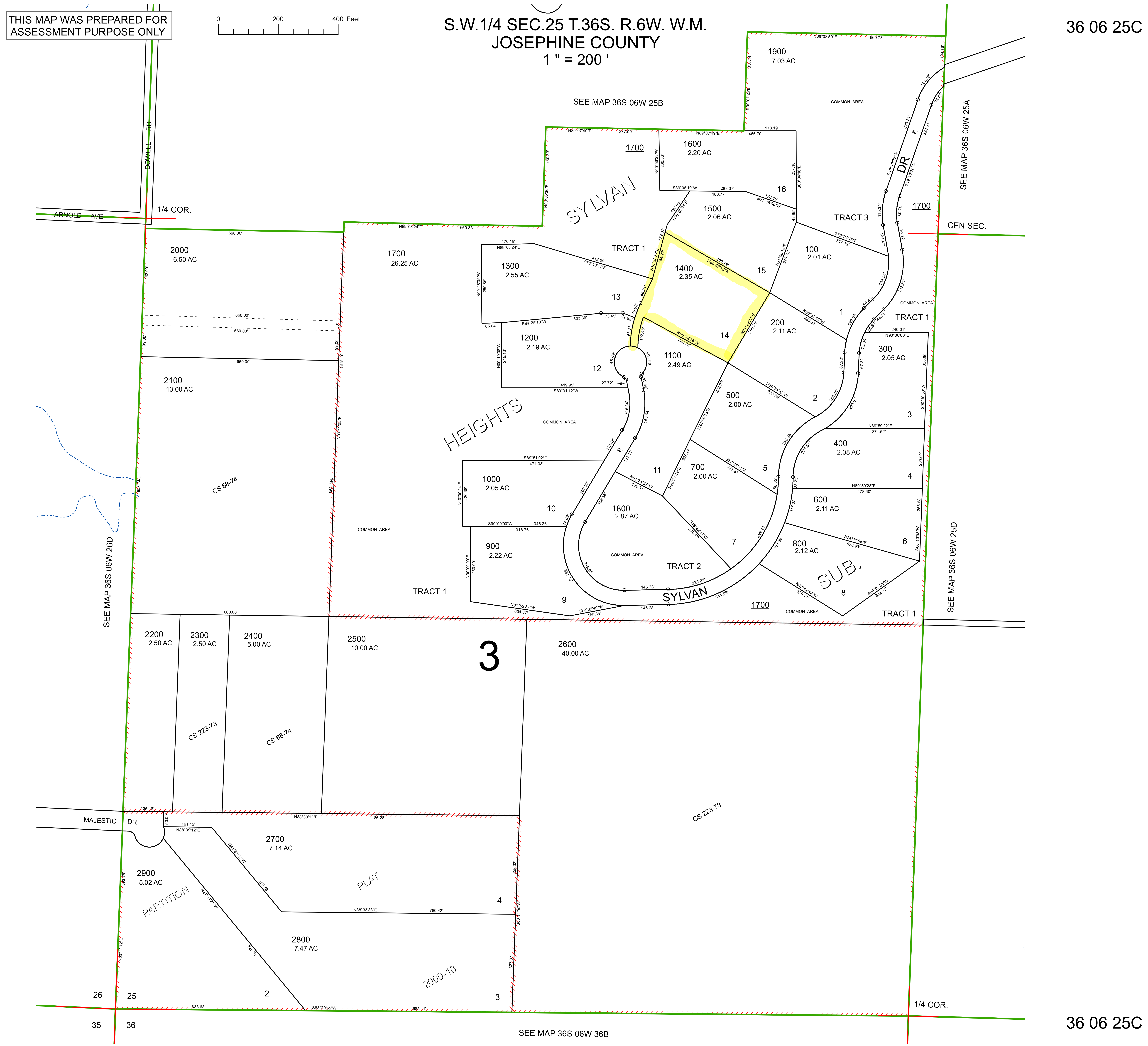


THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY
0
200
400 Feet
S.W.1/4 SEC.25 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '
36 06 25C
SEE MAP 36S 06W 25B
SEE MAP 36S 06W 25A
SEE MAP 36S 06W 26D
SEE MAP 36S 06W 25D
SEE MAP 36S 06W 36B
DOWELL RD
ARNOLD AVE
1/4 COR.
CEN SEC.
SYLVAN HEIGHTS SUB.
SYLVAN DR
1900
7.03 AC
COMMON AREA
1600
2.20 AC
1700
16
1500
2.06 AC
TRACT 3
TRACT 1
1400
2.35 AC
15
100
2.01 AC
2000
6.50 AC
1700
26.25 AC
1300
2.55 AC
13
1
200
2.11 AC
14
1200
2.19 AC
12
1100
2.49 AC
300
2.05 AC
2100
13.00 AC
500
2.00 AC
2
3
400
2.08 AC
CS 68-74
1000
2.05 AC
11
700
2.00 AC
5
4
10
1800
2.87 AC
600
2.11 AC
900
2.22 AC
7
TRACT 2
800
2.12 AC
6
8
TRACT 1
9
2200
2.50 AC
2300
2.50 AC
2400
5.00 AC
2500
10.00 AC
3
2600
40.00 AC
CS 223-73
CS 68-74
MAJESTIC DR
2700
7.14 AC
2900
5.02 AC
PARTITION PLAT 2000-18
2800
7.47 AC
2
3
4
26
25
35
36

Septic Site Evaluation Approval

463-24-000178-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: 07/17/2024
Application status: Site Evaluation Approved
Work description: SITE EVALUATION LOT 14

