

Certificate of Satisfactory Completion

Repair (Minor) - Residential - New

463-23-000133-PRMT

Josephine Onsite Septic Program 700 NW Dimmick Street Suite A

> Grants Pass, OR 97526 541-474-5444 Fax: 541-474-5422

> > N/A

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

Date Certificate Issued: 04/08/2025 MINOR REPAIR Work Description:

Applicant: Southern Oregon Septic Service LLC

Address: PO Box 316

Murphy OR 97533

(541) 761-8611 Phone:

Email: southernoregonsepticservices@gmail.

com

Primary Contractor: Southern Oregon Septic Service

Installer/Pumper License: 39340 Address: PO Box 316

> Murphy OR 97533 (541) 761-8611

Phone:

Email: southernoregonsepticservices@gmail.co

97527

2275 Midway Ave, Grants Pass, OR

Property Address:

City/County/UGB:

Owner: HASKELL, CATHERINE & HASKELL,

CODY JOSEPH

Address: PO BOX 902

HAPPY CAMP CA 96039

Parcel: 3606280000180000 - Primary Township: Range: 06 Section: 28

N/A

Water Supply: Lot Size: 1 Well

N/A

Land Use Approval:

Residential Category of Construction:

Existing Proposed SFR SFR Use of Structure: Number of Bedrooms: 2 3

System Specifications

Zoning:

Tank Only Type:

450 gpd. Max Peak Design Flow: **Proposed Flow:** 375 gpd. 1000 gal. Min Dosing Tank Volume: N/A Min Septic Tank Volume:

1000 GALLON INFILTRATOR TANK Special Tank Requirements:

Drain Field Specifications

Not Applicable Not Applicable System Distribution Type: Drain Field Type:

Special Requirements

Not Applicable N/A **Groundwater Type: Groundwater Depth:**

ONS OnsiteCSC pr

Date Certificate Issued: 04/08/2025
Work Description: MINOR REPAIR

Conditions of Approval

- 1.A final inspection is required after landscaping or other erosion control measures are established.
- 2.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.
- 3. Photos of the septic system components must be submitted along with the FIRN.
- 4. Vehicular traffic and livestock must be restricted from the system area.
- 5.All roof drains must be directed away from the system
- 6.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.
 - 7.Meet all required setbacks
- 8.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.
- 9.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deg/Residential/Pages/Onsite.aspx
- 10.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.
- 11. Properly decommission the old septic tank and submit appropriate documentation.
- 12.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
- 1.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
- 2.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning This Area is Contaminated with Sewage Please Stay Out" or similar language.
- 3.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.

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

4/8/25:11:12:47AM ONS OnsiteCSC pr

Date Certificate Issued: 04/08/2025
Work Description: MINOR REPAIR

Issued By: Joshua Daley, Environmental Specialist

Joshua Daley

Effective Date:

04/08/2025

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

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

4/8/25:11:12:47AM ONS_OnsiteCSC_pr

Final Inspection Request and Notice - Septic ID: 463-23-000133-PRMT

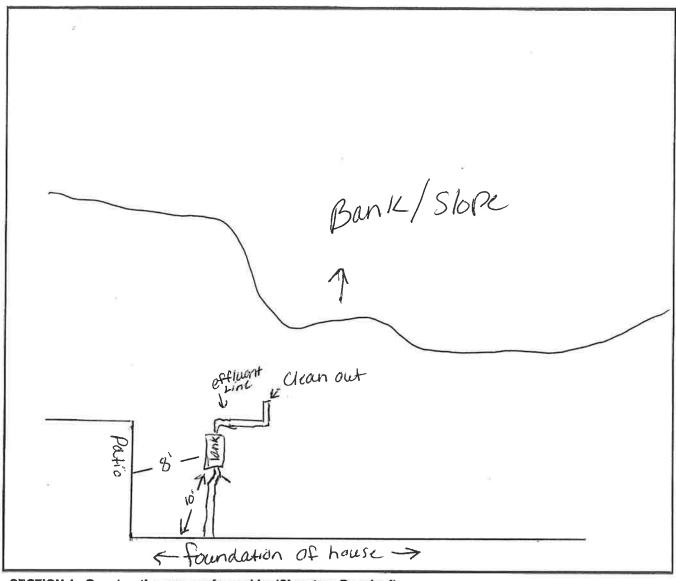
Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed 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 inc	omplete will be retu	med.								
SECTION 1: Owner/Permittee Information:					Twns	h p: 36	Range: 06		Sect: 28	
Name: HASKELL	, CATHERINE & H	ASKELL	, CODY	JOSE	PH .	Lot:				
Property 2275 MIC Address:	OWAY AVE, GRAN	TS PASS	S, OR 9	7527						
SECTION 2: System	m Component	Specifi	cations	<u>s:</u>						
A. Tanks/Pumps					n Type:					Water tight verification*
Tanks(1) Volume:	000 co	mpartme	nts:		Manufacturer: <	Snud	er indus	itrics		Date: 6/17/23
Tanks(2) Volume:		mpartme	nts:		Manufacturer:					Date:
Pump(s) HP: A	/lodel/Manuf.				Float(s)Type(1)):	Model/Manuf.			
					Float(s)Type(2)):	Model/Manuf.			
B. Piping					*					
Effluent Sewer (tank to drainfield)	Yes W	No	Diam	eter: 411	ASTM	#/Other: 303	4	Leng	th: <i>9</i> i
Pressu	re Transport Pipe	Yes	No	Diam	eter:		#/Other:		Leng	th:
C. Secondary Treatment	Unit:									
Sand Filter**	Yes No X	Туре:					Contai	iner Dimensions	 5:	
Underdrain pipe		ASTM	#/Other:						Leng	th:
Manifold piping	Diameter:	ASTM	#/Other:						Leng	th::
Internal Pump	HP:	Model/	Manufac	turer						
Floats(1)	Туре:	Model/	Manufac	lurer						
Floats(2)	Туре:	Model/	Manufac	turer						
ATT	Yes No X	Model:	-							
Certified Maint.	Provider Name:	10,000						-		
Operation and Maint.		? Yes	No	Т						
D. Drainfield Media										
Type	(Gravel, Pipe or alt	ernative?	100	-0	alid do	OVC	China /	N//4		
••	Yes No		CDI	inc	CTCA TO	CNO	ISTING I	IV/A		
Distribution Box	Yes No									
Drop Box Distribution Pipe	Yes No	Diamete	r:	AS	STM#/Other:				Length:	
•	Connecta	d To	ex			tem	at clea			

^{*}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.

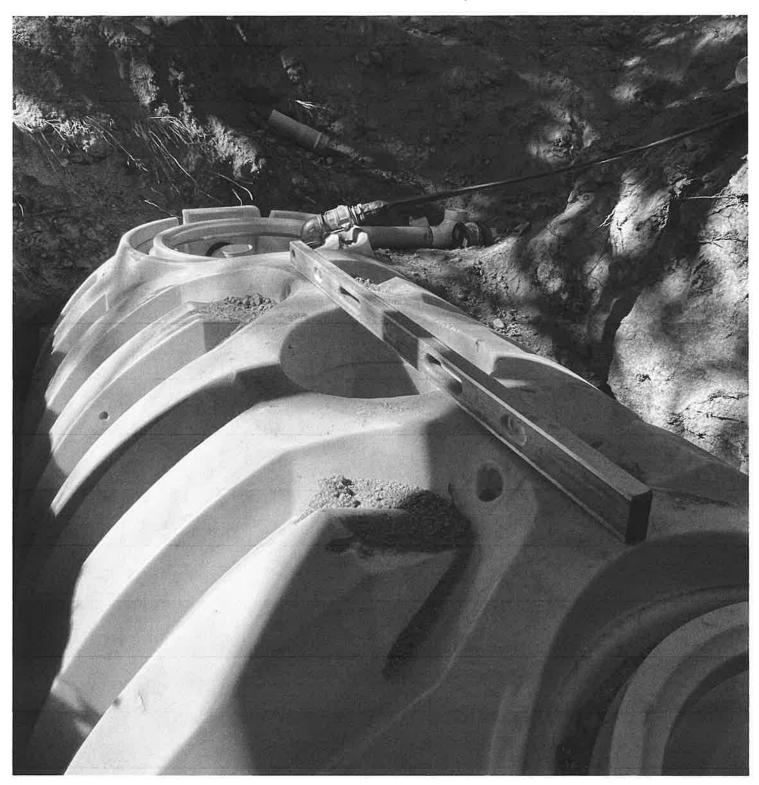


SECTION 4 - Construction was performed by (Signature Required)

