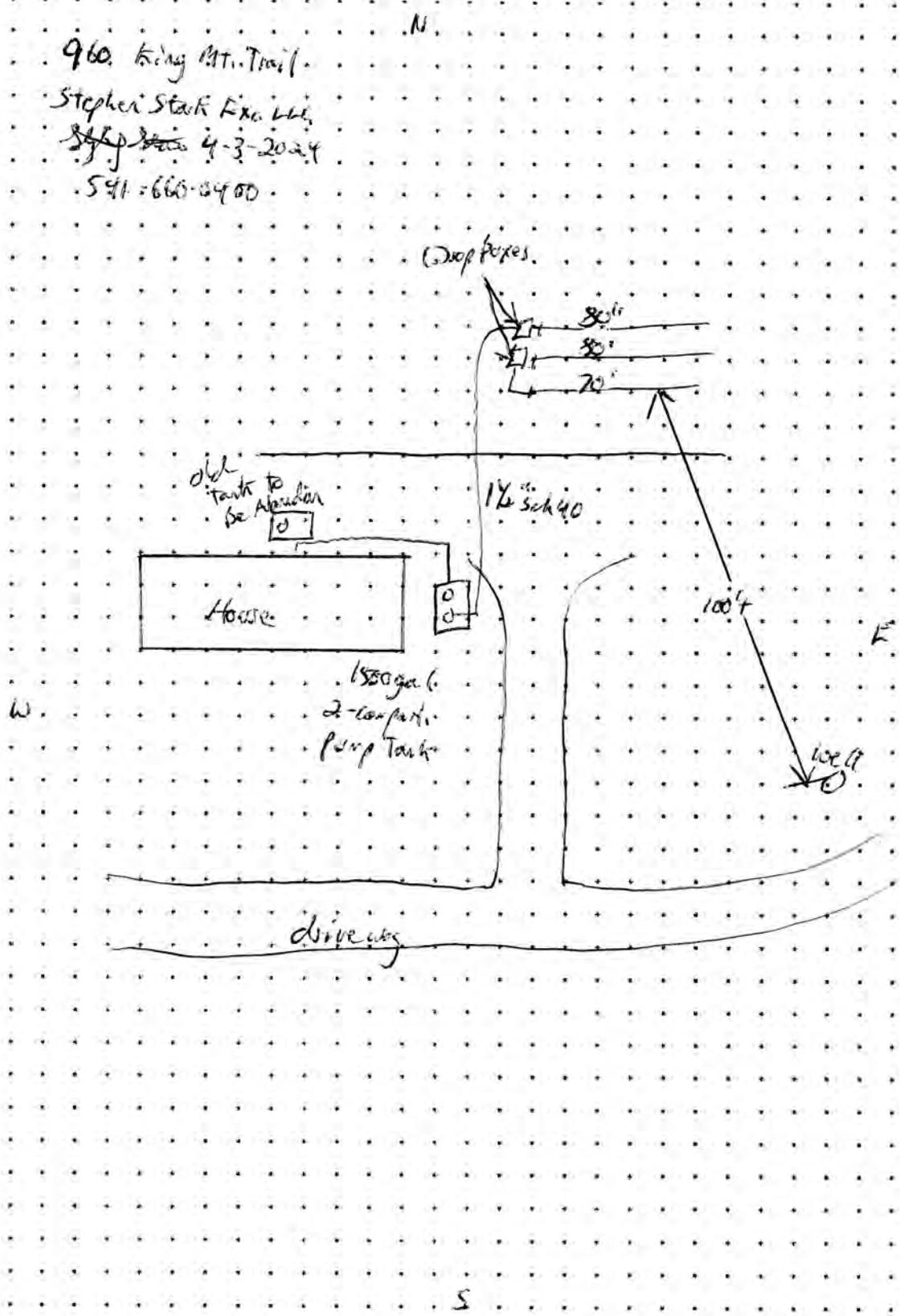
Landscape Notes: Logged Hill w/ grass

Slope: 18-25% Aspect: \_\_\_\_\_ Groundwater Type:  Permanent  Temporary

Other Site Notes: \_\_\_\_\_

SITE PLAN

960 King Mt. Trail  
Stephen Stark Eno LLC  
SFP 4-3-2024  
S#1 = 660-0400



SITE PLAN

960 King Mt. Trail  
Stephen Stark Exc. LLC  
4-3-2024  
541-660-0400

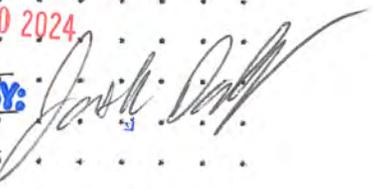
280 ft. of EZ flow  
1500 gallon 2-compartment pump tank