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

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

Owner: SYLVAN HEIGHTS PROPERTIES LLC
Address: PO BOX 340
SELMA OR 97538

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

Parcel: 360625C000140000 - Primary Township: 36 Range: 06 Section: 25

Lot size: 2.35
Zoning: N/A
Accessory Dwelling Unit: No

Water supply: Well
City/County/UGB: N/A

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

System Specifications	*Initial System*	*Replacement Area*
System type:	Steep Slope	Steep Slope
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	225 linear ft.	225 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements	*Initial System*	*Replacement Area*
Stakeout required:	Yes	Yes
Groundwater type:	Not Applicable	Not Applicable
Drainfield type:	Standard	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: 07/17/2024

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT 14

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.

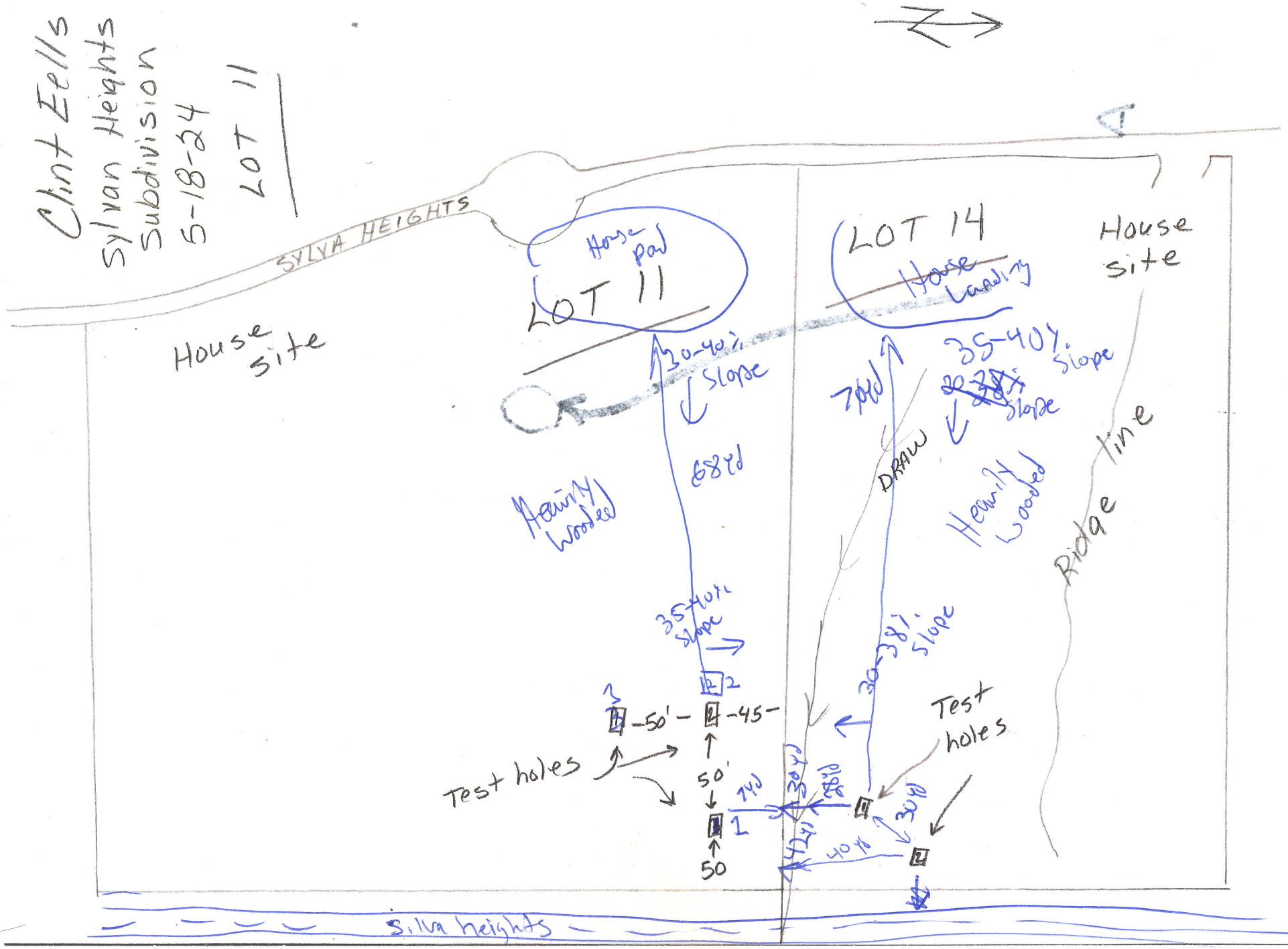
This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