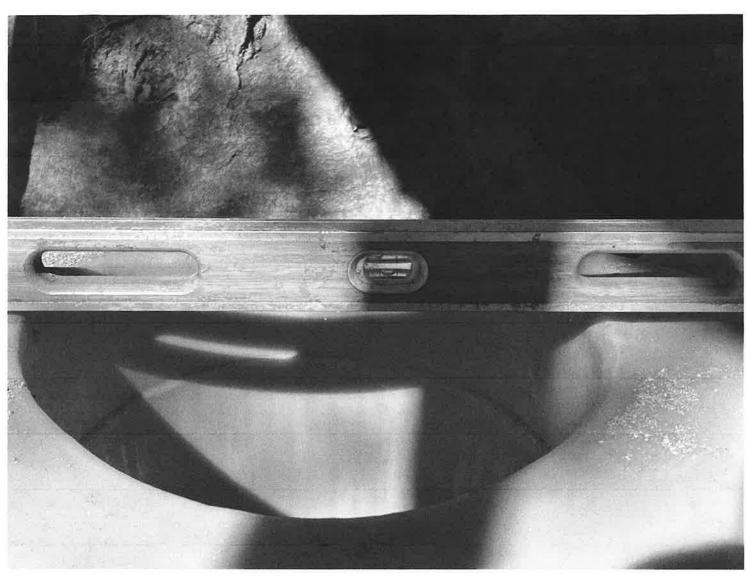
I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certli	iled Installe	r w/Certification#: Pri	hoore ()	Brien		
Licensed Installer: Yes	X No	License#: 3934	10	Certification#: I	2903	
Owner/ Certifled Signa Installer:	ture: A	93	Date:	17/2023	Phone#:541-7.	61-8611
SECTION 5 - Office L	Jse Only:		Installer/Owner			
Notice Accepted Yes	No	Date:	(Permittee) Notified:	Yes N	o Date:	
If No, Reason for Non _ Acceptance;			· · · · · · · · · · · · · · · · · · ·			
Comment: -			×40-			

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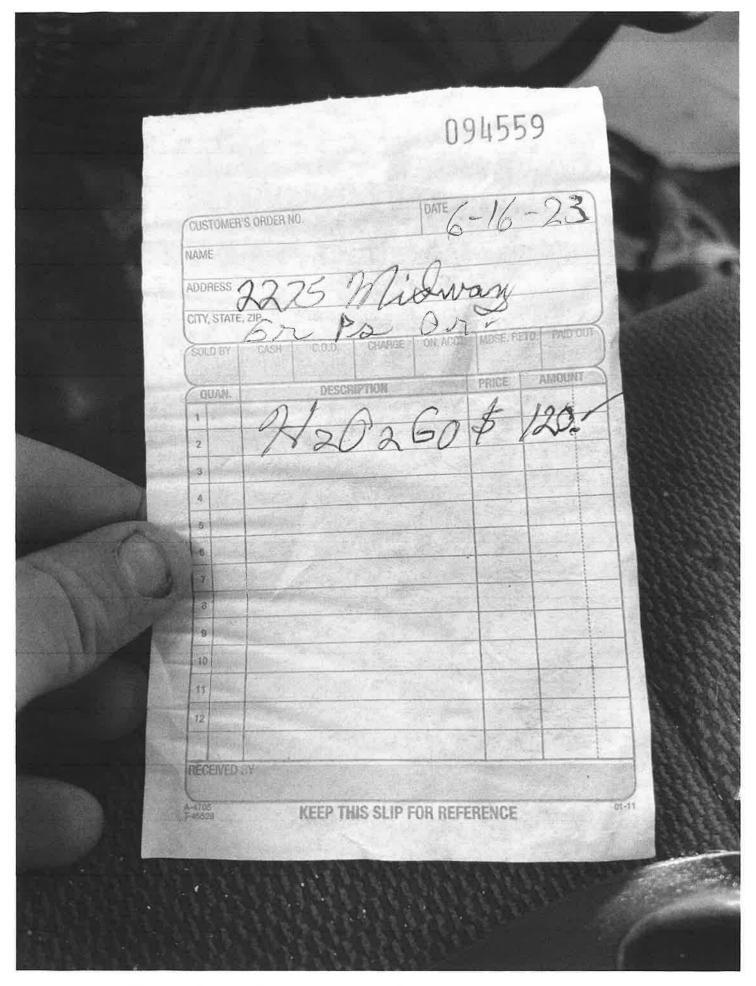


