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

Commercial Septic Site Evaluation Approval

463-21-000159-EVAL

Date issued: 06/15/2021
Application status: Site Evaluation Approved
Work description: COMMERCIAL SITE EVALUATION

Applicant: Doo Doo Bus Septic
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: 5418463071
Email: thedoodoobus@gmail.com

Contractor: Doo Doo Bus Septic
Installer/Pumper License: 38974
Address: 4190 Williams Hwy
Grants Pass OR 97527
Phone: (541) 846-3071
Email: thedoodoobus@gmail.com

Owner: BOETTNER, ZACHARIAH &
BOETTNER, ANGELA

Property address: 0 Redwood Hwy, Cave Junction, OR 97523

Parcel: 400808C000130000 - Primary

Lot size: 1.17 ACRES
Zoning: N/A
Water supply: N/A
City/County/UGB: County

Proposed use of structure: N/A
Category of construction: Commercial

General Specifications

Max peak design flow: 1000 gpd.
Min septic tank volume: 2000 gal.
Proposed gallons per day: 1000 gpd.
Min dosing tank volume: 1000 gal.
Comments: IF CONSTRUCTION PERMIT IS FOR 450 GALLONS PER DAY, SIZING IS AS FOLLOWS.
SYSTEM TYPE: STANDARD, 225 LINEAR FEET OF DRAINFIELD, 1000 GALLON TANK,18"-30" TRENCH DEPTHS, EQUAL DISTRIBUTION.

System Specifications	*Initial System*	*Replacement Area*
System type:	Sand Filter	Sand Filter
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal
Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	300 linear ft.	300 linear ft.
Max depth:	30 in.	30 in.
Min depth:	18 in.	18 in.
Special Requirements	***Initial System***	***Replacement Area***
Pump to drainfield required:	Yes	Yes

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: 06/15/2021

Application status: Site Evaluation Approved

Work description: COMMERCIAL SITE EVALUATION

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.

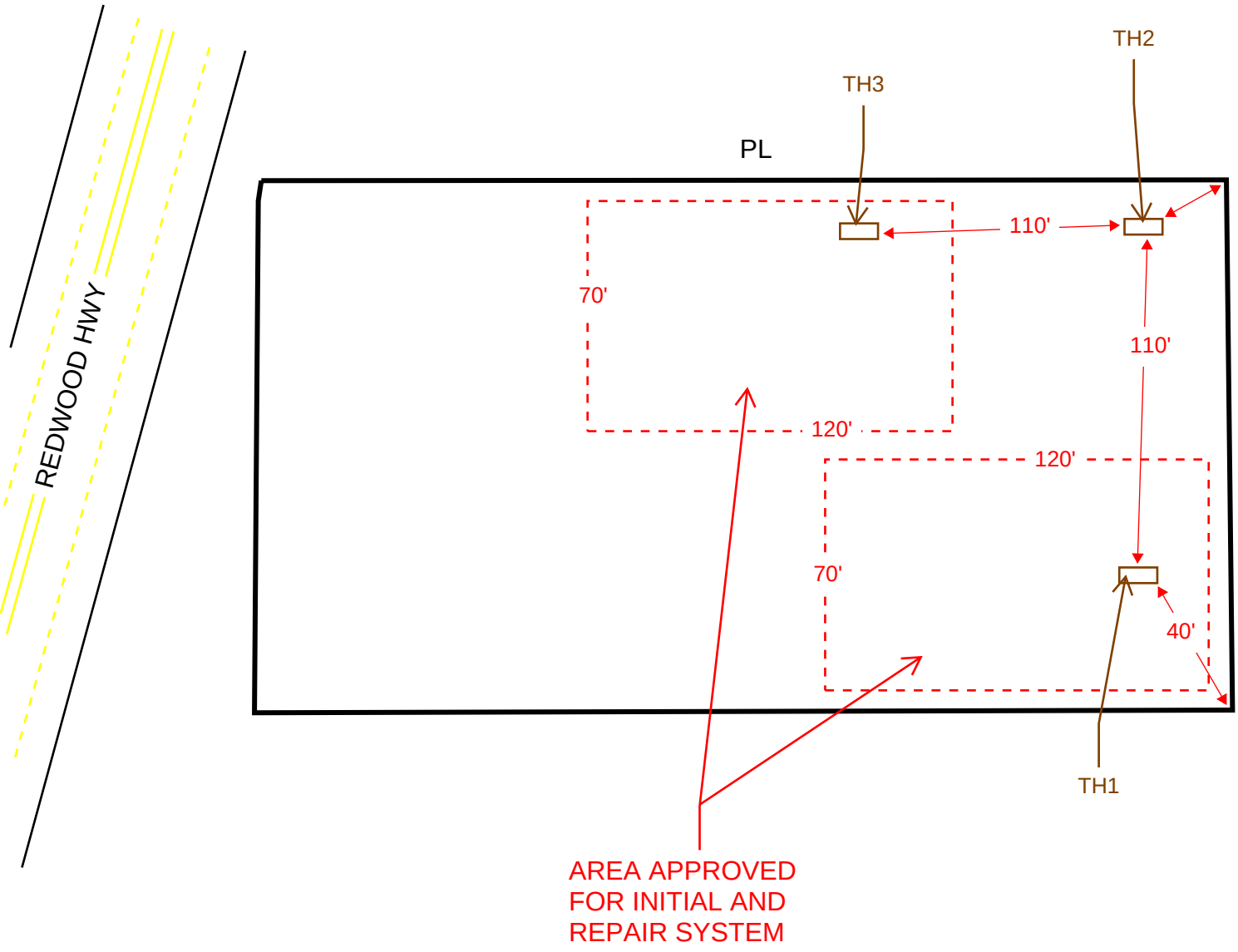
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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 6/15/21

