36 06 25C

36 06 25C



## **Septic Site Evaluation Approval**

Josephine Onsite Septic Program 700 NW Dimmick Street Suite A Grants Pass. OR 97526

> 541-474-5444 Fax: 541-474-5422

> Replacement Area

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

0 Sylvan Dr, Grants Pass, OR 97527

## 463-24-000179-EVAL

Primary contractor: Clint Eells Excavating

5416597325

5545 Riverbanks Rd

Grants Pass OR 97527

clint.fcdc@gmail.com

Installer License: 36268

Property address:

Address:

Phone:

Email:

Date issued: 07/17/2024

Application status: Site Evaluation Approved Work description: SITE EVALUATION LOT 15

Applicant: Clint Eells Excavating

Address: 5545 Riverbanks Rd

Grants Pass OR 97527

5416597325 Phone:

Email: clint.fcdc@gmail.com

SYLVAN HEIGHTS PROPERTIES Owner:

LLC

PO BOX 340 Address:

**SELMA OR 97538** 

25 Parcel: 360625C000150000 - Primary Range: 06 Section: Township:

Well Lot size: 2.06 Water supply: N/A N/A City/County/UGB: Zoning:

**Accessory Dwelling Unit:** No

**SFR** Proposed use of structure: Residential Category of construction:

General Specifications

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

Initial System Replacement Area System Specifications

Standard Standard System type: Serial Serial System distribution type: Serial Serial Distribution method:

Initial System Replacement Area Trench Specifications

Trench linear feet: 150 linear ft. 150 linear ft. 30 in. 30 in. Max depth: 24 in. Min depth: 24 in. Initial System

Special Requirements Yes Stakeout required:

Not Applicable Not Applicable Groundwater type: Standard Drainfield type: 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 15

## Conditions of approval:

A COMPLETED AND APPROVED EASEMENT WILL BE REQUIRED BEFORE RECEIVING A CONSTRUCTION PERMIT FOR THIS SEPTIC SYSTEM.

THE EASEMENT WILL NEED A PROFESSIONALLY SURVEYED MAP OF THE LOT WHICH WILL INCLUDE THE PATH OF THE SEPTIC TRANSPORT PIPE TO THE SEPTIC SYSTEM AND ALL SETBACKS MARKED BY THE SURVEYOR INCLUDING, THE APPROVED AREA, THE INITIAL SYSTEM, AND REPLACEMENT SYSTEM.

THE INITIAL AND REPLACEMENT SEPTIC SYSTEM WILL HAVE TO BE STAKED OUT ALONG WITH PROPERTY LINES, AND TRANSPORT LINES.

IF THE APPROVED SYSTEMS CANNOT BE PLACED INTO THE APPROVED SEPTIC AREA, ONE OR BOTH SYSTEMS MAY HAVE TO BE CHANGED TO TREATMENT STANDARD 1 IN ORDER TO PLACE THEM IN THE APPROVED AREA. 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.