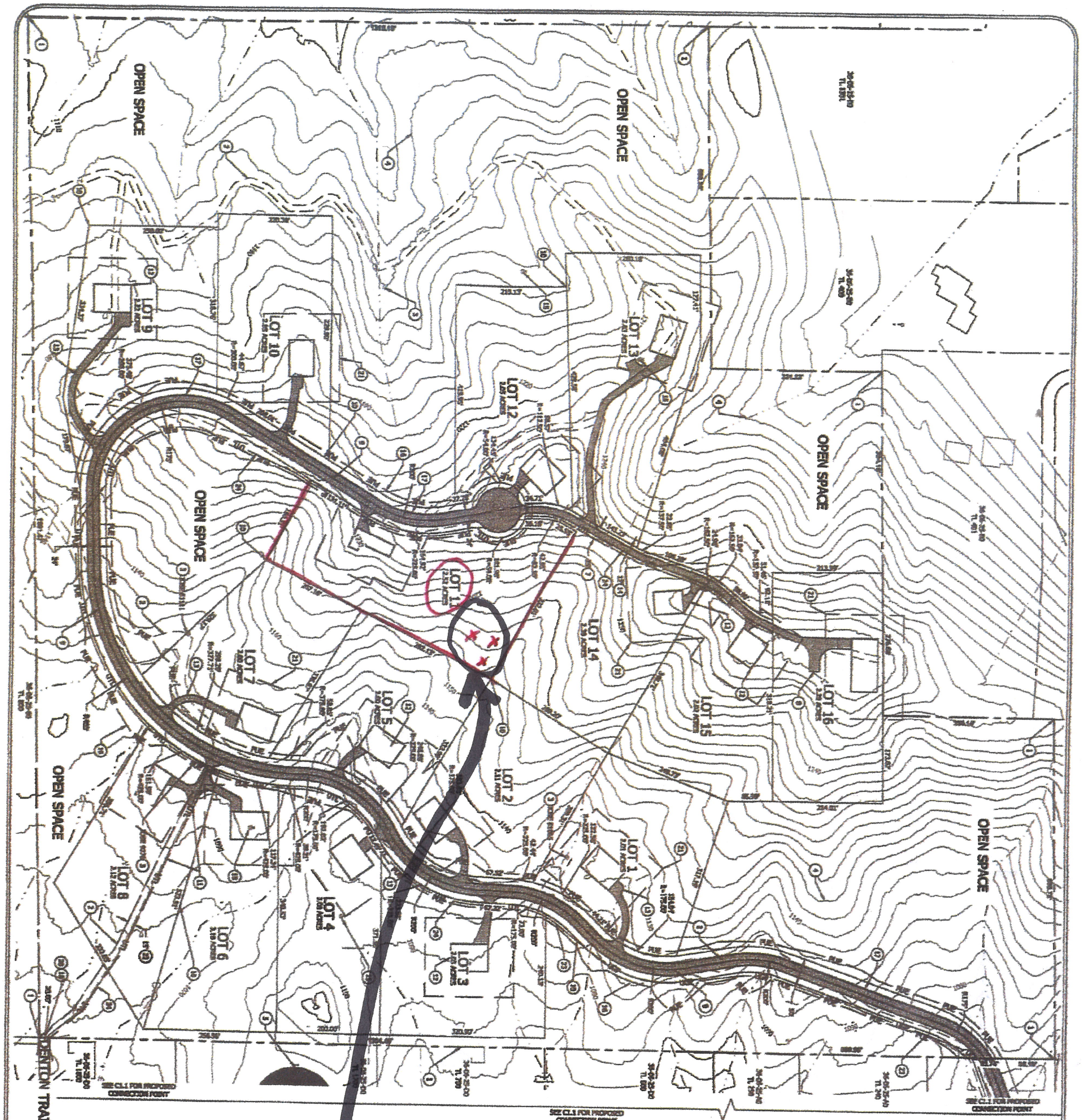
If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 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 7/17/24