SITE PLAN

ADDRESS 30653 REDWOOD HWY

PARCEL 400808C001300



N

*NOT TO SCALE

APPLICATION # 463-21-000159-EVAL

FIELD WORKSHEET

Name: ZACHARIAH BOETTNER **Application No.:** 463-21-000159-EVAL **Date:** _____

RE: SITE EVALUATION REPORT for Parcel #: 400808C001300

Commercial Facility: ☒ Yes ☐ No Parcel Size: 1.17 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 1000 gpd Max Number of bedrooms: 2 Max Number of Employees: _____

Initial System	Replacement System
☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other TS1	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other TS1
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: 270 total linear feet 45 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 18 " Min Depth	Absorption facility: 270 total linear feet 45 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 18 " 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.

* IF CONSTRUCTION PERMIT IS FOR 450 GPD
SIZE AT STANDARD: 225 LINEAR FEET
1000 GALLON TANK
EQUAL DISTRIBUTION
18"-30" TRENCH DEPTHS

* TANK SIZE FOR 1,000 GPD: 2000 GALLON TANK 1000 GALLON DOSING

Inspector: YK

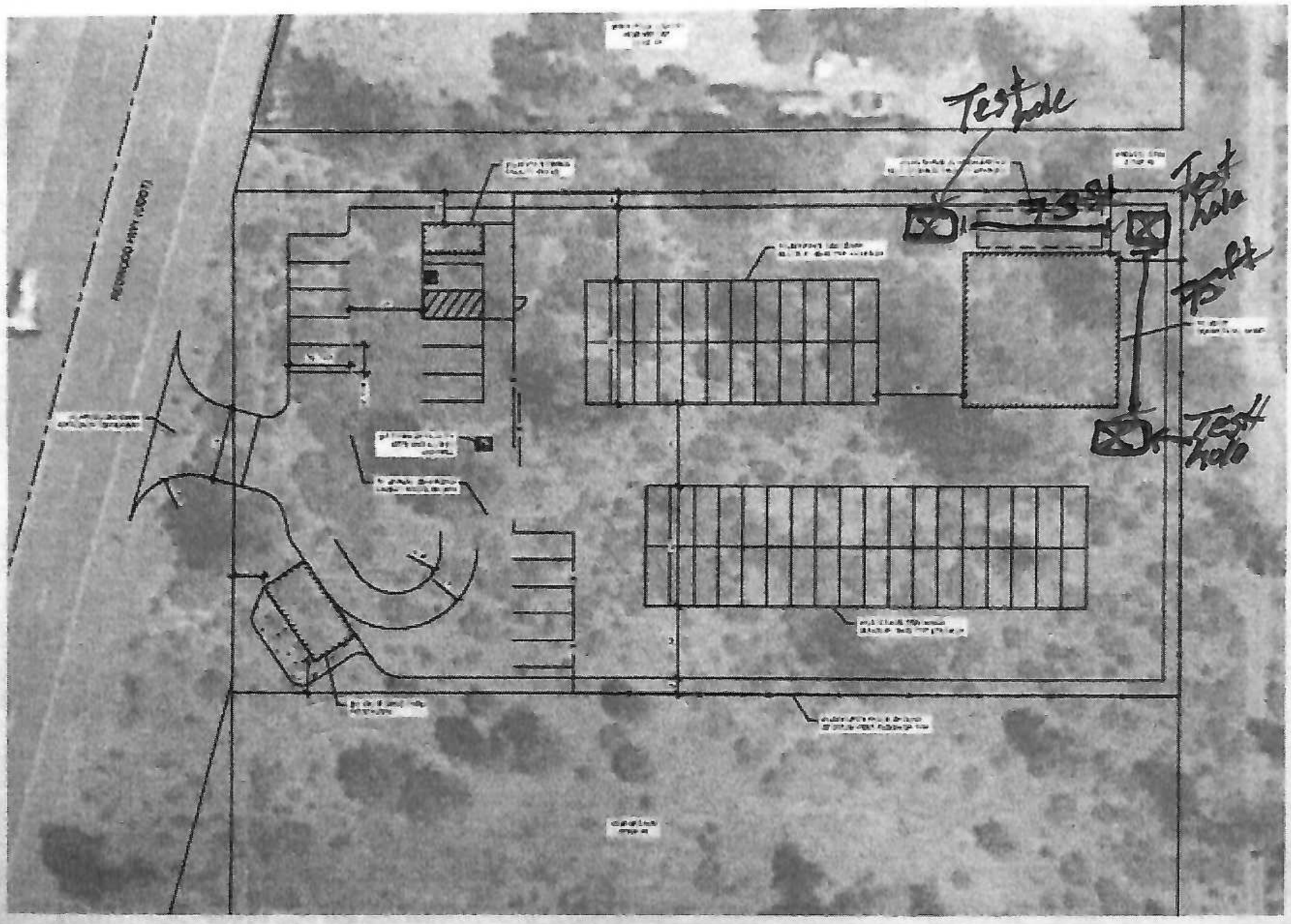
PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	SCL	7.5YR 3/4, GR, ROOTS 2VF, 1F, M, C 50% CF
	8-34	SCL	7.5YR 4/4, WSBK, ROOTS 2M, C, VC, 1VF, F 50% CF
	34-52	RDS	SOIL TEXTURES TO S/LS, 10YR 4/1, SGR 70% CF