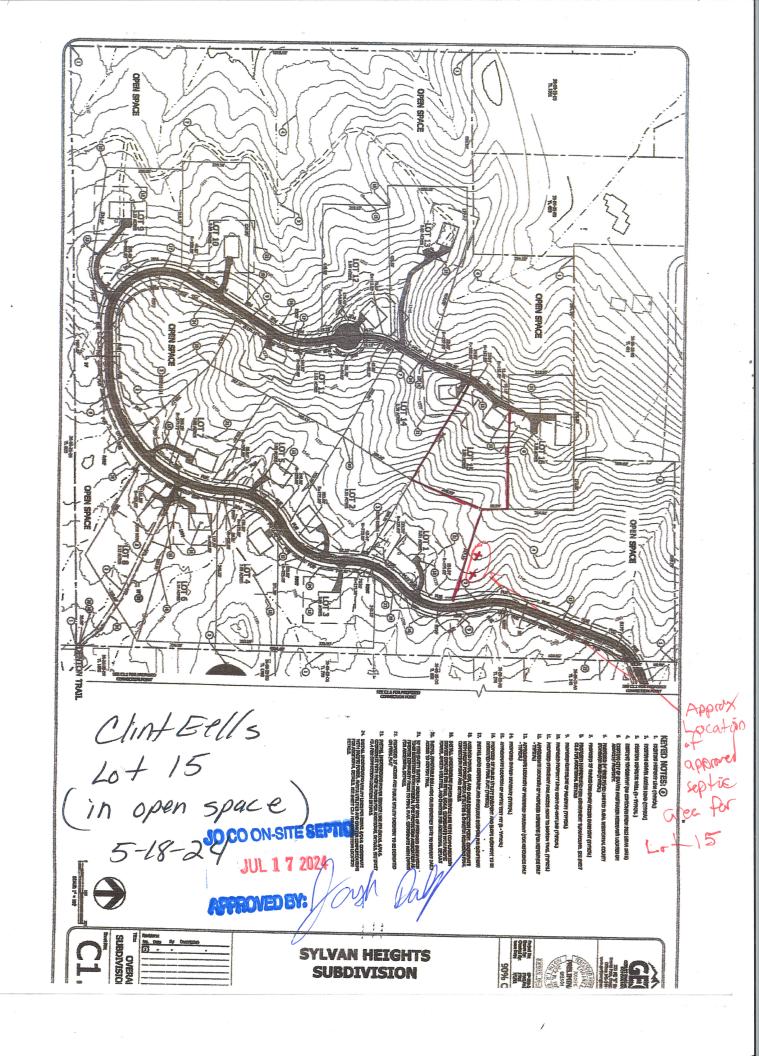
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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

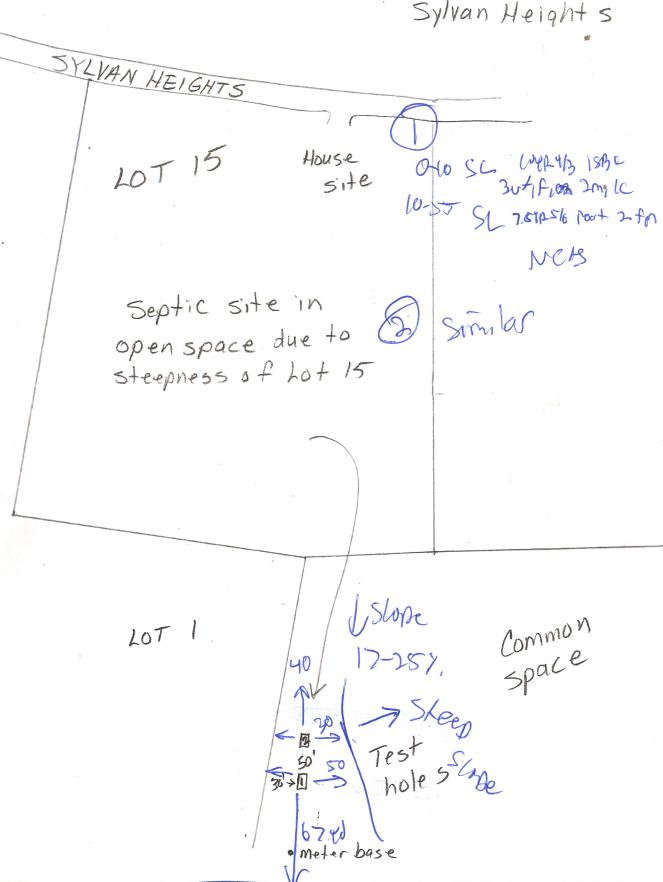
CALL BEFORE YOU DIG...IT'S THE LAW

Clint Eells 5-18-24 LOT 15 Sylvan Heights

SYLVAN HEIGHTS LOT 15 House site JO GO ON-SITE SEPTIC Septic site in JUL 1 7 2024 open space due to APPROVED BY: steepness of Lot 15 / Siope 17-25% Approved Initial and Despair Common Septie area or The 1500 Paral 3606-750 The 1500 space S Slope 40%, t Steep Slope break · meter base Sylvan



