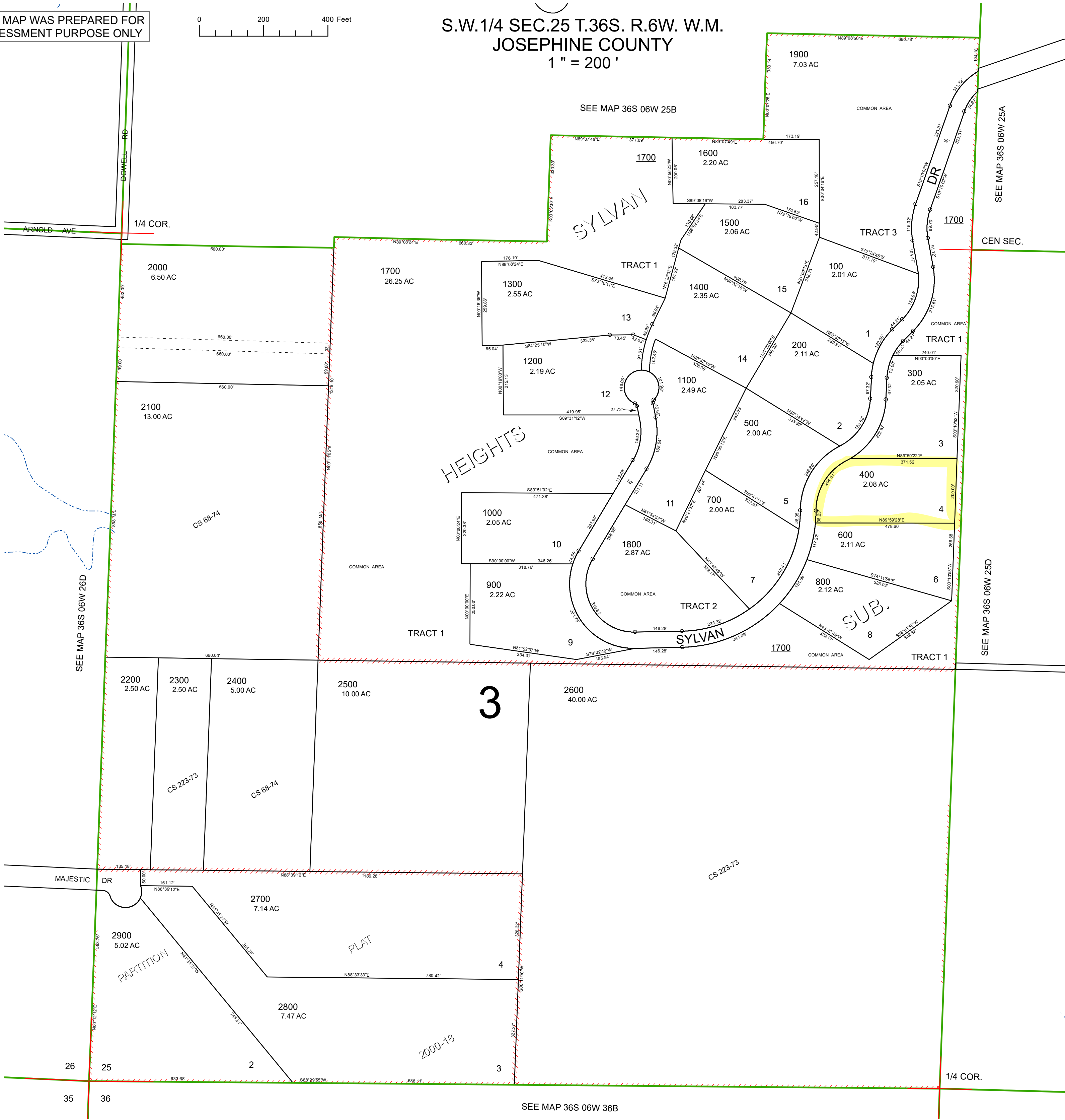


THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.W.1/4 SEC.25 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1" = 200'

36 06 25C



SEE MAP 36S 06W 36B

36 06 25C



Septic Site Evaluation Approval

463-24-000065-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: 03/26/2024

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 4

Applicant: Clint Wayne Eells
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Primary contractor: Clint Wayne Eells
Installer License: 36268
Address: 5545 Riverbanks Rd
Grants Pass OR 97527
Phone: 5416597325
Email: clint.fcdc@gmail.com

Owner: SYLVAN HEIGHTS PROPERTIES
LLC

Property address: 0 Sylvan Dr, Grants Pass, OR 97527

Address: PO BOX 340
SELMA OR 97538

Parcel: 360625C0000400 - Primary

Township:

36

Range: 06

Section:

25

Lot size: 2.08

Zoning: N/A

Accessory Dwelling Unit: No

Water supply: Well

City/County/UGB: County

Proposed use of structure: SFR
Category of construction: Residential

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

System Specifications

System type:
System distribution type:
Distribution method:

Initial System

Standard
Serial
Serial

Replacement Area

Standard
Serial
Serial

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Initial System

225 linear ft.
30 in.
24 in.