			COLORS VARIES
Test Pit 2	0-8	SCL	SIMILAR TO TEST HOLE 1
	8-50	SCL	1VF, F ROOTS TO BOTTOM
			NO RDS OBSERVED
Test Pit 3	0-4	SCL	SIMILAR TO TEST HOLE 1
	4-32	SCL	
	32-50	RDS	
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: BARE IN AREA OF TEST HOLES, BRUSH & TREES SURROUNDING

Slope: 0-1% Aspect: E Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: TEST HOLE 2 IN AREA OF PROPOSED STRUCTURE

Provide a Plot Plan in the space below: Show the actual or best estimate measurements that locate the existing septic tank, disposal trenches, property lines, easements, existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**



PRELIMINARY SITE PLAN

Application for Onsite Sewage Treatment System

Send this application to the appropriate DEQ office

State of Oregon Department of Environmental Quality

For DEQ 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

x Zach Boettner — Name

x 63761 Scenic Dr, Bend, OR 97703 — Mailing Address (Street or PO Box, City, State, Zip Code)

x 541 516 0070 — Phone Number

B. Legal Property Description

40S	08W	8C	1300	R331847	1.17 acre
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size

Josephine — County

Subdivision Name

Lot

Block

Property Address: x TBD / Redwood Hwy — Address; x Cave Junction — City; x OR — State; x 97523 — Zip Code

Directions to Property: 199 to Post CJ first Left after Elwood St.