Clint Eells 5-18-24 LOT 15 Sylvan Heights



Heizho

Sylvan

Name: Applie RE: SITE EVALUATION REPORT for Parcel #:	Cation No.: 46324-000179-FVAL 7/17/29				
Commercial Facility: Yes No Parcel Size:	o Ac				
APPROVED SYSTEM					
Design flow:gpd Max Number of bedrooms:	Max Number of Employees:				
Initial System	Replacement System				
Standard Capping Fill Bottomless Sand Filter Conventional Sand Filter/ATT Other	andard 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:	Distribution Method:				
Absorption facility: \$\sqrt{50} total linear feet  SO linear feet per 150 gallons projected daily sewage flow "Max Depth" "Min Depth	Absorption facility: 2 stal linear feet  SO linear feet per 150 gallons projected daily sewage flow  30 " Max Depth " Min Depth				
<ol> <li>Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.</li> <li>Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.</li> <li>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.</li> <li>Placement of a well within 100 feet of the approved areas may invalidate this approval.</li> <li>A curtain drain is required, a minimum of feet above the highest disposal trench.</li> <li>The curtain drain must be a minimum of inches deep, and installed in accordance with OAR 340-071-</li> </ol>					
<ul> <li>□ The curtain drain must be a minimum of inche 0220 (12).</li> <li>□ Rake trench sidewalls.</li> <li>□ The system must be installed during dry soil conditions</li> <li>□ System must be installed between June 1 and October 1</li> <li>□ The Curtain drain must be installed during dry soil conditions</li> <li>□ System curtain drain must be a minimum of inches</li> </ul>	only. , unless otherwise approved by DEQ.				
Sand filter or advanced	treatment may be required.				
Inspector: Ja Sheet Shift					

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
110.	0-10	SL	1042 1/3 Poot Juff m 1c 28BK 1
E	10-55	- 51	75475/4 Dot 2 Co 38BC
Test Pit 1		20	Strangly persented
			WCAR II
	0-15	54	10924/3 Dowt 3nt, 2m, 1C-2BBK
Pit 2	12-29	SL	7,5 42 5/6 Boot 2 fm 3801C
Test Pit 2			Strand Cementer
			NEAS STANDED
Pit 3			
Test Pit 3			A Company of the Comp
Pit 4			
Test Pit 4			
Test Pit 5			
Test			The second secon
Pit 6			
Test Pit 6			
Lands	scape Note	s: Heav	ily wester, Heavy brush
Clare	. 1-7	254,	Aspect: Groundwater Type: Permanent Temporary
Slope	Site Note		Aspect Groundwater Type. Er ermanent Er Temperary
Omei	SIG HOLE		