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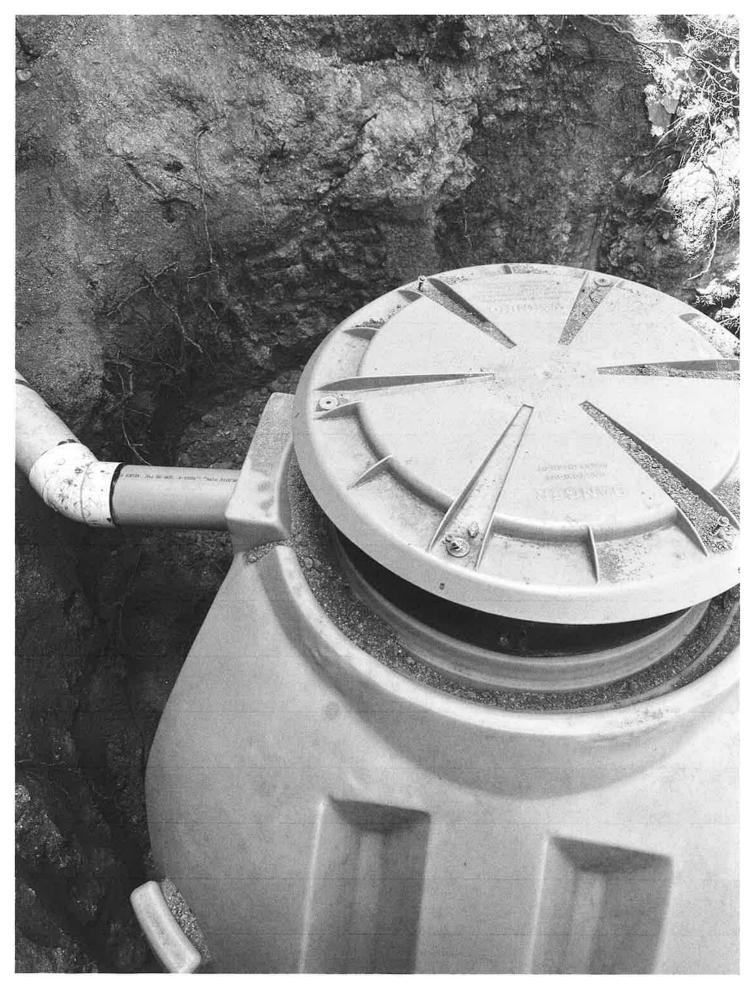


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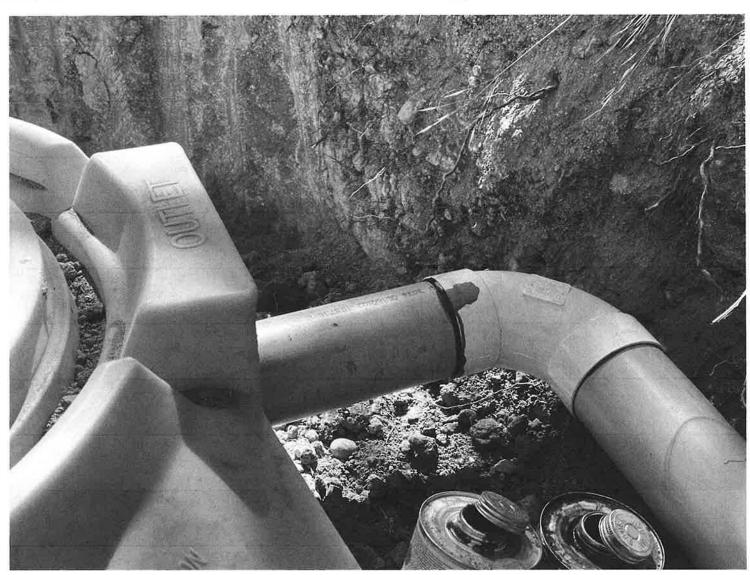
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Josephine County Oregon

Community Development – Planning Division

700 NW Dimmick, Suite G/Grants Pass, OR 97526 (541) 474-5421 / Fax (541) 474-5422

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

DATE:	TWN_36_RNG_06_SEC_28_QQ_00_TL_/800
	Catherine Hashell
ADDRESS: 22 75	Midway ove
	PLOT PLAN
Replacing 1000 gal	100+ from well 1->0
with new w	MAY 2 2023, APPROVED BY July
	Drive-Lub
GNATURE:	DATE:



Septic Permit Repair (Minor) - Residential - New

463-23-000133-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

Expiration date: 5/3/24

N/A

Date issued: 5/4/23

Work description: MINOR REPAIR

Southern Oregon Septic Service LLC Primary contractor: Southern Oregon Septic Service Applicant:

Address: PO Box 316

Murphy OR 97533

(541) 761-8611 Phone:

Email: southernoregonsepticservices@gmail.