N

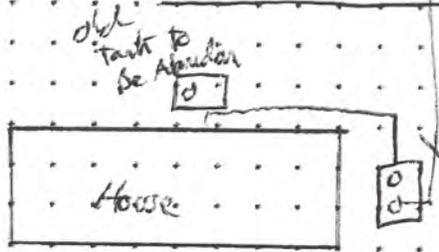
JQ CO ON-SITE SEPTIC

APR 10 2024

APPROVED BY:



Drop Pipes



1500 gal.  
2-comp.  
pump tank

1 1/2" sch 40

100'

100'

drive way

W

E

S

# 280-SERIES

Cast Iron Submersible Sump/Effluent Pump

# Liberty Pumps®

A Family and Employee Owned Company

JO CO ON-SITE SEPTIC

APR 01 2024

APPROVED BY:

JO CO ON-SITE SEPTIC

APR 10 2024

APPROVED BY:

Quick-connect Power Cord

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.



One-Piece Cast Motor Housing



Model 283

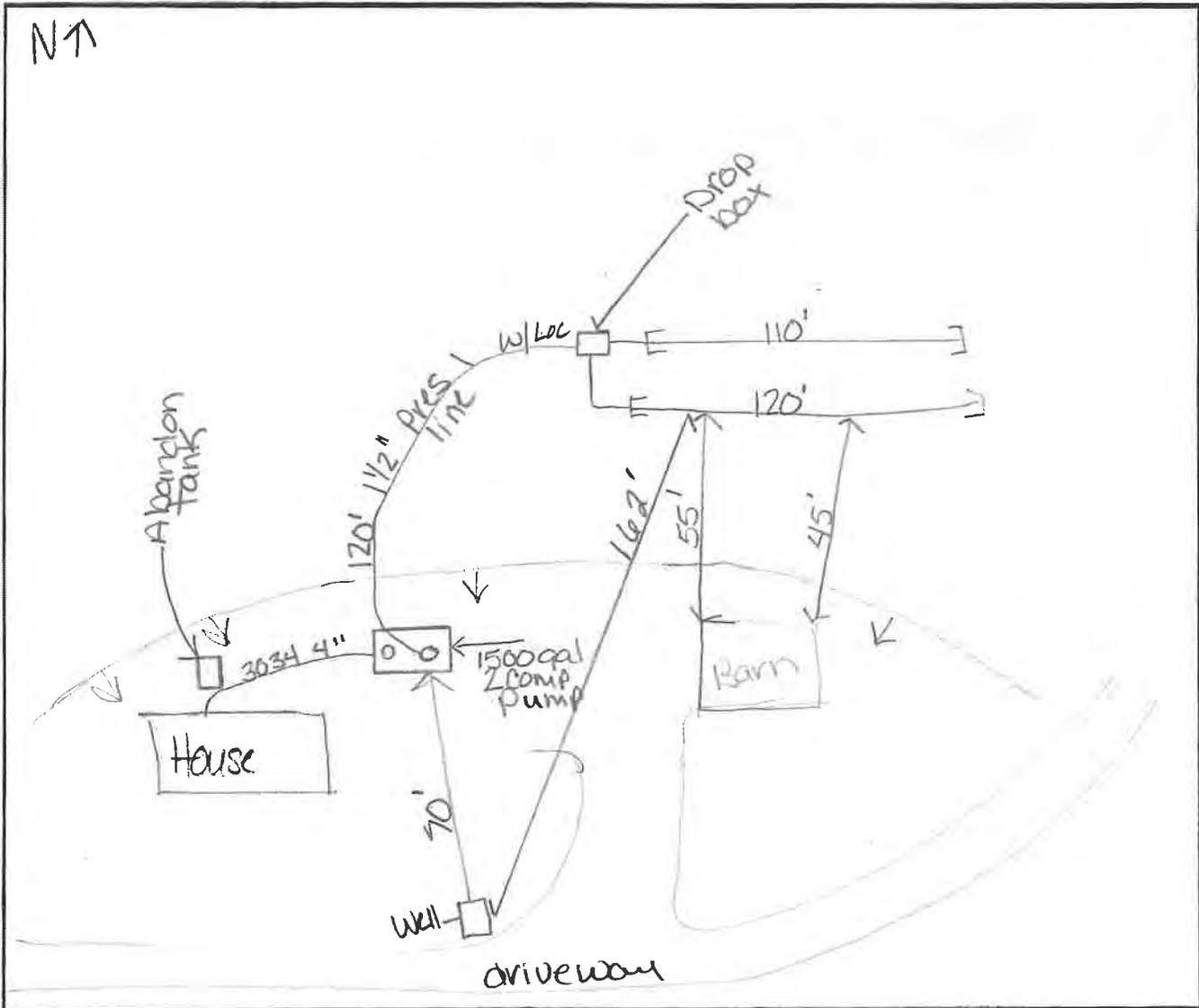


Available with Vertical Magnetic Float Switch



**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 Certified Installer w/Certification#:	Print Name: <b>Stephen Stark Excavation</b>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <b>38143</b>	Certification#:
Owner/ Certified Installer:	Signature: <b>Stephen Stark</b>	Date: <b>4/26/24</b>	Phone#: <b>4761226</b>