Application for Onsite Sewage Treatment System

114 6

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

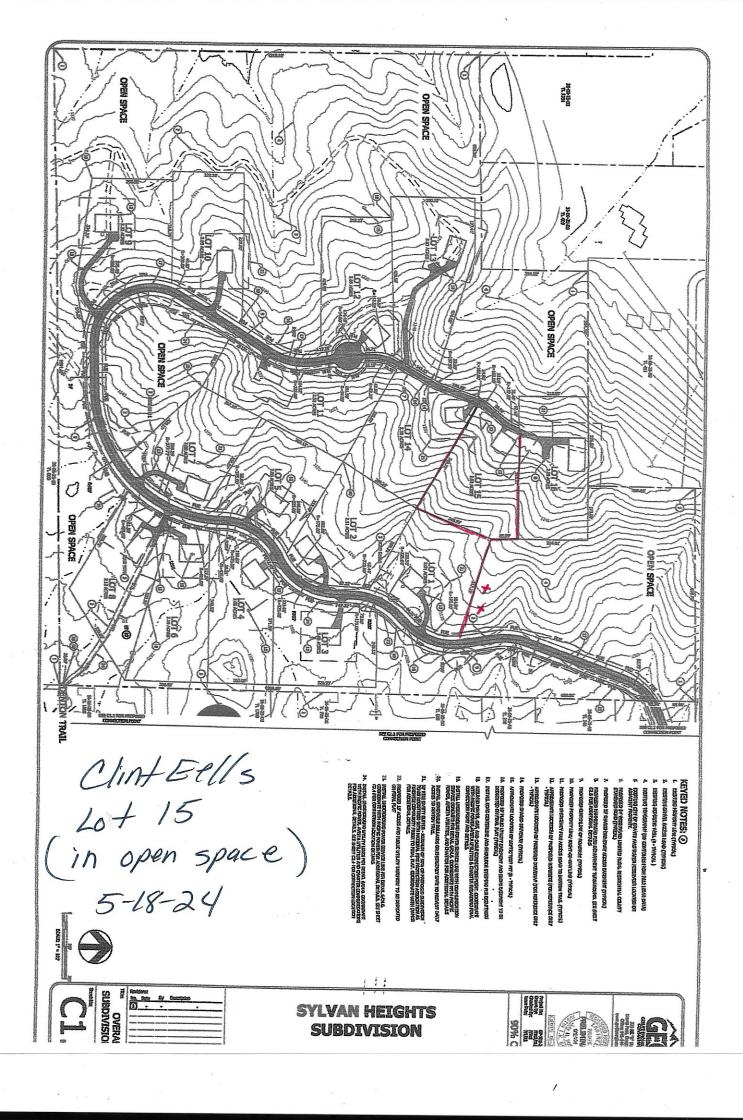
For ONSITE SEPTIC Use Only: Date received	Date Stamp	
Fee paid		
Receipt number		
Application number		
Date of 1th response		
Date of 2nd response		
Date of final response		
Date of completion		
Scanned Bala Entry		