Installer/Pumper License: 39340 Address: PO Box 316

Murphy OR 97533

(541) 761-8611 Phone:

Email: southernoregonsepticservices@gmail.co

m

Business License: N/A

HASKELL, CATHERINE & HASKELL, Property address: Owner: 2275 Midway Ave, Grants Pass, OR

97527

Address: PO BOX 902

HAPPY CAMP CA 96039

CODY JOSEPH

Parcel: 3606280000180000 - Primary Township: Range: 06 Section: 28

1 Well Lot size: Water supply: N/A N/A Zoning: City/County/UGB: N/A Land use approval: County: N/A New Repair (Minor) - Residential Action:

Type of application: System failing: N/A Septic tank last pumped:

Comments: N/A

Residential Category of construction:

	Existing	Proposed
Use of structure:	SFR	SFR
Number of bedrooms:	2	3

System Specifications

Tank Only N/A Type: ATT description: Max peak design flow: 450 gpd. Proposed flow: 375 gpd. Min septic tank volume: 1000 gal. Min dosing tank volume: N/A

1000 GALLON INFILTRATOR TANK Special tank rqmts:

Drain Field Specifications

Not Applicable Not Applicable Drain field type: System distribution Ttpe:

Special Requirements

Not Applicable Groundwater depth: N/A Groundwater type:

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.)

ONS_OnsitePermit_pr 5/4/23: 9:34:32AM

Date issued: 5/4/23 Expiration date: 5/3/24

Work description: MINOR REPAIR

Conditions of approval

- 1.A final inspection is required after landscaping or other erosion control measures are established.
- 2.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.
 - 3. Photos of the septic system components must be submitted along with the FIRN.
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 - 7.Meet all required setbacks
- 8.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.
- 9.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
- 10.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.
- 11. Properly decommission the old septic tank and submit appropriate documentation.
- 12.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
- 1.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
- 2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning This Area is Contaminated with Sewage Please Stay Out" or similar language.
- 3.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.

Date issued: 5/4/23 Expiration date: 5/3/24

Work description: MINOR REPAIR

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.deg.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 5/4/23

5/4/23: 9:34:32AM ONS_OnsitePermit_pr



Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B Grants Pass, OR 97526 541-474-5444

□Authorization

Attached

- 19 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
For ONSITE SEPTIC Use Only: Date received	Date Stamp
Fee paid	
Receipt number	
Application number	
Date of 1st response	
Date of 2 nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

Catherine Haskell	PO BOX 9	02 Happy Camp CA 960	39	530-493	3-2741	
me		(Street or PO Box, City, State, Zip	A SAME A PARK OF THE PARK OF T	Phone Numl	er	
		B. Legal Property Desc				
6 06	28	1800 and 1701	R320463	4.94		
wnship Range osephine	Section	Tax Lot	Tax Account Number	Acreage	or Lot Size	
unty	Subdivision Na	ime	Lot	Ble	ock	
operty Address: 227	5 Midway Ave	Gr	ants Pass	OR	97527	
Addre	SS	, Turn Left on Midway, L		State	Zip Code	
	C. Existing Fa	cility / Proposed Facility oposed Facility	y / Water Information Water Suppl			
xisting Facility:				, -		
× □Single Family Resi	dence	☐Single Family Residence		Name		
Number of Bedrooms		Number of Bedrooms	× Private			
(Antitoe) or memoring				Well, Spring, Sh	ared	
Other		Other				
		D. Type of Applica	ition 04/24/23			
☐Site Evaluation	□Renewal	Permit	☐ Authorization Notic			
□ Construction	□Existing	System	☐ Connecting t ☐ Replacing a	Mobile Home or	House with Anothe	
	Evaluati	on	Mobile Home or House ☐ The Addition of One or More Bedrooms			
Permit Repair						
Permit Repair Major Minor	□Permit T		Personal Ha			
Alteration Permit	□Permit F	Transfer Reinstatement	☐ Temporary I ☐ Other-please specify	lousing		
Major Minor of the required fee and a with your name and add	tachments are not incluress at the entrance to the	ded with this application, it was property. Flag and number	Other-please specify will be returned to you as er the test holes.	housing incomplete. P	ost a flag or sig	
Major Minor The required fee and at with your name and add	tachments are not incluress at the entrance to the	ded with this application, it is not property. Flag and number have furnished is correct, and he above described property 04/24/	Other-please specify will be returned to you as er the test holes. Indicate the sole purpose of this will be returned to you as the test holes.	incomplete. Points application.	ost a flag or significant	
Major Minor The required fee and at with your name and add	tachments are not incluress at the entrance to the fy that the information I ermission to enter onto the	ded with this application, it is not property. Flag and number have furnished is correct, and he above described property $\frac{04/24}{\text{Date}}$	Other-please specify will be returned to you as er the test holes.	incomplete. Points application.	ost a flag or significant and ath@gmail.com	