Chint Ells
Sylvan Heights
Subdivision
5-18-24
LOT 11





Clint Eells
5-18-24
Lot #11
A

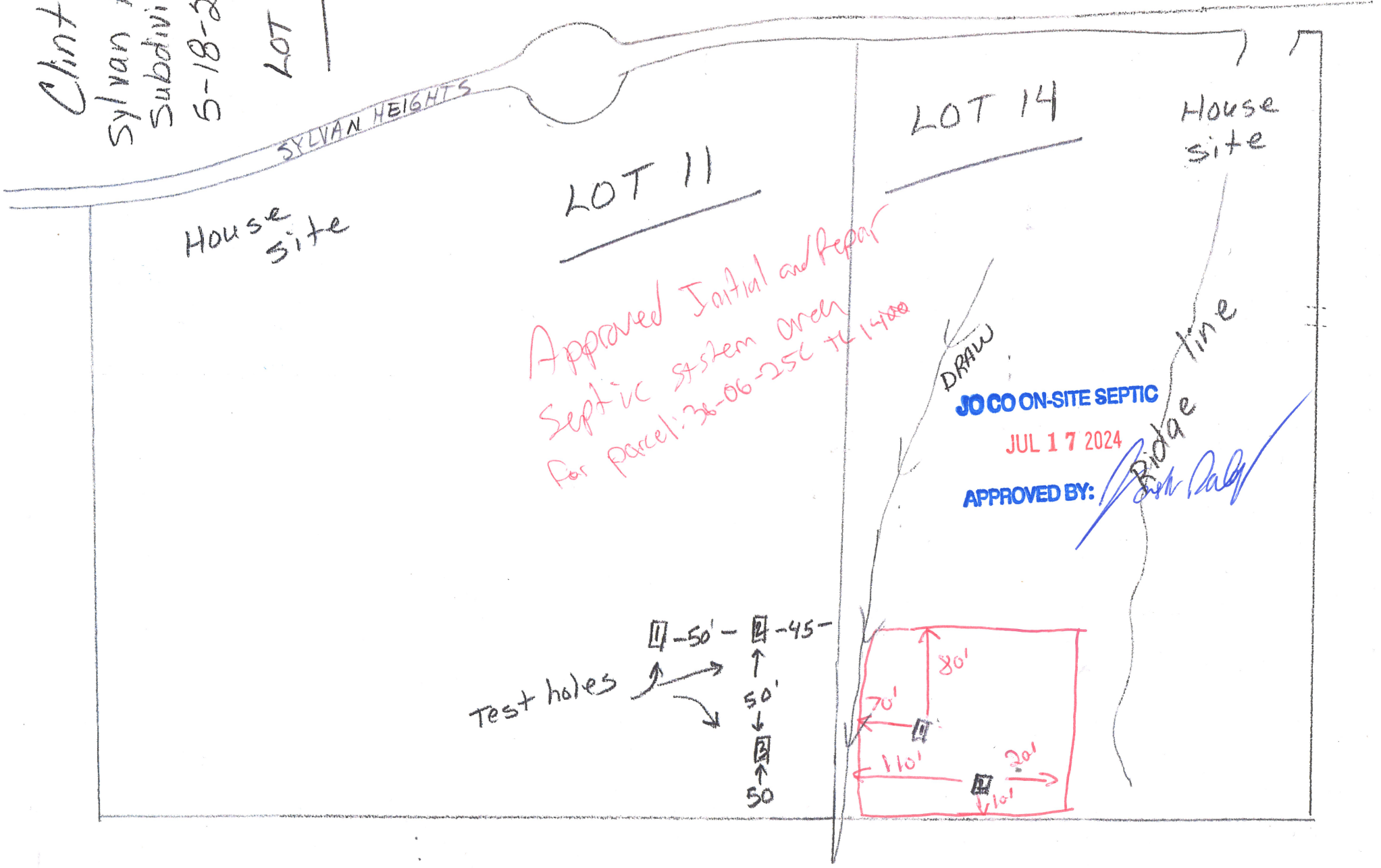
Approximate location of septic approved area