Extract Character (Ed.)	541-474-5444	S		
		Scanned	Data Entry	
1. 4.01.11	A. Property	Owner Informatio	m	
Link Phillippi	- 10, Bay 242	Col 201	3 - A	
	Mailing Address (Street or PO Bo	DEL City State Tip Code	2538	541-287-0451
	B. Level P.	openy Description		Phone Number
36 /	25 / 1500			
Township Range	Sperion	/	2	2.06
County Phin &	- Sylvan Hoight	< Tr	X Account Numb	Acreage or Lot Size
***	Subdivision Name		_ 15	
Property Address:	V	61	Los	Block
Directions to Property: 511	1 11	City	5 PO 55	OR 97577
Directions to Property:	Li allen Pront	n . 1 1	- 1	State Zip Code
44		Road to	Sylvan	Horoble al
		-	,	THE PARTY OF THE P
Fried 7	C. Existing Facility / Prom.			
Existing Facility:	C. Existing Facility / Propo Proposed Facility	not racinty / Wat	er information	
<b>CISingle Family Residence</b>	ASingle Fami		water zedbia:	Same and the second
	Zi Zi	ly Kesidence	□Public	
Number of Bedrooms	Number of Bedroo	1990	Name	•
CTO a		nus	Private	
ClOther	□Other		Wall.	Spring Shared
	<b>D</b> 70			
. d		of Application		
Site Evaluation	FD17	·		
The state of the s	LIECHCIUSI Parmit			
DConstruction	CiRenewal Permit	DAub	orization Notice for:	
ElConstruction ElPermit Repair	DExisting System	D'Auth	Connecting to on E.	· · · · · · · · · · · · · · · · · · ·
DiConstruction Different Repair Distance Distance	LiExisting System Evaluation	<b>□Auth</b> 	Connecting to an Explacing a Mobile House or House	usting System Not in Use Home or House with Another
CiConstruction  CiPermit Repair  CiMajor CiMinor  CiAlteration Permit	LiExisting System Evaluation  CiPermit Transfer	CA <sub>wh</sub>	Connecting to an E  Replacing a Mobile  Mobile Home or House  The Addition of On  Personal Handship	using System Not in Use Home or House with Another For More Bedrooms
DiConstruction Different Repair Distance Distance	LiExisting System Evaluation		Connecting to an Es Replacing a Mobile Mobile Home or House D The Addition of On Personal Hardship D Temporary House Proposery House Personal Hardship D Temporary House Personal Hardship	using System Not in Use Home or House with Another For More Bedrooms
Construction  OPermit Repair  OMajor OMinor  OAlteration Permit  OMajor OMinor	LiExisting System Evaluation CiPermit Transfer CiPermit Reinstatement	ū os	Connecting to an En Replacing a Mobile Mobile Home or House In The Addition of On In Personal Hardship Tempurary Housing ter-please specify	using System Not in Use Home or House with Another cor More Bedrooms
Construction  OPermit Repair  OMajor OMinor  OAlteration Permit  OMajor OMinor	LiExisting System Evaluation CiPermit Transfer CiPermit Reinstatement	Ū o₀	Connecting to an E  Replacing a Miobile Mobile Home or House The Addition of On Personal Hardship Tempurary Housing Tempurary Housing	using System Not in Use Home or House with Another cor More Bedrooms
AlConstruction  OPermit Repair  OMajor Olminor  OAlteration Permit  OMajor Olminor  Of the required fee and attachment with your name and address at the	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement s are not included with this apple	Or ication, it will be retur and number the test by	Connecting to an Es  Connecting to an Es  Replacing a Mobile  Mobile Home or House  The Addition of On  Personal Hardship  Temporary Housing  per-please specify  med to you as incomp	Home or House with Another cor More Bedrooms  blete. Post a flag or sign
AlConstruction  OPermit Repair  ClMajor ClMinor  ClAlteration Permit  ClMajor ClMinor  If the required fee and attachment with your name and address at the  By my signature. I certify that the	Evaluation Evaluation CPermit Transfer CPermit Reinstatement Sare not included with this apple enhance to the property. Flag	ication, it will be retur and number the test he	Connecting to an Establishment of the Addition of On Personal Hardship Temporary Housing Derposes specify and to you as incomplets.	Home or House with Another cor More Bedrooms  cor More Bedrooms
AlConstruction  OPermit Repair  ClMajor ClMinor  ClAlteration Permit  ClMajor ClMinor  If the required fee and attachment with your name and address at the  By my signature. I certify that the	Evaluation Evaluation CPermit Transfer CPermit Reinstatement Sare not included with this apple enhance to the property. Flag	ication, it will be retur and number the test he	Connecting to an Establishment of the Addition of On Personal Hardship Temporary Housing Derposes specify and to you as incomplets.	Home or House with Another cor More Bedrooms  cor More Bedrooms
AlConstruction  OPermit Repair  ClMajor ClMinor  ClAlteration Permit  ClMajor ClMinor  If the required fee and attachment with your name and address at the  By my signature. I certify that the	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement s are not included with this apple contrance to the property. Flag information I have furnished is to enter onto the above described	ication, it will be retur and number the test he	Connecting to an Establishment of the Addition of On Personal Hardship Temporary Housing Derposes specify and to you as incomplets.	Home or House with Another cor More Bedrooms  cor More Bedrooms
AlConstruction  OPermit Repair  ClMajor ClMinor  ClAlteration Permit  ClMajor ClMinor  If the required fee and attachment with your name and address at the  By my signature. I certify that the	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement s are not included with this apple contrance to the property. Flag information I have furnished is to enter onto the above described	ication, it will be returned and number the test he correct, and hereby grid property for the sole	Connecting to an Establishment of the Addition of On Personal Hardship Temporary Housing Derposes specify and to you as incomplets.	Home or House with Another cor More Bedrooms  cor More Bedrooms