Replacement Area

225 linear ft.
30 in.
24 in.

Special Requirements

Stakeout required:
Groundwater type:
Groundwater depth:

Initial System

Yes
Temporary
8 in.

Replacement Area

Yes
Temporary
8 in.

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: 03/26/2024
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 4

Groundwater interceptor:	Yes	Yes
Groundwater interceptor depth:	48 in.	48 in.
Drainfield type:	Standard	Standard

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.

Joshua Daley	Environmental Specialist	3/26/24
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Clint Eells
2-12-24

Lot 4
Sylvan Heights
Subdivision

SYLVAN RD.

JO CO ON-SITE SEPTIC

MAR 26 2024

APPROVED BY:

John M. Daley

150'

30'

40'

30'

75'

10'

10'

70'

70'

LOT 4

Initial and repair septic
area

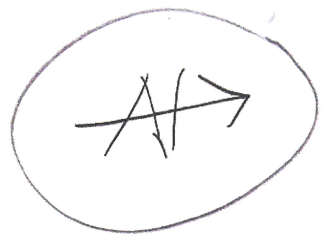
Parcel: 36-06-25c

TL 400

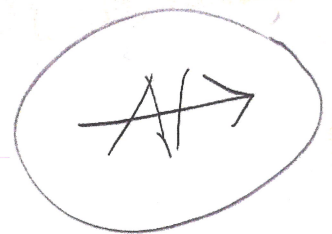
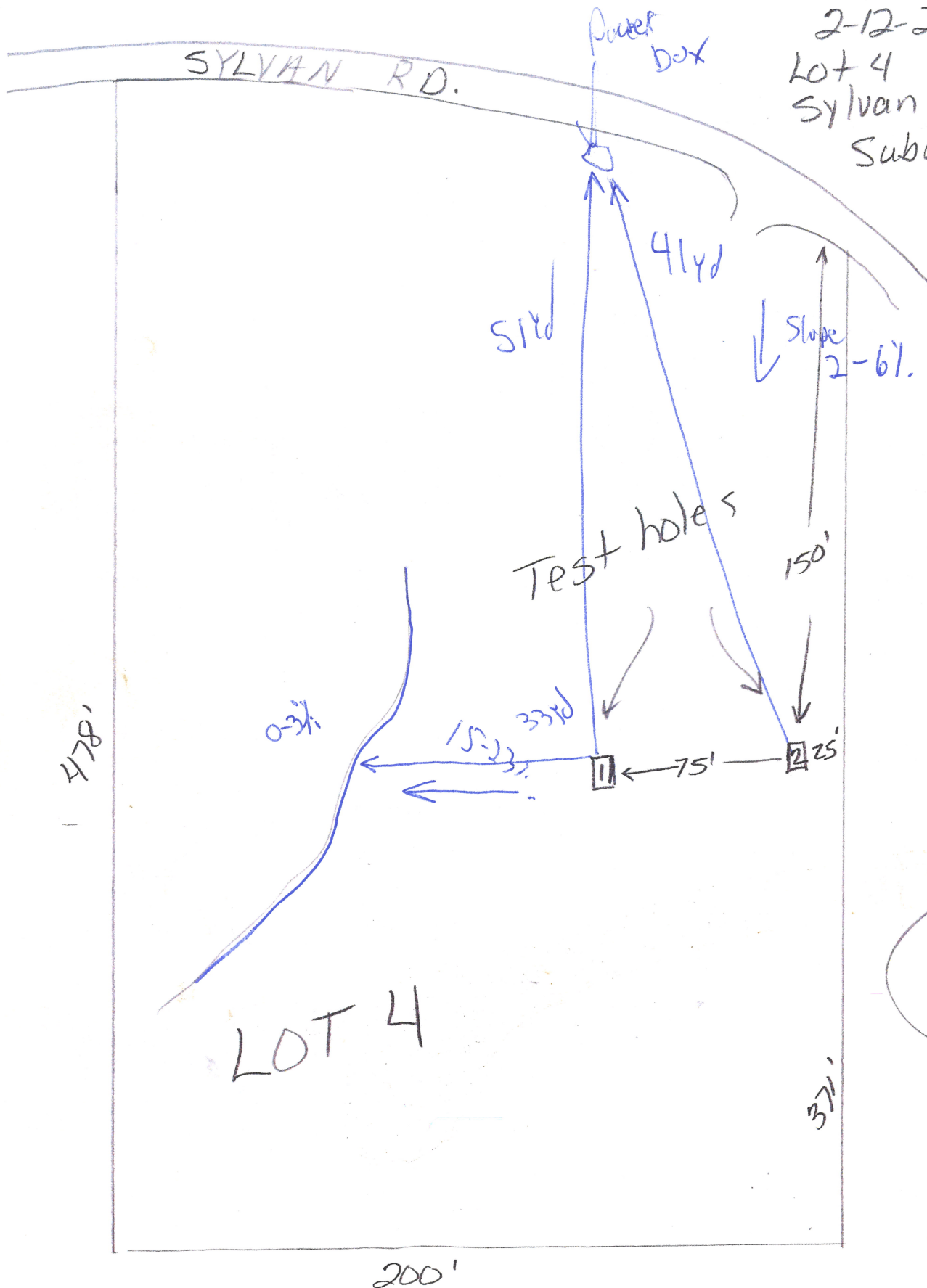
37'