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

Water Supply:

☐ Public — Name

☑ Private well / tank — 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 Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

x [signature] — Signature

x March 4, 2021 — Date

Allied Septic Service LLC — Applicant's Name Please Print Legibly

541-846-3071 — Applicant's Phone Number

AlliedSepticService@gmail.com — Applicant's E-mail Address

4190 Williams Hwy GP OR 97527 — Applicant's Mailing Address

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

☑ Authorization Attached

[signature] — Installer's Name

Department of Environmental Quality
DEQ

Telephone: (541) Fax: (541)

Department of Environmental Quality

NOTICE AUTHORIZING REPRESENTATIVE

I, x Zach Boettner, Angela Boettner, have authorized
(Property Owner/Print Name)
Allied Septic Service LLC to act as my agent in performing
(Authorized Representative/ Print Name)
the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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.

PROPERTY IDENTIFICATION:

x TBD / Redwood Hwy
Property Situs or Road Address

And described in the records of Josephine County as:

Township 40S Range 08W Section 8C Map ID _____ Tax Lot #(s) 1360

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: x Zach Boettner, Angela Boettner
Signature: x ~~[illegible]~~ Angela M Boettner Date: March 4 2021
Address: x 63761 Scenic Dr. ~~Bend OR 97703~~ Phone: 541 516 0070
City, State, Zip: x Bend, OR 97703 Fax: _____
E-mail Address: x zboettner@gmail.com

AUTHORIZED REPRESENTATIVE:

Printed Name: Allied Septic Service LLC
Signature: _____ Date: _____
Address: 4190 Williams Hwy Phone: 541-846 3071
City, State, Zip: GP OR 97527 Fax: _____
E-mail Address: Alliedsepticservice@gmail.com

Rev 08-18-2011

DEQ
State of Oregon
Department of
Environmental
Quality

EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
   Septic Tank Disposal Trenches Capping Fill Sandfilter
   Seepage Bed Cesspool or Pit Unknown
   Other (Describe) _____

2. When was your septic system installed? _____ (Date) _____ (Permit Number)

3. Tank material: Concrete Steel Plastic or Fiberglass Unknown

4. Septic tank volume (in gallons) _____

5. When was the septic tank last pumped? _____ Attach receipt if available.

6. Number of disposal trenches _____

7. Total length of disposal trenches (in feet) _____

8. Do you propose to use the existing septic system? Yes No

9. Is your septic system currently in use? Yes No If no, date of last use _____

10. If the septic system currently serves a dwelling:
    How many bedrooms are in the dwelling? _____ How many people occupy the dwelling? _____

11. How many bedrooms will be in the proposed dwelling? _____ How many occupants ? _____

12. If the septic system serves a business:
    How many total employees are there? _____
    Type of business _____

13. Is there a proposed change of use of your structure (home or business)? Yes No
    If yes, please explain _____

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

New System

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

_____ _____
(Date) Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued. Yes ☐ No ☐ Initials _____
Other file information: _____