AlConstruction  OPermit Repair  ClMajor ClMinor  ClAlteration Permit  ClMajor ClMinor  If the required fee and attachment with your name and address at the  By my signature. I certify that the	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement s are not included with this apple contrance to the property. Flag information I have furnished is to enter onto the above described	ication, it will be returned and number the test he correct, and hereby grid property for the sole	Connecting to an Establishment of the Addition of On Personal Hardship Temporary Housing Derposes specify and to you as incomplets.	Home or House with Another For More Bedrooms  oldete. Post a flag or sign  unity Onside Septic and cation.
Disputation  Disputation Permit  Disputation Permit Disputation  Disputation Permi	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement s are not included with this apple contrance to the property. Flag information I have furnished is to enter onto the above described	ication, it will be returned and number the test he correct, and hereby grid property for the sole	Connecting to an Establishment of the Addition of On Personal Hardship Temporary Housing Derposes specify and to you as incomplets.	Home or House with Another cor More Bedrooms  cor More Bedrooms
AlConstruction  OPermit Repair  ClMajor ClMinor  ClAlteration Permit  ClMajor ClMinor  If the required fee and attachment with your name and address at the  By my signature. I certify that the	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement s are not included with this apple contrance to the property. Flag information I have furnished is to enter onto the above described	ication, it will be returned and number the test he correct, and hereby grid property for the sole	Connecting to an Establishment of the Addition of On Personal Hardship Temporary Housing Derposes specify and to you as incomplets.	Home or House with Another For More Bedrooms  oldete. Post a flag or sign  unity Onside Septic and cation.
Tipermit Repair  Cipagor Distinor  Cipagor Disti	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement  s are not included with this application of the property. Flag information I have furnished is to enter onto the above described to enter onto the above described.	ication, it will be returned and number the test has correct, and hereby graph property for the sole;  Date  541-159-73  Applicant's Phone Number 145  145  145  155  165  175	Connecting to an E  Replacing a Mobile  Mobile Home or House  The Addition of On  Personal Handship  Tempurary Housing  arrelense specify  med to you as incompales.  and the Josephine Con purpose of this applie	Home or House with Another For More Bedrooms  oldete. Post a flag or sign  unity Onside Septic and cation.
Disputation  Disputation Permit  Disputation Please Permit Legibly  Disputation S Name—Please Permit Legibly  Disputation	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement s are not included with this apple contrance to the property. Flag information I have furnished is to enter onto the above described	ication, it will be returned and number the test he correct, and hereby grid property for the sole	Connecting to an E  Replacing a Mobile  Mobile Home or House  The Addition of On  Personal Handship  Tempurary Housing  arrelense specify  med to you as incompales.  and the Josephine Con purpose of this applie	Home or House with Another For More Bedrooms  oldete. Post a flag or sign  unity Onside Septic and cation.
Tipermit Repair  Cipagor Distinor  Cipagor Disti	Evaluation Evaluation CIPermit Transfer CIPermit Reinstatement  s are not included with this application of the property. Flag information I have furnished is to enter onto the above described to enter onto the above described.	ication, it will be returned and number the test has correct, and hereby graph property for the sole;  Date  541-159-73  Applicant's Phone Number 145  145  145  155  165  175	Connecting to an E  Replacing a Mobile  Mobile Home or House  The Addition of On  Personal Handship  Tempurary Housing  arrelense specify  med to you as incompales.  and the Josephine Con purpose of this applie	Home or House with Another For More Bedrooms  oldete. Post a flag or sign  unity Onside Septic and cation.



## NOTICE AUTHORIZING REPRESENTATIVE

(Property Owner/Print Name) agent in performing the activities necessary to obtain all onsite wastewater treatment program OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative property described below in accordance with are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required
TROPERTY IDENTIFICATION:
Sylvan Heights Subdivision - Allen Creek Road/Sylvan Oring (Property Situs or Road Address)
And described in the records of
And described in the records of <u>Tosephine</u> County as:
PROPERTY OWNER:  Section 25 C Map ID Tax Lot #(s) 100 - 1600
Printed Name: Sylvan Heights Properties
100.035. 1-0.BOX 340
City, State, Zip: Selma, OR 97538
Phone: (541) 287-0456 Email: linkpe volumber.com.
Signature: Leffellini Linkpo volumber.com.
AUTHORIZED REPRESENTATIVE:
Printed Name: Clin + Et/1/s
Address: 5545 Riverbanks Rd
City Chair T
Signature: [ Sq-7325 Email: Clintofcde Dagingil.com



Clint Eells 5-18-24 LOT 15 Sylvan Heights

SYLVAN HEIGHTS House site Septic site in open space due to steepness of Lot 15 Common LOT 1 space Test hole 5 o meter base

36 06 25C

36 06 25C