State of Oregon Department of Environmental Quality

NOTICE AUTHORIZING REPRESENTATIVE

RECEIVED

APR 12 2023

JO CO - PLANNING

I, Cathering Haskel, have authorized hobert OBaco 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 Department of Environmental Quality 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 DEQ agents to conduct required business activities on said property.
PROPERTY IDENTIFICATION:
2275 Midway Grants Pass OR 97527 (Property Situs or Road Address)
And described in the records of <u>Josephine</u> County as:
Township 36 Range 06 Section 28 Map ID 1800 Tax Lot #(s) 1701
PROPERTY OWNER:
Printed Name: Catherine Haskell
Address: 2275 midway ave
City, State, Zip: <u>Grants pass</u> OR. 97527
Phone: 520-508-8424 Email: Happy Cump Cath (a)
Signature: At Mahad
AUTHORIZED REPRESENTATIVE:
Printed Name: Robert O'Brien (Southern Oregon Septic Service's)
Address: P.O. Box 316 murphy OR 97533
City, State, Zip: Grants- pass OR 97527
Phone: 541-761-8611 Email: SouthernOregonSepticService's Ogna
Signature: ROB
39340



Josephine County, Oregon

Community Development - Planning Division

700 NW Dimmick, Suite G/Grants Pass, QR 97526G (541) 474-5421 / Fax (541) 474-5422

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

	WN 36 RNG 06 SEC 28 QQ 00 TL 1800
WNER'S NAME: Cath	erine Hashall
DDRESS: 2275 Mid	
Carport	PLOT PLAN Shed well 100+ from well
Replacing 1000 9 Nov	
ore one	
De la company de	
SIGNATURE:	DATE:

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically	by tabbing to each field)
1 Applicant Name/Property Owner: Catherine Haskell	ATN 12 ZUZJ
Mailing Address. DO. BOX 902	JO CO - PLANNING
City, State, Zip: Happy CAMD CAJIF. 96039	OH CHARLARITARY
City, State, Zip: Happy Camp Calif. 96039 Telephone: 530 598-8424	minimotob of motors of order
2. Property Information:	
County: Josephine Tax Lot No.: 1800 +	1701
Township: 36 Range: 06 Section	n: 28
Physical Address: 2275 Midway Ave Grants Pass	OR 97527
Block:	
Subdivision Name (if applicable): WA	
3. This proposed facility is for:	
An individual, single-family dwelling. Other. Describe the type of development, business, or facility and the provided service.	vices or products:
Other. Describe the type of development, business, of facility and the provided so	
4. Permit or approval being requested: Rep Rep	air
Constituction-installation per interior	
Non-water -carried facility requests (for example, pit privy/vault toilet for campgrou	
☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom	n addition
Other changes in land use involving potential sewage flow increases	CHROD TO VII 3
SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNIN	NG OFFICIAL
5. Property Zoning: RR5 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:	
City jurisdiction County jurisdiction Shared City/County	jurisdiction
	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)	dramissocomanor of distribute the
Conditional approval (provide findings and citation or attach a copy of the applic	able land use decision)
Development	t approval number)
Measure 49 waiver (provide Department of Land Conservation and Development	
Either provide reasons for affirmative compliance decision or attach findings of fact:	Section 19.61.020. J. Jac
a simple-family or manufactured dwelling is a permit	ted use. Section
19.13. hzo. A. JCC a non-conforming structure may be al	tered or maintained. Note:
Either provide reasons for affirmative compliance decision or attach findings of fact: a single-family or manufactured dwelling is a permit 19.13.030. A JCC a non-conforming structure may be al septic to be connected to authorized use/structure or 8. Planning Official Signature:	119. Vumma Bon
8. Planning Official Signature: Print Name: Veronica Brown Title: Associate P	banner
Print Name: VC10/11/2 \$10001 \\ Telephone: 541-474-5109 ext 2423 Date: 04/18/23	
Telephone: 54 1-9 19-5 10 21 21 2 25 Date: 07 10/00	

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

CANCELLED:

