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

0 Sylvan Dr, Grants Pass, OR 97527

463-24-000180-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 16

Applicant: Clint Eells Excavating

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

Parcel: 360625C000160000 - Primary Township: 36 Range: 06 Section: 25

Lot size: 2.2 Water supply: Well Zoning: N/A City/County/UGB: N/A

Accessory Dwelling Unit: No

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:StandardStandardSystem distribution type:SerialSerialDistribution method:SerialSerial

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 RequirementsInitial SystemReplacement 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 16

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.

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

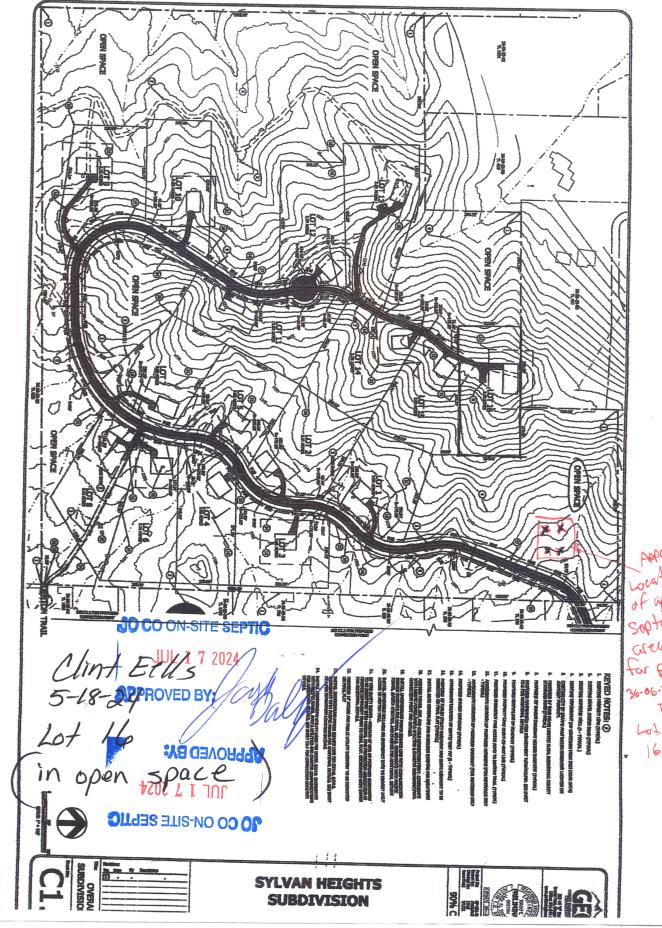
CALL BEFORE YOU DIG...IT'S THE LAW

A> SYLVAN HEIGHTS Clint Etlls END 5-18-24 House Sylvan Heights site Sub. Lot 16 20T 16 10T 14 JO CO ON-SITE SEPTIC JUL 1 7 2024 Test holes for APPROVED BY: / AST Lot 16 in open space Approved and repoint

Touted and repoint

Septio area 750 To 1600

Porcel " " * 16 60' 10' V20' SYLVA HEIGHTS



Approx.
Locations
of approx
Septic
Great
For paral:
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Thisso

FIELD WOR	KSHEET				
Name: 40/4 (Millippi Application No.: 163-24-000/80-EVAL 7/17/24					
	20-25C TC 1600				
Commercial Facility: Yes No Parcel Size:	DAC				
APPROVED SYSTEM	SPECIFICATIONS				
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	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:	Distribution Method:				
Absorption facility: 225 total linear feet	Absorption facility: 25 total linear feet				
linear feet per 150 gallons projected daily sewage flow	linear feet per 150 gallons projected daily sewage flow				
" Max Depth " Min Depth	30_" Max Depth				
 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).	s deep, and instance in accordance with OAK 540-0/1-				
Rake trench sidewalls.					
The system must be installed during dry soil conditions					
System must be installed between June 1 and October 1	, unless otherwise approved by DEQ.				
Easement and professionally surveyed mp.					
laying out the septic System transport Lines, property					
his and get backs is required in order to					
receive a construction permit,					
Inspector: Lash Paley					

PIT	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
No.	0-10	MECL	10124/3 Pool 3vt, f, 2m, C, Luc 18BK
-	10 00	SCL	19456 Doct Ifm JSBK cementer
Test Pit 1	0-22		Very Very
<u> </u>	P 20		13CD 3Gh
	00	200	104/46 Post 34/f 2m 1x/c 380K
t 2	10-48	200	107A5/6 Poot 1F, M 35BK
Test Pit 2	10-40	500	NCAS NCAS
L			Strongh cervers.
	0.4	SU	14A 104A4/4 Root 34f 1m, C
t3	SALY		
Test Pit 3	8.55	SCC	7,5424/6 Dost 2 f, 1 f /m
-	8,0,	700	NCAS Cementer
			J 10 g
4			
Test Pit 4			
t 5			
Test Pit 5			
-			
16			
Test Pit 6			
		. 1	
Lar	dscape No	otes:	Parit worked
£a1.		i la	1
Slo	pe:	20-28	Groundwater Type: Permanent Temporary
	ner Site No	otes:	

N.



