



Certificate of Satisfactory Completion
Repair (Major) - Residential - New
463-21-000345-PRMT

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
Website: josephine.or.us

Date Certificate Issued: 09/17/2021

Work Description: Major Repair

Applicant: R. T. Littlefield Excavating & Backhoe Service

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Primary Contractor: R. T. Littlefield Excavating & Backhoe Service

Installer License: 34435

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Owner: WELCH FAMILY TRUST
Address: %WELCH, KENNETH
WILLARDWELCH, IRMA LINDA
TRUST
%WELCH, KENNETH WILLARD &
WELCH, IRMA LINDA TRUSTEES
GRANTS PASS OR 97527

Property Address: 1569 Sleepy Hollow Loop, Grants
Pass, OR 97527

Parcel: 3706060000230100 - Primary

Lot Size: 4.1 ACRES

Zoning: N/A

Land Use Approval: N/A

Water Supply: Well

City/County/UGB: County

Category of Construction: N/A

	Existing	Proposed
Use of Structure:	SFR	N/A
Number of Bedrooms:	3	N/A

System Specifications

Type: Standard

Max Peak Design Flow: 375 gpd.

Min Septic Tank Volume: 1000 gal.

Special Tank Requirements: USING EXISTING TANK

Proposed Flow: 375 gpd.

Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type: Standard

Drainfield Sizing: N/A

Media Type: Rock/Pipe

Trench Length: 187.5 linear ft.

Total Rock Depth: 12 in.

Max Depth: 36 in.

Min Depth: 18 in.

System Distribution Type: Equal

Distribution Method: Loop

Media Depth: 12 in.

Rock Above Pipe: 2 in.

Rock Below Pipe: 6 in.

Undisturbed Soil Between Trenches: 8 ft.

Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

Pump to Drainfield Required: No

Filter Fabric on Top of Drain Media: Yes

Date Certificate Issued: 09/17/2021

Work Description: Major Repair

Conditions of Approval

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

1. In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** Yes
Comments: N/A

Gabriel Kasiah

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.)

Final Inspection Request and Notice - Septic ID: 463-21-000345-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: WELCH FAMILY TRUST

Property 1569 SLEEPY HOLLOW LOOP, GRANTS PASS, OR
Address: 97527

Township:

Lot:

Range:

Sect:

37
10006
?2301
TH**SECTION 2: System Component Specifications:**

Existing
Water tight
verification*

A. Tanks/Pumps

System Type:

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: Petersons	Date: 9-9-11
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:
Underdrain pipe			Diameter:	ASTM#/Other: Length:
Manifold piping			Diameter:	ASTM#/Other: Length:
Internal Pump			HP:	Model/Manufacturer
Floats(1)			Type:	Model/Manufacturer
Floats(2)			Type:	Model/Manufacturer
ATT	Yes	No	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) Gravel & Pipe			
Distribution Box	Yes X	No		
Drop Box	Yes	No X		
Distribution Pipe	Yes X	No	Diameter: 4"	ASTM#/Other: 1729-Perf Length: 190' 200'
Comment				

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

N

[illegible]

Owner/Permittee or Certified Installer		Certification#:		Print Name: Ken Welch owner	
Licensed Installer:	Yes ☒	No ☐	License#: 3 L4435	Certification#:	
Owner/ Certified Installer:	Signature: Rt. Littlefield			Date: 9-10-21	Phone#: 541-479-2802

Comment: _____

















Extending Tank

1,000 gal

Refrain

1569

5 days Hallam
Jeep

9-10-21

Refrain







Septic Permit
Repair (Major) - Residential - New
463-21-000345-PRMT

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
Website: josephine.or.us

Date issued: 9/7/21

Expiration date: 9/7/22

Work description: Major Repair

Applicant: R. T. Littlefield Excavating & Backhoe Service

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Primary contractor: R. T. Littlefield Excavating & Backhoe Service

Installer License: 34435

Address: 698 Ewe Creek Road
Grants Pass OR 97526

Phone: (541) 479-2802

Business License: N/A

Owner: WELCH FAMILY TRUST
Address: %WELCH, KENNETH
WILLARDWELCH, IRMA LINDA
TRUST
%WELCH, KENNETH WILLARD &
WELCH, IRMA LINDA TRUSTEES
GRANTS PASS OR 97527