**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: \_\_\_\_\_

## Final Inspection Request and Notice - Septic ID: 463-24-000077-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

**SECTION 1: Owner/Permittee Information:**

Twnshp: 34      Range: 05      Sect: 5  
Lot:

Name: BAILEY, CASEY & BAILEY, KAILA

Property 960 KING MOUNTAIN TRL, WOLF CREEK, OR 97497  
Address:

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps	System Type:			Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Riverside	Date: 4/22/24
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Liberty	Float(s)Type(1): SJ	Model/Manuf. Rhombus
			Float(s)Type(2):	Model/Manuf.

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/2"	ASTM#/Other: sch 40	Length: 120'

**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 <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 1201-P      Length: 230'
Comment				

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)  
\*\*Attach sieve analysis for Underdrain Media and Filter Sand

1090 King MT trail Wolf cr



← Tank Hole

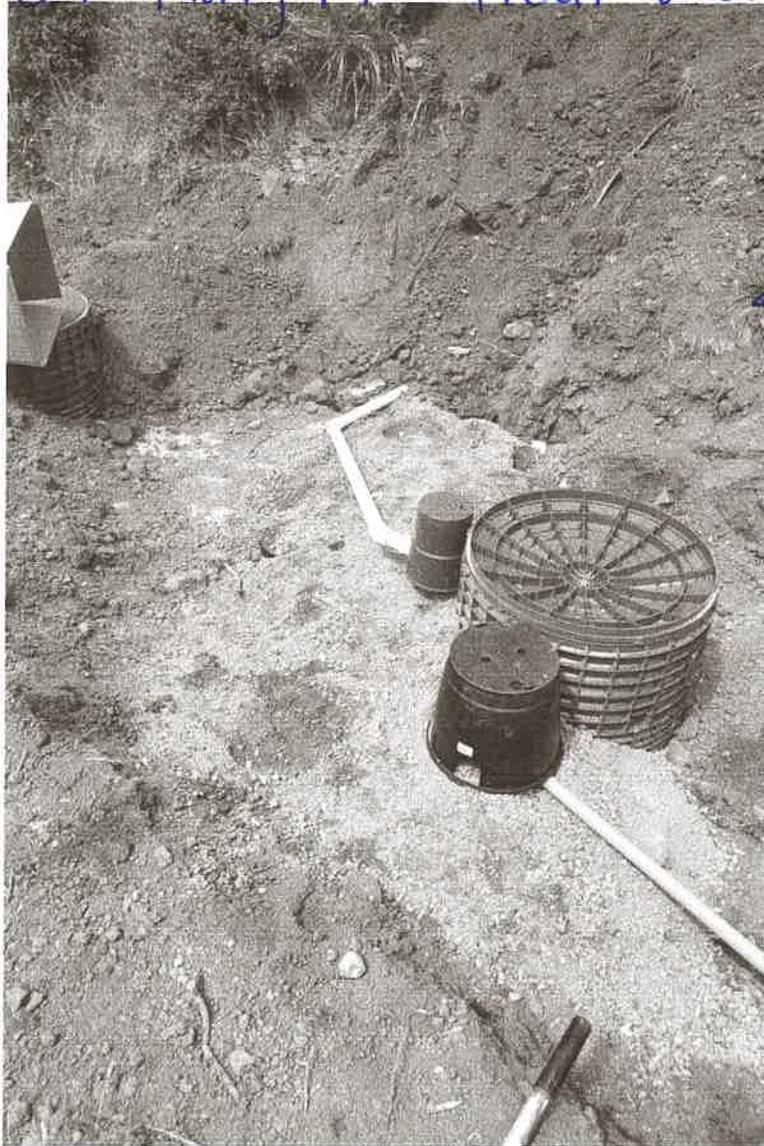
690 King MT Trail Wolf Creek



1500 gal  
2 Comp.  
Pump  
tank

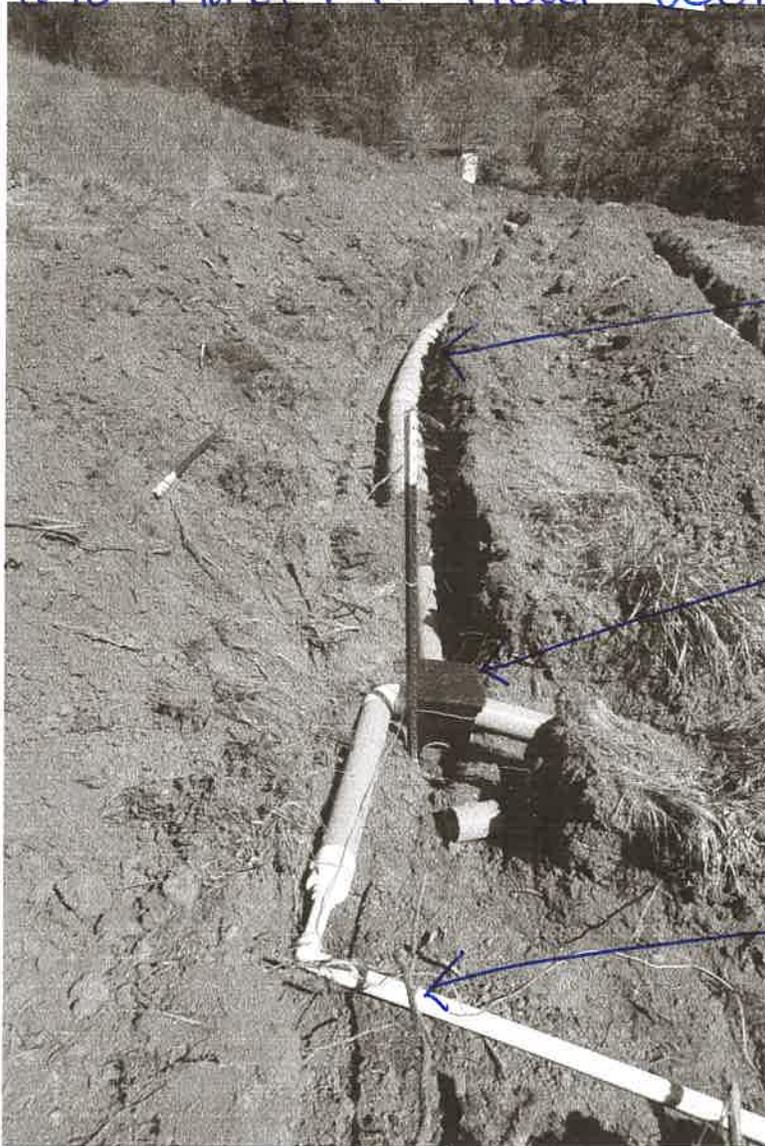
4" 3034  
sewer line

1090 King MT trail Wolf Creek



← 1500 gal  
2 comp  
pump  
tank

1090 Kuna MT trail Wolf Cr.



Line 1  
1201-P

Drop box

1 1/2" Pressure  
line

Le90 King MT, Trail, Wolf cr



Line 2  
1201-P



## SEPTIC TANK ABANDONMENT FORM

State of Oregon  
Department of  
Environmental  
Quality

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to our office at 221 Stewart Avenue, Suite 201, Medford, OR 97501. If you have any questions, please call 541-776-6010.

### Oregon Administrative rule 340-071-0185 Decommissioning of Systems

- (2) Procedures for decommissioning
  - a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to removal all septage.
  - b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner C. Casey, Kaitia Bailey