Last Updated 10-30-02 by BJK

Construction Plan

Address 405-08W-8C-1300 / Redwood Hwy

N

W E

S

Tanks _____

Other _____

Control _____

Leach Field _____

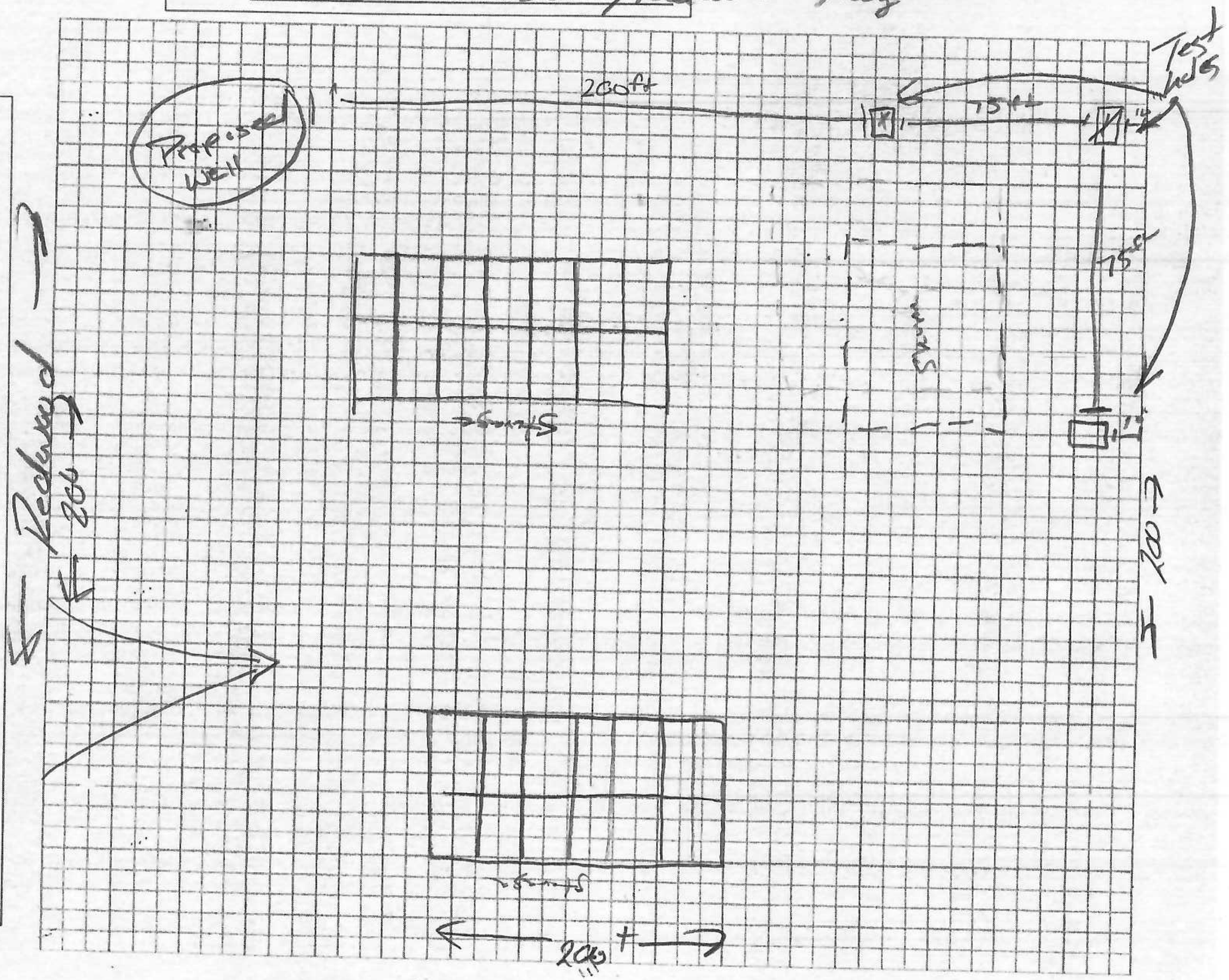
Trench Depth _____

Other _____

Well _____

Sign _____

Date _____



Zach Boettner
63761 Scenic Dr
Bend, OR 97703

March 17, 2021

Oregon Department of Environmental Quality
221 Stewart Avenue, Suite 201
Medford, OR 97501

Dear Oregon DEQ,

This letter is to detail the proposed uses to show the limited extent of septic usage on a 1.17 acre property located in Josephine County, taxmap # 400808C0001300. Street address TBD pending county site plan approval.

Proposed development to include:

- Workshop with living quarters (1000 sq ft max), will contain 1 or 2 bathrooms and a small kitchen for owner's personal use. Workshop will NOT be open to the general public.
- Drive through food kiosk with small, basic restroom for 1-2 employees and / or owner's usage. This restroom will NOT be open to the general public.
- Self storage facility, all outdoor, drive up storage units. No restroom or septic usage of any kind.

