

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

0 100 200 Feet

S.E.1/4 N.W.1/4 SEC.22 T.39S. R.8W. W.M.
JOSEPHINE COUNTY
1" = 100'

39 08 22BD

CANCELLED:
808
804
902





Septic Site Evaluation Approval

463-23-000015-EVAL

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

Date issued: 01/17/2024

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: MIKE MALARA

Address: 104 FISH HATCHERY
GRANTS PASS OR 97527

Phone: 5416604736

Owner: MALARA, MICHAEL

Property address: 0 Madrona Dr, Cave Junction, OR
97523

Address: 367 MADRONA DR
CAVE JUNCTION OR 97523

Parcel: 380822BD000902 - Primary

Lot size: 0.25

Zoning: N/A

Accessory Dwelling Unit: No

Water supply: Well

City/County/UGB: County

Proposed use of structure: N/A

Category of construction: Single Family Dwelling

General Specifications

Max peak design flow: 450 gpd.

Min septic tank volume: 1000 gal.

Proposed gallons per day: 450 gpd.

Min dosing tank volume: N/A

Comments: STAKE OUT OF INITIAL AND REPAIR REQUIRED. SAME OWNER EASEMENT REQUIRED PRIOR TO PERMIT
ISSUANCE.

System Specifications

System type:

System distribution type:

Distribution method:

Trench Specifications

Trench linear feet:

Max depth:

Min depth:

Special Requirements

Stakeout required:

Drainfield type:

Initial System

Standard

Equal

Equal

Initial System

225 linear ft.

30 in.

18 in.

Initial System

Yes

Standard

Replacement Area

Standard

Equal

Equal

Replacement Area

225 linear ft.

30 in.

18 in.

Replacement Area

Yes

Standard

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: 01/17/2024
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Drainfield sizing:	75 linear ft/150 gal.	75 linear ft/150 gal.
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THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval. If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

Gabriel Kasiah	Natural Resource Specialist	1/17/24
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SITE PLAN

ADDRESS 0 MADRONA DR

PARCEL 390822BD00902



- *SAME OWNER EASEMENT REQUIRED
- *STAKEOUT REQUIRED PRIOR TO PERMIT ISSUANCE
- *MEET ALL SETBACKS



*NOT TO SCALE

APPLICATION # 463-23-000015-EVAL

FIELD WORKSHEET

Name: MIKE MALARA Application No.: 463-23-000015-EVAL Date:
RE: SITE EVALUATION REPORT for Parcel #: 380822BD00902

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2 PARCELS @ 0.25 ACRES

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other <u> </u>	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other <u> </u>
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ 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>18</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>18</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.

OAR 340-071-0130; 340-071-0220

* MEET ALL SETBACKS

* EASEMENT WILL BE REQUIRED PRIOR
TO CONSTRUCTION PERMIT ISSUANCE

Inspector: KK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-5	L	5YR 2.3/2, GR, Roots 2 F, 1 VF, M (BORDERING CL) 10% CF
	5-32	CL	2.5YR 2.5/4, WSBK, Roots 2 F, C, 2 VF, M, VC 15% CF
	32-48	CL	2.5YR 3/6, WSBK, Root 1 F 15% CF
Test Pit 2			SIMILAR TO TEST PIT 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (FIR, MAD HONE, TAN OAK)

Slope: 0-2% Aspect: N Groundwater Type: ☐ Permanent ☐ Temporary N/A
 Other Site Notes: SMALL LOTS (TEST PITS ON 2 SEPARATE 0.26 ACRE LOTS)

1-31-2023, 3:30, PARTLY SUNNY, 46°



Application for Onsite Sewage Treatment System

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

For ONSITE SEPTIC Use Only:

Date received _____
Fee paid _____
Receipt number _____
Application number _____
Date of 1st response _____
Date of 2nd response _____
Date of final response _____
Date of completion _____

Scanned

Data Entry

Date Stamp

A. Property Owner Information

MIKE MALARA
Name

104 FISH HATCHERY RD GRANTS PASS OR 97527
Mailing Address (Street or PO Box, City, State, Zip Code)

(541) 660-4736
Phone Number

B. Legal Property Description

38-8W-226d TAX LOT 902 905
Township Range Section Tax Lot
JOSEPHINE
County
PINE KNOLL
Subdivision Name

9.2 .50
Tax Account Number Acreage or Lot Size
9, 10
Lot Block

Property Address: "O" MADRONA CAVE JUNCTION OR 97523
Address City State Zip Code

Directions to Property: Hwy 99 to CAVES Hwy to DOGWOOD to MADRONA

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms

☐ Other

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms

☐ Other

well/septic/power

Water Supply:

☐ Public

Name

☐ Private

Well, Spring, Shared

D. Type of Application

☒ Site Evaluation

☐ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use
- ☐ Replacing a Mobile Home or House with Another Mobile Home or House
- ☐ The Addition of One or More Bedrooms
- ☐ Personal Hardship
- ☐ Temporary Housing

☐ Other-please specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature

MIKE MALARA
Applicant's Name - Please Print Legibly

Date

1/12/23

(541) 660-4736
Applicant's Phone Number

MARTY STEWART
1 E 6 MAIL
Applicant's E-mail Address

104 FISH HATCHERY RD GRANTS PASS OR. 97527
Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization Attached

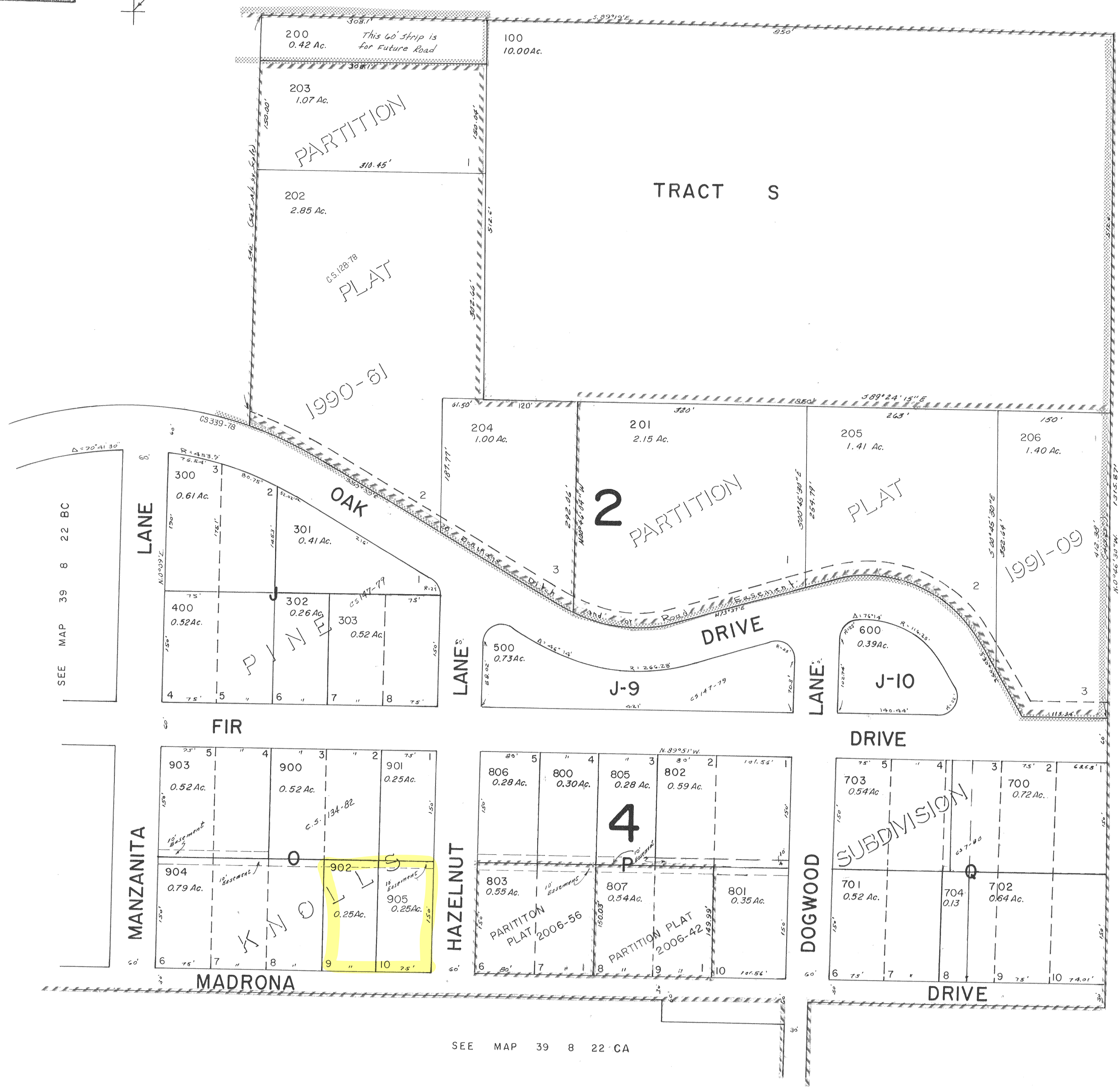
MIKE MALARA
Installer's Name

1"=100'

SEE MAP 39 8 22 BA

This map was prepared for
assessment purpose only.