Septic Tank location 960 King Mountain Trail RD

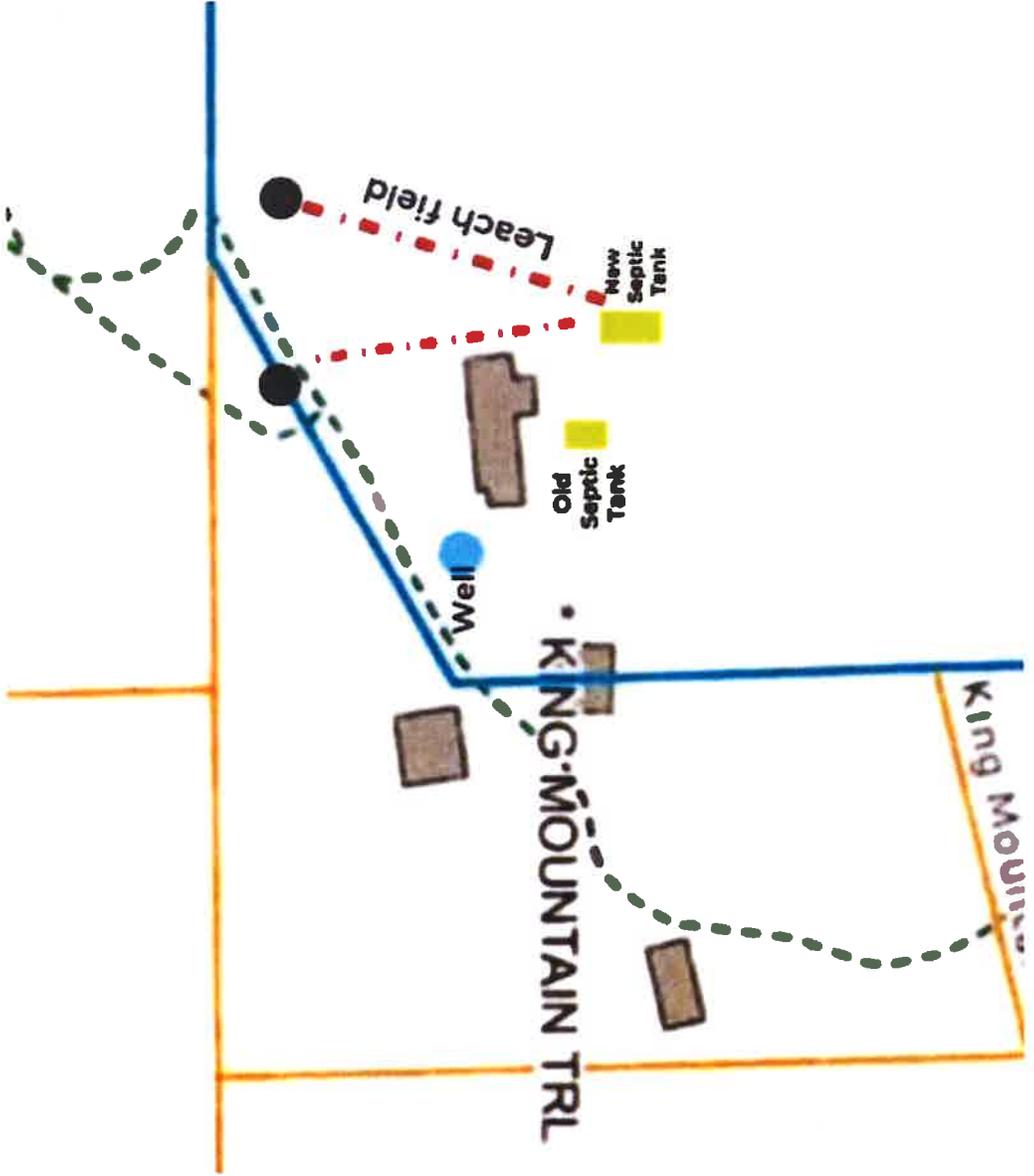
Legal Description: Twp: 34 Range 05 Section 05 TL# 700

Date tank pumped: 4/19/24

By: BMB License # 39340  
(signature of licensed pumper)

**This septic tank was backfilled with sand, clean bar-run gravel or other approved material after been pumped.**

By: Mr. Ed's Advanced Septic Date: 4/20/24



**SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)**

1. Applicant Name/Property Owner: Gerald Mack  
Mailing Address: 601 S King St. STE F-602  
City, State, Zip: Charlotte, NC 28204  
Telephone: 859-621-3309

2. Property Information:  
County: Josephine Tax Lot No.: 700  
Township: 34 Range: 05 Section: 05  
Physical Address: 960 King Mt. Trail  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
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).  
 Authorization Notice for:  Replacement of dwelling  Bedroom addition  
 Other changes in land use involving potential sewage flow increases

**SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL**

5. Property Zoning: FL Zoning Minimum Parcel Size: 80 acres

6. The facility is located:  inside city limits  inside UGB  outside UGB  
If inside UGB, the proposed facility is subject to:  
 City jurisdiction  County jurisdiction  Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements:  Yes  No  
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: Alteration, restoration or replacement of a lawfully established dwelling is permitted under Section 19.65.030.A, JCC

8. Planning Official Signature: Jami Smith  
Print Name: Jami Smith Title: Associate Planner  
Telephone: 541-474-5424 Date: 2-20-24

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

This map was prepared for assessment purposes only.