Thank you,

Zach Boettner

BOOK 22

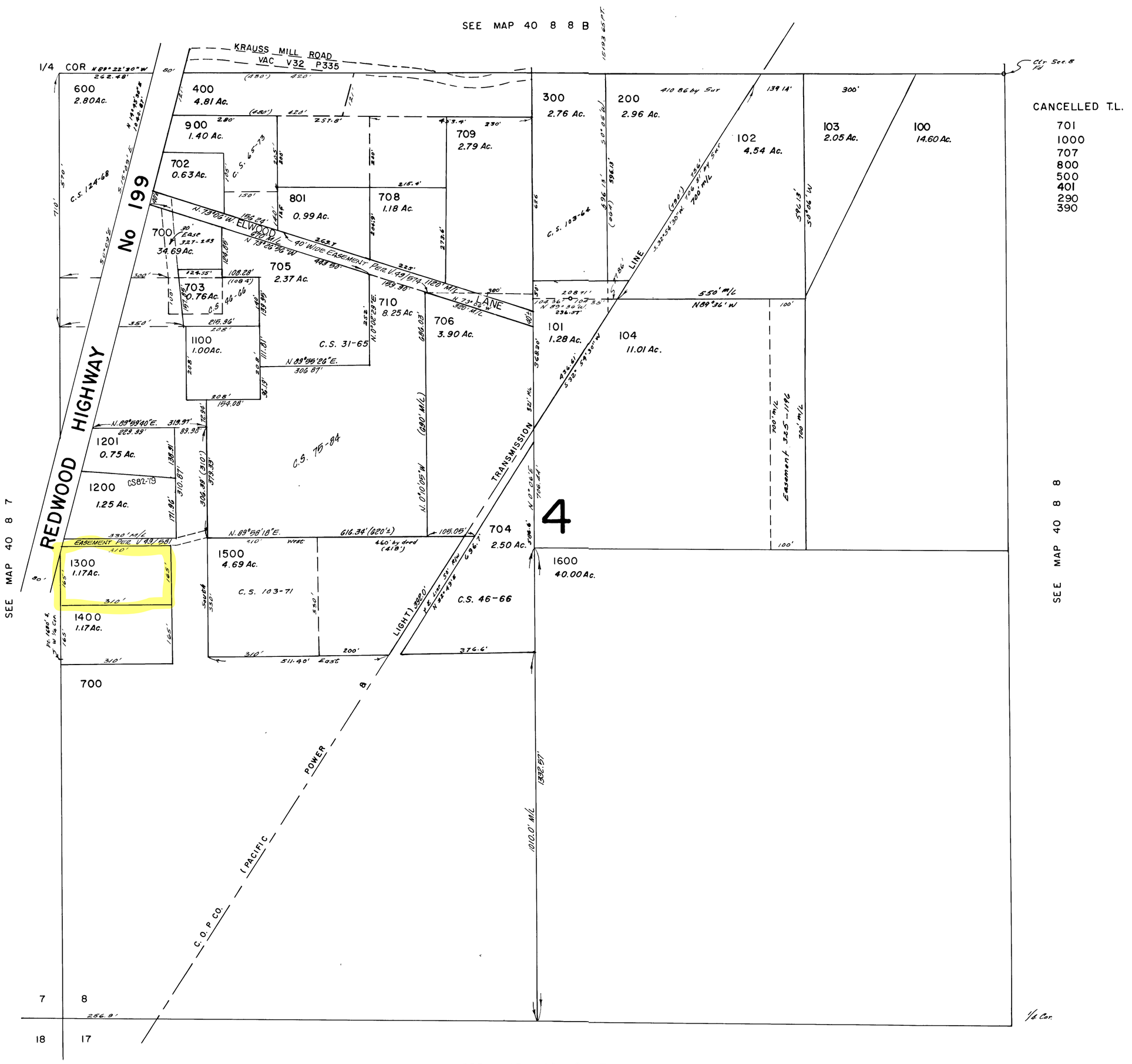
SW1/4 SEC. 8 T.40S. R.8 W. W.M.

JOSEPHINE COUNTY

1" = 200'

40 8 8 C

This map was prepared for assessment purpose only.



40 8 8 C