KEYED NOTES:

SYLVAN HEIGHTS SUBDIVISION

C1

Chint Ellis
Sylvan Heights
Subdivision
5-18-24
LOT 14



FIELD WORKSHEET

Lot 14

Name: Link Phillipi **Application No.:** 463-24-00078-EVAL **Date:** 7/17/24

RE: SITE EVALUATION REPORT for Parcel #: 36-06-25C TL 1400

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.35AC

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 8

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. ☐ ,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. 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.
4. 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.

Steep Slope

Inspector: Joshua Poling

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-10	SL	10YR 5/3 Root 2vf,fm 1SBK
	10-60	SL	10YR 5/6 Root 1 f,m 1SBK
			NCAS
Test Pit 2	0-15	SL	10YR 4/4 Root 3vf,f 2m,c 1vc 1SBK
	15-60	SL	10YR 5/6 Root 1 f,m 1SBK
			NCAS
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Heavily wooded, Heavy brush, Steep slope
Madrone, Fir, Pine

Slope: 30-38% Aspect: _____ Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: _____

FIELD WORKSHEET

Name: Link Phillipi **Application No.:** 463-24-000177-EVAL Lot 11 **Date:** 6/18/24

RE: SITE EVALUATION REPORT for Parcel #: 36-06-25C TL 1100

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.49 AC

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 8

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

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. 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.
4. 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.

Steep Slope

Inspector: Joshua Bailey

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-10"	SC	10YR 5/4 Root 1vf,f,m,c,vc 1SBK
	10-55"	SC	10YR 7/6 Root 1mf 1SBK cemented
			NCAS
Test Pit 2			Similar
			√CAS
Test Pit 3	0-10	SC	10YR 3/3 Root 3vf, 2f, m, c 1vc 1SBK
	10-55	SC	10YR 6/6 Root 1fm
			NCAS
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Heavily wooded, Heavy shrub, Pine, fir, madrone

Slope: 35-40% Aspect: _____ Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: _____

JOSEPHINE COUNTY

Application for Onsite Sewage Treatment System

706 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 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned / Data Entry	

A. Property Owner Information

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

B. Legal Property Description

36 — Township
6 — Range
25C — Section
1400 — Tax Lot
2.35 — Acreage or Lot Size
Josephine — County
Sylvan Heights — Subdivision Name
Tax Account Number
14 — Lot
Block

Property Address: Address
Grants Pass — City
OR — State
97527 — Zip Code

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 — 4 — Number of Bedrooms
- ☐ 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.

Clint Eells — Signature
5-18-24 — Date
Clint Eells — Applicant's Name – Please Print Legibly
541-659-7325 — Applicant's Phone Number
Clint.fedc@gmail — Applicant's e-mail Address
5545 Riverbanks road Grants Pass OR. 97527 — Applicant's Mailing Address

Applicant is the ☐ Owner ☒ Authorized Representative ☒ Licensed Septic Installer

☐ Authorization Attached

Clint Eells — Installer's Name

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: linkpe@rtumber.com

Signature: Link Phillippi

AUTHORIZED REPRESENTATIVE:

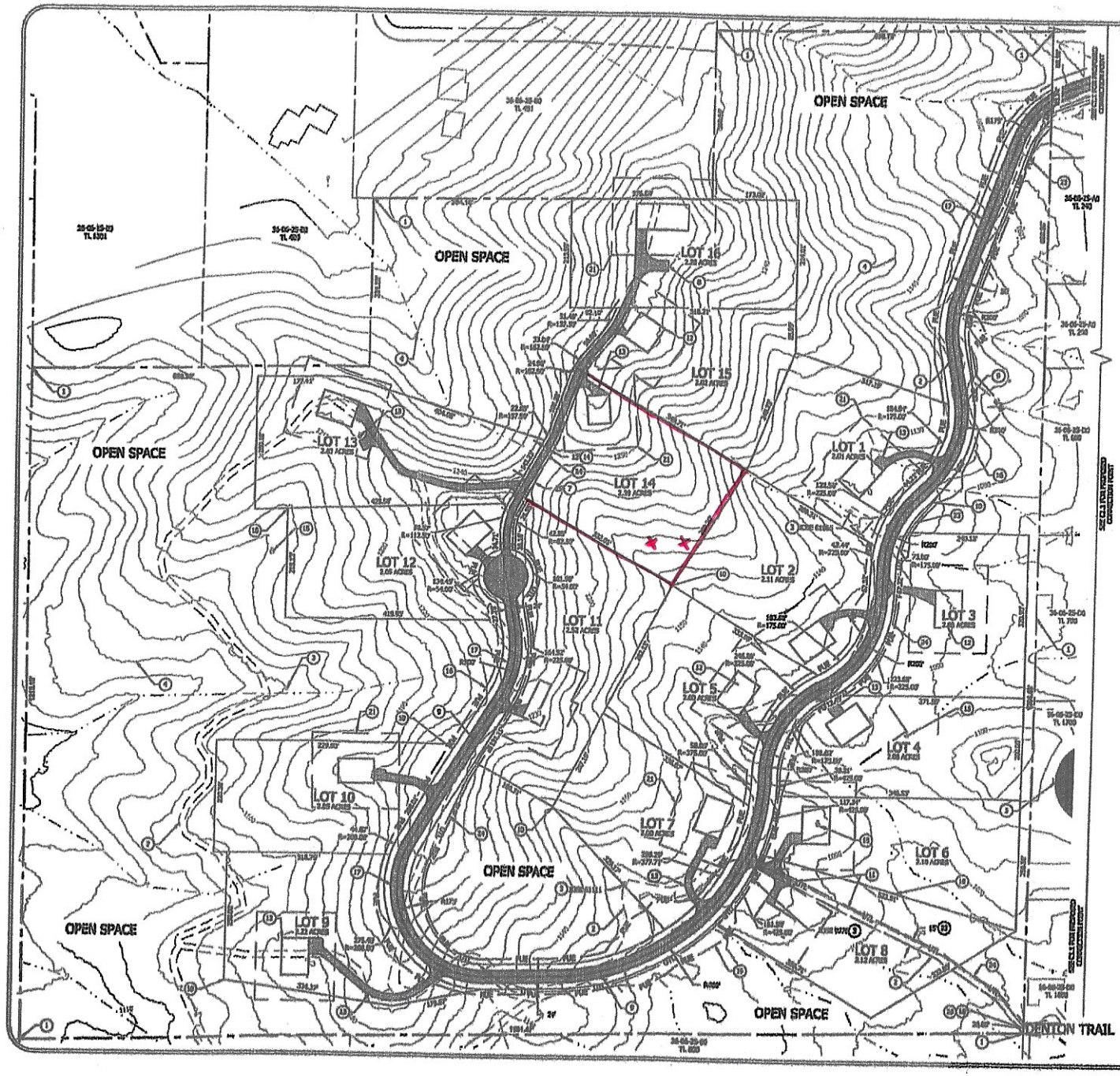
Printed Name: Clint Ellis

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. EXISTING PROPERTY LINE (TYPICAL)
2. EXISTING GRAVEL ACCESS ROAD (TYPICAL)
3. EXISTING DOMESTIC WELL (6 = TYPICAL)
4. EXISTING TOPOGRAPHY (10' CONTOURS FROM DLS LIDAR DATA)
5. EXISTING CITY OF GRANTS PASS WATER RESERVOIR LOCATED ON ADJACENT PROPERTY.
6. PROPOSED 28' WIDE PAVED LIMITED RURAL RESIDENTIAL COUNTY STANDARD ROAD (TYPICAL)
7. PROPOSED 20' SHARED DRIVEWAY ACCESS EASEMENT (TYPICAL)
8. PROPOSED HAMMERHEAD FIRE DEPARTMENT TURNAROUND. SEE SHEET C2.0 FOR ADDITIONAL DETAILS
9. PROPOSED CENTERLINE OF ROADWAY (TYPICAL)
10. PROPOSED PROPERTY LINE/ RIGHT-OF-WAY LINE (TYPICAL)
11. PROPOSED EMERGENCY FIRE ACCESS ROAD TO DENTON TRAIL (TYPICAL)
12. APPROXIMATE LOCATION OF PROPOSED HOUSE PAD (FOR REFERENCE ONLY - TYPICAL)
13. APPROXIMATE LOCATION OF PROPOSED DRIVEWAY (FOR REFERENCE ONLY - TYPICAL)
14. PROPOSED SHARED DRIVEWAY (TYPICAL)
15. APPROXIMATE LOCATION OF SEPTIC TEST PIT (5 - TYPICAL)
16. PROPOSED 10' PUBLIC UTILITY EASEMENT AND SLOPE EASEMENT TO BE DEDICATED ON FINAL PLAT (TYPICAL)