SEE MAP 33 5

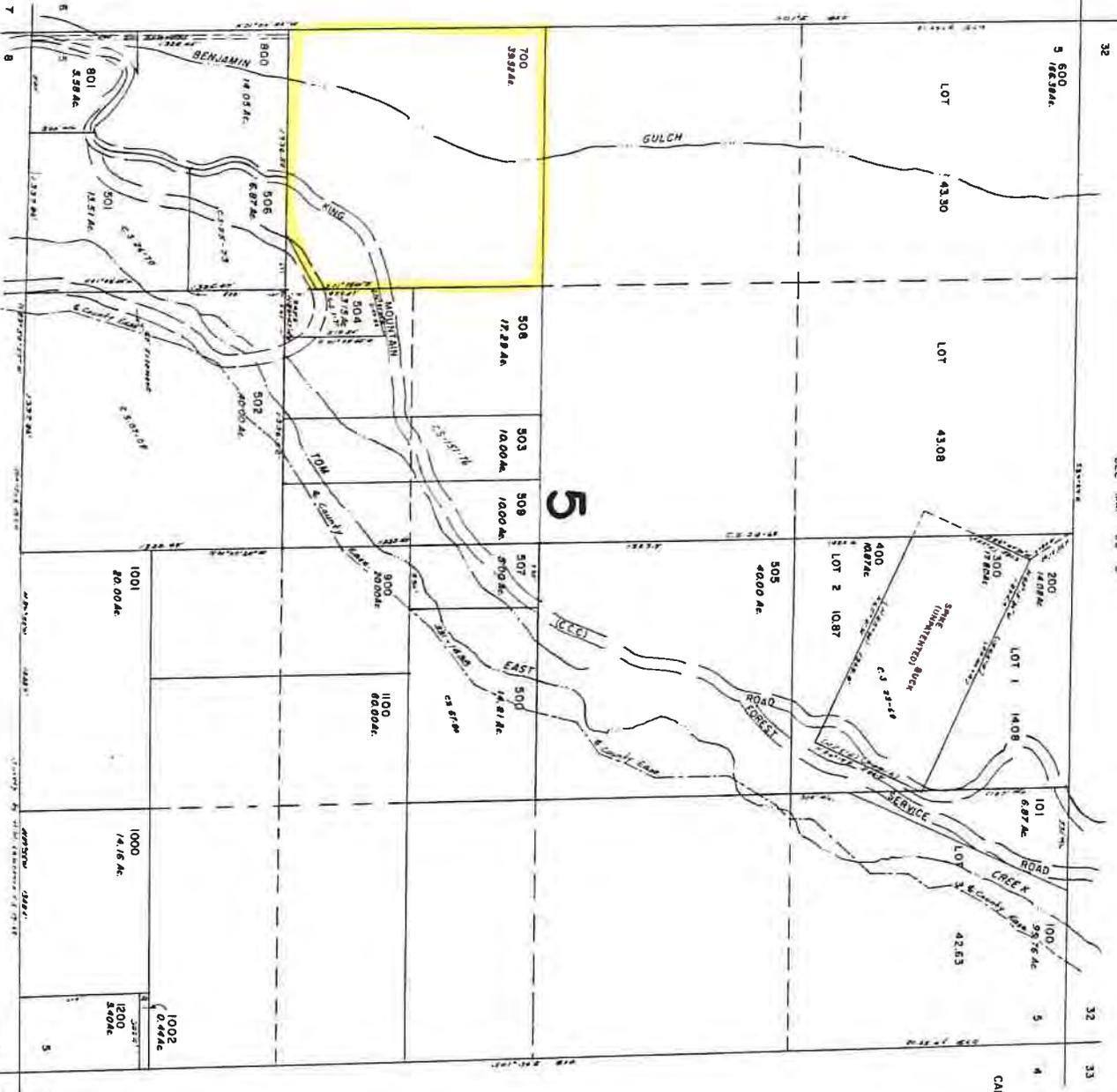
31 32 33

CANCELLED TL

100M  
900M  
590  
500-30  
501-40

SEE MAP 34 5

SEE MAP 34 5



SEE MAP 34 5 8

SEE MAP 34 5 8 A



Community Development - Planning Division  
 700 NW Dimmick, Suite C  
 Grants Pass, OR 97526

Receipt Number: PL24-00157

(541) 474-5421  
 planning@josephinecounty.gov

**Payer/Payee:** NINA HODGE  
 3332 COBBLERS CT  
 NEW ALBANY IN 47150

**Cashier:** ONLINE PAYMENT

**Date:** 02/14/2024

**Primary Parcel:** 34050500000700 **Project Description:** On-Septic

**PL-2024-00145 LAND USE INFORMATION RESPONSE 960 KING MOUNTAIN TRL**

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Land Use Information Response	\$125.00	\$125.00	\$0.00
	<b>\$125.00</b>	<b>\$125.00</b>	<b>\$0.00</b>

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
ONLINE PAYMENT	151140703	\$125.00
<b>Total Paid:</b>		<b>\$125.00</b>

# 280-SERIES

Cast Iron Submersible Sump/Effluent Pump

# Liberty Pumps®

A Family and Employee Owned Company

**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.

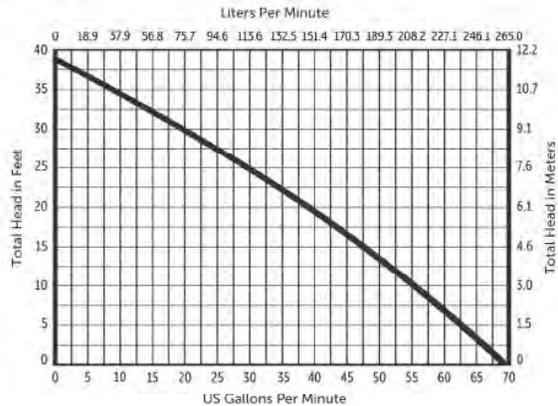
## Cord Lengths

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 <sup>-2</sup>, <sup>-3</sup> or <sup>-5</sup> suffix to model number.  
Example: for model 280 with 35' cord, order 280-3.