Application for Onsite Sewage Treatment System

10 40 B

700 NW Dimmick Street, Suite B Grants Pass, OR 97525 541-474-5444

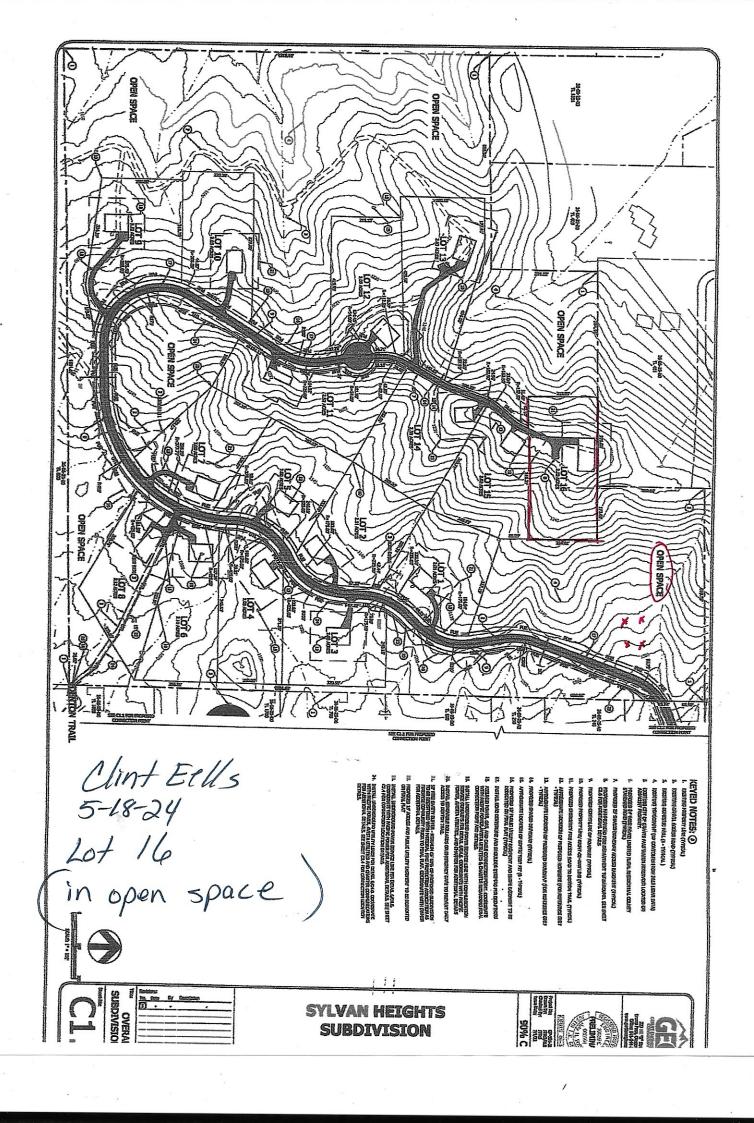
For ONSITE SEPTIC Use Only:	Date Stamp
Fee paid	
Receipt number	
Application number	-[
Date of 1" response	1
Date of 2nd response	1
Date of final response	•
Date of completion	Pilipana (Pilipana)
Scanned Data Entry	•