200'

478'



Clint Eells
2-12-24
Lot 4
Sylvan Heights
Subdivision



FIELD WORKSHEET

Name: Luke Phillippi Application No.: 463-24-000065-EVAL Date: 3/26/24
 RE: SITE EVALUATION REPORT for Parcel #: 36-06-25C TC 400

Commercial Facility: ☐ Yes ☒ No Parcel Size: 208

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
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>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 10 feet above the highest disposal trench.
- ☒ The curtain drain must be a minimum of 48 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.

Inspector: [Signature]

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-11	SL	10YR 5/4 Root 1vf, f 3m, c 2vc Granular
	11-24	SL	10YR 4/4 Root 1f, m, c 1SBK
	26-60	SL	10YR 5/2 Root 1m, c, vc 1SBK
			Pumped out heavy water infiltration @ 40"
Test Pit 2			Concretion @ 8" Depletion @ 8" 10YR 5/2
Test Pit 3	5-11	SL	10YR 4/4 Root 3f, m 2vf, c, vc 1SBK
	11-33	SL	10YR 5/4 Root 1vf, f, m, c, vc 1SBK
	33-60	SL	10YR 6/2 Root 1m, c 1SBK
			Depletion @ 30" 10YR 6/2 concretion @ 33"
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Wooded Pine, Manzanita,

Slope: _____ Aspect: _____ Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: _____

Lot 4



**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 Stamp
Date received		
Fee paid		
Receipt number		
Application number		
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Name Link Phillippi Mailing Address (Street or PO Box, City, State, Zip Code) PO Box 340 Selma, OR 97538 Phone Number 541-287-0456

B. Legal Property Description

Township 36 Range 6 Section 25C Tax Lot 400
County Josephine Subdivision Name Sylvan Heights Tax Account Number 4 Acreage or Lot Size 2.08
Property Address: "O" SYLVAN DR. Address City Grants Pass State OR Zip Code 97527

Directions to Property: SW, Allen Creek Road to Sylvan Heights Rd

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms 4

☐ Other _____

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

Date

Applicant's Name - Please Print Legibly

Applicant's Phone Number 541-659-7325

Applicant's E-mail Address Clint.fedc@gmail

Applicant's Mailing Address 5545 Riverbanks road Grants Pass OR 97527

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name Clint Eells



NOTICE AUTHORIZING REPRESENTATIVE

I, Link Phillippi (Property Owner/Print Name), have authorized Clint Ellis (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:

Sylvan Heights Subdivision - Allen Creek Road/Sylvan Drive
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 S Range 6 W Section 25 C Map ID _____ Tax Lot #(s) 100-1600
Lot 1 - Lot 16

PROPERTY OWNER:

Printed Name: Sylvan Heights Properties

Address: P.O. BOX 340

City, State, Zip: Selma, OR 97538

Phone: (541) 287-0456

Email: linkp@rrlumber.com

Signature: Link Phillippi

AUTHORIZED REPRESENTATIVE:

Printed Name: Clint Ellis

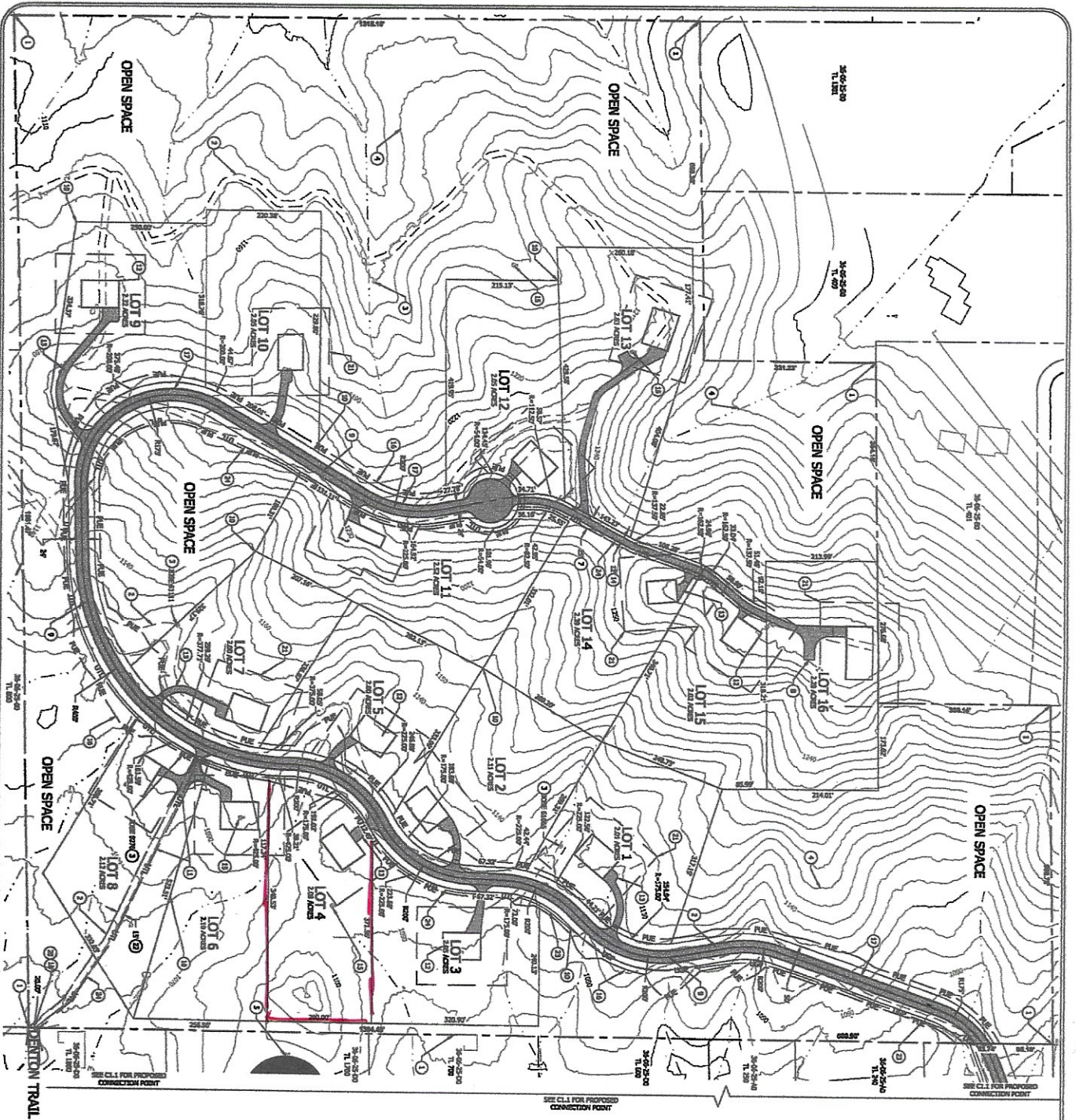
Address: 5545 Riverbanks Rd

City, State, Zip: Grants Pass, OR 97527

Phone: 541-659-7325

Email: Clint.fcdc@gmail.com

Signature: Clint Ellis



- KEYED NOTES: (1)**
1. EXISTING PROPERTY LINE (TYPICAL)
 2. EXISTING CURVE, ACCESS ROAD (TYPICAL)
 3. EXISTING DOMESTIC WELLS (TYPICAL)
 4. EXISTING TOWNSHIP (OR CONVEYANCE FROM 2011 LEASE DATA)
 5. EXISTING CITY OF ADAMS ROAD WITH REMAINING LOCATIONS ON ADJACENT PROPERTY
 6. EXISTING ROAD (TYPICAL)
 7. PROPOSED BY WIDE FRONT LIMITED BLANK, RESIDENTIAL, COUNTY (TYPICAL) ROAD (TYPICAL)
 8. PROPOSED SHARED DRIVEWAY ACROSS EXISTING (TYPICAL) C2A FOR ADJUTANTIAL DETAILS
 9. PROPOSED DRIVEWAY OF EXISTING (TYPICAL)
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 100. PROPOSED DRIVEWAY OF EXISTING (TYPICAL)



CL1

OVERA SUBDIVISION

Scale: 1" = 100'

Revision	By	Date	Description
1			

SYLVAN HEIGHTS SUBDIVISION

90% C

GE

CONSTRUCTION

PROJECT

DATE

BY

FOR

7/1/21

Clint Eells
2-12-24

Lot 4
Sylvan Heights
Subdivision

SYLVAN RD.

Test holes

150'

1

75'

2 25'

37'

LOT 4

200'



478'