## Performance Curve

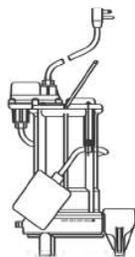
60 Hz, 3450 RPM



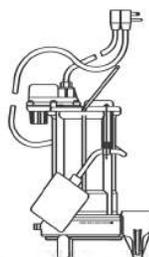
## Effluent Models



**Model 280**  
Manual,  
no float switch



**Model 281**  
Wide-angle  
float switch with  
Quick-connect



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



**Model 287**  
**VMF-Series**  
Vertical magnetic  
float switch for  
smaller pits – will  
operate in a 10"  
diameter sump

Specifications subject to change without notice.

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**NOTICE AUTHORIZING REPRESENTATIVE**

I, Kaila Bailey (Property Owner/Print Name), have authorized Stephen Stark Excavation, LLC (Authorized Representative/Print Name) to act as my 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:**

960 King Mountain Trail Wolf Creek, OR. 97497  
(Property Situs or Road Address)

And described in the records of \_\_\_\_\_ County as:  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

**PROPERTY OWNER:**

Printed Name: Kaila Bailey  
Address: 960 King Mountain Trail Wolf Creek OR  
City, State, Zip: wolf creek OR 97494  
Phone: 541-450-8431 Email: Kailabailey58@gmail.com  
Signature: [Handwritten Signature]

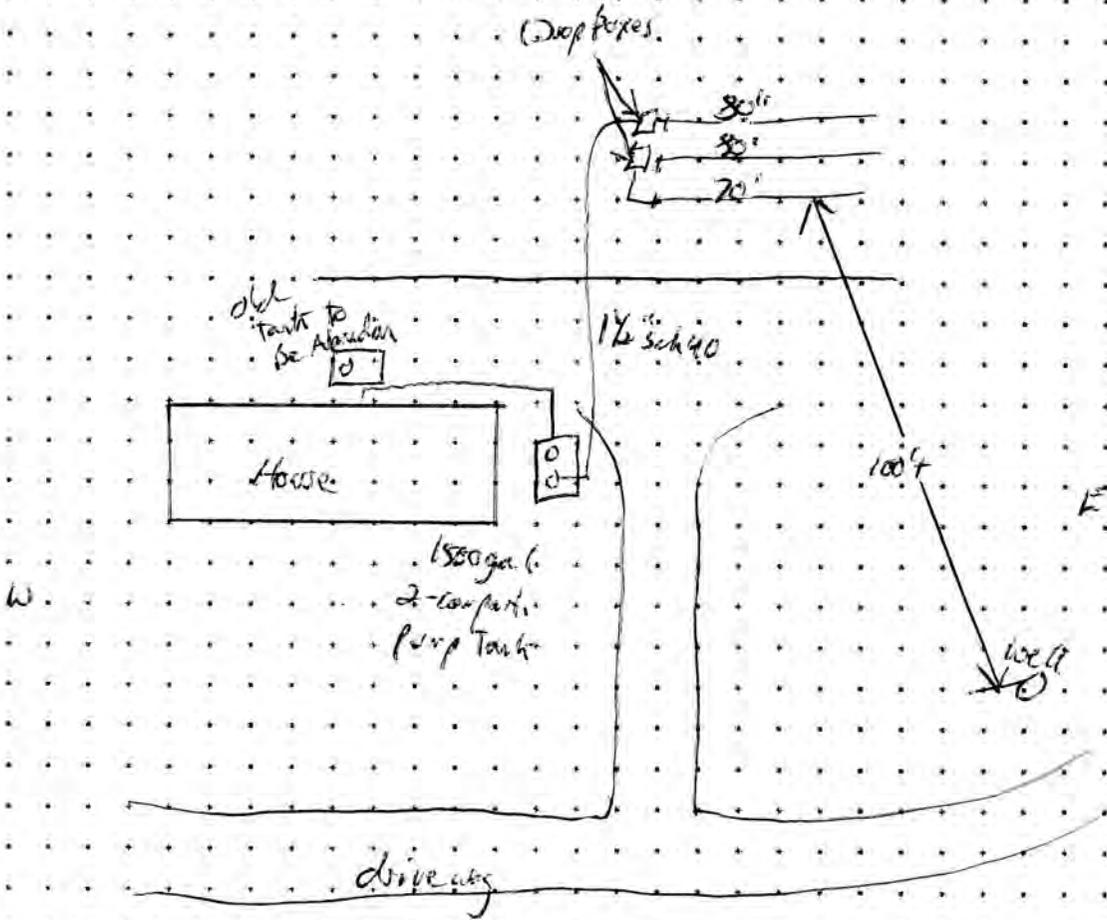
**AUTHORIZED REPRESENTATIVE:**

Printed Name: Stephen Stark Exc. LLC  
Address: 756 Stringo Loop Rd  
City, State, Zip: Grants Pass OR 97527  
Phone: 541-426-1226 Email: Stark Steve 52@yahoo.com  
Signature: [Handwritten Signature]