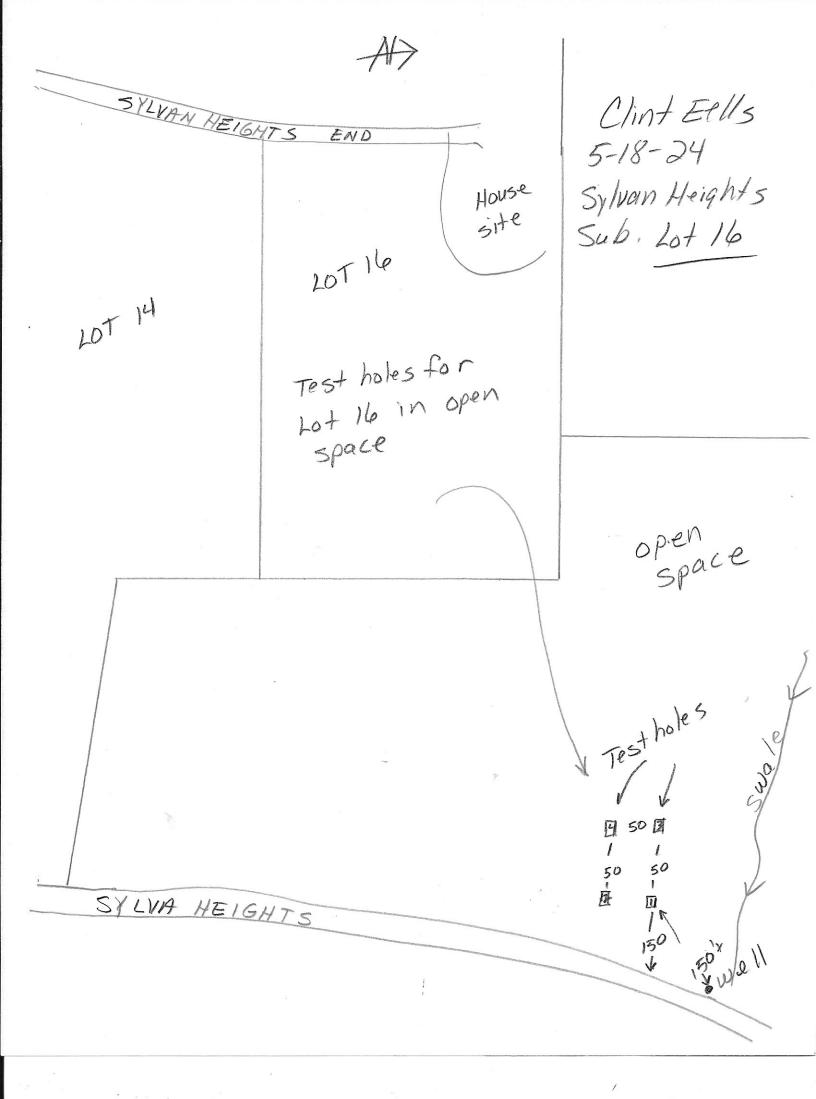
7 Parameters		Scanned	Data Entry	patrial
	A. Property Or	Wood In Ca	P.S. Control of the C	
Link Phillippi	Pa Q 242 1		(COD	
Name //	Mailing Address (Street or PO Box, O	Ima DR.	97538	541-287-0451
	R Least D.	aty, State, Zip Code)		Phone Number
36 1	B. Legal Prop	city Description	M	
Township Range	Section 1600	<u>)</u>		2.20
Commy Phins	Sylvan Haighte		Tax Account Numb	Acreage or Lot Size
Promovin A 2 V	Suldivision Name			
Property Address:		Gom	1- 0	Block
Directions to Property: SIV	\ \^!\	City	5 FG 35	- OR 92527
an Ecoberth: 71/	· Ullen Creek	Road 1	0 5.1	State Zip Code
		7	SYLVON	Heights Rd
•				,
Existing Pacifity:	Existing Facility / Propose Proposed Facility:	d Facility / W	Her Information	
CISingle Family Residence			Water Supply	7 :
Promise Lanny Residence	Single Family R	Residence	□Public .	· ,
Number of Bedrooms	4		F	lame
	Number of Bedrooms		MPrivate	* * * *
[]Other	□Other		' (v	Vell, Spring, Shared
	D. Type of /	Application		
Site Evaluation	ORenewal Permit			
DConstruction		DAu	thorization Notice	for:
ElPermit Repair	DExisting System Evaluation		☐ Connecting to a ☐ Replacing a Man	in Existing System Not in Use
UMajor Distinger	OPermit Transfer		Mobile Flome or H	n casing system for in Use bile Home or House with Another ouse
☐Alteration Permit	Pennit Reinsintement			One or More Bedrooms
OMajor OManor	-		Temporary Househer-please specify	and .h
If the remired fee and au-				
If the required fee and attachments with your name and address at the o	are not included with this applicat	ion, it will be ret	urned to you as inc	Omplete. Post a fizo or sion
By my signature, I certify that the it it's authorized agents permission to	nformation I have furnished is con	rect, and hereby s	grant the Josephine	County Oncite Service and
it's authorized agents permission to	enter onto the above described pr	operty for the sol	e purpose of this ap	bijestion.
1/2 1 - 11	Date	18-24	-	
CINT Lells		ULLED 7	236	
5505 Q /	App	heant's Phone Number	322 [lint tede Domail
Applicant's Maning Address	5 road Grant	La Proce	100-	Pursuan Stroman Address
		2 1433	UK. 71	52/
Applicant is the DOwner	Authorized Representative	· V		3
	A TOTAL TOTAL SCHOOL !	ALicensed S	eptic installer	
	• DAuthorization	Lle	125001	2
	Attached	installer's Name		



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 Print Name) are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required
TROPERTY IDENTIFICATION:
Sylvan Heights Subdivision - Allen Creek Road/Sylvan Di
And described in the records of
And described in the records of
PROPERTY OWNER:
Printed Name: Sylvan Heights Properties Address: P. C. C. C. Stranger Properties
Address: P.O. Box 340
City, State, Zip: Selma, OR 97538
Phone: (541) 287-0456
Phone: (541) 287-0456 Email: linkpo volumber.com.
AUTHORIZED REPRESENTATIVE:
Printed Name: L'Int Etille
Address: 5595 Riverbanks Rd
City, State, Zip: 6 rants Pass, OR. 97527 Phone: 541-659 733
Phone: 541-659-7325 Fmail: (1/1-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-
Signature: Lint Earl Email: Clint + Cdc Dagingil Com





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