Property address: 1569 Sleepy Hollow Loop, Grants Pass,
OR 97527

Parcel: 3706060000230100 - Primary

Lot size: 4.1 ACRES

Zoning: N/A

Land use approval: N/A

Action: New

System failing: Yes

Comments: EXISTING LEACH LINES IN THE THAT ARE WITHIN THE CORNER OF THE APPROVED REPAIR AREA WILL NEED
TO BE REMOVED PRIOR TO INSTALL OF THE NEW SYSTEM AND REPLACED WITH NEW SOIL

Water supply: Well

City/County/UGB: County

County: N/A

Type of application: Repair (Major) - Residential

Septic tank last pumped: N/A

Category of construction: N/A

	Existing	Proposed
Use of structure:	SFR	N/A
Number of bedrooms:	3	N/A

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	375 gpd.	Proposed flow:	375 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A
Special tank rqmts:	USING EXISTING TANK		

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Equal
Drainfield sizing:	N/A	Distribution method:	Loop
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	187.5 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 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.)

9/7/21: 1:45:55PM

ONS_OnsitePermit_pr

Date issued: 9/7/21

Expiration date: 9/7/22

Work description: Major Repair

Max depth:	36 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes
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Conditions of approval

- 1.This repair permit is for a 3 BDR SFR.
- 2.A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent and provide the reasons for delay, and propose a different completion date. Delays may be cause for formal enforcement action, which may result in civil penalty assessments.
- 3.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
 - 4.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
 - 5.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
 - 6.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
 - 7.The system must be installed by the property owner or a licensed sewage disposal business (installer).
 - 8.Vehicular traffic and livestock must be restricted from the system area.
 - 9.All roof drains must be directed away from the system
 - 10.Meet all required setbacks
 - 11.The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
 - 12.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
 - 13.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
 - 14.Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
 - 15.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
 - 16.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
 - 17.Maximum length of an individual trench is 150-feet.
 - 18.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
 - 19.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
 - 20.A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
 - 21.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 9/7/21**Expiration date:** 9/7/22**Work description:** Major Repair

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

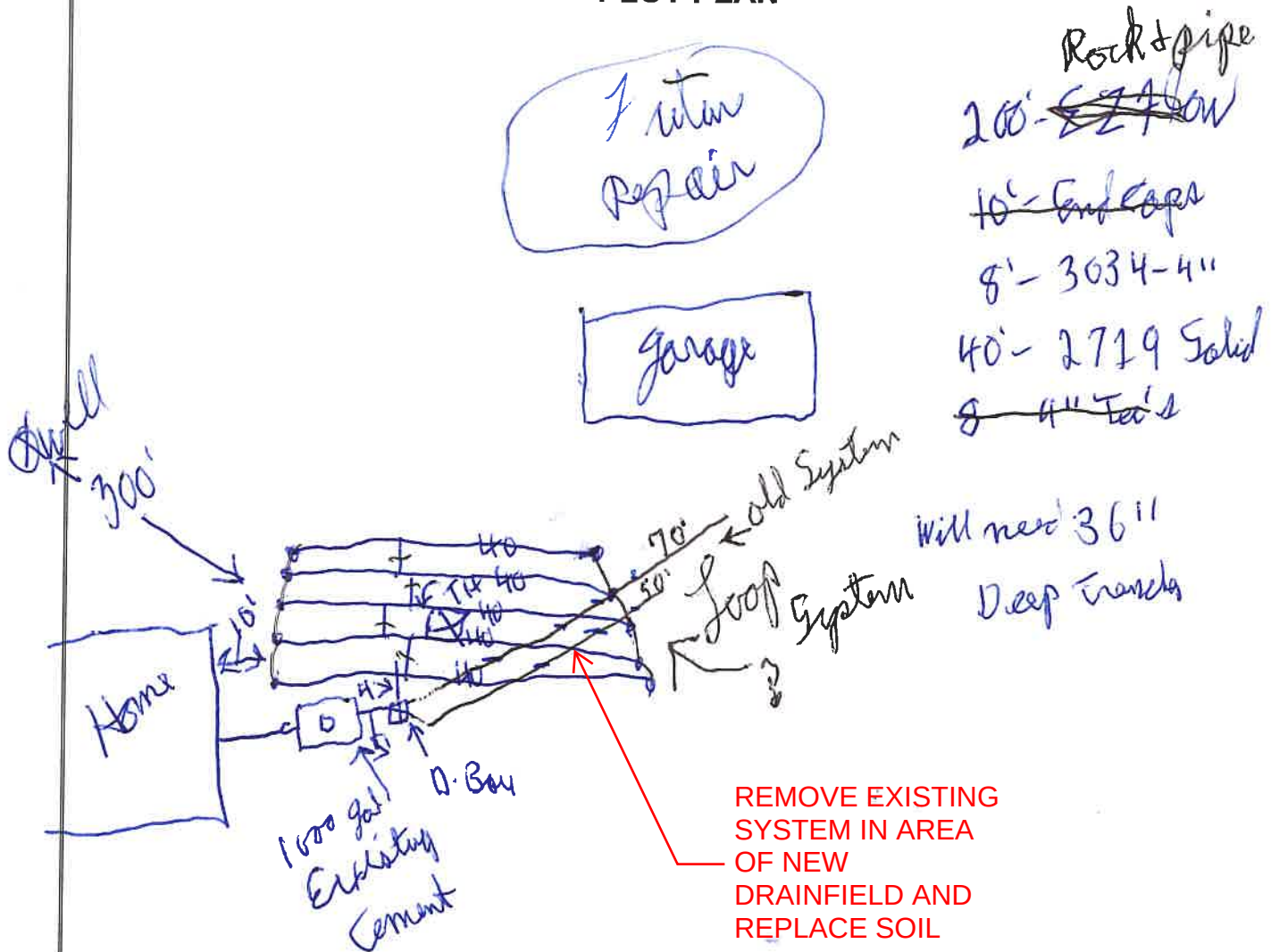
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah

9/7/21

DATE: 8-13-2021 TWN 37, RNG 06, SEC 06 QQ , TL 2301
OWNER'S NAME: KEN + LINDA WELCH
ADDRESS: 1565 SLEEPY HOLLOW LOOP - G.P.-OR - 97527

PLOT PLAN



SIGNATURE: Robert Littlefield
DATE: 8-16-21

FIELD WORKSHEET

Name: WELCH FAMILY TRUST Application No.: 463-21-000345-PRMT Date: 8/27/2021
 RE: SITE EVALUATION REPORT for Parcel #:

Commercial Facility: ☐ Yes ☒ No Parcel Size: 4.1 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 375 gpd Max Number of bedrooms: 3 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: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>187.5</u> total linear feet <u>75</u> linear feet per 150 gallons projected daily sewage flow <u>36</u> " Max Depth <u>18</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 _____ 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.

* 340-071-0220(2)(d)(c)

Inspector: gk

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-3	L	10yr $2\frac{1}{2}$, GR, ROOTS 2VF, 1F
	3-18	fSL	10yr $3\frac{1}{2}$, SGR-WSBK, ROOTS 3F, M, C, VL, 2VF, 40% ROUNDED CF
	18-42	SL	2.5yr $4\frac{1}{3}$, SGR-WSBK, ROOTS 1VF, F, M 50% " "
	42-60	RDS/SAND	2.5yr $4\frac{1}{3}$, SGR, ROOTS 1VF, F 80% " "
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS + TREES (OAK, CEDAR, FIR, MADRONE)

Slope: 2-3% Aspect: W/SW Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: WELL 180' SOUTH OF TEST HOLE, SLOPE BREAK 40' SW OF TEST HOLE
POSSIBLE UTILITIES IN PROPOSED AREA, PER INSTALLER EXISTING SYSTEM CROSSES
NE SECTION OF PROPOSED AREA (NO RECORDS), HOUSE BUILT PRIOR TO 1973



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	_____	RECEIVED AUG 17 2021 JCCO PLANNING Repair 700
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

X KEN WELCH 1569 SLEEPY HOLLOW LOOP, G.P. 97527 541-474-1531
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number
ORE

B. Legal Property Description

X 37 06 06 2301 R324473 4.1
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
JOSEPHINE Subdivision Name Lot Block
Property Address: 1569 Steep Hollow Log Grants Pass OR 97527
Address City State Zip Code

Directions to Property: VENOME PRAIRIE TO SLEEPY HOLLOW - 1CHASOD LN TO END

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

X 3
☒ Single Family Residence
Number of Bedrooms
☐ Other _____

Proposed Facility:

☐ Single Family Residence
Number of Bedrooms
☐ Other _____

Water Supply:

☐ Public _____
Name
X well
☒ Private
Well, Spring, Shared

D. Type of Application

X ☒ Site Evaluation
☐ Construction
X ☒ Permit Repair
X ☒ 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 Robert Littlefield Date 8-16-21
Applicant's Name - Please Print Legibly Robert Littlefield Applicant's Phone Number 541-474-2802 Applicant's E-mail Address fordaxl551@gmail.com
Applicant's Mailing Address 698 Ewe Creek Grants Pass OR 97526

Applicant is the ☐ Owner ☒ Authorized Representative

X ☒ Authorization
Attached

X ☒ Licensed Septic Installer 34435

Installer's Name Robert Littlefield



Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97526
(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL21-01353

Payer/Payee: WELCH FAMILY TRUST
1565 SLEEPY HOLLOW LOOP
GRANTS PASS OR 97527

Cashier: Terri Woodruff

Date: 08/17/2021

Primary Parcel: 37060600002301 **Project Description:** SEPTIC REPAIR

PL-2021-02143 LAND USE INFORMATION RESPONSE 1569 SLEEPY HOLLOW LOOP

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Land Use Information Response	\$125.00	\$125.00	\$0.00
	\$125.00	\$125.00	\$0.00

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
CHECK	125.00	\$125.00
Total Paid:		\$125.00



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 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

Date Stamp

Refer 700

A. Property Owner Information

X KEN WELCH 1569 SLEEPY HOLLOW LOOP, G.R. 97527 541-474-1531
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

X 37 06 06 2301 R324473 4.1
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
JOSEPHINE Subdivision Name Lot Block
Property Address: 1569 Sleepy Hollow Loop Grants Pass OR 97527
Address City State Zip Code

Directions to Property: JEROME PRAIRIE TO SLEEPY HOLLOW - ICHABOD LN TO END

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

X ☐ Single Family Residence

3
Number of Bedrooms

☐ Other _____

Proposed Facility:

☐ Single Family Residence

Number of Bedrooms

☐ Other _____

Water Supply:

☐ Public

Name _____

X ☐ Private

well
Well, Spring, Shared

D. Type of Application

X ☐ Site Evaluation

☐ Construction

X ☐ 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 Robert Littlefield

Date 8-16-2

Applicant's Name - Please Print Legibly Robert Littlefield

Applicant's Phone Number 541-474-2802

Applicant's E-mail Address FordaxL551@gmail.com

Applicant's Mailing Address 698 Elm Creek Grants Pass OR 97526

Applicant is the

☐ Owner

X ☐ Authorized Representative

X ☐ Authorization
Attached

X ☐ Licensed Septic Installer

Installer's Name

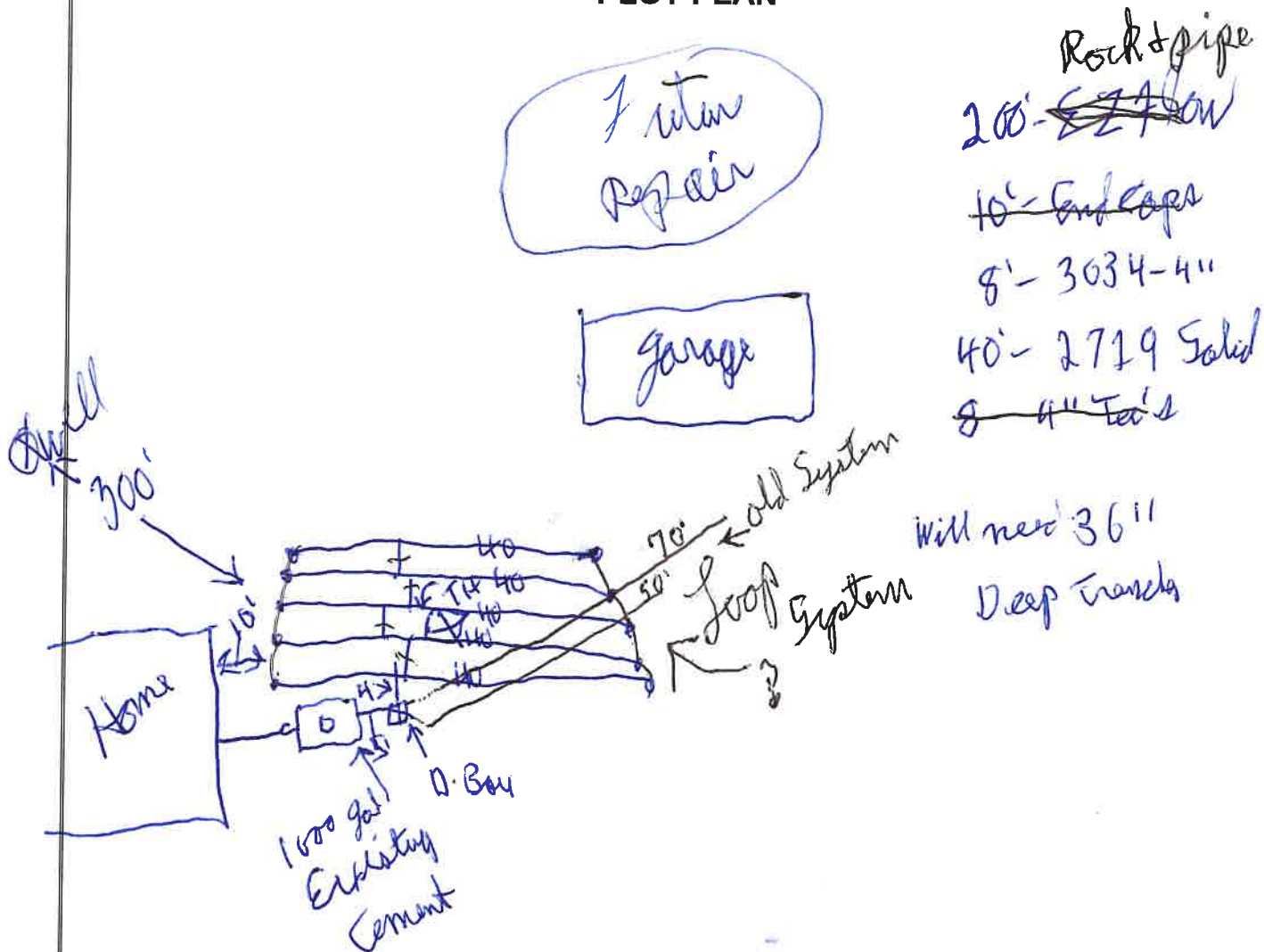
34435
Robert Littlefield

DATE: 8-13-2021 TWN 37, RNG 06, SEC 06 QQ , TL 2301

OWNER'S NAME: KEN + LINDA WELCH

ADDRESS: 1565 SLEEPY HOLLOW LOOP - G.P.-OR - 97527

PLOT PLAN



SIGNATURE: Robert Littlefield

DATE: 8-16-21



Statement of Site Status

Name: KEN + LINDA WELCH

Address: 1569 SLEEPY HOLLOW LOOP

City: GRANTS PASS State: OR Zip Code: 97527

Township: 37 Range: 04 Section: 06 Tax Lot: 2301

County: JOSEPHINE

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: 8-16-21 Signed: Robert Littlefield

125 60

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

1. Applicant Name/Property Owner: KEA + LINDA WELCH
 Mailing Address: 1565 SLEEPY HOLLOW LOOP
 City, State, Zip: GRANTS PASS OR 97527
 Telephone: 541-474-1531

RECEIVED

AUG 17 2021

2. Property Information:

County: JOSEPHINE Tax Lot No.: 2301
 Township: 37 Range: 06 Section: 06
 Physical Address: 1569 SLEEPY HOLLOW LOOP G. PASS - 97527
 Block: _____ Lot: _____
 Subdivision Name (if applicable): _____

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3. This proposed facility is for:

- ☒ An individual, single-family dwelling.
☐ Other. Describe the type of development, business, or facility and the provided services or products: _____

4. Permit or approval being requested:

- ☒ Construction-Installation permit for: ☐ New Construction ☒ Repair ☐ Alteration
☐ Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds).
☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom addition
☐ Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: Rural Residential 5 Zoning Minimum Parcel Size: 5.0 acres

6. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB

If inside UGB, the proposed facility is subject to:

☐ City jurisdiction ☐ County jurisdiction ☐ Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No

If you answered "Yes" above, was this compliance based on:

- ☒ Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact:

JCC - Permitted uses: Single family dwelling or manufactured dwelling. Note: Septic System to be connected to authorized structures or uses only.

8. Planning Official Signature:

Print Name: Opie Heater Title: Assistant Planner
 Telephone: 541-474-5109 x 2412 Date: 8-19-21

Josephine County Planning
 700 NW Dimmick Street
 Suite C
 Grants Pass, OR 97525

DATE: 8-13-2021 TWN 37, RNG 06, SEC 06 QQ , TL 2301
OWNER'S NAME: KEN + LINDA WELCH
ADDRESS: 1565 SLEEPY HOLLOW LOOP - G.P. - OR 97527

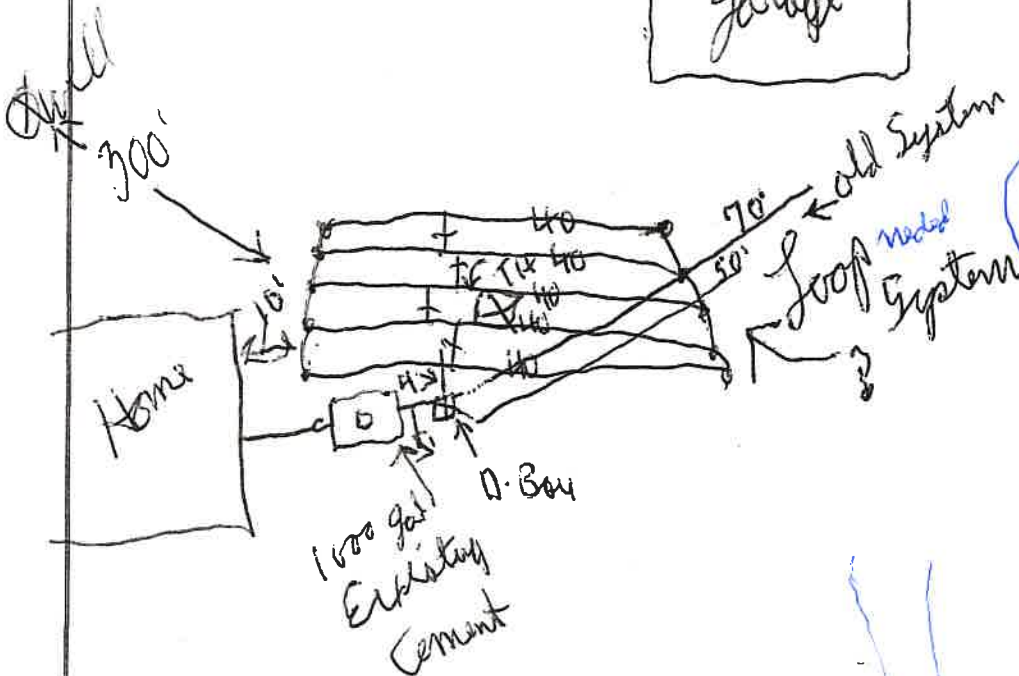
PLOT PLAN

1 min
Repair

garage

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Rock & pipe
200' -

1- D-Box
8' - 3034-4"
40' - 2719 Solid



Will need 36"
Deep trench

disc
mark



SIGNATURE: Robert Littlefield
DATE: 8-16-21



NOTICE AUTHORIZING REPRESENTATIVE

RECEIVED

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JOCC - PLANNING

X KEN WELCH, have authorized RT Littlefield Backus to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
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:

1569 SLEEPY HOLLOW LOOP G.P. OR. 97527

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 37 Range 06 Section 06 Map ID 00 Tax Lot #(s) 2301

PROPERTY OWNER:

X Printed Name: KEN + LINDA WELCH

Address: 1565 SLEEPY HOLLOW LOOP

City, State, Zip: GRANTS PASS, OR 97527

Phone: 541-474-1531

Email: KLWELCH@OIGP.NET

Signature: Ken Welch

AUTHORIZED REPRESENTATIVE:

Printed Name: RT Littlefield

Address: 698 Owl Creek Rd

City, State, Zip: Grants pass, OR

Phone: 541-479-2802

X Email: Ford A*L 5551@gmail.com

Signature: Robert T Littlefield



Statement of Site Status

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Name: KEN + LINDA WELCH

Address: 1569 SLEEPY HOLLOW LOOP

City: GRANTS PASS State: OR Zip Code: 97527

Township: 37 Range: 04 Section: 06 Tax Lot: 2301

County: JOSEPHINE

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: 8-16-21 Signed: Robert Littlefield

$$I'' = 400'$$