SITE PLAN

960 King Mt. Trail  
Stephen Stark Exc. LLC  
4-3-2024  
541-660-0400

280 ft. of EZ flow  
1500 gallon 2-compartment pump tank





# Septic Permit

## Repair (Major) - Residential - New

463-24-000077-PRMT

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

<b>Date issued:</b> 4/10/24	<b>Expiration date:</b> 4/10/25
<b>Work description:</b> MAJOR REPAIR. DECOMMISSION SEPTIC, FILL HOLE WITH CONCRETE. INSTALL NEW SEPTIC AND DRA	

**Primary contractor:** Stephen Stark Excavation, LLC  
**Installer License:** 38143  
**Address:** 756 Stringer Gap Road  
 Grants Pass OR 97527  
**Phone:** 5414761226  
**Email:** ststarkexllc@gmail.com

**Business License:** N/A

<b>Owner:</b> BAILEY, CASEY & BAILEY, KAILA	<b>Property address:</b> 960 King Mountain Trl, Wolf Creek, OR
<b>Address:</b> 960 KING MOUNTAIN TRAIL	97497
WOLF CREEK OR 97497	

**Parcel:** 3405050000070000 - Primary      **Township:** 34    **Range:** 05      **Section:** 5

<b>Lot size:</b> 39.52	<b>Water supply:</b> Well	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> N/A	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Accessory Dwelling Unit:</b> No		
<b>Action:</b> New	<b>Type of application:</b> Repair (Major) - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A	
<b>Comments:</b> N/A		

**Category of construction:** Residential

	Existing	Proposed
<b>Use of structure:</b>	SINGLE FAMILY HOME	SINGLE FAMILY HOME
<b>Number of bedrooms:</b>	3	3

**System Specifications**

<b>Type:</b> Standard	<b>ATT description:</b> N/A	
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 375 gpd.	
<b>Min septic tank volume:</b> 1500 gal.	<b>Min dosing tank volume:</b> N/A	
<b>Special tank rqmts:</b> 1500 gallon 2 compartment tank required.		

**Drain Field Specifications**

<b>Drain field type:</b> Standard	<b>System distribution Ttpe:</b> Serial	
<b>Drainfield sizing:</b> N/A	<b>Distribution method:</b> Serial	
<b>Media type:</b> Other - Indicate Product/Manufacturer	<b>Media depth:</b> N/A	
<b>Media type description:</b> EZ FLOW 1201-P		
<b>Trench length:</b> 225 linear ft.	<b>Rock above pipe:</b> N/A	
<b>Max depth:</b> 30 in.	<b>Undisturbed soil between trenches:</b> 8 ft.	
<b>Min depth:</b> 24 in.	<b>Capping fills-min depth of fill material:</b> N/A	

**Special Requirements**

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

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

**Date issued:** 4/10/24

**Expiration date:** 4/10/25

**Work description:** MAJOR REPAIR. DECOMMISSION SEPTIC, FILL HOLE WITH CONCRETE. INSTALL NEW SEPTIC AND DRA

<b>Stake out required:</b>	Yes	<b>Groundwater depth:</b>	N/A
<b>Groundwater type:</b>	Not Applicable	<b>Filter fabric on top of drain media:</b>	N/A
<b>Pump to drainfield reqd:</b>	Yes		

**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).

**Date issued:** 4/10/24**Expiration date:** 4/10/25**Work description:** MAJOR REPAIR. DECOMMISSION SEPTIC, FILL HOLE WITH CONCRETE. INSTALL NEW SEPTIC AND DRA

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:  
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: \* Only after the permitting agent has approved the construction installation, \* or the inspection has been waived \* or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

4/10/24



**Onsite Permit**  
**Application Verification**  
463-24-000077-PRMT

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

**Application created:** 2/23/24  
**Parcel Nbr:** 3405050000070000  
**Site Address:** 960 KING MOUNTAIN TRL, WOLF CREEK, OR 97497  
**Owner:** MACK, GERALD LEE  
**Applicant:** MACK, GERALD LEE - IT Investments Global  
601 S Kings St STE F-602  
Floyd, OR 47150  
**Phone:** (502) 676-8679  
**Email:** nina.itinvestmentsglobal@gmail.com

**Licensed Professional(s):**  
No Licensed Professionals Designated

**Category of Construction:** Residential  
**Acreage or Lot Size:** 39.52  
**System is Failing:** UNCHECKED

**County:**  
**Water Supply:** Well  
**Septic Tank Last Pumped:**

**Use of Structure:** Existing  
SINGLE FAMILY HOME  
**Number of Bedrooms:** 3

**Use of Structure:** Proposed  
SINGLE FAMILY HOME  
**Number of Bedrooms:** 3

<b>Attached Documents:</b>	
<b>Name</b>	<b>Description</b>
FIN_TransactionReceipt_pr_20240223_084454.pdf	
B88738F8-6111-4F0A-84D2-2C9652C1C	SITE MAP
AAD.heic	