17. INSTALL ROAD CENTERLINE AND SHOULDER STRIPING PER GEOTECH
18. ASSUMED POWER, GAS, AND CABLE CONNECTION POINT. COORDINATE WITH PACIFIC POWER, AVISTA UTILITIES & CHARTER REGARDING FINAL CONNECTION POINT AND DETAILS.
19. INSTALL UNDERGROUND POWER SERVICE LINE WITH COMMUNICATION SERVICE CONDUITS PER DETAIL 6/C4.0. COORDINATE WITH PACIFIC POWER, AVISTA UTILITIES, AND CHARTER FOR ADDITIONAL DETAILS
20. INSTALL REMOVABLE BOLLARDS OR EMERGENCY GATE TO PREVENT DAILY ACCESS TO DENTON TRAIL.
21. 50' RISE BUFFER - NUMBER OF 50's OF PROPOSED SUBDIVISION TO BE REGISTERED WITH NATIONAL FIRE PROTECTION ASSOCIATION AS FIREWISE COMMUNITY PRIOR TO FINAL PLAT. COORDINATE WITH OWNER FOR ADDITIONAL DETAILS.
22. PROPOSED 28' ACCESS AND PUBLIC UTILITY EASEMENT TO BE DEDICATED ON FINAL PLAT
23. INSTALL UNDERGROUND POWER SERVICE LINE PER DETAIL 6/C4.0. COORDINATE WITH PACIFIC POWER FOR ADDITIONAL DETAILS. SEE SHEET C2.4 FOR CONNECTION LOCATION DETAILS.
24. INSTALL UNDERGROUND UTILITY LINES PER DETAIL 6/C4.0. COORDINATE WITH PACIFIC POWER, AVISTA UTILITIES AND CHARTER COMMUNICATIONS FOR ADDITIONAL DETAILS. SEE SHEET C2.4 FOR CONNECTION LOCATION DETAILS.

SCALE 1" = 60'