NW Cor. of
SE 1/4 NW 1/4



CANCELLED T.L.
808
804

SEE MAP 39 8 22

SEE MAP 39 8 22 CA



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Date

1/12/23

(541) 660-4736

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1 E 6 MAIL
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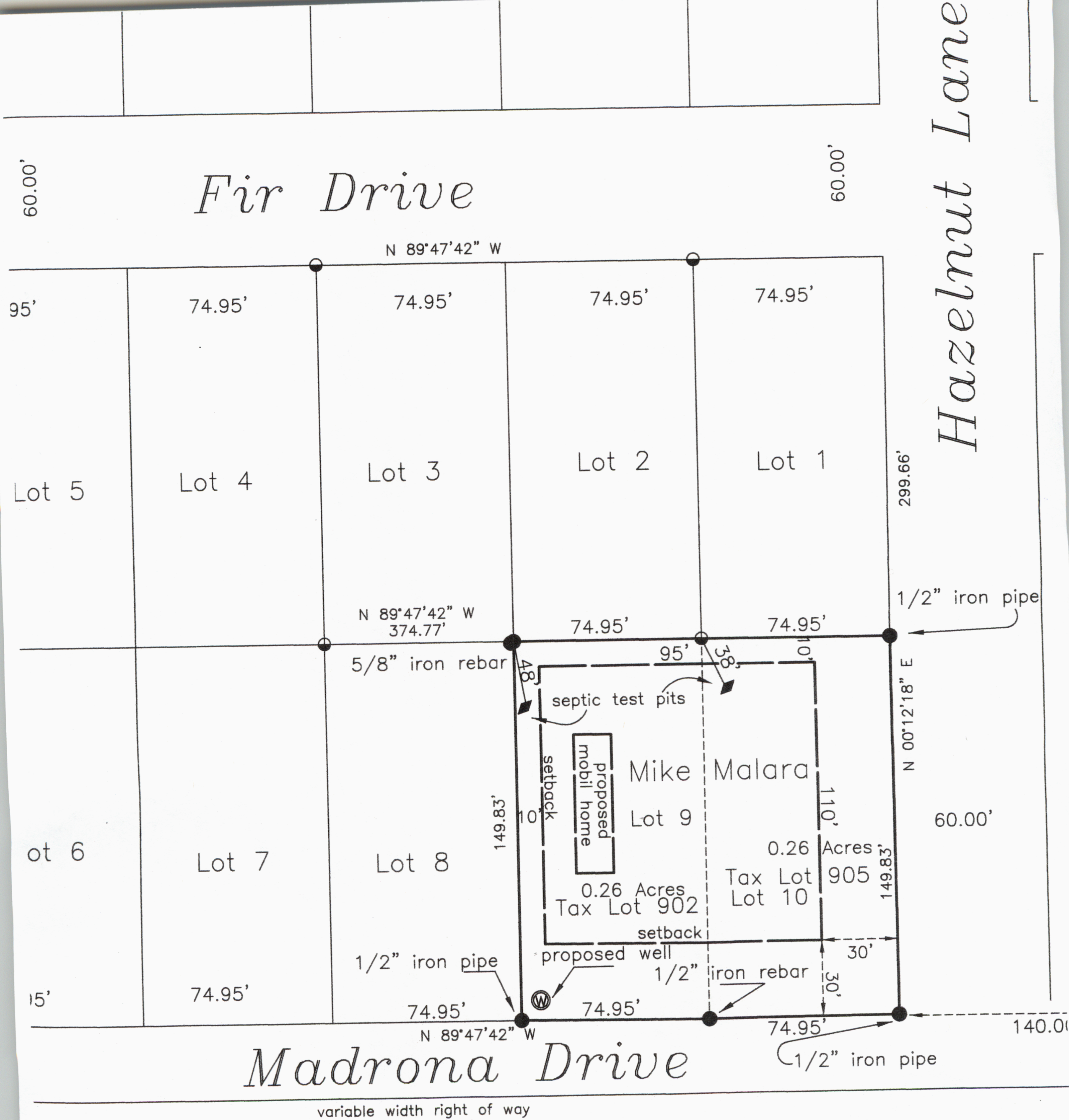
☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization Attached

MIKE MALARA
Installer's Name



there is no slope, the terrain is flat
 there are no known environmental hazards nor wetlands on these Lots