Clint Ellis
5-18-24
Lot #14

PRELIMINA

90% C

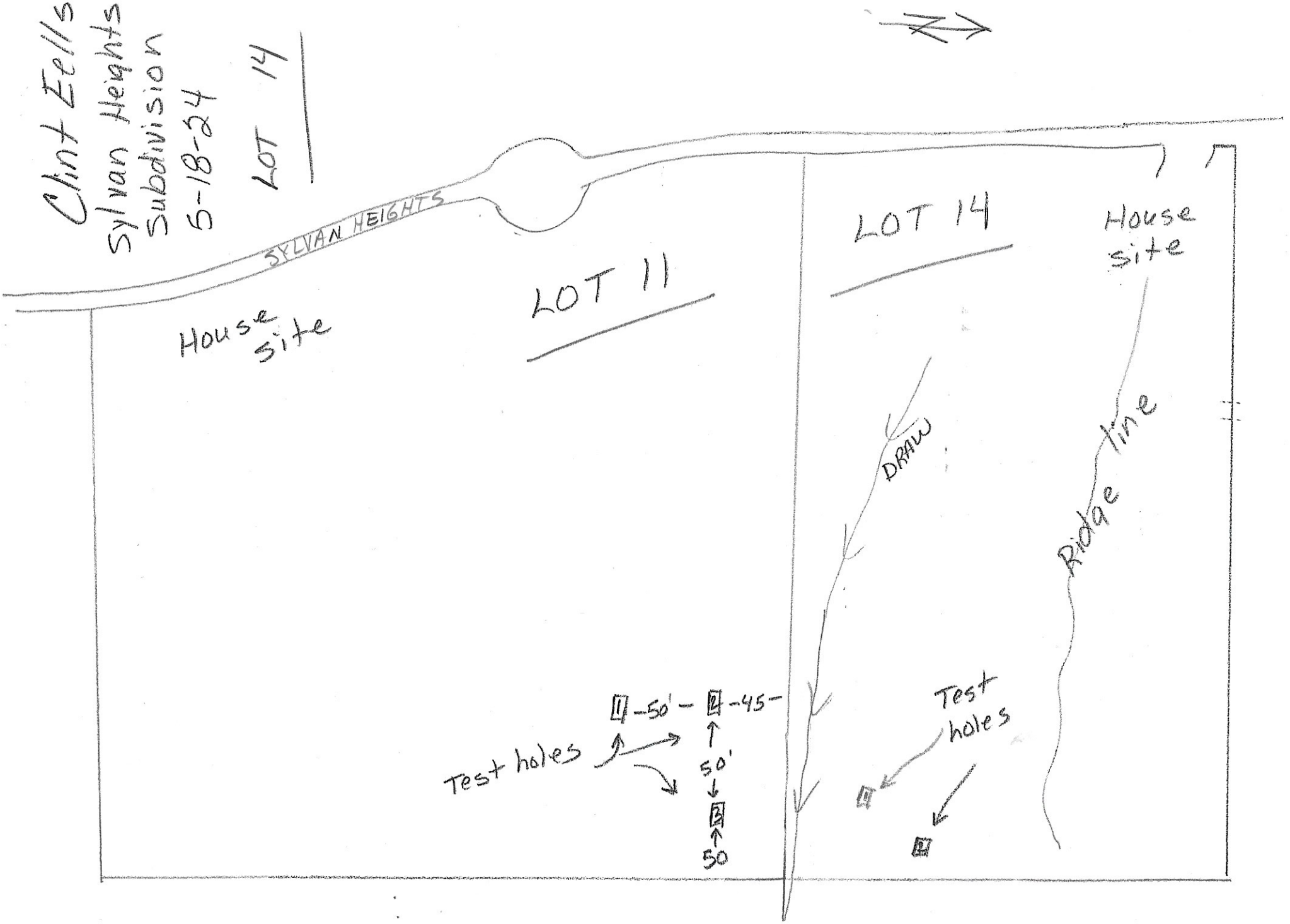
SYLVAN HEIGHTS
SUBDIVISION

OVERAL
SUBDIVISIO

C1.

Clint Ellis
Sylvan Heights
Subdivision
5-18-24

LOT 14



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 25B

SEE MAP 36S 06W 25A

SEE MAP 36S 06W 26D

SEE MAP 36S 06W 25D

SEE MAP 36S 06W 36B

DOWELL RD

ARNOLD AVE

1/4 COR.

CEN SEC.

MAJESTIC DR

SYLVAN HEIGHTS

SYLVAN DR

SUB. PLAT

PARTITION PLAT

CS 68-74

CS 223-73

2000-18

COMMON AREA

TRACT 1

TRACT 2

TRACT 3

1700

1900 7.03 AC

1600 2.20 AC

1500 2.06 AC

1400 2.35 AC

1300 2.55 AC

1200 2.19 AC

1100 2.49 AC

1000 2.05 AC

900 2.22 AC

800 2.12 AC

700 2.00 AC

600 2.11 AC

500 2.00 AC

400 2.08 AC

300 2.05 AC

200 2.11 AC

100 2.01 AC

2000 6.50 AC

2100 13.00 AC

2200 2.50 AC

2300 2.50 AC

2400 5.00 AC

2500 10.00 AC

2600 40.00 AC

2700 7.14 AC

2800 7.47 AC

2900 5.02 AC

1700 26.25 AC

1800 2.87 AC

3